

Endline Study of 'Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)' Project

Study Report
(Submitted to CARE India)



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Abbreviations

ANM	Auxiliary Nurse cum Midwife
EnSIGN	Enhancing the Sustainable Farming Initiative through Gender and Nutrition (project)
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
g/dl	Gram per deciliter
Hb	Hemoglobin
HDDS	Household Dietary Diversity Score
HH	Household
ICDS	Integrated Child Development Services Scheme
IDI	In-depth Interview
IEC	Information, Education, Communication
IFA	Iron- Folic Acid
IHMR	Institute of Health Management Research
INR	Indian Rupee
MFI	Microfinance Institution
MIS	Management Information System
MS	Microsoft
NGO	Non-Governmental Organization
P	Calculated Probability Value (statistical test)
PRI	Panchayati Raj Institution (Local Self Government)
SDG	Sustainable Development Goals
SIS	Structured Interview Schedule
SHG	Self Help Group
SMS	Short Message Service
UN	United Nations
UNDP	United Nations Development Programme
USD	United States Dollar
WDDS	Women's Dietary Diversity Score
WEAI	Women's Empowerment in Agriculture Index
WEI	Women's Empowerment Index
WHO	World Health Organization

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Executive Summary

Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN) is a nutrition sensitive pilot intervention. It seeks to integrate gender and nutrition into PepsiCo's Sustainable Farming Initiative. The project is implemented by CARE. The project intervention site is Kotulpur block. The block is predominantly rural and is situated in Bankura district of West Bengal - a medium ranking state of India. IIHMR University has carried out the endline evaluation of the project. A mixed methods approach has been used. The study complies with the cardinal principles of research ethics. EnSIGN project is robustly relevant. It fulfils the global development agenda and has a nutrition sensitive design. The project intervention site has high levels of iron deficiency anemia in women, thereby justifying its selection.

Findings

Kitchen gardening is a remarkable achievement of EnSIGN project. The percentage of households with a kitchen garden has increased from the baseline level of 23.5% to an impressive 82.3% during the time of endline evaluation. The change is statistically highly significant. The consumption pattern of the produce from the kitchen garden has not changed much during the two evaluations. Women report greater involvement in almost all activities of potato growing. Uptake of improved agricultural practices has been consistent in the case of women. During the time of baseline study, 45.0% of the women reported not using any improved agricultural practices in the 12 months preceding the study. This has fallen significantly to 7.0% during the time of the endline evaluation. The access to agricultural extension services has increased significantly for women. There is no evidence of a co-ordinated approach to provision of such services by CARE in tandem with other agencies. The access to markets of the women project participants presents a mixed picture. Facilitating crop insurance is a weak point in EnSIGN project.

Women's engagement in paid work is indicative of the changing narrative. Their sense of self-worth has increased. As has their perceived contribution to agriculture. Almost 60.0% of the women say that they are engaged in seasonal work. This is a significant increase over the baseline level of 15.8%. Women are more likely to own household assets during the time of the endline evaluation. Women's sole or joint ownership of at least 50% of the household assets (excluding poultry and non-mechanized farm equipments) has increased. From a baseline level of 8.3%, it has risen to 21.1% during the time of the endline evaluation. In addition, sole or joint control of purchase or sale of at least 80% of the household assets has increased too. Compared to the baseline levels, there is an increased sense of ownership among women. This is for all the 15 items for which questions were asked. The EnSIGN project

design does not explicitly work on facilitating loans and savings. Changes seen in this matter are extraneous to the project. Attributing the positive changes to the project can, at best, be a circuitous pathway.

There is ambivalence about gender roles and violence towards women. There has been a reduction in the permission taken by women to go to various places. During the baseline study, seeking permission was near universal for women. The levels of permission taking have declined for women in general. The participatory exercises and the qualitative data show that women go to a far larger number of places than earlier.

There has been a significant difference in women's group membership. Group membership stood at 18.3% during the baseline study. During the endline evaluation, 92.1% of the women were members of groups. Further, the membership pattern has changed for the women. Women were more likely to be members of SHGs during the time of the baseline study. During the endline evaluation, being a member of a group facilitated by CARE was the dominant membership.

The issue of sanitation – as a determinant of health and nutrition - has been overlooked in the project. Women's understanding of nutrition has generally improved during the two evaluation time points. Messages on anemia show remarkable improvement. The food diversity in the household has improved. In particular, the consumption of eggs and fish has increased by almost 20 percentage points in the interim. In the case of women, the consumption of most food items has increased. Significant levels of improvement have been reported for nutritious food items such as vegetables, fruits, eggs and fish. Possibly, this is a result of the messages on healthy eating disseminated through EnSIGN project. The mean number of food groups consumed by a household is seven. It shows a slight increase of 0.1 over the baseline situation. Women's dietary diversity has increased by one food group. Compared to the baseline WDDS score of 6.7, the corresponding figure is 7.1 during the time of the endline evaluation. Knowledge regarding anemia has increased among men and women study participants.

The proportion of women with any type of anemia has remained stagnant in the panel sample. The difference in proportion of anemic women is not statistically significant for the two evaluation time points. However, there are no severely anemic woman during the endline evaluation. During the baseline study 3% of the women were severely anemic. Women's awareness has significantly increased about treatment of anemia at government health facilities. Among women who have accessed government health facilities, more than half the

women (51.4%) have gone for the treatment of anemia. This is the single largest reason for seeking services at government health facilities in the past 12 months.

Messages on sustainability are not greatly evident among the project participants (women or otherwise). The absence of guidance, and lack of facilitation would affect sustainability of EnSIGN project among the women project participants in the future. The male community members are likelier to know about nutrition, and how anemia affects women. They are favorably disposed towards the practical interests that the project advances viz., health and nutrition. Male members are not as enthusiastic about strategic gender advancement. The engagement with government departments has been weak beyond the community level.

Recommendations

Project Design

- EnSIGN represents a high intensity project at the community level. The engagement with the women at the community level is especially strong. There are many stakeholders in this multidimensional project. They range from government departments to community based organizations. It is imperative to engage with various stakeholders for fuller attainment of the project objectives and sustainable gains.
- Projects such as EnSIGN need to actively weave in a sustainability component.
- The time allowed for maturation of the results needs to be staggered for different aspects of the project. Processes that can be attained earlier must be distinguished from processes that take longer.

Project Management

- The project MIS needs to capture process and outcome indicators on different aspects of the project. The current singular focus on the women project participants in the MIS is limited.

Project Evaluation

- The evaluation of EnSIGN project should focus on results that are realistically attainable within the project period. To evaluate the entire gamut of aspects defies rationale and is potentially demotivating to the project implementation team.

Background

Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN) is a nutrition sensitive pilot intervention. It seeks to integrate gender and nutrition into PepsiCo's Sustainable Farming Initiative. The project is implemented by CARE Enterprises (henceforth CARE) with financial support from PepsiCo. The project intervention site is Kotulpur block. It is situated in Bankura district of West Bengal - a medium ranking state of India. The block is predominantly rural with 95% of its population residing in villages (Census of India, 2011).

In this block, women aged between 15-49 years, who are small farm holders and constitute part of PepsiCo's potato supply chain, are the primary stakeholders of EnSIGN project. Their empowerment is sought to be advanced through gender transformative initiatives and collectivization. Their health and nutritional status is sought to be improved through a package of interventions that includes awareness generation about nutritious food, promotion of health affirming behaviour (e.g. consumption of iron rich foods), and establishing linkages with public health services. The package of interventions is expected to improve lives of people in PepsiCo's potato supply chain in Kotulpur block.

EnSIGN project has been operational since 2014. The project ends in December 2016. IIHMR University has been entrusted the task of undertaking the endline evaluation of the project. The University had carried out the baseline study of the project as well. The **objective** of the endline evaluation is to assess the progress of the project. The endline evaluation also assesses EnSIGN project on appropriate international evaluation criteria.

The Indian Institute of Health Management Research (IIHMR) is a pioneering institute set up in 1984. It is credited with pioneering the discipline of health management by integrating principles of Public Health and Management. It is dedicated to the improvement in standards of health through better management of healthcare and related programs. The first IIHMR was set up in Jaipur in western India. IIHMR Jaipur is now a **University**. Institute of Health Management Research is a constituent school of the University. It is a **WHO Collaborating**

Centre for district health systems based on primary healthcare. The Ministry of Health and Family Welfare, Government of India recognizes it as an **Institute of Excellence** for training and capacity building.

Methodology

The methodology adopted for the endline evaluation of EnSIGN project is similar to that adopted in the baseline study. It uses the **mixed methods** approach. Both **quantitative** and **qualitative** tools have been used to collect information on the various areas of exploration that include understanding roles women play in PepsiCo's supply chain; their decision making, mobility and attitudes towards gender; knowledge and practice regarding dietary diversity, health care seeking and anemia. As before, hemoglobin (Hb) levels of sampled women have been measured by **HemoCue Hb 301** – a 'portable battery-operated' instrument specially designed for community based blood collection. It is recommended by WHO¹ for the purpose.

In addition to the women study participants, other stakeholders including male spouses, community members, government and NGO personnel have been interviewed for the endline evaluation. **Five tools** used during the baseline study have been tweaked for the endline evaluation. In particular, the five tools were tweaked to capture changes in the intervening period that could be attributable to EnSIGN project. Participatory exercises figure prominently in the community based qualitative tools (Tool 2 and 5). Final versions in English of all tools are annexed to this report. The five tools are:

Tool 1: Structured Interview Schedule (SIS) for women (15-49 years)², and husbands/ male members (*quantitative*)

Tool 2: FGD and In-depth interview guide for women (15-49 years) (*qualitative*)

Tool 3: In-depth interview guide for government stakeholders (*qualitative*)

Tool 4: FGD and In-depth interview guide for NGO stakeholders (*qualitative*)

Tool 5: FGD and In-depth interview guide for community based stakeholders (*qualitative*)

¹ The WHO considers the Hemocue as a 'reliable quantitative method for determining haemoglobin concentrations in field surveys based on the cyanmethemoglobin method'. It further adds that the Hemocue system is 'uniquely suited to rapid field surveys because the one-step blood collection and haemoglobin determination do not require the addition of liquid reagents'. WHO (2001) *Iron Deficiency Anaemia: Assessment, Prevention, and Control (A Guide for Programme Managers)*. Available online at http://apps.who.int/iris/bitstream/10665/66914/1/WHO_NHD_01.3.pdf (Accessed on 29 August 2014), page 35

² The ages of the women study participants may be more than the upper limit of 49 years. This is because it is a panel study where the study participants (for Tool 1) interviewed during the baseline study are followed up for the endline evaluation.

Together, the five tools provide information that is contextualised and triangulated. The data generated by the quantitative tool (Tool 1) has been used for statistical analyses. The data from the four qualitative tools (Tools 2, 3, 4 and 5) explicate women's 'lived experiences' in the agricultural context highlighting their entry into the agricultural workforce, their participation, control over financial resources, and other aspects. In addition, women's knowledge of nutrition and anemia, their care seeking behaviour, household dynamics, governmental measures, and possible NGO cooperation are also explored through the tools. Three of the five tools (Tool 1, 2 and 5) have been administered by the field team members, specially trained by IIHMR to aid collection of primary data for the endline evaluation. Hence, these three tools have been translated into the local language (*Bengali*). Training has been imparted to the field team members on the **translated** tools. Apart from the primary data so collected, the project MIS has been referred to also.

The endline evaluation has been carried out in the intervention **area** of EnSIGN project i.e. Kotulpur block of Bankura district of West Bengal, India. The baseline study was carried out in the same geographical area. The community based study participants were selected from a list of 504 small farm holders in PepsiCo's potato supply chain. During the baseline study, a total of 120 women had been interviewed for Tool 1. These women were selected from the list of 504 small farm holders. The principle of systematic random sampling had been adopted for the purpose then. During the endline evaluation, the structured interview schedule (Tool 1) was administered on the same women study participants. The quantitative component thus had a **panel sample**, where the sample of women (and their male counterparts) was followed at two points in time *viz.*, the baseline study in January 2015, and the endline evaluation in November 2016. Blood sample was also collected from the same women at these two time points. Owing to financial constraints, the size of the quantitative sample for the baseline study of EnSIGN project is small. It can, at best, present **indicative** findings. Though the random selection of units ensures representation, it is conceded that statistical precision may have been compromised.

Qualitative sampling follows the maximum variation principle. The reproductive age group of 15-49 years has been divided into two groups, *viz.*, 15-30 years, and 31-49 years. Age has been taken as an axis of sampling in the qualitative sampling. This is so because younger and older women have differential experiences in child rearing and workforce participation. Typically, women in rural West Bengal marry during late adolescence. They conceive soon after. During their twenties, they are saddled with responsibilities associated with early childhood care. Due to such roles, their participation in EnSIGN project may have been different as well. Apart from age, religion has been taken as an axis of sampling for the

qualitative fieldwork. Religion has been considered for the qualitative sampling, since food habits may vary according to the affiliating religion. Sociological research says that caste differentials in West Bengal are not as pronounced as they are in some other parts of India. Still, the endline evaluation has sampled women based on their caste (belonging to the General Castes or the Scheduled Castes³). Women study participants have also been purposively sampled based on the presence or absence of anemia in them. The criteria of presence or absence of anemia has been adopted for this study so that differential beliefs and practices with regards to anemia can be captured. The women were expected to have been reached out by EnSIGN project. The presence or otherwise of anemia in women study participants would highlight whether and how EnSIGN has impacted their lives regarding knowledge and care seeking for anemia. Similarly, husbands/ male members of households have been selected for in-depth interviewing based on the rationale of whether or not the women have anemia. The variations of age groups, religion, castes, gender and presence or absence of anemia have thus been purposively captured in the qualitative component of the endline evaluation of EnSIGN project. The suggested sampling frame that guided the field team members during the fieldwork is annexed to this report.

Fieldwork

The fieldwork for the endline evaluation was carried out in November 2016. Quantitative and qualitative components of the community based fieldwork were held simultaneously by personnel exclusively trained for the purpose. The fieldwork proceeded smoothly. However, it could not be carried out in one village (Kadamgere) due to disturbance. The sample is not affected despite the fieldwork being disrupted in that village. This is because the original sample of 120 study participants (for Tool 1) had been oversampled for such contingencies. Qualitative fieldwork which could not be undertaken in Kadamgere village was carried out elsewhere in the study site. Study participants conforming to the qualitative sampling criteria were chosen from another village. Apart from the face to face interviews and discussions, telephonic interviews were conducted with senior government functionaries and CARE personnel.

At the conclusion of fieldwork, 114 women had been successfully interviewed using the structured interview schedule. There was no refusal from the women to participate in the study. A total of six cases were lost to follow up. The loss to follow up was due to the following reasons: death (two women), disturbed field situation (three women), and non- availability at

³ The Scheduled Castes refer to identified caste groups which traditionally occupied low position in Indian society. They have been historically discriminated against. The Indian state is constitutionally mandated to provide affirmative action measures to the Scheduled Castes.

home (one woman). A total of 100 men (usually husbands of the female SIS participants) participated in the quantitative component of the study. Blood sample (for Hb testing) had been collected from 107 women.

Eight **community** based FGDs were conducted. There were 10 in-depth interviews with women and men in the community. The study participants for the qualitative community based fieldwork were drawn from the list of 504 households which form part of PepsiCo's supply chain. However, the IIHMR team was instructed to recruit participants who were **not** a part of the panel sample of the quantitative component of the study. This allowed for a broad basing of the sample base for the community based fieldwork. The community based participants in the FGDs and IDIs were distinct from the SIS study participants. They complemented one another. The information collected from the quantitative and qualitative components of the study was triangulated.

Focus group discussions and in-depth interviews were also held with **other stakeholders** of the project. A total of three FGDs and ten interviews were conducted with such stakeholders. These included CARE personnel and functionaries of various government departments in Kotulpur block such as the PRI, Public Health and ICDS⁴.

⁴ The ICDS is a government program in India aimed at holistic development of children. Improving nutritional status of pregnant and lactating women, children and, more recently, adolescent girls is a major mandate of the ICDS. The program is the largest of its kind in the world.

Table 1: Key Study Figures

	Tool	Number
Women		
	Structured Interviews (<i>quantitative</i>)	114
	Blood Sample Collected (<i>quantitative</i>)	107
	In-depth Interviews (<i>qualitative</i>)	8
	Community based FGDs with Women (<i>qualitative</i>)	6
Husbands/ Male Members		
	Structured Interviews (<i>quantitative</i>)	100
	In-depth Interviews with Husbands (<i>qualitative</i>)	2
	Community based FGDs with Men (<i>qualitative</i>)	2
Other Stakeholders		
	Other Stakeholder Interviews and FGDs (<i>qualitative</i>)	13

Quality Assurance

Conscious measures have been adopted for ensuring the overall quality of the endline evaluation. In the preparatory phase, quality assurance measures included development of unambiguous, internally consistent, simply worded tools. The tools were developed in collaboration with CARE. Quantitative and qualitative tools designed to gather primary data from members of the community were translated into the local language (*Bengali*). Bilingual versions of tools (containing English and *Bengali*) were developed for community based data collection.

Professionals from IIHMR carried out the study. With the exception of one member, the IIHMR team remained the same as in the baseline study. The IIHMR team was aided by an eight member team of freelance researchers. Members of the field team were selected keeping in mind their socio-linguistic similarity with the study population in Bankura. There were three freelancers who were also a part of the baseline study team. The team of freelance researchers was imparted a four day training. Each member of the team of freelance researchers had a distinct role. During fieldwork, necessary handholding support was extended by IIHMR personnel to the team of freelance researchers. Spot checks and back checks were carried out during the fieldwork. Regular team meetings were held to provide feedback on the work of the team members. The quantitative data was entered in a customized data entry package. The dataset was cleaned before subjecting it to analysis.

Ethical Compliance

The study complies with the ethical principles of autonomy, confidentiality, non-maleficence (non-harm), and beneficence. It conforms to the guidelines set by IIHMR Institutional Review Board. Informed consent has been obtained from the study participants. The informed consent form was translated into the local language (*Bengali*). It outlined the purpose of the study, the procedures for obtaining data, the absence of risks, and the benefits of participation in the study. Name and contact information of the contact person was shared in the informed consent form. Group informed consent has been obtained in the case of FGDs. In both interviews and FGDs, study participants were free to withdraw at any time of the interview/ discussion. They could choose not to answer some or any of the questions asked. Study participants and other interested persons have been handed over contact slips containing addresses and phone numbers of CARE (Kotulpur office) and IIHMR.

All qualitative data has been anonymized during report presentation. Identifying particulars of the study participants have been masked. References to persons, places, incidents and other potentially revealing information have been edited from the qualitative narratives. All quantitative data has been presented in an aggregated manner. To the extent possible, confidentiality of the information has been attempted to be maintained during data collection, though this has not been possible always. Confidentiality in data analysis and presentation has been fully maintained. No member of the study team has any conflict of interest (financial and/ or otherwise) that can influence the design, data collection, analysis, interpretation and presentation of the findings in the study.

Data Analysis

The **quantitative** dataset has been analyzed in SPSS 16.0 software. The dataset was subject to various rounds of cleaning for an error free, internally consistent dataset. Quantitative findings have been presented in the form of tables and graphs where appropriate. In the interest of brevity and flow of the document, certain quantitative findings also feature in the texts **alone**. The figures presented are in percentages unless otherwise mentioned. They asterisks refer to levels of significance, where single asterisk (*) denotes $P < 0.05$, two asterisks (**) denote $P < 0.01$, and three asterisks (***) denote $P < 0.001$.

Framework analysis has been adopted for analysis of the narrative **qualitative** data. The various FGDs and in-depth interviews are the source of narratives for the qualitative data. Such narratives have been collected in the native language of the study participants. Apart from voice recordings (where consent could be obtained for the same), the proceedings of

each such FGD/ in-depth interview has been written as a report in *Bengali*. The narrative reports have been subject to coding which are majorly descriptive in nature. The codes have been dually informed: by the areas of enquiry, and as suggested by the data. Thematically congruent codes have been grouped to form categories. Several aligned categories form a theme. Such a charting exercise has been carried out in MS Excel. The charting has been helpful in understanding the density of various codes and information domains. The charting exercise prevents undue importance to stray anecdotes and statements. Instead, issues that are internally valid for the study site are identified, analysed and reported. Verbatim statements quoted in this report are therefore reflective quote(s) on issues pertinent to this study. They are **not** anecdotal. Verbatim statements are reported in the source language, italicised and put within inverted commas to denote the primary nature of the data. English translations accompany all verbatim statements.

There are eight international evaluation criteria⁵. Four **international evaluation criteria** have been adopted for the endline evaluation. These are: relevance, efficiency (measuring the outputs)⁶, effectiveness (in reaching outcomes), and sustainability. The chapters containing the empirical findings of this endline evaluation are actively informed by the four evaluation criteria.

Profile of Study Participants

The median age of the women study participants in the structured interview schedule is 38.5 years. Due to the intervening period, the median age of the women study participants is expectedly more than that in the baseline study⁷. (The median age was 35.5 years during the baseline study). Being a panel sample, many socio-demographic characteristics of the women study participants remain the same. On an average, the women had married at the age of 16.0 years. The older⁸ women had married a year earlier than the younger women.

⁵ The eight international evaluation criteria are: Relevance, Effectiveness, Efficiency, Impact, Sustainability, Coverage, Coherence, and Co-ordination. Department for International Development (2009) *Building the Evidence to Reduce Poverty: The UK's Policy on Evaluation for International Development*; page: 37.

⁶ Process efficiency in the project has been studied under the criterion of efficiency. Financial efficiency is not covered in the examination of process efficiency.

⁷ The increase in the median age is more than the 22 month time interval between the baseline study and the endline evaluation. This is symptomatic of inaccuracies in age reporting common in community based studies in low literate societies.

⁸ The term 'older women' refers to the cohort of women who were aged 31-49 years during the baseline study. The term 'younger women' refers to women who were aged 15-30 years during that time.

Most of the women (88.3%) did not live in the study village before their marriage. The women are unlikely to have very young children. A little more than half the women (53.3%) belong to the General Castes, and a third (33.3%) belong to the Scheduled Castes. Hinduism is the dominant religion at 92.5%. About three quarters of the women have ever been to school. The younger women are likely to have received 1.5 more years of schooling than the older women.

Report Structure and Presentation

The present document is a **final** report of the endline evaluation of EnSIGN project. Findings have been presented for the study site as a whole. Findings from the quantitative and qualitative data have been presented together. Such a juxtaposition helps in presentation of triangulated information that is rich and contextualised. The baseline study of EnSIGN project provides a benchmark for the endline evaluation. References are made to the baseline study findings (both quantitative and qualitative) in the chapters containing the empirical findings in this report. Vernacular terms have been italicized. In order to facilitate international comparisons, units have been provided in the local and international denominations. For the purpose of this document, unless specified otherwise, 'the project' refers to EnSIGN project, and 'the study' refers to the endline evaluation.

This report is thematically organized into **eight** chapters. The structure of the report broadly follows that of the baseline study report. Empirical findings are presented thematically. These contain findings on the activities undertaken by EnSIGN project, and the outcomes attributable to the project. In addition, chapters on relevance, sustainability and recommendations have been added to the present report. The eight chapters of the present report are:

Chapter I is introductory in nature.

Chapter II situates EnSIGN project in the current socio-political relevance.

Chapter III examines the situation of women in agriculture in the project intervention area.

Chapter IV studies gender and household resources

Chapter V studies women's gender related attitudes and community level mobilization. The various empowerment domains are presented in this chapter.

Chapter VI is dedicated to health and nutrition. It examines knowledge about health and nutrition, dietary practices and women's health seeking behavior. Anemia levels are presented in this chapter.

Chapter VII examines whether the changes brought about by EnSIGN project will continue beyond the pilot intervention period ending in 2016.

Chapter VIII contains recommendations for CARE. The recommendations are actively informed by the empirical findings of the endline evaluation.

EnSIGN project is robustly relevant. This is due to various reasons including the global development agenda it seeks to fulfil, the project design and its geographical location. The timeliness of EnSIGN project makes it relevant to contemporary development – both in discourse and in practice.

Fulfillment of Global Development Agenda

Under the aegis of the United Nations, the world community has set for itself 17 **Sustainable Development Goals** to be attained by the year 2030⁹. The goals seek to empower lives and develop resilience in nations across the world. EnSIGN project contributes to at least four Sustainable Development Goals. These are: Zero Hunger (Goal 2), Good Health and Well - Being (Goal 3), Gender Equality (Goal 5) and Responsible Consumption and Production (Goal 12).

Further, EnSIGN has the potential to contribute to the recently launched UN Decade of Action on Nutrition. The decade of 2016-2025 has been designated by the UN as the 'United Nations Decade of Action on Nutrition'. The decade will mark 'an unprecedented opportunity for nutrition action'¹⁰ to end malnutrition in all its forms. The corporate - NGO partnership that EnSIGN presents can contribute to the cause of ending malnutrition by aligning with the forces spearheading the United Nations Decade of Action on Nutrition. The timeliness of the project, and the multinational presence of the two partners (CARE and PepsiCo) are favorable factors in this regard.

⁹ UNDP: Sustainable Development Goals. Available online at <http://www.undp.org/content/undp/en/home/librarypage/corporate/sustainable-development-goals-booklet.html> (accessed 16 May 2016)

¹⁰ The UN Decade of Action on Nutrition: Working together to implement the outcomes of the Second International Conference on Nutrition. Available online at http://www.who.int/nutrition/events/2016_UNGA71_side-event_20Sept_NY/en/ (accessed 20 Sep 2016)

Nutrition Sensitive Intervention

Nutrition is multi factorial. It has both proximal and distal determinants. EnSIGN project design seeks to improve women's iron deficiency anemia through empowering them in their everyday contexts. Improving women's knowledge of agricultural practices in the agricultural setting of Kotulpur has immediate and far reaching consequences. The collectivization of women fosters a sense of 'sisterhood' of the commonality in their lives. The nutrition sensitive design of EnSIGN project is appropriate to the setting. Shaping 'food and agricultural systems to be more nutrition-sensitive'¹¹ is a guiding principle of Food and Agriculture Organization of the UN. The organization recognizes the cruciality of agriculture to achieving a world of zero hunger. Towards this end, it promotes 'food diversity and dietary balance in consumption'. Raising consumer awareness is the other way for improving nutrition sensitivity.

Appropriate Project Site

Iron deficiency anemia is a public health problem in the state of West Bengal in India. In particular, iron deficiency anemia is widespread among females in the state, as well as in the parent district of Bankura. It is estimated that 77.8% of the women in the age group of 15-49 years are anemic in rural Bankura¹². For such reasons, the location of EnSIGN project in Bankura district of West Bengal is relevant.

¹¹ FAO (2014) Strategy and Vision for FAO's Work in Nutrition. Available online at <http://www.fao.org/3/a-i4185e.pdf> (accessed 29 November 2016)

¹² Ministry of Health and Family Welfare, Government of India. *District Level Household and Facility Survey-4. District Fact Sheet: Bankura (2012-13)*. Mumbai: International Institute of Population Sciences; page: 4

The present chapter focuses on the empirical findings pertaining to women in agriculture. It typically presents the baseline and endline levels for various process and outcome level indicators on the topic. Typically, qualitative findings follow the quantitative findings. Attribution, if any, to EnSIGN project follows thereafter.

Landholding

The baseline study for EnSIGN project had collected information on land ownership. High proportions (little more than 90%) of men and women had reported then that the households had agricultural lands. The mean number of agricultural fields per household stood at 10.1 (according to men), and 8.6 (according to women). The mean size of land per household was 1.4 acres (according to men), and 1.2 (according to women). The mean number of landholdings for women was zero. Men owned an average of 3.6 landholdings then. The mean size of the largest landholding for women (0.1 acres) was half of that for men (0.2 acres).

Less than two years later, land holding pattern is not expected to change. This is because land is an invaluable asset, especially in an agricultural setting. It is an established form of gendered privileges, with women being historically discriminated in the matter. Changing land ownership patterns requires a different intervention - the focus of the EnSIGN project design being different. Moreover, an intervention must be on ground for a longer time for changes to manifest in land ownership, especially when gender equations are being recalibrated on ground.

Kitchen Garden

Kitchen gardening is a remarkable achievement of EnSIGN project. The change is evident in both quantitative measures and qualitative narratives. The percentage of households with a kitchen garden has increased from the baseline level of 23.5% to an impressive 82.3% during the time of endline evaluation. The change is statistically highly significant. The percentage of women starting a kitchen garden has increased (baseline level: 17.9%, endline level: 31.9%). This is reflective of women's agency. As a corollary, women starting kitchen gardens jointly with their husbands, or men starting kitchen gardens on their own has declined during the period. There is difference in the growing of different types of vegetables in the kitchen garden. The baseline study was carried out during winter in Kotulpur. The endline evaluation was undertaken when winter was setting in. This explains the preponderance of winter vegetables such as cauliflower and cabbage grown in the kitchen garden during the baseline study.

The consumption pattern of the produce from the kitchen garden has not changed much during the two evaluations. However, the agricultural practices have. At the time of the baseline study, half the women had not used any of the progressive agricultural practices in their kitchen garden. This figure had fallen to less than a tenth during the time of endline evaluation. Growing of nutrition sensitive crops has more than trebled in the intervening period. During the time of the baseline study, 14.3% of the households grew nutrition sensitive crops. The figure grew to 55.8% at the time of the endline evaluation. Increasing the variety of the produce, use of better seeds, vermi-compost and water harvesting have also increased during the two time points.

It is a vindication of the success of the project that kitchen garden practices emerge as dense qualitative narratives. There is increase in the types of vegetables grown in the kitchen garden. Study participants perceive that the vegetable produce has increased too. '*Saak sabjir fasal anek bedhe geche*' (The growing of vegetables has increased tremendously) is a common refrain in the field. As is the attribution of kitchen gardening to the trainings imparted by CARE.

Table 2: Kitchen Garden

Aspect	Baseline Study	Endline Study
Households with a Kitchen Garden	23.5***	82.3
Person(s) Starting the Kitchen Garden		
Woman	17.9*	31.9
Jointly with Husband	35.7	30.1
Husband	21.4	8.8
Vegetables Grown in the Kitchen Garden		
Carrot	35.7	11.5
Peas	25.0	9.7
Spinach	64.3	52.2
Beetroot	25.0	13.3
Bottle Gourd	21.4	33.6
Pumpkin	14.3	19.5
Radish	39.3	19.5
Cauliflower	67.9	32.7
Cabbage	71.4	31.0
Vegetables Grown in the Kitchen Garden		
Consumed at Home	82.1	83.2
Shared with Neighbors	32.1	10.6
Sold	3.6	7.1
Practices Used in the Kitchen Garden		
Water Harvesting	17.9	31.9
Nutrition Sensitive Crops/ Vegetable Selection	14.3***	55.8
Increased Number of Crops	10.7	22.1
Improved Seeds Usage	21.4	50.4
Vermi Compost	17.9	32.7
None	50.0***	7.1

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

Women's Participation in Agriculture

Women report greater involvement in almost all activities of potato growing. Their involvement now spans **all** the elicited activities. These include activities such as harvesting, selling and taking decisions on the type of potato to be grown. Women were not involved at all in the three mentioned activities during the time of the baseline study. A dense code in the narrative qualitative data is the cutting the seeds of potatoes (*'beej katta'*). This has been reported frequently by women and men study participants. Women have generally witnessed an increased and consistent rise in various activities of potato farming. In contrast, men's activities in potato farming has been inconsistent during the same time. In many activities, they have not witnessed the same quantum of positive change as the women. Possibly, this is indicative of increased sharing of work by women in potato farming.

Table 3: Gender Differentials in Potato Farming

Agricultural Activity in Potato Farming <i>(in the past 12 months)</i>	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Involved in Potato Farming	99.0	98	65.8**	96.5
Land Preparation	76.9	95	17.1	28.9
Sowing	94.2	96	52.1**	71.1
Irrigation	91.3	85	19.7	27.2
Fertilizer/Manure Application	91.3	84	22.2	25.4
Weeding	52.9	56	17.9***	42.1
Harvesting (includes Transport)	17.3	9	0.0	3.5
Post-harvest (Cleaning, Drying, etc)	22.1	23	22.2	10.5
Selling (includes Transport)	7.7	17	0.0	0.9
Make Decision about Type of Potato to Grow	29.8	26	0.0	8.8

Source: EnSIGN Baseline Survey (January 2015); Endline Survey (November 2016)

Note: Computed on valid responses

Similarly, uptake of improved agricultural practices (in the past 12 months) has been consistent in the case of women. During the time of baseline study, 45.0% of the women reported not using any improved agricultural practices in the 12 months preceding the study. This has fallen significantly to 7.0% during the time of the endline evaluation. This may indicate that women are more aware and involved in uptake of improved agricultural practices. It is notable that women not being involved in ‘important’ agricultural work was a dominant perception during the time of the baseline study. Such a perception is not as strongly articulated during the qualitative narratives of the endline evaluation. The uptake of improved agricultural practices is 40 percentage points or more for practices such as crop diversity, manure or compost, improved seeds and irrigation technologies. For men, the increase in the uptake of improved agricultural practices has neither been as consistent nor as remarkable.

Table 4: Gender Differentials in Improved Agricultural Practices

Improved Agricultural Practices (in the past 12 months)	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Alley cropping/intercropping	19.2	23.0	2.5	17.5
Increased number of crops (increased diversity)	23.1	47.0	9.2***	50.0
Crop rotation	37.5	48.0	22.5	45.6
Manure or compost	81.7	89.0	28.3***	69.3
Improved seeds	71.2	88.0	27.5***	69.3
Seed replacement	20.2	48.0	18.3	34.2
Mulching / Cover crops	13.5	19.0	5.8	19.3
Irrigation Technologies	46.2	59.0	17.5***	47.4
Soil testing	1.9	18.0	1.7	10.5
Minimum tillage	29.8	22.0	11.7	14.0
Land leveling, bunding and drainage management	29.8	24.0	7.5	18.4
None	5.8	2.0	45.0***	7.0

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

What has caused the greater participation of women in agricultural activities including potato farming? Their exposure to various inputs has increased marginally during the intervening period. This may be because of their improved knowledge and mobility. The participatory exercises show a wider range of actors with which women engage now. These include schools, hospitals, *Panchayats*, co-operatives, banks and groups. The sources of information on agricultural inputs are erratic compared to the baseline levels. Information from other producers shows the highest increase (baseline level: 16.8%, endline level: 36.0%). Information from NGOs shows the second highest increase (baseline level: 0.8%, endline level: 17.5%). Inputs from media such as SMS updates, radio and television remain low and erratic compared to the baseline levels. Financing patterns are also erratic. The singular working of CARE with the women project participants may explain the modest performance on the aspect of women's access to agricultural inputs. Evidence of a concerted strategy or working with other stakeholders (apart from women) in the matter is not present.

Table 5: Women's Access to Agricultural Inputs

Aspect	Baseline Study	Endline Study
Input Source (<i>in the past 12 months</i>)		
Did not Access Inputs	86.7***	18.4
Co-operative or Producer Group	1.7	9.6
Government Program	0.0	0.0
Agro Dealer within Five Kilometers	1.7	14.0
Agro Dealer beyond Five Kilometers	0.8	12.3
Local Input Producer	1.7	25.4
Source of Information (<i>reference period most recent agricultural season</i>)		
Cell Phone/ SMS Update	0.0	3.5
Radio	2.5	0.9
Television	18.5	17.5
Government Extension Agents	0.0	2.6
Other Producers	16.8**	36.0
Collectors/ Traders	1.7	3.5
Input Suppliers/ Agro dealer	1.7	6.1
NGOs	0.8**	17.5
Finance (<i>in the past 12 months</i>)		
Savings	5.0	0.9
MFI Loan	0.8	2.6
Agricultural Cooperative	0.8	9.6
Agricultural Insurance	0.0	0.9
Other	93.3	86.0

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

The focus of the project on women project participants is evidenced in another way. The access to agricultural extension services has increased significantly for women. In the 12 months preceding the endline evaluation, 87.7% of the women had met an agricultural extension worker. This marks an increase of over 60 percentage points over the baseline level. There is an increase in the percentage of men meeting an agricultural extension worker during the same period too (baseline level: 52.9%, endline level: 77.0%). The mode value of meetings with agricultural extension worker is 10.0 for women (up from 2.0 during the time of the baseline study). The mode value for men remains constant at 2.0 at both time points. Both men and women show high levels of satisfaction with the agricultural extension services received. For both genders, the extension services have focused on improved agricultural practices, improved seeds and inputs on fertilizers, pesticides, etc. It is possible that the outreach workers of EnSIGN project provided such services. If other agricultural extension workers (e.g. of the government) have provided such services, then they have done so independent of EnSIGN project. There is no evidence of a co-ordinated approach to provision of such services by CARE in tandem with other agencies.

Table 6: Gender Differentials in Access to Agricultural Extension Services

Aspect	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Met an agricultural extension worker <i>(in the past 12 months)</i>	52.9*	77.0	20.8 ***	87.7
Mode value of meetings	2.0	2.0	2.0	10.0
Sex of Agricultural Extension Worker Met Last				
Male	76.8	60.5	80.0	10.2
Female	5.4	5.3	4.0	24.5
Fully or Partly Satisfied with Agricultural Extension Services	64.8	87.8	80.0	89.7
Types of Agricultural Extension Services Received				
Improved Agricultural Practices	20.4	52.5	24.0	58.0
Improved Livestock Practices	3.7	8.8	4.0	9.0
Agricultural Tools	22.2	18.8	12.0	8.0
Improved Seeds	42.6**	65.0	36.0**	69.0
Inputs (fertilizer, pesticide, etc)	33.3	45.0	32.0	28.0
Veterinary Services	0.0	6.2	4.0	4.0

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

The access to markets of the women project participants presents a mixed picture. Record keeping by women has increased significantly between the two evaluation time points. During the time of the baseline study, more than 80.0% of the women did not keep records either for land produce, or for potatoes. The figures have fallen to less than 50.0% during the time of the endline evaluation. About a third of the women are engaged in various record keeping activities viz., expenses, production volumes, sales value and profitability. Other aspects of women's access to market show signs of change. 'Other producers' have become the dominant source of market information in the interim (baseline level: 8.3%, endline level: 48.2%). Joint decision making about selling has increased (baseline level: 9.2%, endline level: 27.2%). There is a marginal improvement in the percentage of the women selling potatoes (baseline level: 4.2%, endline level: 6.1%). The trader/ collector remains the dominant avenue for selling potatoes at both time points.

The findings indicate an increased agency of women. Changes are discernible at the individual level (e.g. record keeping) and collectivization (e.g. other producers becoming the dominant source of information for the women). Such changes can be attributed to EnSIGN project. However, the findings do not support facilitating women's linkages with the market. It is an area where considerable work can to be done in the future.

Table 7: Women's Access to Market

Aspect	Baseline Study		Endline Study	
Decision regarding Selling				
Husband	60.0		50.0	
Jointly with Husband	9.2		27.2	
Self	3.3		2.6	
Selling (in the past 12 months)				
Any Land Produce Sold	84.2		96.5	
Potato Sold	95.0		97.4	
Person(s) Selling Potatoes				
Woman	4.2		6.1	
Husband	75.0		55.3	
Place of Selling Potatoes				
Individually in Local Market	28.3		7.0	
Trader/ Collector	55.8		61.4	
Bulk Selling via Farmers'/ Producers' Group	4.2		19.3	
Contracted to Formal Sector	6.7		15.8	
Source of Market Information				
Cell Phone/ SMS Update	0.0		0.9	
Radio	1.7		0.0	
Television	12.5		7.9	
Government Extension Agents	1.7		1.8	
Other Producers	8.3		48.2	
Collectors/ Traders	1.7		5.3	
Organizations	76.7		23.7	
Role in Record Keeping				
	Land Produce	Potato	Land Produce	Potato
Kept Track of Expenses	11.8	12.5	29.8	32.5
Kept Track of Production Volumes	5.0	5.0	37.7	38.6
Kept Track of Sales Value	1.7	5.0	43.9	38.6
Calculated Profitability	7.6	8.3	33.3	35.1
No Record Keeping	84.9**	83.3**	47.4	44.7

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

Crop insurance is a weak point in EnSIGN project. The levels of knowledge about crop insurance have not changed for either men or women during the two time points. The source of information on crop insurance has registered a marginal increase. CARE and PepsiCo are likely to be recalled by the study participants as having imparted such information. Both current crops and potatoes are more likely to be insured. But, attributing it to EnSIGN project is not borne out by evidence.

Table 8: Gender Differentials in Crop Insurance

Aspect	Men		Women					
	Baseline Study	Endline Study	Baseline Study	Endline Study				
Aware of Crop Insurance	94.2	92.0	70.0	69.3				
Source of Information about Crop Insurance								
TV Spot	26.5	14.1	30.5	12.8				
Radio Spot	0.0	1.1	1.2	0.0				
<i>Kisan</i> Call Centre	3.1	4.3	1.2	1.3				
Wall Writing	2.0	0.0	1.2	1.3				
Organizational Representatives	12.2	18.5	11.0	19.2				
Government Representatives	8.2	8.7	1.2	6.4				
PRI Member	12.2	7.6	4.9	1.3				
Insurance of Crops								
	Current Crop	Potato						
Completely or Partially	38.4	37.5	44.0	60.0	7.5	9.2	29.0	35.1
No	61.5	61.5	54.0	38.0	41.7	44.2	30.7	28.9
Don't Know/ Can't Say	0.0	1.0	2.0	2.0	50.0	45.8	40.4	36.0

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

Paid Work

Women's engagement in paid work is indicative of the changing narrative. Their sense of self-worth has increased. As has their perceived contribution to agriculture. Almost 60.0% of the women say that they are engaged in seasonal work. This is a significant increase over the baseline level of 15.8%. Working in an agricultural field is a dense narrative articulated by women study participants during the time of the endline evaluation. Seasonal engagement for men has increased too. Men continue to provide for various household expenses. But, women's increased contribution to household expenses can be discerned. From the baseline levels of less than 1.0%, consistently higher percentages of women say that they contribute to such expenses in large measures. Grocery for the household marks the most remarkable rise in this regard.

Table 9: Gender Differentials in Paid Work and Contribution to Household Expenses

Aspect	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Time of Engagement in Paid Work				
Throughout the Year	81.7	72.0	25.8	15.8
Seasonally	3.3	23.0	15.8***	57.9
Once in a While	0.0	4.0	30.0	25.4
Major Contribution to Household Expenses				
Clothes for Self	10.0	18.4	0.8	6.8
Clothes for Others	11.7	21.9	0.8	1.7
Grocery for Household	14.2	34.7	0.0	17.9
Vegetables for Household	5.8	18.8	0.8	7.4
Fruits for Household	5.0	13.7	0.0	5.3
Visiting/ Entertainment	8.3	12.8	0.8	3.4

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

The household is the area of enquiry in this chapter. It marks a site of systematic gender based discrimination, because the personal is political. The household marks a space where negotiations can be hard fought and bitter. It can be very challenging to bring about change in this space. EnSIGN has attempted to change the gender equations within the household. This chapter presents the findings on the distribution of household resources during the two evaluation time points.

Ownership and Control of Household Assets

Women are **more likely to own household assets** during the time of the endline evaluation. Women's sole or joint ownership of at least 50% of the household assets (excluding poultry and non-mechanized) has increased. From a baseline level of 8.3%, it has risen to 21.1% during the time of the endline evaluation. In addition, sole or joint control of purchase or sale of at least 80% of the household assets has increased too. Though the level of increase is less, it is indicative.

Compared to the baseline levels, there is an increased sense of ownership among women. This is for **all** the 15 items for which questions were asked. Ownership of fowl (e.g. chickens, ducks, pigeons) continues to be the single largest item of ownership for women. But the reported increase in the ownership of other items indicate a growing sense of assertion among women. Our contention is that not all items, though, may have seen a rise in actual ownership during the intervening period between the two evaluation studies. This sense of assertion is corroborated when women report greater control over all the 15 household assets as well. Notably, the sense of ownership and control extends even to those household assets over which women had reported neither ownership nor control during the time of the baseline study. These are fish pond, fishing equipment and non-agricultural land.

Table 10: Women’s Ownership and Control of Household Assets

Household Asset	Sole Ownership		Control	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Agricultural Land (pieces/plots)	3.3	11.0	4.2	11.0
Large Livestock (oxen, cattle)	4.2	10.8	3.3	6.8
Small Livestock (goats, sheep, pigs)	5.8	25.0	5.0	16.7
Chickens, Ducks, Turkeys, Pigeons	20.8	48.1	15.8	36.5
Fish Pond	0.0	6.7	0.0	6.5
Fishing Equipment	0.0	12.1	0.0	11.8
Farm Equipment (non-mechanized)	4.2	11.5	4.2	10.6
Farm Equipment (mechanized)	0.8	8.5	0.8	8.5
Nonfarm Business Equipment	1.7	16.7	1.7	15.8
House (and other structures)	2.5	8.0	3.3	8.0
Large Consumer Durables (TV, sofa)	2.5	9.4	1.7	9.3
Small Consumer Durables (radio, cookware, iron)	0.8	13.7	0.0	14.6
Cell (Mobile) Phone	4.2	8.3	4.2	7.3
Other Land not used for Agricultural Purposes (pieces, residential or commercial land)	0.0	13.3	0.0	11.1
Means of Transportation (bicycle, motorcycle, car)	2.5	8.2	3.3	8.3

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

Loan and Savings

Both men and women are more likely to have taken loans in the 12 months preceding the endline evaluation. However, the mean loan amount has decreased for both genders. Men continue to be more likely to have borrowed heavier amounts than the women. (The USD – INR conversion rate has been kept the same¹³ as that prevailing during the time of the baseline study i.e. 1 USD: 62 INR.) During the intervening period, significantly fewer proportions of man and women have wanted to take loan(s). For those who did not take any loan during the reference period, the reasons remain mostly the same for both genders.

The proportion of study participants with cash savings has increased. It is a significant increase in the case of women. The cash savings of the men has increased. The mean value of cash savings for men stands at USD 132.9. Though women are more likely to save now, the mean value of their savings has fallen to USD 32.7. Small though their savings be, more than half the women (54.4%) report having sole control over their savings. This is another instance of their assertion.

The EnSIGN project design does not explicitly work on facilitating loans and savings. Hence, changes seen in this matter are extraneous to the project. Attributing the positive changes to the project can, at best, be a circuitous pathway.

¹³ The USD-INR conversion rate has been kept the same since no international transactions have taken place in the matters of loans and savings of the study participants.

Table 11: Gender Differentials in Loans and Savings

Aspect	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Loans (in the past 12 months)				
Taken Loan for more than INR 2,000	69.2	85.7	15.8	28.9
Mean Value of Loan				
in INR	51,594.4	38,958.33	12,815.8	5,408.33
in USD	832.2	628.4	206.7	87.23
For Those Not Taken Loans (in the past 12 months)				
Wanted to Take Loan	53.1**	7.1	12.9**	6.2
<i>Major Reasons for not Taking Loan</i>				
Have Enough Money	21.9	14.3	40.6	29.6
Afraid of Losing Collateral	18.8	15.4	13.5	4.9
Do not have Enough Collateral/did not Qualify for the Loan	15.6	28.6	9.4	9.9
Afraid Cannot Pay Back the Money	34.4	50.0	15.6	23.5
Interest Rate/Other Costs too High	15.6	28.6	2.1	7.4
Not Allowed to Borrow/Family Dispute in Borrowing Decision	6.3	7.1	1.0	19.8
Place of Lender is Too Far	0.0	0.0	0.0	0.0
Process is Too Long	0.0	7.1	2.1	3.7
Provides Few Loans to Women	0.0	0.0	2.1	4.9
Doesn't Provide Service to Women	0.0	0.0	3.1	3.7
Savings				
Has Cash Savings	72.1	90.8	42.5***	70.2
Mean Value of Savings				
in INR	6,345.5	8,241.4	2,269.7	2,028.5
in USD	102.4	132.9	36.6	32.7
Has Sole Control over Savings	65.3	59.2	33.3**	54.4

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

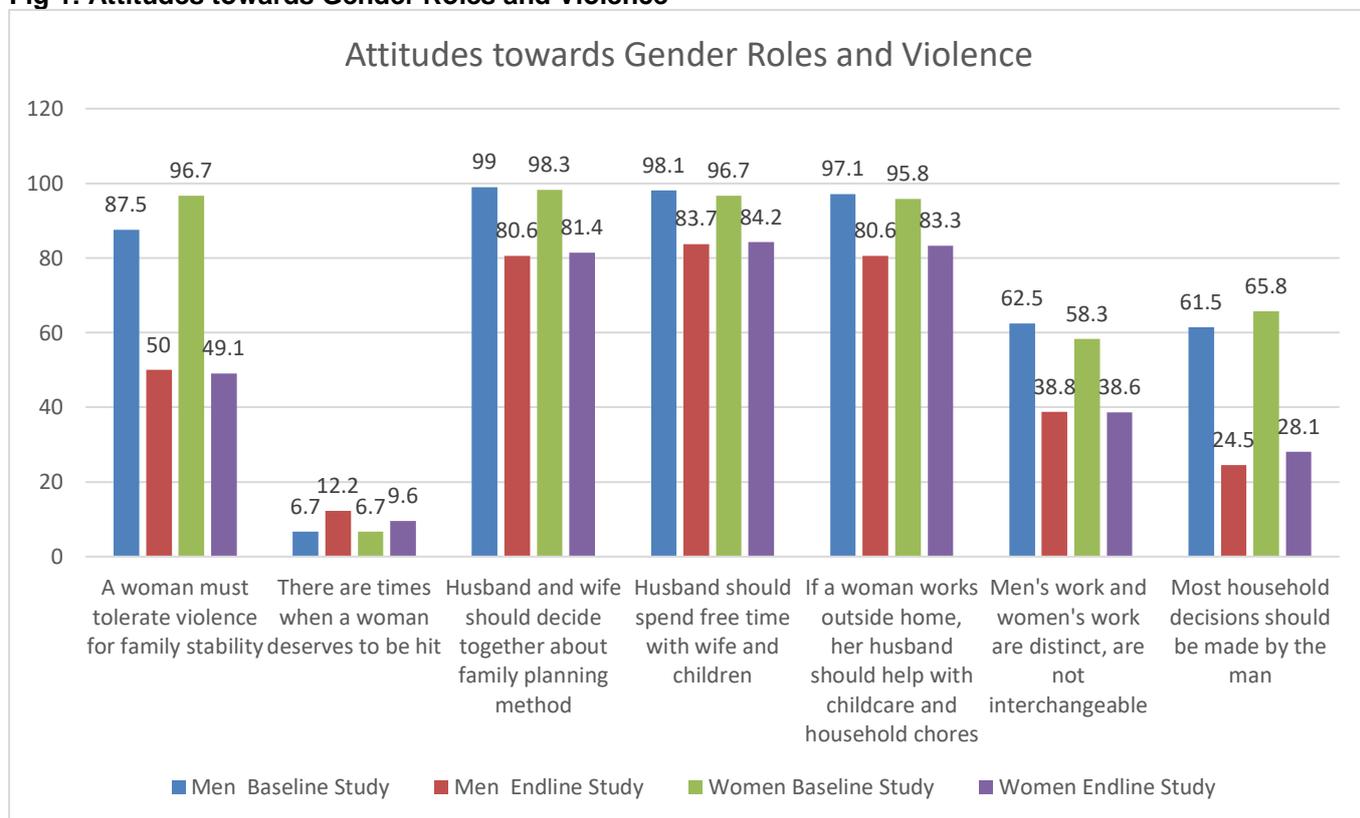
Note: Computed on Valid Responses

This chapter delves deeper into the changes occurring in women's lives. It examines the perceptions regarding gender roles and violence towards women. It explores women's mobility and their membership in groups. The findings on the domains of empowerment are given at the end of the chapter.

Attitudes on Gender Roles and Violence

Attitudes on gender roles present a mixed picture. Compared to the baseline levels, about half the men and women agree that a woman must tolerate violence for family stability. Higher proportions of men and women agree that men's and women's work are interchangeable. Fewer men and women agree that household decisions should be made by the man. However, the other statements administered to gather perceptions about gender roles reaffirm traditional roles on gender. The evaluation team is of the view that there is **ambivalence** about gender roles and violence towards women. Changing gender norms is difficult. EnSIGN might have made a beginning at questioning traditional gender roles in a patriarchal agrarian setting. However, translation into gender friendly attitudes (and eventually, practice) needs a more protracted engagement. Anecdotal evidence gathered during the fieldwork for the endline evaluation suggests that there are voices of anger over the attempt to change the status quo. As a man said with much displeasure, '*ora badi te ashanti lagate ashe*' (CARE workers create disquiet in our homes). Some women participants have also shared that family members resist their participation in groups promoted by CARE.

Fig 1: Attitudes towards Gender Roles and Violence



Source: Baseline Survey (January 2015); Endline Survey (November 2016)

Note: Computed on Valid Responses

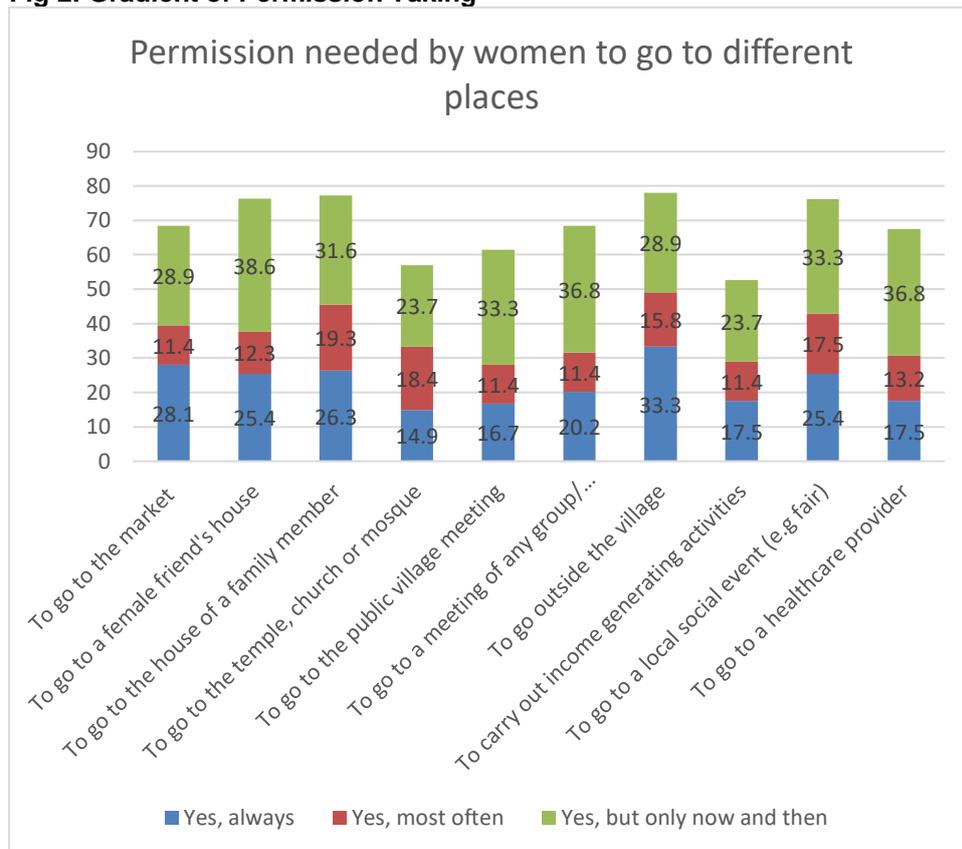
Mobility

There has been a reduction in the permission taken by women to go to various places. During the baseline study, seeking permission was near universal for women. Almost all women reported seeking permission for going to different places. Permission may have been sought always, usually, or now and then. Among these, always taking permission for going out was the dominant pattern in early 2015. There are **two differences** vis- a - vis the baseline situation. The levels of permission taking have declined for women in general. In no case, do more than 80% of the women seek permission for going to different places now. Secondly, women are more likely to take permission now and then (instead of always, which was the case during the baseline study).

The participatory exercises and the qualitative data show that women go to a far larger number of places than earlier. New codes had to be developed during the qualitative data coding to capture such

information. Seeking permission to go to groups has increased in the interim. This may be because group membership has increased for the women study participants. As they venture to a new place, they negotiate their mobility by seeking permission. The WEAI composite indicator of mobility score of 16 or higher has seen a remarkable increase. During the baseline study, only 5% of the women had a mobility score of 16 or more. This has increased to 57.9% during the endline evaluation. From a minority of the women, a majority is more mobile now.

Fig 2: Gradient of Permission Taking



Source: Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

Group Membership

There has been a **significant difference** in women's group membership. Group membership stood at 18.3% during the baseline study. During the endline evaluation, 92.1% of the women were members of groups. Further, the membership pattern has changed for the women. Women were more likely to be members of SHGs during the time of the baseline study. During the endline evaluation, being a member of a group facilitated by CARE was the dominant membership. Membership in SHGs and religious groups has also increased during the interim. In November 2016, a woman was a member of 1.32 groups.

The qualitative narratives regarding group membership are dense and distinct. New descriptive codes had to be developed to capture the new narratives. There is a shift in the narratives regarding group membership. Being member of a group facilitated by CARE ('*CARE'r dol'*) is widely recognized in the community. Various issues are reported to be discussed in the groups. Discussion and training on health and nutrition feature recurrently in women's narratives about the activities carried out in the groups. They also recall IEC activities carried out in the groups such as the customized game of Ludo and reference to balanced diet with the aid of the Indian tricolor flag.

Table 12: Women's Group Membership

Aspect	Baseline Study	Endline Study
Membership in any Group	18.3***	92.1
Major Groups		
Group formed by CARE	0.0	92.1
SHG	15.8	29.5
Religious Group	0.8	1.9

Source: EnSIGN Baseline Survey (January 2015); Endline Survey (November 2016)

Note: Computed on Valid Responses

Domains of Empowerment

The current section presents information on several empowerment domains. Composite indicators are developed to measure and reflect changes that can be empowering for women in an agricultural context. These are in the domains of production, resources, income, leadership and community, and family life. The findings show that there has been improvement in **all** the five domains. Further, within each domain, there are aspects which register modest and large increases. Overall, women in EnSIGN project area have been getting empowered.

Table 13: Domains of Empowerment

Domain	Indicator	Baseline Study	Endline Study
Production	With decision-making input in at least 66.7% of HH productive decision domains	1.7	13.6
	With autonomy in one or more HH production domains	25.0	48.0
Resources	With sole or joint ownership of at least 50% of household assets ^a	8.3	21.1
	With sole or joint control over purchase or sale of at least 80% of household assets ^a	0.8	2.6
	With access to and decisions on credit	1.7	25.0
Income	With control over household income and expenditures in at least 70% of HH decision-making domains ^b	1.7	14.0
Leadership and Community	Member of any group (formal or informal)	18.3	92.1
	Confident speaking about gender and other community issues at the local level (3 of 4 topics)	0.0	17.0
	Satisfied with the amount of time available for leisure activities	70.6	78.1
	Achieving a mobility score of 16 or greater	5.0	57.9
Family Life	Who express self-confidence in 5 of 7 statements	28.3	47.4
	Expressing attitudes that support gender equitable roles in family life (Scoring 4 of 4)	20.8	53.4
	Demonstrating political participation	0.0	8.0

Source: EnSIGN Baseline Survey (January 2015); Endline Survey (November 2016)

Note: Computed on valid responses

^a excluding poultry and non-mechanized farm equipment as modeled in the WEAI

^b excluding minor household expenditures as modeled in the WEAI

EnSIGN project has a strong identity of working on the issues of health and nutrition. This identity comes across variously: in the narratives of the community based stakeholders, service functionaries at the community level, interviews with CARE personnel and the numerous project documents. This chapter examines the progress on health and nutrition indicators. As in the previous chapters, the progress is examined through quantitative and qualitative data. Attribution is made to EnSIGN project, if empirical evidence supports it.

Water and Sanitation

Water and sanitation are determinants of health and nutrition. The issue was highlighted as much in the baseline study report. Moreover, there were two opportunities that could have been leveraged upon in the matter. These are: current policy emphasis on sanitation in India, and the presence of local NGOs working on the issue. The issue has, however, not been addressed in EnSIGN project, possibly because of its focus on other issues.

Understanding of Nutrition

Women's understanding of nutrition has generally improved during the two evaluation time points. Messages on anemia show remarkable improvement. There is an increased understanding of what constitutes nutritious food. It may be said here however, that women's knowledge levels of the sources of nutritious food were generally good even during the time of the baseline study. The importance of nutritious food for development of health and mind has improved. The importance of nutritious food for the avoidance of anemia has improved significantly during the intervening time. In terms of who needs nutritious food, a significant finding is that anemic women need it (baseline level:8.4%, endline level: 27.2%).

Table 14: Women's Knowledge of Nutrition

Aspect	Baseline Study	Endline Study
Heard of the Term 'Nutrition'	84.9	99.1
Meaning of Nutritious Food		
Tri Color Food ¹⁴	31.9	41.2
Green Leafy Vegetables	72.3	84.2
Eggs, Fish, Meat	82.4	84.2
Milk and Milk Products	43.7	55.3
Seasonal Fruits	17.6	23.7
Importance of Nutritious Food		
Proper Development of Body	67.2	84.2
Proper Development of Mind	14.3	25.4
To Stay Healthy	59.7	71.1
To Avoid Malnutrition	14.3	48.2
To Avoid Anemia	5.9***	37.7
Who Needs Nutritious Food?		
Pregnant Women	64.7	66.7
Lactating Women	26.9	45.6
Children	63.0	42.1
Adolescent Girls	10.1	25.4
Men	10.1	7.9
Anemic Women	8.4**	27.2
Every One	40.3	41.6

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

¹⁴ To advance nutrition, consumption of tricolor food is actively advocated in public health messaging in India. It refers to the consumption of white, yellow and green colored foods as part of daily food intake.

Household Dietary Diversity

The food diversity in the household has improved in the households. In particular, the consumption of eggs and fish has increased by almost 20 percentage points in the interim. In the case of women, the consumption of most food items has increased. Significant levels of improvement have been reported for nutritious food items such as vegetables, fruits, eggs and fish. Possibly, this is a result of the messages on healthy eating disseminated through EnSIGN project.

Table 15: Household Dietary Diversity

Food Item ¹⁵	Consumed by Any HH Member		Consumed by All Women (15 years or more in age)		Consumed by Women Study Participants	
	Baseline Study	Endline Study	Baseline Study	Endline Study	Baseline Study	Endline Study
Any bread (<i>roti</i>), rice, biscuits, or other foods made from millet, sorghum, maize, rice, or wheat	99.2	100.0	92.5	98.2	97.5	94.2
Any tubers e.g., potatoes, yams, or any other foods made from roots or tubers	100.0	100.0	93.3	98.2	95.8	94.2
Any vegetables (brinjal, tomatoes, lady's finger, cabbage, papaya, pumpkin, greens, leaves)	95.0	92.5	90.8*	99.1	92.5	91.7
Any fruits (mango, jackfruit, banana, papaya)	21.8	30.7	17.5**	94.4	20.0	30.0
Any beef, pork, lamb, goat, wild game, or poultry meats	6.7	11.4	6.7	11.7	6.7	13.3
Any eggs	14.5**	37.7	11.7***	35.0	12.5***	35.8
Any fish	47.4**	66.7	44.2***	60.8	44.2*	58.3
Any foods made from beans, peas, lentils, or nuts (e.g. <i>dal</i>)	68.1	70.2	66.7	65.8	65.8	67.5
Any cheese, yogurt, ghee, milk, or other milk products	50.4	35.1	46.7	30.8	45.0	31.7
Any foods made with oil, fat, or butter	65.5	52.6	63.3	51.7	62.5	49.2
Any sugar or honey	73.9	69.3	70.8	68.3	71.7	66.7
Any other foods, such as condiments, tea	72.0	89.5	67.5	80.0	68.3*	83.3

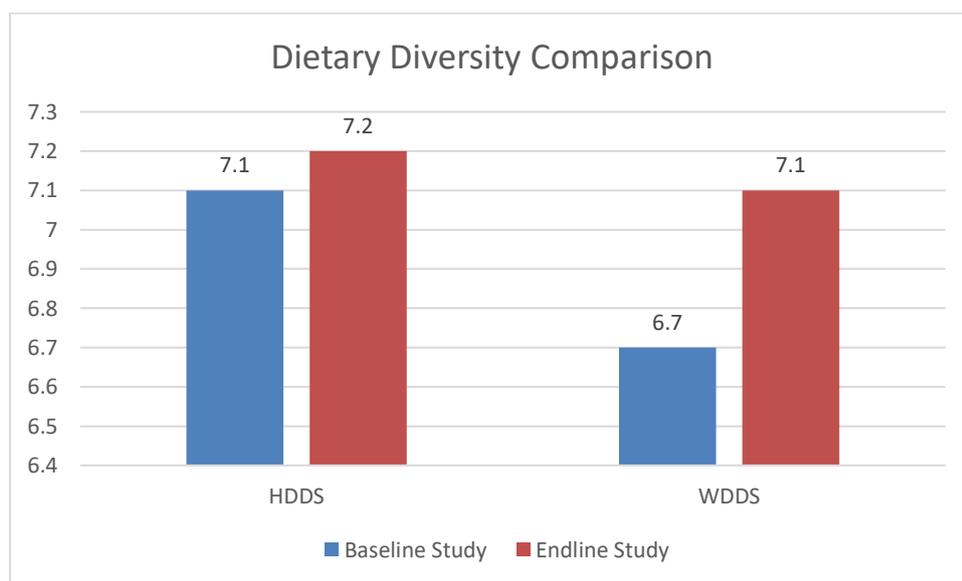
Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

¹⁵ Refers to only those food items that have been consumed by at least one member on the day preceding the study date

The mean number of food groups consumed by a household is seven. It shows a slight increase of 0.1 over the baseline situation. Women’s dietary diversity has increased by one food group. Compared to the baseline WDDS score of 6.7, the corresponding figure is 7.1 during the time of the endline evaluation. Further, the difference between the HDDS score and WDDS score has decreased during the time of the endline evaluation. The decrease indicates that women partake of almost all the food groups that the household consumes.

Fig 3: HDDS and WDDS



Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

🍴 Women’s Food Intake

The seven day dietary recall of women presents interesting findings. The consumption of meat, fish and eggs has significantly increased compared to the baseline situation. Women are likelier to have consumed them in the seven days preceding the endline evaluation. The consumption of yellow/ orange vegetables has also increased in the interim. As has the consumption of yellow/ orange fruits. Women are significantly more likely to consume such vegetables and fruits daily now. The consumption of milk based protein such as curd and cottage cheese has significantly decreased during the intervening period. The consumption of milk and oil/ butter/ fat has decreased also.

Table 16: Women's Weekly Food Intake

Food Item	More than Once a Day		Daily		Once a Week		Not Eaten	
	Baseline Study	Endline Study	Baseline Study	Endline Study	Baseline Study	Endline Study	Baseline Study	Endline Study
Rice	52.1	87.7	47.9	10.5	0.0	0.0	0.0	0.0
Puffed/ Flat Rice	14.3	37.7	85.7	60.5	0.0	0.0	0.0	0.0
<i>Dal</i> (pulse)	11.8	7.0	43.7	36.0	12.6	6.1	1.7	0.9
<i>Roti</i>	3.4	1.8	16.0	14.0	29.4	19.3	13.4	16.7
Green Leafy Vegetables	13.4	16.7	77.3	63.2	1.7	0.9	2.5	0.9
Beans	3.4	1.8	2.5	12.3	16.0	13.2	40.3	44.7
Yellow/ Orange Vegetables	5.9	4.4	20.2**	33.3	21.0	7.9	25.2	24.6
Potatoes	10.9**	28.1	85.7	65.8	0.0	0.9	3.4	2.6
Yams	0.0	0.9	4.2	4.4	12.6	8.8	46.2***	73.7
Ripe Yellow/Orange Fruits	1.7	0.9	4.2*	14.9	21.8	20.2	37.0	48.2
Curd, Cottage Cheese	0.0	0.9	5.0	0.0	16.0	8.8	52.9***	83.3
Meat	2.5**	18.4	4.2	0.0	32.8	42.1	41.2	36.8
Fish	5.0***	67.5	21.0	11.4	17.6	14.9	8.4	5.3
Eggs	5.0***	62.3	10.1	5.3	30.3	19.3	10.9	11.4
Oil/ Butter/ Fat	14.3	5.3	60.5	26.3	1.7	9.6	13.4**	31.6
Sugar/ Jaggery/ Honey	13.4	7.9	60.5	38.6	7.6	7.0	8.4	23.7
Milk	7.6	3.5	48.7	24.6	6.7	6.1	26.1**	47.4
Tea /Coffee	10.1	16.7	59.7	50.9	3.4	4.4	16.0	14.0
Health Drinks	0.8	4.4	4.2	2.6	3.4	1.8	50.4	73.7
Fruit Juices	0.0	0.0	0.0	1.8	3.4	5.3	53.8	75.4
Lime Water	0.0	3.5	0.0	3.5	3.4	4.4	54.6	70.2

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

In some cases, percentages may not add up to 100 due to a residual category of other responses

Anemia: Knowledge and Levels

Knowledge regarding anemia has increased among men and women study participants. Both men and women are likelier to consider non- pregnant women as being at risk of having anemia. A significant proportion of women also consider adolescent girls to be at risk of having anemia. Significantly higher proportions of both genders consider lack of iron in the diet as a cause of anemia. Significantly higher proportions of men and women consider taking iron tablets/ syrup and eating nutritious food as treatment for anemia. The evaluation team is of the view that knowledge has increased on aspects that have been emphasized by

CARE. It is for such reasons that correct knowledge levels on other aspects have declined during the two time points.

Table 17: Gender Differentials in Knowledge of Anemia

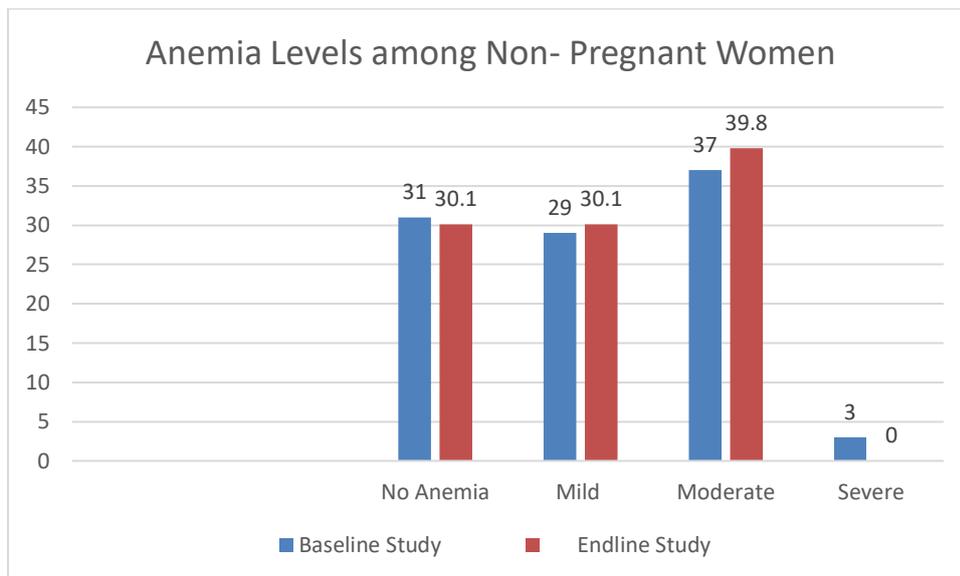
Aspect	Men		Women	
	Baseline Study	Endline Study	Baseline Study	Endline Study
Heard of Anemia	94.2	95.9	93.3	97.4
People at Risk of Having Anemia				
Pregnant Women	89.4	83.7	85.7	91.2
Lactating Women	72.1	68.4	66.4	91.2
Non- Pregnant Women	52.9***	76.5	52.9***	79.6
Men	55.8	48.0	37.8	39.8
Adolescent Girls	50.0	52.0	44.5***	63.7
Children	59.6	55.1	64.4	56.6
Causes of Anemia				
Poor Diet	73.1	46.9	72.3	57.5
Heavy Work	42.3	25.5	42.9	20.4
Parasitic Infections	9.6	16.3	8.4	8.8
Lack of Iron in the Diet	19.2***	37.8	16.0***	40.7
Symptoms of Anemia				
Weakness	86.5	80.6	92.4	87.6
Head Reeling	83.7	67.3	83.2	81.4
Nausea	11.5	26.5	11.8	19.5
Treatment of Anemia				
Go to a Doctor	97.1	81.6	94.1	89.4
Go to ICDS Worker	15.4	18.4	22.7	35.4
Take Vitamins	27.9	24.5	24.4	28.3
Take Iron Tablets/ Syrup	12.5**	29.6	11.8***	34.5
Eat Nutritious Food	21.2*	30.6	19.3***	35.4

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

The proportion of women with any type of anemia has remained stagnant in the panel sample. The difference is not statistically significant for the two evaluation time points. However, there are no severely anemic woman during the endline evaluation. During the baseline study, 3% of the women were severely anemic.

Fig 4: Anemia Levels among Non-Pregnant Women



Source: EnSIGN Baseline Survey (January 2015); Endline Survey (November 2016)

Note: Computed on Valid Responses

Health Seeking Behaviour

Women’s awareness has significantly increased about treatment of anemia at government health facilities (baseline level: 21.0%, endline level: 63.7%). Knowledge about the primary health center and the block primary health center has increased. Moreover, the proportion of women accessing government health facilities for themselves has increased significantly. From the baseline level of 33.6%, the proportion has increased to 61.9%. Among women who have accessed such services, more than half the women (51.4%) have gone for the treatment of anemia. This is the single largest reason for seeking services at government health facilities in the past 12 months.

Table 18: Women’s Awareness and Use of Public Health Services

Aspect	Baseline Study	Endline Study
Awareness of Relevant Services at Government Health Facilities		
Treatment of Anemia	21.0***	63.7
Treatment of Menstrual Disorder	20.2	28.3
Pregnancy Checkup	64.7	68.1
Conduct Delivery	46.2	40.7
Post Delivery Checkup	31.1	27.4
Types of Government Health Facilities		
Health Sub Centre	70.6	67.3
Primary Health Centre	35.3**	56.6
Block Primary Health Centre	10.9***	66.4
District Hospital	47.1	34.5
Accessed Government Health Services (<i>in the past 12 months</i>)	33.6***	61.9

Source: EnSIGN Baseline Survey, January 2015; Endline Survey (November 2016)

Note: Computed on Valid Responses

ANMs appreciate the fact that women now come for testing hemoglobin on their own. They credit CARE for such healthcare seeking behavior. In doing so, EnSIGN has been able to fill in a public health gap. India’s public health program for women has a strong focus on maternal health. EnSIGN has been able to widen the focus in the project area. Though health seeking behavior has improved, it needs to be continued for a prolonged period for a sustained impact on various fronts.

The intensive engagement with the women project participants in EnSIGN project has resulted in improvement of their knowledge and practice in various domains. However, as the foregoing chapters show, women project participants have been at the focus of the engagement. The engagement with other stakeholders has been fleeting. These have implications for the sustainability of EnSIGN project beyond the sanctioned period.

Women Project Participants

To the credit of EnSIGN project, it has brought about positive changes in knowledge and practice of women study participants in spheres where they have relative autonomy (e.g. kitchen garden). The project has widened women's understanding of issues that have a crucial bearing on their wellbeing (e.g. anemia). However, the changes have been brought about largely by women's participation in the Common Interest Groups – an exclusive EnSIGN initiative. In the absence of facilitation by CARE in the coming days, women's interest in group participation may wither away. Messages on sustainability are not greatly evident among the project participants (women or otherwise). The absence of guidance, and lack of facilitation would affect sustainability of EnSIGN project among the women project participants.

MANY IMPACTS

Pratima is a Hindu woman in her late forties. Her hemoglobin level is 12.5 g/dl. She has benefitted from EnSIGN project in many ways.

She participates in the group activities of EnSIGN. It is from the outreach workers of the project that she has learnt about environment friendly fertilizers. She recalls fondly the many advice she has received about cooking and eating. They have told her to cook in an iron vessel. Vegetables must be washed before cutting. One should wash hands with soap before eating. She has been told to eat sprouts and soaked nuts. A mix of pulses should be eaten, as also green leafy vegetables.

Pratima intends to continue with these practices in the future.

Non-Women Project Participants

Positive changes have been initiated by EnSIGN project among other members of the community. The male community members are likelier to know about nutrition, and how anemia affects women. It may be said that the male community members are favorably disposed towards the practical interests that the project advances viz., health and nutrition. Male members are not as enthusiastic about strategic gender advancement. Bringing about attitudinal changes in them with regards to gender needs a sharper focus, and more time. Correcting resistant attitudes, and bringing about more equitable gender relations is challenging in a patriarchal, agrarian setting such as Kotulpur. The challenge needs to be overcome with concerted strategy and devoted time.

EnSIGN is a multi-dimensional project. It provided the scope to engage with government departments dedicated to agriculture, development, women's issues, health, nutrition, among others. Representatives of the various government departments were interviewed during the baseline study, and subsequently during the time of the endline evaluation. The engagement with government departments has been weak beyond the community level. The most prominent engagement has been at the community level with functionaries of health and nutrition. The scope of the project has thus been partially utilized. For lasting gains of the project, a more protracted engagement is needed at different levels of the government.

This chapter contains the recommendations ensuing from the findings of the endline evaluation of EnSIGN project. The recommendations are categorized into three broad groups. These are: project design, project management and project evaluation.

Project Design

- EnSIGN represents a high intensity project at the community level. The engagement with the women at the community level is especially strong. There are many stakeholders in this multidimensional project. They range from government departments to community based organizations. It is imperative to engage with various stakeholders for fuller attainment of the project objectives and sustainable gains.
- Projects such as EnSIGN need to actively weave in a sustainability component.
- The time allowed for maturation of the results needs to be staggered for different aspects of the project. Processes that can be attained earlier must be distinguished from processes that take longer.

Project Management

- The project MIS needs to capture process and outcome indicators on different aspects of the project. The current singular focus on the women project participants in the MIS is misleading and counter productive.

Project Evaluation

- The evaluation of EnSIGN project should focus on results that are realistically attainable within the project period. To evaluate the entire gamut of aspects defies rationale and is potentially demotivating to the project implementation team.

ANNEXURES

Annexure 1: Terms of Reference

Source: CARE; CARE India/EnSIGN-Endline Study, August, 2016

TERMS OF REFERENCE

Endline Study of the project *Enhancing the Sustainable Farming Initiative through Gender & Nutrition*(EnSIGN),Kotulpur, Bankura, West Bengal

SECTION A: BACKGROUND

Purpose

The purpose of this ToR is to describe the terms and conditions along with specific responsibilities of the agency to be hired to conduct the Endline study of EnSIGN Project in the Kotulpur block of Bankura District, West Bengal.

Project brief

EnSIGN was seeking to develop evidence-based approaches and metrics to integrate gender and nutrition into the agriculture initiative of a corporate. The project was conceptualized on the hypothesis that *integrating selected nutrition and gender approaches with sustainable agriculture techniques already in place under the agriculture initiative will lead to increased productivity and profitability of farmers – especially women – in corporate’s supply chains, as well as greater wellbeing of communities.* Towards this, CARE leveraged its existing knowledge, known good practices and implemented a pilot with 504 smallholder potato growers’ households in a corporate supply chain in the Kotulpur block of Bankura district, West Bengal. The duration of the project was of 2.5 years, from June 2014 till November 2016. This project is a part of CARE India’s Dalit program hub.

Project description

Women are important links among the agriculture, nutrition, and health sectors. Of all the economically active women in India, 61.8% are in agriculture. They perform the bulk of farm labor and food processing and are often the mediators of nutrition, especially for children. They prepare food and care for children and household members who are ill. In many cases women are carrying out these tasks without the benefit of credit; access to healthcare and childcare; secure rights to land and water; sound information about agricultural production, health, and nutrition; and access to well-functioning markets. As a result, women farmers have lower productivity than their counterparts. Only 10.9% of agricultural landholders in India are women, and women are not recognized as farmers despite providing a significant portion of the labor in agricultural production either on their family’s land or as agricultural laborers. There are tremendous gains from reducing gender disparities in access to productive resources. These gains will however not come about without engaging men and boys and, longer-term, changing the structures that lead to these gender inequalities in the first place. Therefore, this project aims to ***develop a cost-effective, scalable package of best practices to integrate women’s empowerment into producer groups and corporate’s agricultural training.***

CARE defines women’s empowerment as the sum total of changes needed for a woman to realize her full human rights – the interplay of changes lie in:

- **Agency:** her own aspirations and capabilities,
- **Structure:** the environment that surrounds and conditions her choices,
- **Relations:** the power relations through which she negotiates her path.

Key interventions in this project was to work with groups (Women’s Common Interest Groups), increasing women smallholder farmer’s access to skills and resources, and engaging men and boys to change gender relations. The project had three key indicators to measure changes to women’s empowerment, namely:

1. Changes in the level of the adapted Women Empowerment in Agriculture Index (WEAI)¹⁶(*CARE modified/adapted version)

¹⁶CARE recommends using the adapted WEAI, a tool developed by USAID, IFPRI and OPHI with input from CARE staff. The tool uses 5 domains to define an index score defining whether women are “empowered” or “not empowered.” It also helps to identify in which domains women are not

2. Changes in performance of women in collectives (e.g. CIGs, producer groups, farmers club etc.)
3. Proportion of women in leadership positions in collectives

Another key focus of the project was to integrate nutrition outcomes to agriculture initiative and measure the changes. Hypothesis was 'when women and children will be well nourished, they will support thriving productive communities. Women who consume sufficient iron and a diverse diet have more physical strength, are better able to carry out their productive responsibilities and are less likely to die in childbirth. If malnutrition and poor health are prevalent among agricultural producers, agriculture is negatively affected. Healthy and nourished women, children and communities contribute to the resilience of supply chains. Therefore, this project was conceptualised to develop a cost-effective, scalable package of nutrition interventions to incorporate into sustainable agriculture approaches, resulting in increased dietary diversity and reduced anaemia in women and children

Drawing from proven nutrition interventions, CARE India focussed on three key interventions to promote nutrition-sensitive agriculture: 1) homestead food production (Nutrition gardens and small animal husbandry); 2) partnership with government authorities to facilitate access to services and supplements (e.g. Iron-folic acid supplements, HB Check-up) and; 3) education and messaging to facilitate behaviour change specially women farmers. To measure changes in women's nutrition status CARE planned to use two key change indicators: dietary diversity¹⁷ and anaemia (haemoglobin) levels. In Gender and Nutrition set of following sub indicators were also defined to track the progress

Revised Sub indicators:

1. % of HHs engaging women farmers in decision making process in agricultural and household works.
2. % of households adopting equitable workload sharing at household and agricultural levels.
3. % of women farmers accessing agriculture extension services.
4. X% increase in household dietary diversity score (HDDS) and in Women's dietary diversity score (WDDS)
5. % of Women farmers have increased annual yield of vegetable cultivation in their nutrition garden.
6. % of women farmers have reduced level of Anemia.

CARE India seeking to evaluate this pilot project using the same design and methodology used for baseline survey in order to generate comparative data between baseline and endline.

SECTION B: DETAILS OF ENDLINE STUDY

Objective of the study

As part of the project design, the project plans to undertake a comprehensive Endline study for comparative analysis against benchmarks as well as providing a sound analysis of the ground situation, where key components of the project are concerned. The purpose, therefore, of this survey is to collect information to inform project interventions as well as to measure project's impact and outcome indicators.

Illustrative areas of enquiry

- Knowledge and skills level of women farmers about farming
- Gender division of labour, intra-household decision-making control in agriculture and specifically in potato value chain, asset control and mobility of women
- Status of women's access to agricultural extension/capacity building services and markets (both input and output), and credit

empowered and how well they score in those areas. The 5 domains are 1) decisions about agricultural production; 2) access to and decision making power over productive resources; 3) control over use of income; 4) leadership in the community; and 5) time use.

¹⁷Dietary diversity calculated through household dietary diversity score (HDDS) and Women's dietary diversity score (WDDS)

- Information channels used/preferred by women and mobile phone access/use
- Attitude of men and other relevant stakeholders towards women farmers
- Women's engagement with collectives both women only and mixed groups
- Proportion and capacity of women in leadership positions in producer groups
- Current dietary practices of the project participants
- Anaemia (haemoglobin) levels in women farmers. Considering Women of Reproductive Age(WRA,15-49 Years)as universe to draw samples from
- Women's capacity and contribution to provide for the food security, health, and nutrition of their families and roles of other family members (in-laws and husband)
- Status of nutrition knowledge of the women farmers
- Contribution of agriculture in assuring access to and availability of high-nutrient content food for the project participants
- Status on awareness and linkages of project participants with public health services
- Women's perspectives on challenges in agriculture and their aspirations as (farmers/caregivers/earners)

Scope of work

Role of Agency will be to:

1. Design the Endline study and work closely with CARE India to refine and finalize the design, considering project commitments and impact indicators
2. Develop, translate and finalize the methodology, specific tools and schedules for data collection and analysis
3. Take ERB approval and obtain necessary permissions (wherever required) from GoI/MoH/relevant govt. department as per the law of land
4. Identify, recruit and train enumerators for listing, mapping and data collection using the study instruments, developing shared understanding of the study objectives, understanding of the research instruments, sampling protocols and the quality control mechanism
5. Design quality control protocols for ensuring quality data collection in consultation with CARE India.
6. Ensure quality data collection with a separate supervision plan and adequate human resources, data entry and data cleaning
7. Analyze data (both qualitative and quantitative) and submit report as per predetermined reporting plan, along with final, clean (clearly labelled and understood variable list and variable coding) data sets as well as the raw data.
8. Agree with CARE on a framework for the final report.
9. Submit the draft report and seek comments from CARE in stipulated time period
10. Finalize and submit the draft report based on the comments and inputs from CARE
11. Submit the final report and a presentation to stakeholders including CARE in agreed timeframe.

Data and facilities to be provided by CARE

The following would be the data and other facilities provided by CARE to the selected firm:

- List of Intervention villages in the district
- Provide inputs for finalisation of study design (including sampling), methodology and tools through a Technical Advisory Group (TAG)
- WEAI (CARE modified/adapted version) and HDDS/WDDS tools
- Observe and help facilitate the training of enumerators
- Supervision visits during data collection
- Provide inputs and comments for finalisation of the Endline study report.

Deliverables

1. Detailed study methodology and design for data collection presented to CARE along with detailed plans for study personnel and organization, quality assurance, approvals obtained.
2. ERB done, with specific focus on hemoglobin measurements; necessary permissions from GoI/MoH/relevant govt. department as per the law of land obtained; brief process document along with the copy of ERB and govt. approvals submitted to CARE
3. Final schedules/instruments in English and Bengali language
4. Detailed plans for tabulation and analysis (of both qualitative and quantitative data) and reports presented to TAG, approved

5. Detailed results presented to CARE, along with cleaned data sets.
6. Working draft report of quantitative and qualitative assessments
7. Final, cleaned data sets, all filled in formats, two sets of entered data and error data log, syntax and analysis for both qualitative and quantitative assessment
8. Final report (hard copy and soft copy) in agreed format with an executive summary
9. A presentation on the report with baseline and endline data comparison along with significance test.
10. Audio Visual data, recordings in CD/DVD format

Agency will make a final presentation about findings of the study to CARE.

Quality control mechanism

Quality of data gathered is of utmost importance and so the hired agency for data collection is expected to design quality control protocols for ensuring quality data collection. The agency is also expected to deploy personnel to implement data quality protocols. The time and duration of the interview must be recorded and included in the final data set. At least 15% of the questionnaire should be randomly checked and backchecked by the team leader/field executive. A full description of quality control measures must be included in the proposal.

Timeframe

The agency will propose a timeline and adhere strictly to the agreed timeline. The assignment is expected to be completed (Tools design, Field study and final report submission) within 30 days from the date of award.

SECTION C: FORMAT FOR PROPOSAL

I. Technical Proposal

Section 1: Methodology and design of the study as per TOR

Section 2: Approach and methodology of data collection (including the work-plan in the form of a Gantt chart; team composition (assignment organogram) and personnel inputs; without any mention of the professional fees)

Section 3: CVs of the proposed personnel and roles each will play

Section 4: Any other information (conflict of interest, joint venture or disclosure etc.)

II. Financial Proposal

Financial proposal for quantitative and qualitative survey will be submitted separately

a. Summary of the total costs

Professional costs	
Other direct costs	
Government taxes, if any	
Total Costs	

b. Details of the costs proposed

i. Professional Cost

Professional	Number	Days	Rate	Total
Quantitative				
Qualitative				
Total				

ii. Field Cost

Household Quantitative Survey	Number	Days	Rate	Total

Total				
Qualitative Study				
Total				
Total Field Cost				

iii. Travel Cost

Household Quantitative Survey	Number	Days	Rate	Total
Total				
Qualitative Study				
Total				
Total Travel Cost				

iv. Professional per diem

	Number	Days	Rate	Total
Household Quantitative Survey				
Qualitative Study				
Total				

v. Other Cost

	Unit	Rate	Total

Annexure 2: Profiles of Team Members

Dr. Manasee Mishra (*Lead Investigator*): Dr. Mishra is a Sociologist with a proven track record in Public Health. Currently, she is Head (Research & Training) in IIHMR University (Kolkata Unit). Various laurels in her academic career include the National Talent Search (NTS) scholarship from NCERT, New Delhi; University Merit Scholarship and University Medal from the University of Hyderabad (Central University), and the UGC Research Fellowship for pursuing research in Sociology. She combines academic and programmatic experience for work on monitoring and evaluation of Public Health programmes, Child Health and Nutrition, Gender, Ethics, Young People's Reproductive and Sexual Health and Rights, and other issues. She has been part of evaluation teams for different multilateral agencies. Her work has been published and presented in various national and international forums. Recent scholarly activities of Dr. Mishra include successful completion of the course on 'Systematic Reviews in Nutrition for Global Policy Making'. The course is offered by Cornell University, USA in collaboration with WHO Geneva and Cochrane Collaboration. Recent publications include articles in *The Wiley-Blackwell Encyclopedia of Gender and Sexuality Studies* and the journal *Public Health Nutrition* (Cambridge University Press).

Mr. Arnab Mandal: Mr. Mandal is an environmental health studies professional. He has extensive community based experience in health systems issues in climatically vulnerable regions. At IIHMR, he has successfully led numerous community based studies on various topics. Mr. Mandal is comfortable with large quantitative datasets.

Ms. Saheli Manish Kumar: Ms. Kumar is a researcher in IIHMR University. A post graduate in Social Work, she has extensive experience in quantitative and qualitative studies. She is involved in various stages of a study including drafting of tools, data collection and analysis.

Annexure 3: Impact and Outcome Level Indicators

Results	Performance Indicators	Frequency	Source	Responsible
EnSIGN Goal: Enhance smallholder women farmers' productivity, wellbeing and empowerment in Sustainable Farm Initiative (SFI).				
Long-term impact: Gender equitable and more secure livelihoods for households of particular segments of smallholder women farmers.	Women's Empowerment <ul style="list-style-type: none"> IM 1.1 Women's Empowerment Index (WEI) Food & Nutrition Security <ul style="list-style-type: none"> IM 1.2: Mean household dietary diversity scores IM 1.3: Mean women's intra-household food access IM 1.4: Anemia levels 	Baseline / end-line	Quantitative / qualitative surveys	External consultant
Objective 1: Integrate select Gender interventions in Sustainable Farm Initiative (SFI)				
Outcome 1: Improved knowledge, skills, relationships, self-confidence and aspirations of women smallholder farmers.	<ul style="list-style-type: none"> OC 1.1: % women participating in formal and informal groups OC 1.2: % women holding leadership positions in formal and informal groups OC 1.3: % respondents confident speaking about gender and other community issues at the local level OC 1.4: % women with sole or joint control over agricultural income and expenditures OC 1.5: % women with sole or joint decision-making and control over household assets OC 1.6: % women with sole or joint decision-making and control over agricultural assets 	Baseline / end-line; annual monitoring	Quantitative/ qualitative surveys; producer group records; Project MIS	External consultant; M&E unit
Outcome 2: Increased access to productive resources, markets, appropriate and reliable services and inputs for women	<ul style="list-style-type: none"> OC 2.1: % women with access to and control over loans for Income Generating Activity (IGA) OC 2.2: % women with access to agricultural extension services in last 12 months OC 2.3: % women reporting satisfaction with agricultural extension services OC 2.4: % women accessing agricultural financial services 	Baseline / end-line; annual monitoring	Quantitative/ qualitative surveys; producer group records; Project MIS	External consultant; M&E Unit

smallholder farmers.	(loans, savings, crop insurance) in last 12 months <ul style="list-style-type: none"> • OC 2.5: % women accessing agricultural inputs (seeds, fertilizers, etc.) over the last 12 months • OC 2.6: % women accessing output markets to sell agricultural production over the last 12 months 			
Outcome 3: Positive and enabling attitudes and behaviours of men from HHs and community and other stakeholders towards women as farmers	<ul style="list-style-type: none"> • OC 3.1: % of respondents expressing attitudes that support gender-equitable roles in family life • OC 3.2: % of respondents expressing attitudes that reject household gender-based violence • OC 3.3: Women's mobility • OC 3.4: Gender division of labour • OC 3.5: % of women reporting their sex as a barrier to participation in local groups / forums 	Baseline / end-line; annual monitoring	Quantitative/ qualitative surveys; Project MIS	External consultant; M&E Unit
Objective 2: Integrate select Nutrition interventions in Sustainable Farm Initiative (SFI)				
Outcome 4: Improved knowledge, capacity and contribution of women smallholder farmers to provide for the food security, health, and nutrition of their families	<ul style="list-style-type: none"> • OC 4.1: % women reporting improved understanding on food and nutritional value of crops • OC 4.2: % women adopting (project defined) minimum number of improved nutrition sensitive agricultural practices (list of improved practices to be decided by the project) • OC 4.3: % women farmers adopting (project defined) minimum number of improved nutrition garden practices (list of improved practices to be decided by project) 	Baseline / end-line; annual monitoring	Quantitative/ qualitative surveys; Project MIS	External consultant; M&E Unit
Outcome 5: Better availability of and access to	<ul style="list-style-type: none"> • OC 5.1: Number of different crops (high-nutrient content) grown for HH consumption 	Baseline / end-line; annual	Quantitative/ qualitative surveys;	External consultant; M&E Unit

<p>nutritious food, public health schemes and services</p>	<ul style="list-style-type: none"> • OC 5.2: % women farmers reporting improved awareness on public health schemes and services • OC 5.3: % women farmers accessing/ linkages with public health schemes and services 	<p>monitoring</p>	<p>Project MIS</p>	
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Annexure 4: WEI, HDDS*Source: CARE*

The Women's Empowerment Index (WEI)

The Women's Empowerment Index (WEI) indicator used as part of the baseline study was adapted from, and follows closely, the Women's Empowerment in Agriculture Index (WEAI) developed for Feed the Future.

Empowerment, as defined in the WEAI, is achievement in 80% or better of a weighted-index of the 10 indicators underlying the WEAI. The table below shows the weighting used for both the WEAI index and the adapted WEI index being used in this study. The differences in weighting between the two are driven in large part by additional indicators that were included by CARE. Those new indicators include:

- Women's self confidence
- Women's mobility
- Women's attitudes towards gender equitable roles in family life
- Women's political participation

The addition of the new indicators adds several important dimensions directly related to women's empowerment that was previously unaccounted for in the WEAI. Women's engagement in the political process and a measure of self-confidence were added to the leadership domain.

The WEAI "Time" domain was relabeled "Autonomy" to more accurately reflect the indicators contributing to this domain in the WEI. The workload indicator was replaced by two indicators measuring women's mobility and their attitudes concerning gender equity in the home. Questions related to women's workload were explored through qualitative interviews rather than the quantitative survey.

Domain	Indicator	WEAI Threshold	Country-Specific Threshold
PRODUCTION	With decision-making input for HH productive decision domains	≥ 40%	≥66.7%
	With autonomy in HH production domains	1 of 5	1 of 5
RESOURCES	With sole or joint ownership of household assets	≥ 50%	≥ 50%
	With sole or joint control over purchase or sale of household assets	≥ 50%	≥ 80%
	With access to and decisions on credit	N/A	N/A
INCOME	With control over household income and expenditures in HH decision-making domains	≥ 50%	≥ 70%
LEADERSHIP & COMMUNITY	Participating in formal and informal groups	N/A	N/A
	Confident speaking about gender and other community issues at the local level	2 of 4	3 of 4
	Demonstrating political participation	*	*
	Who express self-confidence	2 of 7	5 of 7
AUTONOMY	Satisfied with the amount of time available for leisure activities	N/A	N/A
	Achieving a mobility score of 16 or greater	N/A	N/A
	Expressing attitudes that support gender equitable roles in family life	N/A	N/A

HDDS

Dietary diversity refers to nutrient adequacy, defined here as a diet that meets the minimum requirements for energy and all essential nutrients. The rationale for using dietary diversity as an indicator for dietary quality stems primarily from a concern related to nutrient deficiency and the recognition of the importance of increasing food and food group variety to ensure nutrient adequacy. Dietary diversity assesses the number of different food groups consumed over a 24-hour period by household members. Lack of dietary diversity is typically a serious health problem in poor rural communities. Food preparers in households were asked to respond to 12 different food groups. The number of different food groups consumed over a 24-hour recall period by any combination of household members.

Dietary diversity is a qualitative measure of food consumption that reflects household access to a variety of foods, and is also a proxy for nutrient adequacy of the diet of individuals. The dietary diversity questionnaire represents a rapid, user-friendly and easily administered low-cost assessment tool.

When interpreting the dietary diversity score, it is important to keep in mind that:

- The dietary diversity score does not indicate the quantity of food consumed.
- Diet varies across seasons and some foods can be available in large quantities and at low cost for short periods.

The following set of 12 food groups is used in Household Dietary Diversity measurement:

- | | |
|-------------------------|--------------------------------------|
| 1) Cereals | 7) Fish and seafood |
| 2) Root and tubers | 8) Pulses/legumes/nuts |
| 3) Vegetables | 9) Milk and milk products |
| 4) Fruits | 10) Oil/fats |
| 5) Meat, poultry, offal | 11) Sugar/honey |
| 6) Eggs | 12) Miscellaneous (i.e., condiments) |

Mean women's intra-household food access

This indicator aims to measure women's access to food within the household and reports the mean number of food groups consumed in the previous day (24-hour recall) by women at least 15 years old. This indicator uses the same twelve food groups as the HDDS but asks them of women only and why women did or did not consume a food

Annexure 5: Study Tools

CONFIDENTIAL
FOR RESEARCH PURPOSE ONLY

Endline Study of ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ Project
October – November 2016

Tool 1: Structured Interview Schedule with Women (15 - 49 Years) and Male Member

Informed Consent: Greetings! I am ----- and I have come on behalf of IHMR University (Kolkata Unit). We are carrying out a research study on ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women’s participation in agriculture and household decision making, and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about one hour. You can withdraw from the interview at any point and there will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women’s situation and what can be done to improve their participation in decision making, and their nutritional status.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. *(Hand over the Contact Slip with contact information about CARE and IHMR)*

May I speak to you?Yes No

If ‘No’ E e inter

Section I: Identification			
101. Schedule Identification Number :	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
102. Name of the GP:	103. Name of the village:		
104. Name of the Respondent :	105. Mobile number	Signature/ Thumb Impression	
	<input style="width: 20px; height: 20px;" type="text"/>		
	Date of Interview		

106. Interviewer		D	D	M	M	2	0	1	6	
107. Supervisor		D	D	M	M	2	0	1	6	
108. Editor		D	D	M	M	2	0	1	6	
109. IIHMR Staff		D	D	M	M	2	0	1	6	
110. Status of Interview <i>(Multiple Responses Possible)</i>	Woman's Interview CompletedA No Competent Respondent at homeB Woman's Interview Incomplete, revisitC Husband/ Male Member not at home, revisit.....D Woman RefusedE Household vacant..... F									

111. Household Roster (start with the YOUNGEST member)							
Sl.no.	Name	Marital Status	Relationship to HH Head	Sex	Age (in completed years) If <= 5 years, go to next household member	Can read and write?	Highest Class Studied
		Unmarried.....01 Currently married.....02 Separated/ Divorced/ Widowed.....03	Self.....1 Spouse2 Father.....3 Mother.....4 Son.....5 Daughter.....6 Brother/ Sister.....7 Other88 Specify _____	Male.....01 Female.....02		With ease01 With some difficulty.....02 Not at all03	Class 1-12 <input type="text"/> <input type="text"/> <i>Graduation</i>13 Post graduation14 Other 88 Specify_____
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Section II: General Information			
Qsn. No.	Question	Options	Skip
201	Name of the respondent		
202	Age of the respondent (in completed years)	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> Don't Know/ Can't Say99	
203	Date of Birth (Reconcile with Age of the Respondent)	Date of Birth <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <input style="width: 20px; height: 20px;" type="text"/> </div> Don't Know/ Can't Say99	
204	What is the religion of the head of the household?	Hindu 01 Muslim02 Christian.....03 Other.....88 (Specify) _____ Don't Know/Can't Say.....99	
205	What is the caste/ tribe of the head of the household?	General01 Scheduled Caste.....02 Scheduled Tribe.....03 OBC.....04 Other88 (Specify) _____ Don't Know/Can't Say.....99	
206	What is your current marital status?	Unmarried.....01 Currently Married02 Separated/Divorced/Deserted03 Widowed04	If 1, go to Qsn. 209. If 3 or 4, go to Qsn. 208
207	What is the name of your husband?		
208	How old were you at the time of your marriage?	Age in completed years <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> Don't Know/ Can't Say99	
209	Who do you live with?	Husband01 In-laws and Husband.....02 In-laws (Husband staying away).....03 Other88 (Specify) _____	
210	Did you live in this village before your marriage?	Yes..... 01 No02 Not Applicable.....77	
211	What is the language that you generally speak?	Bengali 01 Hindi.....02	

		Other 88 (Specify) _____	
212	Can you read and write?	With ease01 With some difficulty.....02 Not at all03	
213	Have you ever attended school?	Yes01 No02	If 2, go to Qsn. 215
214	What is the highest grade/class you have completed? (Write class in box)	Class 1-12 <input type="text"/> <input type="text"/> Graduation 13 Post graduation 14 Other 88 (Specify) _____	
WASH (Water, Sanitation and Hygiene)			
215	What is the main source of drinking water for the household?	Open well.....01 Closed well.....02 Tap water03 Pond/ Tank.....04 River/Stream/ Canal.....05 Others88 Specify _____	
216	How long does it take to collect drinking water for the household (for a day's requirement) from the source?	(in minutes) <input type="text"/> <input type="text"/> <input type="text"/>	
217	Do you purify/ boil the drinking water?	Yes, always.....01 Yes, sometimes.....02 No, never03 Don't Know/ Can't Say.....99	If 3 or 99, go to Qsn. 220
218	When do you purify the water? (Multiple Responses Possible)	When there is illness in the family.....A When there is flood.....B AlwaysC Others.....Y Specify _____	
219	When was the last time you purified the drinking water?	In the past one week.....01 Beyond one week but in the past one month.....02 More than a month back03 Don't Know/ Can't Say99	
220	Do you have toilet facilities in or around your house?	Yes.....01 No.....02	If 2, go to Qsn. 223
221	Do you share this toilet facility with other households?	Yes.....01 No.....02	If 2, go to Qsn. 223
222	How many households use this toilet facility? (including the respondent's household)	Don't know/ Can't Say.....99	

223	Where do members (other than children) of the household defecate?	Open field.....01 Pit latrine.....02 Sanitary latrine.....03 Other 88 Specify_____																																									
224	Where do children of the household defecate?	Open field.....01 Pit latrine.....02 Sanitary latrine.....03 Inside the home (in a pot).....04 Inside the home (on paper).....05 Other 88 Specify_____																																									
225	If child defecates in a pot or on paper, then where are the feces disposed?	In a pit near home.....01 In the nearby field.....02 Not Applicable.....77 Others.....88 Specify_____																																									
226	When do you wash your hands? (Put ✓ mark) (Multiple Responses Possible. Read out EVERY option)	<table border="1"> <thead> <tr> <th>Sl. no.</th> <th>Option</th> <th>Always</th> <th>Some times</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Whenever they are dirty</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td>Before cutting vegetables/ cooking</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td>Before eating</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d.</td> <td>Before feeding a child</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e.</td> <td>After defecation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f.</td> <td>After cleaning a child post defecation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>y.</td> <td>Others (Specify)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sl. no.	Option	Always	Some times	Never	a.	Whenever they are dirty				b.	Before cutting vegetables/ cooking				c.	Before eating				d.	Before feeding a child				e.	After defecation				f.	After cleaning a child post defecation				y.	Others (Specify)				
Sl. no.	Option	Always	Some times	Never																																							
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e.	After defecation																																										
f.	After cleaning a child post defecation																																										
y.	Others (Specify)																																										
227	With what do you wash your hands? (Multiple Responses Possible)	Soap and waterA Mud and water.....B Ash and water.....C Only water.....D Others.....Y Specify_____																																									
Pregnancy History																																											
228	How many pregnancies have you ever had?	No. of Pregnancies <input type="text"/> <input type="text"/> Not Applicable77	If '0' go to Qsn. 232. If 77, go to Qsn. 234																																								
229	How many children have you given birth to? (including living and dead)	No. of Children <input type="text"/> <input type="text"/>	If '0' go to Qsn. 232																																								
230	How old is your <u>youngest</u> child?	Age (in completed years) of youngest child <input type="text"/> <input type="text"/>																																									

231	What is the sex of your youngest child?	Male.....01 Female.....02	
232	Are you currently pregnant?	Yes.....01 No.....02 Don't Know/ Can't Say99	If 2 or 99, go to Qsn.234
233	In which month of pregnancy are you?	Pregnancy Month <input type="text"/> <input type="text"/> Don't Know/ Can't Say99	
<i>If the woman is pregnant, counsel the woman to seek services from the health sub centre and the ICDS</i>			
Group Membership			
234	Are you a member of any kind of group?	Yes.....01 No.....02	If 2, go to Qsn. 244
235	You are a member of how many groups?	Number of groups <input type="text"/> <input type="text"/>	
236	Group Member Please tell us something more about the groups of which you are a member?		
	A. Type of Group	B. Member Yes....01 No.....02 (If no, give three reasons)	C. Reason Member only.....01 Advisor.....02 Office Bearer03 Other.....08 Specify_____
			D Position in the Group Member only.....01 Advisor.....02 Office Bearer03 Other.....08 Specify_____
			E Who decided that you join this group? Self.....01 Husband.....02 Mother in Law.....03 Other.....88 Specify_____
			F Meets Regularly (at least once a month) Yes....01 No.....02

			2)				
	Agricultural Producer's Group (including marketing groups)						
	SHG						
	Trade, Business, or Cooperatives Association						
	Civic/ Charitable Groups						
	Religious Group						
	Other Specify						
	<p>CODE 2: (Multiple Responses Possible)</p> <p>Not interested.....01 No time.....02 Unable to raise entrance fees.....03 Unable to raise reoccurring fees.....04 Group meeting location not convenient.05 Family dispute/unable to join.....06 Not allowed because of sex.....07 Not allowed because of other reason.....08</p>						
	Now, please tell us about the group to which you feel most attached.						
237	Which group is this?	Agricultural Producer's Group.....01 SHG.....02 Trade, Business, or Cooperative Association03 Civic/ Charitable Group.....04 Religious Group.....05 Other (Specify) _____					
238	What is your position in this group? (Tally with the answer given to Qsn. 236 D)	Member only.....01 Advisor.....02 Office Bearer03 Other.....88 Specify _____					
239	Duration for which you have been in this position?	In months <input type="text"/> <input type="text"/> Not Applicable.....77					

240	Do you hold a leadership position in this group?	Yes.....01 No.....02	
241	When was the last meeting of this group held?	Month..... <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
242	Were you present in the last meeting of this group?	Yes.....01 No.....02	
243	What was discussed in the last meeting of the group? <i>(Multiple Responses Possible)</i>	Increase Potato production.....A Organise Pujas/ Festivals.....B Increase SavingsC OtherY Specify..... Don't Know/ Can't Say.....X	

244. Ownership of Assets, Purchase or Sale of Assets, Access to Productive Capital

Productive Capital		A. How many of [ITEM] does your household currently have? (if 0 skip to next item)	B. Who would you say owns most of the [ITEM]?	C. Who would you say can decide whether to sell [ITEM] most of the time?	D. Who contributes most to decisions regarding a new purchase of [ITEM]?
		T2	T3	T4	T5
1.	Agricultural land (pieces/plots)				
2.	Large livestock (oxen, cattle)				
3.	Small livestock (goats, sheep, pigs)				
4.	Chickens, ducks, turkeys, pigeons				
5.	Fish pond				
6.	Fishing Equipment				
7.	Farm equipment (non-mechanized)				
8.	Farm equipment (mechanized)				

9.	Nonfarm business equipment				
10.	House (and other structures)				
11.	Large consumer durables (TV, sofa)				
12.	Small consumer durables (radio, cookware, iron)				
13.	Cell (mobile) phone				
14.	Other land not used for agricultural purposes (pieces, residential or commercial land)				
15.	Means of transportation (bicycle, motorcycle, car)				

CODE 1 (for T3 – T5): Decision-making and Control over Capital	
Self.....01	Partner/Spouse and other household member(s).....06
Partner/Spouse.....02	Someone (or group of people) outside the household.....07
Self and partner/spouse jointly.....03	Self and other outside people.....08
Other household member.....04	Partner/Spouse and other outside people.....09
Self and other household member(s)...05	Self, partner/spouse and other outside people.....10

245. Women's Mobility

We would like to know whether you have to take permission in the following situations: Please put (√) mark				
Situation	Yes, Always	Yes, Most Often	Yes, but only now and then	No, Never
Do you have to seek permission of your husband or other family member:				
A. To go to the market				
B. To go to a female friend's house				
C. To go to the house of a member of your family				
D. To go to the temple, church or mosque				
E. To go to a public village meeting				

F.	To go to a meeting of any group/association of which you are a member				
G.	To go outside your village				
H.	To carry out income generating activities				
I.	To go to a local social event (fair, festivals, etc.)				
J.	To go to a health care provider				

246. Women's Perceptions of Gender Roles

Please let us know whether you agree or disagree with the following statements:		
Statement	Options	
A. I think that most household decisions should be made by the man	Agree.....01	Disagree.....02
B. I think that there is men's work and women's work and one shouldn't ever do the work of the other	Agree.....01	Disagree.....02
C. I think that if a woman works outside the home, her husband should help with child care and household chores.	Agree.....01	Disagree.....02
D. I think that a husband should spend his free time with his wife and children.	Agree.....01	Disagree.....02
E. I think a husband and wife should decide together about what kind of family planning to use.	Agree.....01	Disagree.....02
F. I think there are times when a women deserves to be hit	Agree.....01	Disagree.....02
G. I think a woman must tolerate violence in order to maintain stability in the family	Agree.....01	Disagree.....02

247. Leisure

A. How many hours do you have available for leisure activity each day? (visiting neighbors, listening to the radio, playing sports or games etc) <i>(If less than one hour, please write 00 in hour box)</i>	Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> <i>(Write in minutes when it is less than <u>One Hour</u>)</i>
B. Are you satisfied that you have enough time for leisure activities like visiting neighbors, watching	Yes.....01 No.....02

	TV, listening to the radio or doing sports?						
248. Women's Self Image/ Confidence							
	Please let me know how strongly you agree or disagree or have no opinion on the following statements. Please put (√) mark	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	
	A. I can always resolve household problems if I try hard enough						
	B. If somebody opposes me, usually I can find a way to get what I want						
	C. I always find some way to deal with problems that confront me						
	D. I have the skills and information I need to improve my agricultural production						
	E. I have access to the resources and services I need to improve my agricultural productivity						
	F. I can take action to improve my life						
	G. I can influence important decisions in my community						
Access to Inputs and Services							
249	Did you (singular) access inputs from any of the following sources related to your agricultural activities during the last 12 months? <i>(Multiple Responses Possible)</i>	Cooperative or producer group.....A Government program.....B Agro dealer / input supplier within 5 kmC Agro dealer / input supplier farther than 5 KM away.....D Local input producer (feed, seed multiplier, etc).....E Did not access inputs.....F Other.....Y Specify _____					
250	Did you (singular) access market or extension information from any of the following sources during the most recent agricultural season? <i>(Multiple Responses Possible)</i>	Cell phone/SMS update.....A RadioB Television.....C Government extension agents.....D Other producers.....E Collectors/traders (i.e. middlemen).....F Input suppliers/agro dealerG NGOs.....H Other.....Y Specify _____					
251	Did you (singular) access any of the following sources of agricultural finance during the last 12 months?	Own savings.....A MFI loan.....B Agricultural Cooperative.....C Agricultural insurance.....D					

	(Multiple Responses Possible)	Other.....Y Specify_____	
Sustainable Agriculture Practices/Technologies			
252	Did you (singular) produce any agricultural or homestead garden crops during the last 12 months?	Yes.....01 No.....02	
253	Did you (singular) sell any agricultural or homestead garden crops during the last 12 months?	Yes.....01 No.....02	
254	Did you (singular) use any of the following sustainable agriculture practices/technologies for any of your crops in the last 12 months? (Multiple Responses Possible Read out EVERY option)	Minimum tillage.....A Mulching.....B Crop rotation.....C Cover crops.....D Manure or compost.....E Alley cropping/intercropping.....F Improved seeds.....G Increased number of crops (increased diversity).....H Irrigation technologies.....I Soil erosion control (terraces, contours, grass strips).....J Other.....Y Specify_____	
Access to Agriculture/ Livestock/ Fisheries Extension Services			
255	Have you heard of the term agricultural extension services? (use local term)	Yes.....01 No.....02	
256	Have you (yourself) met with an agricultural extension worker during the last 12 months? (use local term)	Yes.....01 No.....02	If 2, go to Qsn. 259
257	How many times did you (singular) meet with the agricultural extension worker during the last 12 months? (use local term)	Number of Meetings..... <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
258	What type of extension services have you received in the last 12 months? (use local term) (Multiple Responses Possible)	None.....A Improved agriculture practices.....B Improved livestock practices.....C Agricultural Tools.....D Improved seeds.....E Inputs (fertilizer, pesticide, etc.)F Veterinary services.....G Other.....Y Specify_____	

259	Are you satisfied with the agricultural extension services? <i>(use local term)</i>	Fully satisfied.....01 Somewhat satisfied.....02 Not satisfied.....03	
260	The last time you met with an agricultural extension worker, were they a male or female?	Male.....01 Female.....02 Both male and female.....03	
261	Have you heard of the term fisheries extension services? <i>(use local term)</i>	Yes.....01 No.....02	
262	Have you (yourself) met with a fisheries extension worker during the last 12 months? <i>(use local term)</i>	Yes.....01 No.....02	If 2, go to Qsn. 265
263	How many times did you meet with the fisheries extension worker during the last 12 months? <i>(use local term)</i>	Number of meetings..... <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
264	What type of fisheries extension services have you received in the last 12 months? <i>(use local term)</i> <i>(Multiple Responses Possible)</i>	None.....A Improved fishing practices.....B Fishing Tools.....C Inputs (worms, bait, etc.)D Veterinary services.....G Other.....Y Specify_____	
265	Are you satisfied with the fisheries extension services? <i>(use local term)</i>	Fully satisfied.....01 Somewhat satisfied.....02 Not satisfied.....03	
266	The last time you met with a fisheries extension worker, were they a male or female?	Male.....01 Female.....02 Both male and female.....03	

Section III: Agricultural Engagement, Earning and Decision Making			
Qs. No.	Question	Options	Skip
301	Are you currently engaged in any income earning activities?	Yes01 No02	If 2, go to

			Qsn. 304
302	What type of income earning activities are you currently doing?	Farmer.....01 Agricultural labourer02 Non-agricultural manual daily labourer.....03 Factory/small industrial worker.....04 Small business (tailor/shop/catering).....05 Tuition/ Teacher.....06 Other88 (Specify)_____	
303	Where is your work place located?	Home.....01 Outside home in village.....02 Outside village03	
304	Were you (singular) engaged in agricultural or livestock/ aquaculture activities during the last 12 months?	Yes01 No02	If 2, go to Qsn. 306
305	How were you (singular) engaged in agricultural or livestock/ aquaculture activities in the last 12 months? <i>(Multiple Responses Possible)</i>	Make decisions about type of crops/livestock.....A Grow crops.....B Tend livestock.....C Sales and Marketing.....D Post Harvest Processing.....E Provide Paid Labor only.....F Other.....Y Specify_____	
306	Were you involved in potato farming in the last 12 months?	Yes01 No02	
307	In which ways were you involved in potato farming in the last 12 months? <i>(Multiple Responses Possible)</i>	Land preparationA SowingB IrrigationC Fertilizer/manure application.....D WeedingE Harvesting (includes transport).....F Post-harvest (cleaning, drying, etc.).....G Selling (includes transport)H Make decisions about type of potato to grow.....I Other.....Y Specify_____	
308	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	Throughout the year01 Seasonally/ part of the year02 Once in a while03	
309	Are you paid in cash or kind for this work, or are you not paid at all?	Cash01 Cash and Kind02 Kind only03 Not paid04	

310	Generally, how much do your earnings contribute to the total family earnings?	Almost none01 Less than half02 About half03 More than half04 All05																																	
311	Who mainly decides how the money you earn will be used? <i>(Multiple Responses Possible)</i>	Respondent decidesA Husband decidesB Father / Father-in-law decidesC Decides jointly with husbandD Others.....Y Specify _____																																	
312	Do you get to spend any part of your earnings as you wish?	Yes01 No02																																	
313	On whom do you usually spend your earnings? <i>(Multiple Responses Possible)</i>	Self.....A Children.....B Husband.....C Parents.....D Other relatives.....E Save the amount.....F Not Applicable.....N Others.....Y Specify _____																																	
314	Let me read out a number of aspects. Please let me know how much you generally spend from your earnings on each aspect. Please put tick (√) mark	<table border="1"> <thead> <tr> <th>Aspect</th> <th>Large Amount</th> <th>Some Amount</th> <th>Little or Nothing</th> </tr> </thead> <tbody> <tr> <td>a. Clothes for Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Clothes for Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Grocery for Household</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Vegetables for Household</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Fruits for Household</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Visiting/ Entertainment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>y. Other Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Aspect	Large Amount	Some Amount	Little or Nothing	a. Clothes for Self				b. Clothes for Others				c. Grocery for Household				d. Vegetables for Household				e. Fruits for Household				f. Visiting/ Entertainment				y. Other Specify _____				
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y. Other Specify _____																																			
Land Ownership																																			
315	Do you/ your family own any agricultural field?	Yes.....01 No.....02																																	
316	How many agricultural fields do you have / your family has?	Number of agricultural fields..... <input type="text"/> <input type="text"/> Don't Know/ Can't Say99																																	
317	What is the total size of the land you/your family own?	Land Size _____ <i>(in kottah)</i>																																	

318	Out of the fields you mention, how many are in your name (singly or jointly)?	Number of agricultural fields in the woman's name (singly or jointly) <input type="text"/> <input type="text"/> Don't Know/ Can't Say99	
319	How many agricultural fields are only in your name?	Number of agricultural fields in the woman's name only <input type="text"/> <input type="text"/> Don't Know/ Can't Say99	If 0, go to Qsn. 322
320	Out of the agricultural fields that only you own, what is the size of the largest land?	Size of largest land holding <input type="text"/> <input type="text"/> <i>(in kottah)</i> Don't Know/ Can't Say99	
321	Out of the agricultural fields that only you own, what is the size of the smallest land?	Size of smallest land holding <input type="text"/> <input type="text"/> <i>(in kottah)</i> Don't Know/ Can't Say99	
322	Where is your agricultural field located? <i>(Multiple Responses Possible)</i>	Adjacent to house that the respondent lives.....A Within the village where the respondent lives.....B Outside the village where the respondent lives.....C Others.....Y Specify _____ _____	
Marketing Practices			
323	Did you or anyone in your household sell any of the products from your land during the last 12 months?	Yes.....01 No.....02	
324	Did you or anyone in your household sell POTATO from your land during the last 12 months?	Yes.....01 No.....02	
325	Who sold the POTATO grown on your land during the last 12 months?	Self..... 1 Husband..... 2 Both jointly..... 3 Potato was not sold..... 4 Other.....88 Specify _____	
326	During the last 12 months, where did you sell the POTATO grown on your land? <i>(Multiple Responses Possible)</i>	Sold individually in local market.....A Sold individually to trader / collector.....B Sold in bulk via farmer's / producer group.....C Sold through contract with formal sectorD Not Applicable.....N Don't Know/ Can't Say.....X OtherY Specify _____	
327	What source(s) of market information do you use for any crop and/or livestock products produced during the last 12	Cell phone/SMS update.....A RadioB Television.....C Government extension agents.....D	

	months? <i>(Multiple Responses Possible)</i>	Other producers.....E Collectors/traders (i.e. middlemen).....F Input suppliers/agro dealer.....G No information received.....H Other.....Y Specify _____	
328	Did you (singular) practice any of the following record keeping practices to help you manage your plot of land products during the last 12 months? <i>(Multiple Responses Possible)</i>	Kept track of expenses related to inputs, services, et...A Kept track of production volumes.....B Kept track of sales values.....C Calculated profitability of my productive activitiesD Did not practice any record keepingE Other.....Y Specify _____	
329	Did you (singular) practice any of the following record keeping practices to help you manage your plot of land products for POTATO during the last 12 months? <i>(Multiple Responses Possible)</i>	Kept track of expenses related to inputs, services, etc.....A Kept track of production volumes.....B Kept track of sales values.....C Calculated profitability of my productive activitiesD Did not practice any recordkeeping.....E Other.....Y Specify _____	
330	Who takes the decision regarding selling of the agricultural crops?	Self.....01 Jointly with husband.....02 Husband.....03 Family.....04 Not Applicable77 Others.....88 Specify _____	
Access to Credit			
<i>Note:</i> The purpose of this module is to get an idea about the respondent's access to credit. Record each loan taken out by the RESPONDENT.			
331	Have you taken out any loans in the last 12 months for more than Rupees 2,000?	Yes.....01 No.....02	If 1, go to Qsn 334
332	Did you want to borrow or get a loan in the last 12 months?	Yes.....01 No.....02	
333	Why were you not able to borrow? <i>(Multiple Responses Possible)</i>	Have enough money.....A Afraid of losing collateral.....B Do not have enough collateral/did not qualify for the loan.....C Afraid cannot pay back the money.....D Interest rate/other costs too high.....E Not allowed to borrow/family dispute in borrowing decision.....F Place of lender is too far.....G Process is too long.....H Provides few loans to women.....I Doesn't provide service to women.....J Other.....Y	

		Specify _____						
3 3 4	A Was the loan in cash or in-kind? (Cash=01, Kind= 02) (Start from the most recent loan)	B Who made the decision to take out the loan? (code 1)	C Who makes the decision about what to do with the money? (code 1)	D What was the loan mainly used for? (List 3 most important uses) (code 2)	E What was the source of the loan? (code 3)	F What was the value of the loan? (in Rupees)	G Has this loan been paid off? (Yes=01, No=02)	
1								
2								
3								
4								
5								
Code List								
Access to Credit (code-1)			Uses (code-2)			Loan Source (code-3)		
Self.....01			Business capital (IGA,etc.)..A			Friend/relative.....01		
Partner/Spouse.....02			Purchase agricultural inputs/seed.....B			SHG.....02		
Self and partner/spouse jointly.....03			Purchase/lease of land for agriculture.....C			NGO.....03		
Other household member..04			To purchase livestock.....D			Formal lender (bank, financial institution, MFI)....04		
Self and other household member(s).....05			Pay for school expenses....E			Informal lender / money lender.....05		
Partner/Spouse and other household member(s).....06			For medical expenses.....F			Other community group.....06		
Someone (or group of people) outside the household.....07			To buy food.....G			Government extension.....07		
Self and other outside people.....08			Clothing.....H			Shop/merchant.....08		
Partner/Spouse and other outside people.....09			Housing.....I			Other.....88		
Self, partner/spouse and other outside people.....10			To repay other loan.....J			Specify _____		
			Furniture/utensils.....K					
			Funeral expenses.....L					
			Wedding.....M					
			Purchase agricultural inputs/seed for POTATO...N					
			Purchase/lease of land for POTATO.....O					
			Other (specify).....Y					
Savings								
335	Do you have any cash savings?	Yes.....01 No.....02						
336	Who has access to the savings?	Self.....01 Self and spouse.....02 Spouse only.....03 Others88 Specify _____						
337	What is the current level of your savings?	(Enter 0 if none) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know/Can't Say.....99						
338	Where do you currently have savings?	Home.....A Friends / Relatives.....B SHG.....C						

	<i>(Multiple Responses Possible)</i>	Bank / MFI.....D Agricultural Cooperatives.....E NGO.....F Insurance company.....G Post office.....H Others.....Y Specify _____	
339	What are your reasons for saving? <i>(Multiple Responses Possible)</i>	In case of emergency.....A Facing “seasonal hunger”.....B Household asset purchase.....C Productive asset purchase.....D Education.....E Healthcare/medicine.....F Social event (wedding, etc.).....G Invest in small business.....H Other.....Y Specify _____	
Crop Insurance			
340	Are you aware of crop insurance? <i>(use local term)</i>	Yes.....01 No.....02 Don't Know/ Can't Say.....99	If 2 or 99 go to Qsn 342
341	From where did you come to know about crop insurance? <i>(use local term)</i>	TV spot.....01 Radio spot.....02 Kisan Call Centre.....03 Wall Writing04 NGO representatives.....05 (name of the NGO _____) Government representative.....06 PRI member.....07 Group meeting.....08 Others.....88 Specify _____	
342	Have you insured your current crop in the field?	Yes, completely.....01 Yes, partially.....02 No.....03 Don't Know/ Can't Say.....99	
343	Have you insured your POTATO crop in the field?	Yes, completely.....01 Yes, partially.....02 No.....03 Don't Know/ Can't Say.....99	If 1, go to Qsn 345
344	What is the reason for not insuring your potato crops completely? <i>(Multiple Responses Possible)</i>	Do not have enough money for full coverage.....A Do not feel the need for insuring all potato crops.....B Other.....Y Specify _____	

<p>345</p>	<p>Which of the following practices did you use in your field in the last 12 months? <i>(Multiple Responses Possible)</i></p>	<p>Alley cropping/intercropping.....A Increased number of crops (increased diversity).....B Crop rotation.....C Manure or compost.....D Improved seeds.....E Seed replacement.....F Mulching / Cover crops.....G Irrigation technologies.....H Soil testing.....I Minimum tillage.....J Land levelling, bunding, and drainage management....K NoneL Other.....Y Specify_____</p>	
<p>346</p>	<p>Which of the following livestock management practices did you do in the last 12 months? <i>(Multiple Responses Possible)</i></p>	<p>Food complementation.... A De-worming.....B Habitat construction.....C Maintaining cleanliness of shedsD Vaccination.....E Artificial insemination.....F Forage management.....G Improved fishery.....H Other Veterinary care.....I Specify_____J NoneN Not Applicable (do not have livestock).....N</p>	

Cropping History								
Sl. no	A. Major Crops grown in the last 12 months	B. Did you (singular) grow [crop] in the last 12 months Yes.....1 No.....2 (If 2, go to next crop)	C. Area Cultivated (in kottah)	D. Annual Production (in kgs)	E. Who primarily cultivates these crops? Men.....1 Women...2 Both Men and Women...3 Children...4 All.....5	F. How has your harvest of [crop] changed over the last 5 years? Increased...1 No change...2 Decreased...3 <i>For each crop: If 1 → G If 2 → next crop If 3 → H</i>	G. Why has it increased? Fewer pests and/or diseases.....A Improved tools and/or technology.....B More Labour.....C Good rains.....D No floods/disaster.....E Cultivated more land.....F Increased use of Fertilizers.....G Use of pesticides.....H Improved seeds.....I Adoption of improved practices.....J Improved irrigation....K Other.....Y Specify_____	H. Why has it decreased? Increased Pests/disease.....A No inputs/tools.....B Less labour.....C No/bad rains.....D Floods/disaster.....E Cultivated less land.....F Market fluctuations.....G Decreasing soil fertility.....H Poor Quality Seed.....I Erratic Climatic Conditions.....J Other.....Y Specify_____
1	Rice							
2	Potato							
3	Pulses (dal)							
4	Cabbage							
5	Cauliflower							
6	Bitter Gourd							
7	Brinjal							
88	Other (Specify)							

348. Women's Decision Making							
		When decisions are made regarding the following aspects of household life, who normally makes the [decision]? CODE 1↓ If response = "Decision not made" skip to next decision.	How much input do you have in making decisions about [ACTIVITY]? CODE 2↓	To what extent do you feel you can make your own personal decision regarding these aspects of household life if you wanted to? CODE 3 If X1 = 2, do NOT ask	Did you (singular) participate in [ACTIVITY] in the last 12 months? Yes.....01 No.....02 If yes, skip to X6	What is the MAIN reason you did not participate in [ACTIVITY]? CODE 4	How much input did you have in decisions on the use of income generated from [ACTIVITY]? CODE 2↓
		X1	X2	X3	X4	X5	X6
1	Crops that are grown primarily for household food consumption						
2	Cash crop farming: crops that are grown primarily for sale in market						
3	Livestock raising						
4	When or who would take products to the market						
5	Non-farm business activity						
6	What inputs to buy for agricultural production						
7	Major household expenditures?						

	(large appliances, etc.)						
8	Minor household expenditures? (such as food for daily consumption or other household needs)						
9	Negotiate with buyers						
10	Buying clothes for yourself						
11	Spending money that you have earned						
12	Spending money that your spouse has earned						
13	Children's education						
14	Seeking medical treatment for your children or yourself in case of illness						
15	Whether or not to use family planning (including contraception) to space or limit births?						

CODE 1: X1 Decision making

CODE 2: X2/X6 Input into decision making

CODE 3: X3 Extent of decision making

CODE 4: X5 Reason for not participating

Main male or husband.....01	No input	Not	at	No Interest.....01
Main female or wife.....0201	all.....01		I was not present.....02
Husband and wife jointly.....03	Input into some	Small		Don't know enough.....03
Someone else in the	decisions.....02	extent.....02		I'll get in trouble.....04
household.....04	Input into most	Medium		Others will think poorly of me...05
Jointly with someone else inside	decisions.....03	extent.....03		My spouse prevents me.....06
the household.....05	Input into all	To a high extent.....04		It is the right thing to do.....07
Jointly with someone else outside	decisions.....04			It is forbidden for women08
the household.....06				Other88
Someone outside the				Specify_____
household/other.....07				
Decision not made.....08				

Leadership			
Speaking in public			
Qsn No.	Question	Options	Skip
349	Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community?	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04 Yes, very comfortable.....05	
350	Do you feel comfortable speaking up in public regarding gender issues (e.g., women's rights, access to common resources, etc.)?	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04 Yes, very comfortable.....05	
351	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04 Yes, very comfortable.....05	
Women's Political Participation			
352	Did you vote in the last parliamentary election?	Yes.....01 No.....02	If 2, go to Qsn.354
353	Who decided who you should vote for in the last parliamentary election?	Myself01 My spouse02 Traditional elders.....03 The Party.....04 Other.....88 Specify_____	Go to Qsn. 355
354	What was the main reason you did not vote?	Disagreement with husband01 I wasn't aware.....02 No electoral card.....03 Lack of time04 Does not concern women.....05 Other.....88 Specify_____	
355	Did you run for office in the last parliamentary or local elections?	Yes.....01 No.....02	
356	In the last 12 months, have you expressed your opinion in a public meeting (other than SHG, or producer group regular meetings)?	Yes.....01 No.....02	
357	During the past 12 months, have you been a member of an advisory team for any community conflict resolution or in local government meetings?	Yes.....01 No.....02	

Section IV: Dietary Knowledge, Attitude and Practice

Qs. No.	Question	Options	Skip
401	Have you heard of the term 'nutrition'?	Yes01 No02	
402	What does having nutritious food mean to you? (Multiple Responses Possible)	Having the tri color food (orange, white and green).....A Having green leafy vegetables.....B Having eggs, fish, meat.....C Having milk and milk products.....D Having seasonal fruits.....E Others.....Y Specify _____	
403	Why is nutritious food important? (Multiple Responses Possible)	It is important for proper development of the body.....A It is important for proper development of the mind.....B To stay healthy.....C To avoid malnutrition.....D To avoid anemia.....E Others.....Y Specify _____	
404	Who needs to consume nutritious food? (Multiple Responses Possible)	Pregnant women.....A Lactating women.....B Children.....C Adolescent girls.....D Adolescent boys.....E Men.....F Malnourished children.....G Anemic women.....H Everyone.....I OthersY Specify _____	
405	Have you heard of the term balanced diet? (use local term)	Yes01 No02	
406	What does a balanced diet contain? (Multiple Responses Possible. Please DO NOT PROMPT)	Carbohydrates.....A Fats.....B Proteins.....C Vitamins.....D Minerals.....E Water.....F Don't Know/ Can't SayX OtherY Specify _____	
407	Why is balanced diet needed? (Multiple Responses Possible. Please DONOT PROMPT)	Proper growth.....A Proper development.....B To avoid anemia.....C To avoid night blindness.....D To avoid malnutrition.....E Don't Know/Can't Say.....X Others.....Y Specify _____	
Now I am going to ask some questions about diet and your dietary habits			
408	During the past 7(seven) days, that is until today, how often did	a. Rice	
		b. Puffed/ flat rice	

	<p>you eat or drink the following items?</p> <p><i>Options</i></p> <p>More than once a day.....01 Daily.....02 More than once.....03 Once a week04 Not eaten during the past week....05 Don't remember99</p>	<p>c. Dal (pulse)</p> <p>d. Roti</p> <p>e. Green leafy vegetables</p> <p>f. Beans</p> <p>g. Yellow/ orange vegetables</p> <p>h. Potatoes</p> <p>i. Yams</p> <p>j. Ripe yellow/orange fruits</p> <p>k. Curd, cottage cheese</p> <p>l. Meat</p> <p>m. Fish</p> <p>n. Eggs</p> <p>o. Oil/ butter/ fat</p> <p>p. Sugar/ jaggery/ honey</p> <p>q. Milk</p> <p>r. Tea /coffee</p> <p>s. Health drinks</p> <p>t. Fruit juices</p> <p>u. Lime water</p>	
409	How many meals do you take in a day?	Number of meals <input type="text"/> <input type="text"/>	
410	Who decides the number of meals to be had in the household?	Mother-in-law..... 01 Sister-in-law02 Self03 Other.....88 Specify_____	
411	Do you and your husband have equal number of meals?	Yes, always.....01 Yes, sometimes.....02 Never.....03 Not Applicable.....77	
412	Do you and your husband have same items in a particular meal?	Yes, always.....01 Yes, sometimes.....02 Never.....03 Not Applicable.....77	
413	Do you get as much, more, or less meat compared to your husband?	Same01 More02 Less03 Not Applicable.....04	
414	Do you get as much, more, or less fish compared to your husband?	Same01 More02 Less03 Not Applicable.....04	
415	Do you get as much, more, or less egg compared to your husband?	Same01 More02 Less03 Not Applicable.....04	

416	Do you get as much, more, or less milk compared to your husband?	Same01 More02 Less03 Not Applicable.....04	
417	Do you feel hungry at mealtime?	Yes01 No02	
418	Do you feel hungry at times other than mealtime?	Yes01 No02	
419	How often do you mix limejuice in your lunch or dinner?	Always01 Very often.....02 Sometimes.....03 Rarely.....04 Never05	
420	How often do you drink tea or coffee with or within 30 minutes of your meals?	Always01 Very often.....02 Sometimes.....03 Rarely.....04 Never05	
421	Who usually serves the meals in your home? <i>(Multiple Responses Possible)</i>	MotherA Mother-in-law..... B SisterC Sister-in-lawD SelfE Other.....Y Specify_____	
422	Do you ever purposely refrain from eating (fasting)?	Yes.....01 No..... 02	If 2, go to Qsn. 424
423	How often do you fast?	Weekly01 Monthly02 Less than once a month03 Other.....88 Specify_____	
424	Do you ever feel weakness?	Yes, always.....01 Yes, sometimes.....02 No.....03 Don't Know/ Can't Say.....99	
HDDS			
We would like to know what you and other members of the household ate yesterday (day and night)			
425	Was yesterday an unusual or special day (e.g. festival, funeral)?	Yes.....01 No..... 02	
426	Food Item	A. Any HH	B. Any woman
		C. Why did not all	D. Did

		member ate Yes.....01 No.....02 If 2, skip to next food group	15 years or more ate? All Women...01 Some Women.....02 No Women...03	women above 15 years eat? <i>(Multiple Responses Possible)</i> Sick.....A Only enough for men.....B Only enough for children.....C Cultural reasons.....D Dislike of food...E Women were absent.....F Others.....Y Specify_____	you eat? Yes.....01 No.....02	
a	Any bread (<i>roti</i>), rice, biscuits, or other foods made from millet, sorghum, maize, rice, or wheat					
b	Any tubers e.g., potatoes, yams, or any other foods made from roots or tubers					
c	Any vegetables (brinjal, tomatoes, lady's finger, cabbage, papaya, pumpkin, greens, leaves)					
d	Any fruits (mango, jackfruit, banana, papaya)					
e	Any beef, pork, lamb, goat, wild game, or poultry meats					
f	Any eggs					
g	Any fish					
h	Any foods made from beans, peas, lentils, or nuts (e.g. dal)					
i	Any cheese, yogurt, ghee, milk, or other milk products					
j	Any foods made with oil, fat, or butter					
k	Any sugar or honey					
l	Any other foods, such as condiments, tea					

Iron and Iron Rich Foods			
427	Have you heard the word "IRON"? (use local term)	Yes01 No02	
428	Do you know which foods are rich in iron? (use local term)	Yes01 No.....02	
429	According to you which are the iron rich foods? Encircle (O) the option	Options	Yes=1 No=2
		a. Rice	1 2
		b. Wheat flour/ bread	1 2
		c. Green leafy vegetables	1 2
		d. Potatoes	1 2
		e. Yellow/orange vegetables	1 2
		f. Other vegetables	1 2
		g. Citrus fruits	1 2
		h. Yellow-orange fruits	1 2
		i. Other fruits	1 2
		j. Meat	1 2
		k. Fish	1 2
		l. Eggs	1 2
		m. Milk	1 2
y. Others	1 2		
430	Who requires iron rich foods? (Multiple Responses Possible)	Everyone.....A Women.....B Children.....C Adolescents.....D Pregnant women.....E Lactating women.....F Sick Persons.....G Other.....Y Specify _____ Don't Know / Can't Say.....X	
431	Why is iron rich food required? (Multiple Responses Possible)	For proper growth.....A For proper development.....B For avoiding anemia.....C Others.....Y Specify _____	
Anemia			
432	Have you heard of anemia? (use local term)	Yes01 No02	If 2, go to Qsn. 434
433	Where have you heard this from? (Multiple Responses Possible)	Private doctor.....A ANM.....B Government doctorC RMP/Quack.....D	

		Local chemist/ druggist.....E NGO health worker.....F Anganwadi Worker.....G Peer educator.....H Teacher.....I Panchayat member.....J Family memberK TV.....L Radio.....M OtherY Specify _____							
434	Have you ever had anemia?	Yes01 No02 Don't Know/ Can't Say.....99	If 2 or 99, go to Qsn 436						
435	How did you come to know you had anemia the first time you had it?	Blood test.....01 Physical test done by ANM.....02 Others.....88 Specify _____							
436	Do you have anemia now?	Yes01 No02 Not Applicable.....77 Don't Know/ Can't Say.....99							
437	When did you have anemia most recently?	Month..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Not Applicable.....77							
438	How did you know that you have anemia?	Blood test.....01 Physical test done by ANM.....02 Not Applicable.....77 Others.....88 Specify _____							
439	During your most recent episode of anemia, where did you go for treatment? <i>(Multiple Responses Possible)</i>	Private doctor.....A Government doctorB RMP/Quack.....C Local chemist / druggistD ANM.....E NGO health worker.....F Anganwadi Worker.....G Peer educator.....H Teacher.....I Not sought treatmentJ Not Applicable.....N OtherY Specify _____	If J or N, go to Qsn. 441						
440	Who decided that you need to seek treatment?	Self.....01 Joint decision with husband.....02 Husband.....03 Others.....88 Specify _____							

441	Have you ever taken anything to prevent anemia?	Yes01 No02	If 2, go to Qsn. 443
442	What have you taken to prevent anemia? <i>(Multiple Responses Possible)</i>	Vitamin tablets/capsules/tonicsA Iron tablets/ tonicB Other medicinesC Iron rich foodsD OthersY Specify _____	
443	Who is at risk of developing anemia? <i>(Read out EVERY option)</i>	Statement	Options
		a. Pregnant women	Yes01 No02 DK/CS.....99
		b. Lactating women	Yes01 No02 DK/CS.....99
		c. Non-pregnant women	Yes01 No02 DK/CS.....99
		d. Men	Yes01 No02 DK/CS.....99
		e. Adolescent girls	Yes01 No02 DK/CS.....99
		f. Adolescent boys	Yes01 No02 DK/CS.....99
		g. Children	Yes01 No02 DK/CS.....99
		h. Infants (less than one year)	Yes01 No02 DK/CS.....99
		Others _____	
444	What causes anemia? <i>(Multiple Responses Possible)</i>	Poor diet.....A Heavy work.....B Parasitic infections.....C Lack of iron in the diet.....D Iron losses from parasitic infections.....E Hemorrhage.....F Malaria.....G Rapid growth during puberty.....H Pregnancy.....I Don't Know/Can't Say.....X Others.....Y Specify _____	
445	What are the symptoms of anemia? <i>(Multiple Responses Possible)</i>	Weakness.....A Dizziness/head reeling.....B Nausea.....C Tired all the time.....D	

		Breathlessness after work.....E Headache.....F Blackout.....G Loss of appetite.....H Don't Know/Can't Say.....X Others.....Y Specify _____	
446	What are the negative effects of anemia on health? <i>(Multiple Responses Possible)</i>	Not able to work.....A Weakness.....B Tiredness.....C Birth of low birth weight baby.....D More susceptible to illness.....E Poor growth.....F Poor performance in school/college.....G Don't Know/Can't Say.....X Others.....Y Specify _____	
447	How can anemia be treated? <i>(Multiple Responses Possible)</i>	Go to doctor/health service provider..... A Go to faith healer..... B Go to AWW.....C Take vitamins..... D Take iron tablets/syrup..... E Get iron injections..... F Eat nutritious foods..... G Rest/sleep.....H It cannot be cured.....I Don't Know/Can't Say.....X Others.....Y Specify _____	
448	How can anemia be prevented? <i>(Multiple Responses Possible)</i>	Eat nutritious foods.....A Take vitamins.....B Take iron tablets/syrup.....C Take health drinks.....D Get enough rest.....E Eat iron rich food.....F Don't Know/Can't Say.....X Others.....Y Specify _____	
IFA			
449	Have you ever taken any IFA tablets/syrup?	Yes.....01 No.....02 Don't Know/Can't Say99	If 2 or 99, go to Qsn. 452

450	When did you last have IFA tablets/ syrup? <i>(If currently taking IFA tablets, write the start date for current consumption)</i>	Month..... <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
451	What were the reasons for taking IFA tablets/ syrup?	Doctor/ ANM advised to take iron tablets/ syrup.....01 Eating on my own to prevent anemia.....02 Eating on my own to treat anemia.....03 Pregnancy04 Others.....88 Specify _____	
452	Are you currently taking IFA tablets/syrup?	Yes.....01 No02	If 2, go to Qsn. 454
453	What are the reasons for currently taking IFA tablets/ syrup?	Doctor/ ANM advised to take iron tablets/ syrup.....01 Eating on my own to prevent anemia.....02 Eating on own to treat anemia.....03 Pregnancy04 Others.....88 Specify _____	
454	Have you heard about de-worming?	Yes.....01 No.....02	
455	Have you ever taken de-worming tablets/ syrup?	Yes.....01 No.....02 Don't Know/ Can't Say.....99	
456	Are you currently taking de-worming tablets/syrup?	Yes.....01 No.....02	If 2, go to Qsn. 459
457	Since when have you been taking de-worming tablets/syrup? <i>(If currently taking de-worming tablets, write the start date for current consumption)</i>	Month..... <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
458	What are the reasons for taking de-worming tablets/ syrup?	Doctor/ ANM advised to take de-worming tablets/ syrup.....01 Eating on my own to kill worms.....02 Eating on my own to improve nutrition.....03 Others.....88 Specify _____	
Public Health Services			

459	What are the services from the government health facilities available for women like you? <i>(Multiple Responses Possible)</i>	Treatment for anemia.....A Treatment for menstrual disorder.....B Pregnancy related checkup.....C Conduct delivery.....D Checkup after deliveryE Don't Know / Can't Say.....X Other.....Y Specify_____								
460	What are the government health facilities from where women like you can access services? <i>(Multiple Responses Possible)</i>	Health Sub Centre.....A Primary Health CentreB Block Primary Health Centre.....C District HospitalD Other.....Y Specify_____								
461	In the last 12 months, have you accessed the government health facilities for yourself?	Yes01 No02	If 2, go to Qsn 463							
462	What was the reason for accessing the government health facilities in the last 12 months? <i>(Multiple Responses Possible)</i>	Treatment for anemia.....A Treatment for menstrual disorder.....B Pregnancy related checkup.....C Conduct delivery.....D Checkup after deliveryE Other.....Y Specify_____								
Kitchen Garden										
463	Do you have a kitchen garden in your house?	Yes01 No02								
464	Who started this garden?	Self.....01 Jointly with husband.....02 Husband.....03 Not Applicable.....77 Others.....88 Specify_____								
465	When was the kitchen garden started?	Month..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> Year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Not Applicable.....77								
466	What are the vegetables that are currently growing in the kitchen garden? <i>(Multiple Responses Possible. DO NOT PROMPT)</i>	Carrots.....A Beans.....B Peas.....C Spinach.....D Beetroots.....E Ladies finger.....F Bottle gourds.....G Pumpkins.....H Turnips.....I RadishJ Cauliflowers.....K Cabbages.....L								

		Chillies.....M Eggplants.....N Bananas.....O Tomatoes.....P Others.....Y Specify _____	
467	From where did you get the seeds for the same? <i>(Multiple Responses Possible)</i>	From SHG.....A From PRI members.....B From cooperative.....C OthersY Specify _____ Don't Know/ Can't Say.....X	
468	What do you do with the vegetables grown in your kitchen garden? <i>(Multiple Responses Possible)</i>	Consume the vegetables at home.....A Share with our neighbours.....B Share the vegetables with relativesC Sell the vegetablesD Don't use the vegetablesE Don't Know/ Can't Say.....X OthersY Specify _____	
469	Did you use any of the following practices/technologies in your kitchen garden in the last 12 months? <i>(Multiple Responses Possible)</i>	Water Harvesting and Management.....A Nutrition sensitive crop/ vegetable selectionB Increased number of cropsC Improved seeds usage.....D Integrated crop, livestock farming.....E Vermicomposting and organic manuring.....F Optimal utilization of available land/spaceG Seasonal planningH Other.....Y Specify _____ NoneI	

Thank you for your valuable time and information that you have provided us. We will use this information for evaluation of the project.

Interview with Husband/ Adult Male Member

(Note: Adult male member of the household other than husband shall be interviewed if the woman is unmarried or divorced/ widowed/ separated from her husband. Such adult members may also be interviewed if the woman's husband stays in a different place for work.)

Informed Consent: Greetings! I am ----- and I have come on behalf of Institute of Health Management Research (IHMR), Kolkata. We are carrying out a research study on 'Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)' project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women's participation in agriculture and household decision making and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about 45 minutes. You can withdraw from the interview at any point and there will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women's situation and what can be done to improve their participation in decision making, and their nutritional status.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. *(Hand over the Contact Slip with contact information about CARE and IHMR)*

May I speak to you?Yes No
If 'No' **End Interview**

Section V: Identification										
501. Schedule Identification Number :										<input type="text"/>
502. Name of the GP:					503. Name of the Village:					
504. Name of the Respondent :				505. Mobile Number					Signature / Thumb Impression	
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Date						
506. Interviewer		D	D	M	M	2	0	1	6	
507. Supervisor		D	D	M	M	2	0	1	6	
508. Editor		D	D	M	M	2	0	1	6	
509. IHMR		D	D	M	M	2	0	1	6	
510. Status of Interview <i>(Multiple Responses Possible)</i>	Man's Interview CompletedA No Competent Respondent at homeB Man's Interview Incomplete, revisitC Wife/ Female Member not at home, revisit.....D Man RefusedE Household vacant..... F									

Section VI: Profile of the Husband/ Adult Male Member			
Qs. No.	Question	Options	Skip
601	Name of the respondent		
602	Age of the respondent <i>(in completed years)</i>	<input type="text"/> <input type="text"/> Don't Know/ Can't Say99	
603	How is _____(female respondent's name) related to you? <i>(Match with Question no. 104)</i>	Wife.....01 Daughter.....02 Daughter in Law.....03 Sister.....04 Other88 Specify_____	
604	What is the language that you generally speak?	Bengali 01 Hindi.....02 Other88	

		(Specify) _____			
605	Can you read and write?	With ease01 With some difficulty.....02 Not at all03			
606	Have you ever attended school?	Yes01 No02	If 2, go to Qsn.608		
607	What is the highest grade/class you have completed? (Write class in box)	Class 1-12 <input type="text"/> <input type="text"/> Graduation13 Post graduation14 Other88 (Specify) _____			
Work					
608	Are you currently engaged in any income earning activities?	Yes01 No02			
609	What type of income earning activities are you currently doing?	Farmer.....01 Agricultural labourer02 Non-agricultural manual daily labourer.....03 Factory/small industrial worker.....04 Small business (tailor/shop/catering).....05 Tuition/ Teacher.....06 Other88 (Specify) _____			
610	Where is your work place located?	Home.....01 Outside home in village.....02 Outside village03			
611	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	Throughout the year01 Seasonally/ part of the year02 Once in a while03			
612	Are you paid in cash or kind for this work, or are you not paid at all?	Cash01 Cash and kind02 Kind only03 Not paid 04			
613	Generally, how much do your earnings contribute to the total family earnings: almost none, less than half, about half, more than half, or all?	Almost none01 Less than half02 About half03 More than half04 All05			
614	Let me read out a number of aspects. Please let me know how much you generally spend from your earnings on each aspect. Please put tick (✓) mark	Aspect	Large Amount	Some Amount	Little or Nothing
		a.Clothes for Self			
		b. Clothes for Others			

		c. Grocery for Household			
		d. Vegetables for Household			
		e. Fruits for Household			
		f. Visiting/ Entertainment			
		y. Other Specify			
Land Ownership					
615	Do you/ your family own any agricultural field?	Yes.....01 No.....02			
616	How many agricultural fields do you/ your family has?	Number of agricultural fields..... <input type="text"/> Don't Know/ Can't Say99			
617	What is the total size of the land you/your family own?	Land Size _____ <i>(in kottah)</i>			
618	Out of the fields you mention, how many are in your name (singly or jointly)?	Number of agricultural fields in the man's name (singly or jointly)..... <input type="text"/> Don't Know/ Can't Say99			
619	How many agricultural fields are only in your name?	Number of agricultural fields in the man's name only <input type="text"/> Don't Know/ Can't Say99			If 0, go to Qsn. 622
620	Out of the agricultural fields that only you own, what is the size of the largest land?	Size of largest land holding <input type="text"/> <i>(in kottah)</i> Don't Know/ Can't Say99			
621	Out of the agricultural fields that only you own, what is the size of the smallest land?	Size of smallest land holding <input type="text"/> <i>(in kottah)</i> Don't Know/ Can't Say99			
622	Where is your agriculture land located? <i>(Multiple Responses Possible)</i>	Adjacent to house that the respondent lives.....A Within the village where the respondent lives.....B Outside the village where the respondent lives.....C Others.....Y Specify _____ _____			
623	Were you involved in potato farming in the last 12 months?	Yes.....01 No.....02			
624	In which ways were you involved in potato farming in the last 12 months? <i>(Multiple Responses Possible)</i>	Land preparationA SowingB IrrigationC Fertilizer/manure application.....D WeedingE Harvesting (includes transport).....F Post-harvest (cleaning, drying, etc.).....G Selling (includes transport)H Make decisions about type of potato to grow.....I Other.....Y			

		Specify _____	
Access to Agriculture/ Livestock/ Fisheries Extension Services			
625	Have you heard of the term agricultural extension services? <i>(use local term)</i>	Yes.....01 No.....02	
626	Have you (yourself) met with an agricultural extension worker during the last 12 months? <i>(use local term)</i>	Yes.....01 No.....02	If 2, go to Qsn 629
627	How many times did you meet with the agricultural extension worker during the last 12 months? <i>(use local term)</i>	Number of meetings..... <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
628	What type of extension services have you received in the last 12 months? <i>(use local term)</i> <i>(Multiple Responses Possible)</i>	None.....A Improved agriculture practices.....B Improved livestock practices.....C Agricultural Tools.....D Improved seeds.....E Inputs (fertilizer, pesticide, etc.)F Veterinary services.....G Other.....Y Specify _____	
629	Are you satisfied with the agricultural extension services? <i>(use local term)</i>	Fully satisfied.....01 Somewhat satisfied.....02 Not satisfied.....03	
630	The last time you met with an agricultural extension worker, were they a male or female?	Male.....01 Female.....02 Both male and female.....03	
631	Have you heard of the term fisheries extension services? <i>(use local term)</i>	Yes.....01 No.....02	
632	Have you (yourself) met with a fisheries extension worker during the last 12 months? <i>(use local term)</i>	Yes.....01 No.....02	If 2, go to Qsn 635
633	How many times did you meet with the fisheries extension worker during the last 12 months? <i>(use local term)</i>	Number of meetings..... <input type="text"/> <input type="text"/> Don't Know/ Can't Say.....99	
634	What type of fisheries extension services have you received in the last 12 months? <i>(use local term)</i>	None.....A Improved fishing practices.....B Fishing Tools.....C Inputs (worms, bait, etc.)D	

	<i>(Multiple Responses Possible)</i>	Veterinary services.....G Other.....Y Specify_____	
635	Are you satisfied with the fisheries extension services? <i>(use local term)</i>	Fully satisfied.....01 Somewhat satisfied.....02 Not satisfied.....03	
636	The last time you met with a fisheries extension worker, were they a male or female?	Male.....01 Female.....02 Both male and female.....03	
Crop Insurance			
637	Are you aware of crop insurance? <i>(use local term)</i>	Yes.....01 No.....02 Don't Know/ Can't Say.....99	If 2 or 99, go to Qsn 639
638	From where did you come to know about crop insurance? <i>(use local term)</i>	TV spot.....01 Radio spot.....02 Kisan Call Centre.....03 Wall Writing04 NGO representatives.....05 (name of the NGO _____) Government representative.....06 PRI member.....07 Group meeting.....08 Others.....88 Specify_____	
639	Have you insured your current crop in the field?	Yes, completely.....01 Yes, partially.....02 No.....03 Don't Know/ Can't Say.....99	
640	Have you insured your POTATO crop in the field?	Yes, completely.....01 Yes, partially.....02 No03 Don't Know/ Can't Say.....99	If 1, go to Qsn. 642
641	What is the reason for not insuring your potato crops completely? <i>(Multiple Responses Possible)</i>	Do not have enough money for full coverage.....A Do not feel the need for insuring all potato crops.....B Other.....Y Specify_____	
642	Which of the following practices did you use in your field in the last 12 months? <i>(Multiple Responses Possible)</i>	Alley cropping/intercropping.....A Increased number of crops (increased diversity).....B Crop rotation.....C Manure or compost.....D Improved seeds.....E Seed replacement.....F Mulching / Cover crops.....G Irrigation technologies.....H Soil testing.....I	

		Minimum tillage.....J Land levelling, bunding, and drainage management...K NoneL Other.....Y Specify_____	
643	Which of the following livestock management practices did you do in the last 12 months? <i>(Multiple Responses Possible)</i>	Food complementation....A De-worming.....B Habitat construction.....C Maintaining cleanliness of shedsD Vaccination.....E Artificial insemination.....F Forage management.....G Improved fishery.....H Other Veterinary care.....I Specify_____	NoneJ Not Applicable (do not have livestock).....N

644. Men's Decision Making								
		If household does not engage in that particular activity, enter code for "Decision not made" (i.e. 08) and proceed to next activity	When decisions are made regarding the following aspects of household life, who normally makes the [decision]? CODE 1 If M1=8 skip to next ITEM↓	How much input do you have in making decisions about [ACTIVITY]? CODE 2↓	To what extent do you feel you can make your own personal decision regarding these aspects of household life if you wanted to? CODE 3 If M1 = 2, do NOT ask	Did you (singular) participate in [ACTIVITY] in the last 12 months? Yes.....01 No.....02 If yes, skip to M6	What is the MAIN reason you did not participate in [ACTIVITY]? CODE 4	How much input did you have in decisions on the use of income generated from [ACTIVITY]? CODE 2↓
			M1	M2	M3	M4	M5	M6
1	Food crop farming: Crops that are grown primarily for household food consumption							
2	Cash crop farming: crops that are grown primarily for sale in market							
3	Livestock raising							
4	When or who would take products to the market							
5	Non-farm business activity							
6	What inputs to buy for agricultural production?							
7	Major household expenditures (large appliances, etc.)							
8	Minor household expenditures (such as food for daily consumption or other household needs)							
9	Negotiate with buyers							
10	Buying clothes for yourself							

11	Spending money that you have earned						
12	Spending money that your spouse has earned						
13	Children's education						
14	Seeking medical treatment for your children or yourself in case of illness						
15	Whether or not to use family planning (including contraception) to space or limit births?						

CODE 1: M1 Decision making

- Main male or husband.....01
- Main female or wife.....02
- Husband and wife jointly.....03
- Someone else in the household.....04
- Jointly with someone else inside the household.....05
- Jointly with someone else outside the household.....06
- Someone outside the household/other.....07
- Decision not made.....08

CODE 2: M2/M6 Input into decision making

- No input01
- Input into some decisions.....02
- Input into most decisions.....03
- Input into all decisions.....04

CODE 3: M3 Extent of decision making

- Not all.....01
- Small extent.....02
- Medium extent.....03
- To a high extent.....04

CODE 4: M5 Reason for not participating

- No Interest.....01
- I was not present.....02
- Don't know enough.....03
- I'll get in trouble.....04
- Others will think poorly of me...05
- My spouse prevents me.....06
- It is the right thing to do.....07
- It is forbidden for women08
- Other88
- Specify_____

Men's Access to Credit							
Record each loan taken out by the RESPONDENT.							
645	Have you taken out any loans in the last 12 months for more than Rupees 2,000?	Yes.....01 No.....02					If 1, go to Qsn. 648
646	Did you want to borrow or get a loan in the last 12 months?	Yes.....01 No.....02					
647	Why were you not able to borrow? <i>(Multiple Responses Possible)</i>	Have enough money.....A Afraid of losing collateral.....B Do not have enough collateral/did not qualify for the loan.....C Afraid cannot pay back the money.....D Interest rate/other costs too high.....E Not allowed to borrow/family dispute in borrowing decision.....F Place of lender is too far.....G Process is too long.....H Provides few loans to women.....I Doesn't provide service to women.....J Other.....Y Specify _____					
648	A. Was the loan in cash or in kind? (Cash=01, Kind= 02) (Start from the most recent loan)	B Who made the decision to take out the loan? (code 1)	C Who makes the decision about what to do with the money? (code 1)	D What was the loan mainly used for? (List 3 most important uses) (code 2)	E What was the source of the loan? (code 3)	F What was the value of the loan? (in Rupees)	G Has this loan been paid off? (Yes=01, No=02)
1							
2							
3							
4							
5							
Code List							
Access to credit (code-1)		Uses (code-2)			Loan source (code-3)		
Self.....01 Partner/Spouse.....02 Self and partner/spouse jointly.....03 Other household member..04 Self and other household member.05 Partner/Spouse and other household member(s).....06 Someone (or group of people) outside the household.....07 Self and other outside people.....08 Partner/Spouse and other outside people.....09 Self, partner/spouse and other outside people.....10		Business capital (IGA, etc.).....A Purchase agricultural inputs/seed..B Purchase/lease of land for agriculture.....C To purchase livestock.....D Pay for school expenses.....E For medical expenses.....F To buy food.....G Clothing.....H Housing.....I To repay other loan.....J Furniture/utensils.....K Funeral expenses.....L Wedding.....M			Friend/relative.....01 SHG.....02 NGO.....03 Formal lender (bank, financial institution, MFI).....04 Informal lender / money lender.....05 Other community group.....06 Government extension.....07 Shop/merchant.....08 Other.....88		

		Purchase agricultural inputs/seed for POTATO.....N Purchase/lease of land for POTATO.....O Other (Specify).....Y	Specify _____
Savings			
649	Do you have any cash savings?	Yes.....01 No.....02	
650	Who has access to the savings?	Self.....01 Self and spouse.....02 Spouse only.....03 Others88 Specify _____	
651	What is the current level of your savings?	(Enter 0 if none) <input type="text"/> <input type="text"/> Don't Know/Can't Say.....99	
652	Where do you currently have savings? <i>(Multiple Responses Possible)</i>	Home.....A Friends / Relatives.....B SHG.....C Bank / MFI.....D Agricultural Cooperatives.....E NGO.....F Insurance company.....G Post office.....H Others.....Y Specify _____	
653	What are your reasons for saving? <i>(Multiple Responses Possible)</i>	In case of emergency.....A Facing "seasonal hunger".....B Household asset purchase.....C Productive asset purchase.....D Education.....E Healthcare/medicine.....F Social event (wedding, etc.).....G Invest in small business.....H Other.....Y Specify _____	
Leadership			
Speaking in Public			
Qs. No.	Question	Options	Skip
654	Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community?	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04 Yes, very comfortable.....05	
655	Do you feel comfortable speaking up in public regarding gender issues (e.g., women's	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04	

	rights, access to common resources, etc.)?	Yes, very comfortable.....05	
656	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?	No, not at all comfortable.....01 Yes, but with a great deal of difficulty.....02 Yes, but with a little difficulty.....03 Yes, fairly comfortable.....04 Yes, very comfortable.....05	

657. Group Membership		Is there a [GROUP] in your community? Yes... 1 No ... 2 If no, skip to next group	Are you an active member of this [GROUP]? Yes ... 1 No2 If Yes, go to L7	Why are you not a member of this [GROUP]? Code 2 (up to 3 responses) Go to next Group	How much input do you have in making decisions in this [GROUP]? Code 1	Do you hold a leadership position in this [GROUP]? Yes ... 1 No2	CODE 1: Control over decisions No input.....01 Input into some decisions.....02 Input into most decisions.....03 Input into all decisions.....04
	Group Categories	L4	L5	L6	L7	L8	
1	Agricultural / livestock/ fisheries producer's group (including marketing groups)						
2	Water users' group						CODE 2: Not interested.....01 No time.....02 Unable to raise entrance fees...03 Unable to raise reoccurring fees.....04 Group meeting location not convenient.05 Family dispute/unable to join.....06 Not allowed because of sex.....07 Not allowed because of other reason.....08
3	Forest users' group (Preservation groups)						
4	Credit or microfinance group						
5	Mutual help or insurance group (including burial societies)						
6	Trade, business, or cooperatives association						
7	Civic groups (improving community) or charitable group (helping others)						
8	Local government, Community elders, village council						
9	Religious group						
88	Other (specify)						

658. Men's Attitude on Women's Mobility					
We would like to know whether your spouse has to take permission in the following situations: Please put (√) mark					
Situation	Yes, Always	Yes, Most Often	Yes, but only now and then	No, Never have to	
Does your spouse have to seek permission from you or other family members:					
A. To go to the market					
B. To go to a female friend's house					
C. To go to the house of a member of her family					
D. To the temple, church or mosque					
E. To go to a public village meeting					
F. To go to a meeting of any group/ association of which she is a member					
G. Outside your village					
H. To undertake income generating activities					
I. To go to a local social event (fair, festivals, etc.)					
J. To go to a health care provider					

Men's Political Participation			
659	Did you vote in the last parliamentary election?	Yes.....01 No.....02	If 2, go to Qsn. 661
660	Who decided who you should vote for in the last parliamentary election?	Myself01 My spouse02 Traditional elders.....03 The Party.....04 Other.....88 Specify _____	Go to Qsn. 662
661	What was the main reason you did not vote?	Disagreement with wife.....01 I wasn't aware.....02 No electoral card.....03 Lack of time04 Does not concern women.....05 Other.....88 Specify _____	
662	Did you run for office in the last parliamentary or local elections?	Yes.....01 No.....02	
663	In the last 12 months, have you expressed your opinion in a public meeting (other than SHG, or producer group regular meetings)?	Yes.....01 No.....02	
664	During the past 12 months, have you been a member of an advisory team for any community	Yes.....01 No.....02	

conflict resolution or in local government meetings?		
--	--	--

665. Men's Perceptions of Gender Roles

Please let us know whether you agree or disagree with the following statements:		
	Statement	Options
a.	Personally I think that most household decisions should be made by the man	Agree01 Disagree.....02
b.	Personally I think that there is men's work and women's work and one shouldn't ever do the work of the other	Agree01 Disagree.....02
c.	I think that if a woman works outside the home, her husband should help with child care and household chores.	Agree01 Disagree.....02
d.	Personally I think that a husband should spend his free time with his wife and children.	Agree01 Disagree.....02
e.	A husband and wife should decide together about what kind of family planning to use	Agree01 Disagree.....02
f.	There are times when a women deserves to be hit	Agree01 Disagree.....02
g.	A woman must tolerate violence in order to maintain stability in the family	Agree01 Disagree.....02

666. Leisure

a.	How many hours do you have available for leisure activity each day? (visiting neighbors, listening to the radio, playing sports or games etc) <i>(If less than one hour, please write 00 in hour box)</i>	Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> <i>(Write in minutes when it is less than <u>One Hour</u>)</i>
b.	Are you satisfied with the amount of time available for leisure activities?	Yes.....01 No.....02

667. Men's Self Image/ Confidence

	Please let me know how strongly you agree or disagree or have no opinion on the following statements. Please put (√) mark	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
a.	I can always resolve household problems if I try hard enough					

b.	If somebody opposes me, usually I can find a way to get what I want						
c.	I always find some way to deal with problems that confront me						
d.	I have the skills and information I need to improve my agricultural production						
e.	I have access to the resources and services I need to improve my agricultural productivity						
f.	I can take action to improve my life						
g.	I can influence important decisions in my community						

Section VII: Knowledge and Practice regarding Anemia																	
Qs. No.	Question	Options	Skip														
701	Have you heard of anemia? (Use local term)	Yes01 No02	If 2, go to Qsn. 703														
702	Where have you heard this from? (Multiple Responses Possible)	Private doctor.....A ANM.....B Government doctorC RMP/Quack.....D Local chemist/ druggist.....E NGO health worker.....F Anganwadi Worker.....G Peer educator.....H Teacher.....I Panchayat member.....J Family memberK TV.....L Radio.....M OtherY Specify _____															
703	Who is at risk of developing anemia?	<table border="1"> <thead> <tr> <th>Statement</th> <th>Options</th> </tr> </thead> <tbody> <tr> <td>a. Pregnant women</td> <td>Yes01 No02 DK/ CS.....99</td> </tr> <tr> <td>b. Lactating women</td> <td>Yes01 No02 DK/ CS.....99</td> </tr> <tr> <td>c. Non-pregnant women</td> <td>Yes01 No02 DK/ CS.....99</td> </tr> <tr> <td>d. Men</td> <td>Yes01 No02 DK/ CS.....99</td> </tr> <tr> <td>e. Adolescent girls</td> <td>Yes01 No02 DK/ CS.....99</td> </tr> <tr> <td>f. Adolescent boys</td> <td>Yes01 No02</td> </tr> </tbody> </table>	Statement	Options	a. Pregnant women	Yes01 No02 DK/ CS.....99	b. Lactating women	Yes01 No02 DK/ CS.....99	c. Non-pregnant women	Yes01 No02 DK/ CS.....99	d. Men	Yes01 No02 DK/ CS.....99	e. Adolescent girls	Yes01 No02 DK/ CS.....99	f. Adolescent boys	Yes01 No02	
Statement	Options																
a. Pregnant women	Yes01 No02 DK/ CS.....99																
b. Lactating women	Yes01 No02 DK/ CS.....99																
c. Non-pregnant women	Yes01 No02 DK/ CS.....99																
d. Men	Yes01 No02 DK/ CS.....99																
e. Adolescent girls	Yes01 No02 DK/ CS.....99																
f. Adolescent boys	Yes01 No02																

			DK/ CS..... 99
		g. Children	Yes01 No02 DK/ CS..... 99
		h. Infants (less than one year)	Yes01 No02 DK/ CS..... 99
		Others _____	
704	What causes anemia? <i>(Multiple Responses Possible)</i>	Poor diet.....A Heavy work.....B Parasitic infections.....C Lack of iron in the diet.....D Iron losses from parasitic infections.....E Haemorrhage.....F Malaria.....G Rapid growth during puberty.....H Pregnancy.....I Don't Know/Can't Say.....X Others.....Y Specify _____	
705	What are the symptoms of anemia? <i>(Multiple Responses Possible)</i>	Weakness..... A Dizziness/head reeling.....B Nausea.....C Tired all the time.....D Breathlessness after work.....E Headache.....F Blackout.....G Loss of appetite.....H Don't Know/Can't Say.....X Others.....Y Specify _____	
706	What are the negative effects of anemia on health? <i>(Multiple Responses Possible)</i>	Not able to work..... A Weakness.....B Tiredness.....C Birth of low birth weight baby.....D More susceptible to illness.....E Poor growth.....F Poor performance in school/ college..... G Don't Know/Can't Say.....X Others.....Y Specify _____	
707	How can anemia be treated? <i>(Multiple Responses Possible)</i>	Go to doctor/health service provider..... A Go to faith healer..... B Go to AWW.....C Take vitamins..... D Take iron tablets/syrup..... E Get iron injections..... F Eat nutritious foods..... G Rest/sleep.....H It cannot be cured.....I Don't Know/Can't Say.....X	

		Others..... Y Specify _____	
708	How can anemia be prevented? <i>(Multiple Responses Possible)</i>	Eat nutritious foods..... A Take vitamins..... B Take iron tablets/syrup..... C Take health drinks..... D Get enough rest..... E Eat iron rich food..... F Don't Know/Can't Say..... X Others..... Y Specify _____	
709	Has your wife/ female member ever had anemia?	Yes01 No02 Don't Know/ Can't Say.....99	If 2 or 99, go to Qsn. 711
710	How did you come to know your wife/ female member had anemia?	Blood test.....01 Physical test done by ANM.....02 Others.....88 Specify _____	
711	Does your wife/ female member have anemia now?	Yes01 No02 Not Applicable.....77 Don't Know/ Can't Say.....99	
712	When did your wife/ female member have anemia most recently?	Month..... Year Not Applicable.....77	
713	During her most recent episode of anemia, where did you go for treatment? <i>(Multiple Responses Possible)</i>	Private doctor..... A Government doctor B RMP/Quack..... C Local chemist / druggist D ANM..... E NGO health worker..... F Anganwadi Worker..... G Peer educator..... H Teacher..... I Not sought treatment J Not Applicable..... N Other Y Specify _____	

Thank you for your valuable time and information that you have provided us. We will use this information for evaluation of the project.

Blood Sample Collection from Woman

Informed Consent for Blood Sample: (*Showing the Hemocue instrument*) This is a Hemocue instrument. It is used to know whether a person has anemia. Few drops of blood are needed to know whether a person has anemia. A trained person shall collect your blood sample by pricking this small needle (*showing the needle*). This will be done very carefully so that the discomfort caused to you is minimal. It will feel like an ant sting and would not cause much discomfort. This would be done only if you give consent for the same. After getting the blood sample, we will put it in this instrument. It will take a few seconds to give the reading about whether you are anemic or not.

We request you for your blood sample. It is totally up to you to agree to give your blood sample or not. There will be no harm if you do not give your blood sample. However, if you agree to give your blood sample, then we shall be able to know whether you have anemia. By collecting blood samples from women like you, we shall be able to suggest what to do in order to improve the condition of women at the individual and community levels.

Can I take your blood sample? Yes No

SECTION VIII: Woman's Hemoglobin Level

801. Name of the Respondent (Tally with Qsn no.104)	Signature/Thumb Impression	802. Name of Husband/ Adult Male Member (Tally with Qsn no. 603)	803. Date	804. Time of Blood Collection	805. Hb Value	806. Anemia status
			D D M M <hr/> Y Y 1 6	Hr Min Sec	<input type="text"/> <input type="text"/> <input checked="" type="checkbox"/>	No anemia....01 Mild02 Moderate.....03 Severe.....04

Note: Tally the woman's pregnancy status with Qsn no. 232. Please hand over the referral slip to the woman and request her to visit the Rural Hospital in the following conditions:

- (for Pregnant Woman) Hb level is less than 11.0 g/dl
- (for Non Pregnant Woman) Hb level is less than 12.0 g/dl

Endline Study of 'Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)' Project

October – November 2016

Tool 2: FGD and IDI Guide for Women (15-49 Years)

Informed Consent: Greetings! We are ----- and we have come on behalf of IIHMR University. We are carrying out a research study on 'Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)' project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women's participation in agriculture and household decision making, and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about one hour. You can withdraw from the discussion/ interview at any point and there will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women's situation and what can be done to improve their participation in decision making, and their nutritional status.

As it will not be possible for us to write the whole discussion, we would like to use a voice recorder (*show the voice recorder*). This shall be used only if you agree to it. We shall not use the voice recorder in case you do not wish that it be used.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. (*Hand over the Contact Slip with contact information about CARE and IIHMR*)

May we speak to you?Yes No

If no consent has been obtained from the study participant(s), then END the discussion/ interview here

May we record the discussion?Yes No

If no consent has been obtained for the voice recording, then continue with the discussion without recording

(Note: Informed Consent and identification of the study participants are to be obtained on the sheets provided separately)

Profile of FGD Participants: Women (15-49 years)

Village: _____

GP: _____

Para: _____

Place: _____

Date: ___/___/2016

Start Time: _____ a.m./ p.m.

End Time: _____ a.m./ p.m.

Group Consent given for discussion: Yes/ No

Group Consent given for voice recording: Yes/ No

List of Participants

Sl. No.	Name	Contact no.	Age	Sex	Caste/ Tribe	Religion	Married (Yes/ No)	No. of children	Profession	Involved in CARE EnSIGN project Yes/ No	Signature
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Aids: Chart Papers, Blank Sheets, Sketch Pens, Marbles, Stick-on Notes

Women's Lives

- Generally, how do all of you spend your time from waking up in the morning to going to sleep at night? (*Find out about the time women generally wake up in the morning and go to sleep at night; List the activities they generally do throughout the time; On a separate sheet, list the activities undertaken the previous day*) (*Daily Activity Listing*)

- Apart from household members, who are the people you come in contact with? (*Free Listing. Probe for people with whom the study participants have interaction for personal or professional reasons*)

- What are the various institutions that you come in contact with? (*Free Listing. Probe for **all** government, social, religious institutions/ groups with which the study participants are associated*)

- We would like to know more about the various formal and informal institutions with which you are associated (*Venn Diagram Participatory Exercise*)
 - How important is each institution to the study participants? (*show by size of the circle, find reasons*)
 - How accessible (perceptual) is each institution to the study participants? (*show by distance from the centre, find reasons*)
 - What is the distance of each institution to the study participants? (*write distance in kilometers*)
 - Can women go alone to the institution? (*write 'alone' or 'accompanied' besides the distance, find reasons*)
 - How responsive is each institution? (*show by arrows*)
 - for people in general (*show by black arrows, find reasons*)
 - for women's needs (*show by green arrows, find reasons*)
 - What is the level of men's participation in each institution? (*show by thickness of the black line, a dotted line means indirect participation; find reasons*)
 - What is the level of women's participation in each institution? (*show by thickness of the green line, a dotted line means indirect participation; find reasons*)

- To what extent does each institution promote women in leadership position?
(write on stick- on notes: low, medium , more; find reasons)

(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred? Take examples. What are the successes, failures and challenges faced in the changes?)

Workforce Participation

- Generally, what kind of work are women in this area engaged in? (*Probe for the sector in which women are generally employed : agriculture, domestic help, industry, office*)
- At what age do women start working in this area? (*Explore for the age at which women start working, their marital status, age of youngest child when women enter the workforce, whether they take breaks once they enter the workforce*)
- We would like to know more about the stages from buying/ leasing land for crop production to growing crops and finally selling them (*Free Listing; List **all** activities carried out from buying/ leasing land to selling the crops*)
- Talking about women's work in agriculture, what is the kind of work that women generally do? (*Against each activity listed in the above exercise, indicate the type(s) of work women do in agriculture, e.g. sowing, harvesting, winnowing*)
- What kind of work do women do in potato cultivation? (*Against each activity listed in the above exercise, indicate the type(s) of work women do in potato cultivation, e.g. sowing, harvesting, winnowing*)
- Among women who grow crops, how do they decide which crops to grow? (*Probe for crops grown for household consumption and the market; information about the market - selling outlets, profit margin etc; Are there any crops that are generally grown by women- reasons thereof*)
- How does women's work in agriculture differ during different seasons of the year? (*Use marbles to elicit how much women's work in agriculture changes from season to season*)

- How do women spend their time in a 24 hour day in the major seasons of the year? *(Start with the daily activity list drawn up earlier. Use chart papers to list the major activities of the day during the major seasons. Assign the relative time in hours given to each activity. Activities include agricultural work, other paid work, household cleaning, cooking, childcare, sleeping, leisure activities, etc)*
- Are women farmers? *(Probe how participants define a farmer; how they perceive a 'male' farmer and 'female' farmer; In which ways are 'female' farmers different from 'male' farmers?)*
- How do women enter the agricultural workforce? *(Probe for how women get to know about work opportunities in the agricultural sector: through husbands, other women, groups, etc)*
- In which type of agricultural fields do women generally work? *(Probe for the ownership of fields: owned, share cropping, wage labour; Field owned by relatives, jajamanas, or strangers)*
- Can women go alone to the agricultural fields in which they work? *(Using a 24 hour reference, explore the time of the day when women can go alone to the field; times and circumstances in which they have to be accompanied)*
- Where do husbands of women farmers work? *(Explore if the husbands work in the same agricultural fields as the women, the type of work the husbands do in the agricultural fields, the crops grown by them jointly with women; independently of women, if any)*
- Where are crops stored? *(Explore where different crops are stored; the damages (if any) to crops due to storage; what can be done to improve storage facilities for each crop)*
- What do you think are the main reasons for being successful in agriculture? *(Probe for different support received from government, non government and other agencies)*
- Who in this village is a successful farmer? Why do you consider him/ her as successful? What are the reasons for his/ her success?
- What are the major barriers faced by women in becoming successful farmers? *(Probe for availability of seeds, irrigation, fertilizers, help from other household members, sale, safety issues)*

- What is the source of information for women on market prices of agricultural produce? *(Free Listing. Then explore how they access this information, the convenience and inconvenience faced in accessing such information. Rank the different sources in terms of their credibility)*
- What do you think are the main challenges faced by women in earning income from agriculture? *(List all the challenges that women face. Start from identification of a field for agriculture. Cover all steps till selling the produce in the market)*
- Do women control the fields they own? *(Explore ways in which women control the fields they own. Find out reasons for the answers given)*
- How can women's engagement in agriculture be increased? *(Explore with examples; Please cover the following points: owning land, tilling land, sowing crops, harvesting, storage and selling)*

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred? Take examples. What are the successes, failures and challenges faced in the changes?)*

In the case of in-depth interview:

- explore the circumstances (age, marital status, children and reasons) in which the woman entered the workforce
- how did she come to know about the work opportunity
- the type of work she does in the agricultural field
- where her husband works
- how the husband- wife duo work together in the agricultural fields (take the example of the most recent typical day)
- what are the barriers faced by her and how has her husband/ other male members helped in the matter

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples. What are the successes, failures and challenges faced in the changes?)*

Access and Control over Financial Resources

- Among the various types of work that women generally do in the agricultural sector, what types are the highest paying? (*Pile sorting of types of agricultural work according to remuneration*)
- How are women paid for their work in the agricultural fields? (*Probe for payments in cash and kind; frequency of payment; types of things received as payment. Explore if payment differs according to the ownership of the agricultural field*)
- Who receives the payment for the agricultural work that women do? (*Probe whether women are paid for their work or their husbands/ male members can receive payments on their behalf. Explore the exceptional circumstances in which other people (including husband) can receive payments meant for the woman; explore if physical, mental or sexual violence happens in matters of receiving payment*)
- How do women generally spend the payments received? (*Explore the main ways in which women spend their earnings: food, children's education, savings, agricultural business, etc. Free Listing followed by Pile Sorting; explore if physical, mental or sexual violence happens in matters of spending their earnings*)
- How do women like you save? (*Explore where women save their earnings: banks, in SHGs, in houses, etc; explore if physical, mental or sexual violence happens in matters of savings*)
- Under what circumstances do women generally seek loans? (*Explore the reasons for which women seek loans: health, education, to build houses, buy land, to repay other loans, etc*)
- From where do women seek loans? (*Probe for banks, money lenders, SHG groups, etc*)
- How do women access loans? (*Explore from where they come to know about loans, who helps them to go to the place, who helps them to fill up the forms and get the papers ready, how they come back with the money, and who helps them to spend the loan amount;*

explore if physical, mental or sexual violence happens in matters of accessing and controlling loan amount)

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred? Take examples. What are the successes, failures and challenges faced in the changes?)*

In the case of indepth interview:

- find the details of how the woman gets paid for her agricultural work
- How she spends the money earned by her
- Where and in which ways she saves the money
- Circumstances and details of the last loan taken by her (if she has taken loans in the past two years)
- Probe if there has been violence faced by the woman (physical, mental, sexual) in matters related to her earnings, savings, and loan taking. Find out details of the last episode of violence in such matters

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples. What are the successes, failures and challenges faced in the changes?)*

Nutrition

- What do you understand by nutrition? *(Explore)*
- What do you understand by nutritious foods? *(Probe for common nutritious foods that are available in the area - from the market and the agricultural fields; benefits of nutritious food)*
- What do you understand by balanced diet? *(Explore)*
- In a usual day, what are the things you take in a meal? *(Explore for breakfast, lunch, dinner and snacks)*
- How many meals do you take? Is it same as your husband?
- What do you understand by anemia? *(Explore)*
- What causes anemia? *(Free Listing; Probe for iron deficiency)*
- What are the symptoms of anemia? *(Free Listing; Explore how participants recognize anemia)*
- What are the consequences of anemia? *(Explore)*
- Who generally suffer from anemia? *(Free Listing)*
- What do you understand by iron rich foods? *(Free Listing)*

- What are the iron rich foods locally available in this area? (*Free Listing*)
- Of the iron rich foods locally available, which are the ones you grow on your fields? (*Free Listing*)
- What do you do to such foods grown in the fields? (*Explore if iron rich foods are consumed by them, discarded, sold, etc*)
- Can anemia be prevented? (*Explore. Probe for IFA tablets, iron rich foods*)
- Can anemia be cured?
- Do you consider anemia among women to be a serious problem?
- What do you do if a woman is thought to be anemic? (*Probe for who is consulted for the condition? Where is care sought from? Home based care and remedy; treatment from the health facilities; Self medication*)
- Were women from your area tested for anemia in the past two years? If so, is testing for anemia new in this area? Give reasons.
- What is meant by de-worming?
- Is de-worming required?
- How do you think de-worming is related to anemia?
- Were women from your area given de-worming tablets in the past two years? If so, is it different from earlier times? Give reasons.

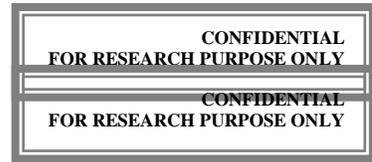
*(Ask if knowledge and action on anemia have changed in the past **two** years. If so, what changes have occurred? Take examples)*

In the case of in- depth interview with anemic and non anemic women:

- Explore their understanding of anemia, its causes, consequences and preventive measures
- Whether they have received treatment for anemia
- Details of the last treatment (when was it thought that treatment should be taken, where was treatment taken, what was the experience, result of the treatment)
- Involvement of their husbands/ male members in prevention/ detection and treatment of anemia
- Knowledge about existing government schemes on anemia

*(For the above points, ask if knowledge and action on anemia have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples)*

**Thank you for your valuable time and information that you have shared with us.
This information shall be used for project evaluation.**



Endline Study of ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ Project

October – November 2016

Tool 3: IDI Guide for Government Personnel

Informed Consent: Greetings! We are ----- and we have come on behalf of IHMR University (Kolkata Unit). We are carrying out a research study on ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women’s participation in agriculture and household decision making and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about one hour. You can withdraw from the interview at any point and there will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women’s situation and what can be done to improve their participation in decision making, and their nutritional status.

As it will not be possible for us to write the whole discussion, we would like to use a voice recorder (*show the voice recorder*). This shall be used only if you agree to it. We shall not use the voice recorder in case you do not wish that it be used.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. (*Hand over the Contact Slip with contact information about CARE and IHMR*)

May we speak to you?Yes No

If no consent has been obtained from the study participant, then END the interview here

May we record the discussion?Yes No

If no consent has been obtained for the voice recording, then continue with the discussion without recording

(Note: Informed Consent and identification of the study participant are to be obtained on the sheet provided separately)

Women's Workforce Participation

- What is the kind of work that women generally do in agriculture in this area? (*Free Listing: Types of work women do in agriculture, e.g. sowing, harvesting, winnowing*)
- Are women farmers? (*Probe perceptions of 'farmer; 'male' farmer and 'female' farmer; in which ways are 'female' farmers different from 'male' farmers*)
- How do women enter the agricultural workforce? (*Probe for how women get to know about work opportunities in the agricultural sector: through husbands, other women, groups, etc*)
- In which type of agricultural fields do women generally work? (*Probe for the ownership of fields: owned, share cropping, wage labour; Field owned by relatives, jajamanas, or strangers*)
- In which ways can the Government promote women joining the agricultural workforce? (*List all the departments and their respective mandates, seek GOs where possible, seek information on government schemes for promoting women's participation in agriculture*)
- What are the barriers in women accessing the different government schemes meant to increase their participation in agriculture? (*Probe specifically for financial and cultural barriers*)

*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*

Enquire about the following:

- *role of CARE EnSIGN project in the changes*
- *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
- *Mechanisms in which the concerned department worked with CARE in EnSIGN project*
- *In which ways has EnSIGN led to sustainability of the mentioned changes?*

Access and Control over Financial Resources

- Among the various types of work that women generally do in the agricultural sector, what types are the highest paying? (*Pile sorting of types of agricultural work for women according to remuneration*)
- How are women paid for their work in the agricultural fields? (*Probe for payments in cash and kind; frequency of payment; types of things received as payment. Explore if payment differs according to the ownership of the agricultural field*)
- Who receives the payment for the agricultural work that women do? (*Probe whether women are paid for their work or their husbands can receive payments on their behalf. Explore the exceptional circumstances in which other people (including husband) can receive payments meant for the woman*)
- What are the barriers faced by women in having greater access to money (earnings, taking loans, savings)?
- In which ways can the Government help women in the following:
 - gain control over their earnings
 - access loans
 - save from their earnings

(List all the departments and their respective mandates, seek GOs where possible, seek information on government schemes for promoting women in agriculture have greater access and control over their earnings)

*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*

Enquire about the following:

- *role of CARE EnSIGN project in the changes*
- *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
- *Mechanisms in which the concerned department worked with CARE in EnSIGN project*
- *In which ways has EnSIGN led to sustainability of the mentioned changes?*

Nutrition

- How can the various Government departments promote the issue of nutrition for women in the reproductive age group? (*Explore linkages with main activities of the concerned departments, probe for initiatives and/or plans for nutrition promotion among women in agriculture*)
- How can the various Government departments promote the issue of iron deficiency anemia among women in agriculture? (*Explore linkages with main activities of the concerned departments*)
- What has been the experience of the Government in promoting the issue of iron deficiency anemia among women? (*Probe for initiatives undertaken by the Government on the issue of iron deficiency anemia, successes and challenges experienced; gender issues; gaps that can be filled*)
- In which ways can the NGO sector collaborate with the Government on the issue of preventing iron deficiency anemia among women in agriculture?
- In which ways can the NGO sector collaborate with the Government on the issue of promoting nutrition among women in agriculture?

*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*

Enquire about the following:

- *role of CARE EnSIGN project in the changes*
- *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
- *Mechanisms in which the concerned department worked with CARE in EnSIGN project*
- *In which ways has EnSIGN led to sustainability of the mentioned changes?*

**Thank you for your valuable time and information that you have shared with us.
This information shall be used for project evaluation.**

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Endline Study of ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ Project
October – November 2016
Tool 4: FGD and IDI Guide with NGO Stakeholders

Informed Consent: Greetings! We are ----- and we have come on IIHMR University (Kolkata Unit). We are carrying out a research study on ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women’s participation in agriculture and household decision making, and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about one hour. You can withdraw from the discussion/ interview at any point and there will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women’s situation and what can be done to improve their participation in decision making, and their nutritional status.

As it will not be possible for us to write the whole discussion, we would like to use a voice recorder (*show the voice recorder*). This shall be used only if you agree to it. We shall not use the voice recorder in case you do not wish that it be used.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. (*Hand over the Contact Slip with contact information about CARE and IIHMR*)

May we speak to you?Yes No

If no consent has been obtained from the study participants, then END the discussion/ interview here

May we record the discussion?Yes No

If no consent has been obtained for the voice recording, then continue with the discussion without recording

(Note: Informed Consent and identification of the study participant(s) are to be obtained on the sheets provided separately)

Profile of FGD Participants: NGO Outreach Personnel (CARE)

Village: _____

GP: _____

Place: _____

Date: ___/___/2016

Start Time: _____ a.m./ p.m.

End Time: _____ a.m./ p.m.

Group Consent given for discussion: Yes/ No

Group Consent given for voice recording: Yes/ No

List of Participants							
Sl. No.	Name	Contact no.	Age	Sex	Designation	Years in Position	Signature
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Women's Workforce Participation

- What is the kind of work that women generally do in agriculture? (*Free Listing: Types of work women do in agriculture, e.g. sowing, harvesting, winnowing*)
- How do women enter the agricultural workforce? (*Probe for how women get to know about work opportunities in the agricultural sector: through husbands, other women, groups, etc*)
- In which type of agricultural fields do women generally work? (*Probe for the ownership of fields: owned, share cropping, wage labour; Field owned by relatives, jajamanas, or strangers*)
- How do husbands help their wives get work in the agricultural sector? (*Explore if the husbands work in the same agricultural fields as the women, the type of work the husbands do in the agricultural fields*)
- How do other community members help women get work in the agricultural sector? (*Explore when community members think of engaging women in agriculture; what is the profile of women they prefer to employ in agriculture; how do they spread information about the work opportunity*)

*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*

Enquire about the following:

- *role of CARE EnSIGN project in the changes*
- *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
- *Mechanisms in which the concerned NGOs have worked with CARE in EnSIGN project. Seek documentary proof of correspondence.*
- *How has CARE worked with the government in the matter? Probe for the different government departments with which CARE has worked. Seek documentary proof of correspondence.*
- *In which ways has EnSIGN contributed to sustainability of the mentioned changes?*

Access and Control over Financial Resources

- Among the various types of work that women generally do in the agricultural sector, what types are highest paying? (*Pile sorting of types of agricultural work for women according to remuneration*)
- How are women paid for their work in the agricultural fields? (*Probe for payments in cash and kind; frequency of payment; types of things received as payment. Explore if payment differs according to the ownership of the agricultural field*)
- Who receives the payment for the agricultural work that women do? (*Probe whether women are paid for their work or their husbands can receive payments on their behalf. Explore the exceptional circumstances in which other people (including husband) can receive payments meant for the woman*)

*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*

Enquire about the following:

- *role of CARE EnSIGN project in the changes*
- *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
- *Mechanisms in which the concerned NGOs have worked with CARE in EnSIGN project. Seek documentary proof of correspondence.*
- *How has CARE worked with the government in the matter? Probe for the different government departments with which CARE has worked. Seek documentary proof of correspondence.*
- *In which ways has EnSIGN contributed to sustainability of the mentioned changes?*

Nutrition

- How do you think the nutritional status of women in agriculture can be improved?
(Probe for improving the following: awareness about nutrition; access to locally available nutritious food; consumption of nutritious food)
- How can women's decision making in the household be increased with respect to consumption of nutritious food?

- What can be done to prevent iron deficiency anemia among women in agriculture?
- What are the various project activities/CARE supported activities carried out to increase community awareness on nutrition and anemia?
- What are the main messages of EnSIGN project?

To be asked to personnel of other NGOs only

- What has been your experience of working on the issue of nutrition in this area? (*Probe for specific projects on advancing women's nutrition, challenges faced in implementation, success achieved*)
- How can NGOs come together to advance women's nutrition in this area? (*Explore how NGOs can work together on the issue; how can NGOs jointly work with the government on the issue, specifically with the Departments of Agriculture, Health and ICDS*)
- What are the various project activities/CARE supported activities carried out to increase community awareness on nutrition and anemia?
- What are the main messages of EnSIGN project?
*For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples.*
Enquire about the following:
 - *role of CARE EnSIGN project in the changes*
 - *What are the successes, failures and challenges of CARE EnSIGN project in bringing about the changes?*
 - *Mechanisms in which the concerned NGOs have worked with CARE in EnSIGN project. Seek documentary proof of correspondence.*
 - *How has CARE worked with the government in the matter? Probe for the different government departments with which CARE has worked. Seek documentary proof of correspondence.*
 - *In which ways has EnSIGN contributed to sustainability of the mentioned changes?*

**Thank you for your valuable time and information that you have shared with us.
This information shall be used for project evaluation.**

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FOR RESEARCH PURPOSE ONLY

Endline Study of ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ Project

October – November 2016

Tool 5: FGD and IDI Guide for Community based Stakeholders

Informed Consent: Greetings! We are ----- and we have come on behalf of IHMR University (Kolkata Unit). We are carrying out a research study on ‘Enhancing the Sustainable Farming Initiative through Gender and Nutrition (EnSIGN)’ project in Kotulpur block of Bankura district of West Bengal. The study is commissioned by CARE India. We have been speaking with women, family members, community members, and functionaries in government and NGOs in different parts of this block. Speaking with you will help us understand women’s participation in agriculture and household decision making, and their knowledge regarding nutrition and nutritious food.

Speaking to us is voluntary. There will be no negative effects if you participate in this study. If you agree to speak to us, it will take about one hour. You can withdraw from the discussion/ interview at any point. There will be no negative consequences for such withdrawal. However, if you participate in the study then we shall know women’s situation and what can be done to improve their participation in decision making, and their nutritional status.

As it will not be possible for us to write the whole discussion, we would like to use a voice recorder (*show the voice recorder*). This shall be used only if you agree to it. We shall not use the voice recorder in case you do not wish that it be used.

All information obtained from you will be kept secret with very few people able to access it. You can ask me or my team members for more information about the study. For more details, you can speak to the following persons. (*Hand over the Contact Slip with contact information about CARE and IHMR*)

May we speak to you?Yes No

If no consent has been obtained from the study participant(s), then END the discussion/ interview here

May we record the discussion?Yes No

If no consent has been obtained for the voice recording, then continue with the discussion without recording

(Note: Informed Consent and identification of the study participant(s) are to be obtained on the sheets provided separately)

Profile of FGD Participants: Community based Stakeholders

Village: _____

GP: _____

Para: _____

Place: _____

Date: ___/___/2016

Start Time: _____ a.m./ p.m.

End Time: _____ a.m./ p.m.

Group Consent given for discussion: Yes/ No

Group Consent given for voice recording: Yes/ No

List of Participants										
Sl. No.	Name	Contact no.	Age	Sex	Caste/ Tribe	Religion	Married (Yes/ No)	No. of children	Profession	Signature
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										

Aids: Chart Papers, Blank Sheets, Sketch Pens, Marbles, Stick-on Notes

Daily Lives

- Generally, how do men like you spend your time from waking up in the morning to going to sleep at night? (*Find out about the time men generally wake up in the morning and go to sleep at night; List the activities they generally do throughout the time; On a separate sheet, list the activities undertaken the previous day*)

- Apart from household members, who are the people you come in contact with? (*Free Listing. Probe for people with whom the study participants have interaction for personal or professional reasons*)

- What are the various institutions that you come in contact with? (*Free Listing. Probe for **all** government, social, religious institutions/ groups with which the study participants are associated*)

- We would like to know more about the various formal and informal institutions with which you are associated (*Venn Diagram Participatory Exercise*)
 - How important is each institution to the study participants? (*show by size of the circle, find reasons*)
 - How accessible (perceptual) is each institution to the study participants? (*show by distance from the centre, find reasons*)
 - What is the distance of each institution to the study participants? (*write distance in kilometers*)
 - Can women go alone to the institution? (*write 'alone' or 'accompanied' besides the distance, find reasons*)
 - How responsive is each institution? (*show by arrows*)
 - for people in general (*show by black arrows, find reasons*)
 - for women's needs (*show by green arrows, find reasons*)
 - What is the level of men's participation in each institution?
(*show by thickness of the black line, a dotted line means indirect participation; find reasons*)

 - What is the level of women's participation in each institution? (*show by thickness of the green line, a dotted line means indirect participation; find reasons*)

- To what extent does each institution promote women in leadership position?
(write on stick- on notes: low, medium, more; find reasons)

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples. What are the successes, failures and challenges faced in the changes?)*

Women's Workforce Participation

- We would like to know more about the stages from buying/ leasing land for crop production to growing crops and finally selling them *(Free Listing; List **all** activities carried out from buying/ leasing land to selling the crops)*
- Talking about women's work in agriculture, what is the kind of work that women generally do? *(Against each activity listed in the above exercise, indicate the type(s) of work women do in agriculture, e.g. sowing, harvesting, winnowing)*
- What kind of work do women do in potato cultivation? *(Against each activity listed in the above exercise, indicate the type(s) of work women do in potato cultivation, e.g. sowing, harvesting, winnowing)*
- How do women enter the agricultural work? *(Probe for how women get to know about work opportunities in the agricultural sector: through husbands, other women, groups, etc)*
- In which type of agricultural fields do women generally work? *(Probe for the ownership of fields: owned, share cropping, wage labour; Field owned by relatives, jajamanas, or strangers)*
- Can women go alone to the agricultural fields in which they work? *(Using a 24 hour reference, explore the time of the day when women can go alone to the field; times and circumstances in which they have to be accompanied)*
- How does women's work in agriculture differ during different seasons of the year? *(Use marbles to find out how much women's work in agriculture changes from season to season)*

- Are women farmers? *(Probe how participants define a farmer; how they perceive a 'male' farmer and 'female' farmer; In which ways are 'female' farmers different from 'male' farmers?)*
- Among women who grow crops, how do they decide which crops to grow? *(Probe for crops grown for household consumption and the market; information from the market-selling outlets, profit margin etc; Are there any crops that are generally grown by women-reasons thereof)*
- How do husbands/ male members of household help their wives get work in the agricultural sector? *(Explore if the husbands/ male members of household work in the same agricultural fields as the women, the type of work the husbands/ male members of household do in the agricultural fields, their role in helping women decide which crops to grow)*
- How do other community members help women get work in the agricultural sector? *(Explore when community members think of engaging women in agriculture; what is the profile of women they prefer to employ in agriculture; how do they spread information about the work opportunity)*
- Where are crops stored? *(Explore where different crops are stored; the damages (if any) to crops due to storage; what can be done to improve storage facilities for each crop)*
- What do you think are the main reasons for being successful in agriculture? *(Probe for different support received from government, non government and other agencies)*
- Who in this village is a successful farmer? Why do you consider him/ her as successful? What are the reasons for his/ her success?
- What are the major barriers faced by women in becoming successful farmers? *(Probe for availability of seeds, irrigation, fertilizers, help from other household members, sale, safety issues)*
- What is the source of information for market prices of agricultural produce? *(Free Listing. Then explore how they access this information, the convenience and inconvenience faced in accessing such information. Rank the different sources in terms of their credibility)*

- What do you think are the main challenges faced by women in earning income from agriculture? *(List all the challenges that women face starting from identification of a field for agriculture till selling the produce in the market)*
- Do women control the fields they own? *(Explore ways in which women control the fields they own. Find out reasons for the answers given)*
- How can women's engagement in agriculture be increased? *(Explore with examples; Please cover the following points: owning land, tilling land, sowing crops, harvesting, storage and selling)*

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples. What are the successes, failures and challenges faced in the changes?)*

In the case of in-depth interview with husbands:

- explore the reasons in which the wife's participation in agriculture/ was not encouraged
- how did he come to know about the work opportunity
- how did he help his wife get into the agricultural workforce
- how the husband- wife duo work together in the agricultural fields (get details of a typical working day)
- what are the barriers faced by her, and how has he helped in the matter
- how he helps in household chores (childcare, cooking, cleaning, etc)
 - when she is present
 - when she is not present in the house

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples. What are the successes, failures and challenges faced in the changes?)*

Access and Control over Financial Resources

- Among the various types of work that women generally do in the agricultural sector, what types are highest paying? (*Pile sorting of types of agricultural work for women according to remuneration*)
- How are women paid for their work in the agricultural fields? (*Probe for payments in cash and kind; frequency of payment; types of things received as payment. Explore if payment differs according to the ownership of the agricultural field*)
- Who receives the payment for the agricultural work that women do? (*Probe whether women are paid for their work or their husbands can receive payments on their behalf. Explore the exceptional circumstances in which other people (including husband) can receive payments meant for the woman*)
- How are the earnings of women spent? (*Explore the main ways in which women's earnings are spent: food, children's education, savings, agricultural business, etc. Role of husband in spending the earnings*)
- How do women save from their earnings? (*Explore where women save their earnings: banks, in SHGs, in houses, etc; How do husbands help women save their earnings?*)
- Under what circumstances do women generally seek loans? (*Explore the reasons for which women seek loans: health, education, to build houses, buy land, to repay other loans, etc*)
- From where do women seek loans? (*Probe for banks, money lenders, SHG groups, etc*)
- How do women access loans? (*Explore from where they come to know about loans, who helps them to go to the place, who helps them to fill up the forms and get the papers ready, how they come back with the money, and who helps them to spend the loan amount*)

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in the community? Take examples. What are the successes, failures and challenges faced in the changes?)*

In the case of in-depth interview with husband:

- Find the details of how he gets paid for **her** (the wife's) agricultural work (both cash and kind)
- Details of how the money earned by the wife was spent in the previous month
- Most recent episode of saving from her earnings; his role in it
- If loan has been taken by the wife in the past two years, circumstances and details of the last loan taken by her, and his role in it

*(For the above points, ask if things have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples. What are the successes, failures and challenges faced in the changes?)*

Nutrition

- What do you understand by nutrition? *(Explore)*
- What do you understand by nutritious foods? *(Probe for common nutritious foods that are available in the area - from the market and the agricultural fields; benefits of nutritious food)*
- What do you understand by balanced diet? *(Explore)*
- What do you understand by anemia? *(Explore)*
- What causes anemia? *(Free Listing; Probe for iron deficiency)*
- What are the symptoms of anemia? *(Free Listing; Explore how participants recognize anemia)*
- What are the consequences of anemia? *(Explore)*
- Who generally suffer from anemia? *(Free Listing)*
- What do you understand by iron rich foods? *(Free Listing)*
- What are the iron rich foods locally available in this area? *(Free Listing)*
- Of the iron rich foods locally available, which are the ones that are grown in this area? *(Free Listing)*
- What do you do to such foods grown in the fields? *(Explore if iron rich foods are consumed by them, discarded, sold, etc)*
- Can anemia be prevented? *(Explore. Probe for IFA tablets, iron rich foods)*
- Can anemia be cured?
- Do you consider anemia among women to be a serious problem?

- What do you do if a woman is thought to be anemic? (*Probe for who is consulted for the condition? Where is care sought from? Home based care and remedy; treatment from the health facilities; Self medication*)
- Were women from your area tested for anemia in the past two years? If so, is testing for anemia new in this area? Give reasons.
- What is meant by de-worming?
- Is de-worming required?
- How do you think de-worming is related to anemia?
- Were women from your area given de-worming tablets in the past two years? If so, is it different from earlier times? Give reasons.
- How do you think nutrition affects the well being of the community?

*(Ask if knowledge and action on anemia have changed in the past **two** years. If so, what changes have occurred in the community? Take examples)*

In the case of in-depth interview with husbands of anemic and non anemic women:

- Explore their understanding of anemia, its causes, consequences and preventive measures
- Whether their anemic wives have received treatment for anemia
- Involvement of the husbands in prevention/ detection and treatment of anemia
- Knowledge about existing government schemes on anemia

*(For the above points, ask if knowledge and action on anemia have changed in the past **two** years. If so, what changes have occurred in their personal lives? Take examples)*

**Thank you for your valuable time and information that you have shared with us.
This information shall be used for project evaluation.**

Annexure 6: Suggested Qualitative Sampling Scheme for Community Based Data Collection

FGD	In-depth Interview
Hindu Women General Caste (31-49 years)	Muslim Anemic Woman (15-30 years)
Male Community Members	Husband/ HH Head of Anemic Woman (31- 49 years)
Muslim Women (31-49 years)	Hindu Anemic Woman (15-30 years)
Hindu Women Scheduled Caste (31-49 years)	Muslim Non - Anemic Woman (31-49 years)
Hindu Women General Caste (15- 30 years)	Hindu Non - Anemic Woman (15-30 years)
Muslim Women (15-30 years)	Husband/ HH Head of Non - Anemic Woman (15- 30 years)
Hindu Women Scheduled Caste (15 – 30 years)	Hindu Anemic Woman (31- 49 years)
Male Community Members	Muslim Non - Anemic Woman (15-30 years)
	Hindu Non - Anemic Woman (31- 49 years)
	Muslim Anemic Woman (31- 49 years)