END-LINE EVALUATION ASSESSMENT
BRICKS Project

Nutrition, LLH, and CP

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Yangon, Myanmar
BRICKS, Donor number or other numbers as applicable (ISSN, etc.)

Save the Children®

IN PARTNERSHIP WITH WINPUNG NINGHPOI (WPN) AND HIGHLAND DEVELOPMENT INITIATIVE (HDI).

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Acronyms

AMW	Auxiliary Midwife
AN	Antenatal Care
ANC	Antenatal Care
BRICKS	Building Resilience In Conflict affected areas of Kachin and Shan States
CP	Child Protection
EBF	Exclusive Breastfeeding
ENA	Emergency Nutrition Assessment
FANTA	Food and Nutrition Technical Assistance
FAO	The Food and Agriculture Organization
FGD	Focus Group Discussion
HDI	Highland Development Initiative
IDP	Internally Displaced Population
IPC	Integrated Phased Classification
IYCF	Infant, Yong Children Feeding
KII	Key Informant Interview
LIFT	Livelihoods and Food Security Fund
LLH	Livelihood
MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
MEAL	Monitoring, Evaluation, Accountability, and Learning
MMF	Minimum Meal Frequency
MMK	Myanmar Kyat
MOHS	Ministry of Health and Sports
MUAC	Mid-Upper Arm Circumference
PBW	Pregnant and Breastfeeding Woman
PNC	Postnatal Care
rCSI	Reduced coping strategies Index
SBCC	Social and Behaviour Change Communication
SC	Save the Children
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SPSS	Statistical Package for the Social Sciences
UNICEF	The United Nations International Children's Emergency Fund
USD	United State Dollar
WASH	Water, Sanitation and Hygiene
WHO	The World Health Organization
WPN	Wunpawng Ninghtoi

Executive Summary

Project Background

Since 2019, Save the Children has been implementing the BRICKS project in 4 townships of Northern Shan state and 2 townships of Kachin State, which aim to "increase resilience to shocks and conflict for targeted population, and protect adolescents and children from trafficking and unsafe migration". BRICKS project is funded by UNOPS, under the Livelihoods and Food Security Fund (LIFT).

The project worked through multi-sectoral and integrated interventions in nutrition, livelihoods and child protection. BRICKS focused on youth and adolescent boys and girls, pregnant and breastfeeding women and children 0-23 months of age, living in IDPs camps, host communities and conflict affected villages in Kachin and Northern Shan States. In these areas, the project was implemented with 2 partners, namely Winpung Ninghpoi (WPN) and Highland Development Initiative (HDI). BRICKS provided direct support to the most vulnerable individuals and their households' members to overcome unemployment, trafficking, unsafe migration and undernutrition.

Table 1: Project summary

Name of the project	BRICKS – Building Resilience in Conflict affected areas of Kachin and Shan States
Project locations:	Myanmar Shan State: Kutkai, Namkham, Kyaukme and Namtu townships Kachin State: Mansi and Momauk townships
Project Start and End dates	July 01, 2019 - Jun 30, 2022
Project duration	36 months
Thematic areas	Nutrition, Livelihood and Child Protection
Total budget	3.5 million (USD)
Donor	LIFT
Estimated beneficiaries	Youth and adolescent boys and girls, pregnant and breastfeeding women and children 0-23 months of age, living in IDPs camps, host communities and conflict affected villages in Kachin and Northern Shan States.

Study Purpose and Key Questions

As this study is a project-end evaluation study, the study questions are to address the 7 evaluation criteria. The specific objectives of this study were in the key study questions briefed as below.

Table 2: Study questions

Criteria	Key Study Questions
Effectiveness	- Did the program/project achieve its intended outcomes? - Are there any differences in outcomes achieved by different groups? - Were there any unintended outcomes, positive or negative ones? - Are the objectives of the program/project being achieved? - How big is the effectiveness or impact of the project compared to the objectives planned?
Efficiency	- Were objectives achieved on time and within planned budget? - Was the programme or project implemented in the most efficient way compared to alternatives?

Criteria	Key Study Questions
Impact	▪ Does the program/project contribute to reaching higher level objectives (preferably, overall objective)? Why/ why not? ▪ What is the impact or effect of the programme or project in proportion to the overall situation of the target group or those effected? ▪ What are the intended or unintended effects of the programme, either positive or negative, direct, or indirect?
Relevance	▪ How was learning and evidence was used throughout the program cycle to adapt and ensure the project remained relevant? ▪ How important is the relevance or significance of the intervention regarding local and national requirements and priorities? ▪ Are the activities and outputs of the programme consistent with the intended impacts and effects?
Sustainability	▪ Are the positive effects or impacts sustainable? ▪ How is the sustainability or permanence of the intervention and its effects to be assessed?
Accountability	▪ How has the program/project approached accountability to children and the wider community?
Gender sensitivity	▪ What are the gender gaps that the program/project addressed and what remaining aspects need to be considered further?

The endline study aimed to establish the status of key programmatic indicators after the implementation of key interventions, as well as to reflect on the relevance, effectiveness, and efficiency of the key project interventions. The endline also enabled critical performance monitoring and overall reflection on the progress made toward anticipated outcomes and milestones.

The findings will be used to inform SCI and two partners, namely Winpung Ninghpoi (WPN) and Highlands Development Initiative (HDI). SC will ensure disseminating the analysis and findings to donors (UNOPS/LIFT) and partners. The findings from the study will be presented in a brief format outlining the major findings and lessons learnt for project staff and partner staff to adapt and provide feedback as necessary. SC and its partners will use the results of this study to improve their services and make changes to their programming in the future, as well as to make necessary changes in the recently approved Costed Extension for the BRICKS project.

Data collection was conducted in randomly selected 15 camps and 20 host communities in the six project townships. The project had 3 components; nutrition, livelihood and child protection. Three data collection tools were used in the three surveys for three project components in the study. Detailed geographic locations where the data collection was conducted were as below.

Table 3: Locations where data collection conducted by township and type of community

		Villages			Camps
Org	Township Name	Village name	Org	Township Name	Camp Name
HDI	Kyaukme	Man Hway	SCI	Kutkai	Kutkai downtown (KBC Church)
HDI	Kyaukme	Man Wein	SCI	Kutkai	Kone Khem Camp, Man Sa
HDI	Kyaukme	Man Nawng	SCI	Kutkai	MineYuLay-Lwal Main Sar camp
HDI	Kyaukme	Kun Kauk	SCI	Kutkai	Kutkai-ZupeAwng (near RC camp)
HDI	Namtu	Kone Mo	SCI	Kutkai	Nam Hpak Ka Mare
HDI	Namtu	Man Hsar Long	SCI	Namkham	Nam Hkam Catholic Church (St. Thomas)
HDI	Namtu	Haw Nar	SCI	Namkham	Nam Hkam Catholic Church (J One)
HDI	Namtu	Man Hsar Aum	SCI	Kutkai	Mungji Pa Dabang (Catholic Church)
HDI	Namtu	Nar Hai	SCI	Kutkai	Pan Ku Camp
HDI	Kyaukme	Man Pint	WPN	Mansi	Lana Zup Ja New and Old (1)
HDI	Namtu	Pang Hkan Nay	WPN	Mansi	Lana Zup Ja New and Old (2)
SCI	Kutkai	Byein Long (Man Pying Long)	WPN	Mansi	Bumttsit
SCI	Kutkai	Kawng Huong (Kawng Hkar)	WPN	Moemauk	Pa Kahtawng (1)
SCI	Kutkai	Pang Nein	WPN	Moemauk	Pa Kahtawng (2)
SCI	Kutkai	Loi Kan	WPN	Moemauk	Nhkawng Pa (2)
SCI	Kutkai	Man Pying (Ban Nwet-Man Pying)			
WPN	Mansi	Dum Buk			
WPN	Mansi	Gaik Daw			
WPN	Mansi	Lana Zup Ja			
WPN	Moemauk	Pa Kahtawng			

Conclusions

Effectiveness

In the nutrition components, the BRICKS project achieved some of its intended outcomes but not all of them. The nutrition component of the project has improved significantly for children under the age of two and their mothers, but it still needs to be improved further such as stunting prevalence of children aged 12-23 years, percent of new-borns 0-5 months exclusively breast fed, and percent of children 6 to 23 months with minimum acceptable diet. The project adapted all activities that could not be implemented face-to-face to virtual activities and supported UCT and cash assistance for ANC visits to PBWs because some planned activities were limited and difficult to perform in standard ways during the COVID-19 pandemic and political unrest. Furthermore, when BRICKS was designed, the expansion of government-led MCCT in Shan State was planned, so it was not included in the original design. But, the primary reason for introduction of UCT was due to declining economic situation caused by Covid-19 and coup d'état. Regarding mother nutrition, mothers' knowledge about best IYCF practices and the dietary diversity consumed by PBWs has improved, but further improvement is still needed, especially in the host communities. The pregnancy nutritional status of PBWs or MUAC for PBWs has not improved significantly. In terms of child nutrition, though the stunting prevalence among children (6–23 months) has

not improved, while it has made some progress among children (6–11 months)[1]. The project had no effect on exclusive breastfeeding practices or complementary feeding behaviours in children under the age of two. The project could provide knowledge about IYCF practices to the mothers, but it was still needed to make them change their behaviours in practice.

In the livelihood component, the project could reduce the level of reduced coping strategies (crisis, emergency, and famine) to improve household food security but still needed to make further improvement. The project's outcome of changing behaviours in making shared and equitable intra-household decisions to prepare financial and investment plans was not met. The barrier to changing the behaviours was traditional believes and traditional behaviours and influence of elders. The project has made a significant improvement for the women in feeling satisfied with their level of decision-making power in creating the household plan.

In the CP component, the project has made significant improvements in supporting IDPs and host communities, in which women, men, girls and boys to increase a sense of safety from trafficking and risky migration. Though the project was unable to make trafficking cases searchable and referral cases could not be conducted, it was able to provide trafficking awareness to all communities in order to reduce the number of trafficking cases in the project area. After the start of political instabilities, the project stopped advocating with the government to change the strategic child rights, safeguarding, and protection policy.

In conclusion, the overall objectives of the project were partly achieved. The project objectives for nutrition component were partly achieved, and those for child protection were almost achieved. In household food security, the project reached 80% of the project target and 40% of the behaviour change on intra-household decisions to prepare financial and investment plans. It was due to the fact that there were two uncontrollable crises—the COVID-19 pandemic and the coup d'état—that occurred unexpectedly in 2020 and at the beginning of 2021. The two crises had significantly impacted the ability of the project to implement activities as per schedule, as well as the overall safety, security, and socio-economic situation in the region. These things caused delays in some project activities and difficulties in changing the behaviour of beneficiaries.

Efficiency

In 2021 and first 6 months in 2022, all activities were delayed and were not able to perform in standard approaches due to restrictions of dual crises. However, the overall project activities could be carried out efficiently because the project adapted some activities that could not be carried out face-to-face to be carried out virtually and provided some supports of unconditional cash transfers to PBWs in order for them to consume enough food and productive grants to adolescents and youth in order for them to have adequate livelihood opportunities in response to changing needs on the ground.

There was unspent fundings due to difficulties to make field visits and mass campaigns and some funds in MMK obtained by high exchange rate. And there were some unexpected expenses as well: a cash withdrawal fee, an agent fee, and cash transfer charges during the cash crisis after the start of political unrest. The exchange rates between the bank and the outside market were different. The project was required to exchange USD for MMK only through the bank at the rate specified by the central bank, which was lower by a certain amount than the market rate outside.

The project could achieve about 80% of the planned activities by adapting some activities in the most appropriate ways with the planned budget. Furthermore, the donor was flexible to make budget adaptations that were made only in line with the contextual changes and the arising needs due to the dual crises, and then the activities were well implemented in time with the new budget plan and timeline.

Due to financial issues, efficiencies were affected in partner areas, especially in the WPN project area, where general prices were the highest. Due to the dual crises, the LLH component was the least efficient, as LLH activities had to be implemented with a large number of people, whereas others could be performed individually or with a small group in a short period of time.

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[1] Stunting prevalence was 24.4% vs. 24.6% for children aged 6–23 months, 21.7% vs. 15.6% for children aged 6–11 months, and 30.6 vs. 30.1% for children aged 12–23 months, at the baseline and endline, respectively. (See Table 17 for more details.)

Overall, the project was implemented in the most efficient way compared to alternatives, and the adapted activities were efficient, though there were some weaknesses in some subcomponents. LLH activities, for example, could not be carried out individually; they had to be carried out in large groups over a set period of time. Therefore, some LLH activities were delayed and less efficient with consequence of COVID-19 restrictions compared to other components. The reasons why the project activities were efficient were that they were adapted to comply with the current context in time, there was good coordination with and support from communities, and the donor was flexible and understanding of the project's field-level activities.

Impact

As some project level outcomes of these components at the end-line, the project contributed to reaching higher level objectives in nutrition, livelihood, and child protection, and these outcomes were the results of the project activities, some of which were adapted in appropriate ways with the context during the dual crises, which was unexpected and uncontrollable. The project was implemented through SBCC, but some activities were not able to be completed, particularly in host communities due to their reluctance to accept the SBCC activities, particularly in the areas where EAO had influence, and because the project could not be implemented in its standard approach due to dual crises and conflicts. The project still needs to fill some gaps; parents, mother-in-law, and father-in-law were still influential in decision-making related to households, mother-and-child healthcare, IYCF practices, and household nutrition. It was difficult to change behaviour in some situations, such as asking households to save money when employment opportunities were difficult and their income was low, and though some mothers of children under 2 years from poor households had knowledge about IYCF practices, they were very difficult to put into practice as they did not have enough food or enough money to buy food and they had to work daily for food for their households.

Main determinants of the impact of the project were external factors; COVID-19 pandemic, political unrest, and long-lasting conflicts in the project area. Due to external factors, the project could not reach 100% of the higher-level objectives, but it was anticipated that over 90% of households in the project areas would receive any of the following: knowledge, awareness, support, or assistance to improve their livelihood, nutrition, or child protection status. Furthermore, though the project implemented standard SBCC activities, changing behaviour would take time because the barrier to change was traditional beliefs, traditional behaviours, and the influence of elders.

Despite the project could provide productive grants as a result of the crisis, adolescents and young people who had completed vocational skilled training had fewer job opportunities in local area, and most of them emigrated to another local place or abroad for a better income. This was an unintended effect that indirectly led to negative outcomes for the project.

Some project implementations were done in a low profile way because of security concerns, which made the project less successful. In the CP component, due to the knowledge shared by the project and the fact that child participation was higher than anticipated, children and adults had a certain level of awareness about three main points: child protection, early marriage, trafficking, and their negative impacts. Staff did not provide the training directly to the beneficiaries due to the COVID-19 restrictions. Staff provided TOT training to volunteers, who then provided it to beneficiaries. It is one of the reasons why the project had fewer effects. Some follow-up, monitoring, and coaching activities were weak in the project implementation. The project was unable to follow up to determine whether adolescents and youths had gained access to decent work and increased their income using their respective skills, monitor what they needed more skill in, and provide more coaching for better skills due to COVID-19 restrictions and the outmigration of adolescents and youths in search of better employment opportunities after providing the productive grant for the transferable life skills training.

Relevance

The project adaptations or amendments made during the pandemic and political unrest were relevant to the project targets and objectives because these adaptations were made based on community needs, context, changes due to the pandemic and political unrest, and the importance of local and national needs. Also, given the context, the adapted activities were better suited to the situation and the best way to reach the project goals.

The project relied on and used evidence throughout the program cycle to adapt and ensure the project remained relevant, including monitoring trips, IYCF surveys, PDM for cash assistance, follow-up data for ANC visits, barrier analyses, quality checks, feedback response mechanisms, gender sensitive labour market surveys, MEAL data, and assessment results. Therefore, all activities were relevant to the project's overall objectives and targets and complied with national needs and priorities. Some measurement

plans could not be measured due to the context created by the dual crises and conflicts; these activities were adapted according to the context. According to the activity data and resulting outputs, they were also consistent with the intended impacts and effects.

Sustainability

The project outcomes will be sustained since the project could provide knowledge and awareness concerning the three components to almost all people in the project areas, directly or indirectly. The project provided TOT training (TLS, financial education, and business development) to youth leaders in the livelihood component, a community social worker in the CP component, and nutrition-related training to mother leaders. Then, they will continue to provide the knowledge and skills to their respective communities after the project's implementation. Therefore, skills, awareness, and knowledge such as leadership skills, life skills, saving money, and problem-solving skills in livelihood, use of toilets, IYCF practices, and nutritious food consuming behaviours in nutrition, shared and provided by the project via volunteers, youth leaders, and mother leaders, will be sustained in their communities in the project areas. The project outcomes will be sustained because knowledge and awareness about how to handover skills, share knowledge and awareness among communities and each other, and establish links among volunteers and youth leaders were also well provided.

Recommendations for data use

- The project implementers need to provide more livelihood supports, such as income-generating activities, basic healthcare, and cash assistance and/or food provision with a suitable amount as per inflation, if possible, to households with PBWs and children in order to ensure their household food security and health status, and then improve their nutrition status in the future through similar projects.
- The project should have a well-prepared emergency response plan to respond such unexpected and uncontrollable crisis in the next future project.
- More male participation in nutrition-related activities is needed so as to be in a better position to influence decision making for women for nutrition outcomes.
- To improve complementary feeding practices among children 6-23 months, especially feeding frequency, access to income is one of the major contributor
- During the hard period due to dual crises and conflicts, the project should have filled the gap in basic health services.
- Project needs to prioritize and find ways how to provide enough safe water to cover all households in project area though there were some difficulties due to conflicts and crisis as receiving adequate safe water for households is critical for changing behaviours regarding handwashing, personal hygiene, and environmental sanitation.
- To reduce the percentage of households with rCSI at phase 3 and higher, the project should support low-income households with better livelihood opportunities such as fund for investment, vocational skill trainings, seeds, fertilizer, market information, and etc.
- The project needs to pay attention to the community, particularly households with adolescent girls and young women, to improve making shared and equitable intra household decisions to prepare households' financial and investment plans, especially in host communities.
- In the previous three years, the BRICKS project was able to complete the child protection component. However, the awareness of child protection risks had room to be improved, and the project should share more knowledge about these issues.
- The project should take into account the gaps that the accessibility of health facilities and availability of aids between camps and host communities when a next similar project is designed to implement.
- In this study it was found that the knowledge was high but the practice was low. To understand more, the project team needs to make a follow-up investigation first to know why knowledge was high and practice was low in this given situation.

Methodology and Limitations

This study involved a baseline and endline evaluation design, mixed data collection methods including observation, surveys, semi-structured key informant interviews, and focus group discussions, as well as random sampling within the specific targeted groups (adolescents, youths, PBWs). For this endline survey, the consultant used a "Stratified two-stage cluster random sampling" approach with a probability proportional to the size (PPS) of the village/IDP camp population for this endline survey. Hence, the strata of the 2 types of study area – IDP camps and villages – were applied in the selection of sample clusters (villages and IPD camps) for the survey. There was a total of 52 study clusters (camps and villages/host communities) in the study area; 21 camps and 31 host communities. Data collection was conducted in randomly selected 15 camps and 20 host communities in the six project townships. The sample sizes were 430 mothers of under 2 children for nutrition survey, 527 adolescents and youths aged (14-24 years) for livelihood survey, and 282 children aged 14-18 years and 282 adults aged 18 years and over for child protection survey. Data was collected by Kobo Collect data collection application using tablets.

The followings were major limitation faced in conducting the study.

- Due to the dual crisis, many adolescents and youths in the study areas migrated out for their livelihood. Moreover, some youths and adults were working in their farms at day time. Some adolescents were going to school. Therefore, there were a bit difficulty to find the adolescents and youths for interview during the data collection.
- Since households and individual adolescents and youths migrated out month by month, the current population data was hard to collect.
- In the training, due to poor internet and phone communication, it was some difficulties in providing training online for WPN, practising role plays together, making plausibility check for anthropometric measures during the training, and providing the feedback on the pilot testing.
- A number of different teams were used in the different survey sites, thus contributing to possible differences in the way data is collected. The consultant team tried to minimize this by providing adequate training for all teams to ensure that they all understood the data collection tools and survey procedures. The supervisors provided close oversight of the enumerators and corrected mistakes as the data was collected.
- Professional enumerators and supervisors were not used to collect data because some project areas were hard to reach.

Introduction & Project Background

Children who are stunted or suffering from chronic malnutrition in Kachin and Shan is a major concern with stunting levels (too short for age) ranging between 37.0% to 47.6%[2] in Kachin and Shan.[3] Wasting levels ; too thin for the height(4.7%[4]) are less high across the state, but likely to be significantly higher in IDP camps due to the limited livelihoods and poor nutritional practices. These statistics show very high stunting rates and poor acute malnutrition rates though it's imperative to note that the referenced survey occurred in 2016 and data is obsolete given the current humanitarian crisis. Access to services is limited by inability to pay for transportation costs in remote areas, limited capacity of ethnic and government health providers, and physical access challenges created by conflict and inadequate road and transport infrastructure. Children in IDP camps are particularly vulnerable. A 2015 KAP survey[5] conducted by Save the Children (SC) in IDP camps in this area revealed that key IYCF behaviours are not being practiced and that among children 6-23 months, and while some of the components did demonstrate improvement during the baseline measurement compared to some earlier studies, the numbers remain worrying.[6]

In IDP camps, food production is limited due to space and land access, and small business development remains hindered by the lack of financial capital and proper linkages to surrounding markets. Households' incomes strongly fluctuate over the seasons, while market prices for basic needs are also highly volatile.

Recurrent conflict impacts on the security, protection and livelihoods of affected communities. Conflict exacerbates rural-urban migration and further exposes youth and adolescents from both displaced and non-displaced communities to unsafe migration, trafficking (especially of girls for marriage purposes), and other potential abuses. Forced recruitment is also present, as part of the ongoing conflict in the area.

Save the Children has implemented the BRICKS project in 4 townships of Northern Shan State[7] and 2 townships of Kachin State[8], which aimed "increase resilience to shocks and conflict for targeted population, and protect adolescents and children from trafficking and unsafe migration". BRICKS project was funded by the Livelihoods and Food Security Fund (LIFT). The total funding amount was 3.5 million USD and the project period was 35 months (1st Aug 2019 to 30th June 2022 plus 5 months no-cost extension). The maps of project areas were presented in the Appendix.

The project worked through multi-sectoral and integrated interventions in nutrition, livelihoods and child protection. BRICKS focused on youth and adolescent boys and girls, pregnant and breastfeeding women and children 0-23 months of age, living in IDPs camps, host communities and conflict affected villages in Kachin and Northern Shan States. In these areas, the project was implemented with 2 partners, namely Winpung Ninghpoi (WPN) and Highland Development Initiative (HDI). BRICKS provided direct support to the most vulnerable individuals and their households' members to unemployment, trafficking, unsafe migration and undernutrition.

BRICKS aimed to contribute towards reduced stunting in children 0-23 months and reduced maternal and adolescent malnutrition in project implementation areas. This outcome was built on improving IYCF and nutrition practices through community-based cadres and a community capacity stream to build communities confidence to adopt new practices. The focus was the First 1,000 days for pregnant and breastfeeding women and young infants. Young people from the poorest and most deprived humanitarian and non-humanitarian contexts could find it difficult to transition to safe and decent work. BRICKS included Transferable Life Skills (TLS) for employability. Increased ability to invest year-round in children's nutrition and health has only been achieved if targeted groups and individuals (women, older adolescents, and youth in particular) were provided with the means, knowledge, and skills to access decent work, increase their income, make informed and equitable investments, and better manage their finances. Poor and vulnerable

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[2] Ministry of Health and Sports & ICF International, Myanmar Demographic and health survey 2015-16
[3] Above 40% is considered very high by WHO
[4] Ministry of Health and Sports & ICF International, Myanmar Demographic and health survey 2015-16
[5] Knowledge Attitude and Practice survey on Infant and Young Child Feeding, Children 0-23months living in IDP camps in Nam Kham, Man Win Gyi and Mai Ja Yang, North Shan State and Kachin State, 2015, Save the Children
[6] "Revised BRICKS narrative_DV-Lb.pdf", Save the Children.
[7] Shan State: Kutkai, Namkham, Kyaukme and Namtu townships
[8] Kachin State: Mansi, Momauk townships

families were supported to strengthen their livelihoods by a combination of soft skills development, financial support, coaching and linkages to appropriate services (administrative, job matching, financial etc.). Finally, to increase resilience to shocks and conflict, it was also essential that the targeted groups, youth and adolescent girls and boys, could effectively protect themselves, and/or their children, from unsafe migration and trafficking. Therefore, the project activities were relevant to the project's objectives and targets and complied with national needs and priorities because the project activity plan was based on the project's overall objectives and local and national needs and priorities.

The BRICKS project directly linked to the LIFT Purpose, 'To improve the incomes and nutrition status of the poor people in Myanmar by promoting resilient livelihoods and food security', through contributing to LIFT outcomes: 'Increased nutrition of women and children' and 'Increased incomes for rural households. BRICKS worked to increase resilience to shocks and conflict, and to protect adolescents from trafficking and unsafe migration. The expected outcomes, results, & activities implemented for midterm and endline evaluation were presented the table of BRICKS's Measurement Plan. The nutrition component of the project was expected to directly benefit 5,600 Pregnant and Breastfeeding women, 3,360 children 0-23 months (51% girls).[9]

The study was encompassed all three components of the project, namely, nutrition, livelihoods, and child protection. The project aimed to work through multi-sectoral and integrated interventions in nutrition, livelihoods and child protection to contribute to LIFT outcomes: 'Increased nutrition of women and children' and "Increased incomes for rural households".

The endline study aimed to establish the status of key programmatic indicators after the implementation of key interventions, as well as to reflect on the relevance, effectiveness, and efficiency of the key project interventions. The endline also enabled critical performance monitoring and overall reflection on the progress made toward anticipated outcomes and milestones.

Myanmar Knowledge Management Co., Ltd. (MKM) was commissioned to conduct this evaluation study.

The study purpose and scope, methodology and limitation, findings, conclusions and recommendation were provided in the sections that follow.

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[9] Project document (PPT)

Study Purpose & Scope

Study Purpose

This study was conducted at the planned end of the BRICKS project. It built upon the baseline study that had established key indicators baseline value, as well as on the mid-term review completed by the donor-engaged external consultants.

The primary purpose of the study was two folded. Primarily, the study sought to understand the impact that project had managed to achieve in the complex environment, depicting what positive and negative, primary, and secondary long-term effects, directly or indirectly, intended, or unintended can be attributed to the programme? Secondly, the evaluation sought to assess to which extent the programme was able to maintain relevant and effective in addressing the underlying conditions that had affected key programme outcome level indicators, taking into account the significant contextual changes that happened during the project implementation.

Study Scope

The study aimed to examine the project in integrated manner, following specific project components (nutrition, livelihoods, child protection), but also the interaction of these components on achieving the overarching project goal.

The primary audience of this study were the consultant, SCI's technical support leads, SCI's staff, staff of partner organizations, and respondents (PBW, adults, and guardians of children in project beneficiary households). The consultant was involved in designing the evaluation study; developing the inception report and study tools; providing data collection training; data processing and analysis; writing the final study report; and presenting the findings to the SCI team. The technical lead team was involved in reviewing everything from the survey approach to the final report and providing all technical support to the study team as necessary. Staff from SCI and partner organizations were involved in operation and management, data collection, quality control, and sharing data with the consultant after data collection. The technical lead team shared the evaluation findings and final report with different stakeholders and donors. In addition, the technical support team informed the communities, beneficiaries, and children in an accessible and child-friendly manner of the findings.

This study covered the whole project area (6 townships in Kachin and Northern Shan States), and all target groups in all project areas were taken into consideration in the sampling. According to the survey design, the data collection team reached only part of randomly selected villages or camps, but all areas were given the chance to be included in the sample. Given the remote study areas, the current situation of the COVID–19 pandemic, and political unrest, there were some limitations in the data collection.

Study Questions

The endline study aimed to establish the status of key programmatic indicators after the implementation of key interventions, as well as to reflect on the relevance, effectiveness, and efficiency of the key project interventions. The endline also enabled critical performance monitoring and overall reflection on the progress made toward anticipated outcomes and milestones.

The specific objectives of this study were in the key study questions presented in table 4.

Table 4: Key criteria and questions

Criteria	Key Study Questions
Effectiveness	- Did the program/project achieve its intended outcomes? - Are there any differences in outcomes achieved by different groups? - Were there any unintended outcomes, positive or negative ones? - Are the objectives of the program/project being achieved? - How big is the effectiveness or impact of the project compared to the objectives planned?
Efficiency	- Were objectives achieved on time and within planned budget? - Was the programme or project implemented in the most efficient way compared to alternatives?
Impact	Does the program/project contribute to reaching higher level objectives (preferably, overall objective)? Why/ why not?

Criteria	Key Study Questions
	▪ What is the impact or effect of the programme or project in proportion to the overall situation of the target group or those effected? ▪ What are the intended or unintended effects of the programme, either positive or negative, direct, or indirect?
Relevance	▪ How was learning and evidence was used throughout the program cycle to adapt and ensure the project remained relevant? ▪ How important is the relevance or significance of the intervention regarding local and national requirements and priorities? ▪ Are the activities and outputs of the programme consistent with the intended impacts and effects?
Sustainability	▪ Are the positive effects or impacts sustainable? ▪ How is the sustainability or permanence of the intervention and its effects to be assessed?
Accountability	▪ How has the program/project approached accountability to children and the wider community?
Gender sensitivity	▪ What are the gender gaps that the program/project addressed and what remaining aspects need to be considered further?

Methodology & Limitations

This study involved a baseline and endline evaluation design, mixed data collection methods including observation, surveys, semi-structured key informant interviews, and focus group discussions, as well as random sampling within the specific targeted groups (adolescents, youths, PBWs). The study used both quantitative and qualitative methods. Baseline and end-line survey analysis was used. The baseline had formed the basis for evaluation of the project outcomes at the end of the project. At the start of the project, baseline data was collected to benchmark the status of the project outcome and impact indicators.

This evaluation study compared the endline results of key indicators with the results at the baseline to see which indicators improved and reached the target and which did not. To complement the why and how questions in the study, qualitative data collection was used. Furthermore, the study looked to see if specific indicators for specific groups, such as age, gender, and so on, have improved. For the purpose of this study, this study design method was an appropriate one. This method is appropriate because there was no control study area for this evaluation study.

The baseline data collection was conducted for a representative sample of the target population in the project areas. The endline data collection was conducted the same way as well. So, it was safe to use statistics to compare the baseline and the endline in terms of key indicators.

Using the results in the baseline report, comparisons were made not only for key indicators but also for other indicators.

Sampling Methods & Sample Size

In this endline evaluation study, there are 3 study components: nutrition, livelihood, and child protection. The study population of this endline survey were mothers of children aged under 2 years for nutrition; for child protection children from 14-18 years old and their mothers; for livelihood adolescents and youths who were 15–24 years. These surveys covered areas that were directly implemented by SC and partners in 4 townships in Kachin and Northern Shan States, where conflict-affected and vulnerable populations resided. The data was collected from all respondents as follows.

Table 5: Sample eligible respondent selection and data collection instruments

Survey	The eligible respondent must be:	Exclusion criteria for the study	Data Collection Instruments
Nutrition	• *Mothers with a child aged under 24 months at the time of survey regardless of the participation in the project activities.* • *Willingly to participate and provided consent for interview and measuring anthropometric measures to the child*	• *Mothers with a child aged older than 24 months at the time of survey* • *Mothers who were not willing to participate and did not provide consent for interview and measuring anthropometric measures on her children*	• *Tablet* • *Kobo collect* • *Face-to-face personal interview and measuring Anthropometric data of the child and MUAC of mother.*
Child protection	• *Boys and girls aged 14-18 years at the time of survey regardless of the participation in the project activities.* • *Willingly to participate and provided consent for interview*	• *Boys and girls aged younger than 14 or older than 18 years at the time of survey* • *Boys and girls aged 14-18 years who were NOT willing to participate and did not provide consent for interview*	• *Tablet* • *Kobo collect* • *Face-to-face personal interview*
Livelihood	• *Young men and women aged 15-24 years at the time of survey regardless of the participation in the project activities.* • *Willingly to participate and provided consent for interview*	• *Young men and women aged out of 15-24 years at the time of survey* • *Young men and women aged 15-24 years who were not willing to participate and did not provide consent for interview*	• *Tablet* • *Kobo collect* • *Face-to-face personal interview*

All primary data collected during the study facilitated disaggregation by gender, age, disability, and location. In the baseline study, the target population for the nutrition component was all mothers with children aged under 2 years, for the child protection component, children from 14-18 years old and their parents; for livelihood, adolescents and youths who were 15-24 years old. The criteria for the endline survey respondents were set for those who were project beneficiaries and those who gave time and consent to participate. The study excluded those who refused to participate. In the data collection, there were three types of data collection; face-to-face interviews with target groups, key informant interviews with project and partner staff; and focus group discussion with beneficiaries.

For this endline survey, the consultant used a "Stratified two-stage cluster random sampling" approach with a probability proportional to the size (PPS) of the village/IDP camp population for this endline survey. Hence, the strata of the 2 types of study area – IDP camps and villages – were applied in the selection of sample clusters (villages and IPD camps) for the survey. There was a total of 52 study clusters (camps and villages) in the study area; 21 camps and 31 villages[10]. At the first stage, 15 sample camps were randomly selected from the camp list and 20 sample villages were randomly selected from the village list with the Probability Proportional to Size (PPS) method[11]. In the second stage, some number of target respondents[12] were randomly selected from each selected cluster using simple random sampling or systematic sampling, depending on the availability of the respective list of respondents at cluster level. This meant that every respondent eligible in randomly selected households should have an equal opportunity to take the nutrition, livelihood, and child protection questionnaires. The sample for each part of the study was a good representation of the study population because the sample size was calculated using the right statistical formulas, and respondents were chosen using random sampling methods.

Sample size determination

The sampling frame for the BRICKS endline evaluation survey was the list of all mothers of children under two years of age, boys and girls aged 14-18 years and their mothers, and young men and young women aged 15-24 years in BRICKS project areas in 6 townships in Kachin and Northern Shan States. Sample sizes for each study component were computed using the following statistical formula.

$$n = deff \frac{NZ_{\alpha/2}^2 p(1-p)}{(N-1)d^2 + Z_{\alpha/2}^2 p(1-p)}$$

Where		
	deff	= design effect = 1.5
	N	= Population size[13]
	Z	= Standard normal variable of 95% of confidence level
	P	= Indicator value at the baseline
	q	= (1-p)
	d	= margin of error = 0.05 (5%)
	α	= significance level = 0.05 (5%)

For the nutrition survey, the sample size calculation was based on values of nutrition indicators in the project measurement plan, and these values were used as expressed in the baseline report. The consultant used all key indicators for the nutrition component with their values from the baseline report in the sample size determination. Among all sample sizes, the one obtained from the key indicator "% of children 6 to 23 months with minimum acceptable diet (MAD)" was found to be the largest one. Therefore, it was selected as the final sample size of this end line assessment survey for the nutrition component to cover all key nutrition indicators. The total number of mothers of children under 2 years of age in the project areas in the updated population data was 1,128. The statistical formula above revealed that the final sample size for the endline assessment survey for the nutrition component was 430[14] mothers of children under 2 years of age. (See Table 6 for more detail information).

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[10] Data source: SCI (MER Team) provided updated population for endline survey.
[11] Sizes were the total number of target populations in each cluster.
[12] These numbers were provided by the responsible project staff as per the existing numbers on the ground.
[13] It was the total number of target population for each study component
[14] Though the minimally required sample size was determined at 430, a total of 459 mothers were interviewed during the actual data collection.

Table 6: Sample size determination for nutrition component

Type	Description	Indicators	Baseline value	Sample size
PLO	Targeted population has increased resilience to shocks and conflict, and adolescents are protected from trafficking and unsafe migration	% of 0-59 months children stunted (<2 HAZ), disaggregated by age 0-5m 6-23m and sex	Stunting 31.2%	383
PO1	Targeted PLWs, children 0-23 months, and adolescents have improved nutritional status	% of pregnant and lactating women (PLW) and adolescent with MUAC <210 mm, <230 mm	<230mm- 11.4 % <210mm- 2.1 %	205 46
		% of newborns Low Birth Weight (< 2.5kgs)	10.20%	188
		% of infants 0–5 months of age who are fed exclusively with breast milk (disaggregated by sex and disability)	88.20%	210
		% of children 6-23 months with minimum meal frequency (MMF) (disaggregated by sex and disability)	72.50%	362
		% of children 6 to 23 months with minimum acceptable diet (MAD) (disaggregated by sex, location and age: 6-8 months; 9-11; 12-23)	**50.20%**	**430**
		% of children 6-23 months with minimum dietary diversity score (>4 food groups) (disaggregated by sex, location and age: 6-8 months; 9-11; 12-23)	64.60%	402
Output 1	Targeted PLWs and children 0-23 months have improved IYCF practices in the First 1000 Days	% of children under 5 who had diarrhea (more than 3 loose or liquid stools per day – WHO 2017 definition) in the last two weeks	13.00%	226
Output 1.1	Targeted PLWs, children, and adolescents have access to quality nutrition services	% of pregnant women receiving at least four antenatal care visits	4.50%	94
		% of newborns receiving a post-natal health check in the first 24 hours of birth (disaggregated by place of delivery)	72.00%	365
		% of newborn who received a postnatal health check where breastfeeding was observed and support/counselling offered	87.1% 52.6 %	225 429

For the child protection survey, the sample size calculation was based on the value of child protection indicator – % of women, men, girls, and boys who demonstrate awareness of child protection risks – in the project measurement plan, and the value was used as expressed in the baseline report. The total number of adolescent boys and girls aged 14-18 years of age and their mothers in the project areas in the updated population data was estimated to be 4,762[15]. The statistical formula above revealed that the final

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[15] For some camps/villages, updated population data of adolescent boys and girls aged 14-18 years were available. Based on this data, the consultant estimated the total number of adolescent boys and girls aged 14-18 years of age in the whole project area.

sample sizes for the endline survey for the child protection component were 282 adolescents aged 14-18 years of age and 274 mothers. (See Appendix VIII for more detailed information)

Similarly, for the livelihood survey, the sample size calculation was based on the values of livelihood indicators in the project measurement plan, and the values were used as expressed in the baseline report. The total number of young men and women aged 15-25 years of age in the project areas in the updated population data was estimated to be 4,630[16]. The statistical formula above revealed that the final sample sizes for the endline survey for the livelihood component was 527 young men and women aged 15-24 years old. (See Appendix VIII for more detailed information)

The design effect (1.5), Standard normal variable (95% confidence level), margin of error (5%), and significance level (5%) were used as the same values for all study components in computing the sample sizes.

For the qualitative data collection, there were 4 FGDs and 7 KIIs conducted for the whole study. One FGD with children aged 14–18 for CP, one with adults for CP, one with mothers of children under 2 for nutrition, and the last one with adolescents and youths aged 15–25 for the LLH. All KIIs were conducted with seven project staff from three partners.

The updated population data and sample sizes for each study component can be seen in the Table 7.

Table 7: The updated population data and sample sizes for each study component

Study component	Population size	Indicator used	Baseline indicator value	Sample size
Nutrition	1,128	% of children 6 to 23 months with minimum acceptable diet (MAD)	50.2%	430
Livelihood	4,762	% of HH and Youth/adolescents reporting a reduction in the use of negative coping mechanisms to deal with financial issues and shocks, disaggregated by location and male/female headed households	(Phase – 1) 55.2%	527
Child protection	4,630	% of women, men, girls and boys who demonstrate awareness of child protection risks.	80.5%	282*

* 282 Adolescents and 282 mothers

Data Sources

Primary Data Collection (Quantitative data)

Using the calculated sample sizes and stratified two-stage cluster sampling design, a detailed sampling plan for this BRICKS endline evaluation was developed, as shown in tables 7 and 8. Stratification was made in camp and villages. In the first stage, village/IDP camps were selected, and then households were selected for the second stage samples. The required sample size for the livelihood component was the largest. It was expected that all required sample respondents for child protection and nutrition would be covered if we collected data for the livelihood component from the required sample size. In each sample village and camp, a number of households were randomly selected and screened to see if there were any eligible respondents for any of the three study components. Interviews were conducted in each selected household for all entitled respondents for the three study components in order to cover the required number of sample sizes for the three study components. If the number of respondents for any study

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[16] For some camps/villages, updated population data of young men and women aged 15-24 years were available. Based on this data, the consultant estimated the total number of young men and women aged 15-24 years of age in the whole project area.

component was not covered by the required number after these households had been screened, some more households were screened in the camp for that study component.

Table 8: Sampling plan in Camps

SR	Org	Township Name	Camp/ Village tract Name	Village Name or Camp Name	HH	Sample size for		
						CP (Child+Adult)	LLH	Nutrition
1	SCI	Kutkai	Camp	Kutkai downtown (KBC Church)	58	12	7	2
2	SCI	Kutkai	Camp	Kone Khem Camp, Man Sa	91	3	7	10
3	SCI	Kutkai	Camp	MineYuLay-Lwal Main Sar camp	70	12	6	9
4	SCI	Kutkai	Camp	Kutkai-ZupeAwng (near RC camp)	206	27	26	30
5	SCI	Kutkai	Camp	Nam Hpak Ka Mare	57	21	15	4
6	SCI	Namkham	Camp	Nam Hkam Catholic Church (St. Thomas)	43	23	21	7
7	SCI	Namkham	Camp	Nam Hkam Catholic Church (J One)	22	8	5	1
8	SCI	Kutkai	Camp	Mungji Pa Dabang (Catholic Church)	21	32	19	16
9	WPN	Mansi	Camp	Lana Zup Ja New and Old (1)	240	20	19	15
10	WPN	Mansi	Camp	Lana Zup Ja New and Old (2)	240	22	19	26
11	WPN	Mansi	Camp	Bumttsit	369	37	21	26
12	WPN	Moemauk	Camp	Pa Kahtawng (1)	301	46	35	40
13	WPN	Moemauk	Camp	Pa Kahtawng (2)	301	18	26	28
14	WPN	Moemauk	Camp	Nhkawng Pa (2)	168	32	30	20
15	SCI	Kutkai	Camp	Pan Ku Camp	58	0	6	4
			Camp sample size (Total)			313	262	238

Table 9: Sampling plan in villages

SR	Org	Township Name	Camp/ Village tract Name	Village Name or Camp Name	HH	Sample size for		
						CP (Child+Adult)	LLH	Nutrition
1	HDI	Kyaukme	Chone	Man Hway	72	10	9	15
2	HDI	Kyaukme	Chone	Man Wein	65	6	8	6
3	WPN	Mansi	Dum Buk	Dum Buk	65	10	0	6
4	WPN	Mansi	Gaing Daw Man Bang (Man Bang Bum)	Gaik Daw	116	27	20	15
5	SCI	Kutkai	Ho Pong	Byein Long (Man Pying Long)	83	11	18	15
6	WPN	Mansi	In Ba Pa	Lana Zup Ja	56	17	11	10
7	SCI	Kutkai	Kawng Hkar Man Pying	Kawng Huong (Kawng Hkar)	53	4	8	9
8	SCI	Kutkai	Kawng Hkar Man Pying	Pang Nein	58	16	14	6
9	HDI	Kyaukme	Kun Kauk	Man Nawng	80	10	7	6
10	HDI	Kyaukme	Kun Kauk	Kun Kauk	188	38	21	21
11	WPN	Moemauk	Law Hkum	Pa Kahtawng	36	12	7	7
12	SCI	Kutkai	Loi Kan	Loi Kan	64	17	32	21
13	HDI	Namtu	Man Hsar Long	Kone Mo	45	7	13	4
14	HDI	Namtu	Man Hsar Long	Man Hsar Long	80	8	12	15

SR	Org	Township Name	Camp/ Village tract Name	Village Name or Camp Name	HH	Sample size for		
						CP (Child+Adult)	LLH	Nutrition
15	HDI	Namtu	Man Hsar Long	Haw Nar	89	26	15	10
16	HDI	Namtu	Man Hsar Long	Man Hsar Aum	77	0	3	5
17	SCI	Kutkai	Man Pying	Man Pying (Ban Nwet-Man Pying)	83	28	31	17
18	HDI	Namtu	Mong Yin	Nar Hai	76	2	4	4
19	HDI	Kyaukme	Pong Long	Man Pint	180	20	28	19
20	HDI	Namtu	Wein Nang	Pang Hkan Nay	96	26	18	10
		Village sample size (Total)				295	279	221
		Study sample size (Camp and village total)				580	549	427

The selection of households for interviews was carried out using a systematic sampling approach in each sample village or camp. The list of mothers with children under 2 years of age, adolescent boys and girls aged between 14 and 18 years, and/or youth aged 15 to 24 years was very helpful for the sample selection in the field data collection. In some clusters where this list was not available, the survey team visited some randomly selected households and conducted screening to see if there was a mother of under 2 children, a boy or a girl aged 14–18 years, or a young man or a young woman aged 15–24 years in this household.

Despite the fact that there were three different study components, each with its own questionnaire, the survey team collected data from each sampled household if an eligible household member was available. In each selected sample household, data was collected from all eligible household members for all three study components until the required number of sample respondents for each study component was obtained. After the required sample of respondents for a study component had been obtained, data were not collected for this study component in the next household. In the end, we got the data and information we needed from all sample respondents for all three parts of the study.

Primary Data Collection (Qualitative data)

Qualitative data was also collected to fulfil the quantitative findings through FGDs and KIIs. Four FGD sessions and 7 KIIs were conducted.

These were guided conversations with key informants where some close-ended questions were combined with broad questions which did not constrain the conversation, and in which new questions were allowed to arise as a result of the discussion. Key informant interviews (KIIs) were held with project staff. This data complemented data that was obtained through quantitative survey.

The information discussed with the project staffs were difficulties and barriers faced in implementation the project, how were going well project activities and approaches, challenges faced in provision of service during COVID-19 pandemic and political situation under the titles of evaluation criteria.

Of the four FGDs, two were conducted with mothers of under-2 children and adult men, one in a camp and one in a village, and two were with adolescents and youths aged 15–24 years, one in a camp and one in a village. FGD-1 and FGD-2 were held with four mothers and four adult men in Haw Nar village, Namtu Township, in the HDI project area, and in the WPN project area's Pa Kahtawng camp in Moemauk Township. FGD-2 and FGD-3 were conducted with 8 adolescents and youths (4 males and 4 females) aged 15–24 years in Pang Nein village and New Pan Ku camp in Kutkai Township in the SCI project area.

FGDs with mothers, fathers, adolescents (boys and girls) were conducted for the wider information of household food and nutrition status, availabilities of maternal and child health services, livelihood situation, and child protection issues, awareness and knowledge in their communities.

All the tools mentioned above were reviewed by BRICKS project evaluation study team to gather their input and ensure that they were comprehensible, concise and relevant. The tools were developed in English and translated into Myanmar language and field tested prior to commencement of data collection. The data collection tools were attached in the Appendix.

Table 10: Qualitative Data collection methods

Type of Respondent	Key Informant Interview (KII)	FGD
Mothers and fathers	-	1
Adolescents and youth (boy and girls)	-	2
FGD with mothers	-	1
Project staff	7	-
TOTAL	7	4

Save the Children is the owner of all data and information collected. The primary collected data was saved on the Kobo Collect's default server, and the consultant downloaded and analyse it. After completion of the study report, all collected data from the server will be deleted.

Data collector training

Data collection was done by hired data enumerators supervised by SCI staff. Save the Children provided enumerators to assist with primary data collection. In the data collection team, there were 10 supervisors (3 males and 7 females), 3 from SCI, 3 from HDI, and 4 from WPN, and 18 enumerators (6 males and 12 females), six from each partner. Before the main survey, an adequate data collection training was provided by the consultant and a nutrition coordinator from SCI team for five days to supervisors and enumerators at the project site (Kutkai). The nutrition coordinator provided the measurement of anthropometric data of children and mother of children under 2. The data collection team from WPN project partner were not able to come to the training place in Kutkai due to security reasons and travel difficulties. The training was provided both in house for the data collection teams from SCI and HDI and online for WPN staff. Training included research methodology, sampling and data collection methods such as research ethic, dos and don'ts, interview skills, method of HH selection, interview process, and interpretation of questions in the questionnaire, and measuring anthropometric data of children under two years of age. In addition, training provided a lot of practice and testing questions on questionnaires and standardization tests for measuring anthropometrics.

Regarding the anthropometric training, all data collectors were explained how to measure the anthropometric measures using the standard operating procedures and guidelines modules. After the explanation, the data collector teams from three partners conducted standardization tests separately by following the standard operating procedures and guidelines provided by the SCI for the BRICKS end line survey. Each team measured the anthropometric measurements of nine children under the age of five twice. Before weighing a child, weight scales were always re-calibrated to make sure the data was accurate. To practice in the field with children aged under 2 years, all children were measured for height with a height board in the lying position. The MUAC of children was measured in millimeters using MUAC tape. After that, a standardization test was conducted with the data recorded on the standardization forms using ENA for SMART software. The standardization test report was attached in the Appendix.

Data Collection and Quality Control

The data collection plan and tracker ensured that sampling protocols were adhered to and data was collected from respective respondents. Data were collected at the household level with a specific focus on households with a mother of children under two years of age, adolescents aged 14-18 years, and/or youth aged 15-24. Several trainings for specific tools were delivered to ensure a thorough understanding of their effective and efficient implementation.

A calendar of events was used to estimate the age of the children should there be any missing documentation such as birth notification or certificate.

The enumerators were supervised by assigned supervisors during the study, especially when interviewing respondents to ensure quality data collection and quality of enumerators all the time. Constructive feedback was provided on the spot during data collection. At the end of every day, there was a debriefing meeting to share daily feedback and issues and discussed how to mitigate them.

During the personal interview for data collection, study teams adopted a "do no harm" approach, employing gender, child, and conflict-sensitive methods for data collection. Fieldwork guidelines on data collection procedures incorporating quality assurance

checks were developed for the data collection teams. At the end of every day, collected data was checked by the supervisors to maintain data quality and plausibility check was done for the quality of anthropometric data.

To ensure the quality of anthropometric data, scales were re-calibrated in each village prior to weighing. The length board measurements were supported with close supervision and were cross-checked by supervisors to ensure the reliability of the data. Additionally, children were consistently weighed with minimal clothing.

Pilot study
A pilot study was conducted in a village/camp near the town where the training was conducted on day 5 of training. Each enumerator had to collect data from the three study components from a respective respondent(s). After the pilot study, there was a debriefing session to get feedback from the data enumerators and to provide them with feedback on their performance. After that, the questionnaires were adapted for use in the main field data collection. In the session on debriefing, a plan and schedule for collecting field data were made based on the sample camps and villages.

Data Collection Tools

There were three data collection tools for quantitative data collection and three for qualitative data collection: KIIs with project/partner staff, FGDs with adolescents, and interviews with mothers of children under 2 years of age and fathers of adolescents aged 14–18 years. Quantitative tools from the baseline were used with some additional questions. Newly developed qualitative tools were used in order to cover the study questions. Seven KIIs were conducted with seven project staff (a senior project manager, a project manager, three project coordinators, and two staff from partners (HDI and WPN)). Four FGDs were conducted: two with mothers and adult men (one in a camp and one in a village) and two with adolescents and youth aged 15–24 (one in a camp and one in a village). All quantitative surveys were developed in a Kobo Collect data collection application, and data were collected using phones and tablets. Since respondents in almost all the study area speak Myanmar well, all study tools were in Myanmar. In some areas collected data by HDI and WPN, some respondents speak local language. In this case, the data teams were able to interview with respective local languages.

Save the Children provided guidance on tools and classification schemes for this minimum dataset. The sampling process followed the one utilized in the BRICKS baseline study for each of the components analysed in the baseline. Since the baseline data collection for nutrition was done separately and later than the data collection for livelihoods and child protection, specific sampling needed to be done for each of these parts. Save the Children had existing data collection instruments and tools that were adapted for the study with the support of the consultant. These included baseline process tools focusing on key nutritional and livelihood indicators.

Data collection was conducted using the tools used in the baseline survey after adapting some if needed, and the Kobo Collect data collection application. For each study component, a separate tool was used.

For the anthropometric measurement, the data collectors used digital weight scales (SECA 2 in 1), a standard weight, height boards, and MUAC tapes. All digital weighing scales were re-calibrated every time prior to measuring a child.

Data collection was conducted from 19 November 2022 to 30 November 2022 in all BRICKS project areas.

Table 11: Survey statistics (BRICKS Endline Evaluation, 2022)

Study component	Respondent type	Total number of HHs screened	Exist some respondents among HH members	Found at home	Refused	Completed interview
FS & LLH	Adolescent and youth aged 15-24 year	918	616	545	4	541
Nutrition	Mothers of children under 2 years of age	918	490	459	0	459
CP	Adults older than 18 years	918	423	325	32	293
	Adolescent aged 14-18 years	918	423	325	10	315

Data Analysis

The consultant prepared the analysis plan and shared it with the technical leads before the end of data collection. The technical leads reviewed it and got back to the consultant with any questions, clarifications, or suggestions for improvement. For the data analysis of this endline study, the consultant used the finalized plan for data analysis.

The consultant analysed the data to produce the required key indicators and presented and validated them in the presentation of preliminary finding session to stakeholders and the study team and got feedback. And these key indicator results as well as other results were presented in the evaluation report to cover all research questions. The consultant also prepared standard tables and figures agreed with the technical leads. Moreover, all calculated indicators were disaggregated by age, gender, and location (region) as stated in the ToR. Statistical hypothesis testing and estimation methodologies were employed to gauge the difference of indicators between baseline and endline, among study areas, age and other categories with reliability measures. All feedback and suggestions were incorporated into the final report. In the data analysis, the consultant regarded the confidential data by not presenting the information about any individual respondent with their identification. All of the other result tables, not just the key indicators, were talked about in the Appendix sections. The team also indicated data triangulation using the baseline data and targets in the measurement plan, data from different reports of BRICKs without using other data sources such as national surveys and government administrative data.

The consultant used IBM SPSS Statistics software, version 25, and ENA for SMART 2020 software when analysing the quantitative data.

The qualitative data were analysed with a standard qualitative data analysis procedure and emerging themes were triangulated with collected quantitative data, program data, and available secondary data. Qualitative findings were complement the quantitative findings.

Ethics & Accountability

Research ethics and Ethical approval

A range of project documentation was made available to the study team that provided information about the design, implementation, and operation of the program, as well as some early learnings made by the project. This study didn't get ethical approval because, at the time of the survey, political unrest in Myanmar and coup d'état resulted in the non-engagement principles adoption by SCI Myanmar, UNOPS/LIFT as the donor and other international community actors. Anyway, during all research activities, the study team followed Save the Children's policies on child safety, protection from sexual exploitation and abuse, anti-harassment,

intimidation, and bullying, and data protection and privacy. Furthermore, the study team followed the following ethical recommendations during the study.

Contextual sensitivities

The survey was conducted according to the ethical guidelines. Participation in the survey was voluntary. Respondents received no financial or in-kind incentive to participate.

Consent

Prior to participation, respondents were informed that they have no obligation to participate and faced no penalty or consequence if they chose not to. If they agree, they were also informed that they were free to withdraw from the study at any time. Before taking any measurements or conducting interviews, interviewers read the consent statement aloud and discussed it with the participants. Whenever taking consent from each respondent, the interviewers used the respondent's mother language in order to clearly understand.

Confidentiality and Data Protection Plans

Data were collected anonymously using a tablet with the help of the Kobo Collect data collection application. Collected data were downloaded by the responsible persons only. Data files were kept confidentially in a location where only the responsible person(s) had access to them. Data files were handed over to the data analyst without personal identification such as names. Data analysis did not produce results with personal identification but produced overall results. Moreover, in the report, only overall results were presented without personal identification.

Do no harm

During the personal interview for data collection, study teams adopted a "do no harm" approach, employing gender, child, and conflict-sensitive methods for data collection.

Community Perspectives & Accountability

The key findings were shared with the SC MEAL team, and the draft report was validated in the workshop with the SC MEAL team, nutrition team, and partner organizations. Findings from this study will be used to inform and contribute to the implementation of programs aimed at improving nutrition, livelihood, and child protection situations in the community and will be shared with relevant counterparts. In particular, the SC will ensure that the analysis and findings are disseminated to donors and partners. The findings from the study were presented in a brief format, outlining the major findings and lessons learned for project staff and partner staff to adapt and provide feedback as necessary. The SC and its partners will use the results of this study to improve services and make changes to programming.

In the whole study process, data were collected directly from children for two study components: child protection and anthropometric measurements in the nutrition component. In this case, the study team abided strictly by the child safeguarding protocol and got signed consent from both children and their guardian. All data collectors and stakeholders[17] who were involved in the data collection were explained the nine basic requirements for a meaningful and ethical children's participation approach before the data collection in order to ensure quality child participation in "all processes in which a child or children are heard and participate"[18]. The following requirements were followed in the approach:

1. Transparent and informative: Prior to data collection, the children were given clear information about their right to express themselves and that their opinions were heard and valued.
2. Voluntary: The data collectors provided the children with enough information to understand the options available to them, what they meant, and how to engage— or not engage — with the process. Children clearly understood the implications of their choices and were free to make decisions to participate or not participate accordingly.

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[17] Project staff, volunteers, trainers, facilitators, and etc.
[18] The Nine Basic Requirements for Meaningful and Ethical Children's Participation, by Luis Pedernera (Pedernera, 2020).

3. Restful: Data collectors treated children's perspectives with respect from adults and other children. Staff had created an organizational culture that enabled children to initiate ideas themselves and express their views without feeling like they first sought permission from an adult.

4. Relevant: Data collectors created a situation when children were interviewed so that children were able to contribute their expertise and draw upon their experiences, knowledge, and capabilities to express their views on issues of relevance and importance to their lives. Relevant information was provided and made accessible to children.

5. Child-friendly: The working methods did not discriminate against children but took into account their evolving capacities, age, diversity, and capabilities, and the data collectors were approachable and responsive to the children during and after the interview.

6. Inclusive: The team recognized that children did not all belong to one homogenous group, participation promoted inclusiveness and treated each child as an individual. During the participation process, no child was discriminated against by the data collection team.

7. Supported by training: All data collectors working with children have been trained and equipped to work effectively with children.

8. Safe and sensitive to risk: The team let all children know that all considerations in relation to their safety and protection from harm have been taken into account. Staff took responsibility for the children with whom they worked.

9. Accountable: Data collectors provided children feedback on how their contribution had advised, informed, or influenced developments to date.

Limitations

The limitations of the pre-data collection stage that was faced in conducting this study were as below.

- The baseline data collection protocol and qualitative tools used in the baseline were not available. In the baseline report, there was no clear presentation of sampling, sample size allocation among clusters, stratification, and detailed information about respondent selection mentioned. It could be some difference between the baseline and the endline.

- Due to conflicts and the general situation, many areas in Myanmar prohibited or made travel unsafe after 4:00 or 5:00 p.m. The study team scheduled data collection plans in line with the expected timeline to avoid delays by considering the limitations[19].

- Due to the dual crisis, many adolescents and youths in the study areas migrated out for their livelihood. Moreover, some youths and adults were working in their farms at day time. Some adolescents were going to school. Therefore, there were a bit difficulty to find the adolescents and youths for interview during the data collection.

- In the training, due to poor internet and phone communication, it was some difficulties in providing training online for WPN, practising role plays together, making plausibility check for anthropometric measures during the training, and providing the feedback on the pilot testing.

- A number of different teams were used in the different survey sites, thus contributing to possible differences in the way data is collected. The consultant team tried to minimize this by providing adequate training for all teams to ensure that they all understood the data collection tools and survey procedures. The supervisors provided close oversight of the enumerators and corrected mistakes as the data was collected.

- In some villages, data collectors felt that they were not secure since there were some armed forces at the time of survey data collection. They had to rush data collection to finish as soon as possible.

- Professional enumerators and supervisors were not used to collect data because some project areas were hard to reach.

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[19] Detailed data collection plan was developed after the data collection training with supervisors who know the situation and local context of the project areas.

Findings

In this section, demographic data and respondent characteristics, and key indicators on infant & young child feeding practices, child and maternal healthcare, and minimum dietary diversity for women (MDD-W) and findings of key indicators concerning livelihood and child protection surveys were presented.

Demographic Data & Respondent Characteristics

In BRICKS project area, there were 21 camps and 31 villages. Total population and households in the project area by camp/village, and by township were as shown in the following tables.

Table 12: Population by camp/village

Camp/Village	HH	Males (<18)	Female (<18)	Males (18+)	Female (18+)	Total Population
Camps	2963	3530	3693	3568	4156	14947
Villages	2178	2208	2447	3235	3621	11511
Total	5141	5738	6140	6803	7777	26458

Data source: Project data

In the areas of the BRICKS project, there was a total of 5141 households: 2963 in camps and 2178 in villages. There was a total of population (26458): 14947 in camps and 11511 in villages.

Table 13: Population by township

Tsp	HH	Males (<18)	Female (<18)	Males (18+)	Female (18+)	Total Population
Kutkai	1505	1774	1860	2038	2226	7898
Kyaukme	770	703	787	1147	1279	3916
Mansi	1085	1323	1402	1417	1587	5729
Moemauk	1012	1215	1222	1141	1531	5109
Namkham	261	271	365	313	313	1262
Namtu	508	452	504	747	841	2544
Total	5141	5738	6140	6803	7777	26458

Data source: Project data

Number of households and population by township in the BRICKS project area was presented in Table 13.

NUTRITION SURVEY

Demographic and respondent characteristics of mother of children under 2 years
An end-line nutrition survey was conducted in six townships in Kachin and northern Shan States in November 2022. The sample size was 459 mothers of children under 2 years of age.

Table 14: Summary table for nutrition key indicators

Indicator	Percent		P-value	Percent		P-value	Target
	Baseline	Endline		Camp	Host community		
% Minimum dietary diversity score among women of reproductive age (mother of under 2 child) (MDDW) (>=5 out of 10 food groups) (n=459)	48.8	84.3	0.000	83.6	85.1	0.669	50%
% of pregnant and breastfeeding women (PBW) and adolescent with MUAC <210 mm, <230 mm (n=459)							
MUAC<210 mm	2.1	1.5	0.316	1.3	1.8	0.632	
MUAC<230 mm	11.4	12.6	0.426	11.8	13.6	0.561	7%
% of pregnant women receiving at least four antenatal care visits (n=459)	NA	73.4	NA	84.3	62.0	0.000	85.4%
% of pregnant women receiving at least four antenatal care visits from skilled providers[20] (n=459)	NA	70.2	NA	82.35	57.0	0.000	NA
% of pregnant women receiving no antenatal care visit (n=459)	4.5	7.4	0.018	2.2	13.2	0.001	NA
% of 0-23 months children stunted (<-2 HAZ) (n=354)							
Aged 6-23 (n=354)	24.4	24.6	0.939	24.7	24.4	0.887	21.4%
Aged 6-11 (n=135)	21.7	15.6	0.052	14.9	16.4	0.809	NA
Aged 12-23 (n=219)	30.6	30.1	0.882	31.3	29.0	0.715	NA
% of new-borns 0-5 months exclusively breast fed (n=90)	88.2	76.7	0.012	73.9	79.6	0.533	TBD
% of children 6 to 23 months with minimum acceptable diet (MAD) (n=367)	50.2	44.4	0.027	46.3	42.4	0.449	20
% of children 6 to 23 months with minimum dietary diversity (MDD) (n=367)	64.6	73.3	0.000	73.7	72.9	0.863	
% of children 6-23 months with adequate minimum meal frequency (MMF) (n=367)	72.5	57.8	0.000	58.1	57.1	0.793	75
% of new-borns receiving a Post-natal health check in the first 24 hours of birth	72.0	50.0	0.000	51.7	48.2	0.455	60
% of new-borns Low Birth Weight (< 2.5kgs)	10.2	9.8	0.849	10.13	9.21	0.824	12
% of targeted household with PBW with access to hand washing facility where water and soap or detergent are present (n=327)	93.1	87.2	0.001	80.7	92.0	0.004	80
% of caregivers (PBW) who dispose of child faces safely (n=459)	56.3	54.9	0.548	53.4	56.6	0.492	75

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[20] Skilled provider includes doctor, nurse, midwife, or lady health visitor. (MOHS, 2017)

Indicator	Percent		P-value	Percent		P-value	Target
	Baseline	Endline		Camp	Host community		
% of targeted mothers of under 2 years who report improved understanding of best IYCF practices (EBF) (n=459)	81.9	92.9	0.000	95.7	89.9	0.016	80
% of women (PBW) who are involved in child health & nutrition decisions individually or jointly (n=459)							80
About child's health	NA	95.2	NA	99.2	90.1	0.000	
About what to feed the child or how to feed the child	NA	97.4	NA	100.0	94.6	0.000	
About food purchases	NA	91.9	NA	95.4	88.2	0.006	
About food preparation for the family	NA	94.8	NA	97.5	91.9	0.007	
About foods preparation for the child	NA	97.8	NA	99.6	96.0	0.009	
About cooking for the family	NA	93.9	NA	96.7	91.0	0.012	

Table 15: Household and respondent characteristics

Population Characteristics	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Sex of head of household (n=459)						
Male	168	70.6	163	73.8	331	72.1
Female	70	29.4	58	26.2	128	27.9
Total	238	100.0	221	100.0	459	100.0
Number of pregnant women in the household (n=459)						
0						
1	231	97.1	215	97.3	446	97.2
2	7	2.9	5	2.3	12	2.6
Total	0	0.0	1	0.5	1	0.2
	238	100.0	221	100.0	459	100.0
Total under 2 children (n=459)						
0	1	0.4	0	0.0	1	0.2
1	228	95.8	207	93.7	435	94.8
2	7	2.9	12	5.4	19	4.1
3	2	0.8	2	0.9	4	0.9
Total	238	100.0	221	100.0	459	100.0
Total 2-5 years old children (n=459)						
0	140	58.8	125	56.6	265	57.7
1	87	36.6	89	40.3	176	38.3
2	8	3.4	6	2.7	14	3.1
3	3	1.3	1	0.5	4	0.9
Total	238	100.0	221	100.0	459	100.0
Total 5-18 years old children (n=459)						
0	115	48.3	99	44.8	214	46.6
1-3	105	44.1	119	53.8	224	48.8
4-6	15	6.3	2	0.9	17	3.7
7-11	3	1.3	1	0.5	4	0.9
Total	238	100.0	221	100.0	459	100.0
Total number of adults over 18 years (excluding pregnant females) (n=459)						
0	10	4.2	2	0.9	12	2.6
1-3	158	66.4	136	61.5	294	64.1

Population Characteristics	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
4-6	60	25.2	79	35.7	139	30.3
7-11	10	4.2	4	1.8	14	3.1
Total	238	100.0	221	100.0	459	100.0

It was discovered that approximately 28% of all households interviewed were female headed, 2.8% had at least one pregnant woman, 56% had at least one under-2 child (male), 44% had at least one under-2 child (female), 22% had at least one child aged 2-5 years (male), 22% had at least one child aged 2-5 years (female), 33% had at least one child aged 5-18 years (male), 33% had at least one child aged 5-18 years (female) (excluding pregnant females), and 97% had at least one adult aged over 18 years. The average household size was 5.4, with a standard deviation of 2.6. Detailed results were presented in Table 15.

Mother Nutrition

In this section, two key indicators regarding mother's nutrition in the study area: minimum dietary diversity for women – MDD-W (age 15-49) and MUAC of pregnant and breastfeeding women (PBW) and adolescent disaggregated by study round (baseline and end-line) and type of community (camps and host communities) were presented. Remaining indicators and frequency tables regarding mother's nutrition computed from the survey data were presented in the Appendix section in this report.

Table 16: Minimum Dietary Diversity Score among Women 15-49 (MDD-W) (>=5 out of 10 food groups) by study round and type of community

Indicator	Percent		P-value	Percent		P-value	Target
	Baseline	Endline		Camp	Host community		
% Minimum dietary diversity score among women of reproductive age (mother of under 2 child) (MDDW) (>=5 out of 10 food groups) (n=459)	48.8	84.3	0.000	83.6	85.1	0.669	50%

 The MDD-W is a dichotomous indicator of whether or not women aged 15–49 have consumed at least five out of ten defined food groups the previous day or night. The proportion of women 15–49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality (FAO, 2016). Among all 459 sample mothers interviewed, the percent of mothers who met the minimum dietary diversity score among women of reproductive age (mothers of under 2 children aged 15–49) (MDD-W) (>=5 out of 10 food groups) was significantly higher at the end-line (84.3%) compared to baseline (48.8%). The end-line finding was higher than the BRICKS project's target (50%) at the end-line in its measurement plan. This percent was not significantly different between the two types of communities: camps (83.6%) and host communities (85.1%). It was also found that the most commonly consumed food groups were grains, other vegetables, dark green vegetables, meat, poultry, and fish, as well as vitamin-A-rich fruits and vegetables[21]. It is possible, as these foods were as cheap as they could get by hunting, own production, and searching in the forest and were very commonly found in the project areas. All partner areas had similar percentages for these common food groups. In the LLH survey, it was found to be supportive information that households with adolescents and youth reported they received vegetables (78%) and fruits (53%) from their own productions, respectively (See in the Appendix 2). It could be because of the fact that they had the knowledge of consuming diversified, nutritious, and cheaper local foods for their nutrition and health provided by the BRICKS project during the project period. Detailed results were presented in Table 16.

Project staff said in the KII sessions that the project could provide PBWs with counselling and nutritional knowledge to help them access cheaper, more nutritious foods locally.

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[21] For more details, see Appendix table 2.

Table 17: MUAC of pregnant and breastfeeding women (PBW) and adolescent by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of pregnant and breastfeeding women (PBW) and adolescent with MUAC <210 mm, <230 mm (n=459)						
MUAC<210 mm	2.1	1.5	0.316	1.3	1.8	0.632
MUAC<230 mm	11.4	12.6	0.426	11.8	13.6	0.561

In terms of maternal nutrition, MUAC as an indicator or predictor of nutrition- and health-related outcomes in adolescents, pregnant women, men and non-pregnant women, as well as in the elderly (M Mutalazimah, and et al, 2020).. The cut-off point <210 mm is used as severe malnutrition and <230 mm as wasting for assessing the nutrition status of women of reproductive age (Bahwere, 2017). It was a key outcome indicator for the nutrition component of the BRICKS project, measured at the end-line as well as at the baseline. Of all 459 mothers interviewed, the percentage of pregnant and breastfeeding women (PBW) with MUAC less than 210 mm did not differ significantly between the two study rounds: 1.5% at the end-line and 2.1% at the baseline, nor between the two communities: 1.3% in camps and 1.8% in host communities. Similarly, the percentage of pregnant and breastfeeding women (PBW) and adolescents with MUAC less than 230 mm did not differ significantly between the two study rounds: 12.6% at the end-line and 11.4% at the baseline, nor did it differ between the two communities: 11.8% in camps and 13.6% in host communities. The BRICKS project set an after-project target of 7% pregnant and breastfeeding women (PBW) and adolescents with MUAC less than 230 mm. The indicator computed was measured only for PBW, not include adolescents. Detailed results were presented in Table 17.

Project staff said in the KII sessions that although the project could provide PBWs with counselling and nutritional knowledge to help them access cheaper, more nutritious foods locally, it couldn't address household food security, basic healthcare, or household economy. Despite the fact that it was unable to provide basic health services or household food security, the project specifically monitored and screened mothers with MUAC less than 210 mm and less than 230 mm and provided intensive counselling to them. Furthermore, the project covered transportation and meal costs for at least two antenatal care visits and connected them to other service providers to receive basic health services.

An analysis to explore if there is some association between the LBW, the PBW's nutrition status by MUAC (≤230 mm), and ANC visits showed that there was no significant evidence that the LBW was associated with the PBW's nutrition status by MUAC (≤230 mm) and ANC visits, but there was significant evidence that the PBW's nutrition status by MUAC (≤230 mm) had an association with ANC visits. It was found that 12% of mothers who visited a provider for their ANC at least once had PBW's nutrition status by MUAC (≤230 mm), which was significantly lower than that of those who did not (26%). Similarly, it was also found that 11% of mothers who visited a provider for their ANC at least four times had PBW's nutrition status by MUAC (≤230 mm), which was significantly lower than that of those who did not (18%). Therefore, it could be concluded that the ANC visits had effects on the PBW's nutrition status as measured by MUAC (≤230 mm).

Maternal Health
In this section, a key indicator regarding mother's health in the study area: ANC visits disaggregated by study round (baseline and end-line) and type of community (camps and host communities) were presented. Remaining indicators and frequency tables regarding mother's health computed from the survey data were presented in the Appendix section in this report.

Table 18: ANC visits by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of pregnant women receiving at least four antenatal care visits (n=459)	NA	73.4	NA	84.3	62.0	0.000
% of pregnant women receiving at least four antenatal care visits from skilled providers[22] (n=459)	NA	70.2	NA	82.35	57.0	0.000
% of pregnant women receiving no antenatal care visit (n=459)	4.5	7.4	0.018	2.2	13.2	0.001

The World Health Organization (WHO) recommends that pregnant women receive a minimum of four antenatal care visits from skilled providers to ensure that problems are identified and managed. Myanmar adopted this recommendation in its standard national guidelines for antenatal care and postnatal care. Among all mothers with children under the age of two, a significantly lower percentage (4.5%) reported not receiving any antenatal care visits during their most recent pregnancies at the baseline comparing to the end-line (7.4%). There was a significantly higher percent of women who received no antenatal care visit in host communities (13.2%) than in camps (2.2%). Detailed results were presented in Table 18.

Of all 459 mothers interviewed, the percentage of pregnant women who received at least four antenatal care visits during their previous pregnancies, as well as the percentage of pregnant women who received at least four antenatal care visits from skilled providers, were not measured at the baseline. At the end of the study, the percent of pregnant women who received at least four antenatal care visits during their last pregnancy and the percent of pregnant women who received at least four antenatal care visits from skilled providers during their last pregnancy were 73.4% and 70.2%, respectively. The percent of pregnant women who received at least four antenatal care visits during their last pregnancies from any provider and from skilled providers were significantly higher in camps (84.3% and 82.4%, respectively) than in host communities (62.3% and 57.0%, respectively).

In the FGD sessions, the participants reported that pregnant women have sought antenatal care mainly from a midwife in their villages and received vaccination, vitamin supplements (until childbirth), abdominal examination, height and weight measurements. Some said that maternal and child health care (MNCH) was not accessible for them due to remoteness, financial struggles, transportation difficulties, lack of health-workers in some villages and their busy works. Moreover, there were many services in camps but not in host communities.

The project staff said in the KII sessions that pregnant women were provided the knowledge that the pregnant women need at least four times of ANC visits during their pregnancy. Despite the fact that the project was unable to provide basic health services, the project covered transportation and meal costs for at least two antenatal care visits and connected them to other service providers to receive basic health services. Pregnant mothers had some difficulties visiting for ANC because there were travel restrictions and a lack of basic health services at health facilities during the dual crisis and due to conflicts. Moreover, they also said that camps had many different implementing projects similar with BRICKS, so they did not have had more improvements in other components.

Since a healthy system was not fully functioning during the COVID-19 pandemic, the project supported transportation and meal costs for the pregnant women's ANC visits. As a result, during 2022, 287 pregnant women (94%) reached health facilities, and they received ANC, including nutrition counselling, related medicine such as vitamins and vaccinations, fatal assessment, blood testing, and other services (urine testing, ultrasound, and body weight and height measuring). Nineteen pregnant women (6%) did not reach health facilities at the time of follow-up because of transportation difficulties, the distance to reach health facilities, and other reasons.

Child Nutrition and IYCF Practice

In this section, four key indicators regarding child nutrition and IYCF practice in the study area: Stunting prevalence of children aged 6-23 months, exclusive breastfeeding (0-5) months, minimum meal frequency, and minimum acceptable diet disaggregated by study round (baseline and end-line) and type of community (camps and host communities) were presented. Remaining indicators and frequency tables regarding child nutrition and IYCF practice computed from the survey data were presented in the Appendix section in this report.

Table 19: Stunting prevalence of children (6-23 months) by study round and type of community

Indicator	Percent		P-value	Percent		P-value	Target
	Baseline	Endline		Camp	Host community		
% of 0-23 months children stunted (<-2 HAZ) (n=354)							
Aged 6-23 (n=354)	24.4	24.6	0.939	24.7	24.4	0.887	21.4
Aged 6-11 (n=135)	21.7	15.6	0.052	14.9	16.4	0.809	NA
Aged 12-23 (n=219)	30.6	30.1	0.882	31.3	29.0	0.715	NA

Childhood stunting is an outcome of maternal undernutrition and inadequate infant and young child feeding (IYCF), a correlate of impaired neurocognitive development, and a risk marker for non-communicable diseases and reduced productivity in later life (Geneva, 2013). The BRICKS project implemented the nutrition component to improve the nutrition status of children and PBWs through social and behavioural change communication (SBCC) activities by disseminating knowledge about IYCF practices and feeding practices of PBWs and recommending the use of diverse foods from local resources.

Of all children aged 6-23 months, the prevalence of stunting was found to be non-significantly different between baseline (24.4%) and end-line (24.6%), whereas the prevalence in children aged (6-11) was borderline significantly lower at the end-line (15.6%) than that at the baseline (21.7%). After the project's implementation, the stunting prevalence among children aged 6–23 was higher than the project's target of 21.4%. The prevalence of stunting in children aged 12-23 at the end-line (30.1%) had decreased slightly but not significantly compared to the baseline (30.6%). The prevalence of stunting in any age group was not significantly different between types of communities, camps, and host communities. Detailed results were presented in Table 19.

The stunting prevalence was found to be highest in Namkham (57%), followed by Kutkai (29%), Mansi (26%), Namtu (23%), Kyaukme (20%), and Moemauk (18%) at the end line. It was found that stunting prevalence was no relationship with, the reduced coping strategies index (rCSI) and the household's food consumption score (FCS), continued breastfeeding in the study areas, whereas stunting was found to be directly related to the household's food insecurity access score (HFIAS) and inversely related to household food security and EBF. These findings show that the township with higher household food insecurity had a worse the stunting level of children under 2 years. On the other hand, the township with a higher the household food consumption score or/and higher EBF had the better stunting level of children under 2 years.

The scope of this end-of-study assessment and evaluation study to investigate risk factors for stunting prevalence in children under the age of two years was limited. However, a study (Zaw Win and Jennifer Cashin, 2016) showed that the major factors were; type of area, religion, ethnicity, regions, availability of safe drinking water sources, number of under 5 children in the household, monthly household income, prevalence of diarrhoea, and residence in a village with a small population. And, household food security and environment, as well as practices relating to care for mothers and children, are important underlying contributors to child nutritional status. The study also showed that many of the risk factors were demographic indicators that might be more useful for targeting than for designing programs to reduce undernutrition.

The prevalence of stunting was found to vary greatly in these project areas, affecting the overall prevalence of stunting. The stunting prevalence of the younger age group (6–11) during about 3 years in the project area was significantly improved with a notable

change. For these project areas, the higher rate of stunting might be caused by the livelihood status, the limitations of project implementation, and less access to health care because of the dual crises and long-lasting conflicts.

It would be preferable to explore if the relationship between stunting prevalence and other demographic characteristics, such as the mother's or caregivers' education level, the age of the mothers, and so on, was stronger. But the data were not collected in the survey.

The impact of the IYCF practices could not be seen in a short period of time. There are many different factors that can change the nutrition level of children. One of them, practicing IYCF recommendations, was found to have a small improvement because communities faced many difficulties and challenges to changing their behaviors due to external factors: the COVID-19 pandemic and political instabilities, which caused directly negative impacts on beneficiary communities' access to foods and expenses on living costs. The project could be adapted for implementation based on the context of external factors that were rapid and hard to change. Camps were organized with IDPs and received more humanitarian assistance than the host communities during the dual crisis, and host communities were not accessible for basic services after the political changes in 2021.

Table 20: Exclusive Breastfeeding (0-5 months) by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of new-borns 0-5 months exclusively breast fed (n=90)	88.2	76.7	0.012	73.9	79.6	0.533

Breast milk contains all the nutrients needed by children in the first 6 months of life and is an uncontaminated nutritional source. It is recommended that children eat nothing but breastmilk in the first 6 months of their life. . The EBF is a key project level outcome indicator. The baseline and end-line surveys collected the data for exclusive breastfeeding practice in children under six months. At the end of the project, among 90 children aged 0-5 months, it was found that approximately 77% of children aged 0–5 months were exclusively breastfed, which was significantly lower than the baseline figure of 88.2%. There was no target for this indicator set by the project in the measurement plan. The percentage of children aged 0 to 5 months who were exclusively breastfed was higher in host communities (79.6%) than in camps (73.9%), but the difference was not statistically significant. Detailed results were presented in Table 20.

The exclusive breastfeeding (EBF) indicator were changing among townships; Kutkai (84%), Mansi (83%), Kyaukme (75%), Namtu (70%), and Moemauk (61%). In Namkham, no under 5 months baby was found. It was a direct relationship between the EBF and household food security level. The public health significance was met in Kutkai and Mansi because EBF was not less than 80%, but Kyaukme, Namtu, and Moemauk required a priority because their EBF was less than 80%.

Though the knowledge level of mothers about the EBF[23] was found to be high, their practice was low. Some people in a focus group discussion (FGD) said that even though they knew how to feed breastmilk exclusively to their children under six months of age, it was hard for mothers to use what they knew about breastfeeding since they did not have enough food for their households due to the double crisis and they had to work most of the time to get income for their household food. Most of male population thought that breastfeeding was not concerned with them, it was mothers' affair. Similar information was provided by some staff in the KII sessions.

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[23] About 93% of mothers interviewed had the knowledge about the EBF. (See Table 25.)

Table 21: Minimum Acceptable Diet (6-23 Months) (MAD) by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of children 6 to 23 months with minimum acceptable diet (MAD) (n=367)	50.2	44.4	0.027	46.3	42.4	0.449
% of children 6 to 23 months with minimum dietary diversity (MDD) (n=367)	64.6	73.3	0.000	73.7	72.9	0.863

WHO guiding principles on feeding the breastfed child and the non-breastfed child recommend that children aged 6–23 months be fed meals at an appropriate frequency and in a sufficient variety to ensure, respectively, that energy and nutrient needs are met. This indicator combines information on minimum dietary diversity and minimum meal frequency, with the extra requirement that non-breastfed children should have received milk at least twice on the previous day (UNICEF, WHO &, 2021). Data for this indicator was collected and computed this indicator at the end-line as well as at the baseline. MAD was a key project outcome indicator. With statistical significance, the percentage of 367 children aged 6 to 23 months who received the minimum acceptable diet decreased by 5.8%, from 50.2% at the start to 44.4% at the end. This indicator was found to be higher than the target (20%) set by the BRICKS project in the measurement plan. This indicator percent was not significant between types of communities: 46.3% in camps and 42.4% in host communities. Since MAD and MDD were less than 80%, it had not been met the public significance and were generally priorities for these IYCF practices.

MAD was computed based on the breastfeeding/non-breastfeeding, MMF and MDD. Therefore, though the MDD was not a key indicator, the MDD was checked and found 73.3% which was significantly higher than the baseline (64.6%). The reasons why the MAD was significantly lower than the baseline was due to lowering the MMF. Mothers knew the knowledge of food dietary diversity and could follow the MDD, but they did not feed their children with minimum meal frequency. One of the potential reasons for not feeding children with the minimum frequency would be because the mothers did not have enough income to cover the food expenditure. The detailed results were presented in Table 21.

The same finding as presented for the MMF was found in FGD sessions. In order to improve the complementary food feeding for the young children, they need to receive enough money to buy and more male participation in activities for mother nutrition and IYCF practice.

Table 22: Minimum Meal Frequency (6-23 months) (MMF) by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of children 6-23 months with adequate minimum meal frequency (MMF) (n=367)	72.5	57.8	0.000	58.1	57.1	0.793

WHO guiding principles for feeding the breastfed child recommend that breastfed infants aged 6–8 months be provided complementary foods 2–3 times per day and breastfed children aged 9–23 months be provided complementary foods 3–4 times per day with additional nutritious snacks offered 1–2 times per day (1). Guiding principles on feeding the non-breastfed child increase that recommendation to 4–5 meals per day for non-breastfed children (2). Feeding meals/snacks less frequently than recommended can compromise total energy and micronutrient intake, which in turn may cause growth faltering, stunting and micronutrient deficiencies (UNICEF, WHO &, 2021). This is a key project outcome indicator. At the end of the project, it was found that approximately 58% of 367 children aged 6-23 months were fed meals minimal frequency, which was significantly lower than the baseline figure of 72.5%. There was a target (75%) for this indicator set by the project in the measurement plan. The percentage of children aged 6 to 23 who were fed meals minimal frequency was slightly higher in camps (58.1%) than in host community (57.1%),

but the difference was not statistically significant. Like MAD and MDD, since the MMF was less than 80%, it was a priority for this practice. This is concerning and reflects the deterioration. Detailed results were presented in Table 22.

In an FGD, many participants understood feeding complementary foods to their children after six months of age and received training and knowledge sharing from BRICKS regarding breastfeeding, IYCF practice, and mother nutrition. However, it was challenging to provide a complementary diet with minimal meal frequency for their children due to financial difficulty. They anticipated that the BRICKS project would provide financial assistance as well as knowledge sharing for the nutrition of children and mothers.

Some staff said in KII sessions that project provided productive grant to households with under two child, unconditional cash transfer to mothers, and cash support for pregnant mothers for their ANC visit. Households in the project areas were less income with lack of employment opportunities and general prices were getting up due to dual crisis and conflicts.

There was no evidence of a link between EBF, household food security, decreased coping strategies, and food consumption score.

Child Health

In this section, two key indicators regarding child health in the study area: post-natal health check (new-born) and low birth weight of new-born disaggregated by study round (baseline and end-line) and type of community (camps and host communities) were presented. Remaining indicators and frequency tables regarding mother's health computed from the survey data were presented in the Appendix section in this report.

Table 23: post-natal health check (New-borns) by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of new-borns receiving a Post-natal health check in the first 24 hours of birth	72.0	50.0	0.000	51.7	48.2	0.455

New-born post-natal health check refers to screenings performed on new-borns shortly after birth to protect them from the dangerous effects of disorders that otherwise may not be detected for several days, months, or even years. It is now well established that new-born care in the 24 hours preceding and following childbirth is particularly important, as this is the time window in which most complications can be averted and most lives can be saved (Health, 2013). Data on child health were collected at both the baseline and end-line and used to calculate the percentage of new-borns who had a health check within 24 hours of birth as it was a key outcome indicator. Of all 459 mothers, at the project's end, the percent of new-born babies whose mothers reported that their last children received a post-natal health check in the first 24 hours of birth was 50.0%, which was significantly lower than that at the baseline (72.0%). The target that should be at the end-line set by the project was 60.0%, and the end-line figure of this indicator was found to be less than the target as well. The baseline value was already higher than the target. The percent was not significantly different between the two communities: camps (51.7%) and host communities (48.2%). Detailed results were presented in Table 23.

In a discussion meeting with project staff, they said that the basic health services, especially for pregnant women, were poor in the project areas and even poorer in host communities due to the dual crisis. Furthermore, during the FGD discussion session, some mothers stated that it was difficult for them to access health facilities due to remote locations, long distances, difficult roads, a lack of funds, and conflicts, and that as a result, the majority of their last-born babies were delivered at home. The quantitative findings also supported their claims that the percent of last-born babies delivered at home was 42.3% in the project areas, 19% in camps, and 67% in host communities.

Table 24: New-borns Low Birth Weight by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of new-borns Low Birth Weight (< 2.5kgs)	10.2	9.8	0.849	10.13	9.21	0.824

The World Health Organization (WHO) defines low birth weight as a birth weight of less than 2500 g (5.5 lb). Low birth weight continues to be a significant public health problem globally and is associated with a range of both short- and long-term consequences[24] [1]. It was a key outcome indicator. Data on child health were collected at the start and end of the study, and the percentage of newborns with low birth weight (2.5 kilos) was calculated. Among the 459 mothers interviewed, 300 reported that their children weighed at birth, and only 241 could report the weight of their child at birth. 9.1% of the 241 children who recorded their birth weight were born weighing less than 2.5 kilos. This percentage was not significantly different from the baseline figure of 10.2%. The target for this indicator set by the BRICKS project in their measurement plan was 12%. Both the end-line and baseline findings for this indicator were lower than the target.

Project staffs said in the KII session that the basic health services, especially for pregnant women, were poor in the project areas and even poorer in host communities due to the dual crisis. In the hard period, the project should have filled the gap in basic health services and household food security. To improve the rate of new-borns with low birth weight, mothers must follow the nutritional knowledge provided by the project. Despite the fact that it was unable to provide basic health services or household food security, the project specifically monitored and screened mothers with MUAC less than 210 mm and less than 230 mm and provided intensive counselling to them.

The results from the indicator showed that a high percent of pregnant and breastfeeding women (PBW) and adolescents with MUAC less than 230 mm were found in the community. The results from the indicator showed that a high percent of pregnant and breastfeeding women (PBW) and adolescents with MUAC less than 230 mm were found in the community.

WASH

In this section, two key indicators regarding WASH in the study area were presented: targeted households with access to hand washing facilities and safe disposal of child faces disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining indicators and frequency tables regarding WASH and sanitation computed from the survey data were presented in the Appendix section of this report.

Table 25: Targeted household with access to hand washing facility by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of targeted household with PBW with access to hand washing facility where water and soap or detergent are present (n=327)	93.1	87.2	0.001	80.7	92.0	0.004

Handwashing with soap is one of the most effective ways to prevent germs from spreading. It is critical to have access to handwashing facilities in order to practice good handwashing with soap. In the survey data collection for nutrition, the data on the availability of access to hand washing facilities where water and soap or detergent were present was collected in both study rounds. Of the 459 targeted households, 327 households were observed for the availability of access to hand washing facilities. Some of the 327 households had water for handwashing and soap or detergent (bar, liquid, or powder) in their bathrooms. At the end-line, 87.2%

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[24] WHO/NMH/NHD/14.5: Global Nutrition Targets 2025 (Low Birth Weight Policy Brief),
https://www.who.int/publications-detail-redirect/WHO-NMH-NHD-14.5#:~:text=The%20goal%20is%20to%20achieve,with%20low%20weight%20at%20birth

of the 327 targeted households had access to a handwashing facility with both water and soap or detergent (bar, liquid, or power). The indicator at the end-line was significantly lower than the figure at the baseline (93.1%), and it was higher than the target at the project end (80%) set by the BRICKS project. Furthermore, the indicator was a key nutrition output indicator and discovered a significantly higher percentage (92.0%) in host communities versus camps (80.7%).

In a discussion meeting with project staff, they said that receiving safe water supplies was one of the challenges in some communities due to conflicts. The project shared knowledge about the importance of safe water, personal hygiene, and environmental sanitation with households in the project areas. Receiving adequate water supplies for households is critical for changing behaviours regarding handwashing, personal hygiene, and environmental sanitation. Some water sources were functioning at some villages and camps, while some newly formed camps were lacking in water supplies. Therefore, a multisectoral approach is very important, and the multi-stakeholders' collective effort is one of the key points to solving the problem of water supply in the project areas.

Table 26: Safe dispose of child faces by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of caregivers (PBW) who dispose of child faces safely (n=459)	56.3	54.9	0.548	53.4	56.6	0.492

The sanitation programmes usually focus on household sanitation and overlook disposal practices of children's stool. According to the World Health Organization (WHO), a child's stool is considered to be safely disposed of when the child uses the toilet or latrine; the faeces is put in or rinsed in the toilet or latrine or buried (Rahul Bawankule and et al, 2017). The percentage of caregivers (PBW) who disposed of child faces safely was a key output indicator for the nutrition component of the BRICKS project, and the data for this indicator was collected and computed at both the end-line and the baseline. The indicator was found to be at 55% at the end-line, which was not significantly different from the figure at the baseline (56.3%). It was also discovered that the indicator was lower than the project end target (75%) set by the project in its measurement plan, both at the end-line and at the baseline. There was no significant difference between camps (53.4%) and host communities (56.6%).

In a KII session, project staff said that the project provided toilets to the beneficiary households.

Mothers' Knowledge about IYCF practice and Decision about Child Health and Nutrition
In this section, two key indicators regarding mothers' knowledge about IYCF practices and decisions about child health and nutrition in the study area were presented: understanding of best IYCF practices and child health and nutrition decisions individually or jointly disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining indicators and frequency tables regarding mothers' knowledge about IYCF practices and decisions about child health and nutrition computed from the survey data were presented in the Appendix section of this report.

Table 27: Understanding of best IYCF practices by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of targeted mothers of under 2 years who report improved understanding of best IYCF practices (EBF) (n=459)	81.9	92.9	0.000	95.7	89.9	0.016

Breastfeeding practice in proper way and appropriate complementary feeding is vital to improve child nutrition and, consequently, to reduce young child morbidity and mortality. To have these practices, mothers are important to have the knowledge about breastfeeding and IYCF practices. The BRICKS project delivered the knowledge about breastfeeding and IYCF practices to PBW during its implementation. The indicator, percentage of targeted mothers of under 2 years who reported improved understanding

of best IYCF practice[25], was a kay output indicator and data on this indicator was collected and computed at both end-line and baseline. Of 459 mothers of under 2 years, 452 reported that they had ever heard of the team "Exclusive Breastfeeding (EBF)). Among them who had ever heard, about 93% could answer correctly to the question "What does the term 'Exclusive Breastfeeding'?". This finding was significantly higher than the figure in baseline (82%).

Table 28: Child health & nutrition decisions individually or jointly by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of women (PBW) who are involved in child health & nutrition decisions individually or jointly (n=459)						
About child's health	NA	95.2	NA	99.2	90.1	0.000
About what to feed the child or how to feed the child	NA	97.4	NA	100.0	94.6	0.000
About food purchases	NA	91.9	NA	95.4	88.2	0.006
About food preparation for the family	NA	94.8	NA	97.5	91.9	0.007
About foods preparation for the child	NA	97.8	NA	99.6	96.0	0.009
About cooking for the family	NA	93.9	NA	96.7	91.0	0.012

Women's decision-making power has been shown to be associated with child nutritional status in multiple low-income countries, where women with lower decision-making power had higher odds of having children who were undernourished (Caroline G. McKenna et al., 2019). Therefore, women's decision-making involvement on child health and nutrition-related decisions is important for the nutrition situation of children. Data on mothers' involvement in their children's health and nutrition-related decisions were collected at the end of the study but not at the beginning. The indicator was computed for each of the six decision areas as a percentage of mothers who participated in the decision-making process alone or jointly with others[26]. The BRICKS project set its project end target at 80% in the measurement plan. The results showed that the percent of mothers who involved themselves in decisions alone or jointly with others was over 90% for each child's health and nutrition-related decision area, which was higher than the target set by the project. Mothers were found to be the most involved in food preparation for their children (98%), followed by what and how to feed their children (97%), and the least involved in food purchase (92%). Interestingly, all indicators were found to be significantly higher in camps than host communities. Detailed results were presented in Table 28.

In an FGD session, a male participant recommended that mothers know much more about childcare and nutrition than fathers, and they should take the role of breadwinner. However, there were some traditional behaviours of elders such as parents and husbands that influenced child health and nutrition decisions in a few households.

LIVELIHOOD SURVEY

Demographic and Respondent Characteristics of Adolescents and Youths for Livelihood Survey
In this section, two parts regarding demographic and respondent characteristics of adolescents and youths for livelihood survey in the study area were presented: population and household characteristics, and household member characteristics disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining frequency tables regarding demographic and respondent characteristics of adolescents and youths for livelihood survey computed from the survey data were presented in the Appendix section of this report.

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[25] The best IYCF practice was used exclusive breastfeeding in this study.
[26] Mother alone, together with a male, or together with a female.

Table 29: Population and Household Characteristics by type of community

Population and Household Characteristics		Camp		Host Communities		Total	
		Number	Percent	Number	Percent	Number	Percent
Sex of the respondent (n=541)							
	Male	53	20.0	51	18.5	104	19.2
	Female	212	80.0	225	81.5	437	80.8
	Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Age of respondent (n=541)							
	15-18	121	45.7	111	40.2	232	42.9
	19-24	144	54.3	165	59.8	309	57.1
	Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Type of respondent (n=541)							
	Head	5	1.9	13	4.7	18	3.3
	Spouse	46	17.4	31	11.2	77	14.2
	Child	176	66.4	178	64.5	354	65.4
	Parent	1	0.4	0	0.0	1	0.2
	Sibling	3	1.1	2	0.7	5	0.9
	Grand Child	12	4.5	18	6.5	30	5.5
	Other relative	22	8.3	34	12.3	56	10.4
	Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Gender of the household head (n=541)							
	Male	176	66.4	200	72.5	376	69.5
	Female	89	33.6	76	27.5	165	30.5
	Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Total household member (n=541)							
	1-5	117	44.2	161	58.3	278	51.4
	6-10	141	53.2	110	39.9	251	46.4
	11-15	7	2.6	5	1.8	12	2.2
	Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
	Minimum	**2**		**2**		**2**	
	Maximum	**12**		**14**		**14**	
	Mean	**5.86**		**5.47**		**5.67**	
	Std. Deviation	**2.156**		**1.960**		**2.066**	

For the food security and livelihood survey, the sample size was 541 adolescents and youths aged 15–24 years in the project area: 265 from camps and 276 from host communities. Among them, 19% were males and 81% were females. In the LLH component, the male participation was low. According to the data from the annual report, the male participation was 13% in the FE and BSD trainings and 29% in the TLS training. Furthermore, because men are primary breadwinners in Myanmar culture, they may be less present in the household during data collection. In terms of age, 43% were aged 15–17 years, and 57% were aged 19–24 years. The most, 65.4%, were sons or daughters of the household head, followed by 14% spouses of the household head, and 10% were other relatives. Around 70% of the households in which respondents lived were headed by men, while 30% were headed by women. About 51% of households were found with 1-5 household members, 46% were with 6-10 household members, and only 2% were with 11-15 household members. The maximum number of household members was found to be 14, and the average household size was 5.7. Detailed figures were disaggregated by camp and type of community and presented in Table 29.

Table 30: Household member characteristics by type of community

Household roster	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Age of Household members (n=3067)						
0-6 months	19	1.2	24	1.6	43	1.4
>6-23 months	88	5.7	79	5.2	167	5.4
2-<5 years	49	3.2	79	5.2	128	4.2
5 - <11years	111	7.1	118	7.8	229	7.5
11 - <18 years	375	23.0	232	15.3	589	19.2
18 - <60 years	838	53.9	856	56.6	1694	55.2
60yers & above	92	5.9	125	8.3	217	7.1
Total	1554	100.0	1513	100.0	3067	100.0
Gender of Household members (n=3067)						
Male	728	46.8	712	47.1	1440	47.0
Female	826	53.2	801	52.9	1627	53.0
Total	1554	100.0	1513	100.0	3067	100.0
Relationship (n=3067)						
Head	254	16.3	274	18.1	528	17.2
Spouse	195	12.5	214	14.1	409	13.3
Child	836	53.8	657	43.4	1493	48.7
Parent	31	2.0	44	2.9	75	2.4
Sibling	43	2.8	31	2.0	74	2.4
Grand Child	116	7.5	203	13.4	319	10.4
Grand Parent	9	0.6	11	0.7	20	0.7
Other relative	70	4.5	79	5.2	149	4.9
Total	1554	100.0	1513	100.0	3067	100.0
Marital Status (n=3067)						
Single	861	55.4	699	46.2	1560	50.9
Married/Living as partner	569	36.6	713	47.1	1282	41.8
Separated/Divorced	5	0.3	20	1.3	25	0.8
Widow or widower	78	5.0	74	4.9	152	5.0
Not applicable	41	2.6	7	0.5	48	1.6
Total	1554	100.0	1513	100.0	3067	100.0

In the data collection for the food security and livelihood component, the demographic characteristics of household members were collected as well. A total of 3067 people were found in the total sample household, with the majority, or 55%, being aged 18-60 years, followed by 19% being 11-18 years, 8% being 5-11 years old, 7% being 60 and older, and 11% being under 5 years old. The sex ratio was found to be 89%. In terms of relationship to the household head, the most, 48%, were sons or daughters of the household head, followed by 13.3% who were spouses of the household head, 10% were grandchildren, and the remaining 11% were parents, siblings, and other relatives of the household head. Approximately half (51%) of all members were singles; 42% were married; 5% were widows/widowers; and 1% were separated/divorced. Detailed figures were presented in Table 30.

Household Food Security

In this section, rCSI regarding household food security in the study area was presented disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining household food security results and frequency tables computed from the survey data was presented in the Appendix section of this report.

Table 31: Reduced coping strategies index rCSI by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of HH with an adolescent or youth reporting a reduction in the use of negative coping mechanisms to deal with financial issues and shocks (n=541)						
Phase 2 and higher: Stressed, crisis/emergency and famine	44.8	41.2	0.092	44.2	38.4	0.176
Phase 2: Stressed	32.1	31.9	0.878	37.4	26.5	0.006
Phase 3 and higher: Crisis/emergency and famine	12.8	9.4	0.008	6.8	12.0	0.039

The Coping Strategies Index (CSI) – a measure of household food security – is an indicator of household food security that is relatively simple and quick to use, straightforward to understand, and correlates well with more complex measures of food security. The CSI is based on the many possible answers to one single question: "What do you do when you don't have adequate food, and don't have the money to buy food?" (D. Maxwell and R. Caldwell, 2008). The data for the rCSI index was collected at both baseline and end-line using five coping strategies[27] for comparison purposes. Based on the total weighted coping strategy scores, they were categorized into four categories[28].

According to the end-line survey, of all households with an adolescent or youth, 41% reported a reduction in the use of negative coping mechanisms to deal with financial and shocks (Phase 2 and higher: stressed, crisis/emergency, and famine), whereas the baseline indicated that 45% reported. Though this indicator was not significant (but borderline significant, p-value<0.1) between baseline and end-line, the percent of all households interviewed with the rCSI at phases 3 and higher (crisis, emergency, and famine) had significantly decreased at the end-line (9.4%) compared with the baseline (12.8%). It means that the percent of households with food insecurity at the end-line was significantly lower than at the baseline. It could be concluded that the household food security level in the BRICKS project areas was significantly improved at the end-line.

The percentage of households with an adolescent or youth who reported a reduction in the use of negative coping mechanisms to deal with financial issues and shocks (phase 2 and higher) was not significantly different between camps and host communities: 44.2% in camps and 38.4% in host communities. The percent of households with rCSI at phase 2 in host communities (26.5%) was significantly lower than that in camps (44.2%). However, the households with rCSI at phase 3 or higher in host communities (12.0%) were significantly higher than those in camps (6.8%). It could be concluded that the household food security level in camps was significantly higher than in host communities at the end-line.

About 47% of households reported that they had some times when they did not have enough food or money to buy food in the past 7 days from the survey date, and they had to cope in different ways during these days. Among them, 91% reported that they had to rely on less preferred and cheaper foods; 68% borrowed foods; 55% reduced food portions at mealtimes; 40% skipped some meals in a day; and 31% restricted consumption by adults in order for small children to eat. Among those with rCSI (phase 3 and higher), 98% relied on cheap foods, 90% borrowed foods, 88% reduced portion size at mealtimes, 77% skipped some meals in a day, and 73% prioritized feeding children. Among those with rCSI (phase 1), 92% relied on cheap foods, 76% borrowed foods, 61% reduced portion sizes at mealtimes, 45% skipped some meals in a day, and 35% prioritized eating for children. Households used the most commonly

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[27] a. Rely on less preferred and less expensive foods, b. Borrow food, or rely on help from a friend or relative, c. Limit portion size at mealtimes, d. Restrict consumption by adults in order for small children to eat, e. Reduce number of meals eaten in a day.

[28] 1. Minimal (food secure), 2. Stress (marginally food secure), 3. Crisis (Moderately food insecure), 4. Emergency and Famine (Severely food insecure).

the coping strategies relying on cheap food and borrowing foods from friends and relatives if they did not have enough food or money to buy food.

Table 32: Food consumption profiles, household food insecurity access score, and household hunger score by type of communities

Indicators	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Food consumption profiles (n=541)						
Poor	1	0.4	0	0.0	1	0.2
Borderline	22	8.3	8	2.9	30	5.5
Acceptable	242	91.3	268	97.1	510	94.3
Household Food Insecurity Access Score (HFIAS) (n=541)						
Food Secure	110	41.5	158	57.2	268	49.5
Mildly Food Insecure Access	28	10.6	27	9.8	55	10.2
Moderately Food insecure Access	47	17.7	24	8.7	71	13.1
Severely Food Insecure Access	80	30.2	67	24.3	147	27.2
Household Hunger Score (HHS) (n=541)						
Little to no hunger in the household	238	89.8	236	85.5	474	87.6
Moderate hunger in the household	25	9.4	37	13.4	62	11.5
Severe hunger in the household	2	0.8	3	1.1	5	0.9

Table 32 indicates that 94% of households with an adolescent or youth had an acceptable food consumption profile, and it was found that these households in host communities had an acceptable food consumption profile (97%) that was higher than households in camps (91%). The highest percent of households with an acceptable food consumption profile (98%) was found in the HDI project area, about 94% in the WPN area, and 93% in the SCI project area. Namtu township had the highest percent of households with an acceptable food consumption profile (99%), followed by Kyaukme (97%), Moemauk (96%), and Namkham (89%).

If food security was assessed using HFIAS, about 50% of households with an adolescent or youth were in the "food secure access" category, and it was 57% in host communities, which was lower than comps (42%). The percent of households with food security measured by HFIAS was found to be highest in the HDI area (63%), followed by the SCI area (47%), and the WPN area (43%). The SCI area had the highest percentage of households with severe food insecurity (35%), followed by the WPN area (23%), and the HDI area (20%). Kyaukme had the highest household food security (53%), followed by Kutkai (50%), and Namkham had the lowest (23%). (For more details, see Appendix Table 6).

Regarding the household hunger status, 88% of households with an adolescent or youth in the project area were found to have little to no hunger in the household; the highest percent of households with little to no hunger in the household was found in the WPN area (94%), followed by the HDI area (88%), and the lowest in the SCI area (82%). Mansi had the highest percent of households with lillte to no hunger in the household (92%), followed by Kyaukme (85%), and the least in Namkham (77%). (For more details, see Appendix Table 7).

The FGD sessions revealed the livelihood and food security situation of people in the project areas. Farming was the primary source of income for many, and others worked as greengrocers, casual laborers, artisans, and in animal husbandry. Their incomes were not enough to cover their household expenses year-round. They were dealing with a cycle of loans, interests, and paybacks to make a living. They took loans with interest from the village collective fund, neighbours, and external sources. They had to make resilience their way of life with insufficient income and find extra income by finding wild vegetables and fruits in the forest and selling them. Some young people, aged 14 to 24, went abroad in search of a better way to support their families. Young people were mostly unemployed, and they could not mobilize as usual due to the COVID-19 pandemic and political instabilities.

Participants stated that they couldn't afford a four-star meal every day. They could only fulfil one star (assumed to be vegetable sources) every day and struggled to purchase additional stars, particularly animal protein sources, for which they needed to buy

eggs and meat but could hardly afford to do so due to financial constraints. Some suggested that the project offer farmers with a specific amount of funds or capital to invest in their crops.

Monthly household expenditure

Food, household items, clothing, health, education, water, social expenses, farming and fishing costs, house construction, donations, rentals, remittances to relatives, business expenses, electricity, phone, and internet, debt repayment, lottery, transportation, fuel, cigarette and alcohol purchases, hygiene products, lighting, and so on were all collected in the livelihood survey. The data was calculated as the mean monthly household expenditure for each household and expressed by type of community, partner organization, and township in the table and figure below.

Table 33: Monthly household expenditure by type of community, project area and township

Indicators	Camp/Host Community		Project area			Total
	Camp	Host Community	Save the Children	WPN	HDI	
Mean monthly HH expenditure (n=541)						
Mean	377186.6	594159.0	496874.0	391018.6	606630.0	487920.2
Minimum	7500.0	1250.0	1250.0	8750.0	67666.7	1250.0
Maximum	2252500.0	3640333.3	2252500.0	2916666.7	3640333.3	3640333.3
Std. Deviation	328983.4	477212.0	433221.0	383543.9	437676.2	425076.8
	Township					
	Kutkai	Kyaukme	Mansi	Moemauk	Namkham	Namtu
Mean	513975.7	536427.4	439906.9	346121.2	379134.6	685473.1
Minimum	1250.0	132600.0	50000.0	8750.0	7500.0	67666.7
Maximum	2094000.0	1618333.3	2916666.7	1706166.7	2252500.0	3640333.3
Std. Deviation	427159.3	320292.7	458140.1	294550.7	464553.9	531708

Table 33 shows the descriptive statistics of average monthly household expenditure (MMK) by type of community, project area, and township. Figure 1 shows the mean monthly household expenditure (MMK) by type of community, project area, and township. According to Table 33 and Figure 1, average monthly household expenditure in host communities was found to be 594159 MMK, which was higher than camp expenditure (377186 MMK). Among project areas, the HDI project area was found to have the highest household expenditure (606630 MMK), followed by the SCI area (496874 MMK) and the WPN area (391019 MMK). Among townships, households in Namtu had the highest mean monthly household expenditure (685473 MMK), followed by Kyaukme (536427 MMK), Namkham (379135 MMK), and Moemauk (346121 MMK). The mean monthly household expenditure for the whole project area was 487920 MMK.

In terms of expenditure, 10 items that households costed the highest for households across project area were; expenses for other food (77108 MMK), followed by trading expenses related to your business (44443 MMK), transportation (44091 MMK), farming or fishing costs (seeds, livestock, etc.) (42550 MMK), expenses for staple food (34633 MMK), snacks (29734 MMK), education (school fees, books, uniforms) (27343 MMK), celebrations / social events / donations (26675 MMK), health for adults and children > 5 years (25968 MMK), and mobile phone and phone credit (21700 MMK).

Ten items that households costed the lowest for households accross project area were; clothing or beauty products (18676 MMK), betel nut/cigarettes/alcohol (10987 MMK), sending remittances to relatives (9044 MMK), health for children < 5 years (9005 MMK), house construction / maintenance / repair (6597 MMK), electricity and TV (4150 MMK), firewood /cooking fuel/ charcoal (3907 MMK), others (987 MMK), drinking water (419 MMK), lottery / gambling (315 MMK), and rent (198 MMK). These items were found in similar orders with the camp and host community. (For details, see appendix table 17).

Figure 1: Mean monthly household expenditure (MMK) by type of community, partner organization, and township
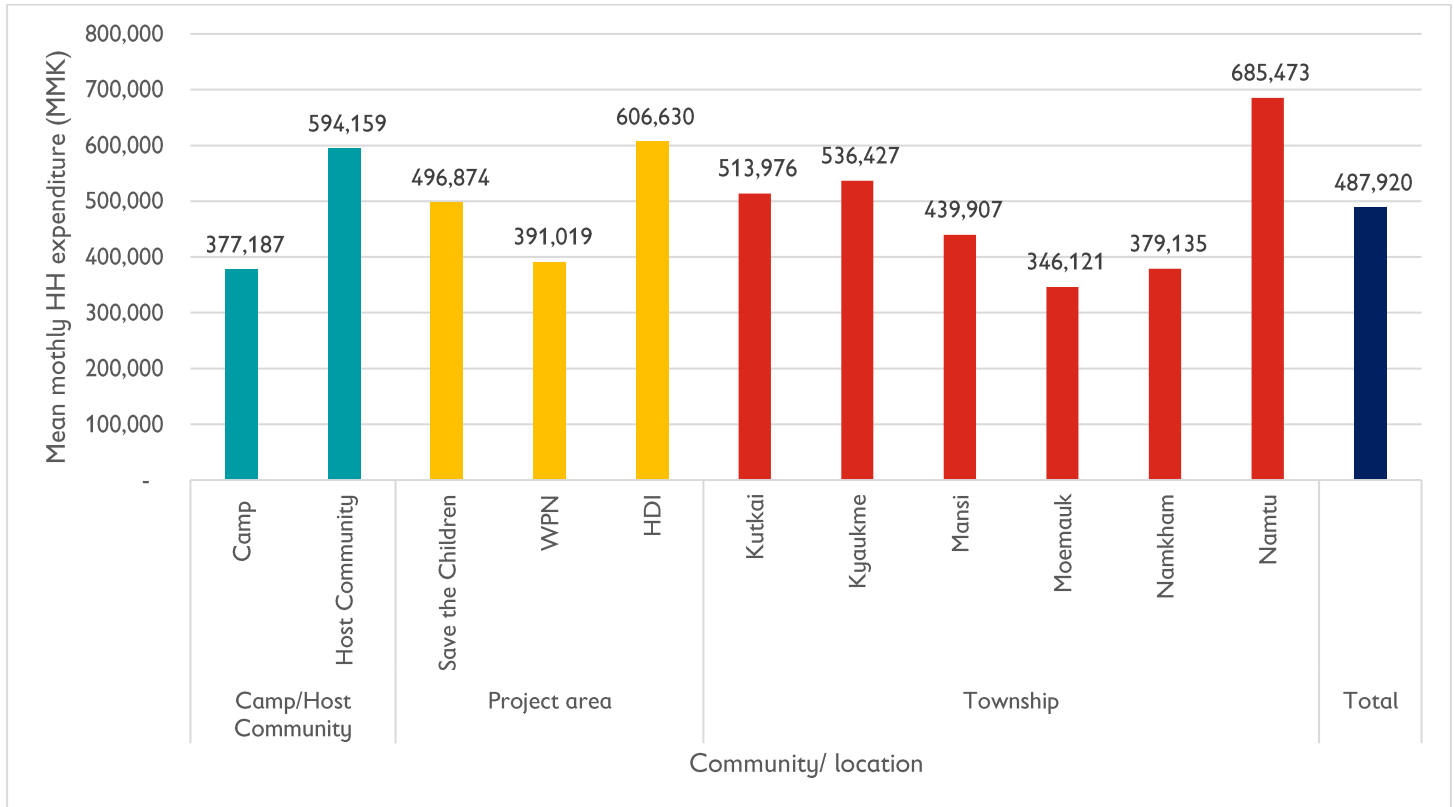
About 84% of households in the project area reported that they had a financial problem – they had fallen behind with many expenditures and/or loan repayments; 88% in camp which was higher than the host communities (80%). About 77% of household with an adolescent or a youth reported that their household had no money left over after all expenditure were paid at the end of a week and there was not difference between camp and host community. When they lost their main source of income, 42% reported that they could cover living expenditure less than one week and it did not find notable difference between camp and host community.

Source of household foods

The percentage of households that produced foods on their own was higher than the percentage of households that purchased the food items, which included rice, tubers, vegetables, and fruits. The percents of households that purchased foods were higher than those that produced them on their own for the following food items: maize, wheat, groundnuts and pulses, fish, fish powder, red meat, white meat, eggs, dairy products, and sweets and sugar. Only less than 2 percent of households reported they had to borrow some food in the past 7 days. Households that traded or bartered goods or services in the previous 7 days were extremely rare, accounting for less than 1% of all households. Households interviewed reported that they received gifts or aid for all food items. The most common 5 food items that households received as a gift or an aid were: rice (30%), vegetable oil/fats (22%), groundnuts and pulses (21%), fruits (15%), and wheat (12%). The least common five food items that households received as a gift or an aid were; vegetables, eggs, white meat (poultry), fish powder, and milk and dairy products. Among the most common food items that households received as a gift or an aid: 58% of households in camps received rice, which was higher than host communities (4%); 43% of households in camps received vegetable oil or fat, which was higher than host communities (2%); 33% of households in camps received groundnuts and pulses, which were higher than host communities (8%); 19% of households in camps received fruits, which were higher than host communities (11%); and 15% of households in camps received wheat, which was higher than host communities

(9%). Households in camps received more gifts and aid than host communities. Regarding animal protein foods, households said that they purchased fish (63%), received 31% from their own production, and only 6% were borrowed or received as gifts. They purchased 81% of red meat for their households; 10% came from their own production; 8% came from gifts; and less than 1% came from aid or borrowing. They purchased white meat (poultry) (71%), received 26% from their own production, 3% as gifts, and less than 1% from borrowing or aid. However, 69% of households purchased maize, 26% received it from their own production, and 5% received it as a gift. Furthermore, households obtained rice primarily through self-production (35%), purchases (33%), gifts or aid (30%), and trading (2%). About 87% of households purchased wheat, 12% received it as a gift or as an aid, and 1% produced it themselves. Detailed information was presented in Appendix Table (19).

Decision-making of adolescent girls and young women
In this section, two indicators regarding the decision-making of adolescent girls and young women in the study area were presented: making shared and equitable intra household decisions to prepare their financial and investment plans, and being satisfied with the level of decision-making power in creating the household plan disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining results and frequency tables regarding the decision-making of adolescents and young women computed from the survey data were presented in the Appendix section of this report.

Table 34: Making shared and equitable intra household decisions to prepare their financial and investment plans by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of HH with an adolescent or youth reporting making shared and equitable intra household decisions to prepare their financial and investment plans						
Final decision whether to spend or save money (n=331)	25.2	18.7	0.003	25.0	14.6	0.022
Person who holds money (n=336)	22.1	11.6	0.000	9.6	13.0	0.051
Person who does budgeting (n=332)	31.5	15.4	0.000	14.8	15.7	0.648
Person who usually decides about food purchases (n=339)	26.0	12.1	0.000	11.0	12.8	0.324
Person who usually decides about health expenses (n=336)	41.4	22.6	0.000	27.9	19.0	0.000
Person who usually decides about other major expenses (n=335)	42.6	24.8	0.000	28.2	22.5	0.022

This indicator is to understand the situation of shared and equitable intra-household decisions by adolescents and youths to prepare their financial and investment plans. In both end-line and baseline studies, the data on this indicator was collected and computed for married adolescents' and youths' shared and equitable involvement[29] in intra-household decisions in six specific decision areas: the final decision whether to spend or save money; the person who holds money; the person who does budgeting; the person who usually decides about food purchases; the person who usually decides about health expenses; and the person who usually decides about other major expenses. In all six specific decision areas, the percentages of households with a married adolescent or youth who reported making shared and equitable intra-household decisions to prepare their financial and investment plans were significantly lower at the end line than at the baseline. It was found that both the baseline and end-line figures were lower than the target (60.0%) for this indicator at the end of this project, as set by the project in the measurement plan. Between types of

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[29] Decisions were made by both husband and wife jointly.

communities, there were some significant differences in four specific areas: the final decision whether to spend or save money; the person who holds money; the person who usually decides about health expenses; and the person who usually decides about other major expenses. Except in the area of holding money, the adolescent girls and young women in camps had more decision-making power than in host communities.

Of households with adolescents or youths, about 50%-55% of households with married adolescents or youths who reported intra-household decisions were made by their parents or parents-in-law, 20%-30% were made by wives, and only 3%-8% were made by husbands. In each specific decision area, it was found that a lower percent of those households that reported shared and equitable involvement in intra-household decisions were households with rCSI (phase 3 and higher) than households with rCSI (phase 1 and 2). Similarly, households with moderate and higher levels of food insecurity reported lower percentages of shared and equitable involvement in intra-household decisions than households with food security. Therefore, there is a relationship between the household's shared and equitable involvement in intra-household decisions and the household's food security.

Table 35: Satisfied with level of decision-making power in creating the household plan by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of women (aged 15-24 yrs) who report feeling satisfied with their level of decision making power in creating the household plan (n=303)	73.5	94.1	0.000	93.5	94.6	0.697

At both the baseline and endpoint of the livelihood survey, the satisfaction levels of adolescent girls and young women with decision-making power in creating the household plan were collected and computed. The data was collected from 303 adolescent girls and young women. Of 303 adolescent girls and young women, 94.1% reported that they were satisfied with their level of decision-making power in creating the household plan at the end line, which was higher than at the baseline. And, the percentage of adolescent girls and young women who were satisfied with their level of decision-making power in creating the household plan was not significantly different between the types of communities. This indicator at both the baseline and endline was higher than the target at the end of the project, 50%, set by the project in the measurement plan.

Sense of safety from trafficking and risky migration
In this section, the indicator—a sense of safety from trafficking and risky migration—was presented disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining results and frequency tables regarding the sense of safety from trafficking and risky migration computed from the survey data were presented in the Appendix section of this report.

Table 36: Sense of safety from trafficking and risky migration by study round and type of community

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of supported IDPs and host communities in which women, men, girls and boys (aged 14-24 yrs) reported an increased sense of safety from trafficking and risky migration
Some children in neighboring communities went missing for exploitative work somewhere.	92.7	99.1	0.000	99.6	98.6	0.188

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
Some children in neighboring communities come back from somewhere being exploited but do not receive any support.	84.7	98.2	0.000	99.3	97.1	0.061
It is okay for parents/caregivers to decide as to if the child can be transferred to somewhere for work when brokered by my neighbors.	93.9	95.0	0.197	95.5	94.6	0.629
It is okay for parents/caregivers not to know the working conditions of children when they are away from their parents for work.	95.8	93.0	0.014	91.7	94.2	0.257

As per its objective, the BRICKS project provided awareness of trafficking and risky migration to children, youth, and adults in the project area to prevent them from experiencing the risks of trafficking and risky migration. To assess children's and youths' sense of safety from trafficking and risky migration, data on the indicator was collected and computed at both the baseline and end-line. It could be concluded overall that there was an increased sense of safety from trafficking and risky migration at the end-line compared to the baseline. At the end of the project, approximately 99% of adolescents and youths disagreed with the statement "Some children in neighbouring communities went missing for exploitative work somewhere," which was significantly higher than the baseline (92.7%). Regarding the statement "Some children in neighbouring communities come back from somewhere being exploited but do not receive any support," significantly more respondents (98.2%) at the end-line disagreed than at the baseline (84.7%). There was no significant evidence that the percentage of adolescents and youths who disagreed with the statement "It is okay for parents or caregivers to decide whether the child can be transferred to somewhere for work when brokered by my neighbours" was different when the end-line was compared to the baseline. In contrary to the above findings, the percent of adolescents and youths who disagreed with the statement "It is okay for parents/caregivers not to know the working conditions of children when they are away from their parents for work" was 93%, which was significantly lower than the figure at baseline. These percentages were not significantly different between the types of communities. It should be noted that these percentages were higher than the after project end target (75%), which was set by the project in its measurement plan. Detailed results were presented in Table 36.

Youth employment
During the survey, respondents were asked if there was any particular income generating activities that they would like to do other than the one they were doing and their challenges to access these activities.

Table 37: Youth employment and their challenges for accessing a new activity by type of community

Youth employment	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Boys						
Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing? (n=104)						
No	17	32.1	13	25.5	30	28.8
Yes	36	67.9	38	74.5	74	71.2
Total	53	100.0	51	100.0	104	100.0

Youth employment	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
If yes, can you please mention what are the current challenges to access these activities? (n=74)						
Lack of technical skills	17	47.2	11	28.9	28	37.8
Lack of financial capital to invest	26	72.2	24	63.2	50	67.6
Lack of networking/ does not know the people to	7	19.4	3	7.9	10	13.6
connect with/contact	3	8.3	2	5.3	5	6.8
Lack of confidence	1	2.8	0	0.0	1	1.4
Security to or at work place	0	0.0	5	13.2	5	6.8
Too busy with current jobs/activity	0	0.0	1	2.6	1	1.4
Too busy with HH chores						
Parents/adults do not want me to do this activity	1	2.8	2	5.3	3	4.1
Lack of access/movements restrictions	2	5.6	2	5.3	4	5.4
Lack of documents (no NRC …)	1	2.8	0	0.0	1	1.4
Total	**36**		**38**		**74**	
Girls						
Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing? (n=437)						
No	58	27.4	35	15.6	93	21.2
Yes	154	72.6	190	84.4	344	78.7
Total	**212**	**100.0**	**225**	**100.0**	**437**	**100.0**
If yes, can you please mention what are the current challenges to access these activities? (n=344)						
Lack of technical skills	54	35.1	32	16.8	86	25.0
Lack of financial capital to invest	117	76.0	129	67.9	246	71.5
Lack of networking/ does not know the people to connect with/contact	18	11.7	10	5.3	28	8.1
Lack of confidence	14	9.1	7	3.7	21	6.1
Security to or at work place	8	5.2	6	3.2	14	4.1
Too busy with current jobs/activity	10	6.5	29	15.3	39	11.3
Too busy with HH chores	15	9.7	33	17.4	48	14.0
Parents/adults do not want me to do this activity	7	2.0	14	7.4	21	6.1
Lack of access/movements restrictions	3	1.9	8	4.2	11	3.2
Lack of documents (no NRC …)	1	0.6	2	1.1	3	0.9
Total	**154**		**190**		**344**	

Among boys, 71% reported that they would like to access a new income-generating activity other than the one they were doing, and this percent was 75% in the host communities, which was higher than that in camps (68%). Among those who wanted to access a new job, 35% said that they would like to do a car or bicycle workshop; 10% said that they would like to do any job with an income; 8% were masons or carpenters; 9% didn't know; 7% were food vendors; 5% were barbers or beauty salon owners; 5% were shop or store owners; 4% were in animal breeding; 4% wanted to go abroad; 3% were traders; and 10% were others. Furthermore, those who wished to access a new job/activity also mentioned that they had challenges accessing these activities. The most commonly mentioned challenges were: lack of financial capital to invest (68%), followed by lack of technical skills (38%), lack of networking or not knowing the people to connect with/contact (14%), lack of confidence (7%), being too busy with their current job/activity (7%), lack of access/movement restrictions (5%), and parents not wanting them to do these activities (4%). Among boys interviewed in camps, 72% reported that they had a lack of financial capital to invest, which was higher than host communities (68%), and 35% reported that they had a lack of technical skills, which was higher than host communities (17%). Boys in camps lacked more

networking skills and confidence than boys in host communities, and boys in host communities were busier with their current job or activity and household chores than boys in camps.

Among girls, 79% reported that they wished to access a new job or an activity other than the one they were doing, and this percent was 84% in host communities, which was higher than camps (73%). Among those who wanted to get a new job, 24% said they wanted to do sewing, 17% said they wanted to be a shopkeeper or storekeeper, 12% said they wanted to be a computer trainer, 9% said they had their own business, 8% said they were food vendors, 5% said they wanted to go abroad, 4% said they wanted to do animal breeding, 4% said they wanted to do agriculture farming, and 17% said they wanted other jobs like grocery store owner, barber or beauty salon owner, nurse, any job with income, company/NGO staff, travel & tour, any part time job, teacher, and doctor.

Among those who wished to access a new job/activity, 72% said that they had lack of financial capital to invest, 25% lack of technical skills, 14% too busy with household chores, 11% too busy with current job/activity, 8% lack of networking, 6% lack of confidence, and 6% parents did not want them to do these activities. Girls in camps had more lack of financial capital to invest (76%), more lack of technical skills (35%), and less networking (12%), which were higher than 68%, 17%, and 5% in host communities, respectively. However, obstacles such as being too busy with their current job or activity, being too busy with household chores, or having access or movement restrictions mean that parents do not want their children to do these jobs or activities, and these obstacles are greater in host communities than in camp.

CHILD PROTECTION SURVEY

Demographic and Respondent Characteristics of Adolescents and Adults for Child Protection Survey
In this section, demographic and respondent characteristics of adolescents and adults for child protection survey disaggregated by study round (baseline and end-line) and type of community (camps and host communities). Remaining results and frequency tables computed from the CP survey data were presented in the Appendix section of this report.

Table 38: Demographic and respondent characteristics of adolescents and adults for child protection survey by type of community

Respondent	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Respondent of CP Survey (Child)						
Male	48	29.1	45	30.0	93	29.5
Female	117	70.9	105	70.0	222	70.5
Total	165	100.0	150	100.0	315	100.0
Respondent of CP Survey (Adults)						
Male	20	13.5	21	14.5	41	14.0
Female	128	86.5	124	85.5	252	86.0
Total	148	100.0	145	100.0	293	100.0
Total respondents						
Male	68	21.7	66	22.4	134	22.0
Female	245	78.3	229	77.6	474	78.0
Total	313	100.0	145	100.0	293	100.0

Child protection was a component of the BRICKS project. The CP survey data was collected at both the baseline and endline. A total of 315 children and 293 adults were interviewed at the end of the project. Among child respondents, about 30% were males and 70% were females. Of the 293 adults interviewed, 14% were males and 86% were females. The participation of gender by type of community was the same in both groups.

Awareness of child protection risks by adults and children
In this section, the awareness of child protection issues among children, adults, and total respondents was presented disaggregated by study round and type of community. Other results and frequency tables of the CP survey were presented in the Appendix section of this report.

Table 39: Awareness of child protection risks by adults and children

Indicator	Percent		P-value	Percent		P-value
	Baseline	Endline		Camp	Host community	
% of women, men (adult), girls and boys (child) who demonstrate awareness of child protection risks.						
Know child protection issues						
Adult	28.3	53.9	0.000	47.3	60.7	0.021
Child	25.0	56.5	0.000	57.6	55.3	0.690
Total	26.7	55.3	0.000	52.7	58.0	0.194
Understand violence against children						
Adult	88.8	89.8	0.588	91.2	88.3	0.409
Child	81.0	92.4	0.000	92.1	92.7	0.856
Total	85.0	91.1	0.000	91.7	90.5	0.608
Understand early marriage						
Adult	73.2	75.4	0.378	82.4	68.3	0.005
Child	52.4	73.3	0.000	77.0	69.3	0.128
Total	63.0	74.3	0.000	79.6	68.8	0.002
Understand trafficking						
Adult	72.5	71.0	0.570	84.5	57.2	0.000
Child	63.0	70.8	0.003	79.4	61.3	0.000
Total	67.8	81.8	0.100	81.8	59.3	0.000

The BRICKS project shared knowledge and awareness about child protection issues with children, youths, and adults in the project areas in different ways to protect children from the risk of abuse, neglect, exploitation, and violence. And, the project had a case management/referral mechanism that effectively prevents and responds to abuse, neglect, exploitation, and violence against children in the project area.

The indicator of awareness of child protection issues was computed on four dimensions: knowing child protection issues; understanding violence against children; understanding early marriage; and understanding trafficking. The project target at the project's end was set at 75% in the measurement plan.

Regarding child protection issues, about 54% of adults and 57% of children, and 55% of total respondents interviewed, could report child protection issues correctly at the end-line which were significantly higher than the baseline. Adults in host communities (61%) were found to have more awareness about child protection issues than those in camps (43%).

In terms of understanding of violence against children, about 90% of adults, 92% of children, and 91% of total respondents understood about violence against children and its negative impact at the end-line which were significantly higher than the baseline. No significant difference was found between the types of communities.

In terms of early marriage, about 75% of adults, 73% of children, and 74% of total respondents understood about early marriage and its negative impact at the end-line which were significantly higher than the baseline. Adults in host communities (68%) were found to have less understanding about early marriage than those in camps (82%).

At the end of the survey, about 71% of adults, 71% of children, and 82% of total respondents understood about trafficking and its negative impact. The percent of children and total who understood about trafficking and its negative impact at the end-line were significantly higher than the baseline. All respondents in host communities (59%) were found to have less understanding about trafficking than those in camps (82%).

It could be concluded that the overall project output about child protection, except for awareness regarding knowledge about child protection issues, reached its target and had improvements at the end-line compared with the baseline.

Project staff said in the KII session that though the CP component was implemented by coordinating with DSW at the project start in 2019, there was no coordination with DSW after the start of political unrest. The BRICKS project offered case management and awareness sessions to children, adolescents, youths, and adults, as well as CP group grants to CP group activities in varying amounts based on community size. Referral and search for trafficking cases in the CP component were not possible due to a variety of factors, including dual crises, conflicts, and a lack of coordination with DSW. Due to the knowledge shared by the project, children and adults had a certain level of awareness about four main points: child protection, early marriage, trafficking, and their negative impacts as well. However, the drug use of adolescents was becoming more prevalent in the project area, especially in Shan State. Furthermore, because both parents were drug users, they were unable to provide adequate care.

In FGDs, some participants said they wanted more knowledge sharing about child protection. Moreover, they also said that the BRICKS project implementers provided knowledge sharing and training to child protection in their interventions. Some participants could also mention the violence against children, the early marriage, and trafficking and their negative impact on children.

Conclusions

Effectiveness
In the nutrition components, the BRICKS project achieved some of its intended outcomes but not all of them. The nutrition component of the project has improved significantly for children under the age of two and their mothers, but it still needs to be improved further such as stunting prevalence of children aged 12-23 years, percent of new-borns 0-5 months exclusively breast fed, and percent of children 6 to 23 months with minimum acceptable diet. The project adapted all activities that could not be implemented face-to-face to virtual activities and supported UCT and cash assistance for ANC visits to PBWs because some planned activities were limited and difficult to perform in standard ways during the COVID-19 pandemic and political unrest. Furthermore, when BRICKS was designed, the expansion of government-led MCCT in Shan State was planned, so it was not included in the original design. But, the primary reason for introduction of UCT was due to declining economic situation caused by Covid-19 and coup d'état. Regarding mother nutrition, mothers' knowledge about best IYCF practices and the dietary diversity consumed by PBWs has improved, but further improvement is still needed, especially in the host communities, and the pregnancy nutritional status of PBWs or MUAC for PBWs has not made significant improvements. In terms of child nutrition, though the stunting prevalence among children (6–23 months) has not improved, it has among children (6–11 months). The project had no effect on exclusive breastfeeding practices or complementary feeding behaviours in children under the age of two. The project could provide knowledge about IYCF practices to the mothers, but it was still needed to make them change their behaviours in practice.

In the livelihood component, the project could reduce the level of coping strategies (crisis, emergency, and famine) to improve household food security but still needed to make further improvement. The project's outcome of changing behaviours in making shared and equitable intra-household decisions to prepare financial and investment plans was not met. The barrier to changing the behaviours was traditional believes and traditional behaviours and influence of elders. The project has made a significant improvement for the women in feeling satisfied with their level of decision-making power in creating the household plan.

In the CP component, the project has made significant improvements in supporting IDPs and host communities, in which women, men, girls and boys to increase a sense of safety from trafficking and risky migration. Though the project was unable to make trafficking cases searchable and referral cases could not be conducted, it was able to provide trafficking awareness to all communities

in order to reduce the number of reported cases of trafficking in the project area. After the start of political instabilities, the project stopped advocating with the government to change the strategic child rights, safeguarding, and protection policy.

The outcomes of; household food security, some specific decision areas of shared and equitable intra household decisions to prepare their financial and investment plans, and mothers' knowledge about best IYCE practice were different between camps and host communities.

There were some unintended positive outcomes which could lead the effectiveness of project activities.

- Due to increased awareness of trafficking, a rare case of trafficking was discovered in the project area.
- Camps had some different projects similar to BRICKS with other organizations, so camps showed more improvement in some indicators.

There were some unintended positive outcomes which could lead the less effectiveness of project activities.

- Due to a lack of technical skills and mobile access, virtual training was not as effective as anticipated compared to a face-to-face approach.
- Mothers had the mindset that they would come only when the project provided something.
- Due to security concerns, some project implementations were conducted with low profiles, which could be less effective.
- In the early part of 2020, vocational training for LLH was linked with government training schools. But these training schools were not able to run as pandemics in 2020, and in 2021, after the start of political unrest, the SCI did not have relationships with government departments. So, this opportunity was lost.
- The area of case management was narrow and cases out of project areas were difficult to provide referral service.

In the beginning, for different reasons, the project could start at the end of 2019, and the project had to perform remote activities with no field visits in 2020 due to the pandemic. During that time, project implementation was not effective. In 2021, due to poor income and higher general prices, people in the communities, including some trained volunteers and knowledge-sharing beneficiaries, migrated out in search of better income. As a result, some project efforts were lost, reducing the project's effectiveness.

In conclusion, the overall objectives of the project were partially achieved. The project objectives for nutrition component were partly achieved, and those for child protection were almost achieved. In household food security, the project reached 80% of the project target and 40% of the behaviour change on intra-household decisions to prepare financial and investment plans. It was due to the fact that there were two uncontrollable crises—the COVID-19 pandemic and the coup d'état—that occurred unexpectedly in 2020 and at the beginning of 2021. The two crises had significantly impacted the ability of the project to implement activities as per schedule, as well as the overall safety, security, and socio-economic situation in the region. These things caused delays in some project activities and difficulties in changing the behaviour of beneficiaries.

Efficiency

In 2021 and first 6 months in 2022, all activities were delayed and were not able to perform in standard approaches due to restrictions of dual crises. However, the overall project activities could be carried out efficiently because the project adapted some activities that could not be carried out face-to-face to be carried out virtually and provided some supports of unconditional cash transfers to PBWs in order for them to consume enough food and productive grants to adolescents and youth in order for them to have adequate livelihood opportunities in response to changing needs on the ground.

There was unspent fundings due to difficulties to make field visits and mass campaigns and some funds in MMK obtained by high exchange rate. And there were some unexpected expenses as well: a cash withdrawal fee, an agent fee, and cash transfer charges during the cash crisis after the start of political unrest. The exchange rates between the bank and the outside market were different. The project was required to exchange USD for MMK only through the bank at the rate specified by the central bank, which was lower by a certain amount than the market rate outside.

The project could achieve about 80% of the planned activities by adapting some activities in the most appropriate ways with the planned budget. Furthermore, the donor was flexible to make budget adaptations that were made only in line with the contextual changes and the arising needs due to the dual crises, and then the activities were well implemented in time with the new budget plan and timeline.

Due to financial issues, efficiencies were affected in partner areas, especially in the WPN project area, where general prices were the highest. Due to the dual crises, the LLH component was the least efficient , as LLH activities had to be implemented with a large number of people, whereas others could be performed individually or with a small group in a short period of time.

Overall, the project was implemented in the most efficient way compared to alternatives, and the adapted activities were efficient, though there were some weaknesses in some subcomponents. LLH activities, for example, could not be carried out individually; they had to be carried out in large groups over a set period of time. Therefore, some LLH activities were delayed and less efficient with consequence of COVID-19 restrictions compared to other components. The reasons why the project activities were efficient were that they were adapted to comply with the current context in time, there was good coordination with and support from communities, and the donor was flexible and understanding of the project's field-level activities.

Impact
As some project level outcomes of these components at the end-line, the project contributed to reaching higher level objectives in nutrition, livelihood and child protection, and these outcomes were the results of the project activities, some of which were adapted in appropriate ways with the context during the dual crisis, which was unexpected and uncontrollable. The project was implemented through BCC, but some activities were not able to be completed, especially in host communities due to their reluctance to accept the SBCC activities, particularly in the areas where EAO had influence, and because the project could not be implemented in its standard approach due to dual crises and conflicts. The project still needs to fill some gaps; parents and parents-in-law were still influential in decision-making related to households, mother-and-child healthcare, IYCF practices, and household nutrition. It was difficult to change behaviour in some situations, such as asking households to save money when employment opportunities are difficult and their income is low , and though some mothers of children under 2 years from poor households had knowledge about IYCF practices, they were very difficult to put into practice as they did not have enough food or enough money to buy food and they had to work daily for food for their households.

Main determinants of the impact of the project were external factors; COVID-19 pandemic, political unrest and long-lasting conflicts in the project area. Due to external factors, the project could not reach 100% of the higher-level objectives, but it was anticipated that over 90% of households in the project areas would receive any of the following: knowledge, awareness, support, or assistance to improve their livelihood, nutrition, or child protection status. Moreover, the barrier to changing the behaviours was traditional believes and traditional behaviours and influence of elders.

Despite the project could provide productive grants as a result of the crisis, adolescents and young people who had completed vocational skilled training had fewer job opportunities in local area, and most of them out-migrated to another local place or abroad for a better income. This was an unintended effect that indirectly led to negative outcomes for the project.

Some project implementations were done in a low profile way because of security concerns, which made the project less successful. In the CP component, due to the knowledge shared by the project and the fact that child participation was higher than anticipated, children and adults had a certain level of awareness about four main points: child protection, early marriage, trafficking, and their negative impacts. Staff did not provide the training directly to the beneficiaries due to the COVID-19 restrictions. Staff provided TOT training to volunteers, who then provided it to beneficiaries. It is one of the reasons why the project had fewer effects. Some follow-up, monitoring, and coaching activities were weak in the project implementation. The project was unable to follow up to determine whether adolescents and youths had gained access to decent work and increased their income using their respective skills, monitor what they needed more skill in, and provide more coaching for better skills due to COVID-19 restrictions and the outmigration of adolescents and youths in search of better employment opportunities after providing the productive grant for the transferable life skills training.

Relevance
The project adaptations or amendments made during the pandemic and political unrest were relevant to the project targets and objectives because these adaptations were made based on community needs, context, changes due to the pandemic and political

unrest, and the importance of local and national needs. Furthermore, given the context, the adapted activities were better suited to the situation and the best way to reach the project goals.

The project relied on and used evidence throughout the program cycle to adapt and ensure the project remained relevant, including monitoring trips, IYCF surveys, PDM for cash assistance, follow-up data for ANC visits, barrier analyses, quality checks, feedback response mechanisms, gender sensitive labour market surveys, MEAL data, and assessment results. Therefore, the activities were relevant to the project's overall objectives and targets and complied with national needs and priorities. Some measurement plans could not be measured due to the context created by the dual crises and conflicts; these activities were adapted according to the context. According to the activity data and resulting outputs, they were consistent with the intended impacts and effects.

Sustainability

The project outcomes will be sustained since the project could provide knowledge and awareness concerning the three components to all people in the project areas. The project provided TOT training (TLS, financial education, and business development) to youth leaders in the livelihood component, a community social worker in the CP component, and nutrition-related training to mother leaders. Then, they will continue to provide the knowledge and skills to their respective communities after the project's implementation. Therefore, skills, awareness, and knowledge such as leadership skills, life skills, saving money, and problem-solving skills in livelihood, use of toilets, IYCF practices, and nutritious food consuming behaviours in nutrition, shared and provided by the project via volunteers, youth leaders, and mother leaders, will be sustained in their communities in the project areas. Since knowledge and awareness about how to handover skills, share knowledge and awareness among communities and each other, and establish links among volunteers and youth leaders were well provided, information on how to detect malnutrition was also well provided.

The project needs a good project exist strategy and a plan to motivate, alert and monitor in the next one or two years. To sustain and the intervention and its effects, it would be better if a similar next project activities implement in the area again. However, the sustainability depends on the context of the communities (need to be peace), political situation, economic condition, and etc. Though people wanted to share their knowledge with others, it would not be possible if there is no peace, bad political situation, low economic condition, and behaviour will not sustain in the long run.

Accountability

The project team first called a mass meeting and provided awareness, knowledge, and information about the project to the community (community leaders, authorities, stakeholders, etc.) in the project area to get them to accept the activities and objectives of the project. Then the project team advocates for community members to coordinate with the project activities. The project team also discussed and explained in the mass meeting: what was needed in the communities, what activities will provide for this community, what activities should be taken by the communities, why and how these activities cause the benefit of the community, and the importance of these benefits and behaviours. The project team provided full information to the community about an activity that would be done in the community in advance to take accountability for their actions and activities. In cases where a beneficiary selection was needed in a community, the project team let the community make the selection based on predefined criteria. There is also a feedback response mechanism at SCI.

Gender sensitivity

There were some issues with gender equality, such as males being more involved in decision-making than females, while females participated more in project activities than males.50% was provided to PBWs. In the nutrition component, father sessions were provided. In project activities, there is no gender gap.

Recommendations for management action

<u>Maternal Health and Nutrition</u>

The project implementers need to provide more livelihood supports, such as income-generating activities, basic healthcare, and cash assistance and/or food provision with a suitable amount as per inflation, if possible, to households with PBWs and children in order to ensure their household food security and health status, and then improve their nutrition status in the future through similar

projects. Furthermore, the project should evaluate whether the amount of cash assistance for transportation and meal costs for the ANC visit, as well as the frequency of provisions, will meet their needs in the future.

The project needs to review the current amount of cash assistance provided by the project for ANC and provide health education about the minimally required ANC visit in order to increase the percent of pregnant mothers receiving at least four ANC visits.

<u>Child Nutrition and IYCF Practice</u>

An integrated multisectoral approach should be considered for camps and host communities, with more attention being paid to host communities in order to have more access to basic services and responses from the different implementers, not only the BRICKS project but also other projects providing humanitarian assistance. To improve the nutrition level of children, the project should have a well-prepared emergency response plan to respond such unexpected and uncontrollable crisis in the next future project.

To practice nutrition knowledge and IYCF practices, households must have a good livelihood condition and household food security, and more male participation in nutrition-related activities is needed as well.

To improve complementary food feeding, households must have enough income to pay for their household food. Project also needs to review these supports if they covered the need of households and were effective. Providing cash assistance would be an effective form of support for child nutrition.

To improve complementary food feeding, especially feeding frequency, households must have enough income to pay for their household food and complementary food for children. As they anticipated the BRICKS project, providing cash assistance would be an effective form of support for child nutrition. More male participation in nutrition-related activities is considerable as well.

In this study it was found that the knowledge was high but the practice was low. To understand more, the project team needs to make a follow-up investigation first to know why knowledge was high and practice was low in this given situation.

<u>Child Health</u>

During the hard period, the project should have filled the gap in basic health services. To improve the rate of new-borns receiving a postnatal health check in the first 24 hours of birth, PBWs should have more access to basic, quality healthcare services. More attention should be paid to host communities.

An integrated multisectoral approach should be considered for camps and host communities, as the low birth weight of newly born infants depends not only on nutrition but also on the accessibility of basic health care services. To reduce the number of low-birth-weight babies, the project should have a well-prepared emergency response plan in place to make appropriate project adaptations in the event of such unexpected and uncontrollable crises in the future.

And addition, the project needs to monitor and screened not only mothers with MUAC less than 210 mm and less than 230 mm but also other mothers and provide supports, knowledge sharing, and intensive counselling to them.

<u>WASH</u>

Project needs to prioritize and find ways how to provide enough and safe water to cover all households in project area though there were some difficulties due to conflicts and crises as receiving adequate safe water for households is critical for changing behaviours regarding handwashing, personal hygiene, and environmental sanitation.

The project needs to provide a greater number of toilets and share more knowledge about the importance of environmental sanitation, including the safe disposal of child faces, for community health, especially for children.

<u>Mothers' Knowledge about IYCF practice and Decision about Child Health and Nutrition</u>

Though the percentage of targeted mothers under the age of two who reported improved understanding of best IYCF practices (EBF) was high and improved compared to the baseline, the project must consider whether they changed their IYCF behaviours in practice, which can be sustained by a good project exist strategy at the end-of-project accessment.

The consultant would advise that rather than attempting to improve the existing role of mothers in involving themselves in child health and nutrition decisions individually or jointly, an effort be made to sustain it, as the project already had high results on this indicator.

Household Food Security

To reduce the percentage of households with rCSI at phase 3 and higher, the project should support low-income households with better livelihood opportunities such as fund for investment, vocational skill trainings, seeds, fertilizer, market information, and etc.

Decision-making of adolescent girls and young women

The project needs to pay attention to the community, particularly households with adolescent girls and young women, to improve making shared and equitable intra household decisions to prepare households' financial and investment plans, especially in host communities.

Sense of safety from trafficking and risky migration

Though the percentage of supported IDPs and host communities in which women, men, girls, and boys (aged 14-24 yrs.) reported an increased sense of safety from trafficking and risky migration was high and improved compared to the baseline, the project needs to be sustained by a good project exist strategy at the end-of-project.

Awareness of child protection risks by adults and children

In the previous three years, the BRICKS project was able to complete the child protection component. However, the awareness of child protection risks had room to be improved, and the project should share more knowledge about these issues.

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Appendix I: Indicator Table

Nutrition

Appendix table 1: Key Indicator table (Nutrition)

Indicator	Baseline value [Baseline month, year]	Final Study value [Final eval. month, year]	Raw Difference (Final eval.-Baseline)	Significance level
% Minimum dietary diversity score among women of reproductive age (MDDW) (>=5 out of 10 food groups)	48.8	84.3	35.5	0.000
% of pregnant and breastfeeding women (PBW) and adolescent with MUAC <210 mm, <230 mm				
<210 mm	2.1	1.5	0.6	0.316
<230 mm	11.4	12.6	1.2	0.426
% of pregnant women receiving at least four antenatal care visits	NA	73.4	NA	NA
% of pregnant women receiving at least four antenatal care visits from skilled providers (Dr, Nurse, Nurse, LHV, and MW)	NA	70.2	NA	NA
% of pregnant women receiving no antenatal care visit	4.5	7.4	2.9	0.018
% of 0-23 months children stunted (<-2 HAZ)				
Aged 6-23	24.4	24.6	0.2	0.939
Aged 6-11	21.7	15.6	6.1	0.052
Aged 12-23	30.6	30.1	0.5	0.882
% of new-borns 0-5 months exclusively breast fed	88.2	76.7	11.5	0.012
% of children 6-23 months with minimum meal frequency (MMF)	72.5	57.8	14.7	0.000
% of children 6 to 23 months with minimum acceptable diet (MAD)	50.2	44.4	5.8	0.027
% of new-borns receiving a Post-natal health check in the first 24 hours of birth	72.0	50.0	22.0	0.000
% of new-borns Low Birth Weight (< 2.5kgs)	10.2	9.8	0.4	0.849
% of targeted household with access to hand washing facility where water and soap or detergent are present	93.1	87.2	5.9	0.001
% of caregivers who dispose of child faeces safely	56.3	54.9	1.4	0.548
% of targeted mothers of under 2 years who report improved understanding of best IYCF practices	81.9	92.9	11.0	0.000
% of women who are involved in child health & nutrition decisions individually or jointly				
About child's health	NA	95.2	NA	NA
About what to feed the child or how to feed the child	NA	97.4	NA	NA
About food purchases	NA	91.9	NA	NA
About food preparation for the family	NA	94.8	NA	NA
About foods preparation for the child	NA	97.8	NA	NA
About cooking for the family	NA	93.9	NA	NA

Appendix table 2: Food groups consumed by women with MDD-W

Sr.	Food group	Number	%
1	Grains, roots and Tubers, and plantains	388	99.5%
2	Other vegetables	369	94.6%
3	Dark green vegetables	366	93.8%
4	Meat, Poultry and fish	326	83.6%
5	Vitamin A - rich fruits/vegetables	313	80.3%
6	Other fruits	258	66.2%
7	Pulses (Bean, peas, lentils)	257	65.9%
8	Eggs	230	59.0%
9	Nuts and seeds	202	51.8%
10	Dairy	107	27.4%

Appendix table 3 : Other Indicator table (Nutrition)

Indicators	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Antenatal and postnatal care practices (Nutrition)						
Skilled Assistance in Delivery (n=459)	214	89.9	109	49.3	323	70.4
Percent of mothers with a live birth who received a postnatal check-up within 24 hours after delivery (n=459)	113	47.5	113	51.1	226	49.2
Percent of mothers who **do not receive any postnatal check-up** (n=459)	32	13.4	64	29.0	96	20.9
IYCF Practices (Nutrition)						
Ever breastfed (n=459)	236	99.2	213	96.4	449	97.8
Continued breastfeeding 12–23 months (n=228)	94	81.7	74	65.5	168	73.7
Early initiation of breastfeeding (n=459)	195	81.9	180	81.4	375	81.7
Introduction of solid, semisolid or soft foods 6–8 months (n=65)	37	94.9	26	100	63	96.9
Minimum milk feeding frequency for non-breastfed children 6–23 months (n=9)	1	16.7	1	33.3	2	22.2

Indicators	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Egg and/or flesh food consumption 6–23 months (n=367)	148	77.9	141	79.7	289	78.7
Sweet beverage consumption 6–23 months (n=367)	52	27.4	68	38.4	120	32.7
Unhealthy food consumption 6–23 months (n=367)	119	62.6	109	61.6	228	62.1
Zero vegetable or fruit consumption 6–23 months (n=367)	18	9.5	19	10.7	37	10.1
Hygiene Practice (Nutrition)						
Percentage of mother with children 0-23 months who used soap to wash their hands (n=459)	233	97.9	219	99.1	452	98.5
Percentage of mothers who wash hands with water and soap at all 7 occasions (n=459)	74	31.1	66	29.9	140	30.4
Knowledge about nutrition (Nutrition)						
Percentage of mothers who know types of foods which are important for young children to help them grow and develop. (n=459)						
Staples	131	55.0	176	79.6	307	66.9
Legumes	203	85.3	159	71.9	362	78.9
Animal protein sources	228	95.8	202	91.4	430	93.7
Fruits or vegetables sources	223	93.7	193	87.3	416	90.6
Percentage of mothers who know the minimum frequency of AN visits with basic health staffs recommended by MOHS guideline. (n=459)						
<4 times	50	21.0	55	24.9	105	22.9
>=4 times	188	79.0	166	75.1	354	77.1

Food security and livelihood

Appendix table 4: Key Indicator Table (Food security and Livelihood)

Indicator	Baseline value [Baseline month, year]	Final Study value [Final eval. month, year]	Raw Difference (Final eval.-Baseline)	Significance level
% of HH reporting a reduction in the use of negative coping mechanisms to deal with financial issues and shocks				
Phase 2 and higher: Stressed, crisis/emergency and famine	44.8	41.2	3.6	0.092
Phase 2: Stressed	32.1	31.9	0.2	0.878
Phase 3 and higher: Crisis/emergency and famine	12.8	9.4	3.4	0.008
% of HH reporting making shared and equitable intra household decisions to prepare their financial and investment plans				
Final decision whether to spend or save money	25.2	18.7	6.5	0.003
Person who holds money	22.1	11.6	10.5	0.000
Person who does budgeting	31.5	15.4	16.1	0.000
Person who usually decides about food purchases	26.0	12.1	13.9	0.000
Person who usually decides about health expenses	41.4	22.6	18.8	0.000
Person who usually decides about other major expenses	42.6	24.8	17.8	0.000
% of women who report feeling satisfied with their level of decision making power in creating the household plan	73.5	94.1	8.1	0.000
% of supported IDPs and host communities in which women, men, girls and boys reported an increased sense of safety from trafficking and risky migration				
Some children in neighboring communities went missing for exploitative work somewhere.	92.7	99.1	6.4	0.000
Some children in neighboring communities come back from somewhere being exploited but do not receive any support.	84.7	98.2	13.5	0.000
It is okay for parents/caregivers to decide as to if the child can be transferred to somewhere for work when brokered by my neighbors.	93.9	95.0	1.1	0.197
It is okay for parents/caregivers not to know the working conditions of children when they are away from their parents for work.	95.8	93.0	2.8	0.014

Appendix table 5: Other Indicator Table (Food security and Livelihood) by type of community

Indicators	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
HH Food security (Food Security Livelihoods)						
Food consumption profiles (n=541)						
Poor	1	0.4	0	0.0	1	0.2
Borderline	22	8.3	8	2.9	30	5.5
Acceptable	242	91.3	268	97.1	510	94.3
Household Food Insecurity Access Score (n=541)						
Food Secure	110	41.5	158	57.2	268	49.5
Mildly Food Insecure Access	28	10.6	27	9.8	55	10.2
Moderately Food insecure Access	47	17.7	24	8.7	71	13.1
Severely Food Insecure Access	80	30.2	67	24.3	147	27.2
Food Security Scale(n=541)	107	40.4	151	54.7	258	47.7
Household Hunger Score (HHS) (n=541)						
Little to no hunger in the household	238	89.8	236	85.5	474	87.6
Moderate hunger in the household	25	9.4	37	13.4	62	11.5
Severe hunger in the household	2	0.8	3	1.1	5	0.9

Appendix table 6: Other Indicator Table (Food security and Livelihood) by project area

Indicators	Save the Children		WPN		HDI		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Food consumption profiles (n=541)								
Poor	0	1.0	1	0.5	0	0.0	1	0.2
Borderline	16	7.4	11	5.9	3	2.2	30	5.5
Acceptable	199	92.6	176	93.6	135	97.8	510	94.3
Household Food Insecurity Access Score (n=541)								
Food Secure	100	46.5	81	43.1	87	63.0	268	49.5
Mildly Food Insecure Access	15	7.0	26	13.8	14	10.1	55	10.2

Indicators	Save the Children		WPN		HDI		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Moderately Food insecure Access	24	11.2	38	20.2	9	6.5	71	13.1
Severely Food Insecure Access	76	35.3	43	22.9	28	20.3	147	27.2
Household Hunger Score (HHS) (n=541)								
Little to no hunger in the household	177	82.3	176	93.6	121	87.7	474	87.6
Moderate hunger in the household	36	16.7	11	5.9	15	10.9	62	11.5
Severe hunger in the household	2	0.9	1	0.5	2	1.4	5	0.9

Appendix table 7: Other Indicator Table (Food security and Livelihood) by township

Indicators	Kutkai		Kyaukme		Mansi		Moemauk		Namkham		Namtu	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Food consumption profiles (n=541)												
Poor	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
Borderline	13	6.9	2	2.7	7	7.8	4	4.1	3	11.5	1	1.5
Acceptable	176	93.1	71	97.3	82	91.1	94	95.9	23	88.5	64	98.5
Household Food Insecurity Access Score (n=541)												
Food Secure	94	49.7	39	53.4	40	44.4	41	41.8	6	23.1	48	73.8
Mildly Food Insecure Access	14	7.4	11	15.1	10	11.1	16	16.3	1	3.8	3	4.6
Moderately Food insecure Access	20	10.6	5	6.8	20	22.2	18	18.4	4	15.4	4	6.2
Severely Food Insecure Access	61	32.3	18	24.7	20	22.2	23	23.5	15	57.7	10	15.4
Household Hunger Score (HHS) (n=541)												
Little to no hunger in the household	157	83.1	62	84.9	83	92.2	93	94.9	20	76.9	59	90.8
Moderate hunger in the household	31	16.4	9	12.3	7	7.8	4	4.1	5	19.2	6	9.2
Severe hunger in the household	1	0.5	2	2.7	0	0.0	1	1.0	1	3.8	0	0.0

Child Protection

Appendix table 8: Key Indicator Table (Child Protection)

Indicator		Baseline value [Baseline month, year]	Final Study value [Final eval. month, year]	Raw Difference (Final eval.-Baseline)	Significance level
% of women, men, girls and boys who demonstrate awareness of child protection risks.					
Know child protection issues					
	Adult	28.3	53.9	25.6	0.000
	Child	25.0	56.5	31.5	0.000
	Total	26.7	55.3	28.6	0.000
Understand violence against children					
	Adult	88.8	89.8	1.0	0.588
	Child	81.0	92.4	11.4	0.000
	Total	85.0	91.1	6.1	0.000
Understand early marriage					
	Adult	73.2	75.4	2.2	0.378
	Child	52.4	73.3	20.9	0.000
	Total	63.0	74.3	11.3	0.000
Understand trafficking					
	Adult	72.5	71.0	1.5	0.570
	Child	63.0	70.8	7.8	0.003
	Total	67.8	81.8	14.0	0.100

Appendix II: Frequency Table

Nutrition

Appendix table 9: Place of delivery

Place of delivery	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Where was the place of delivery? (n=459)						
Home	46	19.3	148	67.0	194	42.3
Government Hospital	106	44.5	54	24.4	160	34.9
Private doctor	14	5.9	9	4.1	23	5.0
RHC/SRHC	71	29.8	9	4.1	80	17.4
Others	1	0.4	1	0.5	2	0.4
Total	238	100.0	221	100.0	459	100.0

Appendix table 10: Infant and Young Children information

Infant and Young Children information	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Do you have MCH Handbook? (n=459)						
No	57	23.9	84	38.0	141	30.7
Yes	181	76.1	137	62.0	318	69.3
Total	238	100.0	221	100.0	459	100.0
Do you have GMP Card? (n=459)						
No	76	31.9	79	35.7	155	33.8
Yes	162	68.1	142	64.3	304	66.2
Total	238	100.0	221	100.0	459	100.0

Appendix table 11: General Knowledge about Practice during the first thousand days

General Knowledge	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
When do you think you should wash your hands with soap? (n=459)						
After defecation and urination	226	95.0	194	87.8	420	91.5
Before preparing meals	202	84.9	176	79.6	378	82.4
Before feeding a child	181	76.1	160	72.4	341	74.3
Before eating	187	78.6	177	80.1	364	79.3
After eating	158	66.4	139	62.9	297	64.7
After cleaning babies bottom	183	76.9	173	78.3	356	77.6
After handling animals	44	18.5	28	12.7	72	15.7
Other	40	16.8	25	11.3	65	14.2
Total	**238**		**221**		**459**	
If a child pass stools, what should be done to dispose the stools? (n=459)						
Child use toilet or latrine	21	8.8	21	9.5	42	9.2
Put/rinsed into toilet or latrine	167	70.2	157	71.0	324	70.6
Put/rinsed into drain or ditch	20	8.4	33	14.9	53	11.5
Thrown into garbage	116	48.7	62	28.1	178	38.8
Buried	26	10.9	22	10.0	48	10.5
Left in the open	1	0.4	3	1.4	4	0.9
Burned it	3	1.3	2	0.9	5	1.1
Other	6	2.5	6	2.7	12	2.6
Total	**238**		**221**		**459**	

Food Security and Livelihoods

Appendix table 12: School enrolment and attendance

School enrolment and attendance	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Age of Household's children (n=747)						
1-5	35	7.3	31	11.5	66	8.8
6-10	99	20.7	94	34.9	193	25.8
11-15	193	40.4	105	39.0	298	39.9
16-22	151	31.6	39	14.5	190	25.4
Total	**478**	**100.0**	**269**	**100.0**	**747**	**100.0**
Gender of Household's children (n=747)						
Male	209	43.7	130	48.3	339	45.4
Female	269	56.3	139	51.7	408	54.6
Total	**478**	**100.0**	**269**	**100.0**	**747**	**100.0**
Enrolled of Household's children (n=747)						
Yes	477	99.8	263	97.8	740	99.1
No	1	0.2	6	2.2	7	0.9
Total	**478**	**100.0**	**269**	**100.0**	**747**	**100.0**
Grade enrolled (n=740)						
Grade 0	39	8.2	51	19.4	90	12.2
Grade 1	54	11.3	58	22.1	112	15.1
Grade 2	22	4.6	29	11.0	51	6.9
Grade 3	32	6.7	28	10.6	60	8.1
Grade 4	44	9.2	21	8.0	65	8.8
Grade 5	34	7.1	13	4.9	47	6.4
Grade 6	39	8.2	12	4.6	51	6.9
Grade 7	32	6.7	14	5.3	46	6.2
Grade 8	51	10.7	16	6.1	67	9.1
Grade 9	48	10.1	7	2.7	55	7.4
Grade 10	49	10.3	5	1.9	54	7.3
Grade 11	19	4.0	2	0.8	21	2.8
Grade 12	3	0.6	1	0.4	4	0.5

Other class	11	2.3	6	2.3	17	2.3
Total	**477**	**100.0**	**263**	**100.0**	**740**	**100.0**
Attending (n=740)						
Yes	476	99.8	261	99.2	737	99.6
No	1	0.2	2	0.8	3	0.4
Total	**477**	**100.0**	**263**	**100.0**	**740**	**100.0**

Appendix table 13: Affected population/location type

Affected population/location type	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Was the household displaced by the conflict? (n=541)						
Non Displaced	26	9.8	254	92.0	280	51.8
Displaced (IDPs)	239	90.2	22	8.0	261	48.2
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
If a displaced household, is the household displaced in…..? (n=261)						
Camp	237	99.2	4	18.2	241	92.3
Host family	0	0.0	9	40.9	9	3.4
Other	2	0.8	9	40.9	11	4.2
Total	**239**	**100.0**	**22**	**100.0**	**261**	**100.0**
Are you facing any restrictions to access basic services (health, education, market etc.)? (n=541)						
No	212	80.0	217	78.6	429	79.3
Yes	53	20.0	59	21.4	112	20.7
Total	**265**	**100.0**	**176**	**100.0**	**541**	**100.0**
If yes, please explain (n=112)						
Not enough money	45	84.9	20	33.9	65	58.0
Health problem	2	3.8	18	30.5	20	17.9
Education problem	1	1.9	4	6.8	5	4.5
Market inaccessible and short of goods	2	3.8	8	13.6	10	8.9
Transportation problem	0	0.0	4	6.8	4	3.6

Affected population/location type	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Health and short of money	0	0.0	2	3.4	2	1.8
Security concern	1	1.9	0	0.0	1	0.9
Don't know/ No answer	2	3.8	3	5.1	5	4.5
Total	**53**	**100.0**	**59**	**100.0**	**112**	**100.0**

Appendix table 14: HH expenditure

HH expenditure	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
How well has your household kept up with its financial expenditures in the past 12 months? (n=541)						
We have had big financial problems - we have fallen behind with many expenditures or loan repayments	129	48.7	79	28.6	208	38.4
We have fallen behind with some expenditures or loan repayments	101	38.1	143	51.8	244	45.1
We have kept up with all expenditures and loans but it has been difficult	8	3.0	4	1.4	12	2.2
We have kept up with all expenditures and loans with no problems	10	3.8	35	12.7	45	8.3
Don't know	16	6.0	15	5.4	31	5.7
No answer	1	0.4	0	0.0	1	0.2
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Does your household have any money left over after all expenditures are paid at the end of the week? (n=541)						
We always run out, never have money left over	102	38.5	41	14.9	143	26.4
We sometimes run out, sometimes we have money left over	105	39.6	171	62.0	276	51.0
We never run out, but we never have money left over	2	0.8	3	1.1	5	0.9
We never run out, we always have money left over	19	7.2	50	18.1	69	12.8
Don't know	37	14.0	11	4.0	48	8.9
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**

HH expenditure	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
When you lose your main source of income, how long can you cover living expenditures? (n=541)						
Less than three days	51	19.2	60	21.7	111	20.5
More than three days but less than one week	60	22.6	58	21.0	118	21.8
More than one week but less than one month	57	21.5	66	23.9	123	22.7
More than one month but less than three months	32	12.1	41	14.9	73	13.5
More than three months but less than six months	10	3.8	15	5.4	25	4.6
Six months or more	2	0.8	14	5.1	16	3.0
Don't know	53	20	22	8.0	75	13.9
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Have you had an unexpected major expenditure in the past 12 months? (n=541)						
Yes	99	37.4	101	36.6	200	37.0
No	166	62.6	175	63.4	341	63.0
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
If yes, how did you pay for it? (n=200)						
Loan(s)	49	49.5	34	33.7	83	41.5
Savings	26	26.3	44	43.6	70	35.0
Family/friends/neighbours' assistance	31	31.3	38	37.6	69	34.5
Sold assets / gold	4	4.0	7	6.9	11	5.5
Don't know	5	5.1	1	1.0	6	3.0
Total	**99**		**101**		**200**	
Imagine that you will have an unexpected large expenditure this week. Will you be able to pay for it? (n=541)						
Yes, with my savings	43	16.2	91	33.0	134	24.8
Yes, will get a loan to pay for it	165	62.3	123	44.6	288	53.2
Yes, but I don't know how now	4	1.5	6	2.2	10	1.8
No, I won't be able to pay for it	3	1.1	20	7.2	23	4.3
Don't know	43	16.2	23	8.3	66	12.2
No answer	0	0.0	1	0.4	1	0.2
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**

Appendix table 15: Decision Making

Decision Making	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Who usually makes for decision about child's health? (n=541)						
Myself alone	55	20.8	60	21.7	115	21.3
Myself and other male jointly	26	9.8	28	10.1	54	10.0
Myself and other female Jointly	6	2.3	10	3.6	15	3.0
Other	10	3.8	51	18.5	61	11.3
Not applicable	164	61.9	126	45.7	290	53.6
Will not say	0	0.0	1	0.4	1	0.2
Don't know	4	1.5	0	0.0	4	0.7
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually makes the final decisions for the household about whether to spend or save money? (n=541)						
Husband	7	2.6	19	6.9	26	4.8
Wife	42	15.8	22	8.0	64	11.8
Both	33	12.5	29	10.5	62	11.5
Other	50	18.9	129	46.7	179	33.1
Will not say	1	0.4	2	0.7	3	0.6
Not applicable	129	48.7	75	27.2	204	37.7
Does not know	3	1.1	0	0.0	3	0.6
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually holds the money for the household? (n=541)						
Husband	6	2.3	22	8.0	28	5.2
Wife	55	20.8	27	9.8	82	15.2
Both	13	4.9	26	9.4	39	7.2
Other	62	23.4	125	45.3	187	34.6
Will not say	0	0.0	1	0.4	1	0.2
Not applicable	128	48.3	75	27.2	203	37.5
Does not know	1	0.4	0	0.0	1	0.2
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually does the budgeting for the household? (n=541)						

Decision Making	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Husband	7	2.6	13	4.7	20	3.7
Wife	50	18.9	34	12.3	84	15.5
Both	20	7.5	31	11.2	51	9.4
Other	58	21.9	119	43.1	177	32.7
Will not say	1	0.4	3	1.1	4	0.7
Not applicable	128	48.3	73	26.4	201	37.2
Does not know	1	0.4	3	1.1	4	0.7
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually decides about food purchases? (n=541)						
Husband	5	1.9	18	6.5	23	4.3
Wife	55	20.8	44	15.9	99	18.3
Both	15	5.7	26	9.4	41	7.6
Other	61	23.0	115	41.7	176	32.5
Will not say	1	0.4	0	0.0	1	0.2
Not applicable	128	48.3	72	26.1	200	37.0
Does not know	0	0	1	0.4	1	0.2
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually decides about health expenses? (n=541)						
Husband	2	0.8	9	3.3	11	2.0
Wife	40	15.1	30	10.9	70	12.9
Both	38	14.3	38	13.8	76	14.0
Other	56	21.1	123	44.6	179	33.1
Will not say	0	0.0	1	0.4	1	0.2
Not applicable	128	48.3	74	26.8	202	37.3
Does not know	1	0.4	1	0.4	2	0.4
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
Who usually decides about other major expenses in the household? (n=541)						
Husband	5	1.9	5	1.8	10	1.8
Wife	36	13.6	30	10.9	66	12.2
Both	38	14.3	45	16.3	83	15.3
Other	56	21.1	120	43.5	176	32.5

Decision Making	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Will not say	0	0.0	1	0.4	1	0.2
Not applicable	129	48.7	73	26.4	202	37.3
Does not know	1	0.4	2	0.7	3	0.6
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
If you were given 10,000 MMK, would you keep any of it hidden from him? (n=541)						
Yes	25	9.4	46	16.7	71	13.1
No	67	25.3	86	31.2	153	28.3
Not applicable	172	64.9	143	51.8	315	58.2
Does not know	1	0.4	1	0.4	2	0.4
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**
If yes, how much of it would you keep hidden from your husband? (n=71)						
3000	2	8.0	1	2.2	3	4.2
5000	14	56.0	22	47.8	36	50.7
7000	2	8.0	1	2.2	3	4.2
10000	7	28.0	22	47.8	29	40.8
Total	**25**	**100.0**	**46**	**100.0**	**71**	**100.0**
If your husband were given 10,000 MMK, would he keep any of it hidden from you? (n=541)						
Yes	12	4.5	20	7.2	32	5.9
No	77	29.1	106	38.4	183	33.8
Not applicable	173	65.3	145	52.5	318	58.8
Does not know	3	1.1	5	1.8	8	1.5
Total	**275**	**100.0**	**276**	**100.0**	**541**	**100.0**
If so, how much of it would he keep hidden from you? (n=32)						
2000	1	8.3	1	5.0	2	6.3
3000	1	8.3	2	10.0	3	9.4
5000	7	58.3	12	60.0	19	59.4
10000	3	25.0	5	25.0	8	25.0
Total	**12**	**100.0**	**20**	**100.0**	**32**	**100.0**
On a scale from 1-6 how satisfied you feel with your level of decision-making power in making and						

Decision Making	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
implementing HH plans where 1 is fully satisfied and 6 is Not Satisfied at all? (n=541)						
Fully Satisfied	105	39.6	97	35.1	202	37.3
Somehow Satisfied	10	3.8	22	8.0	32	5.9
Neutral	41	15.5	63	22.8	104	19.2
Somehow not satisfied	8	3.0	8	2.9	16	3.0
Not Satisfied at All	2	0.8	2	0.7	4	0.7
Not applicable	99	37.4	84	30.4	183	33.8
Total	**265**	**100.0**	**276**	**100.0**	**541**	**100.0**

Appendix table 16: Youth employment (to be asked to adolescents and youth (≤24yrs))

Youth employment	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Boys						
Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing? (n=104)						
No	17	32.1	13	25.5	30	28.8
Yes	36	67.9	38	74.5	74	71.2
Total	**53**	**100.0**	**51**	**100.0**	**104**	**100.0**
If yes, can you please mention what are the current challenges to access these activities? (n=74)						
Lack of technical skills	17	47.2	11	28.9	28	37.8
Lack of financial capital to invest	26	72.2	24	63.2	50	67.6
Lack of networking/ does not know the people to connect with/contact	7	19.4	3	7.9	10	13.6
Lack of confidence	3	8.3	2	5.3	5	6.8
Security to or at work place	1	2.8	0	0.0	1	1.4
Too busy with current jobs/activity	0	0.0	5	13.2	5	6.8
Too busy with HH chores	0	0.0	1	2.6	1	1.4
Parents/adults do not want me to do this activity	1	2.8	2	5.3	3	4.1
Lack of access/movements restrictions	2	5.6	2	5.3	4	5.4
Lack of documents (no NRC …)	1	2.8	0	0.0	1	1.4

Youth employment	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Total	**36**		**38**		**74**	
Girls						
Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing? (n=437)						
No	58	27.4	35	15.6	93	21.2
Yes	154	72.6	190	84.4	344	78.7
Total	**212**	**100.0**	**225**	**100.0**	**437**	**100.0**
If yes, can you please mention what are the current challenges to access these activities? (n=344)						
Lack of technical skills	54	35.1	32	16.8	86	25.0
Lack of financial capital to invest	117	76.0	129	67.9	246	71.5
Lack of networking/ does not know the people to connect with/contact	18	11.7	10	5.3	28	8.1
Lack of confidence	14	9.1	7	3.7	21	6.1
Security to or at work place	8	5.2	6	3.2	14	4.1
Too busy with current jobs/activity	10	6.5	29	15.3	39	11.3
Too busy with HH chores	15	9.7	33	17.4	48	14.0
Parents/adults do not want me to do this activity	7	2.0	14	7.4	21	6.1
Lack of access/movements restrictions	3	1.9	8	4.2	11	3.2
Lack of documents (no NRC …)	1	0.6	2	1.1	3	0.9
Total	**154**		**190**		**344**	

Appendix table 17: Household average expenditures on various items by adult, in MMK

Household expenses/spending reported by adult on different items (N= 541)	Average expenses MMK	Min spends MMK	Max spends MMK
Staple food (rice)	73766.1	3000	600000
Other food (vegetables, cereals, fruits, eggs, fish, meat, oil, and other staples)	91883.6	500	640000
Snacks	41918.4	1250	300000
Firewood /cooking fuel/ charcoal	18707.2	1000	90000

Household expenses/spending reported by adult on different items (N= 541)	Average expenses MMK	Min spends MMK	Max spends MMK
Household items (hygiene products, candles, etc.)	24624.3	1000	200000
Betel nut/Cigarettes/Alcohol	22950.1	250	250000
Drinking water	5664.2	416.7	30000
Lottery / gambling	6314.8	500	30000
Transportation	54961.0	333.3	30000
Debt repayment	63987.2	583.3	833333.3
Electricity and TV	8193.1	416.7	100000
Mobile phone and phone credit	28220.9	1000	200000
Clothing or beauty products	24229.5	625	300000
Trading expenses related to your business	171741.7	833.3	2000000
Sending remittances to relatives	50968.8	833.3	500000
Rent	17875.0	583.3	50000
Health for adults and children > 5 years	36207.3	150	400000
Health for children < 5 years	24358.8	500	300000
Celebrations / social events / donations	33638.9	416.7	700000
Education (school fees, books, uniforms)	50657.7	1333.3	700000
House construction / maintenance / repair	81108.0	833.3	700000
Farming or fishing costs (seeds, livestock, etc.)	75972.2	833.3	2500000
Other (specify)	33385.4	4166.7	160000

Appendix table 18: Household average expenditures reported by youths, on various items, in MMK

Household expenses/spending reported by youth on different items (N= 541)	Average expenses MMK	Min spends MMK	Max spends MMK
Staple food (rice)	56988.4	750	700000

Household expenses/spending reported by youth on different items (N= 541)	Average expenses MMK	Min spends MMK	Max spends MMK
Other food (vegetables, cereals, fruits, eggs, fish, meat, oil, and other staples)	43658.0	750	300000
Snacks	21122.7	416.7	100000
Firewood /cooking fuel/ charcoal	28203.7	2500	150000
Household items (hygiene products, candles, etc.)	14018.7	833.3	100000
Betel nut/Cigarettes/Alcohol	16644.7	666.7	150000
Drinking water	3921.9	375	15000
Lottery / gambling	0	0	0
Transportation	30188.3	833.3	200000
Debt repayment	21063.1	1250	108333.3
Electricity and TV	8323.0	833.3	50000
Mobile phone and phone credit	10543.0	166.7	50000
Clothing or beauty products	17949.7	1166.7	100000
Trading expenses related to your business	134558.8	2500	1200000
Sending remittances to relatives	19097.2	2500	80000
Rent	10000	10000	10000
Health for adults and children > 5 years	24027.7	750	300000
Health for children < 5 years	17764.7	833.3	100000
Celebrations / social events / donations	22114.9	1250	150000
Education (school fees, books, uniforms)	16387.5	625	70000
House construction / maintenance / repair	11666.7	833.3	33333.3
Farming or fishing costs (seeds, livestock, etc.)	24696.5	466.7	116666.7
Other (specify)_____	0	0	0

Appendix table 19: Sources of food for food items (%) (n=541)

Food item	Purchase	Own production	Traded goods/services, barter	Borrowed	Received as gift	Food aid	Others
Maize	68.6	26.3	0.0	0.0	5.1	0.0	0.0
Rice	33.1	35.0	0.6	1.3	1.1	28.8	0.0
Bread/wheat	87.2	1.0	0.0	0.3	7.9	3.6	0.0
Tubers	39.9	56.3	0.2	0.2	3.1	0.2	0.0
Groundnuts & Pulses	41.2	37.6	0.0	3.3	17.6	0.2	0.0
Fish (eaten as a main food)	63.2	31.1	0.0	0.4	5.4	0.0	0.0
Fish powder (used for flavour only)	93.6	4.3	0.0	1.1	1.1	0.0	0.0
Red meat(sheep/goat/beef)	81.1	10.4	0.0	0.2	8.0	0.2	0.0
White meat(poultry)	70.5	25.9	0.0	0.4	2.9	0.0	0.4
Vegetable oil, fats	73.7	4.1	0.0	0.4	0.4	21.5	0.0
Eggs	93.7	4.5	0.0	0.7	0.9	0.0	0.2
Milk and dairy products (main food)	96.1	0.0	0.0	0.6	3.2	0.0	0.0
Milk in tea or coffee in small amounts	81.3	10.8	0.0	0.0	7.2	0.0	0.6
Vegetables (including leaves)	20.9	78.0	0.0	0.2	0.8	0.0	0.0
Fruits	31.4	53.3	0.2	0.2	14.6	0.2	0.0
Sweets, sugar	88.4	2.8	0.0	0.3	8.3	0.3	0.0

Child Protection

Appendix table 20: What is a child?

What is a child?	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old) (n=315)						
Not correct	18	10.9	23	15.3	41	13.0
Correct	147	89.1	127	84.7	274	87.0
Total	**165**	**100.0**	**150**	**100.0**	**315**	**100.0**
Adult (18 and above) (n=293)						
Not correct	17	11.5	39	26.9	56	19.1
Correct	131	88.5	106	73.1	237	80.9
Total	**148**	**100.0**	**145**	**100.0**	**293**	**100.0**

Appendix table 21: List four child protection issues

List four child protection issues	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old) (n=315)						
Violence, abuse, neglect, exploitation	57	34.5	46	30.7	103	32.7
Child marriage, child labor, physical abuse, emotional abuse, sexual abuse, corporal	10	6.1	10	6.7	20	6.3
Punishment, under-aged recruitment and use, etc	0	0.0	9	6.0	9	2.9
All of above	95	57.6	83	55.3	178	56.5
Don't Know	3	1.8	2	1.3	5	1.6
Total	**165**	**100.0**	**150**	**100.0**	**315**	**100.0**
Adult (18 and above)(n=293)						
Violence, abuse, neglect, exploitation	53	35.8	33	22.8	86	29.4
Child marriage, child labor, physical abuse, emotional abuse, sexual abuse, corporal	17	11.5	12	8.3	29	9.9
Punishment, under-aged recruitment and use, etc	3	2.0	5	3.4	8	2.7
All of above	70	47.3	88	60.7	158	53.9
Don't Know	5	3.4	7	4.8	12	4.1
Total	**148**	**100.0**	**145**	**100.0**	**293**	**100.0**

Appendix table 22: Negative impacts on violence against children

Negative impacts on violence against children	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old) (n=315)						
Children may be injured or killed.	107	64.8	77	51.3	184	58.4
Children may be emotionally hurt.	128	77.6	115	76.7	243	77.1
Children may suffer from poor academic performance.	57	34.5	45	30.0	102	32.4
Children may be more vulnerable to abuse (violence against children can escalate).	28	17.0	19	12.7	47	14.9
Children's self-esteem or confidence will be lowered.	35	21.2	36	24.0	71	22.5
Children may become socially isolated.	37	22.4	37	24.7	74	23.5
Others	4	2.4	7	4.7	11	3.5
Total	165		150		315	
Adult (18 and above)(n=293)						
Children may be injured or killed.	96	64.9	68	46.9	164	56.0
Children may be emotionally hurt.	121	81.8	118	81.4	239	81.6
Children may suffer from poor academic performance.	64	43.2	58	40.0	122	41.6
Children may be more vulnerable to abuse (violence against children can escalate).	27	18.2	28	19.3	55	18.8
Children's self-esteem or confidence will be lowered.	32	21.6	38	26.2	70	23.9
Children may become socially isolated.	35	23.6	36	24.8	71	24.2
Others	6	4.1	4	2.8	10	3.4
Total	148		145		293	

Appendix table 23: Negative impacts on children caused by child/early marriage

Negative impacts on children caused by child/early marriage	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old)(n=315)						
Children may have severe sexual and reproductive health complications.	90	54.5	58	38.7	148	47.0
Children may die…	64	38.8	30	20.0	94	29.8
Children may be more vulnerable to domestic violence.	62	37.6	51	34.0	113	35.9
Children may be deprived of educational or livelihood opportunities.	52	31.5	43	28.7	95	30.2
Children may become socially isolated.	33	20.0	39	26.0	72	22.9
Children may become poorer	49	29.7	74	49.3	123	39.0
Don't know	27	16.4	24	16.0	51	16.2
Others	6	3.6	6	4.0	12	3.8
Total	**165**		**150**		**315**	
Adult (18 and above)(n=293)						
Children may have severe sexual and reproductive health complications.	79	53.4	57	39.3	136	46.4
Children may die…	60	40.5	25	17.2	85	29.0
Children may be more vulnerable to domestic violence.	63	42.6	54	37.2	117	39.9
Children may be deprived of educational or livelihood opportunities.	38	25.7	53	36.6	91	31.1
Children may become socially isolated.	36	24.3	35	24.1	71	24.2
Children may become poorer	46	31.1	80	55.2	126	43.0
Don't know	18	12.2	16	11.0	34	11.6
Others	3	2.0	6	4.1	9	3.1
Total	**148**		**145**		**293**	

Appendix table 24: Negative impacts on children caused by trafficking

Negative impacts on children caused by trafficking	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old)(n=223)						
Early pregnancy, effective on HIV or a sexually transmitted disease.	61	46.6	34	37.0	95	42.6
Depression, withdraw- isolated	80	61.1	53	57.6	133	59.6
Lost confidence, become socially isolated.	61	46.6	21	22.8	82	36.8
Lower self-esteem, feel shame – not to talk with other peoples	31	23.7	19	20.7	50	22.4
Nightmares	20	15.3	13	14.1	33	14.8
Lost organs	45	34.4	30	32.6	75	33.6
Hopeless – anxiety - blamed on their fortune, luck	32	24.4	26	28.3	58	26.0
Children may become more vulnerable to exploitation. (Children are paid less than adults)	10	7.6	15	16.3	25	11.2
Children may be stigmatized or discriminated in their communities	14	10.7	15	16.3	29	13.0
Children may become poorer in the future (as they may lose their educational opportunities) Drop of school.	9	6.9	15	16.3	24	10.8
Others	17	13.0	12	13.0	29	13.0
Total	**131**		**92**		**223**	
Adult (18 and above)(n=208)						
Early pregnancy, effective on HIV or a sexually transmitted disease.	58	46.4	27	32.5	85	40.9
Depression, withdraw- isolated	83	66.4	55	66.3	138	66.3
Lost confidence, become socially isolated.	56	44.8	31	37.3	87	41.8
Lower self-esteem, feel shame – not to talk with other peoples	28	22.4	25	30.1	53	25.5
Nightmares	15	12.0	4	4.8	19	9.1
Lost organs	35	28	25	30.1	60	28.8
Hopeless – anxiety - blamed on their fortune, luck	25	20.0	22	26.5	47	22.6
Children may become more vulnerable to exploitation. (Children are paid less than adults)	8	6.4	17	20.5	25	12.0

Negative impacts on children caused by trafficking	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Children may be stigmatized or discriminated in their communities	12	9.6	15	18.1	27	13.0
Children may become poorer in the future (as they may lose their educational opportunities) Drop of school.	8	6.4	14	16.9	22	10.6
Others	8	6.4	7	8.4	15	7.2
Total	125		83		208	

Appendix table 25: What would you do if you identify child protection concerns?

What would you do if you identify child protection concerns?	Camp		Host Communities		Total	
	Number	Percent	Number	Percent	Number	Percent
Adolescent (14 to 18 years old)(n=315)						
Will take action with responsible person in the camp/village	108	65.5	87	58.0	195	61.9
Will inform to SCI	5	3.0	5	3.3	10	3.2
Will inform to the child protection organization	7	4.2	0	0.0	7	2.2
Will help/protect him/her	3	1.8	11	7.3	14	4.4
Will inform to the police/justice office	7	4.2	3	2.0	10	3.2
Will inform to the women group	9	5.5	2	1.3	11	3.5
To inform to his/her parents and relatives	9	5.5	14	9.3	23	7.3
Others	6	3.6	18	12.0	24	7.6
Don't know	11	6.7	10	6.7	21	6.7
Total	165	100.0	150	100.0	315	100.0
Adult (18 and above)(n=293)						
Will take action with responsible person in the camp/village	27	18.2	48	33.1	75	25.6
Will inform to SCI	3	2.0	2	1.4	5	1.7
Will inform to the child protection organization	82	55.4	36	24.8	118	40.3
Will help/protect him/her	2	1.4	1	0.7	3	1.0
Will inform to the police/justice office	14	9.5	4	2.8	18	6.1
Will inform to the women group	1	0.7	0	0.0	1	0.3
To inform to his/her parents and relatives	4	2.7	7	4.8	11	3.8
Others	7	4.7	39	26.9	46	15.7
Don't know	8	5.4	8	5.5	16	5.5
Total	148	100.0	145	100.0	293	100.0

Appendix III: Indicator Definitions

Appendix table 26:Cutting points for Anthropometric Indicators of children (0-23 months)

Indicator	Index	Cut-points	Definition
Prevalence of Stunting			
Stunting	Height-for-age z-score (HAZ)	HAZ < -2	Stunting
		-3 ≤ HAZ < -2	Moderate Stunting
		HAZ < -3	Severe Stunting
Prevalence of Wasting			
Wasting	Weight-for-height z-score (WHZ)	WHZ < -2	Global Acute Malnutrition (GAM)
		-3 ≤ WHZ < -2	Moderate acute malnutrition
		WHZ < -3	Severe acute malnutrition
	MUAC	MUAC < 12.5 cm	Global Acute malnutrition
		11.5 cm ≤ MUAC < 12.5 cm	Moderate acute malnutrition
		MUAC < 11.5 cm	Severe acute malnutrition
Prevalence of Underweight			
Underweight	Weight-for-age z-score (WAZ)	WAZ < -2	Underweight
		-3 ≤ WAZ < -2	Moderate Underweight
		WAZ < -3	Severe Underweight

Source: Nutrition Landscape Information System (NLiS) (WHO)

https://apps.who.int/nutrition/landscape/help.aspx?menu=0&helpid=391&lang=EN

Appendix table 27: List of key indicators for BRICKS endline evaluation study

Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
PLO	Targeted population has increased resilience to shocks and conflict, and adolescents are protected from trafficking and	1	% of HHs with an adolescent or youth reporting a reduction in the use of negative coping mechanisms to deal with	# of HH reporting in the use of negative coping mechanisms to deal with financial issues and shocks[30] (NET, 2021)	Total # of sample households	Location and male/female headed households	

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[30] If food insecurity in the area is high, and percentage in Phase 3+ based on rCSI is elevated, it may be useful to separate the group in Phase 3 and higher into two groups based on a tentative cut-off developed for Phase 4. In this case the households should be divided in four categories: 0-3, 4-18, 19-42, and 43 and above. These categories correspond to IPC Phases 1, 2, 3 and 4 and higher respectively. https://fscluster.org/handbook/Section_two_rcsi.html

Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
	unsafe migration		financial issues and shocks (Daniel Maxwell & Richard Caldwell, 2008)				
		2	% of HH with an adolescent or youth reporting making shared and equitable intra household decisions to prepare their financial and investment plans	# of HH reporting making shared and equitable intra household decisions to prepare their financial and investment plans	Total # of sample households	Location and male/female headed households	
		3	% of 0-23 months children stunted (<2 HAZ) (WHO and UNICEF, 2019)	# of 0-23 months children with HAZ <-2	Total number of 0-23 months children in the sample	Location and sex	
PO1	Targeted PBWs, children 0-23 months, and adolescents have improved nutritional status	4	% of pregnant and breastfeeding women (PBW) with MUAC <210 mm, <230 mm	# of pregnant and breastfeeding women (PBW) with MUAC <210 mm, <230 mm	Total number of pregnant and breastfeeding women (PBW) in the sample		
		5	% of new-borns Low Birth Weight (< 2.5kgs) (WHO, 2012)	# of new-borns with Low Birth Weight (< 2.5kgs)	Total number of new-borns		
		6	% of new-borns 0-5 months exclusively breast fed (UNICEF, 2021)	Number of children 0–5 months of age who are fed exclusively with breast milk during the previous day	Total number of children 0–5 months of age	Sex and disability	
		7	% of children 6-23 months with minimum	• two feedings of solid, semi-solid	Children 6–23 months of age	Sex and disability	

Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
			meal frequency (MMF) (UNICEF, 2021)	or soft foods for breastfed infants aged 6–8 months; • three feedings of solid, semi-solid or soft foods for breastfed children aged 9–23 months; and • four feedings of solid, semi-solid or soft foods or milk feeds for non-breastfed children aged • 6–23 months whereby at least one of the four feeds must be a solid, semi-solid or soft feed.			
		8	% of children 6 to 23 months with minimum acceptable diet (MAD)	• for breastfed children: receiving at least the	Children 6–23 months of age	Sex, location and age: 6-8 months; 9-11; 12-23	

Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
			(disaggregated by) (UNICEF, 2021)	minimum dietary diversity and minimum meal frequency for their age during the previous day; • for non-breastfed children: receiving at least the minimum dietary diversity and minimum meal frequency for their age during the previous day as well as at least two milk feeds.			
Output 1	Targeted PBWs and children 0-23 months have improved IYCF practices in the First 1000 Days	9	% of targeted mothers of under 2 years who report improved understanding of best IYCF practices	# of mothers who know exclusive breastfeeding correctly	Total number of mothers of 0-23 months children		
Output 1.1	Targeted PBWs, children, and adolescents have access to quality	10	% of pregnant women receiving at least four antenatal care visit	# of pregnant women who received at least four antenatal care visits during her last pregnancy	Total number of mothers of 0-23 months children		

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Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
	nutrition services	11	% of new-borns receiving a Post-natal health check in the first 24 hours of birth	# of new-borns received a Post-natal health check in the first 24 hours of birth	Total number of mothers of children 0-23 months	Place of delivery	
Intervention 6	Empower adolescent girls, women, men and boys for joint decision making and actions	12	% of women who are involved in child health & nutrition decisions individually or jointly	# of women who were involved in child health & nutrition decisions individually or jointly	# of women in the sample		
Output 1.2	Targeted PBWs, children, and adolescents adopt recommended nutrition behaviors /utilize services	13	% Minimum dietary diversity score among women of reproductive age (MDDW) (>=5 out of 10 food groups) (FAO, 2016)	No of women 15–49 years of age who have consumed at least five out of ten defined food groups the previous day or night	No of women 15–49 years of age	age (15-24, 24-49)	
		14	% of targeted household with PBW with access to hand washing facility where water and soap or detergent are present	No of households with availability of water and soap or detergent or other cleansing for handwashing	Total no of households with an U2 mother		
		15	% of caregivers who dispose of child faeces safely[31]	# of caregivers who dispose of child faeces safely	Total no of households		
PO2	Targeted women, men, girls and boys are less vulnerable to unsafe migration and trafficking	16	% of supported IDPs and host communities in which women, men, girls and boys (aged 14-24 years) reported an	# of women, men, girls and boys reported sense of safety from trafficking and risky migration	# of women, men, girls and boys in the sample		

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[31] Safe disposal of children's stools is defined as the child's last stools were put or rinsed into a toilet or latrine or buried, or the child used a toilet or latrine **Invalid source specified.**.

Type	Description	Sr.	Indicators	Indicator definition		Disaggregation	Remark
				Numerator	Denominator		
			increased sense of safety from trafficking and risky migration				
Output 3	Youth and adolescent girls & boys have increased protection awareness, information and skills	17	% of women, men (adult), girls and boys (child) who demonstrate awareness of child protection risks.	# of women, men, girls and boys who demonstrate awareness of child protection risks	# of women, men, girls and boys		
Output 4	PO2 Targeted women, men, girls and boys are less vulnerable to unsafe migration and trafficking	18	% of women who report feeling satisfied with their level of decision making power in creating the household plan	# of women who report feeling satisfied with their level of decision making power in creating the household plan	Total number of women	(Disaggregated by location and male/female headed households)	

Appendix table 28: List of other indicators for BRICKS endline evaluation study

Sr.	Indicators	Indicator definition		Disaggregation	Remark
		Numerator	Denominator		
HH Food security (FS&LLH)					
1	Food consumption profiles Poor Borderline Acceptable (WFP, 2008)	HHs with FCS (0-21) HHs with FCS (21.5 – 35) HHs with FCS (>35)	Total number of HHs Total number of HHs Total number of HHs	Camp and Host communities	
2	**Household Food Insecurity Access Score** (HFIAS[32]) category: Food Secure, Mildly Food Insecure Access, Moderately Food insecure Access, Severely Food Insecure Access. (Jennifer Coates, August 2007)	Number of households experiencing food insecurity condition by HFIAS category	Total number of households	Camp and Host communities	

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[32] HFIAS was calculated by adding each score of 9 questions related to HFIAS

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Sr.	Indicators	Indicator definition		Disaggregation	Remark
		Numerator	Denominator		
3	**Food Security Scale** Percent of households that **never** have food insecurity in the past 4 weeks (Jennifer Coates, August 2007)	Number of households that **never** have food insecurity in the past 4 weeks	Total number of households	Camp and Host communities	
4	**Household Hunger Score (HHS)** The HHS is a household food deprivation scale, derived from research to adapt the United State household food security survey for use in a developing country context and from research to assess the validity of the Household Food Insecurity Access Scale (HFIAS) for cross-cultural use. (Ballard, Coates, Swindale, & and Deitchler, 2011)	A Household Hunger Score was calculated for each household based on answers to 3 Household Hunger Scale questions.	Total number of households	Camp and Host communities	
	Antenatal and postnatal care practices (Nutrition)				
5	**Skilled Assistance in Delivery:** Percentage of births attended by skilled health provided (Children, 2016)	Number of mothers who delivered by a skilled birth attendant.	Total number of breastfeeding women with children under 2 years	Camp and Host communities	
6	Percent of mothers with a live birth who received a postnatal check-up within 24 hours after delivery	No of mothers with a live birth in the 2 years prior to the survey received a postnatal check-up within 24 hours after delivery	Total number of mothers of children 0-23 months	Camp and Host communities	
7	Percent of mothers who **do not receive any postnatal check-up**	Percent of mothers who do not receive any postnatal check-up	Total number of mothers of children 0-23 months	Camp and Host communities	
	IYCF Practices (Nutrition)				
8	**Ever breastfed** Percentage of children born in the last 24 months who were ever breastfed (UNICEF, WHO &, 2021)	children born in the last 24 months who were ever breastfed	children born in the last 24 months	Camp and Host communities	
9	**Continued breastfeeding 12–23 months** Percentage of children 12–23 months of age who were fed breast milk during the previous day (UNICEF, WHO &, 2021)	children 12–23 months of age who were fed breast milk during the previous day	children 12–23 months of age	Camp and Host communities	
10	**Early initiation of breastfeeding** Percentage of children born in the last 24 months who were put to the breast within one hour of birth (UNICEF, 2021)	children born in the last 24 months who were put to the breast within one hour of birth.	children born in the last 24 months	Camp and Host communities	

Sr.	Indicators	Indicator definition		Disaggregation	Remark
		Numerator	Denominator		
11	**Introduction of solid, semisolid or soft foods 6–8 months** Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day (UNICEF, WHO &, 2021)	infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day	infants 6–8 months of age	Camp and Host communities	
12	**Minimum milk feeding frequency for non-breastfed children 6–23 months** Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day (UNICEF, WHO &, 2021)	non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day	non-breastfed children 6–23 months of age	Camp and Host communities	
13	**Egg and/or flesh food consumption 6–23 months** Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day (UNICEF, WHO &, 2021)	children 6–23 months of age who consumed egg and/or flesh food during the previous day.	children 6–23 months of age	Camp and Host communities	
14	**Sweet beverage consumption 6–23 months** Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day (UNICEF, WHO &, 2021)	children 6–23 months of age who consumed a sweet beverage during the previous day	children 6–23 months of age	Camp and Host communities	
15	**Unhealthy food consumption 6–23 months** Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day (UNICEF, WHO &, 2021)	children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day	children 6–23 months of age	Camp and Host communities	
16	**Zero vegetable or fruit consumption 6–23 months** Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day (UNICEF, WHO &, 2021)	children 6–23 months of age who did not consume any vegetables or fruits during the previous day.	children 6–23 months of age	Camp and Host communities	
	Hygiene Practice (Nutrition)				
17	Percentage of mother with children 0-23 months who used soap to wash their hands	Number of mother with children 0-23 months who used soap to wash their hands	Total number of mother of 0-23 months children	Camp and Host communities	

Sr.	Indicators	Indicator definition		Disaggregation	Remark
		Numerator	Denominator		
18	Percentage of mothers who wash hands with water and soap at all 7 occassions (360, 2018)	Number of mothers who wash hands with water and soap at all 7 occassions	Total number of mother of 0-23 months children	Camp and Host communities	
Knowledge about nutrition (Nutrition)					
19	Percentage of mothers who know types of foods which are important for young children to help them grow and develop.	Number of mothers who know types of foods are important for young children to help them grow and develop.	Total number of mothers of 0-23 months children	Camp and Host communities	
20	Percentage of mothers who know the minimum frequency of AN visits with basic health staffs recommended by MOHS guideline.	Number of mothers who know the minimum frequency of AN visits with basic health staffs recommended by MOHS guideline.	Total number of mothers of 0-23 months children	Camp and Host communities	

Appendix IV: Statement of Work, Terms of Reference, and/or Study Protocol

Terms of Reference for Endline Project Evaluation

BRICKS – Building Resilience in Conflict affected areas of Kachin and Shan States

August, 2022

Project Summary

Save the Children is implementing the BRICKS project in 6 townships of Northern Shan state and 2 townships of Kachin State, which aims "increase resilience to shocks and conflict for targeted population, and protect adolescents and children from trafficking and unsafe migration". BRICKS project is funded by the Livelihoods and Food Security Fund (LIFT).

The project will work through multi-sectoral and integrated interventions in nutrition, livelihoods and child protection. BRICKS will focus on youth and adolescent boys and girls, pregnant and breastfeeding women and children 0-23 months of age, living in IDPs camps, host communities and conflict affected villages in Northern Shan State. In these areas, the project will be implemented with 2 partners, namely Winpung Ninghpoi (WPN) and Highland Development Initiative (HDI). BRICKS will provide direct support to the most vulnerable individuals and their households' members to unemployment, trafficking, unsafe migration and undernutrition.

BRICKS aims to contribute towards reduced stunting in children 0-23 months and reduced maternal and adolescent malnutrition in project implementation areas. This outcome is built on improving IYCF and nutrition practices through community-based cadres and a community capacity stream to build communities confidence to adopt new practices. The focus will be the First 1,000 days for pregnant and breastfeeding women and young infants. Young people from the poorest and most deprived humanitarian and non-humanitarian contexts can find it difficult to transition to safe and decent work. BRICKS will include Transferable Life Skills (TLS) for employability. Increased ability to invest year-round in children's nutrition and health can only be achieved if targeted groups and individuals (women, older adolescents, and youth in particular) are provided with the means, knowledge, and skills to access decent work, increase their income, make informed and equitable investments, and better manage their finances. Poor and vulnerable families will be supported to strengthen their livelihoods by a combination of soft skills development, financial support, coaching and linkages to appropriate services (administrative, job matching, financial etc.). Finally, to increase resilience to shocks and conflict, it is also essential that the targeted groups, youth and adolescent girls and boys, can effectively protect themselves, and/or their children, from unsafe migration and trafficking.

Type of evaluation	End-line evaluation assessment
Name of the project	BRICKS – Building Resilience in Conflict affected areas of Kachin and Shan States
Project Start and End dates	01/July/2019 - 31/October/2022
Project locations:	Shan State: Kutkai, Namkham, Kyaukme and Namtu townships Kachin State: Mansi, Momauk townships
Thematic areas	Nutrition, Livelihood and Child Protection
Sub themes	**Nutrition**: Maternal, Infant, and Young Children Nutrition (MIYCN), Social and Behaviour Change Communication (SBCC); **Livelihoods**: Adolescents Skills for Successful Transition (ASST), Cash and Voucher Assistance (CVA); **Protection**: Child Protection Systems, Children affected by migration and displacement, Protecting Children in Conflict
Donor	LIFT

End line Assessment (BRICKS Project)
November, 2022 -Myanmar

Introduction

This document provides Terms of Reference for an endline study for BRICKS - Building Resilience in Conflict affected areas of Kachin and Shan States project funded by UNOPS/LIFT. The study will encompass all three components of the project, namely, nutrition, livelihoods, and child protection. The project aimed to work through multi-sectoral and integrated interventions in nutrition, livelihoods and child protection to contribute to LIFT outcomes: *'Increased nutrition of women and children'* and *'Increased incomes for rural households.*

BRICKS focused on youth and adolescent boys and girls, pregnant and breastfeeding women, and children 0-23 months of age, living in IDPs camps, host communities and conflict affected villages in Kachin and Northern Shan State. In these areas, the project will be implemented with 2 partners, namely Winpung Ninghpoi (WPN) and Highlands Development Initiative (HDI). BRICKS aimed to provide direct support to the most vulnerable individuals and their households' members to unemployment, trafficking, unsafe migration, and undernutrition. The endline study aims to establish the status of key programmatic indicators after the implementation of key interventions, as well as to reflect on the relevance, effectiveness, and efficiency of the key project interventions. The endline will also enable critical performance monitoring and overall reflection on the progress made toward anticipated outcomes and milestones.

The project background, study scope, key questions, intended methodology, reporting and governance, key deliverables and timeframes for its implementation are provided in the sections that follow.

Background and Context

Interventions in the BRICKS project lasted for 39 months, staring on July 1, 2019 with completion planned for October 31, 2022. The project focused on Northern Shan State (NSS) and two townships of the southern Kachin State. Recurrent conflict impacts on the security, protection and livelihoods of affected communities. Conflict exacerbates rural-urban migration and further exposes youth and adolescents from both displaced and non-displaced communities to unsafe migration, trafficking (especially of girls for marriage purposes), and other potential abuses. Forced recruitment is also present, as part of the ongoing conflict in the area.

Chronic malnutrition in Kachin and Shan is a major concern with global stunting levels reaching up to 35% in Kachin and Shan. Wasting levels are less high across the state, but likely to be significantly higher in IDP camps due to the limited livelihoods and poor nutritional practises. Access to services is limited by inability to pay for transportation costs in remote areas, limited capacity of ethnic and government health providers, and physical access challenges created by conflict and inadequate road and transport infrastructure. Children in IDP camps are particularly vulnerable. Key IYCF behaviours are not being practiced and that among children 6-23 months, and while some of the components did demonstrate improvement during the baseline measurement compared to some earlier studies, the numbers remain worrying. Baseline of the BRICKS project has revealed a 31.2% stunting rate, with only 50.2% of children having a minimum acceptable diet. Equity indicators are far worse in areas with difficult access with low and inequitable coverage of nutritional interventions for mothers, new-borns, children, and adolescents throughout the lifecycle.

In IDP camps, food production is limited due to space and land access, and small business development remains hindered by the lack of financial capital and proper linkages to surrounding markets. Households' income strongly fluctuates over seasons while market prices for basic needs are also highly volatile. With overall coping increased due to the circumstances, the endline evaluation study will not only seek for nominal increases in income, but also the ability of the project to support the shock absorbing capacity of the supported households and communities in times of compounded crisis that has hit the country in the last two year.

Scope of Study

Purpose, Objectives, and Scope

This study is being conducted at the end of the BRICKS project. It will build upon the baseline study that has established key indicators baseline value, as well as on the mid-term review completed by the donor engaged external consultants.

The primary purpose of the study is two folded. Primarily, the study will seek to understand the impact that project has managed to achieve in the complex environment, depicting what positive and negative, primary, and secondary long-term effects, directly or

indirectly, intended, or unintended can be attributed to the programme? Secondly, the evaluation will seek to assess to which extent the programme was able to maintain relevant and effective in addressing the underlying conditions that have affected key programme outcome level indicators.

The study team will be required to undertake consultation with the SCI Myanmar Technical leads and MEAL Manager at the commencement of the project to further refine the Study questions.

Scope: The study aims to examine the project in integrated manner, following specific project components (nutrition, livelihoods, child protection), but also the interaction of these components on achieving the overarching project goal. The study will cover the entirety of project duration and is intended to ensure participation of all the relevant project beneficiary groups (children, PBEW, youth, community leaders, helth service providers, and other relevant stakeholders). The study aims to collect the data from all regions included in the project, including hard to reach areas across 6 targeted townships (two in Kachin state and four in the Northern Shan area).

The study team will be required to propose how the primary audience will be involved throughout the evaluation process and how evaluation findings will be shared with each of the different stakeholders in the table above, particularly outlining how reporting back to communities, beneficiaries and children will be conducted in an accessible and child friendly manner.

Key Study Questions

The study will focus on following key criteria and questions:

Criteria	Key Study Questions
Effectiveness*	▪ Did the program/project achieve its intended outcomes? For detailed list of the outcome indicators, please refer to the attached measurement framework. ▪ Are there any differences in outcomes achieved by different groups? ▪ Were there any unintended outcomes, positive or negative ones? ▪ Are the objectives of the program/project being achieved? ▪ How big is the effectiveness or impact of the project compared to the objectives planned?
Efficiency*	▪ Were objectives achieved on time and within planned budget? ▪ Was the programme or project implemented in the most efficient way compared to alternatives?
Impact*	▪ Does the program/project contribute to reaching higher level objectives (preferably, overall objective)? Why/ why not? ▪ What is the impact or effect of the programme or project in proportion to the overall situation of the target group or those effected? ▪ What are the intended or unintended effects of the programme, either positive or negative, direct, or indirect?
Relevance*	▪ How was learning and evidence was used throughout the program cycle to adapt and ensure the project remained relevant? ▪ How important is the relevance or significance of the intervention regarding local and national requirements and priorities? ▪ Are the activities and outputs of the programme consistent with the intended impacts and effects?
Sustainability*	▪ Are the positive effects or impacts sustainable? ▪ How is the sustainability or permanence of the intervention and its effects to be assessed?

Accountability	▪ How has the program/project approached accountability to children and the wider community?
Gender sensitivity	▪ What are the gender gaps that the program/project addressed and what remaining aspects need to be considered further?

*OECD DAC Criteria

Study Methodology

It is expected that this study will involve a a quasi-experimental design, a mixed data collection methods including observation, survey, semi structured key informant interviews and focus group discussions, random sampling within the specific targeted groups (youth, PBWs).

The data collection tools development and sampling process will be supported by the consultant.

Sampling and Data Sources

The sampling process will follow the one utilized in the BRICKS baseline study for each of the components analysed in the baseline. Since the data collection for nutrition component of the baseline has been separated and delayed compared to the livelihoods and child protection components, specific sampling for these respective components needs to be respected.

Final sampling approach will be agreed based on accessibility of the targeted areas, safety and security considerations and specific recommendations and proposals made by the consultant.

The sampling method to be used for the study will be either the stratified sampling or the clustered sampling, based on the preparation process with the consultant.

All primary data collected during the study must facilitate disaggregation by gender, age, disability, and location. Save the Children will provide guidance on tools and classification schemes for this minimum dataset. Existing Save the Children data sources that can be drawn on in the evaluation include:

- Baseline Report, Seminal and Annual Report (2020-2022)
- LIFT- monitoring Sheet, IPTT Database, Measurement Plan
- Post Distribution Monitoring, PDM Report
- Gender Sensitive Labour Market Assessment Report
- Barrier Analysis Report (Nutrition Behavior), Barrier Analysis of Transferrable Life Skills

Save the Children has existing data collection instruments and tools that can be adapted for the study with the support of the consultant. These include baseline process tools focusing on key nutritional and livelihood indicators. Save the Children will provide enumerators to assist with primary data collection. It will not be a requirement of the study team to source additional external data sources to add value to the study, such as government administrative data. The team should also indicate how data triangulation will be realised.

A range of project documentation will be made available to the study team that provides information about the design, implementation, and operation of the Program, as well as some early learnings made by the project. The study team is required to adhere to the Save the Children Child Safeguarding; Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying; and Data Protection and Privacy [include it as an Appendix] policies throughout all project activities.

Ethical Considerations

It is expected that this study will be:

- **Child participatory.** Where appropriate and safe, children should be supported to participate in the evaluation process beyond simply being respondents. Any child participation, whether consultative, collaborative, or child-led, must abide by the 9 Basic Requirements for meaningful and ethical child participation.

- **Inclusive**. Ensure that children from different ethnic, social, and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical**: The study must be guided by the following ethical considerations: Safeguarding – demonstrating the highest standards of behavior towards children and adults, Sensitive – to child rights, gender, inclusion, and cultural contexts, Openness - of information given, to the highest possible degree to all involved parties, Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.[33] Public access - to the results when there are no special considerations against this, Broad participation - the relevant parties should be involved where possible, Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.

Expected Deliverables

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The study team lead and SCI staff will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline

Deliverable / Milestones	Timeline
The study Team is contracted and commences work	September 15, 2022
The study Team will facilitate a **workshop** with the relevant stakeholders at the commencement of the project to develop the inception report.	September 20, 2022
The study Team will submit an **inception report*** in line with the provided template. Once the report is finalised and accepted, the evaluator/researcher study team must submit a request for any change in strategy or approach to the study manager or the steering committee.	October 1, 2022
Donor submission: Final outline of the study will be submitted to the donor, including finalized tools to receive approval prior to data collection process	October 5, 2022
Final data collection tools (in the report language): ▪ Survey instrument ▪ Data collection mechanism	October 10, 2022
Data collection to be completed by SCI staff and hired enumerators by October 30, 2022	October 30, 2022
An Interim Report / Power Point Presentation including a summary of data analysis and preliminary findings from the study. The focus will be on: ▪ Summary of interim findings ▪ Any changes that have had to be made to the study design (if applicable) ▪ Key indicator values at endline ▪ Key tasks for the next stage of the study and any proposed refinements or changes to methodology (if applicable)	November 10, 2022

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[33] If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

Data and analyses including all encrypted raw data, databases, and analysis outputs	November 21, 2022
Final Study Report* incorporating feedback from consultation on the Draft Study Report	December 2, 2022
Knowledge translation materials: ▪ PowerPoint presentation of Study findings ▪ Evidence to Action Brief**	December 9, 2022

*All reports are to use the Save the Children <u>Final Study Report template.</u> Please also refer to Save the Children technical writing guide.

** The Evidence to Action Brief is a 2-4 pages summary of the full report and will be created using the Save the Children Management Response template.

All documents are to be produced in MS Word format and provided electronically by email to the SC Project Manager. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

The consultant is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

- Verbal reporting each week to the SCI MEAL focal by outlining progress made over the past month.
- A written Progress Report (1-page) by email to the Save the Children study Project Manager every fortnight, documenting progress, any emerging issues to be resolved and planned activities for the next month.

Study Team and Selection Criteria

Interested consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements.

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise, and experience in:

- Post-graduate degree in Social Sciences, Statistic, Development Study, Nutrition or related field.
- 4-6 years of experience in monitoring and evaluation, including participation in at least three programme level baseline/evaluation processes (lead positions will be preferred)
- Preference to be given to candidates who have evaluated integrated project on livelihood and child protection sectors.
- Experience in and knowledge of statistical analyses (familiarity with data processing and common statistical analysis approaches: correlational, means comparison, regression or non-parametric) is highly desired
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- Demonstrated ability to work in a multicultural environment and establish harmonious and effective relationships with national partners.
- Conducting studies in the field of food security, nutrition, WASH (Water Sanitation and Hygiene), child protection, ethical and inclusive studies involving children and children participatory techniques

There is a high expectation that:

- Members (or a proportion) of the study team have a record of accomplishment of previously working together. The team has a strong record of accomplishment of working flexibly to accommodate changes as the project is implemented.

- A team leader will be appointed who has seniority and experience in leading complex study projects, and who has the ability and standing to lead a team toward a common goal.
- The team can commit to the terms of the project and have adequate and available skilled resources to dedicate to this study over the period.

Schedule of Payment

The following payments will be made to the consultant using and agreed mode of payment. The Fees are inclusive of all costs, overheads, and expenses, including travel, subsistence, and accommodation (amend as appropriate)

- Upon approval of inception report and tools: [30%]
- Upon approval of final study report: [70%]
- How to apply for the services
- Interested and qualified candidates are requested to send an **Work Proposal, Curriculum Vitae, and BIDDER RESPONSE DOCUMENT FOR CONSULTANCY SERVICE** (attached to this template) to:

How to apply for the services

Interested and qualified candidates are requested to send an **Work Proposal, Curriculum Vitae, and BIDDER RESPONSE DOCUMENT FOR CONSULTANCY SERVICE** (attached to this template) to:

Supply Chain Department | Save the Children International|
No. 126/A, 2nd Floor, Dhamazedi Road, Bahan Township, Yangon, Myanmar
Email: Myanmar.Procurement01@savethechildren.org
Not later than 5:00 P.M. (14th Sept 2022), Wednesday

The work proposal must include 1) workplan, and 2) the daily rate of the consultancy. It should be 2 pages at the maximum. If the candidate applies as a team, CVs of all team members need to be submitted.

Candidates are also requested to mention in the applications if there is, blood/marriage relationships with the existing Save the Children employees. No requirement of photo or copy of certificates and only short-listed candidates will be contacted.

Remark: For those who failed to mention or incorrectly mention the apply position title, Programme/Sector name and location in their applications, we will consider those as disqualify and we will not consider for short list.

BIDDER RESPONSE DOCUMENT FOR CONSULTANCY SERVICE

1.
2. (Please provide information against each requirement, additional rows can be inserted for all questions as necessary)
3.

ESSENTIAL CRITERIA

In order to qualify as a bidder, you must be able to answer 'Yes' against all of the Essential Criteria after passing the essential criteria you will be scored against Capability and Commercial criteria.

A) Do you have a legitimate business/official address/Passport/NRC OR are you registered for trading or tax as appropriate?

Yes   ☒ No

(If Yes, Please provide Company registration Certificate/city license/ business license / NRC / Passport copy to Save the Children)

B) Do you agree to comply with our standard policies and procedures as stated in "Request for proposal package?

Yes ☒ No
(If yes, Please sign on the attached sheet)

C) Do you confirm that you are not any prohibited parties or on Government blacklists, Independent international Fact finding mission in Myanmar?

4. (Supplier/Consultant need to fill Supplier Registration Form and SCI will make vetting process)
5.

Yes ☒ No

D) Do you confirm it is not linked directly or indirectly to terrorism-related activity that you don't sell goods or services that have a dual purpose that could be used in terror related activity?

6.

Yes ☒ No

E) Do you meet required minimum specification for the services (Ability to provide the services we are seeking and SCI will evaluate based on CV and proposal)

Yes ☒ No

Section 1 – Bidder's general business details

1. General information (Need to fill all the information)

Consultant/Company/Service Provider Name:		
Contact Name:		
Phone:	Fax:	
Email:	Parent company (if applicable):	
Principle Address:	Registered Address:	Payment Address:
Registration number:	Tax number:	
Legal status (Sole Proprietor /Partnership/Company/Consultant/Freelancer) :		
Year of registration:	Annual Turnover:	

2. Please provide type of your company/organisation/available service (service provider, consultancy firm, individual consultant, Freelancer, etc):

7.

3. Please provide details of the primary services which you can provide:

4. Please list your employees who would be involved with Save the Children. One employee should be the key point of contact for Save the Children:

Name	Job title	Role for Save the Children account	Direct telephone number	Email address

Capability Criteria

Section 2: Bidder Quality / Service/ Capacity

1. Do you have experience in monitoring and evaluation, including participation in at least three programme level baseline/evaluation processes? (lead positions will be preferred)

2. Do you have experience Preference to be given to candidates who have evaluated integrated project on livelihood and child protection sectors??

3. Do you have experience in and knowledge of statistical analyses? (Familiarity with data processing and common statistical analysis approaches: correlational, means comparison, regression or non-parametric) is highly desired

4. Can you strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences? (especially report writing and presentation skills)

5. Can you demonstrate ability to work in a multicultural environment and establish harmonious and effective relationships with national partners?

6. Can you conducting studies in the field of food security, nutrition, WASH (Water Sanitation and Hygiene), child protection, ethical and inclusive studies involving children and children participatory techniques?

7. Please provide details of at least 2 client references which Save the Children may contact (preferably NGOs):

Client Organisation	Contact	Phone no.	E-mail address	Details of contract

<u>COMMERCIAL CRITERIA</u>
<u>Section 3: Commercial proposal (Pricing)</u>

1. Please describe expected Consultancy Fee for attached TOR.

   (SCI will not provide any additional allowance and tax)

   ☒ Negotiable   ☒ Non-Negotiable

> [blank box]

2. Can you fix these consultancy Fee for the duration of the contract?

⊠Yes   ☒ No

If not, please provide details of how long they will remain fixed?

> [blank box]

3. Payment terms: If you are the successful Candidate, can you agree to payments in credit term as mentioned in TOR?

8.   If not, please mention detail payment term what you prefer.

9.

> [blank box]

<u>Others:</u>

Interested and qualified candidates are requested to send <u>**Work Proposal**</u>**, Curriculum Vitae of Project Team Member** to:

Supply Chain Department | Save the Children International|
No. 126/A, 2nd Floor, Dhamazedi Road, Bahan Township, Yangon, Myanmar
Email: Myanmar.Procurement01@savethechildren.org
Not later than 5:00 P.M. (14th Sept 2022), Wednesday

The work proposal must describe a) your understanding of the Terms of Reference; b) the methodology you would use to hold interviews and group discussions with children and adults who have received assistance from SCI; c) the relevant skills and experience that make you a good candidate for this consultancy; d) your motivation for applying. It should be 2 pages at the maximum.

Candidates are also requested to mention in the applications if there is, blood/marriage relationships with the existing Save the Children employees. No requirement of photo or copy of certificates and only short-listed candidates will be contacted.

<u>Section 4: Confirmation of Bidder's compliance</u>

We, the Bidder, hereby confirm compliance with:

- The required specification for the products

- The Conditions of Tendering

- Save the Children's Terms and Conditions of Purchase

- Save the Children's Child Safeguarding policy

- Save the Children's Anti-Bribery and Corruption policy

- Save the Children Human Trafficking and Modern Slavery policy

- The IAPG Code of Conduct

- Data Protection Policy

The following documents and items are included in our bid:

- Section 1: Bidder's general business details

- Section 2: Bidder capacity

- Section 3: Pricing proposal

- Section 4: Samples or detail information of items/services requested

- Section 5: Company Registration Documents

We confirm that Save the Children may in its consideration of our offer, and subsequently, rely on the statements made herein.

Acceptance by the Bidder/consultant:

……………………………………………………………………..

Signature

……………………………………………………………………..

Name

…………………………………………………………………….....

Job Title

…………………………………………………………………….....

Company

……………………………………………………………………....

Date

Appendix V: Data Collection Instruments

Quantitative tools

Screening questions

Sr	Questions	Response	Instruction
SQ1	Is there a young men or women aged 15-24 years in this household?	Yes No	No→SQ3
SQ2	Please can I meet him/her?	1. Yes 2. No. S/he is traveling. 3. No. S/he is at work. 4. No. S/he is busy with housework. 5. No. S/he is ill.	If <u>yes</u>, request consent and use LIVELIHOOD questionnaire. If 3 or 4, please ask for an appointment.
SQ3	Is there a mother of under 2 years of age in this household?	Yes No	No→SQ5
SQ4	Please can I meet her?	1. Yes 2. No. She is traveling. 3. No. She is at work. 4. No. She is busy with housework. 5. No. She is ill.	If <u>yes</u>, request consent and use NUTRITION questionnaire. If 3 or 4, please ask for an appointment.
SQ5	Is there an adolescent boy or girl aged 14-18 years in this household?	Yes No	No → SQ7
SQ6	Please can I meet him/her and his/her mother or father?	1. Yes 2. No. S/he is traveling. 3. No. S/he is at work. 4. No. S/he is busy with housework. 5. No. S/he is ill.	If <u>yes</u>, request consent and use NUTRITION questionnaire. If 3 or 4, please ask for an appointment.
SQ7	What respondents entitle in this HH?	1. Livelihood 2. Nutrition 3. Child protection 4. None	If no entitled respondent in this HH, go to next HH.
SQ8	What respondents did you interview?	1. Livelihood 2. Nutrition 3. Child protection 4. None	If no entitled respondent in this HH, select "4. None" and go to next HH.

All enumerators must inform number of respondents by study components to the team leader once after completed data collection for a household. The team leader must tally the number of completed respondents by study components and manage to get required number of respondents by study components in a camp or village.

Food Security Livelihoods endline questionnaire

Food Security Livelihoods endline	
General Information	
A. Date:_____/_____/_____/ (**day/month/year**)	**B.** Organization name: _____
C. State _____	**D:**Township Name: _____
E.: Village Tract/Town Name _____	**F.** Ward/Village/Camp Name _____
H. Enumerator name: _____	**I.** GPS Coordinates: **a.**|__|__|.|__|__|__|__|__|__|__| Longitude **b.**|__|__|.|__|__|__|__|__|__|__| Latitude

CONSENT AND DISCLAIMER

Hello. My name is _____. I am working with the Save the Children at livelihood Project. We are conducting endline assessment about livelihood in this project area. The information we collect will help to plan services for villages like yours. You were selected for the survey. I would like to ask you some questions. The questions usually take about 20-30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

ASK VERBAL THE CONSENT.

RESPONDENT AGREES TO BE INTERVIEWED 1

RRESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 → END

1. Demographics		
1.1	Sex of the respondent?	|_____| Gender Codes: **1**=Male **2**=Female
1.1a	Age of respondent?	/__/___/ years
1.2	Type of respondent? Relationship to head of household	1. Head 2. Spouse 3. Child 4. Parent 5. Sibling 6. Grand Child 7. Grand Parent 8. Other relative 9. No relation
1.2a	Gender of the household head	1 = Male 2 = Female
1.3	Please indicate age, sex, relationship to head of household, and marital status of each HH member (A household is a person or a group of persons who eat from the same pot and share resources, and are normally living together at least 4 nights weekly – do not include those who have migrated) Number of household members /__/__/	

HH Member ID	a. Age 1) 0-6months 2) >6 –23mths 3) 2 - <5yrs 4) 5 - <11yrs 5) 11 - <18yrs 6) 18 - <60yrs 7) 60yrs & above	b. Gender 1=Male 2=Female	c. Relationship	d. Marital Status	Codes
					Relationship: 1= Head **2**= Spouse **3**= Child **4**= Parent **5**= Sibling **6**= Grand-child **7**= Grandparent **8**= Other relative **9**= No relation
					Marital Status: 1= Single **2**=Married/Living as partner **3**=Separated/ Divorced **4**=Widow or widower **99** =Not applicable

1.4	Please indicate school enrolment and attendance status for each of the household's children					
		Age (years)	Gender (F/M)	Enrolled (Y/N)	Grade enrolled	Attending (Y/N)
1.4a	Child 1					
1.4b	Child 2					
1.4c	Child 3					
1.4d	Child 4					
1.4e	Child 5					

2	**Affected population/location type**	
2.1	Was the household displaced by the conflict? (i.e currently displaced because of the conflict?)	|_____| *Codes:* **0**=Non Displaced **1**= Displaced (IDPs) If **Non Displaced,** skip to 2.3.
2.2	If a displaced household, is the household displaced in……..?	|_____| Codes: **0**=Non Displaced, **1**= Camp, **2**= Host family, **3**=Other
2.3	Are you facing any restrictions to access basic services (health, education, market etc.)?	|_____| Codes: **0**= No, **1**=Yes
2.4	If yes, please explain	_____

3. Reduced Negative Coping Strategies Index Module

3.1. Now, I would like to ask you some questions, such as if there have been times when you did not have enough food or money to buy food and how frequently you and your family members have had to cope with food insecurity in the past 7 days. Could you please tell me how many days you or your family members have had to cope in the past week with the following situation?

In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to:	Frequency: Number of days out of the past seven: (Use numbers 0 – 7 to answer number of days; Use 9 for not applicable)
a. Rely on less preferred and less expensive foods?	
b. Borrow food, or rely on help from a friend or relative?	
c. Limit portion size at mealtimes?	
d. Restrict consumption by adults in order for small children to eat?	
e. Reduce number of meals eaten in a day?	

*3.2 I would like to ask you about all the different foods that your household members have eaten in the **last 7 days**. Could you please tell me **how many days** in the past week your household has eaten the following foods?*
(For each food, ask what the primary source of each food item eaten that week was, as well as the second main source of food, if any)

Food Consumption Score

Food item	DAYS eaten in past week (0-7 days)	Sources of food (see Food item codes below)	
		Primary	Secondary
1 – Maize Any foods made from maize			
2 – Rice Any foods made from rice			
3 – Bread/wheat Any foods made from wheat			
4 – Tubers White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro, lotus root or any other foods made from white-fleshed roots or tubers, or plantains			
5 – Groundnuts & Pulses Gram, peas, cowpeas, pigeon peas, lentils, beans, soy, or any foods made from these. These may include bean curd, bean paste, bean sprouts, winged beans, chickpea, pegyi (lablab beans), pegya, pepyin, pe poke, sadawpe (green peas), green gram (pedesane), black gram (matpe), penilay (peyaza), butter bean, boiled pea (any kind of peas), etc., and Any tree nut, groundnut/peanut or seeds including sesame seeds, pumpkin			

Food item	DAYS eaten in past week (0-7 days)	Sources of food (see Food item codes below)	
		Primary	Secondary
seeds, cashew nuts or any paste or other foods made from these.			
6 – Fish (eaten as a main food) Fresh and dried fish, shellfish or seafood, including crabs, prawns, eel, carp, crabmeat, cuttlefish, perch			
7 – Fish powder (used for flavor only)			
8 – Red meat (sheep/goat/beef) Fresh or dried meat such as beef, pork, mutton, goat, rabbit, wild game, rats, mice, snakes, etc.			
9 – White meat (poultry) Chicken, duck or other birds			
10 – Vegetable oil, fats Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat			
11 – Eggs Any eggs from chickens, quails, ducks or other birds			
12 – Milk and dairy products (main food) Milk, milk solids, cheese, yoghurt or other milk products			
13 – Milk in tea or coffee in small amounts			
14 – Vegetables (including leaves) Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables) Any medium-to-dark green leafy vegetables, including wild/foraged leaves, such as amaranth, roselle, kale, morning glory, spinach, mustard leaf, pennywort, pumpkin leaf, watercress, moringa, seaweed, broccoli, Chinese cabbage, etc. These include all other vegetables not captured in the two categories above. This includes bamboo shoots, banana flower/bud, beet, bitter gourd, cauliflower, chayote, fresh corn (not dried/flour), cucumber, eggplant, garlic, green pepper, leek, mushrooms, okra, onion, peas (green, when eaten as fresh pod), radish, shallot, snake gourd, tomato, etc.			
15 – Fruits Ripe mango, dried mango, ripe papaya, ripe cantaloupe, passion fruit, and 100% fruit juice made from these and other locally available vitamin a rich fruit. These include all other fruit not captured already above, such as avocado, coconut, durian, guava, watermelon, pineapple, pomelo, ripe jackfruit, lemon, lime, ripe tamarind fruit, green mango, ripe banana, dragon fruit, longan, oranges, rambutan, soursop, tamarind, etc.			
16 – Sweets, sugar Any sweets, such as: sugary foods, such as chocolates, candies, jaggery, honey, cookies/sweet biscuits and cakes, sweet pastries, etc.			

Purchase =1   Own production =2

Traded goods/services, barter =3   Borrowed = 4
Received as gift= 5   Food aid =6
Other (specify) =7

3.3 Household Food Insecurity Access Scale (HFIAS)

1. In the past four weeks, did you worry that your household would not have enough food?
   0 = No (skip to Q4.1)
   1 = Yes
1.a. How often did this happen?
   1 = Rarely (once or twice in the past four weeks)
   2 = Sometimes (three to ten times in the past four weeks)
   3 = Often (more than ten times in the past four weeks)

2. In the past four weeks, any of your family members;

(Please tick (✓) at the appropriate box for each statement.)

	0. No	1. Rarely	2. Sometime	3. Often		
A. Have to worry about not having enough food	☐	☐	☐	☐	A	
B. Not able to eat preferred food	☐	☐	☐	☐	B	
C. Have to eat a limited variety of food	☐	☐	☐	☐	C	
D. Have to eat some disliked food	☐	☐	☐	☐	D	
E. Have to eat a smaller meal than needed	☐	☐	☐	☐	E	
F. Have to eat fewer meals a day than usual	☐	☐	☐	☐	F	
G. No food of any kind to eat had occurred	☐	☐	☐	☐	G	
H. Have to go to sleep at night hungry because of not enough food	☐	☐	☐	☐	H	
I. Go a whole day and night without eating because of not enough food	☐	☐	☐	☐	I	
			Total food insufficient score			

4: HOUSEHOLD EXPENDITURES

4.1 How much did your household spend on the following items? For each list item, ask amount in MMK, then ask which frequency is most appropriate for that item. (Note: Pre-listed frequencies in last column are expected frequencies. Ask respondents to confirm frequencies for each item.)

	Item	MMK	Frequency (dropdown menu: daily/weekly/Monthly/Quarterly/ Twice a year/Annually
A	Staple food (rice)		
B	Other food (vegetables, cereals, fruits, eggs, fish,		
C	Snacks		
D	Firewood /cooking fuel/ charcoal		
E	Household items (hygiene products, candles, etc.)		
F	Betel nut/Cigarettes/Alcohol		
G	Drinking water		
H	Lottery / gambling		
I	Transportation		
J	Debt repayment		
K	Electricity and TV		
L	Mobile phone and phone credit		
M	Clothing or beauty products		
N	Trading expenses related to your business		
O	Sending remittances to relatives		
P	Rent		
Q	Health for adults and children > 5 years		
R	Health for children < 5 years		
S	Celebrations / social events / donations		
T	Education (school fees, books, uniforms)		
U	House construction / maintenance / repair		
V	Farming or fishing costs (seeds, livestock, etc.)		
W	Other (specify)_____		
X	Other (specify)_____		

4.2	How well has your household kept up with its financial expenditures in the past 12 months?		
	We have had big financial problems - we have fallen behind with *many* expenditures or loan repayments	1	
	We have fallen behind with some expenditures or loan repayments	2	
	We have kept up with all expenditures and loans but it has been difficult	3	|_____|
	We have kept up with all expenditures and loans with no problems	4	
	Don't know	98	
	No answer	99	
4.3	Does your household have any money left over after all expenditures are paid at the end of the week?		
	We always run out, never have money left over	1	
	We sometimes run out, sometimes we have money left over	2	
	We never run out, but we never have money left over	3	|_____|
	We never run out, we always have money left over	4	
	Don't know	98	
	No answer	99	
4.4	When you lose your main source of income, how long can you cover living expenditures?		
	Less than three days	1	
	More than three days but less than one week	2	
	More than one week but less than one month	3	
	More than one month but less than three months	4	
	More than three months but less than six months	5	|_____|
	Six months or more	6	
	Don't know	98	
	No answer	99	
4.5	Have you had an unexpected major expenditure in the past 12 months?		
	Yes	1	
	No	2 ▶4.7	|_____|
4.6	If yes, how did you pay for it? (multiple answers possible)		
	Loan(s)	1	
	Savings	2	|_____|
	Family/friends/neighbours' assistance	3	
	Sold assets / gold	4	|_____|

	Don't know	98	
	No answer	99	
4.7	**Imagine that you will have an unexpected large expenditure this week. Will you be able to pay for it?**		
	Yes, with my savings	1	
	Yes, will get a loan to pay for it	2	
	Yes, but I don't know how now	3	|__|
	No, I won't be able to pay for it	4	
	Don't know	98	
	No answer	99	

5. DECISION MAKING

	There are many ways a woman can get money for basic family needs. She might use her own money, ask her husband or relatives, borrow from someone or use general housekeeping money -- with or without her spouse's knowledge.
	
	 5.1 When you have to spend money on each of the following items, where do you usually get the money?
	
	 (Indicate all that apply)
	
	 Response options for all items
	
	    A. **Own money**
	    B. **Husband**
	    C. **Own family member**
	    D. **Husband's family member**
	    E. **Housekeeping money with permission**
	    F. **Housekeeping money without permission**
	    G. **Borrows**
	    H. **Not applicable (i.e. when money not spent)**
	    I. **Other**			

Item		
a) Your own health care	A B C D E F G H I	
b) Children's health care	A B C D E F G H I	
c) Children's education	A B C D E F G H I	
d) Support for own parents/relatives	A B C D E F G H I	
e) Other basic needs (e.g. transport, clothing)	A B C D E F G H I	

5.1	Who usually makes for decision about child's health?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent_____;	2

		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99
5.1A	**Who usually makes the final decisions for the household about whether to spend or save money?**	Husband	0
		Wife	1
		Both	2
		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.2	**Who usually holds the money for the household?**	Husband	0
		Wife	1
		Each holds own	2
		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.3	**Who usually does the budgeting for the household?**	Husband	0
		Wife	1
		Both	2
		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.4	**Who usually decides about food purchases?**	Husband	0
		Wife	1
		Both	2
		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.5	**Who usually decides about health expenses?**	Husband	0
		Wife	1
		Both	2

		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.6	Who usually decides about other major expenses in the household?	Husband	0
		Wife	1
		Both	2
		Other (specify)	3
		Will not say	-888
		Does not know	-999
5.7	If you were given 10,000 MMK, would you keep any of it hidden from him? If yes, how much of it would you keep hidden from your husband?	☐☐☐☐ Maximum set : 10 000 MMK	
		Does not know	-999
5.8	If your husband were given 10,000 MMK, would he keep any of it hidden from you? If so, how much of it would he keep hidden from you?	☐☐☐☐ Maximum set : 10 000 MMK	
		Does not know	-999
5.9	On a scale from 1-6 how satisfied you feel with your level of decision-making power in making and implementing HH plans where 1 is fully satisfied and 6 is Not Satisfied at all?	1 Fully Satisfied 2 3 4 5 6 Not Satisfied at All	

6 Adolescent using income to cover family needs

For adolescents 14-24

6: HOUSEHOLD EXPENDITURES			
6.1 Are you involved in any income generating activity, regular or sporadic?			

6.2. What kind of income generating activity are you involved in:
 	
    A. Employed
         a. Public sector
         b. Private sector
    B. Self-employed to boost income
    C. Micro entrepreneur
    D. Survival and self-employed out of necessity
    E. Self-employed – agriculture
    F. Day wage jobs			

6.3 Do you use your income to cover any of the following:			

	Item	MMK	Frequency (dropdown menu: **daily/weekly/Monthly/Quarterly/ Twice a year/Annually**	
A	Staple food (rice)			
B	Other food (vegetables, cereals, fruits, eggs, fish, meat, oil, and other staples)			
C	Snacks			
D	Firewood /cooking fuel/ charcoal			
E	Household items (hygiene products, candles, etc.)			
F	Betel nut/Cigarettes/Alcohol			
G	Drinking water			
H	Lottery / gambling			
I	Transportation			
J	Debt repayment			
K	Electricity and TV			
L	Mobile phone and phone credit			
M	Clothing or beauty products			
N	Trading expenses related to your business			
O	Sending remittances to relatives			
P	Rent			
Q	Health for adults and children > 5 years			
R	Health for children < 5 years			

S	Celebrations / social events / donations			
T	Education (school fees, books, uniforms)			
U	House construction / maintenance / repair			
V	Farming or fishing costs (seeds, livestock, etc.)			
W	Other (specify)_____			
X	Other (specify)_____			

7. Youth employment (to be asked to adolescents and youth (≤24yrs))		
Boys		
7.1	Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing?	**0= No 1= Yes**
7.1a	**If please explain which activity**_____	
7.2	If yes, can you please mention what are the current challenges to access these activities? (Multiple responses)	**0= No 1= Yes**
7.2a	**Lack of technical skills**	**0= No 1= Yes**
7.2b	**Lack of financial capital to invest**	**0= No 1= Yes**
7.2c	**Lack of networking/ does not know the people to connect with/contact**	**0= No 1= Yes**
7.2d	**Lack of confidence**	**0= No 1= Yes**
7.2e	**Security to or at work place**	**0= No 1= Yes**
7.2f	**Too busy with current jobs/activity**	**0= No 1= Yes**
7.2g	**Too busy with HH chores**	**0= No 1= Yes**
7.2h	**Parents/adults do not want me to do this activity**	**0= No 1= Yes**
7.2i	**Lack of access/movements restrictions**	**0= No 1= Yes**
7.2j	**Lack of documents (no NRC …)**	**0= No 1= Yes**
Girls		
7.3	Is there any particular income generating activity, other than the one you are currently doing now you wish you would be doing?	**0= No 1= Yes**
7.3a	**If yes, please explain which activity**_____	
7.4	If yes, can you please mention what are the current challenges to access these activities? (Multiple responses, 5 maximum)	**0= No 1= Yes**
7.4a	**Lack of technical skills**	**0= No 1= Yes**
7.4b	**Lack of financial capital to invest**	**0= No 1= Yes**

7.4c	Lack of networking/ does not know the people to connect with/contact	0= No 1= Yes
7.4d	Lack of confidence	0= No 1= Yes
7.4e	Security to or at work place	0= No 1= Yes
7.4f	Too busy with current jobs/activity	0= No 1= Yes
7.4g	Too busy with HH chores	0= No 1= Yes
7.4h	Parents/adults do not want me to do this activity	0= No 1= Yes
7.4i	Lack of access/movements restrictions	0= No 1= Yes
7.4j	Lack of documents (no NRC …)	0= No 1= Yes

8. MODULE ON INCREASED SENSE OF SECURITY

Now I would like to read some statements about a sense of security. Please tell me how much you agree or disagree, such as:

1. Disagree
2. Somewhat disagree
3. Somewhat agree
4. Agree.

#	Statements	How much do you agree?
8.1	Some children in neighboring communities went missing for exploitative work somewhere.	
8.2	Some children in neighboring communities come back from somewhere being exploited but do not receive any support.	
8.3	It is okay for parents/caregivers to decide as to if the child can be transferred to somewhere for work when brokered by my neighbors.	
8.4	It is okay for parents/caregivers not to know the working conditions of children when they are away from their parents for work.	

End of question. Say "thank you".

If there is some mother of children under 2 years of age in this household, select one and asked the following questions of Nutrition Survey.

<u>Nutrition Baseline Questionnaires (BRICKS)</u>

NAME OF INTERVIEWER: _____

NAME OF THE SUPERVISOR _____

DATE OF INTERVIEW: _____

Hello. My name is _____. I am working with the Save the Children at Nutrition Project. We are conducting endline assessment about nutrition in this project area. The information we collect will help to plan services for villages like yours. You were selected for the survey. I would like to ask you some questions. The questions usually take about 1 hour. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

ASK VERBAL THE CONSENT.

RESPONDENT AGREES TO BE INTERVIEWED . . . ….………….. . . 1

RRESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 →   END

Do you have any questions?

May I begin the interview now?

Cluster #	
Team #	
Questionnaire #	

1) GENERAL and RESPONDENT INFORMATION
VILLAGE, HOUSEHOLD AND INTERVIEW DETAILS

1.1	State/Region	
1.2	Township Name	
1.3	Village tract name	
1.4	Village/camp name	

1.6	Interview date (<u>dd</u>/<u>mm</u>/<u>2022</u>)	_____/_____/2022
1.10	**Sex of the head of household**	Male 1 Female 2
1.11	**Number of pregnant women**	
1.12	**Number of children under 2 years**	Male: Female:
1.13	**Number of children 2 to 5 years**	Male: Female:
1.14	**Number of children 5 to 18 years (excluding pregnant females)**	Male: Female:
1.15	**Number of adults over 18 years (excluding pregnant females)**	

2. WATER AND HYGEINE PRACTICES SESSION

2.1	Please show me where members of your household most often wash their hands.	Observed . . . . 1 Not observed, not in dwelling/yard/plot . . ... 2 Not observed, no permission to see . . . . . . .3 Not observed, other reason 4
2.2	**Observation Only:** Observe presence of water at the specific place for handwashing	Water is available . . . . .1 Water is not available 2
2.3	**Observation Only:** Observe presence of soap, detergent or other cleansing agent.	Soap or detergent (bar, liquid, powder) . . . .1 Ash, mud, sand . . . . 2 None. 3
2.4	**Observation Only:** Observe handwashing station	Within 10 meters of feeding/eating place. . . . 1 Within 10 meters of the toilet . . . .2 Water is protected from contamination by people and animals ......…........…..............…......3

		Water falls freely (not ladled by one hand)…... 4		
2.5	Do you ever use soap to wash your hands? Y/N	Yes	1	
		No	0	**Skip to 2.14 if NO**

When do you wash your hands with soap?

*(Circle one responses for each situation, If the respondent mentions an activity ask them "How often do you wash your hands after/before doing this?" **DO NOT READ LIST** Probe for "any other time")*

Code:

0 = Never

1 = Rarely

2 = Sometimes or often

3 = Always

99 = No Answer / Don't Know

2.6	After defecation and urination	0	1	2	3	99
2.7	Before preparing meals	0	1	2	3	99
2.8	Before feeding a child	0	1	2	3	99
2.9	Before eating	0	1	2	3	99
2.10	After eating	0	1	2	3	99
2.11	After cleaning babies bottom	0	1	2	3	99
2.12	After handling animals	0	1	2	3	99
2.13	Other (specify): _____	0	1	2	3	99
2.14	The last time (CHILD NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . 01 PUT/RINSED INTO TOILET OR LATRINE... 02 PUT/RINSED INTO DRAIN OR DITCH……..03 THROWN INTO GARBAGE . . . . 04 BURIED . . . . 05 LEFT IN THE OPEN . . . . 06 OTHER………………………………………...96				

3) MOTHER SESSION (ANC)

ANTENATAL AND POSTNATAL CARE PRACTICES

<u>Please ask for Under 2 child mothers:</u>

3.1	Did you see anyone for pregnancy care for this or your most recent pregnancy?	No	0	0→4.1
		Yes	1	

3.2	If Yes (1), whom did you see? Filter : 3.1 = Y				
		Person Visited? 0 = No 1 = Yes		**Number of visits**	
A	Doctor				
B	Nurse				
C	Health assistant				
D	Private doctor				
E	LHV				
F	Midwife				
G	AMW				
H	TBA				
I	Other (specify): _____				
J	No Answer / Don't Know				

MOTHER SESSSION (Delivery Care)

4.1	Where was the place of delivery? *(Circle single response)*	
	Home	1
	Government Hospital	2
	Private doctor	3
	RHC/SRHC	4
	Other (specify): _____	88
	No Answer / Don't Know	99
	Who assisted with the delivery?	

4.2	(Circle single response) **Same filter than above**	
	Doctor	1
	Nurse	2
	LHV	3
	Midwife	4
	AMW	5
	TBA	6
	On my own	7
	Relatives	8
	Other (specify): _____	88
	No Answer / Don't Know	99
4.3	**Have you had your health checked since delivery?**	No	0
		Yes	1
		No Answer / Don't Know	99

If answer 1 go to Q4.4.

If answer No or No Answer (0 or 99), go to 4.6

4.4	**If yes, how long after delivery did you receive a health check?** **Single answer** IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	Hrs:_____	
		Days:_____	
		Weeks:_____	
4.5	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR . . . . 1 NURSE/MIDWIFE… . . . . 2 AUXILIARY MIDWIFE.. . . . . .3 LHV……………………………..4 TRADITIONAL BIRTH ATTENDANT . . ……….. . . . 5 COMMUNITY/ VILLAGE HEALTH WORKER 6

		OTHER………………96	

4.6	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health?	No	0
		Yes	1
		No Answer / Don't Know	99

| If answer No or No Answer (0 or 99), go to 4.9 |||||

4.7	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	Hrs:_____	
		Days:_____	
		Weeks:_____	

4.8	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	No-one	0
		Doctor	1
		LHV	2
		Midwife	3
		AMW	4
		TBA	5
		RH volunteer	6
		Other (specify): _____	88
		No Answer / Don't Know	99

| 4.9 | MUAC measurement of respondent (mother) REQUEST TO MEASURE HER MUAC | _____mm 999 for refused | |

5. MOTHER DIETARY DIVERSITY

	Now I'd like to ask you some yes-or-no questions about foods and drinks that you consumed yesterday during the day or night, whether you had it at home or somewhere else. First, I would like you to think about yesterday, from the time you woke up through the night. Think about the first thing you ate or drank after you woke up in the morning … Think about where you were when you had any food or drink in the middle of the day … Think about where you were when you had any evening meal … and any food or drink you may have had in the evening or late-night… and any other snacks or drinks you may have had between meals throughout the day or night. I am interested in whether you had the food items I will mention even if they were combined with other foods. Please listen to the list of foods, and if you ate or drank any one of them, say yes. (FAO MDDW 2021)		
0 = No 1 = Yes			
5.1	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	0	1
5.2	Any potatoes, cassava, yams, taro, or any food made from roots or tubers?	0	1
5.3	Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables)	0	1
5.4	Any dark green leafy vegetables e.g. spinach, and other local leafy greens?	0	1
5.5	Any other vegetables (e.g. bamboo shoots, banana flower/bud, beet, bitter guard, cauliflower, chayote, fresh corn (not dried flour, cucumber, egg plant, garlic, green pepper, leek, mushrooms, okra, onion, peas (green, when eaten as fresh pod), radish, shallot, snake gourd, tomato, and other locally available vegetables)	0	1
5.6	Any orange or dark yellow fleshed fruits (e.g. ripe mangoes, dried mango, ripe papaya, ripe cantaloupe, passion fruit, and 100% fruit juice made from these and other locally vitamin A rich fruits)?	0	1
5.7	Any other fruits including wild fruits? These include all other fruit not captured already above, such as avocado, coconut, durian, guava, watermelon, pineapple, pomelo, ripe jackfruit, lemon, lime, ripe tamarind fruit, green mango, ripe banana, dragon fruit, longan, oranges, rambutan, soursop, tamarind, etc.	0	1

5.8	Any food made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas or other pulses? Gram, peas, cowpeas, pigeon peas, lentils, beans, soy, or any foods made from these. These may include bean curd, bean paste, bean sprouts, winged beans, chickpea, pegyi (lablab beans), pegya, pepyin, pe poke, sadawpe (green peas), green gram (pedesane),black gram (matpe), penilay (peyaza), butter bean, boiled pea (any kind of peas), etc.,	0	1
5.9	Any food made from peanuts or other nuts and seeds? Any tree nut, groundnut/peanut or seeds including sesame seeds, pumpkin seeds, cashew nuts or any paste or other foods made from these.	0	1
5.10	Any liver, heart, kidney or other organs? Organ meet: liver, kidney, heart or other organ meats or blood-based foods, including from wild game	0	1
5.11	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects? Fresh or dried meat such as beef, pork, mutton, wild game, bats, frogs, rats, mice, snakes, etc.	0	1
5.12	Any eggs from chickens, quails, ducks, Tortoise, or other birds?	0	1
5.13	Any FRESH fish, crabs, prawns, or shellfish? Fresh fish, shellfish or seafood, including crabs, prawns, eel, carp, crabmeat, cuttlefish, perch	0	1
5.14	Any DRIED fish, shellfish or seafood, including crabs, prawns, eel, carp, crabmeat, cuttlefish, perch?	0	1
5.15	Any milk, milk solids, cheese, milk powder, yogurt, or other milk products but not including butter, ice cream, cream?	0	1
5.16	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	0	1
5.17	Any sweets, such as: sugar foods, jaggery, honey or other sugary foods such as chocolate, candies, biscuits, cakes, sweet pastries or sweetened soft drinks?	0	1
5.18	Any condiments and seasoning ingredients used in small quantities for flavour such as salt, pepper, curry, chilies, fish paste, fish powder, shrimp paste, tomato paste, fish sauce, herbs, flavour cubes, soya sauce, chilies, seeds, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.?	0	1
5.19	How many meals did you eat yesterday during the day and night? *Record number of meals*	_____	

6) INFANTS and YOUNG CHILDREN SESSION

DEMOGRAPHIC DATA

(NOTE: measurements can be done after all questionnaires have been completed.)

6.2	Age in months *For example if the child is 4 months |_0_||_4_|		|___||___|	
6.3	Date of birth of Child	Probe: what was his/her birthday *(If mother/career does not know the exact day of birth circle 15 for the day of the month)*	Day of birth….|___|___| Month………… |___|___| Year……………..|20____|	
6.4	Date of birth source *(Circle single response)*	Birth certificate Health card Home registry Father/mother testimony Event Calendar Other	1 2 3 4 5 88	
6.5	Sex of Child	Male Female	1 0	
6.6	Did your child weight at birth?	Yes No	1 0	0→6.7
6.6.1	If yes, what was [child]'s weight at birth? Record in KG.	*Interviewer flag: if child's birth weight was record with "lb", convert to kg in multiple by 2.2.*	……….. kg	
6.7	When was the last time your child was weighted?	Write in months.	Last …… months	99 never weighted.
6.8	Do you have MCH Handbook? (Show sample)	Yes No	1 0	
6.9	Do you have GMP Card? (Show sample)	Yes No	1 0	

7. INFANT and YOUNG CHILD FEEDING (IYCF) PRACTICES

Breastfeeding

Now we would like to ask you some questions about the way in which you feed your child.

We would like to understand the different caring and feeding practices which you do. We ask you to answer honestly, we are not here to test you or judge you!

There may be lots of reasons why these answers are different to the recommendations.

7.1	*Have you ever breastfed (name of child: _____)*	No …………………………… Yes………………..….. No Answer / Don't Know ……………………..	0 1 99	if 0 or 99 go to Q8.1
7.2	**Is** *(name of child: _____)* **still breastfeeding?**	No …………………………… Yes………………..….. No Answer / Don't Know ……………………..	0 1 99	
7.3	*How soon after (name of child: _____) was born did you put them to the breast?*	0 ---------In the first hour of life (*Circle 0*) (_____) hours (*If 1 hour to 24 hours, record 01 to 23*) (_____) days (*Record number of completed days*) 99 --------- No Answer / Don't Know		
7.4	**Did you give** *(name of child: _____)* **colostrum? (yellowish milk in the first few days)**	No ………………………… Yes………………..…..... No Answer / Don't Know ……………………..	0 1 99	
7.5	*In the first two days after delivery, was [NAME] given anything other than breast milk to eat or drink – anything at all like water, infant formula, or honey?*	Yes	1	
		No	2	

7.6	*Since this time yesterday, have you breastfed (name of child: _____)?* *(Circle single response)*	No …………………………….. Yes ……………………………. Stopped breastfeeding No Answer/Don't Know	0 1 2 99	**If 2, go to Q8.1**
7.7	*When do you think you will stop breastfeeding (name of child: _____)?* *(Circle single response)*	Age………….(months)…..…. As long as baby wants…. Want to stop but baby won't……………………… ……. No Answer / Don't Know ………………………………	(..….) 90 95 99	
7.8	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night?	No …………………………. Yes………………..…..…. No Answer / Don't Know ………………………..	0 1 99	

8. Dietary Diversity: FLUIDS

Now I would like to ask you about liquids that *(name of child: _____)* may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods.

Q#	Question	Response Code			Skip
8	Now I would like to ask you about liquids that [NAME] had yesterday during the day or at night. Please tell me about all drinks, whether [NAME] had them at home, or somewhere else. Yesterday during the day or at night, did [NAME] have…?				
		Yes	NO	Don't konw	
8A	Plain water?	1	2	9	
8B	Infant formula, such as milk powder for children?	1	2	9	If "no" or "DK",

Q#	Question	Response Code			Skip
					skip to 8C
8Bnum	*If "yes": How many times did [NAME] drink formula?* *If 7 or more, record "7"* *If number of times not known, record "9"*	___			
8C	Milk from animals, such as fresh, tinned or powdered milk?	1	2	9	If "no" or "DK", skip to 8D
8Cnum	*If "yes": How many times did [NAME] drink milk?* *If 7 or more, record "7"* *If number of times not known, record "9"*	__			
8Cswt	*If "yes": Was the milk or were any of the milk drinks a sweet or flavoured type of milk?*	1	2	9	
8D	Yogurt drinks such as *[insert local names of common types of yogurt drinks]?*	1	2	9	If "no" or "DK", skip to 8E
8Dnum	*If "yes": How many times did [NAME] drink yogurt?* |___| *If 7 or more, record "7"* *If number of times not known, record "9"*	__			
8Dswt	*If "yes": Was the yogurt or were any of the yogurt drinks a sweet or flavoured type of yogurt drink?*	1	2	9	
8E	Chocolate-flavoured drinks including those made from syrups or powders?	1	2	9	
8F	Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	1	2	9	
8G	Sodas, malt drinks, sports drinks or energy drinks?	1	2	9	
8H	Tea, coffee, or herbal drinks?	1	2	9	If "no" or "DK", skip to 8I

Q#	Question	Response Code			Skip
8Hswt	*If "yes":* Was the drink/ Were any of these drinks sweetened?	1	2	9	
8I	Clear broth or clear soup?	1	2	9	
8J	Any other liquids? *If "yes":* what was the liquid or what were the liquids? _____	1	2	9	If "no" or "DK", skip to 8.1
8Jswt	*If "yes":* Was the drink or were any of these drinks sweetened?	1	2	9	

9. Dietary Diversity: SOLIDS

Now I would like to ask you about foods that [NAME]had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different types of foods, and I would like to know whether your child ate the food even if it was combined with other foods in a mixed dish like [list common local examples of mixed dishes] Please do not answer "yes" for any food or ingredient used in a small amount to add flavour to a dish. Yesterday during the day or at night, did [NAME] eat:

		No	Yes	DK
9A	Yogurt, other than yogurt drinks?	0	1	9
9Anum	*If "yes":* How many times did [NAME] eat yogurt? *If more than 7, record "7"* *If number of times not known, record "9"*	Number of Times —		
9.1	Any porridge, rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	0	1	9
9.2	Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables)	0	1	9
9.3	Plantains, white potatoes, white yams, manioc, cassava or [insert other commonly consumed starchy tubers or starchy tuberous roots that are white or pale inside from]?	0	1	9
9.4	Any dark green leafy vegetables e.g. spinach, and other local leafy greens?	0	1	9

9.5	Any other vegetables (e.g. bamboo shoots, banana flower/bud, beet, bitter guard, cauliflower, chayote, fresh corn (not dried flour, cucumber, egg plant, garlic, green pepper, leek, mushrooms, okra, onion, peas (green, when eaten as fresh pod), radish, shallot, snake gourd, tomato, and other locally available vegetables)	0	1	9
9.6	Any orange or dark yellow fleshed fruits (e.g. ripe mangoes, dried mango, ripe papaya, ripe cantaloupe, passion fruit, and 100% fruit juice made from these and other locally vitamin A rich fruits)?	0	1	9
9.7	Any other fruits including wild fruits? These include all other fruit not captured already above, such as avocado, coconut, durian, guava, watermelon, pineapple, pomelo, ripe jackfruit, lemon, lime, ripe tamarind fruit, green mango, ripe banana, dragon fruit, longan, oranges, rambutan, soursop, tamarind, etc.	0	1	9
9.8	Any liver, heart, kidney or other organs? Organ meet: liver, kidney, heart or other organ meats or blood-based foods, including from wild game	0	1	9
9.9	Sausages, hot dogs, ham, bacon, salami, canned meat or [insert other commonly consumed processed meats – see examples on table A6.10]?	0	1	9
9.10	Any other meat, such as beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects? Fresh or dried meat such as beef, pork, mutton, goat, rabbit, wild game, chicken, duck or other bird, bats, frogs, rats, mice, snakes, etc.	0	1	9
9.11	Any eggs from chickens, quails, ducks, tortoise or other birds?	0	1	9
9.12	Any FRESH or DRIED fish, crabs, prawns, or shellfish? Fresh or dried fish, shellfish or seafood, including crabs, prawns, eel, carp, crabmeat, cuttlefish, perch	0	1	9
9.13	Beans, peas, lentils, nuts, seeds or [insert commonly consumed foods made from beans, peas, lentils, nuts, or seeds]?	0	1	9
9.14	Hard or soft cheese such as [insert commonly consumed types of cheese – see examples in table A6.16]?	0	1	9
9.15	Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles, or [insert other commonly consumed sentinel sweet foods – see examples in table A6.17]?	0	1	9
9.16	Chips, crisps, puffs, French fries, fried dough, instant noodles or [insert other commonly consumed sentinel fried and salty foods – see examples in table A6.18]?	0	1	9

9.17	Other solid, semi-solid or soft foods? List all other solid, semi-solid or soft foods that do not fit food groups 7A-7Q here: _____	0	1	9
9.18	How many times did [NAME] eat any solid, semi-solid or soft foods yesterday during the day or night? *If 7 or more times, record "7". If number of times not known, record "9"*	Number of times ___		

10. GENERAL KNOWLEDGE about PRACTICES DURING THE FIRST THOUSAND DAYS

We would like to ask you some questions about your knowledge. Don't worry this is not a test! We are just interested to understand what people know about infant and young child feeding.

	10.1 When do you think you should wash your hands with soap? **(Circle one responses for each situation" DO NOT READ LIST Probe for "any other time")** **0 = Not mentioned, 1 = Mentioned**		
10.11	After defecation and urination	0	1
10.12	Before preparing meals	0	1
10.13	Before feeding a child	0	1
10.14	Before eating	0	1
10.15	After eating	0	1
10.16	After cleaning babies bottom	0	1
10.17	After handling animals	0	1
10.18	Other (specify): _____	0	1
10.2	**If a child pass stools, what should be done to dispose the stools?** 0 = Not mentioned, 1 = Mentioned		
10.21	CHILD USE TOILET OR LATRINE	0	1
10.22	PUT/RINSED INTO TOILET OR LATRINE	0	1
10.23	PUT/RINSED INTO DRAIN OR DITCH	0	1
10.24	THROWN INTO GARBAGE	0	1
10.25	BURIED	0	1
10.26	LEFT IN THE OPEN .	0	1

10.27	OTHER	0	1
10.3	According to the guideline of the Government, how many AN visit is recommended with basic health staff?	……………times	

10.4	Have you ever heard of the term 'exclusive breastfeeding'?		
	No	0	if 0 or 99
	Yes	1	
	No Answer / Don't Know	99	go to Q10.6

10.5	What does the term 'exclusive breastfeeding' mean? (Do not read out the answers) (Circle one response)		
	Breast milk only	1	
	Breast milk + water	2	
	Breast milk + medicine + ORS	3	
	Breast milk + traditional medicine	4	
	Other (specify):_____	88	
	No Answer / Don't Know	99	

10.6	According to knowledge, what types of foods are important for young children to help them grow and develop? (Do not read out answers but probe by asking "Anything else?" Circle each food type considered to be important by the respondent.)	
	1. Grains (rice, noodles, bread, etc.)	1
	2. Fruits – dark yellow/orange inside	2
	3. Fruits – other	3
	4. Vegetables – dark yellow/orange inside	4
	5. Vegetables – dark, leafy greens	5
	6. Vegetables – other	6
	7. Fish/shellfish/Crab and other seafood	7
	8. Meat / offal	8
	9. Poultry	9
	10. Eggs	10

11. Dairy	11
12. Pulses (chickpea, lentils, mung beans, etc.)	12
13. Oils/fats	13
14. Rice water/thin porridge	14
15. Other (specify):_____	15

SECTION 11: DECISION MAKING

11.1	Who usually makes for decision about child's health?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent_____;	2
		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99
11.2	Who usually makes decision about what to feed the child or how to feed the child ?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent) _____;	2
		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent) _____	88
		Will not say	98
		Don't know	99
11.3	Who usually decides about food purchases?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent)_____;	2
		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99
11.4		Myself alone	1

	Who usually makes foods preparation for the family?	Myself and other male jointly(specify relationship to respondent)_____;	2
		Myself and other female Jointly (specify relationship to respondent) _____ .	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99
11.5	Who usually makes foods preparation for the child?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent) _____;	2
		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99
11.6	Who usually makes cooking for the family?	Myself alone	1
		Myself and other male jointly(specify relationship to respondent)_____;	2
		Myself and other female Jointly (specify relationship to respondent) _____.	3
		Other (specify relationship to respondent)_____	88
		Will not say	98
		Don't know	99

12. ANTHROPOMETRICS

12.1	Child Weight *(Circle one)*	Measured Not present Refused Other	1 2 3 88	2,3,88→11.3
12.2	Record Child's weight		|___|___|.|___|kg	
12.3	Child Length *(Circle one)*	Measured Not present Refused Other	1 2 3 88	2,3,88→End
12.4	Posture for recording of Child's height/length measurement *(circle one)*	Standing Lying	1 2	
12.5	Record height length of Child (measure child lying down, record whether standing or lying in 6.11)		|___|___|___|.|___|cm	

If there is some young men or women aged 15-24 in this household, select one and asked the following questions of Child Protection Survey.

Child Protection Questionnaire for (Women and men)

Child protection endline questionnaire

Child protection endline	
General Information	
A. Date:_____/_____/_____/ **(day/month/year)**	**B.** Organization name: _____
C. State _____	**D:**Township Name: _____
E.: Village Tract/Town Name _____	**F.** Ward/Village/Camp Name _____
H. Enumerator name: _____	**I.** GPS Coordinates: **a.**|__|__|.|__|__|__|__|__|__|__| Longitude **b.**|__|__|.|__|__|__|__|__|__|__| Latitude

CONSENT AND DISCLAIMER

Hello. My name is _____. I am working with the Save the Children at Child protection Project. We are conducting endline assessment about child protection in this project area. The information we collect will help to plan services for villages like yours. You were selected for the survey. I would like to ask you some questions. The questions usually take about 1 hour. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

ASK VERBAL THE CONSENT.

RESPONDENT AGREES TO BE INTERVIEWED . . . ……………. . 1

RRESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 → END

Ask <u>mother</u> or <u>father</u> of adolescent aged 14-18 years.

1. Who is a child?
   1. Correct   0. Not correct

Any person under the age of 18.

2. List four child protection issues.

No need to describe the exact words as mention above.
Child rights violations including lack of health care or education are not child protection issues.
Cycle all that described.

Issues	Code
Violence	1
abuse	2
neglect	3
exploitation	4
Child marriage	5

child labor	6
physical abuse	7
emotional abuse	8
sexual abuse	9
corporal punishment	10
under-aged recruitment and use	11
etc	12

3. List three negative impacts on violence against children.
Cycle all codes of impacts that described.

Impacts	Code
- Children may be injured or killed.	1
- Children may be emotionally hurt.	2
- Children may suffer from poor academic performance.	3
- Children may be more vulnerable to abuse (violence against children can escalate).	4
- Children's self-esteem or confidence will be lowered.	5
- Children may become socially isolated.	6

4. What is Child Marriage?

The age of child marrage is _____ years.

5. List three negative impacts on children caused by child/early marriage.

Cycle all impacts that described.

Negative impacts	Codes
- Children may have severe sexual and reproductive health complications.	1
- Children may die…	2
- Children may be more vulnerable to domestic violence.	3
- Children may be deprived of educational or livelihood opportunities.	4
- Children may become socially isolated.	5
- Children may become poorer.	6

6. What is trafficking?

No need to describe all of actions, means and purpose exactly – however three aspects (action, means and purpose) must be covered.
Cycle through all codes for the aspects that are described as being covered.

Aspects	Codes
- **Action (the "what")** Recruitment, transportation, transfer, harboring, receipt	1
- **Means (the "how")** Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments to a person in control of the victim	2
- **Purpose (the "why")** Exploitation, Prostitution, Pornography, Forced labor, Forced marriage, Debt bondage, Organ removal	3

7. List three negative impacts on children caused by trafficking.

Cycle through all codes for the negative impacts that are described as being covered.

Negative impacts	Codes
- Early pregnancy, effective on HIV or a sexually transmitted disease.	1
- Depression, withdraw- isolated	2
- Lost confidence, become socially isolated.	3
- Lower self-esteem, feel shame – not to talk with other peoples	4
- Nightmares	5
- Lost organs	6
- Hopeless – anxiety - blamed on their fortune, luck	7
- Children may become more vulnerable to exploitation. (Children are paid less than adults)	8
- Children may be stigmatized or discriminated in their communities.	9
- Children may become poorer in the future (as they may lose their educational opportunities)	10
- Drop of school.	11

8. What would you do if you identify child protection concerns?
Cycle a code for the action described.

Actions	Codes
- Report to para-social workers (Community Social Workers)	1
- Other actions	2

Say "Thanks you for your participation".

And then, ask the CP survey to a girl or boy aged 14-18 year in this household.

Child Protection Questionnaire for (Girl and Boy aged 14-18)

Child protection endline questionnaire

Child protection endline	
General Information	
A. Date:_____/_____/_____/ **(day/month/year)**	**B.** Organization name: _____
C. State _____	**D:**Township Name: _____
E.: Village Tract/Town Name _____	**F.** Ward/Village/Camp Name _____
H. Enumerator name: _____	**I.** GPS Coordinates: **a.**|__|__|.|__|__|__|__|__|__|__| Longitude **b.**|__|__|.|__|__|__|__|__|__|__| Latitude

CONSENT AND DISCLAIMER

Hello. My name is _____. I am working with the Save the Children at Child protection Project. We are conducting endline assessment about child protection in this project area. The information we collect will help to plan services for villages like yours. You were selected for the survey. I would like to ask you some questions. The questions usually take about 1 hour. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

ASK VERBAL THE CONSENT.

RESPONDENT AGREES TO BE INTERVIEWED . . . . 1 (Get consent from adolescent and his/her guardian.)

RRESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 ➔ END

Ask <u>boy</u> or girl of adolescent aged 14-18 years.

1. Who is a child?
    1. Correct   0. Not correct

Any person under the age of 18.

2. List four child protection issues.

No need to describe the exact words as mention above.
Child rights violations including lack of health care or education are not child protection issues.
Cycle all that described.

Issues	Code
Violence	1
abuse	2
neglect	3
exploitation	4

Child marriage	5
child labor	6
physical abuse	7
emotional abuse	8
sexual abuse	9
corporal punishment	10
under-aged recruitment and use	11
etc	12

3. List three negative impacts on violence against children.
Cycle all codes of impacts that described.

Impacts	Code
- Children may be injured or killed.	1
- Children may be emotionally hurt.	2
- Children may suffer from poor academic performance.	3
- Children may be more vulnerable to abuse (violence against children can escalate).	4
- Children's self-esteem or confidence will be lowered.	5
- Children may become socially isolated.	6

4. What is Child Marriage?

The age of child marrage is _____ years.

5. List two negative impacts on children caused by child/early marriage.

No need to describe all of actions, means and purpose exactly – however three aspects (action, means and purpose) must be covered.
Cycle all impacts that described.

Negative impacts	Codes
- Children may have severe sexual and reproductive health complications.	1
- Children may die…	2
- Children may be more vulnerable to domestic violence.	3
- Children may be deprived of educational or livelihood opportunities.	4
- Children may become socially isolated.	5
- Children may become poorer.	6

6. What is trafficking?

No need to describe all of actions, means and purpose exactly – however three aspects (action, means and purpose) must be covered.

Cycle through all codes for the aspects that are described as being covered.

Aspects	Codes
- **Action (the "what")** Recruitment, transportation, transfer, harboring, receipt	1
- **Means (the "how")** Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments to a person in control of the victim	2
- **Purpose (the "why")** Exploitation, Prostitution, Pornography, Forced labor, Forced marriage, Debt bondage, Organ removal	3

7. List two negative impacts on children caused by trafficking.

Cycle through all codes for the negative impacts that are described as being covered.

Negative impacts	Codes
- Early pregnancy, effective on HIV or a sexually transmitted disease.	1
- Depression, withdraw- isolated	2
- Lost confidence, become socially isolated.	3
- Lower self-esteem, feel shame – not to talk with other peoples	4
- Nightmares	5
- Lost organs	6
- Hopeless – anxiety - blamed on their fortune, luck	7
- Children may become more vulnerable to exploitation. (Children are paid less than adults)	8
- Children may be stigmatized or discriminated in their communities.	9
- Children may become poorer in the future (as they may lose their educational opportunities)	10
- Drop of school.	11

8. What would you do if you identify child protection concerns?

Cycle a code for the action described.

Actions	Codes
- Report to para-social workers (Community Social Workers)	1
- Other actions	2

Say "Thanks you for your participation".

Qualitative tools

Save the Children

BRICKS Endline Evaluation Study

November 2022

Focus Group Discussion guide with mother of children under 2 years of age and adult men

1. Name of Moderator	
2.Names of Note Taker	
3. Village/camp	
4. Township	
5. Interview Date	
6. Time started	
7. Time completed	

Creating a good rapport

1. Introduce yourself to the interviewee and have the persons introduce themselves.
2. Create a comfortable atmosphere with a light talk on the purpose of the discussion (FGD), and also include some humor if possible.
3. Request permission for interview and recording. If recording is not allowed the note taker will take note in order to have complete answers and discussions.

Moderating Discussion

There are five broad issues to be discussed with the participants: village characteristics; food and nutrition status, maternal and child health services, livelihood and child protection in your community.

The discussion will take about one hour. Your name and any of your personal information will not be recorded. I will audio-record the discussion if you all allow. Despite being recorded, I would like to assure you that the discussion will be anonymous. The transcribed notes will contain no information that would allow individual subjects to be linked to specific statements. Please try to answer and comment as accurately and truthfully as possible. Your participation in the discussion is completely voluntary and if there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so. However please try to answer and be as involved as possible.

List of participants

Sr	Name	Age	Occupation

No.	Key Question	Remark
A.	**Village/Camp characteristics**	
	Village/camp demographics, vulnerability, farming and other livelihoods, income streams.	
B.	**Food and Nutrition Status**	
	(1) What do you think about the food availability of vulnerable HHs in this village/camp? (2) Are all HH in this village/camp available enough food? If not, why? How do they cope? (3) Do they have a plan to solve/overcome the food problems? What are the plans? (4) How do you understand "nutritious foods"? Do you access nutritious foods/ food diversity in your household daily? Are there any barriers to practice it? If so, please describe the barriers. (5) Are there any additional challenges faced in access nutritious foods/ food diversity due to COVID-19 pandemic and political situation? How do you cope with it? And how the KMSS support to overcome these challenges? (6) For breastfeeding mothers, are you giving breastfeeding to your child? How long after giving birth did you first put your baby to your breast? If you could not give breastfeeding, what are the reasons? (7) What is the exclusive breastfeeding? And please explain it? (8) How do you understand the complementary feeding practices? How do you learn about it? Are there any barriers (both physical and psychological barriers) to practice it? If so, please share your experiences. (9) And, how does the BRICKS project support to promote IYCF behaviors? (10) Do you feel that there is some gender discrimination in receiving these nutrition related knowledge, behaviours and practices? If yes, what are they? (11) Do you think these nutrition related knowledge, behaviours and practices can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	
C.	**Maternal and Child Health Services**	
	(1) Which type of health facility did you visit for maternal health during your most recent pregnancy? And what kind of services have you received? (2) What is the minimum frequency of visit for ANC needed during pregnancy?	

No.	Key Question	Remark
	(3) What benefits would you expect to receive if you get those services? (4) Did you experience any barriers to access the MNCH service? If yes, what are they? How did you overcome these barriers? (5) Are there any additional challenges faced in seeking health services due to COVID-19 pandemic and political situation? How do you cope with it? And how the BRICKS project support to overcome these challenges? (6) Do you feel that there is some gender discrimination in receiving these maternal and child health services? If yes, what are they? (7) Do you think these maternal and child health services can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	
D.	**Livelihood**	
	(1) What do you think about the livelihood situation of vulnerable HHs in this village/camp? What livelihood opportunities are available in this village/camp? What are the difficulties to access these opportunities by adolescents and youth? (2) Are adolescent and youth accessible to the livelihood opportunities? If no, why? (3) What are main household income streams of HHs in this village/camp? Do the HHs in this camp/village have enough income for the HH expenditure? If no, how frequently occurred? How do they commonly cope it? (4) What do you need to access these income activities? Please discuss. (5) What are main household expenditures in this camp/village? Why? (6) How does the BRICKS project support to promote livelihood situation of your camp or village? (7) Could you give some suggestion to BRICKS project to overcome these challenges? What are they? (8) Do you feel that there is some gender discrimination in accessing these livelihood opportunities and intra household decisions to prepare their financial and investment plans? If yes, what are they? (9) Do you think these livelihood opportunities and decision makings can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	
E.	**Child protection**	
	(1) Do you know the list of four child protection issue? Who provided you this information? (2) What are negative impacts on violence against children? Who provided you this information? (3) What is child/early marriage? Do you think that child/early marriage can have negative impacts on children? What are these negative impacts? Who provide you this knowledge? (4) What is Trafficking? Do you think that trafficking can cause negative impacts on children? What are these negative impacts? Who provide you this knowledge? (5) What would you do if you identify child protection concerns? (6) Do you feel that there is some gender discrimination in protecting these child protection related knowledge and practices? If yes, what are they? (7) Do you think these child protection related knowledge and practices can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	

When the discussion is completed, express thanks to all members of the group for their time and participation, saying you have got useful information.

Save the Children

BRICKS Endline Evaluation Study

November 2022

Focus Group Discussion guide with adolescents and youths (males and females aged 15-24)

1. Name of Moderator	
2.Names of Note Taker	
3. Village/camp	
4. Township	
5. Interview Date	
6. Time started	
7. Time completed	

Creating a good rapport

1. Introduce yourself to the interviewee and have the persons introduce themselves.
2. Create a comfortable atmosphere with a light talk on the purpose of the discussion (FGD), and also include some humor if possible.
3. Request permission for interview and recording. If recording is not allowed the note taker will take note in order to have complete answers and discussions.

Moderating Discussion

There are five broad issues to be discussed with the participants: village characteristics; food and nutrition status, maternal and child health services, livelihood and child protection in your community.

The discussion will take about one hour. Your name and any of your personal information will not be recorded. I will audio-record the discussion if you all allow. Despite being recorded, I would like to assure you that the discussion will be anonymous. The transcribed notes will contain no information that would allow individual subjects to be linked to specific statements. Please try to answer and comment as accurately and truthfully as possible. Your participation in the discussion is completely voluntary and if there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so. However please try to answer and be as involved as possible.

List of participants

Sr	Name	Gender	Age	Occupation

No.	Key Question	Remark
A.	**Village/Camp characteristics**	
	Village/camp demographics, vulnerability, farming and other livelihoods, income streams.	
B.	**Food and Nutrition Status**	
	(1) What do you think about the food availability of vulnerable HHs in this village/camp? (2) Are all HH in this village/camp available enough food? If not, why? How do they cope? (3) Do they have a plan to solve/overcome the food problems? What are the plans? (4) How do you understand "nutritious foods"? Do you access nutritious foods/ food diversity in your household daily? Are there any barriers to practice it? If so, please describe the barriers. (5) Are there any additional challenges faced in access nutritious foods/ food diversity due to COVID-19 pandemic and political situation? How do you cope with it? And how the KMSS support to overcome these challenges? (6) And, how does the BRICKS project support to promote food security? (7) Do you feel that there is some gender discrimination in receiving these nutrition related knowledge, behaviours and practices? If yes, what are they? (8) Do you think these nutrition related knowledge, behaviours and practices can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	
C.	**Livelihood**	
	(1) What do you think about the livelihood situation of vulnerable HHs in this village/camp? What livelihood opportunities are available in this village/camp? What are the difficulties to access these opportunities by adolescents and youth? (2) Are adolescent and youth accessible to the livelihood opportunities? If no, why? What are the barriers to access these opportunities? Why? (3) What are main household income streams of HHs in this village/camp? Do the HHs in this camp/village have enough income for the HH expenditure? If no, how frequently occurred? How do they commonly cope it? (4) What do you need to access these income activities? Please discuss.	

No.	Key Question	Remark
	(5) What are main household expenditures in this camp/village? Why? (6) How does the BRICKS project support to promote livelihood situation of your camp or village? (7) Could you give some suggestion to BRICKS project to overcome these challenges? What are they? (8) Do you feel that there is some gender discrimination in accessing these livelihood opportunities and intra household decisions to prepare their financial and investment plans? If yes, what are they? (9) Do you think these livelihood opportunities and decision makings can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	
D.	Child protection	
	(1) Do you know the list of four child protection issue? Who provided you this information? (2) What are negative impacts on violence against children? Who provided you this information? (3) What is child/early marriage? Do you think that child/early marriage can have negative impacts on children? What are these negative impacts? Who provide you this knowledge? (4) What is Trafficking? Do you think that trafficking can cause negative impacts on children? What are these negative impacts? Who provide you this knowledge? (5) What would you do if you identify child protection concerns? (6) Do you feel that there is some gender discrimination in protecting these child protection related knowledge and practices? If yes, what are they? (7) Do you think these child protection related knowledge and practices can be sustained in the long run? To sustain them in the long run, what suggestions could you provide?	

When the discussion is completed, express thanks to all members of the group for their time and participation, saying you have got useful information.

Save the Children

Endline Project Evaluation

BRICKS – Building Resilience In Conflict affected areas of Kachin and Shan States

November 2022

Key Informant Interview Guide with project and partner staff

1. Name of Interviewer:	
2.Names of interviewee (Project/partner Staff) and title	
3. Township	
4. Interview Date	
5. Time started	
6. Time completed	

Creating a good rapport

4. Introduce yourself to the interviewee and have the persons introduce themselves.
5. Create a comfortable atmosphere with a light talk on the purpose of the interview (KII), and also include some humor if possible.
6. Request permission for interview and recording. If recording is not allowed the note taker will take note in order to have complete answers and discussions.

Moderating Discussion

There are nine facts to be discussed with the participants: their background, project activities and approaches, effectiveness, efficiency, impact, relevance, sustainability, accountability and gender sensitivity.

The interview will take about one hour. Your name and any of your personal information will not be recorded. I will audio-record the discussion if you all allow. Despite being recorded, I would like to assure you that the discussion will be anonymous. The transcribed notes will contain no information that would allow individual subjects to be linked to specific statements. Please try to answer and comment as accurately and truthfully as possible. Your participation in the discussion is completely voluntary and if there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so. However please try to answer and be as involved as possible.

No.	Key Question	Remark
A	**Background information**	
	(1) What is your position and work place in your organization? (2) How many years or months have you worked in your current organization? (3) What is your role in the BRICKS project? (4) Have you been involved in the BRICKS project since its inception?	
B	**Project activities and approaches**	
	(1) What are your responsibilities in BRICKS project? (2) Could you please brief us on the BRICKS project's activities and its approach? (3) What difficulties or barriers did you have in implementing the project? Why?	

	(4) Which activities are not able to be implemented? Why? (5) Are there any additional challenges faced in the provision of service during the COVID-19 pandemic and political situation? How did you cope with it? What lessons learned and success models do you want to share with us?	
C	**Effectiveness**	
	(1) What are the BRICKS' intended outcomes? Why? (2) What are the unintended outcomes? Are they positive or negative ones? Why are they positive or negative ones? What do you think are the causes of unintended outcomes? How can we prevent these unintended negative outcomes? (3) Do you think the project achieved its objectives? Why or why not? Which components are not achieved in the target or objectives? Why? What are the factors? What would be your suggestions in order to be able to achieve this in the next similar project implementation?	
D	**Efficiency**	
	(1) Do you think the project achieved its objectives on time and within budget? Why? (2) Which components are not achieved on time? Why? What are the factors? What would be your suggestions in order to be able to achieve this on time in the next similar project implementation? (3) Which components are not achieved within the planned budget? Why? What are the factors and unexpected expenses? What ideas do you have for the next time a project like this is put into action so that it can be done within the budget? (4) Do you think that you implemented the BRICKS project in the most efficient way? Why or why not?	
E	**Impact**	
	(1) Does the program/project contribute to reaching higher level objectives (preferably, overall objective)? Why or why not? Which component(s) do you think contribute to reaching the higher level of objective the most/least? Please explain why? (2) What is the impact or effect of the project on the overall situation of the target group or those affected? (3) What are the intended or unintended effects of the program, either positive or negative, direct or indirect? Why? What factors are behind these unintended effects? (4) Could you please give me a suggestion on how to prevent them for the next similar project?	
F	**Relevance**	
	(1) How was learning and evidence used throughout the program cycle to adapt and ensure the project remained relevant? Please explain. (2) Due to the pandemic and political unrest, did you have to change your project implementation approach? Does the changed approach remain relevant? Does the change deviate the project's direction? (3) How important is the relevance or significance of the intervention regarding local and national requirements and priorities? What would happen if the intervention didn't take into account local and national needs and priorities? (4) Are the activities and outputs of the programme consistent with the intended impacts and effects? Why or why not?	
G	**Sustainability**	

	(1) Do you think that the positive effects or impacts are sustainable for the beneficiaries in the long run? Which component are sustainable and which are not sustainable? Why? (2) Could you give some suggestions to keep the positive effects or impacts sustainable? (3) How is the sustainability or permanence of the intervention and its effects to be assessed?	
H	**Accountability**	
	(1) How has the program/project approached child and community accountability? Please explain.	
I	**Gender sensitivity**	
	(1) Do you believe the program/project addressed any gender gaps, and what other aspects should be considered further?	

When the discussion is completed, express thanks to participant for his/her time and participation, saying you have got useful information.

Appendix VI: Plausibility Report

Standardisation test results for SCI

Weight

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	kg	kg	kg	TEM (kg)	TEM (%)	R (%)	Bias (kg)	Bias (kg)			Supervisor	Median
Supervisor	8	16	2.7	0.2	0.08	0.5	99.9	0	0.04	TEM acceptable	R value good	Bias good	Bias good
Enumerator 1	8	16	2.7	0.2	0.06	0.4	99.9	0.05	0.08	TEM acceptable	R value good	Bias acceptable	Bias acceptable
Enumerator 2	8	16	2.7	0.5	0.18	1.1	99.5	0.04	0.07	TEM poor	R value good	Bias acceptable	Bias acceptable
Enumerator 3	8	16	2.7	0.1	0.05	0.3	100	0.07	0.07	TEM acceptable	R value good	Bias acceptable	Bias acceptable
Enumerator 4	8	16	2.7	0.2	0.06	0.4	99.9	0.06	0.06	TEM acceptable	R value good	Bias acceptable	Bias acceptable
Enumerator 5	8	16	2.7	0.4	0.13	0.8	99.8	0.09	0.08	TEM poor	R value good	Bias acceptable	Bias acceptable
Enumerator 6	8	16	2.7	0.7	0.18	1.2	99.5	0.09	0.07	TEM poor	R value good	Bias acceptable	Bias acceptable
enum inter 1st	6x8	16	2.7	-	0.1	0.6	99.9	-	-	TEM acceptable	R value good		
enum inter 2nd	6x8	16	2.7	-	0.16	1	99.7	-	-	TEM acceptable	R value good		
inter enum + sup	7x8	16	2.6	-	0.12	0.7	99.8	-	-	TEM acceptable	R value good		
TOTAL intra+inter	6x8	-	-	-	0.18	1.1	99.5	-	-	TEM acceptable	R value good		
TOTAL+ sup	7x8	-	-	-	0.17	1.1	99.6	-	-	TEM acceptable	R value good		

Height

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	cm	cm	cm	TEM (cm)	TEM (%)	R (%)	Bias (cm)	Bias (cm)			Supervisor	Median
Supervisor	8	101.8	6.3	0.5	0.17	0.2	99.9	0	0.04	TEM good	R value good	Bias good	Bias good
Enumerator 1	8	101.6	6.2	0.5	0.22	0.2	99.9	0.25	0.24	TEM good	R value good	Bias good	Bias good
Enumerator 2	8	102	6.5	0.8	0.32	0.3	99.8	0.27	0.29	TEM good	R value good	Bias good	Bias good
Enumerator 3	8	101.7	6.4	1.6	0.5	0.5	99.4	0.2	0.2	TEM acceptable	R value good	Bias good	Bias good
Enumerator 4	8	101.4	6.3	1	0.38	0.4	99.6	0.33	0.3	TEM good	R value good	Bias good	Bias good
Enumerator 5	8	102.1	6.5	0.6	0.21	0.2	99.9	0.37	0.39	TEM good	R value good	Bias good	Bias good
Enumerator 6	8	101.8	6.2	1.2	0.4	0.4	99.6	0.27	0.27	TEM good	R value good	Bias good	Bias good
enum inter 1st	6x8	101.7	6.2	-	0.42	0.4	99.6	-	-	TEM good	R value good		
enum inter 2nd	6x8	101.8	6.2	-	0.45	0.4	99.5	-	-	TEM good	R value good		
inter enum + sup	7x8	101.8	6.2	-	0.4	0.4	99.6	-	-	TEM good	R value good		
TOTAL intra+inter	6x8	-	-	-	0.56	0.6	99.2	-	-	TEM acceptable	R value good		
TOTAL+ sup	7x8	-	-	-	0.52	0.5	99.3	-	-	TEM acceptable	R value good		

MUAC

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	mm	mm	mm	TEM (mm)	TEM (%)	R (%)	Bias (mm)	Bias (mm)			Supervisor	Median
Supervisor	8	155.8	15	20.4	5.15	3.3	88.1	0	1.59	TEM reject	R value reject	Bias good	Bias acceptable
Enumerator 1	8	154.8	12.5	9.5	4.09	2.6	89.4	3.21	2.07	TEM reject	R value reject	Bias reject	Bias poor
Enumerator 2	8	155.9	11.9	7	2.59	1.7	95.3	2.85	1.91	TEM acceptable	R value acceptable	Bias poor	Bias acceptable
Enumerator 3	8	159.3	12.2	6	1.73	1.1	98	3.76	3.05	TEM good	R value acceptable	Bias reject	Bias reject
Enumerator 4	8	156.7	12.5	10	4.78	3	85.4	2.62	1.36	TEM reject	R value reject	Bias poor	Bias acceptable
Enumerator 5	8	157.8	10.8	5	2.09	1.3	96.2	2.72	2.03	TEM acceptable	R value acceptable	Bias poor	Bias poor
Enumerator 6	8	150.7	37.7	121.2	30.67	20.4	34	7.59	8.6	TEM reject	R value reject	Bias reject	Bias reject
enum inter 1st	6x8	156.9	11.8	-	3.98	2.5	88.7	-	-	TEM reject	R value reject		
enum inter 2nd	6x8	154.7	23.6	-	17.4	11.2	45.6	-	-	TEM reject	R value reject		
inter enum + sup	7x8	155.8	18.1	-	9.76	6.3	72.6	-	-	TEM reject	R value reject		
TOTAL intra+inter	6x8	-	-	-	18.03	11.6	6.1	-	-	TEM reject	R value reject		
TOTAL+ sup	7x8	-	-	-	16.69	10.7	14.6	-	-	TEM reject	R value reject		

Suggested cut-off points for acceptability of measurements

Parameter		MUAC mm	Weight Kg	Height cm
individual	good	<2.0	<0.04	<0.4
TEM	acceptable	<2.7	<0.10	<0.6
(intra)	poor	<3.3	<0.21	<1.0
	reject	>3.3	>0.21	>1.0
Team TEM	good	<2.0	<0.10	<0.5
(intra+inter)	acceptable	<2.7	<0.21	<1.0
and Total	poor	<3.3	<0.24	<1.5
	reject	>3.3	>0.24	>1.5
R value	good	>99	>99	>99
	acceptable	>95	>95	>95
	poor	>90	>90	>90
	reject	<90	<90	<90
Bias	good	<1	<0.04	<0.4
	acceptable	<2	<0.10	<0.8
	poor	<3	<0.21	<1.4
	reject	>3	>0.21	>1.4

Standardisation test results for HDI

Weight

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	kg	kg	kg	TEM (kg)	TEM (%)	R (%)	Bias (kg)	Bias (kg)			Supervisor	Median
Supervisor	8	16.8	2.3	0.1	0.03	0.1	100	0	0.01	TEM good	R value good	Bias good	Bias good
Enumerator 1	8	16.8	2.3	0.1	0.03	0.1	100	0	0.01	TEM good	R value good	Bias good	Bias good
Enumerator 2	8	16.8	2.3	0	0	0	100	0.01	0.01	TEM good	R value good	Bias good	Bias good
Enumerator 3	8	16.8	2.3	0	0	0	100	0.01	0	TEM good	R value good	Bias good	Bias good
Enumerator 4	8	16.8	2.3	0.1	0.03	0.1	100	0	0.01	TEM good	R value good	Bias good	Bias good
Enumerator 5	8	16.8	2.3	0	0	0	100	0.01	0	TEM good	R value good	Bias good	Bias good
Enumerator 6	8	16.8	2.3	0	0	0	100	0.01	0.01	TEM good	R value good	Bias good	Bias good
enum inter 1st	6x8	16.8	2.3	-	0.02	0.1	100	-	-	TEM good	R value good		
enum inter 2nd	6x8	16.8	2.3	-	0.02	0.1	100	-	-	TEM good	R value good		
inter enum + sup	7x8	16.8	2.2	-	0.02	0.1	100	-	-	TEM good	R value good		
TOTAL intra+inter	6x8	-	-	-	0.02	0.1	100	-	-	TEM good	R value good		
TOTAL+ sup	7x8	-	-	-	0.02	0.1	100	-	-	TEM good	R value good		

Height

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	cm	cm	cm	TEM (cm)	TEM (%)	R (%)	Bias (cm)	Bias (cm)			Supervisor	Median
Supervisor	8	105.8	6	0.3	0.12	0.1	100	0	0.08	TEM good	R value good	Bias good	Bias good
Enumerator 1	8	105.8	6	0.7	0.29	0.3	99.8	0.13	0.17	TEM good	R value good	Bias good	Bias good
Enumerator 2	8	106.1	6.2	0.8	0.28	0.3	99.8	0.3	0.38	TEM good	R value good	Bias good	Bias good
Enumerator 3	8	105.6	5.8	1	0.33	0.3	99.7	0.29	0.25	TEM good	R value good	Bias good	Bias good
Enumerator 4	8	105.5	5.9	0.9	0.32	0.3	99.7	0.37	0.33	TEM good	R value good	Bias good	Bias good
Enumerator 5	8	105.8	6	1	0.44	0.4	99.5	0.21	0.22	TEM acceptable	R value good	Bias good	Bias good
Enumerator 6	8	105.9	6.1	0.6	0.22	0.2	99.9	0.23	0.24	TEM good	R value good	Bias good	Bias good
enum inter 1st	6x8	105.9	5.9	-	0.36	0.3	99.6	-	-	TEM good	R value good		
enum inter 2nd	6x8	105.7	5.8	-	0.44	0.4	99.4	-	-	TEM good	R value good		
inter enum + sup	7x8	105.8	5.8	-	0.37	0.3	99.6	-	-	TEM good	R value good		
TOTAL intra+inter	6x8	-	-	-	0.51	0.5	99.2	-	-	TEM acceptable	R value good		
TOTAL+ sup	7x8	-	-	-	0.47	0.4	99.3	-	-	TEM good	R value good		

Suggested cut-off points for acceptability of measurements

Parameter		MUAC mm	Weight Kg	Height cm
individual	good	<2.0	<0.04	<0.4
TEM	acceptable	<2.7	<0.10	<0.6
(intra)	poor	<3.3	<0.21	<1.0
	reject	>3.3	>0.21	>1.0
Team TEM	good	<2.0	<0.10	<0.5
(intra+inter)	acceptable	<2.7	<0.21	<1.0
and Total	poor	<3.3	<0.24	<1.5
	reject	>3.3	>0.24	>1.5
R value	good	>99	>99	>99
	acceptable	>95	>95	>95
	poor	>90	>90	>90
	reject	<90	<90	<90
Bias	good	<1	<0.04	<0.4
	acceptable	<2	<0.10	<0.8
	poor	<3	<0.21	<1.4
	reject	>3	>0.21	>1.4

Standardisation test results for WPN

Weight

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	kg	kg	kg	TEM (kg)	TEM (%)	R (%)	Bias (kg)	Bias (kg)			Supervisor	Median
Supervisor	9	14.6	2.4	0.2	0.06	0.4	99.9	0	0.03	TEM acceptable	R value good	Bias good	Bias good
Enumerator 1	9	14.5	2.3	0.3	0.11	0.7	99.8	0.05	0.06	TEM poor	R value good	Bias acceptable	Bias acceptable
Enumerator 2	9	14.6	2.4	0.1	0.04	0.3	100	0.07	0.09	TEM acceptable	R value good	Bias acceptable	Bias acceptable
Enumerator 3	9	14.5	2.3	0.3	0.09	0.6	99.9	0.05	0.04	TEM acceptable	R value good	Bias acceptable	Bias acceptable
Enumerator 4	9	14.5	2.3	0.3	0.09	0.6	99.9	0.05	0.04	TEM acceptable	R value good	Bias acceptable	Bias good
Enumerator 5	9	14.6	2.4	0.1	0.03	0.2	100	0.09	0.1	TEM good	R value good	Bias acceptable	Bias poor
Enumerator 6	9	14.5	2.3	0.3	0.14	1	99.6	0.06	0.07	TEM poor	R value good	Bias acceptable	Bias acceptable
enum inter 1st	6x9	14.6	2.3	-	0.08	0.5	99.9	-	-	TEM good	R value good		
enum inter 2nd	6x9	14.5	2.3	-	0.11	0.7	99.8	-	-	TEM acceptable	R value good		
inter enum + sup	7x9	14.6	2.3	-	0.09	0.6	99.9	-	-	TEM good	R value good		
TOTAL intra+inter	6x9	-	-	-	0.13	0.9	99.7	-	-	TEM acceptable	R value good		
TOTAL+ sup	7x9	-	-	-	0.12	0.9	99.7	-	-	TEM acceptable	R value good		

Height

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	cm	cm	cm	TEM (cm)	TEM (%)	R (%)	Bias (cm)	Bias (cm)			Supervisor	Median
Supervisor	9	97.3	7.6	0.2	0.1	0.1	100	0	0.13	TEM good	R value good	Bias good	Bias good
Enumerator 1	9	97.4	7.7	0.8	0.33	0.3	99.8	0.15	0.24	TEM good	R value good	Bias good	Bias good
Enumerator 2	9	97.2	7.5	1.1	0.36	0.4	99.8	0.21	0.3	TEM good	R value good	Bias good	Bias good
Enumerator 3	9	97.2	7.6	0.8	0.28	0.3	99.9	0.17	0.17	TEM good	R value good	Bias good	Bias good
Enumerator 4	9	97.2	7.6	0.8	0.24	0.2	99.9	0.2	0.22	TEM good	R value good	Bias good	Bias good
Enumerator 5	9	97.4	7.6	0	0	0	100	0.19	0.29	TEM good	R value good	Bias good	Bias good
Enumerator 6	9	97.3	7.8	1	0.35	0.4	99.8	0.18	0.22	TEM good	R value good	Bias good	Bias good
enum inter 1st	6x9	97.3	7.5	-	0.38	0.4	99.7	-	-	TEM good	R value good		
enum inter 2nd	6x9	97.3	7.5	-	0.27	0.3	99.9	-	-	TEM good	R value good		
inter enum + sup	7x9	97.3	7.4	-	0.29	0.3	99.8	-	-	TEM good	R value good		
TOTAL intra+inter	6x9	-	-	-	0.44	0.4	99.7	-	-	TEM good	R value good		
TOTAL+ sup	7x9	-	-	-	0.4	0.4	99.7	-	-	TEM good	R value good		

MUAC

	subjects	mean	SD	max	Technical error	TEM/mean	Coef of reliability	Bias from superv	Bias from median			From	From
	#	mm	mm	mm	TEM (mm)	TEM (%)	R (%)	Bias (mm)	Bias (mm)			Supervisor	Median
Supervisor	9	158.4	11	1.5	0.55	0.3	99.7	0	1.13	TEM good	R value good	Bias good	Bias acceptable
Enumerator 1	9	159.4	10.9	2.8	1.01	0.6	99.1	1.31	2.36	TEM good	R value good	Bias acceptable	Bias poor
Enumerator 2	9	157.5	12	3	0.88	0.6	99.5	2.35	2.35	TEM good	R value good	Bias poor	Bias poor
Enumerator 3	9	158.6	12	13	3.17	2	93	2.41	2.21	TEM poor	R value poor	Bias poor	Bias poor
Enumerator 4	9	158.8	11.1	7	2.04	1.3	96.6	2.02	2.63	TEM acceptable	R value acceptable	Bias poor	Bias poor
Enumerator 5	9	157.6	11	2	0.58	0.4	99.7	1.54	0.7	TEM good	R value good	Bias acceptable	Bias good
Enumerator 6	9	158.3	10.4	7	1.91	1.2	96.6	1.51	2.08	TEM good	R value acceptable	Bias acceptable	Bias poor
enum inter 1st	6x9	158.5	10.9	-	2.19	1.4	96	-	-	TEM acceptable	R value acceptable		
enum inter 2nd	6x9	158.2	11.2	-	3.22	2	91.7	-	-	TEM poor	R value poor		
inter enum + sup	7x9	158.4	11	-	2.47	1.6	94.9	-	-	TEM acceptable	R value poor		
TOTAL intra+inter	6x9	-	-	-	3.31	2.1	91	-	-	TEM reject	R value poor		
TOTAL+ sup	7x9	-	-	-	3.04	1.9	92.3	-	-	TEM poor	R value poor		

Suggested cut-off points for acceptability of measurements

Parameter			MUAC mm	Weight Kg	Height cm
individual	good		<2.0	<0.04	<0.4
TEM	acceptable		<2.7	<0.10	<0.6
(intra)	poor		<3.3	<0.21	<1.0
	reject		>3.3	>0.21	>1.0
Team TEM	good		<2.0	<0.10	<0.5
(intra+inter)	acceptable		<2.7	<0.21	<1.0
and Total	poor		<3.3	<0.24	<1.5
	reject		>3.3	>0.24	>1.5
R value	good		>99	>99	>99
	acceptable		>95	>95	>95
	poor		>90	>90	>90
	reject		<90	<90	<90
Bias	good		<1	<0.04	<0.4
	acceptable		<2	<0.10	<0.8
	poor		<3	<0.21	<1.4
	reject		>3	>0.21	>1.4

Plausibility check for: 25 Nov 2022

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

```
Criteria                 Flags* Unit  Excel. Good    Accept  Problematic  Score

Flagged data             Incl   %     0-2.5 >2.5-5.0 >5.0-7.5    >7.5
(% of out of range subjects)             0      5       10        20       0 (0.6 %)

Overall Sex ratio        Incl   p     >0.1  >0.05    >0.001   <=0.001
(Significant chi square)                 0      2        4        10       0 (p=0.320)

Age ratio(6-29 vs 30-59) Incl   p     >0.1  >0.05    >0.001   <=0.001
(Significant chi square)                 0      2        4        10       0 (p=)

Dig pref score - weight  Incl   #     0-7   8-12     13-20     > 20
                                         0      2        4        10       0 (6)

Dig pref score - height  Incl   #     0-7   8-12     13-20     > 20
                                         0      2        4        10       4 (14)

Dig pref score - MUAC    Incl   #     0-7   8-12     13-20     > 20
```

```
                                     0      2      4      10      4 (16)

Standard Dev WHZ        Excl   SD   <1.1   <1.15  <1.20  >=1.20
.                                    and    and    and     or
.                       Excl   SD   >0.9   >0.85  >0.80  <=0.80
                                     0      5      10     20      0 (0.92)

Skewness   WHZ          Excl   #    <±0.2  <±0.4  <±0.6  >=±0.6
                                     0      1      3      5       1 (-0.20)

Kurtosis   WHZ          Excl   #    <±0.2  <±0.4  <±0.6  >=±0.6
                                     0      1      3      5       1 (0.23)

Poisson dist WHZ-2      Excl   p    >0.05  >0.01  >0.001 <=0.001
                                     0      1      3      5       0 (p=)

OVERALL SCORE WHZ =                 0-9    10-14  15-24  >25      10 %
```

The overall score of this survey is 10 %, this is good.

Duplicate Entries in the database:

Line=107/ID=999 with Line=7/ID=999
Line=159/ID=999 with Line=7/ID=999
Line=53/ID=999 with Line=11/ID=999
Line=165/ID=999 with Line=11/ID=999
Line=205/ID=999 with Line=17/ID=999
Line=46/ID=999 with Line=18/ID=999
Line=82/ID=999 with Line=18/ID=999
Line=97/ID=999 with Line=18/ID=999
Line=83/ID=999 with Line=25/ID=999
Line=111/ID=999 with Line=27/ID=999
Line=185/ID=999 with Line=27/ID=999
Line=77/ID=999 with Line=28/ID=999
Line=86/ID=999 with Line=28/ID=999
Line=106/ID=999 with Line=28/ID=999
Line=82/ID=999 with Line=46/ID=999
Line=97/ID=999 with Line=46/ID=999
Line=165/ID=999 with Line=53/ID=999
Line=86/ID=999 with Line=77/ID=999
Line=106/ID=999 with Line=77/ID=999
Line=97/ID=999 with Line=82/ID=999
Line=197/ID=999 with Line=85/ID=999
Line=106/ID=999 with Line=86/ID=999
Line=186/ID=999 with Line=103/ID=999
Line=211/ID=999 with Line=103/ID=999
Line=159/ID=999 with Line=107/ID=999
Line=185/ID=999 with Line=111/ID=999
Line=124/ID=999 with Line=121/ID=999
Line=204/ID=999 with Line=121/ID=999

Line=204/ID=999 with Line=124/ID=999
Line=211/ID=999 with Line=186/ID=999

Missing or wrong data:

WEIGHT: Line=7/ID=, Line=11/ID=, Line=17/ID=, Line=18/ID=, Line=25/ID=, Line=27/ID=, Line=28/ID=, Line=46/ID=, Line=53/ID=, Line=68/ID=, Line=77/ID=, Line=79/ID=, Line=82/ID=, Line=83/ID=, Line=85/ID=, Line=86/ID=, Line=90/ID=, Line=93/ID=, Line=97/ID=, Line=103/ID=, Line=106/ID=, Line=107/ID=, Line=111/ID=, Line=121/ID=, Line=124/ID=, Line=131/ID=, Line=159/ID=, Line=163/ID=, Line=165/ID=, Line=176/ID=, Line=185/ID=, Line=186/ID=, Line=188/ID=, Line=197/ID=, Line=204/ID=, Line=205/ID=, Line=211/ID=
HEIGHT: Line=7/ID=, Line=11/ID=, Line=17/ID=, Line=18/ID=, Line=20/ID=, Line=23/ID=, Line=25/ID=, Line=27/ID=, Line=28/ID=, Line=46/ID=, Line=53/ID=, Line=68/ID=, Line=77/ID=, Line=78/ID=, Line=79/ID=, Line=82/ID=, Line=83/ID=, Line=85/ID=, Line=86/ID=, Line=90/ID=, Line=93/ID=, Line=97/ID=, Line=103/ID=, Line=106/ID=, Line=107/ID=, Line=111/ID=, Line=121/ID=, Line=124/ID=, Line=131/ID=, Line=159/ID=, Line=163/ID=, Line=165/ID=, Line=176/ID=, Line=185/ID=, Line=186/ID=, Line=188/ID=, Line=197/ID=, Line=204/ID=, Line=205/ID=, Line=211/ID=

Percentage of children with no exact birthday: 100 %

Age/Height out of range for WHZ:

MONTHS:
Line=7/ID=: 4.00 mo
Line=11/ID=: 1.00 mo
Line=17/ID=: 1.00 mo
Line=18/ID=: 1.00 mo
Line=27/ID=: 3.00 mo
Line=28/ID=: 5.00 mo
Line=31/ID=: 1.00 mo
Line=32/ID=: 3.00 mo
Line=33/ID=: 3.00 mo
Line=38/ID=: 3.00 mo
Line=46/ID=: 1.00 mo
Line=53/ID=: 1.00 mo
Line=68/ID=: 2.00 mo
Line=77/ID=: 5.00 mo
Line=79/ID=: 3.00 mo
Line=82/ID=: 1.00 mo
Line=85/ID=: 2.00 mo
Line=86/ID=: 5.00 mo
Line=90/ID=: 5.00 mo

Line=93/ID=: 5.00 mo
Line=97/ID=: 1.00 mo
Line=103/ID=: 4.00 mo
Line=106/ID=: 5.00 mo
Line=107/ID=: 4.00 mo
Line=111/ID=: 3.00 mo
Line=121/ID=: 2.00 mo
Line=124/ID=: 2.00 mo
Line=131/ID=: 5.00 mo
Line=144/ID=: 5.00 mo
Line=159/ID=: 4.00 mo
Line=163/ID=: 1.00 mo
Line=165/ID=: 1.00 mo
Line=176/ID=: 4.00 mo
Line=185/ID=: 3.00 mo
Line=186/ID=: 4.00 mo
Line=188/ID=: 4.00 mo
Line=197/ID=: 2.00 mo
Line=204/ID=: 2.00 mo
Line=205/ID=: 1.00 mo
Line=211/ID=: 4.00 mo
HEIGHT:
Line=102/ID=: 0.00 cm
Line=207/ID=: 2.00 cm

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values will be flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

Line=22/ID=:   HAZ (2.513), Age may be incorrect
Line=190/ID=:   **WHZ (-5.260)**, WAZ (-4.908), Weight may be incorrect
Line=203/ID=:   HAZ (7.177), WAZ (4.228), Age may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.6 %, HAZ: 1.2 %, WAZ: 1.2 %

Age distribution:

Month 1 : ###########
Month 2 : ######
Month 3 : #######
Month 4 : ########
Month 5 : ########

```
Month 6  : ######
Month 7  : ############
Month 8  : ################
Month 9  : ########
Month 10 : ##########
Month 11 : ###############
Month 12 : ############
Month 13 : ################
Month 14 : #########
Month 15 : ########
Month 16 : #########
Month 17 : #####
Month 18 : ###########
Month 19 : ###
Month 20 : #########
Month 21 : ###########
Month 22 : ########
Month 23 : #############
Month 24 : ####
```

Statistical evaluation of sex and age ratios (using Chi squared statistic):

```
Age cat.    mo.       boys            girls           total      ratio boys/girls
-----------------------------------------------------------------------------
6  to 17    12     70/21.4 (3.3)    47/18.4 (2.6)    117/39.8 (2.9)    1.49
18 to 29    12     22/20.6 (1.1)    32/17.7 (1.8)     54/38.4 (1.4)    0.69
30 to 41    12      0/20.2 (0.0)     0/17.4 (0.0)      0/37.6 (0.0)
42 to 53    12      0/19.9 (0.0)     0/17.1 (0.0)      0/37.0 (0.0)
54 to 59     6      0/9.8 (0.0)      0/8.5 (0.0)       0/18.3 (0.0)
-----------------------------------------------------------------------------
6  to 59    54     92/85.5 (1.1)    79/85.5 (0.9)                      1.16
```

The data are expressed as observed number/expected number (ratio of obs/expect)

Overall sex ratio: p-value = 0.320 (boys and girls equally represented)
Overall age distribution: p-value = 0.000 (significant difference)
Overall age distribution for boys: p-value = 0.000 (significant difference)
Overall age distribution for girls: p-value = 0.000 (significant difference)
Overall sex/age distribution: p-value = 0.000 (significant difference)

Distribution of month of birth

Jan:
Feb:
Mar:
Apr:
May:

Jun:
Jul:
Aug:
Sep:
Oct:
Nov:
Dec:

Digit preference Weight:

Digit .0 : ##################
Digit .1 : ###############
Digit .2 : ###############
Digit .3 : ############
Digit .4 : #################
Digit .5 : #######################
Digit .6 : ################
Digit .7 : ###################
Digit .8 : ###############
Digit .9 : #######################

Digit preference score: **6** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.693

Digit preference Height:

Digit .0 : ############################
Digit .1 : #############
Digit .2 : ##########
Digit .3 : ################
Digit .4 : ################
Digit .5 : ###################################
Digit .6 : ##################
Digit .7 : ###########
Digit .8 : ###############
Digit .9 : ##############

Digit preference score: **14** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.001 (significant difference)

Digit preference MUAC:

```
Digit .0 : ##############################
Digit .1 : ##################################
Digit .2 : #########
Digit .3 : #################
Digit .4 : #################
Digit .5 : ###################
Digit .6 : ##############
Digit .7 : ######
Digit .8 : ############
Digit .9 : ############
```

Digit preference score: **16** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.000 (significant difference)

Evaluation of Standard deviation, Normal distribution, Skewness and Kurtosis using the 3 exclusion (Flag) procedures

```
.                                  no exclusion    exclusion from    exclusion from
.                                                  reference mean     observed mean
.                                                   (WHO flags)       (SMART flags)
WHZ
Standard Deviation SD:                  0.99            0.92             0.92
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:
calculated with current SD:
calculated with a SD of 1:

HAZ
Standard Deviation SD:                  1.28            1.12             1.08
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:                              21.9%           22.0%            22.2%
calculated with current SD:            21.4%           19.4%            19.2%
calculated with a SD of 1:             15.6%           16.8%            17.3%

WAZ
Standard Deviation SD:                  1.10            1.10             0.99
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:                              10.5%           10.5%
calculated with current SD:            13.3%           13.3%
calculated with a SD of 1:             11.0%           11.0%

Results for Shapiro-Wilk test for normally (Gaussian) distributed data:
WHZ                               p= 0.000        p= 0.309         p= 0.309
HAZ                               p= 0.000        p= 0.472         p= 0.183
WAZ                               p= 0.001        p= 0.001         p= 0.626
(If p < 0.05 then the data are not normally distributed. If p > 0.05 you can consider the data normally
distributed)

Skewness
WHZ                                    -0.82           -0.20            -0.20
HAZ                                     1.43           -0.08            -0.24
WAZ                                     0.26            0.26             0.04
If the value is:
-below minus 0.4 there is a relative excess of wasted/stunted/underweight subjects in the sample
-between minus 0.4 and minus 0.2, there may be a relative excess of wasted/stunted/underweight subjects in the
sample.
```

```
-between minus 0.2 and plus 0.2, the distribution can be considered as symmetrical.
-between 0.2 and 0.4, there may be an excess of obese/tall/overweight subjects in the sample.
-above 0.4, there is an excess of obese/tall/overweight subjects in the sample

Kurtosis
WHZ                                      3.08          0.23          0.23
HAZ                                      8.98          0.05         -0.29
WAZ                                      2.70          2.70          0.04
Kurtosis characterizes the relative size of the body versus the tails of the distribution. Positive kurtosis
indicates relatively large tails and small body. Negative kurtosis indicates relatively large body and small
tails.
If the absolute value is:
-above 0.4 it indicates a problem. There might have been a problem with data collection or sampling.
-between 0.2 and 0.4, the data may be affected with a problem.
-less than an absolute value of 0.2 the distribution can be considered as normal.
```

Are the data of the same quality at the beginning and the end of the clusters?
Evaluation of the SD for WHZ depending upon the order the cases are measured within each cluster (if one cluster per day is measured then this will be related to the time of the day the measurement is made).

```
Time                                     SD for WHZ
point          0.8 0.9 1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1 2.2 2.3

(when n is much less than the average number of subjects per cluster different symbols are used: 0 for n < 80%
and ~ for n < 40%; The numbers marked "f" are the numbers of SMART flags found in the different time points)
```

(for better comparison it can be helpful to copy/paste part of this report into Excel)

Plausibility check for: 28 Nov 2022

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

```
Criteria                 Flags* Unit  Excel. Good    Accept  Problematic  Score

Flagged data             Incl   %     0-2.5 >2.5-5.0 >5.0-7.5   >7.5
(% of out of range subjects)            0      5        10       20       0 (0.4 %)

Overall Sex ratio        Incl   p     >0.1  >0.05    >0.001    <=0.001
(Significant chi square)                0      2        4        10       0 (p=0.143)

Age ratio(6-29 vs 30-59) Incl   p     >0.1  >0.05    >0.001    <=0.001
(Significant chi square)                0      2        4        10       0 (p=)

Dig pref score - weight  Incl   #     0-7   8-12     13-20      > 20
                                        0      2        4        10       0 (4)

Dig pref score - height  Incl   #     0-7   8-12     13-20      > 20
                                        0      2        4        10       4 (13)

Dig pref score - MUAC    Incl   #     0-7   8-12     13-20      > 20
                                        0      2        4        10       4 (15)
```

```
Standard Dev WHZ      Excl   SD   <1.1  <1.15   <1.20   >=1.20
.                                  and    and     and      or
.                     Excl   SD   >0.9  >0.85   >0.80   <=0.80
                                    0      5      10      20      0 (0.93)

Skewness   WHZ        Excl   #    <±0.2 <±0.4   <±0.6   >=±0.6
                                    0      1       3       5      0 (-0.10)

Kurtosis   WHZ        Excl   #    <±0.2 <±0.4   <±0.6   >=±0.6
                                    0      1       3       5      0 (-0.03)

Poisson dist WHZ-2    Excl   p    >0.05 >0.01   >0.001  <=0.001
                                    0      1       3       5      0 (p=)

OVERALL SCORE WHZ =               0-9   10-14   15-24    >25     8 %
```

The overall score of this survey is 8 %, this is excellent.

Duplicate Entries in the database:

Line=107/ID=999 with Line=7/ID=999
Line=159/ID=999 with Line=7/ID=999
Line=317/ID=999 with Line=7/ID=999
Line=53/ID=999 with Line=11/ID=999
Line=165/ID=999 with Line=11/ID=999
Line=231/ID=999 with Line=11/ID=999
Line=294/ID=999 with Line=11/ID=999
Line=297/ID=999 with Line=11/ID=999
Line=325/ID=999 with Line=11/ID=999
Line=205/ID=999 with Line=17/ID=999
Line=46/ID=999 with Line=18/ID=999
Line=82/ID=999 with Line=18/ID=999
Line=97/ID=999 with Line=18/ID=999
Line=222/ID=999 with Line=18/ID=999
Line=230/ID=999 with Line=18/ID=999
Line=83/ID=999 with Line=25/ID=999
Line=111/ID=999 with Line=27/ID=999
Line=185/ID=999 with Line=27/ID=999
Line=77/ID=999 with Line=28/ID=999
Line=86/ID=999 with Line=28/ID=999
Line=106/ID=999 with Line=28/ID=999
Line=316/ID=999 with Line=28/ID=999
Line=329/ID=999 with Line=28/ID=999
Line=82/ID=999 with Line=46/ID=999
Line=97/ID=999 with Line=46/ID=999
Line=222/ID=999 with Line=46/ID=999
Line=230/ID=999 with Line=46/ID=999
Line=165/ID=999 with Line=53/ID=999
Line=231/ID=999 with Line=53/ID=999

Line=294/ID=999 with Line=53/ID=999
Line=297/ID=999 with Line=53/ID=999
Line=325/ID=999 with Line=53/ID=999
Line=86/ID=999 with Line=77/ID=999
Line=106/ID=999 with Line=77/ID=999
Line=316/ID=999 with Line=77/ID=999
Line=329/ID=999 with Line=77/ID=999
Line=218/ID=999 with Line=79/ID=999
Line=97/ID=999 with Line=82/ID=999
Line=222/ID=999 with Line=82/ID=999
Line=230/ID=999 with Line=82/ID=999
Line=197/ID=999 with Line=85/ID=999
Line=216/ID=999 with Line=85/ID=999
Line=106/ID=999 with Line=86/ID=999
Line=316/ID=999 with Line=86/ID=999
Line=329/ID=999 with Line=86/ID=999
Line=222/ID=999 with Line=97/ID=999
Line=230/ID=999 with Line=97/ID=999
Line=186/ID=999 with Line=103/ID=999
Line=211/ID=999 with Line=103/ID=999
Line=316/ID=999 with Line=106/ID=999
Line=329/ID=999 with Line=106/ID=999
Line=159/ID=999 with Line=107/ID=999
Line=317/ID=999 with Line=107/ID=999
Line=185/ID=999 with Line=111/ID=999
Line=124/ID=999 with Line=121/ID=999
Line=204/ID=999 with Line=121/ID=999
Line=204/ID=999 with Line=124/ID=999
Line=317/ID=999 with Line=159/ID=999
Line=213/ID=999 with Line=163/ID=999
Line=215/ID=999 with Line=163/ID=999
Line=326/ID=999 with Line=163/ID=999
Line=231/ID=999 with Line=165/ID=999
Line=294/ID=999 with Line=165/ID=999
Line=297/ID=999 with Line=165/ID=999
Line=325/ID=999 with Line=165/ID=999
Line=211/ID=999 with Line=186/ID=999
Line=216/ID=999 with Line=197/ID=999
Line=215/ID=999 with Line=213/ID=999
Line=326/ID=999 with Line=213/ID=999
Line=326/ID=999 with Line=215/ID=999
Line=250/ID=999 with Line=219/ID=999
Line=283/ID=999 with Line=219/ID=999
Line=230/ID=999 with Line=222/ID=999
Line=294/ID=999 with Line=231/ID=999

Line=297/ID=999 with Line=231/ID=999
Line=325/ID=999 with Line=231/ID=999
Line=283/ID=999 with Line=250/ID=999
Line=259/ID=999 with Line=258/ID=999
Line=305/ID=999 with Line=270/ID=999
Line=297/ID=999 with Line=294/ID=999
Line=325/ID=999 with Line=294/ID=999
Line=325/ID=999 with Line=297/ID=999
Line=329/ID=999 with Line=316/ID=999

Missing or wrong data:

WEIGHT: Line=7/ID=, Line=11/ID=, Line=17/ID=, Line=18/ID=, Line=25/ID=, Line=27/ID=, Line=28/ID=, Line=46/ID=, Line=53/ID=, Line=68/ID=, Line=77/ID=, Line=79/ID=, Line=82/ID=, Line=83/ID=, Line=85/ID=, Line=86/ID=, Line=90/ID=, Line=93/ID=, Line=97/ID=, Line=103/ID=, Line=106/ID=, Line=107/ID=, Line=111/ID=, Line=121/ID=, Line=124/ID=, Line=131/ID=, Line=159/ID=, Line=163/ID=, Line=165/ID=, Line=176/ID=, Line=185/ID=, Line=186/ID=, Line=188/ID=, Line=197/ID=, Line=204/ID=, Line=205/ID=, Line=211/ID=, Line=213/ID=, Line=215/ID=, Line=216/ID=, Line=218/ID=, Line=219/ID=, Line=222/ID=, Line=230/ID=, Line=231/ID=, Line=250/ID=, Line=258/ID=, Line=259/ID=, Line=270/ID=, Line=283/ID=, Line=294/ID=, Line=297/ID=, Line=305/ID=, Line=316/ID=, Line=317/ID=, Line=325/ID=, Line=326/ID=, Line=329/ID=
HEIGHT: Line=7/ID=, Line=11/ID=, Line=17/ID=, Line=18/ID=, Line=20/ID=, Line=23/ID=, Line=25/ID=, Line=27/ID=, Line=28/ID=, Line=46/ID=, Line=53/ID=, Line=68/ID=, Line=77/ID=, Line=78/ID=, Line=79/ID=, Line=82/ID=, Line=83/ID=, Line=85/ID=, Line=86/ID=, Line=90/ID=, Line=93/ID=, Line=97/ID=, Line=103/ID=, Line=106/ID=, Line=107/ID=, Line=111/ID=, Line=121/ID=, Line=124/ID=, Line=131/ID=, Line=159/ID=, Line=163/ID=, Line=165/ID=, Line=176/ID=, Line=185/ID=, Line=186/ID=, Line=188/ID=, Line=197/ID=, Line=204/ID=, Line=205/ID=, Line=211/ID=, Line=213/ID=, Line=215/ID=, Line=216/ID=, Line=218/ID=, Line=219/ID=, Line=222/ID=, Line=230/ID=, Line=231/ID=, Line=250/ID=, Line=258/ID=, Line=259/ID=, Line=270/ID=, Line=275/ID=, Line=283/ID=, Line=294/ID=, Line=297/ID=, Line=305/ID=, Line=316/ID=, Line=317/ID=, Line=325/ID=, Line=326/ID=, Line=329/ID=

Percentage of children with no exact birthday: 100 %

Age/Height out of range for WHZ:

MONTHS:
Line=7/ID=: 4.00 mo
Line=11/ID=: 1.00 mo
Line=17/ID=: 1.00 mo
Line=18/ID=: 1.00 mo
Line=27/ID=: 3.00 mo
Line=28/ID=: 5.00 mo

Line=31/ID=: 1.00 mo
Line=32/ID=: 3.00 mo
Line=33/ID=: 3.00 mo
Line=38/ID=: 3.00 mo
Line=46/ID=: 1.00 mo
Line=53/ID=: 1.00 mo
Line=68/ID=: 2.00 mo
Line=77/ID=: 5.00 mo
Line=79/ID=: 3.00 mo
Line=82/ID=: 1.00 mo
Line=85/ID=: 2.00 mo
Line=86/ID=: 5.00 mo
Line=90/ID=: 5.00 mo
Line=93/ID=: 5.00 mo
Line=97/ID=: 1.00 mo
Line=103/ID=: 4.00 mo
Line=106/ID=: 5.00 mo
Line=107/ID=: 4.00 mo
Line=111/ID=: 3.00 mo
Line=121/ID=: 2.00 mo
Line=124/ID=: 2.00 mo
Line=131/ID=: 5.00 mo
Line=144/ID=: 5.00 mo
Line=159/ID=: 4.00 mo
Line=163/ID=: 1.00 mo
Line=165/ID=: 1.00 mo
Line=176/ID=: 4.00 mo
Line=185/ID=: 3.00 mo
Line=186/ID=: 4.00 mo
Line=188/ID=: 4.00 mo
Line=197/ID=: 2.00 mo
Line=204/ID=: 2.00 mo
Line=205/ID=: 1.00 mo
Line=211/ID=: 4.00 mo
Line=213/ID=: 1.00 mo
Line=215/ID=: 1.00 mo
Line=216/ID=: 2.00 mo
Line=218/ID=: 3.00 mo
Line=219/ID=: 3.00 mo
Line=222/ID=: 1.00 mo
Line=230/ID=: 1.00 mo
Line=231/ID=: 1.00 mo
Line=250/ID=: 3.00 mo
Line=258/ID=: 3.00 mo
Line=259/ID=: 3.00 mo

Line=270/ID=: 2.00 mo
Line=283/ID=: 3.00 mo
Line=294/ID=: 1.00 mo
Line=297/ID=: 1.00 mo
Line=305/ID=: 2.00 mo
Line=316/ID=: 5.00 mo
Line=317/ID=: 4.00 mo
Line=325/ID=: 1.00 mo
Line=326/ID=: 1.00 mo
Line=329/ID=: 5.00 mo
HEIGHT:
Line=102/ID=: 0.00 cm
Line=207/ID=: 2.00 cm
Line=323/ID=: 45.00 cm

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values will be flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

Line=22/ID=:   HAZ (2.513), Age may be incorrect
Line=190/ID=:   **WHZ (-5.260)**, WAZ (-4.908), Weight may be incorrect
Line=203/ID=:   HAZ (7.177), WAZ (4.228), Age may be incorrect
Line=212/ID=:   HAZ (-4.315), WAZ (-4.216), Age may be incorrect
Line=245/ID=:   HAZ (2.298), Height may be incorrect
Line=313/ID=:   HAZ (-4.331), Age may be incorrect
Line=323/ID=:   HAZ (-13.340), Height may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.4 %, HAZ: 2.3 %, WAZ: 1.1 %

Age distribution:

Month 1 : ####################
Month 2 : #########
Month 3 : ##############
Month 4 : #########
Month 5 : ##########
Month 6 : #########
Month 7 : #################
Month 8 : ######################
Month 9 : ####################
Month 10 : ###############
Month 11 : #####################

```
Month 12 : #####################
Month 13 : #####################
Month 14 : #############
Month 15 : ##########
Month 16 : #################
Month 17 : ##########
Month 18 : ################
Month 19 : ######
Month 20 : #############
Month 21 : ############
Month 22 : #########
Month 23 : ##############
Month 24 : ######
```

Statistical evaluation of sex and age ratios (using Chi squared statistic):

```
Age cat.    mo.       boys            girls           total      ratio boys/girls
-----------------------------------------------------------------------------
6  to 17    12     110/34.0 (3.2)    84/28.4 (3.0)   194/62.3 (3.1)    1.31
18 to 29    12      36/32.8 (1.1)    38/27.4 (1.4)    74/60.1 (1.2)    0.95
30 to 41    12       0/32.1 (0.0)     0/26.8 (0.0)     0/58.9 (0.0)
42 to 53    12       0/31.6 (0.0)     0/26.4 (0.0)     0/58.0 (0.0)
54 to 59     6       0/15.6 (0.0)     0/13.1 (0.0)     0/28.7 (0.0)
-----------------------------------------------------------------------------
6  to 59    54     146/134.0 (1.1)  122/134.0 (0.9)                     1.20
```

The data are expressed as observed number/expected number (ratio of obs/expect)

Overall sex ratio: p-value = 0.143 (boys and girls equally represented)
Overall age distribution: p-value = 0.000 (significant difference)
Overall age distribution for boys: p-value = 0.000 (significant difference)
Overall age distribution for girls: p-value = 0.000 (significant difference)
Overall sex/age distribution: p-value = 0.000 (significant difference)

Distribution of month of birth

Jan:
Feb:
Mar:
Apr:
May:
Jun:
Jul:
Aug:
Sep:
Oct:
Nov:

Dec:

Digit preference Weight:

```
Digit .0 : ####################################
Digit .1 : #######################
Digit .2 : ###########################
Digit .3 : ######################
Digit .4 : #########################
Digit .5 : ###########################
Digit .6 : ###########################
Digit .7 : ##############################
Digit .8 : ###########################
Digit .9 : ############################
```

Digit preference score: **4** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.873

Digit preference Height:

```
Digit .0 : ###############################################
Digit .1 : ###################
Digit .2 : ##################
Digit .3 : #######################
Digit .4 : ####################
Digit .5 : #######################################################
Digit .6 : ###############################
Digit .7 : ####################
Digit .8 : ###################
Digit .9 : #####################
```

Digit preference score: **13** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.000 (significant difference)

Digit preference MUAC:

```
Digit .0 : ##########################################################
Digit .1 : ##########################################
Digit .2 : #################
Digit .3 : ##########################
Digit .4 : ########################
Digit .5 : #########################
```

```
Digit .6  : #############################
Digit .7  : #############
Digit .8  : #######################
Digit .9  : ###############
```

Digit preference score: **15** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.000 (significant difference)

Evaluation of Standard deviation, Normal distribution, Skewness and Kurtosis using the 3 exclusion (Flag) procedures

```
.                                    no exclusion    exclusion from    exclusion from
.                                                     reference mean     observed mean
.                                                      (WHO flags)       (SMART flags)
WHZ
Standard Deviation SD:                   0.97             0.93             0.93
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:
calculated with current SD:
calculated with a SD of 1:


HAZ
Standard Deviation SD:                   1.51             1.21             1.14
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:                               24.2%            24.0%            23.6%
calculated with current SD:             27.2%            22.0%            20.8%
calculated with a SD of 1:              18.0%            17.6%            17.6%


WAZ
Standard Deviation SD:                   1.10             1.10             1.01
(The SD should be between 0.8 and 1.2)
Prevalence (< -2)
observed:                               11.2%            11.2%            10.6%
calculated with current SD:             13.8%            13.8%            11.5%
calculated with a SD of 1:              11.5%            11.5%            11.3%


Results for Shapiro-Wilk test for normally (Gaussian) distributed data:
WHZ                                   p= 0.000         p= 0.473         p= 0.473
HAZ                                   p= 0.000         p= 0.826         p= 0.254
WAZ                                   p= 0.002         p= 0.002         p= 0.607
(If p < 0.05 then the data are not normally distributed. If p > 0.05 you can consider the data normally
distributed)


Skewness
WHZ                                      -0.53            -0.10            -0.10
HAZ                                      -1.38             0.06             0.04
WAZ                                       0.06             0.06            -0.01
If the value is:
-below minus 0.4 there is a relative excess of wasted/stunted/underweight subjects in the sample
-between minus 0.4 and minus 0.2, there may be a relative excess of wasted/stunted/underweight subjects in the
sample.
-between minus 0.2 and plus 0.2, the distribution can be considered as symmetrical.
-between 0.2 and 0.4, there may be an excess of obese/tall/overweight subjects in the sample.
-above 0.4, there is an excess of obese/tall/overweight subjects in the sample


Kurtosis
WHZ                                       1.92            -0.03            -0.03
HAZ                                      18.65            -0.01            -0.41
WAZ                                       1.91             1.91             0.05
Kurtosis characterizes the relative size of the body versus the tails of the distribution. Positive kurtosis
```

```
indicates relatively large tails and small body. Negative kurtosis indicates relatively large body and small
tails.
If the absolute value is:
-above 0.4 it indicates a problem. There might have been a problem with data collection or sampling.
-between 0.2 and 0.4, the data may be affected with a problem.
-less than an absolute value of 0.2 the distribution can be considered as normal.
```

Are the data of the same quality at the beginning and the end of the clusters?
Evaluation of the SD for WHZ depending upon the order the cases are measured within each cluster (if one
cluster per day is measured then this will be related to the time of the day the measurement is made).

```
Time                               SD for WHZ
point             0.8 0.9 1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1 2.2 2.3

(when n is much less than the average number of subjects per cluster different symbols are used: 0 for n < 80%
and ~ for n < 40%; The numbers marked "f" are the numbers of SMART flags found in the different time points)
```

(for better comparison it can be helpful to copy/paste part of this report into Excel)

Plausibility check for: 30 Nov 2022

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more
for advanced users and can be skipped for a standard evaluation)

Overall data quality

```
Criteria                  Flags* Unit  Excel. Good    Accept  Problematic  Score

Flagged data              Incl   %     0-2.5 >2.5-5.0 >5.0-7.5   >7.5
(% of out of range subjects)              0     5       10        20       0 (0.6 %)

Overall Sex ratio         Incl   p     >0.1  >0.05    >0.001   <=0.001
(Significant chi square)                  0     2        4        10       0 (p=0.131)

Age ratio(6-29 vs 30-59)  Incl   p     >0.1  >0.05    >0.001   <=0.001
(Significant chi square)                  0     2        4        10       0 (p=)

Dig pref score - weight   Incl   #     0-7   8-12     13-20     > 20
                                          0     2        4        10       0 (6)

Dig pref score - height   Incl   #     0-7   8-12     13-20     > 20
                                          0     2        4        10       4 (13)

Dig pref score - MUAC     Incl   #     0-7   8-12     13-20     > 20
                                          0     2        4        10       4 (14)

Standard Dev WHZ          Excl   SD    <1.1  <1.15    <1.20    >=1.20
.                                      and   and      and       or
.                         Excl   SD    >0.9  >0.85    >0.80    <=0.80
                                          0     5        10        20       0 (0.93)

Skewness   WHZ            Excl   #     <±0.2 <±0.4    <±0.6    >=±0.6
                                          0     1        3         5       0 (-0.01)

Kurtosis   WHZ            Excl   #     <±0.2 <±0.4    <±0.6    >=±0.6
                                          0     1        3         5       1 (-0.23)
```

```
Poisson dist WHZ-2        Excl    p     >0.05 >0.01    >0.001    <=0.001
                                          0    1         3         5       0  (p=)

OVERALL SCORE WHZ =                     0-9  10-14    15-24      >25       9  %
```

The overall score of this survey is 9 %, this is excellent.

Duplicate Entries in the database:

Line=86/ID=999 with Line=28/ID=999
Line=402/ID=999 with Line=197/ID=999
Line=452/ID=999 with Line=258/ID=999
Line=437/ID=999 with Line=391/ID=999
Line=423/ID=999 with Line=396/ID=999

Missing or wrong data:

WEIGHT: Line=7/ID=5, Line=11/ID=10, Line=17/ID=8, Line=18/ID=6, Line=25/ID=10, Line=27/ID=3, Line=28/ID=4, Line=46/ID=18, Line=53/ID=9, Line=68/ID=19, Line=77/ID=10, Line=79/ID=8, Line=82/ID=15, Line=83/ID=26, Line=85/ID=5, Line=86/ID=4, Line=90/ID=6, Line=93/ID=24, Line=97/ID=11, Line=103/ID=8, Line=106/ID=21, Line=107/ID=17, Line=111/ID=14, Line=121/ID=31, Line=124/ID=34, Line=131/ID=24, Line=159/ID=1, Line=163/ID=29, Line=165/ID=30, Line=176/ID=11, Line=185/ID=16, Line=186/ID=2, Line=188/ID=40, Line=197/ID=12, Line=204/ID=1, Line=205/ID=9, Line=211/ID=3, Line=213/ID=2, Line=215/ID=5, Line=216/ID=13, Line=218/ID=18, Line=219/ID=25, Line=222/ID=35, Line=230/ID=33, Line=231/ID=20, Line=250/ID=4, Line=258/ID=2, Line=259/ID=3, Line=270/ID=5, Line=283/ID=10, Line=294/ID=11, Line=297/ID=8, Line=305/ID=2, Line=316/ID=6, Line=317/ID=8, Line=325/ID=17, Line=326/ID=10, Line=329/ID=1, Line=332/ID=10, Line=340/ID=3, Line=349/ID=16, Line=356/ID=14, Line=361/ID=18, Line=363/ID=2, Line=385/ID=17, Line=387/ID=13, Line=391/ID=3, Line=394/ID=6, Line=395/ID=7, Line=396/ID=8, Line=402/ID=12, Line=405/ID=5, Line=406/ID=8, Line=412/ID=2, Line=413/ID=13, Line=418/ID=15, Line=422/ID=17, Line=423/ID=8, Line=426/ID=9, Line=428/ID=14, Line=432/ID=16, Line=433/ID=10, Line=436/ID=1, Line=437/ID=3, Line=443/ID=16, Line=449/ID=10, Line=450/ID=2, Line=452/ID=2
HEIGHT: Line=7/ID=5, Line=11/ID=10, Line=17/ID=8, Line=18/ID=6, Line=20/ID=7, Line=23/ID=1, Line=25/ID=10, Line=27/ID=3, Line=28/ID=4, Line=46/ID=18, Line=53/ID=9, Line=68/ID=19, Line=77/ID=10, Line=78/ID=7, Line=79/ID=8, Line=82/ID=15, Line=83/ID=26, Line=85/ID=5, Line=86/ID=4, Line=90/ID=6, Line=93/ID=24, Line=97/ID=11, Line=103/ID=8, Line=106/ID=21, Line=107/ID=17, Line=111/ID=14, Line=121/ID=31, Line=124/ID=34, Line=131/ID=24, Line=159/ID=1, Line=163/ID=29, Line=165/ID=30, Line=176/ID=11, Line=185/ID=16, Line=186/ID=2, Line=188/ID=40, Line=197/ID=12, Line=204/ID=1, Line=205/ID=9, Line=211/ID=3, Line=213/ID=2, Line=215/ID=5, Line=216/ID=13, Line=218/ID=18, Line=219/ID=25, Line=222/ID=35, Line=230/ID=33, Line=231/ID=20, Line=250/ID=4, Line=258/ID=2, Line=259/ID=3, Line=270/ID=5, Line=275/ID=9, Line=283/ID=10, Line=294/ID=11, Line=297/ID=8, Line=305/ID=2, Line=316/ID=6, Line=317/ID=8, Line=325/ID=17, Line=326/ID=10, Line=329/ID=1, Line=332/ID=10, Line=334/ID=8, Line=340/ID=3, Line=349/ID=16, Line=356/ID=14, Line=361/ID=18, Line=363/ID=2, Line=385/ID=17, Line=387/ID=13, Line=391/ID=3, Line=394/ID=6, Line=395/ID=7, Line=396/ID=8, Line=402/ID=12, Line=404/ID=6, Line=405/ID=5,

Line=406/ID=8, Line=410/ID=1, Line=412/ID=2, Line=413/ID=13, Line=416/ID=12, Line=418/ID=15, Line=422/ID=17, Line=423/ID=8, Line=426/ID=9, Line=428/ID=14, Line=432/ID=16, Line=433/ID=10, Line=436/ID=1, Line=437/ID=3, Line=443/ID=16, Line=449/ID=10, Line=450/ID=2, Line=452/ID=2

Percentage of children with no exact birthday: 100 %

Age/Height out of range for WHZ:

MONTHS:
Line=7/ID=5: 4.00 mo
Line=11/ID=10: 1.00 mo
Line=17/ID=8: 1.00 mo
Line=18/ID=6: 1.00 mo
Line=27/ID=3: 3.00 mo
Line=28/ID=4: 5.00 mo
Line=31/ID=13: 1.00 mo
Line=32/ID=12: 3.00 mo
Line=33/ID=11: 3.00 mo
Line=38/ID=16: 3.00 mo
Line=46/ID=18: 1.00 mo
Line=53/ID=9: 1.00 mo
Line=68/ID=19: 2.00 mo
Line=77/ID=10: 5.00 mo
Line=79/ID=8: 3.00 mo
Line=82/ID=15: 1.00 mo
Line=85/ID=5: 2.00 mo
Line=86/ID=4: 5.00 mo
Line=90/ID=6: 5.00 mo
Line=93/ID=24: 5.00 mo
Line=97/ID=11: 1.00 mo
Line=103/ID=8: 4.00 mo
Line=106/ID=21: 5.00 mo
Line=107/ID=17: 4.00 mo
Line=111/ID=14: 3.00 mo
Line=121/ID=31: 2.00 mo
Line=124/ID=34: 2.00 mo
Line=131/ID=24: 5.00 mo
Line=144/ID=15: 5.00 mo
Line=159/ID=1: 4.00 mo
Line=163/ID=29: 1.00 mo
Line=165/ID=30: 1.00 mo
Line=176/ID=11: 4.00 mo
Line=185/ID=16: 3.00 mo

Line=186/ID=2: 4.00 mo
Line=188/ID=40: 4.00 mo
Line=197/ID=12: 2.00 mo
Line=204/ID=1: 2.00 mo
Line=205/ID=9: 1.00 mo
Line=211/ID=3: 4.00 mo
Line=213/ID=2: 1.00 mo
Line=215/ID=5: 1.00 mo
Line=216/ID=13: 2.00 mo
Line=218/ID=18: 3.00 mo
Line=219/ID=25: 3.00 mo
Line=222/ID=35: 1.00 mo
Line=230/ID=33: 1.00 mo
Line=231/ID=20: 1.00 mo
Line=250/ID=4: 3.00 mo
Line=258/ID=2: 3.00 mo
Line=259/ID=3: 3.00 mo
Line=270/ID=5: 2.00 mo
Line=283/ID=10: 3.00 mo
Line=294/ID=11: 1.00 mo
Line=297/ID=8: 1.00 mo
Line=305/ID=2: 2.00 mo
Line=316/ID=6: 5.00 mo
Line=317/ID=8: 4.00 mo
Line=325/ID=17: 1.00 mo
Line=326/ID=10: 1.00 mo
Line=329/ID=1: 5.00 mo
Line=332/ID=10: 5.00 mo
Line=340/ID=3: 4.00 mo
Line=349/ID=16: 1.00 mo
Line=356/ID=14: 4.00 mo
Line=361/ID=18: 5.00 mo
Line=363/ID=2: 5.00 mo
Line=385/ID=17: 5.00 mo
Line=387/ID=13: 2.00 mo
Line=391/ID=3: 1.00 mo
Line=394/ID=6: 2.00 mo
Line=395/ID=7: 3.00 mo
Line=396/ID=8: 4.00 mo
Line=402/ID=12: 2.00 mo
Line=405/ID=5: 2.00 mo
Line=406/ID=8: 3.00 mo
Line=412/ID=2: 3.00 mo
Line=413/ID=13: 5.00 mo
Line=418/ID=15: 3.00 mo

Line=422/ID=17: 1.00 mo
Line=423/ID=8: 4.00 mo
Line=426/ID=9: 1.00 mo
Line=428/ID=14: 3.00 mo
Line=432/ID=16: 1.00 mo
Line=433/ID=10: 4.00 mo
Line=437/ID=3: 1.00 mo
Line=443/ID=16: 5.00 mo
Line=449/ID=10: 2.00 mo
Line=450/ID=2: 4.00 mo
Line=452/ID=2: 3.00 mo
HEIGHT:
Line=102/ID=5: 0.00 cm
Line=207/ID=14: 2.00 cm
Line=323/ID=6: 45.00 cm
Line=377/ID=25: 13.50 cm
Line=421/ID=7: 0.00 cm

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values will be flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

Line=22/ID=12:   HAZ (2.513), Age may be incorrect
Line=190/ID=6:   **WHZ (-5.260)**, WAZ (-4.908), Weight may be incorrect
Line=203/ID=2:   HAZ (7.177), WAZ (4.228), Age may be incorrect
Line=212/ID=6:   HAZ (-4.315), WAZ (-4.216), Age may be incorrect
Line=245/ID=7:   HAZ (2.298), Height may be incorrect
Line=313/ID=5:   HAZ (-4.331), Age may be incorrect
Line=323/ID=6:   HAZ (-13.340), Height may be incorrect
Line=377/ID=25:   WAZ (2.890), Weight may be incorrect
Line=392/ID=4:   **WHZ (2.880)**, Height may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.6 %, HAZ: 1.7 %, WAZ: 1.1 %

Age distribution:

Month 1 : ###########################
Month 2 : ##############
Month 3 : ###################
Month 4 : ################
Month 5 : #################
Month 6 : ############

```
Month 7  : ########################
Month 8  : ##############################
Month 9  : #######################
Month 10 : ###################
Month 11 : ###############################
Month 12 : ##########################
Month 13 : #############################
Month 14 : #######################
Month 15 : ###############
Month 16 : #####################
Month 17 : ##############
Month 18 : ###########################
Month 19 : ##############
Month 20 : ################
Month 21 : ##############
Month 22 : ###############
Month 23 : ################
Month 24 : #######
```

Statistical evaluation of sex and age ratios (using Chi squared statistic):

```
Age cat.    mo.      boys            girls           total     ratio boys/girls
-------------------------------------------------------------------------------
6  to 17    12    149/46.3 (3.2)   112/39.5 (2.8)   261/85.8 (3.0)   1.33
18 to 29    12     50/44.7 (1.1)    58/38.2 (1.5)   108/82.8 (1.3)   0.86
30 to 41    12      0/43.7 (0.0)     0/37.4 (0.0)     0/81.1 (0.0)
42 to 53    12      0/43.0 (0.0)     0/36.8 (0.0)     0/79.8 (0.0)
54 to 59     6      0/21.3 (0.0)     0/18.2 (0.0)     0/39.5 (0.0)
-------------------------------------------------------------------------------
6  to 59    54    199/184.5 (1.1)  170/184.5 (0.9)                   1.17
```

The data are expressed as observed number/expected number (ratio of obs/expect)

Overall sex ratio: p-value = 0.131 (boys and girls equally represented)
Overall age distribution: p-value = 0.000 (significant difference)
Overall age distribution for boys: p-value = 0.000 (significant difference)
Overall age distribution for girls: p-value = 0.000 (significant difference)
Overall sex/age distribution: p-value = 0.000 (significant difference)

Distribution of month of birth

Jan:
Feb:
Mar:
Apr:
May:
Jun:

Jul:
Aug:
Sep:
Oct:
Nov:
Dec:

Digit preference Weight:

Digit .0 : ##
Digit .1 : #####################################
Digit .2 : ###
Digit .3 : #########################
Digit .4 : #############################
Digit .5 : ######################################
Digit .6 : ###
Digit .7 : ##################################
Digit .8 : ######################################
Digit .9 : #######################################

Digit preference score: **6** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.274

Digit preference Height:

Digit .0 : ##################################
Digit .1 : #############
Digit .2 : ##############
Digit .3 : ##################
Digit .4 : ################
Digit .5 : ####################################
Digit .6 : ##################
Digit .7 : ###############
Digit .8 : ###########
Digit .9 : ##############

Digit preference score: **13** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.000 (significant difference)

Digit preference MUAC:

```
Digit .0 : #########################################
Digit .1 : ####################
Digit .2 : ################
Digit .3 : ###############
Digit .4 : ###############
Digit .5 : ###################
Digit .6 : ####################
Digit .7 : #########
Digit .8 : ################
Digit .9 : ##########
```

Digit preference score: **14** (0-7 excellent, 8-12 good, 13-20 acceptable and > 20 problematic)
p-value for chi2: 0.000 (significant difference)

Evaluation of Standard deviation, Normal distribution, Skewness and Kurtosis using the 3 exclusion (Flag) procedures

.	no exclusion	exclusion from reference mean (WHO flags)	exclusion from observed mean (SMART flags)
WHZ			
Standard Deviation SD:	0.98	0.94	0.93
(The SD should be between 0.8 and 1.2)			
Prevalence (< -2)			
observed:			
calculated with current SD:			
calculated with a SD of 1:			
HAZ			
Standard Deviation SD:	1.39	1.15	1.10
(The SD should be between 0.8 and 1.2)			
Prevalence (< -2)			
observed:	23.4%	23.2%	22.9%
calculated with current SD:	26.0%	21.6%	20.6%
calculated with a SD of 1:	18.6%	18.3%	18.4%
WAZ			
Standard Deviation SD:	1.07	1.07	0.99
(The SD should be between 0.8 and 1.2)			
Prevalence (< -2)			
observed:	11.4%	11.4%	
calculated with current SD:	13.5%	13.5%	
calculated with a SD of 1:	11.8%	11.8%	

```
Results for Shapiro-Wilk test for normally (Gaussian) distributed data:
WHZ                               p= 0.003       p= 0.835        p= 0.436
HAZ                               p= 0.000       p= 0.725        p= 0.203
WAZ                               p= 0.001       p= 0.001        p= 0.637
(If p < 0.05 then the data are not normally distributed. If p > 0.05 you can consider the data normally
distributed)

Skewness
WHZ                               -0.25          0.08            -0.01
HAZ                               -1.26          0.08            0.06
WAZ                                0.18          0.18            0.04
If the value is:
```

```
-below minus 0.4 there is a relative excess of wasted/stunted/underweight subjects in the sample
-between minus 0.4 and minus 0.2, there may be a relative excess of wasted/stunted/underweight subjects in the
sample.
-between minus 0.2 and plus 0.2, the distribution can be considered as symmetrical.
-between 0.2 and 0.4, there may be an excess of obese/tall/overweight subjects in the sample.
-above 0.4, there is an excess of obese/tall/overweight subjects in the sample
```

```
Kurtosis
WHZ                                  1.40            -0.01            -0.23
HAZ                                 19.15             0.05            -0.33
WAZ                                  1.68             1.68            -0.09
Kurtosis characterizes the relative size of the body versus the tails of the distribution. Positive kurtosis
indicates relatively large tails and small body. Negative kurtosis indicates relatively large body and small
tails.
If the absolute value is:
-above 0.4 it indicates a problem. There might have been a problem with data collection or sampling.
-between 0.2 and 0.4, the data may be affected with a problem.
-less than an absolute value of 0.2 the distribution can be considered as normal.
```

Are the data of the same quality at the beginning and the end of the clusters?
Evaluation of the SD for WHZ depending upon the order the cases are measured within each cluster (if one
cluster per day is measured then this will be related to the time of the day the measurement is made).

```
Time                                       SD for WHZ
point              0.8 0.9 1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1 2.2 2.3

(when n is much less than the average number of subjects per cluster different symbols are used: 0 for n < 80%
and ~ for n < 40%; The numbers marked "f" are the numbers of SMART flags found in the different time points)
```

(for better comparison it can be helpful to copy/paste part of this report into Excel)

Appendix VII: BRICKS Project Area Maps

Figure 2: Map highlighting Townships targeted for direct implementation by BRICKS project in Shan State - source map OCHA, 2022. The small shelters depicted on the map represent IDP camps/host village's location

SCI implementation area:

4 camps in **Namkham township**

15 camps and 7 villages in **Kutkai township**

SSYCBC implementation area:

8 villages in **Kyaukme township**

8 villages in **Namtu township**

WPN implementation area:

2 camps and 2 villages in
Moemauk townships

2 camps and 3 villages in **Mansi townships**
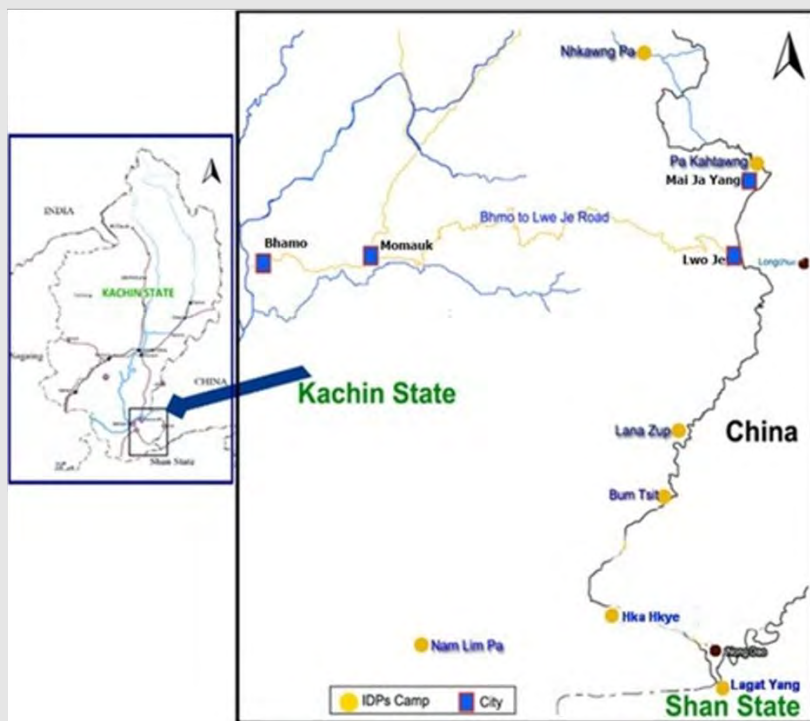
Source: BRICKS Project Power Point Document

Appendix VIII: Sample size determinations for the three study components

Type	Description	Serial	Indicators	Components	Baseline values	sample size
PLO	Targeted population has increased resilience to shocks and conflict, and adolescents are protected from trafficking and unsafe migration	1	% of HH and Youth/adolescents reporting a reduction in the use of negative coping mechanisms to deal with financial issues and shocks, disaggregated by location and male/female headed households	Livelihoods	Phase 1= 55.2% Phase 2= 32.1% Phase 3= 12.8%	**527** 469 248
		2	Average change in HDDS score of targeted households		na	
		3	% of HH reporting making shared and equitable intra household decisions to prepare their financial and investment plans, disaggregated by location and male/female headed households	Livelihoods	22.1% 42.6%	375 521
		4	% of targeted households with a Youth/adolescent who has transitioned from harmful work to decent/safe work (disaggregated by sex)		na	
		5	% of households making decisions that prevent unsafe migration or trafficking of children		na	
		6	% of 0-59 months children stunted (<2 HAZ), disaggregated by age 0-5m 6-23m and sex	Nutrition	Stunting 31.2%	383
PO1	Targeted PLWs, children 0-23 months, and adolescents have improved nutritional status	7	% of pregnant and lactating women (PLW) and adolescent with MUAC <210 mm, <230 mm	Nutrition	<230mm- 11.4 % <210mm- 2.1 %	205 46
		8	% of newborns Low Birth Weight (< 2.5kgs)	Nutrition	10.20%	188
		9	% of infants 0–5 months of age who are fed exclusively with breast milk (disaggregated by sex and disability)	Nutrition	88.20%	210
		10	% of children 6-23 months with minimum meal frequency (MMF) (disaggregated by sex and disability)	Nutrition	72.50%	362
		11	% of children 6 to 23 months with minimum acceptable diet (MAD) (disaggregated by sex, location and age: 6-8 months; 9-11; 12-23)	Nutrition	50.20%	**430**
		12	% of children 6-23 months with minimum dietary diversity score (>4 food groups) (disaggregated by sex, location and age: 6-8 months; 9-11; 12-23)	Nutrition	64.60%	402
		13	% of women and men who are supportive of first married or in union before 15 years of age	Child protection	11.00%	219
Output 1	Targeted PLWs and children 0-23	14	% of targeted mothers of under 5 years who report improved understanding of best IYCF practices		na	

Type	Description	Serial	Indicators	Components	Baseline values	sample size
	months have improved IYCF practices in the First 1000 Days	15	% of children under 5 who had diarrhea (more than 3 loose or liquid stools per day – WHO 2017 definition) in the last two weeks	Nutrition	13.00%	226
Output 1.1	Targeted PLWs, children, and adolescents have access to quality nutrition services	16	% of pregnant women receiving at least four antenatal care visit	Nutrition	4.50%	94
		17	% of targeted pregnant women who at least once, had nutrition counselling		na	
		18	% of newborns receiving a Post-natal health check in the first 24 hours of birth (disaggregated by place of delivery)	Nutrition	72.0%	365
		19	% of newborn who received a postnatal health check where breastfeeding was observed and support/counselling offered	Nutrition	87.1% 52.6 %	225 429
Intervention 6	Empower adolescent girls, women, men and boys for joint decision making and actions	20	% of women who are involved in child health & nutrition decisions individually or jointly		na	
PO2	Targeted women, men, girls and boys are less vulnerable to unsafe migration and trafficking	21	% of targeted men and women who demonstrate an understanding of key financial literacy topics (disaggregated by location and sex)		na	
		22	% of supported IDPs and host communities in which women, men, girls and boys reported an increased sense of safety from trafficking and risky migration	Child protection	na	
Output 3	Youth and adolescent girls & boys have increased protection awareness, information and skills	23	% of women, men, girls and boys who demonstrate awareness of child protection risks.	Child protection	85.0%	**282**