

WRITING BASELINE REPORT

**MATERNAL
HEALTH AND
NUTRITION
PROJECT**

How To Write Key Findings, Conclusions, & Recommendation

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WRITING
DEMOGRAPHIC
INFORMATION

**MATERNAL HEALTH AND NUTRITION-
BASELINE REPORT**

REVIEW CASE STUDY 1

Writing Socio-Demographic Information

The baseline survey was conducted in 90 villages across three provinces: Battambang, Siem Reap, and Pursat. In total, 1,347 women were interviewed, including 583 (43.3%) from Battambang, 632 (46.9%) from Siem Reap, and 132 (9.8%) from Pursat. Among the respondents, 56.8 percent were caregivers of children under five, 26.6 percent were pregnant women, and 16.6 percent were women of reproductive age.

The age of respondents ranged from 15 to 68 years with an average age of 27.7 years. The majority of women (42.5 percent) were between 25–34 years old, followed by 38.2 percent aged 15–24, and 19.3 percent aged 35–49 years. Almost all respondents were ever married (96%) were married at the time of the survey.

Regarding education, 85 percent of women had attended school at some point. Of these, 58 percent reached primary school, 27 percent attended secondary school, and 12 percent reached high school or university, while 15 percent had no formal education. Across provinces, the pattern was similar.

The main occupations reported were: 42.8 percent farmers, 26.9 percent stay-at-home caregivers, and 22.4 percent daily laborers. Pregnant women were more likely to stay at home (42.7 percent) compared to caregivers and women of reproductive age.

About 30 percent of households were identified as poor, including 21.7 percent with a current ID Poor Card, 7 percent with a card but not available during the interview, and 2 percent with an expired card. A total of 68 percent of families owned agricultural land, averaging 1.72 hectares, with 44 percent owning less than 1 hectare. Ownership was similar across provinces.

In terms of financial access, only 6 percent of caregivers had a bank account, and among them, 43.5 percent were poor. This means that overall, only around 3 percent of poor women caregivers had a personal bank account.

Among women of reproductive age, 56 percent had at least one child, with an average of 2.4 children. Among caregivers, most cared for one child (62.8 percent), some for two (32.2 percent), and few for three or more (5 percent). In total, 88 percent of caregivers were mothers, while 12 percent were grandmothers or aunts, with the proportion of mothers decreasing as the child's age increased.

REVIEW CASE STUDY 1

Aspect	Strengths	Weaknesses
Coverage		
Accuracy		
Structure		
Readability		
Interpretation / Relevance		
Professional Impression		

REVIEW CASE STUDY 1

Aspect	Strengths	Weaknesses
Coverage	Includes almost all relevant baseline variables — age, education, occupation, poverty, and household data.	Overly long and repetitive — includes excessive numerical detail that could be summarized in a table.
Accuracy	Data is precise and matches sample disaggregation.	Some information is not available in the table.
Structure	Follows the data collection sequence.	No thematic grouping (for example, socio-economic versus demographic) and no logical narrative flow.
Readability	Detailed and factual.	Feels like reading raw survey tables rather than a report summary.
Interpretation / Relevance	Provides background facts.	Interpretation is absent — readers don't know what the numbers mean or why they matter.
Professional Impression	Demonstrates data collection effort.	Fails to demonstrate analytical capacity — looks like a data entry report, not an M&E analysis

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

1. Present only relevant demographic information

Include demographic variables that help explain or influence project outcomes (e.g., education, poverty, occupation) rather than listing all available statistics. Avoid overloading readers with every number from the dataset.

2. Group findings by themes, not by questionnaire order

Organize demographic information logically under themes such as:

- Respondent profile (age, marital status)
- Education and literacy
- Livelihood and income sources
- Poverty and assets
- Access to services or resources

This helps the reader follow the narrative more easily and understand relationships among variables.

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

3. Summarize data rather than listing every figure

Highlight key percentages and patterns. Use words such as “*majority*,” “*around one-third*,” “*less than one in ten*” to make your report more readable. Reserve detailed numbers and provincial disaggregation for annex tables.

4. Always interpret what the data means

Go beyond description. Explain what patterns suggest about the population or project context. For example: “Although 85 percent of women attended school, most completed only primary level, which may limit understanding of health messages.”

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

5. Link demographic findings to project implications

Connect findings directly to the project's objectives or design.

For instance:

“Low education levels and limited access to bank accounts highlight the need for simplified communication materials and women’s financial literacy interventions.”

6. Keep narrative and numbers balanced

Use enough figures to support your statements, but not so many that they dominate the paragraph. A good rule is one or two key statistics per sentence or three to four per paragraph.

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

7. Use total and sub-sample sizes clearly

State both total and provincial sample sizes early in the section.

For example:

“The baseline covered 1,347 women across Battambang (583), Siem Reap (632), and Pursat (132).”

This clarifies representativeness and strengthens credibility.

8. Use tables and visuals strategically

Present detailed disaggregation (e.g., by province, poverty status) in a table or chart, and use text to highlight the main messages. This prevents duplication and keeps the narrative concise.

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

9. Maintain consistency in terms and units

Use consistent terminology (e.g., “percent” or “%”) and ensure totals align with what’s shown in annex tables. Avoid switching between terms like “*women*,” “*respondents*,” or “*caregivers*” without defining them.

10. Keep tone objective but analytical

Describe findings in a factual tone, but include short interpretive phrases such as “*suggesting that...*”, “*indicating possible barriers...*”, or “*highlighting opportunities for...*” to show analytical understanding.

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

11. Compare with relevant benchmarks if available

If national data exist (e.g., CDHS 2014), briefly compare baseline results to give context:
“ANC coverage (96 percent) at baseline was higher than the national rural average (81 percent, CDHS 2014).”

12. Avoid redundancy between text and annexes

Do not repeat every figure already shown in tables. The text should summarize what the table shows and interpret its significance.

TIPS FOR WRITING DEMOGRAPHIC INFORMATION IN BASELINE RESEARCH

13. Close the section with a short synthesis

End demographic sections with one or two sentences linking the profile to overall program design.

Example:

“These findings show that the project operates in predominantly young, low-income rural households with limited education, emphasizing the importance of community-based communication and women’s empowerment approaches.”

REVIEW CASE STUDY 2

Writing Socio-Demographic Information

The baseline survey covered 1,347 women of reproductive age across three provinces: Battambang (583 respondents), Siem Reap (632 respondents), and Pursat (132 respondents). The study population represents rural communities where agriculture is the main livelihood and poverty remains a key determinant of access to health and nutrition services.

Most women were between 25 and 34 years of age (42 percent), followed by 38 percent aged 15–24 and 19 percent aged 35–49. Nearly all women were currently married (96 percent), reflecting a typical rural family structure. These characteristics suggest that project interventions will largely engage young and middle-aged mothers who are the primary caregivers of young children.

Education levels were generally low, with 58 percent of women completing only primary school and 15 percent reporting no formal education. This finding indicates potential barriers to understanding health and nutrition messages, underscoring the importance of using simple, visual, and community-based communication approaches in project activities.

Agriculture was the main occupation (43 percent), followed by caregiving at home (27 percent) and daily labor (22 percent). This pattern shows the economic dependence of women on household agriculture and informal labor, which may limit their decision-making power and financial access. Only 6 percent of respondents had a personal bank account, with even lower ownership among poor women. These findings point to the need for integrating women's financial literacy and empowerment initiatives into maternal health and nutrition programs. Around 30 percent of surveyed households were classified as poor, including 22 percent with an active ID Poor Card. Land ownership was widespread (68 percent), though nearly half owned less than one hectare, reflecting the small-scale nature of rural livelihoods. These socio-economic characteristics provide important context for understanding household food security, nutritional status, and service utilization.

In summary, the demographic profile highlights a predominantly young, married, and low-educated rural female population with limited financial access. These factors are likely to influence maternal health behaviors and nutrition outcomes. The project should therefore emphasize locally tailored interventions, community outreach, and behavior change communication strategies that address both educational and economic barriers.

REVIEW CASE STUDY 2

Aspect	Strengths	Weaknesses
Coverage		
Accuracy		
Structure		
Readability		
Interpretation / Relevance		
Professional Impression		

REVIEW CASE STUDY 1

Aspect	Strengths	Weaknesses
Coverage	Includes only key demographic indicators relevant to program design	May omit minor variables that could be useful for secondary analysis
Accuracy	Provides clear figures supported by disaggregation by province and poverty. .	Could include more comparison with national benchmarks for context.
Structure	Organized by logical themes: demographic, education, livelihood, poverty, and synthesis.	Slightly longer narrative, requiring careful editing to remain concise.
Readability	Balanced mix of narrative and data, easy to read and interpret.	Requires skill to write — may take more time for new M&E officers.
Interpretation / Relevance	Links findings directly to program implications and design.	Relies on reader's knowledge of project scope to fully appreciate connections.
Professional Impression	Shows strong analytical and communication skills; demonstrates understanding beyond numbers.	None significant — overall high-quality reporting.

WRITING PROJECT'S OUTCOMES

MATERNAL HEALTH AND NUTRITION- BASELINE REPORT

REVIEW CASE STUDY 3

Writing Project's Outcomes

The baseline data show that most mothers received antenatal care (ANC) during their last pregnancy. About 96% of women attended ANC at least once, and 84% had four or more visits. Around 71% took iron supplements for at least 90 days, and 83% received nutrition counseling during ANC. Nearly all women (95%) delivered at a health facility, and 83% received postnatal care within two days after delivery.

Eighty-eight percent of mothers knew that iron tablets help prevent anemia, and 70% said that pregnant women should eat more than usual. However, only 42% knew that pregnant women should attend at least four ANC visits. About 69% of respondents agreed that eating more during pregnancy is good, but 32% believed that ANC takes too much time, and 26% thought ANC is mainly for first pregnancies.

Overall, most women seem knowledgeable and have positive behaviors regarding maternal health. However, some still lack knowledge about ANC and healthy pregnancy practices. The project should continue to provide education and awareness.

REVIEW CASE STUDY 3

Aspect	Strength	Weakness
Structure		
Content		
Flow		
Analytical Depth		
Clarity		
Behavioral Link		

REVIEW CASE STUDY 3

Aspect	Strength	Weakness
Structure	Covers multiple indicators.	No organization under KAP framework; data scattered.
Content	Includes important maternal health data.	Lists facts without interpreting behavioral implications.
Flow	Follows general topic order.	Jumps randomly between knowledge, attitude, and practice.
Analytical Depth	Provides percentages.	No explanation of why results occur or how they affect outcomes.
Clarity	Easy to read.	Oversimplified and lacks technical insight.
Behavioral Link	Mentions ANC and iron supplement use.	Does not link knowledge and attitudes to practice.

TIPS FOR WRITING PROJECT'S OUTCOMES

*A strong baseline outcome section tells a **story of behavior**, not just a collection of statistics. It identifies what people **know**, how they **feel**, and what they **do** — and highlights where the project must focus to achieve change.*

TIPS FOR WRITING PROJECT'S OUTCOMES

1. Understand What “Outcome” Means

Outcome refers to behavioral or condition-level change expected among target beneficiaries, such as improved knowledge, attitudes, or practices.

In baseline reports, you don't measure change yet — you describe where people currently stand in these dimensions.

Example: At baseline, only 42% of pregnant women knew that they should attend at least four ANC visits — showing low awareness of essential maternal care standards.

TIPS FOR WRITING PROJECT'S OUTCOMES

2. Organize the Section Using the KAP Framework

Use the **Knowledge – Attitude – Practice (KAP)** structure to present findings logically and avoid data scatter. This organization helps link **knowledge** → **attitude** → **practice**, telling a clear behavioral story.

<i>Domain</i>	<i>What to Describe</i>	<i>Example Indicator</i>
<i>Knowledge</i>	<i>What people know or are aware of</i>	<i>% of women who know that iron prevents anemia</i>
<i>Attitude</i>	<i>What people believe, value, or feel about the behavior</i>	<i>% of women who believe ANC is important</i>
<i>Practice</i>	<i>What people actually do</i>	<i>% of women who completed 4+ ANC visits</i>

TIPS FOR WRITING PROJECT'S OUTCOMES

3. Write Narratives, Not Lists

Avoid reporting data as bullet points. Instead, weave them into a logical, interpretive narrative.

Poor style:

96% received ANC; 71% took iron tablets; 42% knew about 4 ANC visits.

Better style:

While most women attended ANC (96%) and took iron supplements (71%), less than half (42%) were aware that a woman should complete at least four ANC visits — showing a knowledge gap that may affect care-seeking behavior.

TIPS FOR WRITING PROJECT'S OUTCOMES

4. Interpret, Don't Just Describe

Baseline findings should explain why the results matter — not just state them..

- ***Connect numbers to meaning:*** “Only 42% knew about four ANC visits — this limited awareness may explain why some women start ANC late.”
- ***Highlight implications:*** “This suggests that improving maternal health education can lead to better service utilization.”

TIPS FOR WRITING PROJECT'S OUTCOMES

5. Show the Behavioral Flow

Outcomes should illustrate the logical link from knowledge → attitude → practice.

This creates a story of how knowledge influences practice — and where the breakdown happens.

Example: Women's awareness of ANC importance is high (78%), but 26% still believe ANC is only for first pregnancies. This misconception may contribute to delayed ANC visits, despite high service availability.

TIPS FOR WRITING PROJECT'S OUTCOMES

6. Include a Summary

Table of Key Indicators

Tables help readers quickly see which behaviors are strong and which need improvement.

Summarize all outcome indicators in a table for clarity. Include:

- Indicator name
- Baseline value (%)
- Disaggregation (sex, age, poor/non-poor, province, etc.)
- Interpretation / comment

TIPS FOR WRITING PROJECT'S OUTCOMES

7. Use Comparative and Reference Data

If available, compare baseline findings with:

- National averages (e.g., CDHS 2014)
- Previous project data
- Project targets or desired outcomes

Example: The baseline rate of institutional delivery (95%) is higher than the 81% reported in CDHS 2014, showing that the project area is already performing above the national rural average.

TIPS FOR WRITING PROJECT'S OUTCOMES

8. Be Honest About Gaps and Limitations

Don't overstate results. Clarify where data are incomplete or where recall bias might exist.

Example: Only 58% of mothers could show their child's health card with recorded birth weight, indicating possible recall limitations for birth weight data.

TIPS FOR WRITING PROJECT'S OUTCOMES

9. Link Findings to Program Strategy

End each KAP section with a short statement connecting findings to future interventions.

Example: These baseline results highlight a strong foundation of service utilization but limited awareness and counseling quality. The project should focus on improving communication and follow-up counseling during ANC to reinforce correct maternal nutrition practices.

TIPS FOR WRITING PROJECT'S OUTCOMES

10. Ensure Consistency Across Indicators

- Use the same indicator phrasing as in your project logframe.
- Keep denominators clear (e.g., “% of women of reproductive age,” “% of mothers of children under 2”).
- Maintain consistent units (percentages, means, etc.).

TIPS FOR WRITING PROJECT'S OUTCOMES

11. Balance Quantitative and Qualitative Insights

Add quotes, observations, or short case examples from FGDs or KIIs if available.

This adds depth to the numbers and helps explain *why* certain behaviors persist.

TIPS FOR WRITING PROJECT'S OUTCOMES

12. Summarize Outcome Findings by Behavior Change Theme

Group findings under thematic areas (e.g., maternal care, infant feeding, hygiene practices) to align with project objectives and make the section easier to read.

TIPS FOR WRITING PROJECT'S OUTCOMES

13. Use Transitional and Analytical Phrases

Good analytical writing uses connectors such as:

“This suggests that...”

“However, despite...”

“This may be due to...”

“These findings indicate a need for...”

These help maintain narrative flow and signal analysis.

Writing Project's Outcomes

Knowledge

Awareness of maternal health recommendations varied across indicators. Most women (88%) knew that iron tablets prevent anemia and 70% knew that pregnant women should eat more than usual. However, only 42% correctly identified that a woman should complete at least four ANC visits during pregnancy — revealing a significant knowledge gap that may contribute to incomplete ANC attendance. Additionally, nearly one-fifth (19%) believed that iron supplements could cause harm, highlighting persistent misconceptions that could discourage consistent intake. These findings suggest that while general nutrition awareness is high, specific maternal care knowledge remains limited.

Attitude

Women's attitudes toward ANC and nutrition were mostly positive but not universal. About 78% agreed that ANC visits are important, yet 26% thought ANC is only necessary for first pregnancies, and 32% perceived ANC as time-consuming. These mixed attitudes may discourage timely and repeated visits. Positive attitudes toward nutrition were evident, with 69% agreeing that women should eat more during pregnancy, aligning with improved awareness. However, lingering misconceptions indicate the need for ongoing community engagement to reinforce the importance of continuous care and dietary adequacy.

Practice

Maternal health practices were generally strong but still need improvement in adherence and follow-up. Almost all women (96%) received ANC at least once, and 84% completed four or more visits — a substantial improvement over national averages. Similarly, 71% took iron supplements for 90 days or more, and 83% received dietary counseling. At delivery, 95% gave birth at health facilities and 83% received postnatal care within two days, suggesting strong uptake of health services. However, only 58% reported following diet advice from health providers, showing a disconnect between receiving information and applying it. The overall pattern suggests that high service utilization does not always translate into full behavioral adoption — highlighting the need to strengthen counseling quality and address attitudinal barriers.

REVIEW CASE STUDY 3

Aspect	Strength	Weakness
Structure		
Analytical Depth		
Behavioral Link		
Interpretation		
Clarity and Flow		

REVIEW CASE STUDY 3

Aspect	Strength	Weakness
Structure	Clearly organized under KAP domains.	Could include more subgroup (e.g., poor/non-poor) analysis.
Analytical Depth	Explains what the data mean and why it matters.	May require statistical testing for stronger conclusions.
Behavioral Link	Shows flow from knowledge → attitude → practice.	Needs further linkage to program objectives.
Interpretation	Identifies causes (misconceptions, barriers).	Could use qualitative evidence for deeper insight.
Clarity and Flow	Smooth transitions and analytical phrasing.	Some long sentences.

WRITING
CONCLUSIONS &
RECOMMENDATIONS

**MATERNAL HEALTH AND NUTRITION-
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WHAT IS CONCLUSION?

WHAT IS CONCLUSION?

To summarize what the data mean — not just what they show. Conclusions interpret the findings and connect them to project objectives.

“Although 82% of women know the importance of ANC, only 64% completed four visits — indicating barriers beyond awareness, such as access or decision-making power.”

WHAT IS RECOMMENDATION?

To propose specific, actionable solutions based on the evidence and aligned with project goals.

“Health promotion efforts should integrate male engagement and improve transport access to ensure ANC completion.”

TIPS TO WRITE CONCLUSIONS & RECOMMENDATIONS

**MATERNAL HEALTH AND NUTRITION-
BASELINE REPORT**

TIPS TO WRITE CONCLUSIONS

1: Revisit Objectives and Indicators

Start by re-reading your **baseline objectives** and **expected outcomes**. Conclusions must directly respond to these questions:

- What did we want to know or measure?
- What did the data reveal about knowledge, attitudes, and practices?

Example:

Objective: “Assess maternal knowledge and behavior related to antenatal care (ANC).”

→ **Conclusion:** “Knowledge on ANC is high, but practice remains moderate, suggesting gaps in translating awareness into behavior.”

TIPS TO WRITE CONCLUSIONS

2: Synthesize, Don't Repeat Data

Avoid restating statistics — instead, summarize patterns and implications.

- Look for trends: Which indicators show strengths or weaknesses?
- Compare across groups (e.g., poor vs. non-poor, provinces, or age groups).
- Identify relationships (e.g., higher education → better nutrition practices).

Bad Example:

“56% of women took iron tablets. 64% completed 4 ANC visits. 48% ate diverse diets.” (No interpretation)

Good Example:

“Educated mothers were more likely to take iron supplements regularly, suggesting that literacy influences adherence.”

TIPS TO WRITE CONCLUSIONS

3: Classify Findings by KAP

Organize your conclusions around **Knowledge**, **Attitude**, and **Practice** to show a logical progression:

- Knowledge: What people know
- Attitude: How they feel or perceive
- Practice: What they actually do

Good Example:

“While most women knew ANC importance (Knowledge), only half felt confident to seek care for complications (Attitude), resulting in incomplete ANC attendance (Practice).”

TIPS TO WRITE CONCLUSIONS

4: Identify Gaps and Barriers

Pinpoint what prevents knowledge from becoming practice.

- Is it a service access issue?
- A social norm?
- A confidence or decision-making barrier?

Good Example:

“Low postnatal care attendance reflects limited outreach capacity and persistent gender norms restricting women’s mobility.”

TIPS TO WRITE CONCLUSIONS

5: Link to Project Outcomes

Make sure your conclusions **feed directly into the project's logical framework** or outcome indicators.
Show how baseline findings establish a **starting point for change**.

Good Example:

“This baseline confirms moderate maternal nutrition practices (48%), providing a clear benchmark for measuring the impact of future nutrition education interventions.”

TIPS TO WRITE RECOMMENDATIONS

1: Base Every Recommendation on Evidence

Each recommendation should clearly link to a finding or gap.

<i>Finding</i>	<i>Recommendation</i>
<i>Only 49% of women took iron tablets daily</i>	<i>Strengthen iron supplementation counseling and community follow-up.</i>
<i>Only 44% received postnatal care</i>	<i>Improve postnatal home visits and referral systems.</i>

TIPS TO WRITE RECOMMENDATIONS

2: Make Recommendations Actionable

Recommendations should be:

- Specific – Who should do what?
- Feasible – Within project scope and resources
- Prioritized – Focus on critical, achievable changes
- Linked to results – Show how action will improve outcomes

Bad Example:

“Improve health services.” (Too broad)

Good Example:

“Train health staff on interpersonal counseling and ensure monthly monitoring of iron tablet adherence.”

TIPS TO WRITE RECOMMENDATIONS

3: Classify Recommendations by Level of Action

Organize them into categories for clarity:

Level	Focus	Example
Individual/Behavioral	Change in knowledge or behavior	Conduct small group counseling for pregnant women on balanced diets
Community/Social	Influence norms, family support	Engage men and elders in maternal health promotion
System/Institutional	Strengthen service delivery	Equip health centers for routine postnatal follow-up
Policy/Programmatic	Inform higher-level planning	Advocate for inclusion of nutrition counseling indicators in the HMIS

TIPS TO WRITE RECOMMENDATIONS

6. Avoid judgmental language

Use neutral, evidence-based wording.

Good Example:

Replace “Women are careless” with “Women face competing demands that limit consistent practice.”

7. Show linkage to project theory of change

Demonstrate how findings guide future actions.

Good Example:

“These findings support the project’s focus on integrating nutrition education with community mobilization.”

TIPS TO WRITE RECOMMENDATIONS

4. Be concise but interpretive

Write 1–2 sentences per major indicator group

Good Example:

“Knowledge levels are strong, but behavior change lags behind due to social and logistical barriers.”

5. Use transition phrases

Link ideas logically.

Good Example:

“Despite high awareness...”, “However...”, “This suggests that...”