ANNEXES

Table of Contents
Annexes......................................................................................................................... 1
  Table of Contents........................................................................................................1
  Annex I, TOR.............................................................................................................1
  Annex II, List of persons Interviewed and sites visited.............................................1
  Annex III, List of documents consulted...................................................................2
  Annex IV, Evaluators Bio data and/or justification of team composition..................4
  Annex V, Evaluation matrix ......................................................................................5
  Annex VI, Informed consents ....................................................................................15
  Annex VII Data Collection Tools ............................................................................18

Annex I, TOR

Annex II, List of persons Interviewed and sites visited

A list of national, regional and district interviewees is captured in the submitted IR. Characteristics of district, facility and community representatives interviewed are captured in the attached Interviewee characteristics file.

Interviewee Characteristics.xlsx
Annex III, List of documents consulted

Project Name
Sierra Leone Multiple Cluster Indicator Survey 2010
Evaluation of the Management of Acute Malnutrition
The State of Food Security and Nutrition in Sierra Leone 2011
Nutritional Status of Sierra Leone Survey using SMART Methodology
SLEAC and SQUEAC Evaluation of the Sierra Leone National Community-based Management of Acute Malnutrition
National Food and Nutrition Security Implementation Plan 2012-2016
Implementing Partners Mapping
   Accelerated Reduction of Child and Maternal Under-Nutrition Project in Sierra Leone
Demographic Health Survey 2013
Decentralised Monitoring Results for the Unicef/MoHS Nutrition Programme in Sierra Leone
Evaluation of Integrated Management of Acute Malnutrition and Infant and Young Child Feeding Programs
An Analysis of Developing State capacity to prevent malnutrition in Sierra Leone
Sierra Leone Micronutrient Survey 2013
Reducing Child and Maternal Under-nutrition in Selected Districts of Sierra Leone
GoSl/Unicef Annual Work Plan 2014
SUN Movement Annual Progress Report: Sierra Leone
Sierra Leone National Nutrition Survey 2014
Sierra Leone Health Facility Survey 2014
Ebola Outbreak Nutrition Response
Sierra Leone Country Programme Document 2015 - 2018
CPD Summary Results Matrix
Country Programe Action Plan Between the Government of Sierra Leone and the UN's Children's Fund
Sierra Leone Health Facility Assessment 2015: Impact of the EVD Outbreak
Researching Livelihoods and Services Affected by Conflict: Understanding Malnutrition and Health Choices at the Community Level in Sierra Leone
Researching Livelihoods and Services Affected by Conflict: Understanding Teen Pregnancy Post Ebola in Sierra Leone
Sierra Leone Household Food Security Survey in Rural Areas
Annex IV, Evaluators Bio data and/or justification of team composition

<table>
<thead>
<tr>
<th>Names</th>
<th>Expertise</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Blanchard-Horan</td>
<td>PhD, Applied Anthropology, evaluation with a focus on Training and Capacity Building (Team Leader)</td>
<td>Lead the research team, responsible for survey design, training of the research assistants and enumerators, review key documents, and prepare interim, draft and final report.</td>
</tr>
<tr>
<td>Wamuyu Maina</td>
<td>PhD Nutritionist (Co-Investigator)</td>
<td>Assist the team leader in every activity of the evaluation processes.</td>
</tr>
<tr>
<td>Elisabetta Aurino</td>
<td>PhD Development Economics, Child Poverty &amp; Food Security (Analyst)</td>
<td>Conduct analysis of quantitative data. Transcribe the information from the semi-structured interviews and provide draft reports to the team leader and co-investigator.</td>
</tr>
<tr>
<td>Akin Thomas</td>
<td>MA, Crisis Management and Cultural Diversity (Operation and logistics management)</td>
<td>Coordinate the overall activity of the evaluation activities. Training of the enumerators, Serve as first point contact person for the field team. Conduct field visits and undertake interviews with district officials. Transcribe the information from the key informant and provide draft reports to the team leader.</td>
</tr>
<tr>
<td>Moses Sorba</td>
<td>MA, Human Health- Diet and Nutrition (Consultant)</td>
<td>Conduct field visits and undertake key informant interviews with district and health facilities, coordinate partners &amp; DMO interviews. Transcribe the information from the key informant and provide draft reports to the team leader.</td>
</tr>
<tr>
<td>Magda Rodriguez</td>
<td>PsyD, MA – Clinical Psychology (Behavior Change Specialist)</td>
<td>Design strategy for assessing behaviour change. Analyze KIIs conducted with caregivers and provide draft reports to the team leader.</td>
</tr>
</tbody>
</table>
### Annex V, Evaluation matrix

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Sub-questions</th>
<th>Intervention</th>
<th>Indicators</th>
<th>Type of Evidence</th>
<th>Data Collection</th>
<th>Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Secondary questions subordinate to research question)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Did the UNICEF program achieve the goals it sought to achieve?</td>
<td></td>
<td>(What indicators to determine if outcome achieved)</td>
<td>Stunting 28.5% Underweight 13.1 % Wasting 4.8% Exclusive breastfeeding: 58.8% Complementary feeding 25.3%</td>
<td>(Descriptive statistics etc.)</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (secondary data)</td>
</tr>
<tr>
<td>2) What is the quality of the results structure and the logic behind the design of the Irish Aid programmes (under different grants)?</td>
<td></td>
<td>Clear application of TOC in strategic and policy planning, programme designing and its implementation</td>
<td>Connection between policy environment, strategies, implementation processes, outputs, outcomes, and impact</td>
<td>Qualitative data analysis</td>
<td>Report review and in-depth interviews</td>
<td>Purposive</td>
</tr>
<tr>
<td>3) To what extent did UNICEF apply Theory of Change in strategic and policy planning in order to determine needs and that which needs to be done to improve malnutrition?</td>
<td></td>
<td>Clearly outlined application of TOC in UNICEF Nutrition Programme</td>
<td>TOC strategy clearly outlined</td>
<td>Qualitative data analysis</td>
<td>Report review and in-depth interviews</td>
<td>Purposive</td>
</tr>
<tr>
<td>4) To what extent was Theory of Change applied to identify actors, core roles, bottlenecks, and appropriate interventions?</td>
<td></td>
<td>UNICEF use of clear TOC to effect change in IYCF practices</td>
<td>Needs assessment/situational analysis; previous evaluations, obtained inputs from stakeholders;</td>
<td>Qualitative data analysis</td>
<td>Report review and in-depth interviews</td>
<td>Purposive</td>
</tr>
</tbody>
</table>

**Relevance, Appropriateness, and Coherence of the Program**

- To what extent are the programme results and strategies underpinned by a clear theory of change?
<table>
<thead>
<tr>
<th>Research Question</th>
<th>Sub-questions</th>
<th>Intervention</th>
<th>Outcome</th>
<th>Indicators</th>
<th>Type of Evidence</th>
<th>Data Collection</th>
<th>Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) To what extent was programme monitoring conducted, implemented &amp; strengthened during the evaluation period?</td>
<td>Utilization of Monitoring information in programme design, advocacy and policy planning; knowledge shared; lessons learned</td>
<td>Monitoring applied at all levels</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data on programme monitoring</td>
<td>IP, DN, DLO, and PHU</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>2) What are the prescribed performance measures and frequency of data collection?</td>
<td>Monitoring results utilized and lessons learned, knowledge shared</td>
<td>Number and frequency of reports generated with indication of corrective action taken.</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Decentralized monitoring and primary data collection from IP, DLO, PHU, CHW</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>3) How often is programme monitoring done and by whom?</td>
<td>Monitoring frequency and quality</td>
<td>1) Number and frequency of program monitoring reports generated; 2) % decentralized monitoring reports complete</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Decentralized monitoring and primary data collection from IP, DLO, PHU, CHW</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>4) What tools and indicators are used?</td>
<td>M&amp;E tools are utilized correctly</td>
<td>Reports produced and corrective measures taken</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Decentralized monitoring and primary data collection from IP, DLO, PHU, CHW</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>5) Are M&amp;E methods standardized/used by all stakeholders or are there variances;</td>
<td>Coordination among implementers; learning from lessons</td>
<td>M&amp;E coherence across all levels of implementation</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Decentralized monitoring and primary data collection from IP, DN, DLO, PHU, CHW</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td>What corrective processes (if any) are staff using to address emerging issues?</td>
<td>Improvement based on use of corrective techniques</td>
<td>Number of reports demonstrating corrective techniques were used</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>What support for M&amp;E corrective measures was provided and put in place?</td>
<td>Staff capacity developed to implement M&amp;E</td>
<td>Trainings conducted and measures of success in place</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>Is the reporting centralized and similar to that done by MoH</td>
<td>Centralized, Coordinated reporting</td>
<td>Reporting coordinated across implementers</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How relevant, appropriate, and coherent are the programme strategies and planned results to reduce child undernutrition within the country?</td>
<td>1) To what extent do staff and the health community (PHUs &amp; CHWs) understand strategies that have been implemented address under nutrition?</td>
<td>Staff can describe strategies, and described strategy is consistent with program guidelines</td>
<td>Description of IYCF counseling</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Was behavior change communication strengthened; FNS coordination mechanisms put in place; health systems strengthened to deliver nutrition results?</td>
<td>BCC strengthened; FNS coordination implemented; NFNP implementation plan finalized</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>district DN, DLO &amp; OTP PHUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Effective trainings to change behavior2) Plan approved &amp; in Place</td>
<td>Descriptive statistics, qualitative analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>Distric DN, DLO &amp; OTP PHUs</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>3) Do programme staff and partners understand the reasons for the desired change that is expected?</td>
<td></td>
<td>Staff understand the program expectations</td>
<td>Appropriate program implementation</td>
<td>Descriptive statistics, overall and aggregated by district</td>
<td>KII surveys &amp; secondary data</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>4) To what extent do programme staff understand program guidelines for implementation?</td>
<td></td>
<td>Staff knowledge of IYCF and IMAM guidelines; utilization of IMAM handbook; Training was implemented.</td>
<td>1) Staff is knowledgeable about the guidelines; 2) IYCF and IMAM handbook distributed. 3) Training was implemented.</td>
<td>Descriptive statistics, overall and aggregated by district; qualitative analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>Random (PHUs); Other Purposive</td>
<td></td>
</tr>
<tr>
<td>5) To what extent are various strategies since 2012 aligned with the goal of improving child morbidity &amp; mortality?</td>
<td></td>
<td>UNICEF programmes designs are coherence across interventions</td>
<td>Consistency between UNICEF strategies over time</td>
<td>Qualitative data analysis</td>
<td>Report review and in-depth interviews</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>7) To what extent are existing programs able to impact behavior change in the community?</td>
<td></td>
<td>Increased knowledge in community of IYCF practices</td>
<td>Current/past referral rates</td>
<td>Qualitative data analysis</td>
<td>KII surveys, FGD screening, FGDs &amp; secondary data</td>
<td>Decentralized monitoring and primary data collection in the districts and PHUs</td>
<td>Purposive</td>
</tr>
<tr>
<td>-To what extent are the programme strategies aligned with the global and regional</td>
<td>1) Are current strategies in line with the national guidelines.</td>
<td>alignment of government policies and strategies related to nutrition</td>
<td>Consistency between UNICEF strategy and national guidelines and priorities</td>
<td>Qualitative data analysis</td>
<td>CSD Plan, Global &amp; other Reports &amp; KII surveys</td>
<td>decentralized monitoring and primary data collection in the districts and PHUs</td>
<td>Purposive</td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>initiatives as well as the priorities of the national government? 2a) To what extent is the programme being implemented in accordance with recommended practices?</td>
<td>2) To what extent is the programme being implemented in accordance with recommended practices in regional and global context?</td>
<td>Alignment with MDGs</td>
<td>Consistency between UNICEF strategy and national guidelines and priorities</td>
<td>Qualitative data analysis</td>
<td>decentralized monitoring and primary data collection in the districts and PHUs</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>Efficiency and effectiveness of nutrition programme:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) What specific interventions, if any, are associated with improvements in health among marginalized or hard-to-reach groups?</td>
<td>1) Reduction in malnutrition among hard to reach groups</td>
<td>RUTF, F-75, F-100,</td>
<td>Stunting 28.5% Underweight 13.1% Wasting 4.8% Exclusive breastfeeding Timely introduction of complementary feeding</td>
<td>Descriptive statistics</td>
<td>KII surveys &amp; secondary data</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) To what extent was access to nutritional supplies for SAM improved, i.e. To what extent were supplies distributed as planned before and during Ebola crisis?</td>
<td>2) Records of delivery for RUTF, F-75, F-100,</td>
<td></td>
<td></td>
<td>Descriptive statistics, qualitative analysis</td>
<td>KII &amp; record review</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td>To what extent has the national guidelines to manage and treat children with severe acute malnutrition helped to deliver services to SAM children more efficiently at the health facility and community level?</td>
<td>1) Increase in number of children screened (goal 70%) and treated successfully as per SPHERE standards</td>
<td></td>
<td>1) # children screened for SAM 2) Subjective assessment of child health improvements tied to program 3) Subjective assessment of what worked and what didn’t in the program</td>
<td>Descriptive statistics, qualitative analysis</td>
<td>PHU and Health Community Key Stakeholder Survey</td>
<td>Purposive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| How efficient and effective are OTPs in managing and treating children with severe acute malnutrition within the communities? | 2) Where OTPs effective at managing and treating SAM in their communities?  
Was there increased coverage and quality of nutrition services by 2014? | SAM prevalence reduced to .2%  
GAM prevalence reduced to 4.8%                                                                 | 1) SAM rates at the district level  
2) Subjective PHU & CHW assessment of child health improvements tied to program | Descriptive statistics |secondary cross-sectional nutrition and health surveys, UNICEF, IPs, CHWs                      | Random (secondary data), purposive (CHWs) |
|                                                                                                                                   | 3) To what extent was coverage and quality of services increased?             | 50% SAM services  
30% MNP  
60% trained IYCF counselor  
80% decentralized monitoring                                                                 | % of target PHUs providing treatment of SAM services  
% of health facilities providing micronutrient supplementation in implementing districts  
% of communities with trained IYCF counselor (either health worker or MSG member)  
% of districts with established decentralized monitoring systems for nutrition | Descriptive statistics, qualitative analysis |Secondary data |decentralized monitoring and primary data collection in the districts and at PHUs | Random (secondary data), purposive (CHWs) |
| How efficient and effective have mother-to mother support group been able to improve infant and young child feeding counselling and in community outreach? | 1) 2b. What have the key achievements of the programme been, i.e. what was done well and what needs to be done differently? | Increased referrals and improved understanding | Frequency of community outreach activities  
Participation in health extension activities & services  
Reported support provided  
Subjective assessment of what worked and what didn’t in the program | Descriptive statistics, qualitative analysis |Key Stakeholder Survey |UNICEF/IP data, primary data collection CHWs | Purposive |
|                                                                                                                                   | 2) To what extent did MSG counseling take place?                              | Increased community counseling coverage                                                                 | KII surveys  
& secondary data |Key Stakeholder Survey |UNICEF/IP data, primary data collection CHWs | Purposive |
<table>
<thead>
<tr>
<th>Research Question</th>
<th>Sub-questions</th>
<th>Intervention Outcome</th>
<th>Indicators</th>
<th>Type of Evidence</th>
<th>Data Collection</th>
<th>Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) To what extent did the program increase capacity of M&amp;E for CMAM, IYCF, and MNP?</td>
<td></td>
<td>Increase in referrals; Increase in measurement; distribution of MNP; practicing increased food density and diversity</td>
<td>#referring MSGs; Increase in food density or frequency among MSG members;</td>
<td>Descriptive statistics, qualitative analysis</td>
<td>FGD screening; FGDs; KII surveys</td>
<td>IP, DLO, MSG members, PHU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>4) What works and what does not work in improving IYCF?</td>
<td></td>
<td>Increase in referrals; Increase in measurement; distribution of MNP; practicing increased food density and diversity</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Descriptive statistics, qualitative analysis</td>
<td>FGD screening; FGDs</td>
<td>IP, DLO, MSG members, PHU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>5) What type of approaches and interventions are, or are not, contributing to reducing undernutrition in the disadvantaged, marginalized and less reached areas/groups?</td>
<td></td>
<td>Effective application of lessons learned</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Qualitative data analysis</td>
<td>KII surveys; FGD s</td>
<td>UNICEF, IP, CHWs, MSG members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>6) What are the key immediate and underlying factors and conditions that have led to programme effectiveness?</td>
<td></td>
<td>Program mechanism to ID of effective and ineffective interventions</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Descriptive Statistics; Qualitative data analysis</td>
<td>KII and secondary data</td>
<td>UNICEF, DMO, IP, CHWs, and reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>To what extent has UNICEF’s work on advocacy, coordination and policy influencing helped to strengthen programme implementation?</td>
<td></td>
<td>Increased knowledge of CMAM program among staff and community.</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Qualitative data analysis</td>
<td>Key Stakeholder Survey</td>
<td>UNICEF, DMO, IP, CHWs, and reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>1) To what extent did advocacy activities strengthen programme implementation?</td>
<td></td>
<td>Increased coordination across sectors</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>UNICEF, DMO, IP, CHWs, and reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>2) To what extent did coordination activities strengthen programme implementation?</td>
<td></td>
<td>Increased coordination across sectors</td>
<td>Subjective assessment of what worked and what didn’t in the program</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>UNICEF, DMO, IP, CHWs, and reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purposive</td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>-----------</td>
<td>------------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>3) How has UNICEF influenced national level policies and plans for programme implementation?</td>
<td>Nutrition policy is enhanced and coordination strengthened.</td>
<td>1) NFNP plan finalized and approved by parliament. 2) BMS code legislation developed.</td>
<td>Qualitative data analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>DFN and UNICEF; UNICEF reports</td>
<td>Purposive</td>
</tr>
<tr>
<td>How have the implementing partners helped to make the implementation of the IYCF programme more effective?</td>
<td>IP interventions successful; improvements in IYCF; reduction in malnutrition</td>
<td>Reported support provided Subjective assessment of what worked and what didn’t in the program</td>
<td>Descriptive statistics, qualitative analysis</td>
<td>KII surveys &amp; secondary data</td>
<td>UNICEF/IP data, primary data collection CHWs</td>
<td>Purposive</td>
</tr>
</tbody>
</table>

### Sustainability and scale up:

<table>
<thead>
<tr>
<th>Sub-questions</th>
<th>Programme designed to become self-sustaining</th>
<th>MSG scale-up of program awareness and barriers to scale-up</th>
<th>Descriptive statistics</th>
<th>KII surveys &amp; secondary data</th>
<th>primary data collection CHWs and UNICEF/partner data</th>
<th>Purposive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What technical factors contributed to sustainability of the nutrition programme?</td>
<td>Commitment and coordination between district and PHU and Community (MSG)</td>
<td>1) Subjective assessment of likelihood program will continue in future 2) MSG scale-up of program awareness and barriers to scale-up</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>Key Stakeholder Survey</td>
<td>primary data collection PHUs, CHWs, DLOs, UNICEF, and IP data</td>
<td>Purposive</td>
</tr>
<tr>
<td>2) What institution building activities were implemented to develop sustainable outcomes?</td>
<td>Increased capacity at the district level</td>
<td>Improved communication and measures?</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>Key Stakeholder Survey</td>
<td>PHUs, CHWs, UNICEF, and DLO data</td>
<td>Purposive</td>
</tr>
<tr>
<td>3) To what extent did capacity of district nutritionists and M&amp;E officers increase for CMAM, IYCF, and MNP?</td>
<td>Increased capacity at the community level; retention of training information</td>
<td>1) Support activities conducted; 2) evidence of diffusion of information to community</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>FGD Screening, FGD, KII</td>
<td>PHUs, CHWs; UNICEF; and DLO data; MSG Members</td>
<td>Purposive</td>
</tr>
<tr>
<td>4) To what extent was CHW and community support strengthened for CMAM, IYCF, and MNP?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>5) To what extent does financial support e.g. infrastructure development, translate to long term sustainability?</td>
<td></td>
<td>Increase in # staff with nutrition knowledge improvement; Independent uptake of nutrition initiatives in communities</td>
<td>Scale-up of program, awareness and barriers to scale-up; level of infrastructure and # children seen</td>
<td>Descriptive statistics</td>
<td>KII surveys &amp; secondary data</td>
<td>MSG members, CHWs and IPs, DLOs</td>
</tr>
<tr>
<td>-To what extent can facilities, results and effects be expected to continue after the involvement of UNICEF?</td>
<td>1) What improvements have led to changes in behavior to sustain good practices in IYCF in the community?</td>
<td>Culture change</td>
<td>Subjective assessment of likelihood program effects will continue in future</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>FGD screening; Key Stakeholder Survey</td>
<td>Purposive</td>
</tr>
<tr>
<td></td>
<td>2) What infrastructural factors (trained staff and institutional support) are associated with the number of patients seen?</td>
<td>Sustainability</td>
<td>Subjective assessment of likelihood program will continue in future</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>FGD screening; Key Stakeholder Survey</td>
<td>Purposive</td>
</tr>
<tr>
<td>-What has been achieved in terms of CMAM (Community based Management of Acute Malnutrition) protocol was in practice for the period under evaluation.</td>
<td>1) To what extent did programmes translate to behavior change at the community level?</td>
<td>Quality of referrals and improved knowledge and practices related to RFP in the community</td>
<td>Qualitative assessment of behavior change, knowledge and practices</td>
<td>Descriptive statistics and qualitative analysis</td>
<td>FGD screening and FGDs</td>
<td>Primary data collection CHWs and UNICEF/partner data</td>
</tr>
<tr>
<td></td>
<td>2) What were effects of district level TOT training?</td>
<td>Increase in skills at CHW &amp; PHU levels to assess and manage SAM</td>
<td>1) Number of trained staff; 2) Subjective assessment of training impact.</td>
<td>Qualitative data analysis</td>
<td>KII</td>
<td>DN, PHU, CHW</td>
</tr>
<tr>
<td>Phase wise - Roll out of revised national IMAM (Integrated Management of Acute</td>
<td>1) To what extent is the protocol utilized in the facilities and the community?</td>
<td>Increase in utilization at CHW &amp; PHU levels to assess and manage SAM</td>
<td>1) Descriptive statistics from primary data. 2) Qualitative assessment of utilization impact.</td>
<td>Qualitative data analysis</td>
<td>KII</td>
<td>DN, PHU, CHW</td>
</tr>
<tr>
<td>Research Question</td>
<td>Sub-questions</td>
<td>Intervention Outcome</td>
<td>Indicators</td>
<td>Type of Evidence</td>
<td>Data Collection</td>
<td>Sampling</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------</td>
<td>----------------------</td>
<td>------------</td>
<td>------------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Malnutrition) protocol in Sierra Leone has started only in late 2015. What is the integration into the overall national nutrition system and programme?</td>
<td>2) To what extent was contingency planning developed and implemented?</td>
<td>IMAM integrated into national nutrition system</td>
<td>1) Descriptive statistics from primary data. 2) Qualitative assessment of utilization impact.</td>
<td>Qualitative data analysis</td>
<td>KII</td>
<td>Purposive</td>
</tr>
<tr>
<td></td>
<td>1) To what extent did nutrition program strategically engage local authorities to ensure community ownership?</td>
<td>national DFN staff, DMOs and officials at chiefdom level are engaged.</td>
<td>1) Descriptive statistics from primary data. 2) Qualitative assessment of utilization impact.</td>
<td>Qualitative data analysis</td>
<td>KII</td>
<td>Purposive</td>
</tr>
<tr>
<td></td>
<td>2) To what extent did community mobilization increase participation?</td>
<td>Increase in OTP referrals Increase in the MSG members</td>
<td>1) Descriptive statistics from primary data. 2) Qualitative assessment of utilization impact.</td>
<td>Qualitative data analysis</td>
<td>KII, FGD screenings</td>
<td>Purposive</td>
</tr>
<tr>
<td></td>
<td>3) To what extent was support for IMAM and IYCF sustainable? Why?</td>
<td>Implementation of support that is appropriate to local norms and acceptable in the community</td>
<td>1) Descriptive statistics from primary data. 2) Qualitative assessment of utilization impact.</td>
<td>Descriptive statistics; Qualitative data analysis</td>
<td>KII; FGD screening</td>
<td>Purposive</td>
</tr>
</tbody>
</table>
EVALUATING NUTRITION PROGRAMS
In 7 Districts of Sierra Leone
Informed Consent Form

INTRODUCTION
You are invited to join a research study to look at nutrition programs. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.

In this research study, we are investigating/testing/comparing/evaluating implementation of UNICEF’s nutrition programme in the seven Irish Aid supported districts namely Bombali, Kambia, Kenema, Moyamba, Port Loko, Pujehun and Tonkolili. The evaluation is scheduled for implementation during the second quarter of 2016. It is hoped that this evaluation will provide information about how the program works or doesn’t work so that improvements can be made. The study results will help guide future programs.

The study will involve interviews and survey questions from more than 350 people in the 7 districts.

WHAT IS INVOLVED IN THE STUDY?
If you decide to participate you will be asked to respond to questions. You are not the subject of study, we are only asking your thoughts, experience, perceptions about the program in an effort to find out what works and what does not work in the program. We think this will take you 30 to 45 minutes. We will find a private place to discuss the processes around the nutrition program. We will put your information into a tablet and your responses will be anonymous. Your part in the study will end at the end of the interview. The information you provide will be stored and grouped with other information, and your name will not be used in any way.

The investigators may stop the study at any time if they judge any risks may be incurred. They may also remove you from the study for various other reasons. They can do this without your consent.

You can stop participating at any time. If you stop you will not lose any benefits.

RISKS
This study involves no risks. Your identity is protected and responses coded.
There may also be other risks that we cannot predict. You could become stressed from the interview process. You may stop at any time.

**BENEFITS TO TAKING PART IN THE STUDY?**

Although, we can’t guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study. It is not predicted that you will benefit directly from participation in the study. However, it is reasonable to expect the evaluation of the nutrition program could result in improved nutrition programs of malnourished children in your area.

**CONFIDENTIALITY**

We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage:

To protect your information, it will be assigned a number, which will help protect your identity. There may be a small chance that data might be traced back to you. However, no names will be included and data will be pulled together or aggregated into group information. The data will be stored on a password protected computer that only study team staff can access.

Records may be viewed by UNICEF, Irish Aid, GHLiaisons, Ministry of Health, and eHealth Africa. Names will not be stored, responses will be coded, any quotes that are used will not include identifiable characteristics, and all data will be stored in a secured location.

**YOUR RIGHTS AS A PARTICIPANT IN THE EVALUATION**

Participation in this evaluation is voluntary. You have the right not to participate at all or to leave at any time. Deciding not to participate or choosing to leave the evaluation will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with your organization.

To withdraw from the evaluation, simply inform the interviewer you would like to stop the interview.

**CONTACTS FOR QUESTIONS OR PROBLEMS?**

Call Prof Christina Blanchard-Horan at 232-79-461-636 or email Prof Christina Blanchard-Horan at cbh@ghliaisons.com if you have questions about the study, any problems, unexpected psychological discomforts or think that something unusual or unexpected is happening.
Contact Kajali Paintal Goswami at UNICEF 232-22-235952 or write to information@ghliaisons.com if you have any questions or concerns about your rights as a research participant.

**Consent of Subject**

Signature of Subject or Representative  Date

_________________________________________________

*Upon signing, the subject or the legally authorized representative will receive a copy of this form, and the original will be held in the subject’s research record.*
**Annex VII Data Collection Tools**

**Data Abstraction Form**

**Interviewer Name:** _________________  **Date** ___________  **Assigned number**

*(number all paper forms) ______

**District:** (select)

- Bombali
- Kambia
- Kenema
- Port Loko
- Moyamba
- Pujeahun
- Tonkolili

**Information source (IP, Nutritionist, District Logician):**

_____________________________________

1. **Number of children screened for malnutrition at the health facilities and found with SAM**

   Data source (eg HMIS form, register etc) ______________________________

| Screening aspect          | Gender | 2013 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2015 |       |       |       |       |       |       |       | 2016 |       |       |       |       |
|---------------------------|--------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| No. children screened     | M      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       | 2016 |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | F      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | Total  |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| No. of children with SAM  | M      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       | 2016 |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | F      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | Total  |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| No. of children with MAM  | M      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       | 2016 |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | F      | D    |       |       |       |       |       |       | J     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        | J    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           |        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|                           | Total  |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
2. IMAM program performance

A: Out-patient Therapeutic Care

Indicate data source (eg HMIS form, register etc)

<table>
<thead>
<tr>
<th>OTC Indicator</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of MAM children enrolled into OTC</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cure rate</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Default rate</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-respondent's rate</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Death rate</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>M</td>
<td>J</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>J</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>A</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>N</td>
<td>D</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>
3. **Inpatient Therapeutic Care**
   Indicate data source (eg HMIS form, register etc)

<table>
<thead>
<tr>
<th>ITC Indicator</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SAM children enrolled into Inpatient facility</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cure rate</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Default rate</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to respond</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death rate</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer rates to OTC</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.  IYCF Counselling & Referral
   Indicate data source (eg HMIS form, register etc)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of caregivers of children aged 0 – 2 years with IYCF counselling</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers referred to OTP from community</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.  RUTF supply management (procurement, distribution and stock out) at health facility level
   a.  Indicate data source (HMIS form, register etc)

<table>
<thead>
<tr>
<th>RUTF</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock procured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packets in stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distributed to beneficiaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock out experienced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of stock outs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. COMMUNITY LEVEL DATA

6.  Children screened for malnutrition and found at risk of malnutrition (red MUAC) - __ Y/ __ N
   Indicate Data source (eg HMIS form, register etc)

<table>
<thead>
<tr>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert number screened in district</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Nutrition trainings for MSGs and Health workers

Number and type of nutrition trainings conducted for health facility workers

*Seek information on*

- Number of nutrition topics trained on
- Number of program supervisors and managers trained;
- Number of operational level health workers trained
- Number of “Trainers of trainers” (TOTs) trained
- Training and mentoring support currently being provided

7. Nutrition training topic: **Infant & Young Child Feeding (IYCF)** - __ Y/ __ N

   Indicate Data source (eg HMIS form, register etc)

---

**Table:**

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSG Leaders trained IYCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health worker supervisors trained IYCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers trained IYCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT trained IYCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Screening aspect**

| No. of children with red MUAC | M |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | F |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | Total |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
8. Nutrition training: **Exclusive Breastfeeding (EBF)**
   
   Indicate Data source (eg HMIS form, register etc)

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>MSG Leaders trained EBF</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health worker supervisors trained EBF</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers trained EBF</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT trained EBF</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other support provided</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community implementer trainings (MSGs & communities)
9. Number and type of nutrition trainings conducted for community level implementers
   a. Indicate nutrition training topics: ________________________________
   b. Data source (eg HMIS form, register etc) ________________________________

<table>
<thead>
<tr>
<th>Nutrition topic</th>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
</tr>
<tr>
<td>IYCF / EBF</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainers of trainers&quot; (TOTs)</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Community individuals trained</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Family health days</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking Demonstration</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family health days
10. Can you tell me how many family health days were conducted and what nutrition services were provided? - ___ Y/ ___ N If yes, indicate numbers below

<table>
<thead>
<tr>
<th>FHD/CHDs: No and nutrition services offered</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>J</td>
<td>F</td>
</tr>
<tr>
<td>No. of FDH/CHD held</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children 6-59 months who received Vit A Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| % of targeted |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |

Page 24
<table>
<thead>
<tr>
<th>population who received Vit A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of targeted population who received dewormers</td>
<td></td>
</tr>
<tr>
<td>No of children &lt; 5 screened for SAM</td>
<td></td>
</tr>
<tr>
<td>No of children &gt;5 screened for SAM</td>
<td></td>
</tr>
<tr>
<td>No of children &gt;5 screened for SAM with RED MUAC and referred to OTC</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
Focus Group Questions

FOCUS GROUP QUESTIONS
External Evaluation of Effectiveness of UNICEF Nutrition Programmes in 7 Districts of Sierra Leone

Inclusion Criteria:
Caregivers of children 2 years and younger and MSG and Community Leaders

Number & role of Attendees:
Note:
• Instructions for the interviewer are in italics
• This focus group discussion guide is to be administered to members of MSG members
• Commence focus group discussion by:
  A. Administering informed consent
  B. Requesting participants if you can record/document the discussion

DATE: Day _____ Month _________ 2016
Discussion start time ________________ Discussion end time __________

RESPONDENT INFORMATION
Participant’s gender: Number of men _______ Number of women ________

LOCATION INFORMATION
District:
□ Bombali
OPENING TO SCREEN FOR FGD
1. What do you know about the nutrition program in Sierra Leone? Probe
   - what exactly the program is doing
   - where in the community is the program being implemented
   - who are the target population

2. Have any of your childrenbenefitted from the program? Y/N
   - If yes, at what service point have your children benefitted from the program? Probe if through child health days, health facility at out-patient care or in-patient care
   - If no, why have your children not benefitted from the program?

QUESTIONS RELATED TO EVALUATION THEMES/OBJECTIVES
Relevance/appropriateness
3. a) What are some of the nutrition/Infant and Young Child Feeding (IYCF) counselling messages given in the program? (Indicate all that are mentioned from the theme areas are listed below)
   - Exclusive breastfeeding up to six months
   - Complementary feeding starting at six months with continued breastfeeding
   - Feeding the sick child
   - Control of Vitamin A
   - Control of Anemia
   - Hygiene and sanitation
   - Deworming
   - Immunization
   - Growth monitoring and promotion
   - Maternal nutrition
□ Other (Specify)

b) In your opinion, are the nutrition messages you have received easy to follow? Y/N
- If yes, how?
- If no, why not?

4. a) What foods have been given to improve the nutrition of the children? (Probe: Ready to Use Therapeutic Food (RUTF) i.e Plumpy nut

b) Do you feel, the Sierra Leone food culture was adequately taken into account when providing counselling on how to use the food supplements to help improve the nutrition of the children? Y/N
- If yes, how?
- If no, why not?

5. Do you think, the program has offered the best solution for meeting the nutritional needs of children in this community? Y/N
- If yes, how?
- If no, why not?

Efficiency/Coherence
6. In your opinion, do health workers and mother support groups link well with facility health workers to implement the nutrition program? Y/N. Explain your answer

Quality
7. Are community members in general satisfied with the nutrition program services offered? Y/N
- If yes, what aspects are community members satisfied with?
- If no, why not?

(Probe quality of information given, quality of treatment given, cost of service, overall experience at the health facility)

Effectiveness
8. Have the nutrition/IYCF messages helped you and other caregivers to improve the nutrition knowledge and behaviours? Y/N
- If yes, how?
- If no, why not?

9. Do you think, the program has helped reduce malnutrition among children in the community? Y/N
- If yes, what shows the program has helped reduce malnutrition?
- If no, why do you think the program has not reduced malnutrition?

Equity

10. In your opinion, do you think all parts of the community where you live have been adequately reached by the nutrition program activities? Y/N

- If yes, what has helped ensure that all parts of your community are adequately reached by the nutrition program activities?

- If no, what factors have hampered the nutrition program from reaching all parts of your community?

Gender

11. Has the nutrition program made an effort to reach both women and men in your community equally? Y/N

- If yes, how have women and men in your community been equally reached by the nutrition program?

- If no,
  ▪ Who has been reached more – men or women?
  ▪ Why has that group been reached more?
  ▪ How best do you think those who are reached less can be better targeted so that they are more involved in the nutrition programme?

Coordination and Partnerships

12. Do you think the nutrition activities conducted at community level are well coordinated? Y/N

- If yes, how?

- If no, why not?

13. Do you think the nutrition program activities are well coordinated between health facility and community level? Y/N

- If yes, how?

- If no, why not?

Sustainability

14. Do you feel that members of the community area can ensure that the program continues in future so that their children do not get malnourished? Y/N

- If yes, how?
- If no, why not?

**Challenges**
15. What challenges do you think the nutrition program has faced at community level?
16. When caregivers take the RUTF, is it only eaten only by the child with a nutrition problem or it is also eaten by other family members who do not have nutrition problems? Explain your answer.

**Lessons Learned**
17. What in your opinion are the key lessons learnt from implementing the nutrition program with respect to what
   a) Has worked well and why? ____________________________
   b) Did not work well and why? ____________________________
18. What do you think are the best or most effective practices learnt from implementing the nutrition program? ______________________

**Recommendations**
19. What improvements would you want to see in the nutrition program in future?

**Closing**
20. Is there any important message that you would like to give us about the nutrition program that has not been discussed?

Thank-you for participating in this discussion
Key Stakeholder Survey – District Level (IP, DLO, DMO &DN)

District: (select)
☐ Bombali
☐ Kambia
☐ Kenema
☐ Port Loko
☐ Moyamba
☐ Pujeun
☐ Tonkolili

Chiefdom(s) Select from List

We are evaluating UNICEF Nutrition Programmes in the seven districts, namely Bombali, Kambia, Kenema, Moyamba, Port Loko, Pujeun and Tonkolili. You are invited to join the study. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.

It is hoped that this evaluation will provide information about how the program works or does not work, so that improvements can be made. The study results will help guide future programs. The study will involve as many as 500 interviews and survey questions with people in the 7 districts.

If you decide to participate you will be asked to respond to questions. You are not the subject of study, we are only asking your thoughts, experience, perceptions about the program in an effort to find out what works and what does not work in the program. We think this will take you 30 to 45 minutes. We will find a private place to discuss the processes around the nutrition program. We will put your information into a tablet and your responses will be anonymous. Your part in the study will end at the end of the interview. The information you provide will be stored and grouped with other information, and your name will not be used in any way.

Would you like to participate? Y/N

Respondent name:

Signature: ________________________________
District Level Interview (DMO/DN/DL/IP)

Instructions for Interviewer are in italic:

RESPONDENT INFORMATION

A. What is the role of the respondent?
   - □ District Medical Officer (DMO)
   - □ District Nutritionist (DN)
   - □ District Logistician (DL)
   - □ Implementing Partner (IP)
      a. If IP, select one
         - □ World Hope International (WHI)
         - □ Christian Aid for Under-Assisted Societies Everywhere (CAUSE)
         - □ Community Action for the Welfare of Children (CAWeC)
         - □ Sierra Leone Poverty Alleviation Agency (SILPA)
         - □ Action for Community Transformation and Sponsorship (ACTS)
         - □ Sierra Leone and Development Initiative Programme (DIP)

B. Gender of health worker being interviewed:
   - □ Male
   - □ Female

C. How long have you been working in the field of nutrition?
   - □ Less than 12 Months
   - □ 1-2 Years
   - □ 2-5 years
   - □ More than 5 years

D. Have you received any nutrition training? Y / N
   - □ If yes, describe
   - □ If no, are you monitoring any activities Y / N

[Programme relevance, appropriateness and coherence]

[Strategies] (program activities being conducted. Questions thus need to be phrased in a way that they yield activity data)

1. What are the key nutrition programming activities conducted at District level? (Check all that apply)
   - □ Provide tools
   - □ Procurement/providing nutrition supplies
   - □ M&E
   - □ Leadership & Coordination
   - □ Other (please explain)

2. Do you track the default rate (people who do not return after referral) in the district? Y/N
   a. If yes, (refer to the paper abstraction tool)

3. Do you track treatment failures in the district? Y/N
   a. If yes, (refer to the paper abstraction tool)

4. Do you track the referral rate in the district? Y/N
   a. If yes, (refer to the paper abstraction tool)
5. What are the challenges in implementing nutrition programming activities? *(Let respondent speak then - Choose all that apply)*
   - Community perceptions
   - Supplies
   - Tracking
   - Other (explain)

**[Tools]**

6. Are the following tools and foods provided to all PHUs? (Check all that apply)
   - Salter Hanging Scale (25 KG) Plus weighing pants
   - Height board
   - MUAC tapes
   - Mother and child weighing scale
   - Z- Score Charts
   - RUTF
   - CSB
   - F75
   - F100

7. What is the support provided to PHUs with OTP? (Choose all that apply)
   - Posters
   - Manuals
   - Brochures
   - Tracking material
   - Other (explain)

8. In your view, how does the PHU staff accept the SAM treatment guidelines? *(Read the options)*
   - Very acceptable
   - Satisfactory
   - somewhat acceptable
   - not acceptable

9. How many nutritional education and counselling workshops have you held in the last 6 months?
   - 1-3
   - 4-6
   - 7-9
   - More than 9
   - None
   - Does not apply (Check if IP, DMO or DLO - Skip to Question #15)

10. How many counseling sessions have you held in the past 6 months?
    - 1-3
    - 4-6
    - 7-9
    - More than 9
    - None

11. What are the discharge criteria that should be used by PHUs? (choose all that apply)
    - Appetite
    - Weight, height and age
    - Z-score
12. What are the criteria PHUs should use to decide if a child has failed to respond to treatment?
   □ Appetite
   □ Weight, height and age
   □ Z-score
   □ Other (explain)

13. Describe how you distribute foods to the PHU?
   a. Drive to PHU

14. Do you have a list of OTP sites? Y/N
   a. If yes, take PHOTO

15. Do you organize the plan of supplemental foods going to the PHUs? Y / N
   □ Y If yes, What factors determine how much they receive? (describe)
   □ N If no (Skip to question #17)

16. Describe the challenges that you have had: (Please explain)
   □ obtaining nutrition supplies for distribution (describe)
   □ distributing nutrition supplies to PHUs (describe)

17. Are you monitoring feeding days at PHUs? Y/N / Does not apply
   □ If no, skip to question #20
   □ If yes, how do you monitor feeding days? (choose all that are mentioned)
     □ Phone calls
     □ Site visits
     □ Other (describe)
     □ Does not apply (skip to next question)

18. What indicators or measures are used to monitor the nutrition program performance at the PHU? (Choose all that apply)
   □ Referrals
   □ Coverage
   □ Defaulters
   □ Cure rate
   □ Do not know
   □ Other (explain)
   □ Does not apply (Skip to question #20)

19. How often is monitoring of the nutrition program done at district level?
   □ Monthly
   □ Quarterly
   □ Every 6 months
   □ Yearly
   □ Don’t Know
   □ Other (Explain)
Now I’d like to ask some questions about the Nutrition Programme effectiveness.

20. In your view, how easy is it to get nutrition services to target groups in your district? Is it:
   □ Easy
   □ Somewhat easy
   □ Difficult
   □ Very Difficult

21. In your view, has anything made it difficult to reach the people you want to reach with nutrition services in your district? Y / N
   a. If yes, mark all that are mentioned
   □ Mistrust
   □ Access transportation
   □ Access to PHUs
   □ Supply delivery
   □ Attitudes
   □ Lack of measurement
   □ Other (describe)

22. In your view, how well is the program being implemented?

   □ Very well
   □ Somewhat well
   □ Somewhat poorly
   □ Very poorly

23. In your view, how successful has the program been to date, reaching the children it should reach and services it should provide?

   □ Very successful
   □ Somewhat successful
   □ Somewhat unsuccessful
   □ Very unsuccessful

24. In your view, how successful will the program be in the future?

   □ Very successful
   □ Somewhat successful
   □ Somewhat unsuccessful
   □ Very unsuccessful

25. What are good things about nutritional program for malnourish children in the district? (Mark all that they mention)

   □ Improved screening
   □ Better monitoring
   □ Increased Coverage
26. In your view, what has helped the nutrition program get good results? (choose all that are mentioned)
  □ Training
  □ Materials
  □ Funding
  □ Supervision
  □ Other Support (describe)

27. In your view, what has caused the nutrition program to get negative or bad results? (choose all that apply)
  □ Inadequate Training
  □ Inadequate Materials
  □ Inadequate Funding
  □ Inadequate Supervision
  □ Other (describe)
  □ None

28. Have you observed any unplanned results of the nutrition program? Y/N
   a. If yes, explain?

[Programme Coverage]
29. Do you know how many CHWs are in the district Y/N
   a. If yes, how many? (Number)

30. Do you know the number of MSG members total in district?
   □ Y / N/ DON’T KNOW / Does not apply
   □ If yes, number
   □ If Don’t Know or Does not apply, skip to #32

31. Do you know the number of trained MSG Leaders?
   □ Y / N
   □ If yes, number

32. Has the district targeted hard to reach groups with nutrition program activities? Y/N / don’t know (skip to question #33)
   a. If yes, ask what factors do you think helped with coverage? (check all they mention)
      □ Training
      □ Materials
      □ Funding
      □ Supervision
      □ Other Support (describe)
   b. If no, what factors have troubled adequate coverage? (check all that they mention)
      □ Training
      □ Materials
      □ Funding
      □ Supervision
33. What is the criteria for selecting PHUs to be OTP centers? (check all they mention)
   - Number of cases in catchment area
   - Number of referrals
   - Level of GAM in area
   - Demand for supplies
   - Don’t know
   - Other (describe)

34. Do you know the number of SAM cases each month y/n
   a. If yes, (refer to inpatient or outpatient abstraction tool)

35. What support has UNICEF provided to strengthen program implementation? (check all that are mentioned)
   - Training
   - Funding
   - Supervision
   - Field visits
   - Other support (Describe)
   - Don’t know (Skip to question #40)

36. In your opinion, would you say UNICEF support has helped improve the overall nutrition services in the district (read list and mark correct one)
   - a lot
   - somewhat
   - not much
   - It has not helped

37. What type of support have the Implementing Partners given to strengthen program implementation? (check all that they mention)
   - Training
   - Funding
   - Supervision
   - Don’t Know
   - Other support (describe)

38. What support is given to MSGs? (check all that mention)
   - Training
   - Funding
   - Supervision
   - Other support (describe)
   - Don’t Know

39. In your view, has implementing partner support helped enhance program effectiveness?
   a. Y / N / Don’t Know
   b. If yes, how has support helped. (check all that apply)
      - Improve screening
      - Better monitoring
      - Increased Coverage
      - More accurate referrals
      - Other (describe)
   c. If no, why? (explain)
[Sustainability]
40. Do you think the program is likely to continue in the future? Y / N / Don’t know (skip to #41)
   a. If yes
      i. What technical elements will help it continue? (check all that are mentioned and put detail for example – kind of training under “Other”)
         □ Materials
         □ Support
         □ Training
         □ Leadership
         □ Funding
         □ Other (describe)
   b. If no, why not?

A. Scalability
41. What has been done to scale up the nutrition program activities? (check all they mention)
   □ Training
   □ Funding
   □ Supervision
   □ Other support (describe)
   □ Don’t Know
   □ Does not apply

B. Lessons learnt
42. What are some of the lessons learned from the nutrition program? (Describe)

43. What future direction do you think the nutrition program should take and why? (Describe)

44. What is the role of the respondent?
   □ District Medical Officer (DMO) – (end the interview)
   □ District Nutritionist (DN) (Skip to next question)
   □ District Logistician (DL) (skip to next question)
   □ Implementing Partner (IP) (If yes, skip to question #51)

[M&E Reporting] - Now I am going to ask some questions about reporting.
45. Do you get monthly monitoring reports go to HMIS and DHMT? Y / N / Don’t Know
   □ If yes, go to question 50
   □ If no or Don’t know (if “no” or “don’t know” - skip to question 50)
46. Do you use the monthly reports? Y / N
   □ If Yes – Please describe how
   □ If no, continue
47. Do you send the report for HMIS to DHMT y/n
   a. If no, skip to #52
   b. If yes, for which months?
      □ December
      □ January
48. Who sends the report for HMIS to DHMT?
   - District Medical Officer (DMO)
   - District Nutritionist (DN)
   - District Logistician (DL)
   - Implementing Partner (IP)
   - Don’t know

49. Do you collect nutritional data for the district?  Y  /  N
   a. If no, go to question #50
   b. If yes, how are they collected?
      - Drive there
      - Database
      - Delivery from PHU
      - Other (Describe)
      - Don’t know

Implementing Partner Questions

50. Do you track training records for MSGs or IYCF program?  Y (continue)  N (Skip to #63)
   a. Number of MSGs trained (Enter in abstraction tool and continue)
   b. IYCF (Enter in abstraction tool and continue)

51. Please provide a breakdown of the training budgets you received by year? Indicate total each year (numeric)

   2012 _______
   2013 _______
   2014 _______
   2015 _______

52. How many MSGs have active someone with group facilitation skills? Total number

53. How many established MSGs with at least one trained male counselor? numeric

54. How many established MSGs have at least one unmarried teenage mother as a member?

55. Describe your target communities. (describe) ____________________________________

56. What is the current status of MSG training in your target communities? Choose the correct answer or explain)
   - They are currently trained
   - Not current, need refresher
   - They were never trained
   - Some are trained
   - Many are not yet trained
   - I don’t know
   - Other (describe)

57. Ask for a list of MSG members (make a copy/photo) Not available

58. How frequently is support given to MSGs?
   - Weekly
   - Monthly
   - Quarterly
59. How many MSG groups have dropped out or become inactive in the 6 months? numeric

60. What support have you received from UNICEF before the Ebola crisis? (choose all that they mention)
- Training
- Funding
- Supervision
- Nutrition Supplies
- Other support
  a. If other, please describe

61. What support have you received from UNICEF since the Ebola crisis? (choose all that they mention)
- Training
- Funding
- Supervision
- Nutrition Supplies
- Other support - If other please describe

**DISTRICT NUTRITIONIST Y / N**
- If yes, continue
- If no, Go to Q#71

62. Do you have a list of PHUs that participate in nutrition services?
- Y (continue)
- N Go to Q#71

63. Can you provide a list of PHUs that participate in nutrition services. Y / N
  a. If yes, please take a Photo of the list
  b. If no, skip to next question

64. How many nurses have you trained at PHUs in the past 6 months? (Numeric)

65. How many CHWs have you trained at PHUs in the past 6 months? (numeric) __________

66. How often are trainings for healthcare staff held?
- Weekly
- Monthly
- Quarterly
- Twice a year
- Annually
- Periodically (define)
- Never (please explain)

67. Does your staff do cooking demonstrations for MSGs? Y / N
  a. If yes, describe (use abstraction tool at end of survey to document number of demonstrations)
  b. If no, why not? (choose all that apply then skip to #69)
- Time
- Money
- Supplies
- Transportation
- Need more support
 □ Other  
c. If other, describe  
68. Do you use local foods in your demonstrations? Y / N  
a. If yes, explain what foods are used  
b. If no, continue  
69. Are messages about RUTF/porridge offered in local languages (Ask them to show you any materials they have)? Y / N  
   If yes, and they show materials (photo)  
70. How long have you been receiving funds from UNICEF? Since what year  
 □ 2012  
 □ 2013  
 □ 2014  
 □ 2015  
 □ 2016  
 □ Has not received funds  

[Distribution] Please refer to the abstraction tool for Implementing partners and district nutritionists.  

71. Used the data abstraction tool to review Training records Y / N (If no, explain interviewer write explanation)  

72. Used the data abstraction tool to review SAM records in district Y / N (If no, explain interviewer write explanation)  

That is all the questions I have. Thank you for your time. Those are all the questions we have. End the interview.
Key Stakeholder Survey – (OTP-PHU, In-Charge, PHU Nutritionist)

**District:** (select)
- a. Bombali
- b. Kambia
- c. Kenema
- d. Port Loko
- e. Moyamba
- f. Pujehun
- g. Tonkolili

**PHU Name:** Select from List

**Chiefdom(s) Select from List**

We are evaluating UNICEF Nutrition Programmes in the seven districts, namely Bombali, Kambia, Kenema, Moyamba, Port Loko, Pujehun and Tonkolili. You are invited to join the study. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.

It is hoped that this evaluation will provide information about how the program works or does not work, so that improvements can be made. The study results will help guide future programs. The study will involve as many as 500 interviews and survey questions with people in the 7 districts.

If you decide to participate you will be asked to respond to questions. You are not the subject of study, we are only asking your thoughts, experience, perceptions about the program in an effort to find out what works and what does not work in the program. We think this will take you 30 to 45 minutes. We will find a private place to discuss the processes around the nutrition program. We will put your information into a tablet and your responses will be anonymous. Your part in the study will end at the end of the interview. The information you provide will be stored and grouped with other information, and your name will not be used in any way.

**Would you like to participate? Y/N**

**Respondent name:**

**Respondent’s mark: (draw or photo)**
Instructions for Interviewer are in italic:

A. Ask the identity / role of the respondent
   □ In Charge
   □ TBA
   □ Nutrition Aid
   □ Any other government official working in the Chiefdom with direct contact to health facility
   □ Other (describe)

B. Gender of health worker being interviewed:
   □ Male
   □ Female

C. Type of Facility
   □ MCHP
   □ CHP
   □ CHC
   □ Maternity hospital
   □ Inpatient facility

D. Is this facility currently open? Y/N
   If no, ask how long has it been closed and end the interview (Document MONTH and end the interview - Enter location or location landmark) _______________________

   a. Does the facility provide OTP Services
      Yes (go to Respondent Information question A)
      i. No / Don’t know
         1. Did PHU offer OTP services in the past?
            a. Yes - If they have had OTP in the past, the following questions are about services you provided in the past.
            b. No - If they answer no ask why? (get answer and end the survey Enter location or GPS coordinates)

[RESPONDENT INFORMATION]

E. Have you received any nutrition training for treating children with severe acute malnutrition (SAM)? Y / N
   □ If yes, when was your last training? (describe)
   □ If no, are you monitoring any nutrition activities? Y/N

F. How long have you been working in the field of nutrition?
   □ Less than 12 Months
   □ 1-2 Years
   □ 2-5 years
   □ More than 5 years

G. Gender of health worker being interviewed:
   □ Male
   □ Female

H. Have you received any infant and young child feeding training? Y / N
   □ If yes, describe
   □ If no, are you monitoring any activities
(Headers for client in brackets. Do not add to program if in brackets)

Programme relevance, appropriateness and coherence

[Strategies]

1. What key nutrition programming activities do you conduct at the facility level? (Select all that apply)
   - Conducting nutrition assessment/screening
   - Nutrition Education/IYCF Counselling
   - Referral
   - Integrated management of childhood illnesses
   - Treatment of malnourished children
   - Record keeping
   - Treatment of malnutrition
   - Provide ReSoMal
   - Provide RUTF
   - Provide micronutrients (Vitamin A, Iron etc)
   - Referrals for clinical support and admissions
   - Referrals to livelihood program
   - Referrals to supplemental food programs
   - None
   - Other (Specify)

2. When you identify defaulters, how do you inform the CHW volunteers for follow up? (Mark all that they mention)
   - Text message
   - Email
   - Phone call
   - CHW comes to the PHU (Describe - how often)  _________________________
     i. _____ times
     ii. per _________ (select one: day, week, month, year)
   - Other (Describe)

3. What are the admission criteria for children from 6 to 59 months? (Mark all that they mention)
   - Loss of appetite
   - No-medical complications (as must be referred)
   - Caretaker doesn’t want outpatient care for child
   - Anthropometric criteria
   - W/L or W/H < -3 z-score or
   - MUAC < 11.5cm or
   - Bilateral oedema + / ++
   - Other (describe)

4. What are the types of admissions? (mark all that they mention)
   - New admission spontaneous, referred by CHW from screening
   - Relapse (New admission)
   - Re-admission of defaulter less than 2 months
   - Internal Transfer from IPF (Return)
   - Internal Transfer from another OTP
   - Other (describe)

5. What is the target weight for discharge?
   - The target weight is equal to the weight mentioned in the « -1.5 z-score » column in the W/H table (WHO2006).
73. What are the discharge criteria that should be used by PHUs? (choose all that apply)
  □ Appetite
  □ Weight, height and age
  □ Z-score
  □ Caregiver willingness to treat child
  □ Other (explain)

6. How do you identify treatment failures for referral? (mark all that apply)
  □ Weight, height, and age
  □ Appetite
  □ Z-score
  □ Does not reach target weight after 2 visits
  □ Other (Describe)

7. Compared to other health facilities in the country, what was the impact of Ebola at your facility?? (Enter #)
  □ Very strong impact,
  □ Somewhat strong impact,
  □ Somewhat weak impact
  □ No impact

8. Did the PHU provide supplementary feeding before Ebola? Y/N/Don’t Know
9. Did the PHU provide supplementary feeding after Ebola Y/N/Don’t Know

10. Describe your experience in implementing these nutrition programming activities.?
    □ Has the Nutrition programme been easy to implement Y/N (Explain)

[Tools] - I’m going to ask you some questions about the tools used for SAM.

11. What tools do you use to measure when a child is malnourished? CHOOSE ALL THAT APPLY
    □ Thumb pressure
    □ MUAC tape
    □ Salter Hanging Scale
    □ Length, Height and age
    □ Other (describe)
    □ Didn’t know

12. How would you determine if is malnourished?
    □ Z Score
    □ Don’t know

13. Have tools available to you, like the MUAC tapes and scales, been helpful to guide your work? Y/N.
    □ If yes, how?
    □ If no, why not?
    □ Are there any tools you would find helpful that are not currently available to you?

14. I will read you a list of tools used to identify malnutrition in children. Please tell me if the following items are available and working - Check all that apply (scroll down)
    □ Salter Hanging Scale (25 KG) Plus weighing pants Y/N
      i. Is Salter Hanging Scale working Y/N
    □ Height board Y / N have
    □ MUAC tapes Y / N have Y/N working
15. Have job aids/tools and job assistants been available to you? Y/N
   □ If yes, what job aides are available? (choose all that they show to you.)
      □ Posters
      □ Manual
      □ Brochures
      □ Counseling chart
      □ Other (describe)
16. Are there CMAM posters in the facility visible to PHU staff? Y/N
17. In your opinion, how useful are the SAM treatment guidelines for the staff?
   □ very useful,
   □ somewhat useful,
   □ somewhat useless,
   □ completely useless

[Distribution] - Now, I'm going to ask you some questions about Supplies.

a. When do you obtain nutrition supplies?
   a. Are they delivered y/n
      i. If yes, how frequent are deliveries? (mark one)
         □ Weekly
         □ Monthly
         □ Quarterly
         □ Every 6 months
         □ Yearly
         □ There is no set time
         □ Never
         □ Other (explain)
      ii. Has a scheduled delivery ever been late? y/n
      iii. Has your facility ever run out of supplies due to problems scheduling or receiving a delivery? y/n
      iv. (If yes) what was the problem? (explain)
   b. We go and get them y/n
      i. How frequently do you pick up supplies?
         □ Weekly
         □ Monthly
         □ Quarterly
         □ Every 6 months
         □ Yearly
         □ There is no set time
         □ Never
         1. Other (explain)
      ii. Has your facility ever run out of supplies due to problems arranging a pick-up? y/n
         1. (If yes) What was the problem?
   a. Have you had any of the following challenges OBTAINING nutrition supplies due to any of the following: (for each of the options below—select all that apply)
☐ Difficulty reaching staff at distribution site
☐ Delivery/pick-up made impossible by adverse conditions (e.g. rain, poor roads)
☐ Cost of transport (i.e. fuel costs for pick-up)
☐ Difficulties accurately estimating amount of supplies needed
☐ Unable to obtain supplies to keep up with demand
☐ Other (please explain)

b. What challenges have you had DISTRIBUTING nutrition supplies (Select all that are mentioned)
   ☐ Resistance from community leaders
   ☐ Infrastructure challenges (e.g. road conditions, inability to reach some areas)
   ☐ misinformation about nutrition supplies in community
   ☐ Poor knowledge of healthy feeding practices in community
   ☐ Difficulty reaching caregivers
   ☐ None (do not select any other option)
   ☐ Other (please explain)

c. Have you had challenges storing nutrition supplies?
   a. Y - what are they? (choose all that are mentioned)
      ☐ No storage space
      ☐ Pest problem (e.g. bugs, rodents)
      ☐ Security
      ☐ Temperature control (storage facilities too hot/too cold)
      ☐ Other (please explain)

b. [M&E] - Now I’m going to ask some questions about monitoring the nutrition program

18. What indicators/measures are used to monitor the nutrition program performance at the PHU? (select all that apply)
   ☐ Referrals
   ☐ Coverage
   ☐ Defaults
   ☐ Cure rate
   ☐ Other (explain)

19. How often is monitoring of the nutrition program done at facility level?
   ☐ Monthly
   ☐ Quarterly
   ☐ Every 6 months
   ☐ Yearly
   ☐ Never
   ☐ Don’t Know
   ☐ Other (Explain)

20. In the last 6 months, how many M&E visits have occurred at your facility?
   ☐ 0
   ☐ 1-3
   ☐ 4-6
   ☐ 7-9
   ☐ 10 or more

21. You said [pull number from response to previous question – if possible] M&E visits have occurred in the last 6 months at your facility. Would you say this was more frequent, less frequent, or about the same frequency of M&E visits compared to previous periods?
22. Who is responsible for nutrition program monitoring at the PHU?
   □ In-charge
   □ Nutritionist
   □ Other (explain)

23. When was the last monitoring/evaluation?   MONTH _________ YEAR _________

24. When was the last month the monitoring report was dropped at the logistics office?
   MONTH _______________ / YEAR _______________

25. What corrective measures have been used to address findings from monitoring/evaluation? (Choose all that are mentioned)
   □ New form created
   □ Additional Training
   □ New staff hired
   □ Other (explain)

[Efficiency and effectiveness]

26. In your opinion, what has made it easy to get nutrition services to target groups in your location? (mark all that apply)
   □ Tools Provided
   □ Ability to get supplies for SAM
   □ M&E and reports
   □ Leadership & Coordination
   □ Infant and young child feeding training
   □ Counseling Training
   □ Other (please explain)

27. In your opinion, has anything made it difficult to reach the people practices that you want to reach with information about Infant and Young Child Feeding?
   □ Yes
     i. What has made it difficult? Select all that apply
        □ Infrastructure (e.g. roads)
        □ Problems with training
        □ Problems with leadership & coordination at the facility
        □ Problems with leadership & coordination with implementing partners
        □ Problems with leadership & coordination with UNICEF
        □ Gaps in provision of supplies
        □ Necessary tools (e.g. scales) not provided
        □ Other (please explain)
   □ No

28. In your opinion, how well is the Infant and Young Child Feeding being implemented at your PHU:
   □ Very well
   □ Somewhat well
   □ Somewhat poorly
29. In your opinion, how successful has the Infant and Young Child Feeding program been to date at your PHU:
   - Very successful
   - Somewhat successful
   - Somewhat unsuccessful
   - Very unsuccessful

30. In your opinion, how successful will the Infant and Young Child Feeding program be in the future at your PHU:
   - Very successful
   - Somewhat successful
   - Somewhat unsuccessful
   - Very unsuccessful

**Effectiveness**
31. What positive results have happened because of the nutrition program?
32. In your opinion, what has helped the nutrition program get good/positive results? (select all that apply)
   - Training
   - Materials
   - Funding
   - Supervision
   - Other Support (describe)

33. What bad/negative things have happened at the PHU because of the nutrition program?
34. In your opinion, what factors have helped the achievement of the results so far? (select all that apply)
   - Training
   - Materials
   - Funding
   - Supervision
   - Other Support (describe)

**Programme Coverage**
35. Has the facility adequately reached the intended target group in its catchment area with the nutrition program activities? Y/N
   - If yes, What factors helped ensure adequate coverage of the nutrition program activities? (select all that apply)
     - Training
     - Materials
     - Funding
     - Supervision
     - Other Support (describe)
   - If no, what factors have hampered adequate coverage of the nutrition program activities? (select all that apply)
     - Lack of Training
     - Lack of Materials
     - Lack of Funding
     - Lack of Supervision
     - Other Support (describe)

**Programme leadership and coordination**
36. What support has UNICEF or MoHS provided to strengthen program implementation? (select all that apply)
   □ Training
   □ Funding
   □ Support
   □ Supervision
   □ Other (please explain)

37. In your opinion, how has UNICEF support improved care? (select all that apply)
   □ Improved screening
   □ Better monitoring
   □ Increased Coverage
   □ Referrals
   □ Other (please explain)

38. What type of support have implementing partners given to strengthen program implementation? (select all that apply)
   □ Training
   □ Materials
   □ Funding
   □ Supervision
   □ Other (please explain)

39. In your opinion, has support provided by the implementing partner helped enhance program effectiveness? Y/N. What do you think has improved due to nutrition program? (check all that they mention)
   □ Cure rate
   □ Child survival
   □ Child sickness
   □ Mortality rate
   □ Referral rate
   □ Other (describe)

[Sustainability]
What is the purpose of the outpatient therapeutic program (OTP) program? Describe

40. Do you think the program is likely to continue in future? Y/N
   □ If yes, why? (Probe for technical, financial and institutional elements that have been integrated in programme).
   □ If no, why not?

[Scalability]
41. Has the PHU tried to scale up/increase the nutrition program activities past the catchment area? Y/N
   □ Is yes, what factors helped scale up? (choose all that apply)
     □ Training
     □ Materials
     □ Funding
     □ Supervision
     □ Community outreach
     □ Referrals
     □ Other Support (describe)

   □ If no, what factors were barriers to scale up? (choose all that apply)
[Lessons learnt]

42. What are some of the lessons learned from the nutrition program at the PHU? (Explain)

43. What future direction do you think the nutrition program should take and why? (Explain)
SECTION TWO: DATA REVIEW AT PHU

[Sustainability Strategies]
44. How many CHWs are there in your catchment area? Number
45. Are monthly meetings held with the CHWs? y/n (Indicate each month a meeting was held - CHECK MINUTES)
   □ If yes, which months
   □ December
   □ January
   □ February
   □ March
   □ April
   □ May
46. Can you please show me the registration book for SAM treatment Y/N?
   □ If yes, take a picture
   □ If no, (ask why not?)
47. Can I see the waybill for supplementary Food received Y / N (If no, go to Question #49) (Interviewer: If yes, Use the abstraction tool)
48. Can you show me the ration Card for mothers/caretakers Y / N
   If yes, please show me the record of follow up on SAM children who were discharged. Take a photo

[Leadership and coordination]
49. Number of trained staff for OTP at the facility - Number ____________-
50. How many supportive supervisions has this facility received? (Check the visitors book and record the number)
   □ December - number of supervisions
   □ January
   □ February
   □ March
   □ April
   □ May
51. Has the In-Charge been oriented on the SAM guidelines Y/N
52. Have the staff in this facility been trained on the use of the SAM IMAM treatment guidelines? Y/N
   How many staff are trained? __________
53. Did anyone at this facility attend the comprehensive refresher training on the protocol for SAM management?
   □ in 2015? Y / N
   □ In 2016? Y / N
   Show me a copy of the guidelines for Infants and young child feeding
   □ Interviewer saw a copy of the guidelines
   □ Interviewer did not see a copy of the guidelines
54. Was the data abstraction tool completed for facilities?
   □ yes (indicate form number) _____ no
Key Stakeholder Survey – Community (CHW, MCH Aid, MSG Leader)

**District:**
- h. Bombali
- i. Kambia
- j. Kenema
- k. Port Loko
- l. Moyamba
- m. Pujehun
- n. Tonkolili

Chiefdom(s) Select from List (list provided in spreadsheet)

We are evaluating UNICEF Nutrition Programmes in the seven districts, namely Bombali, Kambia, Kenema, Moyamba, Port Loko, Pujehun and Tonkolili. You are invited to join the study. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.

It is hoped that this evaluation will provide information about how the program works or does not work, so that improvements can be made. The study results will help guide future programs. The study will involve as many as 500 interviews and survey questions with people in the 7 districts.

If you decide to participate you will be asked to respond to questions. You are not the subject of study, we are only asking your thoughts, experience, perceptions about the program in an effort to find out what works and what does not work in the program. We think this will take you 30 to 45 minutes. We will find a private place to discuss the processes around the nutrition program. We will put your information into a tablet and your responses will be anonymous. Your part in the study will end at the end of the interview. The information you provide will be stored and grouped with other information, and your name will not be used in any way.

**Would you like to participate? Y / N**

**Respondent name:**
COMMUNITY RESPONDENT INTERVIEW

Instructions for Interviewer are in italic:

Thank you for taking the time to help us with this survey.

What is the closest PHU: Select from List  If not in the list – Thank the participant and end the interview

A. Ask the identity of the respondent: Are you an:
   - □ MSG member
   - □ MSG Leader
   - □ CHW (community health worker)
   - □ MCH Aid (maternal child health aid)
   - □ EDC Unit Assistant
   - □ Volunteer attached to Health facility
   - □ Any other government official working in the Chiefdom or health facility

B. Mark gender of interviewee:
   - □ Male
   - □ Female

C. Have you attended a Mother’s Support Group training (MSG)
   - □ Yes
   - □ No

D. Have you received any training about exclusive breast feeding (EBF)? Y / N
   - □ Yes
   - □ No
     . If yes:
     a. Did you get trained more than once? Y / N
     b. When was your last training you received? (describe)

74. How many members are trained in infant young child feeding (IYCF) at your MSG - (Number)

75. Do you have: (Using the WASH indicators)
   a. Access to safe source of drinking water? Y / N / Don’t Know
   b. Access to safe source of water for household purposes Y / N / Don’t Know
   c. Access to safe water source Y / N / Don’t Know
   d. Adequate water treatment Y / N / Don’t Know
   e. Probable safe drinking water Y / N / Don’t Know
   f. Access to an improved sanitation facility Y / N / Don’t Know
   g. Sanitary disposal of children’s faeces Y / N / Don’t Know

76. What are the five critical moments for hand washing? (DO NOT GIVE THE ANSWERS Testing their knowledge - Indicate all they can list)
   a. Cooking
   b. Drinking
   c. Bathing
   d. Washing clothes
77. What nutrition programme activities are you involved in? (Choose all that apply)
   a. Screening
   b. Referral
   c. Treatment
   d. Counseling
   e. Other (explain)
   f. None (those are all the questions we have Thank you for participating. - end the interview)

78. How well do you think the breastfeeding and Infant and Young Child Feeding program is implemented? Would you say it is implemented:
   a. Very well
   b. Somewhat well
   c. Somewhat poorly
   d. Very poorly

79. In your opinion, how successful has the IYCF program been up to now? Would you say it has been:
   a. Very successful
   b. Somewhat successful
   c. Somewhat unsuccessful
   d. Very unsuccessful

80. In your opinion, how successful will the program be in the future:
   a. Very successful
   b. Somewhat successful
   c. Somewhat unsuccessful
   d. Very unsuccessful

81. How easy has it been to counsel caregivers about infant and young child feeding? Would you say it has been:
   - Very easy
   - Somewhat easy
   - Not very easy
   - Not easy at all

82. How easy has it been to counsel caregivers about exclusive breast feeding (EBF)? Would you say it has been:
   - Very easy
   - Somewhat easy
   - Not very easy
   - Not easy at all

Explain your answer (describe)

83. How often does your MSG hold meetings?
[Tools & Supplies] I’m going to ask you some questions about the tools used for the Severely Acute Malnourished children.

84. Have you been trained in the IYCF guidelines for identifying malnourished children? Y / N Don’t know
   □ If yes, how useful are the guidelines? The purpose is to find out if they are useful.
      a. Very Useful
      b. Useful
      c. somewhat useful
      d. not useful
   □ If not useful, why not?
   □ If yes, do you use them when you talk with mothers? Y/N/ Does not apply

85. How are community follow-ups coordinated with the health facilities? (Explain)

86. How frequently do you go to the health facility?
   a. Daily
   b. Weekly
   c. Monthly
   d. Don’t go
   e.

87. What tools were given to you for identifying malnourished children?
   □ MUAC
   □ Salter Hanging Scale
   □ Z Score tool - standard deviation
   □ Measuring tool for length & height
   □ Tool to measure Length & Height
   □ None (skip to #15)
   □ Didn’t know (skip to #15)

88. What tools do you use to identify malnourished children? (Choose all that they mention)
   □ Thumb pressure
   □ MUAC
   □ Salter Hanging Scale
   □ Z Score - standard deviation
   □ Length & Height
   □ None (skip to #17)
   □ Didn't know (skip to #17)

89. Have the available tools been helpful? Y/N.
   □ If yes, how? (explain)
   □ If no, why not? (explain)

90. What nutrition counseling materials are available to you for use in the community? (Mark all that apply)
   □ Posters
   □ Manual
91. Do you currently have any MUAC tapes Y / N

92. Do you report on the number of OTP referrals? Y / N
   a. If yes, How often do you report OTP referrals?
      □ Monthly
      □ Quarterly
      □ Yearly
      □ When I get a specific number of referrals (Indicate how many - number)

93. Do you report counseling activities? Y / N (If no skip to next section #19)
   a. If yes, to whom do you send reports? (check all that apply)
      □ District Medical Officer (DMO)
      □ District Nutritionist (DN)
      □ District Logistician (DL)
      □ Implementing Partner (IP)
   b. How often do you report community activities?
      □ Monthly
      □ Quarterly
      □ When I think about it
      □ when I have time
      □ When I have some activities to report
      □ Never / does not report

94. In your opinion, what has made it easy to get nutrition messages to your community? (Let the respondent reply and mark the most appropriate answers, put detail under “other”)
   □ PHU Support
   □ Implementing Partners Support
   □ MSG Leader support
   □ Materials / Supplies given
   □ Training given (Describe) Tell me about the training you received
   □ Other (Describe)

95. In your opinion, what has made it difficult to reach the people you want to reach? (Let the respondent reply, then mark the most appropriate answers – put detail under “other”)
   □ Transportation
   □ Funding
   □ Time
   □ Training needed
Materials / supplies needed
Other (Describe)

[Effectiveness]
96. What positive results have happened because of the nutrition program? (Let the respondent reply, then mark the most appropriate answers – put detail under “other”)
- More children are served
- Fewer cases of SAM or GAM in my community
- Moms have more information
- Better services are being provided
- Increased cure rate
- Lower child deaths
- Reduced child sickness
- Increased referrals
- Fewer cases of malnutrition in the community
- Caregivers having more information
- Higher uptake of services
- Other (describe)

97. In your opinion, what has helped the nutrition program get good results? (Let the respondent reply, then mark the most appropriate answers – put detail under “other”)
- PHU Support
- Implementing Partners Support
- MSG Leader support
- Community outreach
- Materials and Supplies
- Training in IYCF counseling
- Supervision and job training
- Screening activities
- Technical assistance from IP
- Effective referral systems
- Other (describe)

98. Have you observed any results that were not expected? Y/N
- If no (skip to next question)
- If yes, explain?

99. Describe any bad or negative results that have come up during the nutrition program. (describe)

[Programme Coverage]
100. Describe the IYCF counseling that is provided to mothers. (Describe)
101. How often do you have community outreach activities? (Read the list and let them answer)
- Very Frequently – for example weekly
- Frequently – for example monthly
- Sometimes – Every now and then/when it is convenient
- Never – Don’t go into the community or they come to me
- Don’t know (Do not offer this option, only use if they say they don’t know)
102. Do you participate in any health extension activities and services (Check all that Apply)?
- MCH and breast feeding week
- Vitamin A supplementation
- Deworming
C. Programme leadership and coordination

103. What organization is supporting you – (Read Implementing Partners list and select all that apply)
- World Hope International (WHI)
- Christian Aid for Under-Assisted Societies Everywhere (CAUSE)
- Community Action for the Welfare of Children (CAWeC)
- Sierra Leone Poverty Alleviation Agency (SILPA)
- Action for Community Transformation and Sponsorship (ACTS)
- Sierra Leone Poverty Alleviation Agency and Development Initiative Programme (DIP)
- Don’t know

104. What have they given you to strengthen your work? (choose all that they mention)
- IYCF Counseling Training
- Funding
- Supervision
- Don’t know
- Other Support (explain)

105. In your opinion, has this program helped children in your community? Y/N.
   c. If yes, how?
      - Fewer SAM cases
      - Increased referrals
      - Healthier children
      - Other (explain)
   d. If no, why? (explain why it hasn’t helped)

[Sustainability]

106. Do you think the program will continue in the future? Y/N
   e. If yes, why? (Let them answer then check appropriate box – or explain)
      - Partners are helping
      - Ministry of Health and Sanitation wants the program
      - Community is involved
      - Program is important
      - There are many SAM/GAM children
      - Other (describe)
   f. If no, why not? (Explain why you think it will not continue)

[Scalability]

107. Has the MSG tried scaling up nutrition awareness activities in your catchment area?
   g. If yes, what factors helped? (let the respondent reply and mark)
      - PHU Support
      - Implementing Partners Support
      - MSG Leader support
      - Materials / Supplies
      - Training
      - Other Describe
   h. If no, what were the barriers?
   i. Does not apply (not an MSG or MSG leader)
[Lessons learnt]

108. What are some of the lessons MSGs have learned from the nutrition program?
    j. What worked? (Describe)

    k. What didn’t work? (Describe)

109. In your opinion what should be done in the future to improve nutrition in your community? Describe

110. Enter location or GPS coordinates

I have no other questions. Thank you very much for your time. End the interview.
Barrier Analysis Questionnaire on Complementary Feeding/Food Density for use with Mothers of Children 6 – 12 months

Behavior Statement
Mothers of children ages 6 – 12 months feed them meals each day the consistency of thick porridge.

Demographic Data
Interviewer’s Name: __________________ Questionnaire No.: ______Date: ___/___/____

Scripted Introduction:
Hi, my name is_______; and I am part of a study team looking into child feeding practices. Before I continue I would like to know --how old is your youngest child? The study includes a discussion of this issue and will take about 15 - 20 minutes. I would like to hear your views on this topic. Would you be willing to talk with me? You are not obliged to participate in the study and no services will be withheld if you decide not to. Also, if you decide to participate you won’t receive any compensation, gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else.
Would you like to participate in the study? [ If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

1. How old is your youngest child?___________ (← write the age in months here)
   - a. 6 months - 12 months
   - b. younger than 6 months – End interview and go to breastfeeding questionnaire
   - c. Older than 12 months – End interview and look for another mother
   - d. Don’t Know / Won’t say – End interview and look for another mother

2. Have you attended a Mother’s Support Group training (MSG) or counseling on infants and young child feeding?
   - Yes
     - No

3. Have you received counseling in infant and young child feeding?
   - Yes
   - No
4. Has your baby begun to eat foods in addition to breast milk?
   
   a. Yes
   b. No → End interview and look for another respondent

5. I would like you to remember how the food you gave your baby looked. Now I would like you to look at these pictures and tell me which picture looks like the food you gave your baby.

   [Show the mother two pictures: one where the food is just rolling off the spoon because it is thicker, and one that shows food flowing off a spoon in a constant stream (liquid-like)]

   a. Picture 1 – thicker consistency → Mark as Doer and continue to Section B
   b. Picture 2 - Too thin/watery consistency → Mark as Non-doer and continue to section B
   c. Neither → End the interview and look for another respondent

### DOER /NON-DOER CLASSIFICATION TABLE

<table>
<thead>
<tr>
<th>DOER (all of the following)</th>
<th>Non-Doer (any ONE of the following)</th>
<th>Do Not Interview (any ONE of the following)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 = a</td>
<td>Question 2 = b</td>
<td>Question 1 = b, c or d</td>
</tr>
<tr>
<td>Question 2 = a</td>
<td>Question 3 = b</td>
<td>Question 3 = c</td>
</tr>
<tr>
<td>Question 3 = a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Group: ✜ Doer  ✜ Non-doer

**Behavior Explanation**

*(Show the mother the picture of the thicker porridge.)*

In the following questions I am going to be talking about “porridge that is thick like this”. When I say this I am talking about foods that have this consistency/are thick like what you see in this picture. (Point to the picture)

### Section B – Research Questions

*(Perceived Positive Consequences)*

1a. **Doers**: What are the advantages of feeding your baby a porridge that is thick like this?
1b. **Non-doers**: What would be the advantages of feeding your baby a porridge that is thick like this?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Negative Consequences)*

2a. **Doers**: What are the disadvantages of feeding your baby a porridge that is thick like this?
2b. **Non-doers**: What would be the disadvantages of feeding your baby a porridge that is thick like this?

*(Write all responses below. Probe with “What else?”)*
(Perceived Self-efficacy)

3a. **Doers**: What makes it **easy** for you to feed your baby a porridge that is thick like this?
3b. **Non-doers**: What would make it **easy** for you to feed your baby a porridge this is thick like this?

(Write all responses below. Probe with "What else?")

(Perceived Self-efficacy)

4a. **Doers**: What makes it **difficult** for you to feed your baby a porridge that is thick like this?
4b. **Non-doers**: What would make it **difficult** for you to feed your baby a porridge that is thick like this?

(Write all responses below. Probe with "What else?")

(Perceived Social Norms)

5a. **Doers**: Who are the people that **approve** of you feeding your baby a thick porridge?
5b. **Non-doers**: Who are the people that **would approve** of you feeding your baby a porridge that is thick like this?

(Write all responses below. Probe with "Who else?")

(Perceived Social Norms)

6a. **Doers**: Who are the people that **disapprove** of you feeding your baby a porridge that is thick like this?
6b. **Non-doers**: Who are the people that **would disapprove** of you feeding your baby a porridge that is thick like this?

(Write all responses below. Probe with "Who else?")
(Perceived Cues for Action / Reminders)

7a. **Doers:** When you prepare meals for your baby, how difficult is it to remember how much liquid to include in the porridge to get the right thickness? Very difficult, somewhat difficult, or not difficult at all?

7b. **Non-doers:** When you prepare meals for your baby, how difficult would it be to remember how much liquid to include in the porridge to get the right thickness? Very difficult, somewhat difficult, or not difficult at all?
   - a. Very difficult
   - b. Somewhat difficult
   - c. Not difficult at all

(Perceived Susceptibility / Perceived Risk)

8. **Doers and Non-doers:** How likely is it that your child will become malnourished in the coming year? Very likely, somewhat likely, or not likely at all?
   - a. Very likely
   - b. Somewhat likely
   - c. Not likely at all

(Perceived Severity)

10. **Doers and Non-doers:** How serious would it be if your baby became malnourished? A very serious problem, somewhat serious problem, or not serious at all?
   - a. Very serious problem
   - b. Somewhat serious problem
   - c. Not serious at all

(Action Efficacy)

11. **Doers and Non-doers:** How likely is it that your baby would become malnourished if you feed him/her a porridge with this (show picture) kind of thickness? Very likely, somewhat likely, not very likely?
   - a. Very likely
   - b. Somewhat likely
   - c. Not likely at all

(Culture)
12. *Doers and Non-doers:* Are there any cultural rules, taboos or beliefs against feeding your baby a porridge that is thick?

- a. Yes
- b. No
- c. Don’t know
[Now I’m going to ask you a question unrelated to nutrition]

(Universal Motivator)

13. *Doers* and Non-doers: 
   What is the one thing that you desire most in life?

14. You said that you had mother support group (MSG) training – how was it useful?  
   (Write all responses below. Probe with “What else?”)

15. How can the mother support group (MSG) training be improved?  
   (Write all responses below. Probe with “What else?”)

THANK THE RESPONDENT FOR HIS OR HER TIME!
Barrier Analysis Questionnaire: Complementary Feeding/Food Variety for use with Mothers of Children 6 – 24 months

Demographic Data
Interviewer’s Name: ____________________________   Questionnaire No.: _____ Date: __/__/____

Scripted Introduction:
Hi, my name is________; and I am part of a study team looking into child feeding practices. Before I continue I would like to know the age of your youngest child. (If the child is not in the desired age range (see question 1), thank the mother and look for another respondent.) The study includes a discussion of feeding practices and will take about 15 - 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Also, if you decide to participate you won’t receive any compensation, gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

6. How old is your youngest child?_____________(← write the age in months here)
   - a. 6 months - 24 months
   - b. 5 months or younger → End interview and look for another mother
   - c. Older than 25 months → End interview and look for another mother
   - d. Don’t Know / Won’t say → End interview and look for another mother

Have you attended a Mother’s Support Group training (MSG)
   - Yes
   - No

7. Have you received counseling in infant and young child feeding?
   - Yes
   - No

4. I would like to think about all the meals you fed your baby in the last 2 days. How many meals did you feed your baby something other than breast milk? (This question is just to help the mother to remember what the baby ate.)
   - a. __________
   - b. Do not know / no response → End interview and look for another respondent
5. Please tell me all the different foods you remember feeding to your baby in the last two days. (If the mother mentions a dish that has several ingredients, ask her to list them all. Check all the boxes of foods the mother mentions.)

☐ a. Do not know / no response  →  End interview and look for another respondent
☐ b. Grains, roots, tubers: [list the locally available foods here]
☐ c. Legumes, nuts: [list the locally available foods here]
☐ d. Dairy produce: [list the locally available foods here]
☐ e. Flesh foods: [list the locally available foods here]
☐ f. Eggs:
☐ g. Vit-A rich fruit & veg: [list the locally available foods here]
☐ h. Other fruit & veg: [list the locally available foods here]

<table>
<thead>
<tr>
<th>DOER</th>
<th>Non-Doer</th>
<th>Do Not Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>(all of the following)</td>
<td>(any ONE of the following)</td>
<td>(any ONE of the following)</td>
</tr>
<tr>
<td>Question 1 = A</td>
<td>Question 1 = B or C or D</td>
<td></td>
</tr>
<tr>
<td>Question 3 = four or more boxes checked from B through H</td>
<td>Question 3 = three or fewer boxes checked from B through H</td>
<td>Question 3 = A</td>
</tr>
</tbody>
</table>

Group:  ☐ Doer  ☐ Non-doer

Behavior Explanation
(Show the mother the photo/picture of the different food groups and place it where she can see it during the entire interview. Briefly explain the picture and make sure she understands the idea of grouping different foods. She doesn’t need to know the names of the groups or their nutritional value, but she does need to recognize the foods in the picture.)

In the following questions I am going to be talking about different food groups. When I mention the “food groups”, I am talking about foods in these groups [Point to the picture of the different food groups and keep the picture in view throughout the interview.]

Section B – Research Questions
(Perceived Positive Consequences)

1a. Doers: What are the advantages of feeding your baby foods from at least four of the different food groups each day?

1b. Non-doers: What would be the advantages of feeding your baby foods from at least four of these food groups each day?

(Write all responses below. Probe with “What else?”)

(Perceived Negative Consequences)
2a. **Doers:** What are the **disadvantages** of feeding your baby foods from at least four of these different food groups each day?

2b. **Non-doers:** What would be the **disadvantages** of feeding your baby foods from at least four of these different food groups each day?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Self-efficacy)*

3a. **Doers:** What makes it **easy** for you to feed your baby foods from at least four of these different food groups each day?

3b. **Non-doers:** What would make it **easy** for you to feed your baby foods from at least four of these food groups each day?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Self-efficacy)*

4a. **Doers:** What makes it **difficult** for you to feed your baby foods from at least four of these food groups each day?

4b. **Non-doers:** What would make it **difficult** for you to feed your baby foods from at least four of these food groups each day?

*(Write all responses below. Probe with “What else?”)*

4c. **IF financial difficulties were not mentioned by Doers and Non-doers Probe:**

*(Perceived Social Norms)*

5a. **Doers:** Who are the people that **approve** of you feeding your baby foods from at least four of these food groups each day?
5b. **Non-doers:** Who are the people that **would approve** of you feeding your baby foods from at least four of these food groups each day?  
(Write all responses below. Probe with “Who else?”)

(Perceived Social Norms)

6a. **Doers:** Who are the people that **disapprove** of you feeding your baby foods from at least four of these food groups each day?  
6b. **Non-doers:** Who are the people that **would disapprove** of you feeding your baby foods from at least four of these food groups each day?  
(Write all responses below. Probe with “Who else?”)

(Perceived Access)

7a. **Doers:** How difficult is it to get food from at least four of these food groups? Would you say it is **Very difficult, somewhat difficult or not difficult at all**?

7b. **Non-doers:** How difficult would it be to get foods from at least four of these food groups? Would you say it is **Very difficult, somewhat difficult or not difficult at all**?

- a. Very difficult
- b. Somewhat difficult
- c. Not difficult at all

(Perceived Cues for Action / Reminders)

8a. **Doers:** When you prepare meals for your baby, how difficult is it to remember to include foods from at least four of these food groups? **Very difficult, somewhat difficult, or not difficult at all**?

8b. **Non-doers:** When you prepare meals for your baby, how difficult do you think it would be to remember to include foods from at least four of these food groups? **Very difficult, somewhat difficult, or not difficult at all**?

- a. Very difficult
- b. Somewhat difficult
- c. Not difficult at all
- d. Don’t Know / Won’t say

(Perceived Susceptibility / Perceived Risk)

9. **Doers and Non-doers:** How likely is it that your child will become malnourished in the coming year? **Very likely, somewhat likely, or not likely at all**?

- a. Very likely
b. Somewhat likely
  c. Not likely at all

(Perceived Severity)
10. **Doers and Non-doers:** How serious would it be if your baby became malnourished?
    A very serious problem, somewhat serious problem, or not serious at all?

  a. Very serious problem
  b. Somewhat serious problem
  c. Not serious at all

(Action Efficacy)
11. **Doers and Non-doers:** How likely is it that your baby would become malnourished if you feed
    him/her foods from at least four of these food groups each day? Very likely, somewhat likely, not very
    likely?

  a. Very likely
  b. Somewhat likely
  c. Not likely at all

(Perception of Divine Will)
12a. **Doers:** Do you think that God approves of you feeding your baby foods from at least four of these
    food groups each day?
12b. **Non-doers:** Do you think that God would approve of you feeding your baby foods from at least four
    of these food groups each day?

  a. Yes
  b. No
  c. Don’t Know

(Culture)
13. **Doers and Non-doers:** Are there any cultural rules or taboos that you know of against feeding your
    baby foods from at least four of these food groups each day?

  a. Yes
  b. No
  c. Don’t know

Now I’m going to ask you a question unrelated to nutrition

(Universal Motivator)
14. **Doers and Non-doers:**
    What is the one thing that you desire most in life?

15. You said that you had mother support group (MSG) training or received counseling in infant
    and young child feeding – how was it useful?

    (Write all responses below. Probe with “What else?”)
16. How can the mother support group (MSG) training or received counseling in infant and young child feeding be improved?

(Write all responses below. Probe with “What else?”)

THANK THE RESPONDENT FOR HIS OR HER TIME!
Barrier Analysis Questionnaire:
Exclusive Breastfeeding for Mothers of children
0 – 5 months

Behavior Statement
Mothers of children ages 0 – 5 months feed them only breast milk.

Demographic Data
Interviewer’s Name: ___________________ Questionnaire No.: ______
Date: ____/____/____ Community: ______________

Scripted Introduction:
Hi, my name is_________; and I am part of a study team looking into infant feeding practices. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Likewise, if you chose to be interviewed you will not receive any gifts, special services or remuneration. Everything we discuss will be held in strict confidence and will not be shared with anyone else.
Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

1. How old is your youngest child? (write the age in months) _________
   ☐ A. 0-5 months
   ☐ B. 6 month or older → end the interview and look for another respondent
   ☐ C. Don’t Know / Won’t say → End interview and look for another respondent

3. Have you attended a Mother’s Support Group training (MSG)?
   ☐ Yes
   ☐ No

8. Have you received counseling in exclusive breast feeding?
   ☐ Yes (explain)
   ☐ No

4. Have you ever breast fed this child?
   ☐ A. Yes
   ☐ B. No → End the interview and look for another respondent
   ☐ C. Do not remember / no response → End interview and look for another respondent
4. Now I would like you to remember back when your baby was very young — even when s/he was a newborn. Please tell me how old the baby was when you first gave him/her any liquids other than breast milk — like water, juice, cow’s milk or goat milk.

- A. 6 months or older
- B. 0-5 months → Mark as Non-doer
- C. Do not remember / no response → End interview and look for another respondent

5. Please tell me how old the baby was when you first gave him/her semi solid foods — like soup, porridge .......

- A. 6 months or older
- B. 0-5 months → Mark as Non-doer
- C. Do not remember / no response → End interview and look for another respondent

<table>
<thead>
<tr>
<th>DOER (all of the following)</th>
<th>Non-Doer (any of the following)</th>
<th>Do Not Interview (any of the following)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 = A</td>
<td></td>
<td>Question 1 = B or C</td>
</tr>
<tr>
<td>Question 2 = A</td>
<td></td>
<td>Question 2 = B or C</td>
</tr>
<tr>
<td>Question 3 = A</td>
<td>Question 3 = B</td>
<td>Question 3 = C</td>
</tr>
<tr>
<td>Question 4 = A</td>
<td>Question 4 = C</td>
<td>Question 4 = C</td>
</tr>
</tbody>
</table>

Group: [ ] Doer  [ ] Non-doer

Section B — Research Questions (Perceived Self Efficacy / Skills)

1. Doer & Non-doer: With your present knowledge, resources, and skills, do you think that you could give only breast milk to your baby for the first 6 months?

- a. Yes
- b. Possibly
- c. No
- d. Don’t Know

(Perceived Self-efficacy)

2a. Doers: What makes it easier for you to give only breast milk to your baby for the first 6 months?

2b. Non-doers: What would make it easier for you to give only breast milk to your baby for the first 6 months?

(Write all responses below. Probe with “What else?”)

(Perceived Self-efficacy)
3a. **Doers:** What makes it **difficult** for you to give only breast milk to your baby for the first 6 months?

3b. **Non-doers:** What would make it **difficult** for you to give only breast milk to your baby for the first 6 months?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Positive Consequences)*

4a. **Doers:** What are the **advantages** of only giving breast milk to your baby for the first 6 months?

4b. **Non-doers:** What would be the **advantages** of only giving breast milk to your baby for the first 6 months?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Negative Consequences)*

5a. **Doers:** What are the **disadvantages** of only giving breast milk to your baby for the first 6 months?

5b. **Non-doers:** What would be the **disadvantages** of only giving breast milk to your baby for the first 6 months?

*(Write all responses below. Probe with “What else?”)*

*(Perceived Social Norms)*

6a. **Doers:** Do most of the people you know approve of you only giving breast milk to your baby for the first 6 months?

6b. **Non-doers:** Would most of the people you know approve of you only giving breast milk to your baby for the first 6 months?

- a. Yes
- b. Possibly
- c. No
- d. Don’t Know / Won’t say

*(Perceived Social Norms)*
7a. **Doers:** Who are all the people that **approve** of you only giving breast milk to your baby for the first 6 months?
7b. **Non-doers:** Who are all the people that **would approve** of you only giving breast milk to your baby for the first 6 months?

*(Write all responses below. Probe with "Who else?" Try to get specific types of people)*

**(Perceived Social Norms)**
8a. **Doers:** Who are all the people that **disapprove** of you only giving breast milk to your baby for the first 6 months?
8b. **Non-doers:** Who are all the people that **would disapprove** of you only giving breast milk to your baby for the first 6 months?

*(Write all responses below. Probe with "Who else?" Try to get specific types of people)*

**(Perceived Access)**
9a. **Doers:** How difficult is it to get the support you need to give only breast milk to your baby for the first 6 months?
9b. **Non-doers:** How difficult would it be to give only breast milk to your baby for the first 6 months?
   - a. Very difficult
   - b. Somewhat difficult
   - c. Not difficult at all.
   - d. Don't Know / Won't say

**(Perceived Cues for Action / Reminders)**
10a. **Doers:** How difficult is it to remember to give only breast milk to your baby for the first 6 months?
10b. **Non-doers:** How difficult would it be to give only breast milk to your baby for the first 6 months?
   - a. Very difficult
   - b. Somewhat difficult
   - c. Not difficult at all.
   - d. Don't Know / Won't say

**(Perceived Susceptibility / Perceived Risk)**
11. **Doers & Non-doers:** How likely is it that your baby will become malnourished?
   - a. Very likely
   - b. Somewhat likely
   - c. Not likely at all.
   - d. Don't Know / Won’t say
12. **Doers & Non-doers:** How likely is it that your baby will get diarrhea? Very likely, somewhat likely, or not likely at all
   □ a. Very likely
   □ b. Somewhat likely
   □ c. Not likely at all.
   □ d. Don’t Know / Won’t say

*(Perceived Severity)*

13. **Doers and Non-doers:** How serious would it be if your baby became malnourished? very serious, somewhat serious, or not serious at all?
   □ a. Very serious
   □ b. Somewhat serious
   □ c. Not serious at all
   □ d. Don’t Know / Won’t say

14. **Doers and Non-doers:** How serious would it be if your baby got diarrhea? very serious, somewhat serious, or not serious at all?
   □ a. Very serious
   □ b. Somewhat serious
   □ c. Not serious at all
   □ d. Don’t Know / Won’t say

*(Action Efficacy)*

15. **Doers and Non-doers** How likely is it that your baby will become malnourished if you only breast feed for the first 6 months
   □ a. Very likely
   □ b. Somewhat likely
   □ c. Not likely at all.
   □ d. Don’t Know / Won’t say

16. **Doers and Non-doers** How likely is it that your baby will get diarrhea if you only breast feed for the first 6 months?
   □ a. Very likely
   □ b. Somewhat likely
   □ c. Not likely at all.
   □ d. Don’t Know / Won’t say

*(Perception of Divine Will)*

17. **Doers and Non-doers:** Do you think that God causes malnutrition?
   □ a. Yes
   □ b. No
   □ c. Don’t Know / Won’t say
(Perception of Divine Will)

18. **Doers and Non-doers:** Do you think that God causes diarrhea?
   - a. Yes
   - b. No
   - c. Don’t Know / Won’t say

(Culture)

19. **Doers and Non-doers:** Are there any cultural rules or taboos against only breastfeeding your baby for 6 months?
   - a. Yes
   - b. No
   - c. Don’t Know / Won’t say

Now I am going to ask you a question totally unrelated to breastfeeding.

(Universal Motivators)

20. **Doers and Non-doers:** What is the one thing you want most in life.

21. You said you attended an mother support group (MSG) training - How was the training useful?
   (Write all responses below. Probe with “What else?”)

22. How can the MSG be training improved?
   (Write all responses below. Probe with “What else?”)

**THANK THE RESPONDENT FOR HIS OR HER TIME!**
Increase access to high impact nutrition interventions for mothers and children

Relevance
1. Describe the working relationship with the partners on the UNICEF/MOHS nutrition programme?

2. Were you implementing the program directly or did you implement through a partner?
   a. If implementing through an IP, please describe.
   b. Who is the IP?

3. To what extent does the program build upon appropriate research, studies and assessments that were already done?

4. What is being done to assist the government to better coordinate and streamline the various actors to facilitate delivery of nutrition programmes?

Coherence
5. Can you tell me about the connections/linkages between UNICEF and your organization’s programming?

6. Describe the training your organization offers to community.
   a. Do you feel any of these overlap with UNICEF’s training?

Efficacy
7. To what extent to you think child nutrition has improved due to these efforts?

8. What factors do you think have affected results?

Lessons Learned
9. What partnership activities do you think have consistently shown positive results and why?

Quality
10. What was changed and implemented as a result of the lessons learned?

Improve coordination and partners’ interaction for nutrition services and capacity to respond to increase/ change in needs

Coherence
11. What were the linkages between UNICEF program activities and your organization?

12. Do you feel the current multi-sectoral activities intersect and complement each other? Y / N
   a. If yes, how
   b. If no, why not

13. How well would you say roles of the ERKP organizations been clearly defined?
   a. Very well defined
b. Somewhat defined
   c. Not well defined

**Efficacy**
14. What aspects of multi-sectoral coordination improved the nutrition program?

**Efficiency**
15. How frequently are gains and losses shared across partners (community, facility, district, national)?
16. Effective is their coordination?

**Lessons Learnt**
17. How often do partners meet to discuss program progress, challenges and lessons learned?
   a. Monthly
   b. Quarterly
   c. Yearly
   d. Other (describe)

18. Tell me about lessons learned that were shared across programs/organizations?

**Strengthen contingency planning and emergency preparedness for nutrition within Karamoja region.**

**Efficiency**
19. Describe the integration of strategies between agencies working on contingency planning and emergency planning.

**Appropriate**
20. How would you rate the strength of communication between multisectoral partners?
   a. Strong
   b. Somewhat strong
   c. Not strong at all
   d. *Lessons Learnt*

21. What contingency planning techniques have consistently shown positive results?
   a. Have these been incorporated into the plan? Y / N
      i. If No, why not?
      ii.