# NUTRITION SECTOR SITE VISITS

***WHAT IS IN THIS PACKET:***

1. IP Document Review Checklist
2. Field Monitor Direct Observation Checklist
3. Local IP Representative Interview Guide
4. Community Key Informant Interview Guide
5. Beneficiary Focus Group Discussion Guide
6. Beneficiary Interview Guide
7. Field Monitor Comments Checklist: Site Access and Challenges

DIRECTIONS: All questions should be answered. If there is no data available, write “NDA” into the space provided. If the question is not applicable, write “NA” into the space provided. If the answer is unclear, write “UC” in the space provided. If the respondent says s/he does not know, write “DK.”

## IP DOCUMENT REVIEW CHECKLIST FOR NUTRITION ACTIVITIES

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

|  |
| --- |
| DIRECTIONS: It is critically important to explain to the IP representative consulted that any documents supplied for examination and collection should pertain to OFDA-funded elements of the nutrition activity only, and for the current OFDA award period only (if the IP representative consulted isn’t familiar with the current award period, remind them from the site visit award summary provided to you). The following types of IP documents are typically available for nutrition activities. |

|  |  |  |
| --- | --- | --- |
| **Document Review Table** | | |
| **Types of Documents** | **Examine and Collect Copies of Documents** | **Examine Only** |
| Infrastructure/Facilities Support |  | * For rehabilitation works, there is usually a Bill of Quantities (BOQ) or construction contract, and there is often a handover letter from the IP to the community. * Rental agreements, utility bills, staff payrolls records that demonstrate the IP is paying to keep the facility operational. * Records of regular free residual chlorine level testing. |
| Training (protection workers or community-based): | * Training attendance sheets representing each day of training. | * Training curriculum and training reports. |
| Service Provision: |  | * For the previous month period: patient registers and referral records. |
| Goods and Supplies Distribution (dry rations distributed as incentives during other nutrition interventions): | * Examine and collect copies of these documents for the previous month period: Current inventory. * Collect a random sample of records for five recipients from the previous month period: Distribution register. * For non-food items (NFI)/hygiene kits, review the distribution register. | * For the previous month period: Procurement and shipping documents. |
| Community-Based Activities: | * Workers’ and/or supervisors’ weekly, monthly, or specific community event reports. * Field Monitor should examine the following documents for the award period and collect copies of a sample of all reports for the most recent 30-day period available. * Mass media campaign activities: * Scripts for radio broadcasts. * Photograph these materials billboards and posters. | * Records on the incentives or pay distributed to CHWs/CNWs. * Mass media campaign activities: Quotations or receipts for radio airtime, billboard rental, or poster printing. |
| Specialized Nutritious Foods Procurement (RUSF or RUTF): | * For the previous month period: * Procurement & shipping documents. * Current inventory. | * For the previous month: Patient distribution register. |
| IP Complaint & Feedback Mechanism |  | Information about the IP’s complaint/feedback mechanism. |

Please list/describe all documents reviewed, including dates of the documents, if available. Also note when the IP representative was unclear whether the documents supplied pertained to the current OFDA award funding.

|  |  |
| --- | --- |
| ***Documents Collected or Reviewed*** | ***Date of Documents*** |
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**ACTIVITY DESCRIPTION**

**SERVICE PROVISION**

Q1. What type of facility is being monitored? (AMI 1) ***Circle all that apply***

1. Infant and Young Child Feeding (IYCF) education/sensitization site
2. Moderate Acute Malnutrition (MAM) outpatient site
3. Severe Acute Malnutrition (SAM) outpatient site
4. SAM inpatient site
5. Mobile nutrition services

Q2. Does this activity offer both health and nutrition services for beneficiaries? (AMI 1) ***Circle one***

1. Yes, please explain which health services are offered \_\_\_\_\_\_\_\_ (GO TO Q3)
2. No (GO TO Q2a)

|  |
| --- |
| Answer: |

Q2a. If both health and nutrition services are not offered through this activity, where do beneficiaries receive those services (whether USAID-funded or not)? (AMI 1) ***Circle one***

1. Referrals to other programs
2. I don't know
3. Other: \_\_\_\_\_\_\_\_

Q3. List the total consultations conducted in the last month (30 days) for the following categories? (AMI 1, OVI 1)

|  |  |  |
| --- | --- | --- |
| **Patient Category** | **Screening Location** | **Total Screenings/ Consultations** |
| Pregnant and Lactating Women (PLW) | Facility |  |
| Pregnant and Lactating Women (PLW) | Village/IDP Settlement |  |
| Children Ages 6-59 months | Facility |  |
| Children Ages 6-59 months | Village/IDP Settlement |  |

Q4. How many screenings/consultations in the last calendar month (30 days) were for the following consultation categories? (AMI 1, OVI 1)

DIRECTIONS: If IP does not collect the information, write N/A in the second column.

DIRECTIONS: These consultations are counted independently from Q4 (i.e., the totals may not add up to the totals in Q4 due to overlapping services).

|  |  |
| --- | --- |
| **Category** | **Total Screenings/ Consultations** |
| *Community Outreach* | |
| Screening |  |
| Referral and Admission |  |
| Household Visits and Follow-up |  |
| Community Sensitization and Mobilization |  |
| *Outpatient Programs* | |
| TSFP – MAM |  |
| OTP – SAM |  |
| Stabilization Centers – SAM |  |
| *IYCF* |  |
| *Other:* |  |

Q5. How many SAM and MAM child beneficiaries were referred to other facilities/services and from other facilities/clinics to the OTP clinic in the last month? (AMI 1, OVI 1)

DIRECTIONS: If IP does not collect the information, write N/A in the second column.

|  |  |
| --- | --- |
| **Referred Service or Facility** | **Number of Referrals** |
| Referrals to other facilities/services |  |
| Primary healthcare facility/Hospital |  |
| OTP – outpatient |  |
| Stabilization Center – inpatient |  |
| HIV/STI screening/treatment |  |
| Referral from other facilities/clinics to TSFP - MAM |  |
| OTP Follow-up: Children referred from OTP after recovery from SAM (Upgrade admissions) |  |
| Previously discharged as cured but re-admitted with MAM (Relapse admission) |  |
| Return after defaulting (Return admission) |  |
| Referral from private clinics |  |
| Referral from mobile clinics |  |
| Referral from CHW, CNW |  |
| Other: |  |

Q6. If records are available, how many referral patients were provided transport to the referred services? (AMI 1) NUMBER PATIENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6a. Do IP records indicate whether the IP followed up to find out if beneficiaries received the referral services? (AMI 1) ***Circle one***

* 1. Yes
  2. No
  3. Not applicable

Q7. During the last 30 days, what are the rates of admission, default, death, cure, non-response transfer, and the length of stay, by sex and age? (OMI 2) NOTE: Use SAM and/or MAM as applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Rates** | **SAM** | **MAM** | |
| **Children 6-59 mos.** | **Children 6-59 mos.** | **PLW** |
| Admission |  |  |  |
| Default |  |  |  |
| Cure |  |  |  |
| Non-response transfer |  |  |  |
| Death |  |  |  |
| Average Length of Stay (days) |  |  |  |

**COMMUNITY-BASED ACTIVITIES**

**Community Nutrition Workers**

Q8. How many Community Nutrition Workers (CNWs) are supported under this award? (AMI 1) If there are no records, write N/A.

|  |  |
| --- | --- |
| Total Number |  |

Q8a. How many CNWs are from this village/IDP settlement? (AMI 1) If there are no records, write N/A.

|  |  |
| --- | --- |
| Total Number |  |

Q8b. How does the IP pay or reimburse the CNWs? (AMI 1) ***Circle all that apply***

1. Salary/Stipend
2. Living quarters
3. Expense reimbursement
4. Rations
5. Other: \_\_\_\_\_\_\_ There are no records.

Q9. List all of the training provided to CNW/volunteers/facility staff during the current award period. (AMI 1, OVI 2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training Title** | **Type of Workers Trained** | **Dates of Training** | **Number of Men** | **Number of Women** | **Total Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Sensitization and Education Outreach Events**

Q10. Does this IP provide sensitization and education outreach? (AMI 1) ***Circle one***

1. Yes (GO TO Q10a)
2. No (GO TO Q11)

Q10a. If yes, complete the following table for events provided by the IP. (AMI 1)

DIRECTIONS: Indicate the number of events from the start of the award to the month before the site visit. Indicate the number of events by locations. Indicate the total number of people who attended the events.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of Sensitization and Education Outreach** | **Indicate the Number of Events by the Type of Location** | | | **Total Number of People who Attended the Event (across all three locations)** |
| **Household** | **Facility** | **Community** |
| Prevention of Child Stunting & Wasting. |  |  |  |  |
| Food Use |  |  |  |  |
| Preventive Health |  |  |  |  |
| Infant & Child Feeding |  |  |  |  |
| Hygiene Health |  |  |  |  |
| Sexual Health |  |  |  |  |
| Accessing health services |  |  |  |  |
| Other: |  |  |  |  |

Q11. If the IP used mass media for the sensitization events, describe the use of mass media as documented. (AMI 1)

|  |  |
| --- | --- |
| Type of Mass Media | Description |
| Frequency of radio program |  |
| Length of radio programs |  |
| Period of radio program (over the course of a week, month, or quarter |  |
| Number of billboards |  |
| Length of time billboards were posted |  |

**Fortified (Dry Rations) and Specialized Nutritious Foods (RUSF/RUTF) Management**

Q12. Does the IP maintain records of ordered, received and stored fortified and specialized nutritious foods? (AMI 1) ***Circle one***

1. Yes (GO TO Q13)
2. No (GO TO Q14)

|  |
| --- |
| Follow-up Question: If no, please explain |

Q13. Refer to IP commodity inventory records and list the fortified and specialized nutritious foods in the current inventory and the total distributions to date within the last month period. (AMI 1)

DIRECTIONS: Please note number of full cases/cartons AND number of individual sachets from cartons that are not full cases/cartons. Note: Table is for SAM and MAM. Based on which activity you are monitoring, complete the following table.

|  |  |  |
| --- | --- | --- |
| **Type of Food** | **Specify in bags/cases or cartons/sachets:** | |
| **Current Inventory** | **No. of Distributions to Date** |
| **Type of Fortified Food** | | |
| *CSB+ (example)* | *2 cartons & 3 sachets* | *20 cartons & 140 sachets* |
|  |  |  |
|  |  |  |
| **Specialized Nutritious Food** | | |
| *Plumpy'Sup (example)* | *3 cartons & 2 sachets* | *10 cartons & 140 sachets* |
| *Plumpy’Nut (example)* | *6 cartons & 6 sachets* | *50 cartons & 100 sachets* |
| *Plumpy’Doz (example)* | *2 cartons & 3 sachets* | *20 cartons & 140 sachets* |
|  |  |  |

Q14. List the fortified and specialized nutritious foods stock-out dates, according to inventory records for the last 60 days. (AMI 1)

DIRECTIONS: Take pictures of the Stock Cards or **if no stock card, use warehouse registers and take pictures**. (AMI 1)

|  |  |  |
| --- | --- | --- |
| **Type of Food** | **Dates of stock-outs** | **Reasons for stock-outs** |
| **Fortified** | | |
| CSB+ |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Specialized Nutritious** | | |
| Plumpy’Sup |  |  |
| Plumpy’Nut |  |  |
| Plumpy’Doz |  |  |
|  |  |  |

**INFRASTRUCTURE/FACILITIES SUPPORT**

Q15. Which of the following types of facilities/infrastructure improvement or operational support was documented? (AMI 1, OVI 3) ***Circle all that apply***

1. Static nutrition facility: Rehabilitation or expansion of main structure
2. Static nutrition facility: Rehabilitation or improvement of water or electricity supply
3. Static nutrition facility: Installation of new generator, cold chain equipment or water supply system
4. Static nutrition facility: Operational costs of infrastructure (municipal utilities, security, fuel, trucked water, etc.)
5. Static nutrition facility: Transport purchase for referrals
6. Static nutrition facility: Transport fuel for referrals
7. Static nutrition facility: Transport rental for referrals (ambulance or taxi)
8. Static nutrition facility: Staffing (salaries or incentives for qualified nutrition workers, administrative staff, support staff or CHWs/CNWs and volunteers)
9. Mobile health unit: Transport purchase
10. Mobile health unit: Transport outfitting with equipment and supplies
11. Mobile health unit: Transport fuel
12. Mobile health unit: Staffing (salaries or incentives for qualified health workers, support staff or CHWs/volunteers)
13. Mobile health unit: Staff meal or other allowances for travel days
14. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q16. Based on available documents, did the IP establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3) ***Circle one***

1. Yes
2. No

Q16a. If IP established complaint/feedback mechanism, do the documents tell you the following?

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| A contact person at the site to respond to any complaints. |  |
| A record of complaints received. |  |
| The record of complaints tells you the source of the complaint, the date of the complaint, the action taken, and the date of action. |  |
| A hotline number for beneficiaries to call. |  |

Q16b. Is there a document that indicates how the IP informs beneficiaries of the mechanism, including those who are illiterate?

|  |
| --- |
| Answer: |

Q17. Does the IP have written confidentiality and data protection protocols? (AMI 4) ***Circle one***

1. Yes
2. No

## FIELD MONITOR DIRECT OBSERVATION CHECKLIST FOR NUTRITION ACTIVITIES

|  |  |  |
| --- | --- | --- |
| **Site Visit Number** |  | |
| **Program** |  | |
| **IP** |  | |
| **Sector/Modality** |  | |
| **Village/IDP Settlement** |  | |
| **GPS Coordinates** | **Longitude** |  |
|  | **Latitude** |  |
| **District** |  | |
| **Date of Data Collection** |  | |
| **Field Monitor Name** |  | |

|  |
| --- |
| DIRECTIONS: Take the following photographs for nutrition site visits (in addition to the documentation photographs mentioned in the IP Document Review Checklist).   * Wide shot of the facility or mobile health unit work area * Close-in shot of the facility sign post * Wide shot of the patient waiting area (with patient consent) * Wide shot of a patient consultation area (with patient consent) * Wide shot of the food/medical supplies storage area * Close-in shot of the way food/medical supplies are marked in the storage area * Close-in shot of service providers at work with patients (with patient consent) * Beneficiary Focus Groups (with participants’ consent) |

DIRECTIONS: In completing observations, Field Monitor should take care not to be disruptive to ongoing service provision, and patients must provide consent to the observation.

|  |
| --- |
| DIRECTIONS: Is the activity being implemented live on the day of the site visit? ***Circle one***   * 1. Yes. Continue with tool.   2. No. GO TO Local IP Representative Interview Guide |

**ACTIVITY DESCRIPTION**

**SERVICE PROVISION**

Q1. What kind of activity are you observing? (AMI 1) ***Circle all that apply.***

1. MAM or SAM outpatient service activities (e.g. screening, examination, progress monitoring, consultation, in-home services, ration distribution)
2. Mobile MAM or SAM health or nutrition service provision (e.g. screening, examination, progress monitoring, immunization, consultation, ration or NFI distribution)
3. A nutrition education/outreach activity
4. Village/IDP Settlement worker training/capacity building activities

Q2. Approximately how far is the Stabilization Center from the TSFP service site? (AMI 1)

Answer: km

Q3*.* Are admission and discharge protocols displayed and easily seen? (AMI 1) ***Circle one***

1. Yes
2. No

Q4. Is the facility/mobile unit located in a safe and secure location within the community (e.g. away from busy roads and areas of high foot and vehicle traffic, separated from commercial buildings, far from sanitation pits)? (AMI 9) ***Circle one***

1. Yes
2. No

Follow-up Question: Please If no, please explain:

Q5. Is adequate beneficiary security provided at the activity site (e.g. restricted entry, entrant pat-down screening, female/male segregation where appropriate, safety alarm/alert systems)? (AMI 4) ***Circle one***

1. Yes
2. No

Follow-up Question: If no, please explain.

Q6. In general, are site activities (e.g. beneficiary registration, screening, service delivery or specialized nutritious foods distribution) conducted in an orderly manner (e.g. organized staff, managed processes, predictable flow)? (AMI 4) ***Circle one***

1. Yes
2. No

Follow-up Question: If no, please explain.

Q7. Is the beneficiary registration, screening, service delivery or specialized nutritious foods distribution process conducted in a safe manner (beneficiary queuing, protection from the elements, no outside influences, privacy, calm atmosphere)? (AMI 4) ***Circle one***

1. Yes
2. No

Follow-up Question: Please If no, please explain:

Q8. Is the intake area located where staff and the beneficiary can talk in private and without anyone overhearing what is being said? (AMI 4) ***Circle one***

1. Yes
2. No
3. Not data available (no one was being served at the time of the site visit)

Follow-up Question: Please If no, please explain:

Q9. If there is a consultation or screening area, is it located where services can be provided in a confidential and private manner? (AMI 4) ***Circle one***

1. Yes
2. No

Follow-up Question: Please If no, please explain:

Q10. Is there a shaded service waiting area that is large enough to accommodate the waiting beneficiaries? (AMI 9) ***Circle one***

1. Yes
2. No
3. Not applicable Waiting area is inside a static facility.

Q11. Did the IP provide drinking water for beneficiaries awaiting services? (AMI 9) ***Circle one***

1. Yes
2. No

Q12. (*For static facilities only – not mobile units)* Inspect the facilities for compliance with Sphere Standards.(AMI 9)

|  |  |  |  |
| --- | --- | --- | --- |
| **Standards** | **Check one box** | | **If partially compliant, please explain** |
| **Yes** | **No** |
| There is covered seating in the patient waiting area. |  |  |  |
| There is a dedicated water supply, not open for public use. |  |  |  |
| There are basic provisions for maintaining patient confidentiality and privacy during consultations. |  |  |  |
| The facility is accessible to those with physical disabilities. |  |  |  |
| The facility has means of transportation for emergency referrals. |  |  |  |
| The facility provides an adequate supply of water for hand washing. |  |  |  |
| MAM (for dry ration supplementary feeding programs): Beneficiaries are within less than one day’s return walk (including time for treatment) of the activity site. |  |  |  |
| MAM (for on-site supplementary feeding program): Beneficiaries are no more than one hour of the activity site. |  |  |  |
| SAM: Beneficiaries are within less than one day’s return walk. |  |  |  |

Q13. Did you observe beneficiaries waiting for more than 60 minutes to see staff? (AMI 4) ***Circle one***

* 1. Yes
  2. No

Q14. Upon initial admission are essential medicines and vitamins given to the child? (AMI 1) ***Circle one***

1. Yes (GO TO Q14a)
2. No (GO TO Q15)

Q14a. If yes, what was given to the child? ***Circle all that apply.***

1. Antibiotics
2. Deworming Medicine
3. Vitamin A
4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q15. If there is nutrition screening happening at the site, observe the progress of four (4) beneficiaries through the activity. (AMI 1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | **If observed, check box** | | | | |
| **Child #1** | **Child #2** | **PLW #1** | | **PLW #2** |
| **Observations of Children** | | | | | |
| Did the worker measure the Mid-Upper-Arm-Circumference (MUAC) of the beneficiary? |  |  | |  |  |
| Before measuring MUAC, did worker find the middle of the child’s or PLW’s upper arm? |  |  | |  |  |
| Did the worker depress both thumbs into the top side of the child's foot? |  |  | |  |  |
| Did the worker check for alertness? |  |  | |  |  |
| If weight and height data were collected, did the worker refer to look-up tables to determine MAM status? |  |  | |  |  |
| **Observations of PLW** | | | | | |
| Did the worker measure the height/length of the beneficiary? |  |  | |  |  |
| Did the worker weigh the beneficiary? |  |  | |  |  |
| If weight and height data were collected, did the worker refer to look-up tables to determine child MAM status? |  |  | |  |  |
| Did the PLW receive any health or nutrition--related counseling? |  |  | |  |  |

Q16. Did you observe a child or a PLW receive a referral for services? (AMI 1) ***Circle one***

* 1. Yes
  2. No

Q16a. What type of serves was the child or a PLW referred to? (AMI 1)

Answer:

Q17. How many children did you observe who required the services of a Nutrition Stabilization Center? (AMI 1)

|  |  |
| --- | --- |
| TOTAL NUMBER: |  |

Follow-up Question: Of the total number of children, how many were transported to the Center and by whom?

Q18. How many children did you observe who was discharged as cured and received a referral for SAM services? (AMI 1)

|  |  |
| --- | --- |
| TOTAL NUMBER: |  |

Follow-up Question: Of the total number of children, how many were transported to the service facility and by whom? (AMI 1)

Q19. If a child or a PLW required the services of a Nutrition Stabilization Center, was transport provided to the transportation to the Center? (AMI 1) If so, by whom?

|  |
| --- |
| Answer: |

Q20. If a child or a PLW received a referral for ~~SAM~~ services, was transport provided to the service facility? (AMI 1) ***Circle one***

a. Yes

b. No

Q21. Use the following table to identify the activity records and equipment items available to, and in-use by, activity staff.(AMI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Available (Yes/No)** | **In use (Yes/No)** | **Comments** |
| Beneficiary register |  |  |  |
| Look-up tables (to determine eligibility) |  |  |  |
| Admission register |  |  |  |
| Stock Card |  |  |  |
| Ration Cards |  |  |  |
| Reporting Booklet |  |  |  |
| Z-Score Chart |  |  |  |
| Weighing scale (PLW and child) |  |  |  |
| Height and length measure boards (child) |  |  |  |
| MUAC tape (child) |  |  |  |
| MUAC tape (PLW) |  |  |  |

Q22. Does the activity adequately safeguard sensitive files from misuse, including the identity of service recipients (e.g. beneficiary rosters or lists, file cabinets and folders, charts)? (AMI 4, AMI 9) ***Circle one***

1. Yes
2. No

Follow-up Question: Please If no, please explain:

**COMMUNITY-BASED ACTIVITIES**

**TRAINING**

DIRECTIONS: The Field Monitor should observe the training for at least 30 minutes.

Q23. How many trainers/facilitators are delivering the training today? (AMI 1) NUMBER\_\_\_\_\_\_

Q23a. How many trainees are in attendance today? (AMI 1, OVI 1)

|  |  |  |
| --- | --- | --- |
| **Men** | **Women** | **Total Number** |
|  |  |  |

Q24. What is the training topic you are observing? (AMI 1)

|  |
| --- |
| Answer: |

Q25. What methods did the trainer/facilitator using during your observation? (AMI 1) ***Circle all that apply***

1. Lecture-style only
2. Lecture-style with frequent interactions with various trainees
3. Small group exercises
4. Trainee-led sessions
5. Individual reading or reflection
6. Practical sessions (trainees practicing a skill directly)
7. Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENSITIZATION/EDUCATION SESSIONS**

Q26. Is a sensitization/education session being observed? (AMI 1) ***Circle one***

1. Yes (GO TO Q27)
2. No (GO TO Q29)

Q27. *(If a community sensitization/education session)* What are the themes of the session you are observing and the number of outreach events, from the start of the award to the month before the site visit? Also, indicate the location of the events (AMI 1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Types of Sensitization and Education Outreach** | **Indicate the Location of the Event** | | | **Number of People who Attended** | | |
| **Household** | **Facility** | **Community** | **Men** | **Women** | **Total** |
| Prevention of Child Stunting & Wasting. |  |  |  |  |  |  |
| Food Use |  |  |  |  |  |  |
| Preventive Health |  |  |  |  |  |  |
| Infant & Child Feeding |  |  |  |  |  |  |
| Hygiene Health |  |  |  |  |  |  |
| Sexual Health |  |  |  |  |  |  |
| Accessing health services |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |

Q28.What are the presentation topics? (AMI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Capacity Building/Training Sessions** | **Number of CNW Attending** | | |
| **Men** | **Women** | **Total** |
| Nutrition Management |  |  |  |
| Health and Nutrition Promotion |  |  |  |
| Community Engagement |  |  |  |
| Proper Completion of Forms |  |  |  |
| Proper Use and Follow-up on Protocols |  |  |  |
| Other: |  |  |  |

***Specialized Nutritious Foods (RUSF/RUTF) Storage and Distribution***

***Inspection of Food Storage Facilities***

Q29. Use the table below to document your summary observations of the IP's food storage facility and IP storage practices at this site. (AMI 9)

|  |  |  |
| --- | --- | --- |
| **Questions** | **Check one box** | |
| **Yes** | **No** |
| Does the site appear secure from intrusion by unauthorized persons? |  |  |
| Does the food storage area have pest prevention nets on the windows? |  |  |
| Does the food storage area elevate foods and goods off the floor (e.g. on pallets? |  |  |
| Is the food storage area clean (e.g., clean and free from dirt, pest waste, litter)? |  |  |
| Does the food storage area have rodent/cockroach control (e.g. traps, pesticide, blocked entrances, prevention of nesting)? |  |  |
| Is the food storage area cool and dry? |  |  |
| Is there ventilation and drainage in the food storage area? |  |  |
| Are the buildings hygienic or can they be properly cleaned? |  |  |
| Is the area used only to store food? |  |  |
| Is there a register to record contents of storage room? |  |  |

***Inspection of Commodities***

|  |  |  |
| --- | --- | --- |
| **Category** | **Question** | **Findings** |
| **Food Package/ Container Inspection** | 1. Lift the top-most food containers in each stack and feel underneath for heating - an indicator of germination or infestation. |  |
| 1. Inspect between stacked food containers for signs of insects or rodents. |  |
| 1. Inspect around the base of pallets for signs of insects or rodents. |  |
| 1. Randomly select ten containers of food. Have the best if used by dates on any of the goods passed? |  |
| 1. Inspect food packages/containers for damage (e.g. punctured, inflated or burst packaging, signs of previous use, signs of pest infiltration, environmental damage)? |  |

***Branding***

Q30. Describe the branding of the fortified and specialized nutritious foods. (AMI 1) ***Circle one***

* 1. All products are branded with the USAID logo

1. No products are branded with the USAID logo
2. Some products are branded with the USAID logo and some are not
3. Other: \_\_\_\_\_

Q31. If there are other agency logos on these products, please describe. (AMI 1)

|  |
| --- |
| Answer: |

***Distribution***

Q32. Was sufficient food (Super Cereal PLUS, CSBN+, RUTF, and RUSF) items on-hand to meet the needs of the attending beneficiaries? (AMI 1, AMI 6) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If no, what did the IP do to overcome the observed deficit in food items? |

Q33. Do beneficiary caregivers present ID documentation at the point of service? (AMI 1) Follow-up question: Do beneficiary caregivers sign or thumbprint a beneficiary register?

|  |
| --- |
| Answers: |

Q34. Do IP activity workers record recipient information in a beneficiary register? (AMI 1) ***Circle one***

* 1. Yes
  2. No
  3. Not observed
  4. I don't know

Q35. Are food packages/containers protected from the sun, rain, pests, sand/dirt, and against misuse or theft while pending distribution at the distribution point? (AMI 1, AMI 9) ***Circle one***

1. Yes
2. No.

Q36. Were dry rations (Super Cereal PLUS) distributed as pre-prepared packages? (AMI 1) ***Circle one***

1. Yes (GO TO Q37)
2. No, each food package was assembled for individual beneficiaries (GO TO 36a)
3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q36a. If rations were not pre-packaged, were scales used to measure dispensed rations to beneficiaries so as to verify ration amounts? (AMI 1) ***Circle one***

1. Yes
2. No

Q36b. If rations were not pre-packaged, were adequate clean tarps or hard surfaces available for beneficiaries to use to package the food and easily recover any spillage? (AMI 1) ***Circle one***

1. Yes
2. No

Q36c. If rations were not pre-packaged, was the "scooping area" (the place where rationed food amounts are individually divided from large containers for distribution by the activity staff) clean and were spilled rations swept up regularly? (AMI 1) ***Circle one***

1. Yes
2. No
3. Unobserved

Q36d. If rations were not pre-packaged, were beneficiaries provided with food containers (e.g. bags, cans, boxes) to collect the rations, or did the beneficiaries provide their own containers? (AMI 1) ***Circle one***

1. Food containers were provided to beneficiaries
2. Beneficiaries provided their own containers
3. A combination of IP-provided and beneficiary-provided containers were used
4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASALE OF USAID-BRANDED COMMODITIES IN LOCAL MARKETS**

The Field Monitor will visit community-associated markets (shops and stalls located in, or in close proximity to, the serviced community) and observe for USAID-branded fortified or specialized nutritious foods offered for sale. The Field Monitor will not confront the seller, but will, instead, simply

DIRECTIONS the commodity type and the visible volume of those foods offered for resale in the table below. (AMI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Shop/Stall Name** | **Shop/Stall Location** | **USAID-Branded Commodity Observed** | **Number/Quantity Observed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## LOCAL IP INTERVIEW GUIDE FOR NUTRITION ACTIVITIES

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **Population of Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

Local IP representative’s information:

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Sex** |  |
| **Contact Information** |  |

**ACTIVITY DESCRIPTION**

Q1. Who is implementing the activities onsite (IP or partner)? (AMI 1)

|  |
| --- |
| Answer: |

Q2. Which other OFDA sectors are funded this year at this site? (AMI 1) ***Circle all that apply***

1. Health
2. WASH
3. Protection
4. Other: \_\_\_\_\_\_\_\_\_\_\_

Q2a. Can you briefly describe how these other sectors are integrated or coordinated with the nutrition activity? (AMI 1)

|  |
| --- |
| Answer: |

Q3. Does this activity have any connections/links to a primary healthcare/nutrition facility, mobile health/nutrition unit, and health outposts? (AMI 1) ***Circle one***

a. Yes

b. No

c. I don’t know

Q3a. If yes, please describe the locations of these different facilities and how the activities are connected/linked. (AMI 1)

|  |
| --- |
| Answer: |

Q4. Please describe the nutrition sector elements of this activity that are funded from non-OFDA sources. If sources of funding are not a USG or UN agency, you may simply indicate “other” or “private.” (AMI 1)

DIRECTIONS: The Field Monitor should explain that the purpose of this question is a) to delineate what is funded by OFDA and what is not; and b) to let OFDA know how basic standards are covered, even if not with OFDA funding.

|  |  |
| --- | --- |
| **Activity Element** | **Funding Source** |
| All facility/infrastructure operations, rehabilitation or other improvement |  |
| Some facility/infrastructure operations, rehabilitation or other improvement (describe general) |  |
| Entire OFDA subsectors or FFP sub modality:   * IYCF * Management of MAM * Management of SAM * Nutrition Systems |  |
| Some types of healthcare worker training. List here: |  |
| Goods and supplies distribution to village/IDP settlement members or patients, food rations). List here: |  |
| EPI vaccination and immunization supplies |  |
| Other vaccination and immunization supplies |  |
| Specialized nutritious foods   * RUSF * RUTF |  |

**CURRENT STATUS**

Q5. Current status of the activity (AMI 5) ***Circle one***

1. Completed (GO TO Q7)
2. Ongoing (GO TO Q7)
3. Delayed (GO TO Q6)

Q6. Did you inform the beneficiaries about the delays? (AMI 5) ***Circle one***

1. Yes
2. No
3. Not applicable

|  |
| --- |
| Follow-up Question: If yes, how did you inform the beneficiaries about the delays? |

Q6a. Did you tell the beneficiaries when to expect to receive the services/support? (AMI 5) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, when did you tell the beneficiaries to expect the service/support? |

**INFRASTRUCTURE/FACILITIES SUPPORT**

Q7. *(If rehabilitation or improvements were supported)* What kinds of rehabilitation/improvements are supported under the current OFDA award? (AMI 1)

|  |
| --- |
| Answer: |

Q7a. *(If rehabilitation or improvements were supported)* Is the rehabilitation/improvement work completed? (AMI 1) ***Circle one***

* + - * 1. Yes

1. No. When will it be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_

Q7b. *(If rehabilitation or improvements were supported)* If the work is completed, is everything functioning as intended? (AMI 1) ***Circle one***

* 1. Yes
  2. No.

Follow-up Question: If no, please explain.

**TRAINING**

Q8. Please describe the training supported under the current OFDA award. (AMI 1, OVI 2)DIRECTIONS: If no training was provided, GO TO the section on Service Provision Q9

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Title** | **Dates of Training** | **Type of Nutrition Workers or Volunteers Trained**  **(CHWs, CNWs)** | **Number Trained** | |
| **Men** | **Women** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Q8a. How did you select the CHWs/CNWs that would be trained? (AMI 8)

|  |
| --- |
| Answer: |

**SERVICE PROVISION**

Q9. What are the days and hours of operation of the facility (or schedule of visits for mobile nutrition units)? (AMI 1)

|  |
| --- |
| DAYS:  HOURS: |

Q9a. Are there specific days designated for nutrition treatment services? (AMI 1) ***Circle one***

* + - * 1. Yes
        2. No

|  |
| --- |
| Answer: If yes, what are the designated days? |

Q10. Which of the following nutrition services are supported at this site under the current OFDA award? (AMI 1) ***Circle all that apply***

1. Nutrition screening and referrals
2. IYCF consultations
3. Diagnosis and treatment of MAM
4. Diagnosis and treatment of SAM (outpatient)
5. Diagnosis and treatment of SAM (inpatient)
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11. *(If nutrition screening and referrals are implemented)* What method of screening is used? (AMI 1)***Circle all that apply***

1. Mid-upper arm circumference (MUAC)
2. Weight and height
3. I don’t know

Q12. *(If TSFP site or site offering MAM treatment)* How do you manage the admissions and discharges for moderately malnourished and severely malnourished cases who are receiving therapeutic feeding? (AMI 1)

|  |
| --- |
| Answer: |

Q13. How does the activity target pregnant and pregnant and lactating women (PLW) with specialized nutritious foods or dry food rations? (AMI 8)

|  |
| --- |
| Answer: |

Q14. Please describe the referral system in place. (AMI 1)

|  |
| --- |
| Answer: |

Q15. How does the activity coordinate the services provided with the Ministry of Health? (AMI 2)

|  |
| --- |
| Answer: |

Q16. Is the data obtained by the activity shared with the nutrition cluster? (AMI 2) ***Circle one***

1. Yes
2. No
3. I don’t know

**COMMUNITY-BASED ACTIVITIES**

Q17. Please describe the types of activities conducted by CHWs/CNWs or volunteers under the current OFDA award. (AMI 1) ***Circle all that apply***

1. Village/IDP settlement-based events on outreach, sensitization or education
2. Institution- or facility-based events outreach, sensitization or education
3. Household-based outreach, sensitization or education
4. Patient follow-up
5. Nutrition screening
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18. Describe the sensitization/education messages delivered by CHWs/CNWs. (AMI 1) ***Circle all that apply***

a. Food use

b. Preventive care

c. Infant and child feeding

Q19. How many CHWs/CNWs are supported under this current OFDA award? (AMI 1) NUMBER\_\_\_\_\_\_\_

Q19a. How many of the CHWs/CNWs supported are from this village/IDP settlement? (AMI 1) NUMBER \_\_\_\_\_\_\_\_

Q20. How does the activity engage village/IDP settlement leaders, men’s and women’s groups, non-mother caregivers, traditional leaders, religious leaders and men in the protection of breastfeeding and implementation of appropriate complementary feeding? (AMI 1)

|  |  |
| --- | --- |
| Answer: |  |

**GOODS AND SUPPLIES DISTRIBUTION**

Q21. List the types and amounts of specialized nutritious foods typically administered/ distributed for children and PLW (and possibly family) beneficiaries. (AMI 1)

|  |  |  |
| --- | --- | --- |
| **Child 6-23 Months of Age** | | |
| **Ration** | **Qty** | **Rate of Distribution** |
| *Plumpy'Doz (example)* | *1.5kg* | *Per month* |
|  |  |  |
|  |  |  |
|  |  |  |
| **Pregnant PLW** | | |
| **Ration** | **Qty** | **Rate of Distribution** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Nursing PLW** | | |
| **Ration** | **Qty** | **Rate of Distribution** |
|  |  |  |
|  |  |  |
|  |  |  |

Q22. Describe the steps taken when a food order/request does not match the actual delivery (e.g. type, amount, quality, brand, expiration requirements). (AMI 1)

|  |
| --- |
| Answer: |

Q23. List any specialized nutritious food stock-outs in the last 90 days. (AMI 1, AMI 9)

|  |  |
| --- | --- |
| **Specialized Nutritious Food Stock-outs** | **Dates of stock-outs** |
|  |  |
|  |  |
|  |  |
|  |  |

Q23a. What were the reasons for the stock-outs above? (AMI 1, AMI 9)

|  |
| --- |
| Answer: |

Q24. Were any other items distributed by the activity to the beneficiaries (not including RUSF/RUTF)? (AMI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Number of Men Recipients** | **Number of Women Recipients** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Q24a. How were the recipients of these items selected? (AMI 8)

|  |
| --- |
| Answer: |

Q25. Please describe how the facility ensures safe and secure storage of the essential medicines, consumables, and equipment to protect stocks from theft, environmental damage, and infestation by pests? (AMI 9)

|  |
| --- |
| Answer: |

Q26. Was training provided to activity staff on the proper ordering, shipment, receipt, storage, and distribution of rations to prevent loss, contamination, theft, or inappropriate use? (AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

**IMPLEMENTATION**

Q27. Have there been any service disruptions of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit? (AMI 5) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: Please explain. |

Q27a. If there were disruptions of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit, what did you do to resolve this? (AMI 5)

|  |
| --- |
| Answer: |

Q28. Please describe any implementation challenges for this activity and how you resolved them. (AMI 6)

|  |
| --- |
| Answer: |

Q29. Are you aware of any misconduct among anyone involved in this activity (e.g. service providers, volunteers, IP or partner staff)? (AMI 4) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain what happened, *it is not necessary to provide names if you are not comfortable doing so*. |

|  |
| --- |
| DIRECTIONS: Field Monitors can give examples of misconduct as: misrepresenting one’s identity, falsifying records or identification, bribery, coercion, physical intimidation, sexual exploitation and abuse stealing of funds, discrimination or exclusion, hiding information, etc. |

Q30. Have there been any reported injuries to beneficiaries, service providers or IP staff as a result of the activity? (AMI 4) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: If yes, please explain what happened and how you responded to the injured person(s). |

**CONSULTATION, COMMUNICATION, COORDINATION AND OVERSIGHT**

Q31. What groups or institutions did you consult to establish this activity? (AMI 2) ***Circle all that apply***

1. Public meetings with the community
2. Local government/line ministries
3. Local elders
4. A community committee
5. Other community groups (such as women’s groups, youth groups)

Q32. During the implementation of the activity, how often does an IP Representative visit the activity? (AMI 2)

|  |
| --- |
| Answer: |

Q33. Did you directly communicate with the beneficiaries? (AMI 2) ***Circle one***

1. Yes.
2. No. We communicate with beneficiaries through elders/community leaders, a beneficiary selection committee, or other type of community group.

|  |
| --- |
| Follow-up Question: If yes, describe how you directly communicate with the beneficiaries: |

Q34. If possible, please provide an example of how you incorporated community feedback into the activity. (AMI 2)

|  |
| --- |
| Answer: |

Q35. Have there been any communication or coordination challenges with the elders/community leaders, committee members, community groups, or direct beneficiaries? (AMI 2, AMI 6) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q36. Did you establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3, AMI 9) ***Circle one***

* 1. Yes
  2. No (GO TO Q37)

Q36a. If a complaint mechanism was established, please answer the following questions:

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| Is there a contact person at the site to respond to any complaints? |  |
| Is there a record of complaints received? |  |
| Does the record of complaints provide the source of the complaint, the date of the complaint, the action taken, and the date of action? |  |
| Is there a hotline number for beneficiaries to call? |  |

Q36b. How did you inform beneficiaries of the complaint mechanism, including those who are illiterate?

|  |
| --- |
| Answer: |

**LOCAL SITUATIONAL CONTEXT**

DIRECTIONS: Explain to the interviewee that it is not expected that they would necessarily know the answer to all these questions, but their insight is helpful to understand the implementing context.

Q37. Has there been any insecurity or disputes that disrupted humanitarian aid delivery in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

Q38. Have there been any significant movements of households in or out of the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

Q39. Have there been any communicable disease outbreaks in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

Q40. Have there been any natural disasters (floods, drought, cyclones, or crop failure) that disrupted activity in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

## COMMUNITY KEY INFORMANT INTERVIEW GUIDE FOR NUTRITION ACTIVITIES

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS:Explain that we collect the informant’s name and telephone number only in case we have to clarify an answer as we write our report. Their information is not entered into any database and is not included in any reports.

Interviewee Information:

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Sex** |  |
| **Contact Information** |  |
| **Role in the community** |  |

**TEST FOR CKI PARTICIPATION**

|  |
| --- |
| DIRECTIONS: Read the following to the CKI: “I would like to ask you a few questions about your level of involvement in the activity.” |

T1. Did you participate in the design of the activity? (AMI 2) ***Circle one***

1. Yes
2. No

T2. Did you provide supervision or oversight of the activity? (AMI 2) ***Circle one***

1. Yes
2. No

T3. Did you communicate with the beneficiaries on behalf of the IP or community committee about the activity? (AMI 2) ***Circle one***

1. Yes. Please explain reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No

T4. Did you communicate with the IP on behalf of the community? (AMI 2) ***Circle one***

1. Yes. Please explain reasons\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No

|  |
| --- |
| DIRECTIONS: If the person said “No” to all the questions, thank the person for his/her time and end the interview. If the person said “Yes” to any of the questions, continue with the interview. |

DIRECTIONS: Read the following to the interviewee: “My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this interview?”

T5. Did the Informant provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank them and end the interview)

**ACTIVITY DESCRIPTION**

Q1. Which of the following nutrition services are implemented at this site? (AMI 1) ***Circle all that apply***

1. Nutrition screening and referrals
2. IYCF consultations
3. Diagnosis and treatment of MAM
4. Diagnosis and treatment of SAM (outpatient)
5. Diagnosis and treatment of SAM (inpatient)
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2. Does this activity have any connections/links to a primary healthcare/nutrition facility, mobile health/nutrition unit, and health outposts? (AMI 1) ***Circle one***

a. Yes

b. No

c. I don’t know

Q2a. If yes, please describe the locations of these different facilities and how the activities are connected/linked. (AMI 1)

|  |
| --- |
| Answer: |

Q3. Describe the service referral network. (AMI 1)

Answer:

Follow-up Questions: Do you think this system is working effectively? If no, why not?

Q4. Are transport/ambulance services available for referrals? (AMI 1, AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

Q5. Which program-related services are provided by the CHWs/CNWs funded by this activity? (AMI 1)

Answer:

Q6. Are services provided to beneficiaries free of charge? (AMI 1, AMI 9) ***Circle one***

1. Yes (GO TO Q8)
2. No (GO TO Q7)
3. I don’t know (GO TO Q8)

Q7. If fees are charged for some or all services, list the services that involve a fee and the amounts, if known. (AMI 1, AMI 9)

|  |  |
| --- | --- |
| **Services** | **Fees Applied** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**CURRENT STATUS**

Q8. Current status of the activity (AMI 1, AMI 5) ***Circle one***

a. Completed (GO TO Q10)

b. Ongoing (GO TO Q10)

c. Delayed (GO TO Q9)

Q9. Have there been any service disruptions or delays of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit? (AMI 4) ***Circle one***

* 1. Yes. Please describe the delay or disruption and explain why it occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. No
  3. I don’t know

|  |
| --- |
| Answer: |

Q10. Have there been any disruptions in operating hours of the facility for more than two days in the previous month? (AMI 4) ***Circle one***

* 1. Yes.
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe the delay or disruption and explain why it occurred |

Q11. Did you inform the beneficiaries about the delays? (AMI 5) ***Circle one***

a. Yes

b. No

c. Not applicable

|  |
| --- |
| Follow-up Question: If yes, how did you inform the beneficiaries about the delays? |

Q11a. Did you tell the beneficiary when to expect to receive the service/support? (AMI 5) ***Circle one***

a. Yes.

b. No

|  |
| --- |
| Follow-up Question: If yes, how did you tell the beneficiaries when to expect the service/support? |

**SERVICE PROVISION**

Q12. What method of screening is used?(AMI 1*)* ***Circle one***

1. Mid-upper arm circumference (MUAC)
2. Weight and height measurements
3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I don’t know

Q13. What are the days and hours of operation of the facility (or schedule of visits for mobile health units)? (AMI 1)

|  |
| --- |
| DAYS:  HOURS: |

Q14. *(If inpatient treatment/stabilization center)* Are clinical staff available 24 hours a day to monitor patients? (AMI 1) ***Circle one***

1. Yes
2. No
3. I don’t know

Q15. How does the activity manage the distinction in admissions and discharges between moderately malnourished people admitted to the program, and people admitted from therapeutic feeding for follow-up? (AMI 1)

|  |
| --- |
| Answer: |

Q16. How does the activity engage village/IDP settlement leaders, men’s and women’s groups, non-mother caregivers, traditional leaders, religious leaders and men in the protection of breastfeeding and implementation of appropriate complementary feeding? (AMI 1)

|  |
| --- |
| Answer: |

Q17. *(If MAM or SAM services are provided)* How are MAM and SAM patients supported at the household level? (AMI 1)

|  |
| --- |
| Answer: |

Q18. How many CHWs/CNWs are supported by the activity at this site? (AMI 1)

|  |
| --- |
| Answer: |

Q18a. What is the monthly fee or incentive offered to CHWs/CNWs, if any? (AMI 1)

|  |
| --- |
| Answer: |

**GOODS AND SUPPLIES DISTRIBUTION**

Q19. Describe the type of items/supplies distributed to beneficiaries or service providers. (AMI 1, OVI 1)

Q19a. Was the amount of items/supplies adequate for all the intended recipients? (AMI 1) ***Circle one***

* + 1. Yes
    2. No
    3. I don’t know

Q19b. Please describe the quality of the items/supplies distributed. (AMI 1)

Q20. Was training provided on the proper storage and distribution of pharmaceuticals and medical commodities to prevent loss, contamination, theft, or inappropriate use? (AMI 1) ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

Q21. Please describe how the facility ensures safe and secure storage of the essential medicines, consumables, and equipment to protect stocks from theft, environmental damage, and infestation by pests? (AMI 9)

Q22. Please describe any stock-outs of specialized nutritious foods in the previous month. (AMI 9)

|  |  |
| --- | --- |
| **Specialized nutritious foods** | **Dates of stock-outs in previous month** |
|  |  |
|  |  |
|  |  |
|  |  |

**TRAINING**

Q23. Please describe the types of training provided, type of people trained, and estimated number of people trained (if known). (AMI 1, OVI 2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Training** | **Type of people trained** | **Number of people trained** | |
| **Men** | **Women** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Q24. What criteria are used for selecting trainees? (AMI 8)

|  |
| --- |
| Answer: |

Q25. Has the training been adequate and effective? (AMI 1) ***Circle one***

* 1. Yes
  2. Somewhat
  3. No
  4. I don’t know

Q25a. How can the training be improved?

|  |
| --- |
| Answer: |

**IMPLEMENTATION**

Q26. Did the activity cause any disputes or conflicts in the community? (AMI 4) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q27. Have there been any reported injuries to beneficiaries, service providers or IP staff during the activity? (AMI 4) ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q27a. If anyone was injured during the activity, was first aid provided? (AMI 4, AMI 9) ***Circle one***

* 1. Yes.
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q28. Are you aware of any misconduct between anyone involved in this activity (e.g. service providers, volunteers, IP or partner staff)? (AMI 4) ***Circle one***

a. Yes.

b. No

Follow-up Question: If yes, please explain what happened, *it is not necessary to provide names if you are not comfortable doing so*.

Q29. Are you satisfied with how the activity was managed by the IP? (AMI 7) ***Circle one***

1. Yes.
2. No.

|  |
| --- |
| Follow-up Question: If yes, why? |

|  |
| --- |
| Follow-up Question: If no, why not? |

Q30. Are you aware of any challenges with this activity? (AMI 6) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q30a. For any challenges mentioned, what measures (if any) were taken by the IP/community committee to resolve them? (AMI 6)

|  |
| --- |
| Answer: |

Q31. What was the most beneficial/successful thing about this activity? (AMI 7)

|  |
| --- |
| Answer: |

**CONSULTATION, COMMUNICATION, COORDINATION AND OVERSIGHT**

Q32. Did the IP consult you about the activity? (AMI 2) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, how did the IP consult with you? |

Q33. What persons or groups did the IP consult to establish the activity? (AMI 2) ***Circle all that apply***

1. Public meetings with the community
2. Local government/line ministries
3. Local elders
4. A community committee
5. Other community groups (such as women’s groups, youth groups)
6. Not sure, or do not know

Q34. Do IP representatives directly communicate with the community? (AMI 2) ***Circle one***

* 1. Yes.
  2. No.

|  |
| --- |
| Follow-up Question: If yes, how? |

|  |
| --- |
| Follow-up Question: If no, did this cause problems? |

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q35. Did the IP establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3, AMI 9) ***Circle one***

* 1. Yes (GO TO Q35a)
  2. No (GO TO Q35b)

Q35a. *(If a complaint mechanism was established)* Please describe the mechanism. (AMI 3, AMI 9)

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| Is there a contact person assigned by the IP or the local partner at the site, to respond to any complaints? |  |
| Does the IP/local partner keep track of the number of complaints and if the complaints are resolved? |  |
| Is there a hotline number provided at the community for beneficiary use, and is the number clearly visible to the beneficiaries at the activity site? |  |

Q35b. If no, how do beneficiaries let the IP know about complaints/ concerns/problems?

|  |
| --- |
| Answer: |

Q36. Did the IP resolve complaints/concerns/problems? (AMI 3) ***Circle one***

* + - * 1. Yes
        2. No

**LOCAL SITUATIONAL CONTEXT**

DIRECTIONS: Explain to the interviewee that it is not expected that they would necessarily know the answer to all these questions, but their insight is helpful to understand the implementing context.

Q37. Have there been any significant movements of households in or out of the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up question: If yes, please describe.

Q38. Have there been any communicable disease outbreaks in the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up question: If yes, please describe.

Q39. Has there been any insecurity, tensions or disputes in the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up question: If yes, please describe.

Q40. Have there been any natural disasters that disrupted activity in the community in the last 90 days (e.g., flooding, drought, cyclone, etc.). ***Circle one***

* 1. Yes.
  2. No
  3. I don’t know

Follow-up question: If yes, please describe.

## BENEFICIARY FGD GUIDE FOR NUTRITION ACTIVITIES

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS: Explain to the participants that names and contact information is collected only for the purposes of Field Monitor accountability. Their names will not be recorded in any reports or associated with any specific data.

Name, sex and contact information of FGD participants:

|  |  |  |
| --- | --- | --- |
| **Name** | **Sex** | **Contact Information**  **(if available)** |
|  |  |  |
|  |  |  |
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DIRECTIONS: Read the following to the participants: “My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this discussion?”

T1. Did all of those present provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank those who did not, and excuse them from the FGD)

Q1. Are you satisfied with the type of services or support that you received? (AMI 7)

Number of participants who are satisfied: \_\_\_\_\_

Number of participants who are dissatisfied: \_\_\_\_\_

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are satisfied? |

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are dissatisfied? |

Q2. Does the program offer both health and nutrition services? If not, where do you go to access health services? (AMI 1)

|  |
| --- |
| Answer: |

Q3. If any of you received referral services, please describe your experiences in accessing the services. (AMI 1)

|  |
| --- |
| Answer: |

Q4. Have there been any disruptions to the scheduled service delivery in the previous month? If yes, please describe. (AMI 5)

|  |
| --- |
| Answer: |

Q5. Can you describe how busy the nutrition services are – how long you waited to consult with someone, is there enough staff, are there enough consultation rooms, etc. (AMI 4)

|  |
| --- |
| Answer: |

Q6. Are any fees charged for the nutrition services provided at this site? If so, can you explain what those services are, and how much they cost? (AMI 4)

|  |
| --- |
| Answer: |

Q7. Are you satisfied with how the IP communicates with beneficiaries? (AMI 2)

Number of participants who are satisfied: \_\_\_\_\_

Number of participants who are dissatisfied: \_\_\_\_\_

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are satisfied? |

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are dissatisfied? |

Q8. Please describe any challenges you encountered with the activity. How were these challenges (if any) resolved? (AMI 6)

|  |
| --- |
| Answer: |

Q9. Are you aware of any complaint mechanism established for beneficiaries to make complaints/provide feedback to the IP? (AMI 3) ***Circle one***

* + - * 1. Yes
        2. No

|  |
| --- |
| Follow-up Question: If yes, please explain |

Q10. What was the most beneficial or successful part this activity for you and for the community? (AMI 7)

|  |
| --- |
| List benefits or successes for beneficiary and family: |

|  |
| --- |
| List benefits or successes for community: |

## BENEFICIARY INTERVIEW GUIDE FOR NUTRITION ACTIVITIES

DIRECTIONS: This survey has been designed for random selection of beneficiaries as they are departing a nutrition clinic (static or mobile) after a visit.

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS:Explain that we collect the informant’s name and telephone number only in case we have to clarify an answer as we write our report. Their information is not entered into any database and is not included in any reports.

Interviewee Information:

|  |  |
| --- | --- |
| **Name** |  |
| **Sex** |  |
| **Contact Information** |  |

DIRECTIONS: Read the following to the beneficiary: “My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this survey?”

T1. Did the beneficiary provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank those who did not, and excuse them from the interview)

Q1. How satisfied are you with the type of services or support that you received? (AMI 7) ***Circle one***

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied

|  |
| --- |
| Follow-up Question: Can you give me an example of why you are satisfied or dissatisfied? |

Q2. How long did you wait to be served? (AMI 4)

|  |
| --- |
| Answer: |

Q3. Did the IP activity workers provide you or your household members with treatment for malnutrition, regular food for the household, or special nutrition food for the malnourished family member? (AMI 1) ***Circle one***

1. Yes
2. No

Q4. *(If you received treatment or food)* Did someone from the clinic follow-up regarding further visits to the clinic, by coming to your home or phoning you? (AMI 1) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q5. How satisfied are you with how the IP communicated with beneficiaries? (AMI 2) ***Circle one***

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied

|  |
| --- |
| Follow-up Question: Why are you satisfied or dissatisfied? |

Q6. Please describe how beneficiaries let the IP know about their complaints/concerns/ problems? (AMI 3)

|  |
| --- |
| Answer: |

Q7. Did you have problems getting complaints/concerns/problems resolved by the IP? (AMI 3) ***Circle one***

1. Yes.
2. No.

|  |
| --- |
| Follow-up question: If yes, please explain. |

Q8. What was the most beneficial or successful part of this activity for you and for the community? (AMI 7)

|  |
| --- |
| List benefits or successes for beneficiary and family: |

|  |
| --- |
| List benefits or successes for community: |

## FIELD MONITOR COMMENTS CHECKLIST: SITE ACCESS AND CHALLENGES

FMC1. Describe the general accessibility of the community.

|  |  |
| --- | --- |
| **Access Categories** | **Circle one** |
| Were there security issues accessing the community? **Describe:** | **YES NO** |
| Were there seasonal access problems? **Describe:** | **YES NO** |
| Were there infrastructure issues? **Describe:** | **YES NO** |

FMC2. Describe any challenges experienced during pre-deployment planning or implementation of the site visit.

|  |  |
| --- | --- |
| **Types of Challenges** | **Were you able to resolve the challenge?**  (Circle one) |
| Contacting the Local IP Representative for initial planning. | **YES NO** |
| Scheduling the Local onsite IP Representative for interview. | **YES NO** |
| Contacting the Local onsite IP Representative 48 to 72 hours before the site visit. | **YES NO** |
| Being introduced to local leaders or officials. | **YES NO** |
| Interference from local leaders or officials. | **YES NO** |
| Problems obtaining documents for the document review tool. | **YES NO** |
| Challenges with mobilizing Community Key Informants. | **YES NO** |
| Mobilizing female Community Key Informants. | **YES NO** |
| Mobilizing the Beneficiary FGD participants. | **YES NO** |
| Mobilizing female FGD participants. | **YES NO** |
| Mobilizing beneficiaries to complete face-to-face interviews. | **YES NO** |
| Mobilizing women for beneficiary face-to-face interviews. | **YES NO** |
| Completing tools within the time limits defined in the protocols.’ | **YES NO** |
| Delaying site visit because of insecurity. | **YES NO** |
| Delaying site visit because of natural disasters. | **YES NO** |

FMC3. Did you observe any new “best practices” in how the IP implemented the activity? If yes, please provide one example of best practices. If you did not observe any best practice, write “N/A” below.

DIRECTIONS: Best practice can be events, activities, or policies and procedures. Examples of possible topics include the following:

* IP/beneficiary or IP/community relationships (e.g., IP involves the community and beneficiaries in planning or implementation in such a way that it is effective and different from other IPs.
* How the IP responded to disease outbreak, population movements, natural disasters, or insecurity.
* How the IP resolved a problem in implementing the activity (e.g., stock outs, IDP camp leaders not allowing access to IDP settlements, lack of emergency transportation for children and PLW with MAM or SAM, supporting a worker who is injured
* Community members mobilized to fill gaps in the implementation of the activities (e.g., babysitting for female beneficiaries who participated in CFW or Temporary Employment projects; provided water and/or food at service/distribution sites; covered the wages of and injured worker.

Answer: