



Landscape analysis on countries' readiness to accelerate action in nutrition

COUNTRY ASSESSMENT TOOLS



World Health
Organization

**Landscape analysis on
countries' readiness to
*accelerate action in nutrition***

Country assessment tools

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Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
BFHI	Baby-friendly Hospital Initiative
CBO	community-based organization
CRC	Convention on the Rights of the Child
FBO	faith-based organization
HIV	human immunodeficiency virus
IEC	information, education, communication
IMCI	integrated management of childhood illness
M&E	monitoring and evaluation
MCH	maternal and child health
MDG	Millennium Development Goal
NCD	noncommunicable disease
NGO	nongovernmental organization
NLIS	Nutrition Landscape Information System
PRSP	Poverty Reduction Strategy Papers
TB	tuberculosis
UN	United Nations
WHO	World Health Organization

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1 Introduction

1.1 Background

All children have the same right and potential to grow and develop. Undernutrition can be rapidly eliminated if maternal and child nutrition is adequate. Nevertheless, about a third of children in developing countries – some 171 million children under 5 years of age – are short for their age (i.e. stunted) due to undernutrition. Current global rates of progress, while positive, are insufficient to meet Millennium Development Goal 1 (MDG1), Target 1.C. Failing to meet the undernutrition target will have a negative impact on all other MDGs.

If policy and institutional changes for accelerating nutrition improvements are to be adopted and implemented, they need to have sufficient political support. In addition, successful delivery of technical assistance depends largely on the capacity of the international system to work with governments to assess and build a broader ownership, as a prerequisite for policy change. In 2008, the *Lancet* published a series on maternal and child nutrition, which identified 36 high-burden countries accounting for 90% of the global burden of stunting.¹ To strengthen and maximize the impact of this opportunity, and create momentum for carrying forward the findings of the *Lancet* series, the World Health Organization (WHO) launched a landscape analysis project. The project involves both WHO and other concerned partner agencies, including United Nations (UN) agencies such as the Food and Agriculture Organization, the Standing Committee on Nutrition, the UN Children's Fund and the World Food Programme; the Global Alliance for Improved Nutrition; and Helen Keller International. The overall aim was to strengthen the contributions of the different agencies, together with national governments, towards the achievement of the MDGs.

The WHO landscape analysis of readiness to accelerate action in nutrition is a systematic and scientific approach to assessing where and how to best invest to accelerate action in nutrition. At the global level, it has three components:

- *Desk analysis of country readiness* – This involves comprehensive analysis of secondary-data indicators in 36 countries with a high burden of stunting (these countries were the initial focus of the analysis). The desk analysis uses multiple statistical methods to define country typologies; the aim is to guide where and how to best invest in nutrition.
- *In-depth country assessments* – By December 2011, country assessments had been carried out in Burkina Faso, Comoros, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Indonesia, Madagascar, Mali, Mozambique, Namibia, Peru, South Africa, Sri Lanka, Tanzania and Timor-Leste.
- *Nutrition landscape information system (NLIS)* (www.who.int/nutrition/nlis) – The NLIS is an online system that provides:
 - country profiles for 194 WHO Member States, with indicators on nutrition and underlying factors (data from WHO and partner agencies);
 - online user-defined nutrition data from the WHO Department of Nutrition for Health and Development

1.2 Country assessment

The in-depth country assessment provides a way to scope gaps, constraints and opportunities for integrating new and existing effective actions in nutrition, using a participatory approach. The assessment is undertaken by an interagency team of national, regional and international partners. It includes an analysis of a country's capacities and resources, and identifies promising actions that could be scaled up to improve nutrition.

¹ Maternal and child undernutrition, *Lancet*, 2008 (<http://www.thelancet.com/series/maternal-and-child-undernutrition>)

The main aims of the country assessment are to:

- map the country context and readiness as part of developing national strategic action plans and scale-up plans for implementing priority nutrition interventions;
- make recommendations about where and how to best make investments in order to accelerate actions in nutrition;
- establish the current status of nutrition action in a country, thus allowing future progress to be tracked against that baseline.

The duration of a country assessment will depend on its scope. Based on the country assessments undertaken during 2008–2011, the average duration of an assessment is 7–14 days.¹ During this time, the country team uses a set of tools and questionnaires to conduct interviews at national level and in two or three regions. Through a participatory analysis, the team reviews the findings, considering strengths and weaknesses in relation to an analytical framework for commitment and capacity. A stakeholder consensus meeting is then held, at which a larger group of stakeholders discusses and reaches agreement on the results and proposed recommendations.

Carrying out a landscape analysis country assessment is an intense process. Yet the assessment and its outputs (in terms of firm commitments) can accelerate action in nutrition, provided that the objectives and expected outputs are clear, and partners commit the necessary time and resources to fully participate in the assessment. A major strength of the landscape analysis country assessment is the participatory nature of the process, which involves all stakeholders.

1.3 Planning a landscape analysis country assessment

To undertake a landscape analysis country assessment, national stakeholders first need to form a *country assessment team* with members from all relevant sectors and partners. It is not necessary to establish a new team if the country already has a functioning nutrition coordination mechanism that could coordinate the country assessment. However, team members must be able to commit full time throughout the assessment process. It is also helpful to identify the leader or coordinator of the country team, so that any necessary decisions to be made can be directed to that person (often, the head of the lead national agency for nutrition will take on this role).

As part of the planning, the country team will:

- formulate the specific objectives and purpose of the country assessment (e.g. input to the development of the operational scale-up plan);
- agree on dates;
- determine scope (in terms of study sites, facilities to visit and stakeholders to interview);
- identify members of the country team who will be available throughout the assessment;
- prepare a budget for transport and other costs implicated in the assessment, and identify funding sources;
- prepare a background desk review of the nutrition situation and response, including stakeholder mapping;
- adapt the country assessment tools;

¹ In a one-week assessment, the members of the team make final preparations on Monday, collect data through field visits on Tuesday and Wednesday, undertake participatory analysis on Thursday, and hold a stakeholders' consensus meeting on Friday to discuss and agree on recommendations and next steps. The data collection period has been extended up to 1–2 months in some of the countries that have decided to scale up the assessment nationwide. This allows time for periodic consultations among the members of the assessment team working in different parts of the country.

- plan and schedule interviews and field visits;
- organize the stakeholder consensus meeting and other meetings to be held.

1.4 Adaptation of tools

The data collection tools (provided in Section 2.3) include six interview questionnaire forms and checklists, and are available in English and in French.¹ As part of the preparations for the landscape analysis country assessment, the country team needs to review the questionnaire tools, and adapt them to the aims and scope of the particular assessment and the national context. Additional questionnaires have been developed in some countries; for example, in South Africa for clinics providing antiretroviral therapies (ARTs) and in Tanzania for use at ward and village level; these additional questionnaires are available on request, to be used as reference material.

Generic lists of programmes and trainings should be modified to reflect national protocols and country-specific activities. The country team should go through all the questions and discuss, for example, what constitutes an “adequate stock” of supplies in health facilities.

The generic tools cover evidence-informed interventions for addressing maternal and child undernutrition. In some countries, other nutrition interventions may also be relevant for maternal and child undernutrition; for example, nutrition supplementation for female patients with tuberculosis (TB). The generic tools include questions to assess commitment and capacity. Questions can be omitted if they are not relevant to the country being assessed. If new questions are needed, these should be added at the end of the relevant section; this makes it possible to retain the question numbering, which is linked to the data analysis sheet, and to the analytical framework.

The adapted assessment tools should be translated into the required language for the country and photocopied as required.

1.5 Desk review (including stakeholder mapping)

The desk review tool is given in Section 2.1, which suggests a list of possible components of such a review. The stakeholder mapping tool, which is part of the desk review, proposes a format for collecting information on who is doing what, where and at what scale.

The desk review, including stakeholder mapping, will serve as an important point of reference for the country team, and as part of the information to be used as “evidence” for prioritizing actions to scale up. The desk review tool should be distributed to all members of the country team, to ensure that members are familiar with existing policies, players and programmes in nutrition. The information gathered through the desk review will also form background information for the final report of the assessment.

1.6 Data collection

The country team splits into smaller teams: some to interview stakeholders at the national level, others to travel to the regions or provinces. Ideally, interviewing teams should have both national and international partners, from government as well as from agencies. Team members should be available for both the data collection and the analysis.

Interviews should be planned and scheduled with stakeholders at the national level and in the field. Relevant stakeholders include government sectors, development partners (e.g. UN agencies, bilateral agencies and nongovernmental organizations [NGOs]) and the private sector. The results of the desk review mapping of key stakeholders (described above) will help in identifying key stakeholders. Letters outlining the purpose of the country assessment and the interview could be sent to all the stakeholders to be interviewed and the health

¹ The questionnaires, in the form of Microsoft Word documents, can be obtained from WHO Department of Nutrition for Health and Development, by contacting NPUInfo@who.int.

facilities to be visited. The meeting schedules should allow 1 hour per interview plus sufficient travel time between meetings. To capitalize on advocacy opportunities during interviews, meetings and field visits, consider assembling and photocopying documents suitable for being handed out as background information. Such material might include:

- the country's national nutrition policy or other relevant material;
- information about the WHO electronic Library of Evidence for Nutrition Action (eLENA), which provides WHO guidelines and recommendations on relevant nutrition-related interventions, and the evidence bases for those guidelines and recommendations (available from <http://www.who.int/elena>);
- the executive summary of the *Lancet* nutrition series (<http://www.thelancet.com/series/maternal-and-child-undernutrition>);
- the framework document *Scaling up nutrition*.

Different field locations should be selected based, for example, on differences in nutrition indicators, quality or coverage of nutrition and health services, or other relevant socioeconomic indicators. It will be helpful to determine whether there are any special restrictions for international UN staff in visiting any of the selected sites. Transportation has to be arranged for all interviews and accommodation for the field visits.

A country team usually completes data collection in 2–5 days, although some countries have allowed longer for this stage because they have implemented the assessment nationwide. Each interviewing team should meet daily (e.g. in the evenings during field visits) to review questionnaires and complete the information, where necessary.

The note for interviewers (given in Section 2.2) provides some general instructions on how to conduct the interviews and complete the forms.

1.7 Participatory analysis

Once the data collection is complete, the country team should meet as soon as possible to analyse the interviews and information collected from the different levels, using the data analysis sheet provided in Section 2.4. Data collected through the questionnaires should be organized according to the analytical framework's set of indicators of commitment and capacity for action on nutrition. The purpose is to identify strengths and weaknesses in relation to these indicators, which in turn will form the basis for formulating recommendations for action. The analysis process should be participatory; that is, the full country team should agree on the strengths, weaknesses and recommendations. The country team should also consider whether the analysis would benefit from the participation of partners other than the members of the country team, especially for the formulation of recommendations.

A country team usually completes this participatory analysis over the course of 2–4 days, including preparing graphs of selected quantitative data for the report and a presentation to be given at the stakeholders' consensus meeting.

1.8 Analytical framework

The analytical framework (Table 1.1 and Section 2.4) provides indicators for assessing readiness as a function of *commitment* and *capacity* to scale-up nutrition actions. In other words, being *ready* is understood as being *willing and able*. The indicators take into account relevant systemic, organizational, individual or other salient factors that may influence programme and project operation, and the successful achievement of goals. The focus is on interventions delivered through the public health sector in the communities and health services, although indicators and tools for assessing other sectors could be developed in a similar fashion.

The indicators of *commitment* (i.e. willingness to act) show the political commitment at national and subnational levels among decision-makers in nutrition and in other fields. Willingness to act in nutrition – that is, scaling up and accelerating action - involves helping to

ensure that policies, regulations, programmes and protocols focus on priority areas and are implemented efficiently on the ground. Such a commitment is also reflected in the allocation and mobilization of resources, and in the existence of institutional arrangements that ensure broad engagement and coordination in nutrition, including central level support to the districts and the active involvement of partners (both public and private) at all levels. Many of these indicators could also be seen as indicators of capacity, but they are used here as indicators of willingness because they represent important, proximate and tangible expression of political will and policy intent. The *commitment indicators* are grouped into a number of themes, as outlined below:

- political commitment, policies and budget for nutrition:
 - political commitment and awareness of nutrition;
 - focused policies and regulation at central level, with supporting plans and protocols at the subnational level;
 - resource mobilisation at central level, and budget provision at subnational level;
- coordination, involvement of partners and support to subnational levels:
 - coordination of nutrition activities at all levels;
 - involvement of partners;
 - support to districts and facilities.

The indicators of *capacity* (i.e. ability to act) focus on human resources and the quality of the services. They are major elements of the final effectiveness of the intervention, and are reflected in whether standard procedures are well designed and followed. Ability to act also concerns the management of follow-up, the quality of data captured and the integration of nutrition into other programmes. Moreover, the availability of key resources and management systems – an uninterrupted flow of nutrition supplies (e.g. growth charts and micronutrient supplementation) – is crucial. This requires functioning management systems linked to information systems through which relevant data are collected in an accurate and timely manner, and subsequently communicated to decision-makers at local and central levels. Finally, capacity also comprises demand-side factors such as access to and continued use of services; for example, mothers and infants must have access to and comply with nutrition screening, promotion and treatment. As with the commitment indicators, the *capacity indicators* are grouped into a number of themes, as outlined below:

- human resources and quality of services:
 - distribution of staff with appropriate skills at all levels;
 - capacity of staff at all levels;
 - staff motivation at all levels;
 - quality of services in facilities and follow-up;
- management systems and supplies:
 - management systems;
 - information systems;
 - supplies;
- demand-side factors:
 - client knowledge and satisfaction;
 - information, education and communication;
 - community engagement strategies.

Table 1.1 Analytical framework for commitment and capacity to accelerate action in nutrition

Assessment of commitment (willingness to act)	
<i>Political commitment, policies and budget for nutrition</i>	
<i>Theme</i>	<i>Indicators</i>
Political commitment and awareness of nutrition	<ul style="list-style-type: none"> • Awareness among stakeholders of nutrition problems in the country, and underlying causes of those problems • Public statements by senior politicians and high-level stakeholders in support of nutrition • Evidence that nutrition is part of PRSP and national development strategy • Willingness of stakeholders contribute to the scaling-up of nutrition actions
Focused policies and regulation at central level, with supporting plans and protocols at subnational level	<ul style="list-style-type: none"> • Specific and appropriate nutrition policies, strategies and action plans at central level • Clear focus on prioritized, evidence-informed and appropriate nutrition interventions in national policies • Stakeholder awareness of and commitment to key nutrition policies • Nutrition integrated into relevant provincial and district development plans and large-scale programmes • Presence of updated operational plans with budgets to support nutrition activities at provincial or district level • Nutrition actions aligned with key nutrition policies or plans • Integration of nutrition actions into national health sector policies, plans and programmes (e.g. HIV, IMCI and MCH) and other sectoral policies (e.g. agriculture, education and social development) • Adequate legislation enacted (e.g. food fortification regulations and the International Code of Marketing of Breast-milk Substitutes) • Actions to support key nutrition legislation and programmes (e.g. the International Code of Marketing of Breast-milk Substitutes and the BFHI) • Availability of updated protocols for key nutrition programmes and interventions • Awareness of and adherence to nutrition protocols
Resource mobilization at central level and budget provision at subnational level	<ul style="list-style-type: none"> • Existence of financial resources for nutrition among government and partners • Proportion of total government health budget going towards nutrition • Trends in amount of resources going towards nutrition • Existence of budget line for appropriate nutrition activities at district level with attached allocated funds • Share of provincial and district budgets for nutrition covered by government and partners • Perception of stakeholders as to whether there are sufficient resources for nutrition • Innovation and commitment to increase funding where funds are insufficient
<i>Coordination, involvement of partners and support at subnational levels</i>	
Coordination of nutrition activities at all levels	<ul style="list-style-type: none"> • Existence of functioning senior and technical-level coordination mechanisms for discussion and planning of nutrition activities at central level • Involvement of government sectors and partners in nutrition coordination • Evidence that meetings of national nutrition coordination mechanisms have been regular and had a clear purpose • Evidence that decisions of nutrition coordination mechanisms are being implemented • Existence of nutrition coordination mechanism at provincial and district level • Participation of relevant players in nutrition coordination meetings • Coordination meetings regarding nutrition are held regularly at provincial or district level • Evidence that decisions of provincial or district level coordination mechanisms are being implemented • Presence of nutrition coordinator with adequate time to work on nutrition
Involvement of partners	<ul style="list-style-type: none"> • Evidence of nutrition partnerships and joint projects • Type of engagement with private sector partners • Commitment of partners to work together to scale-up nutrition actions • Proportion of nutrition funds going to partners outside the health sector • Scope of nutrition interventions implemented by NGOs • Links between health facilities and community groups
Support to districts and facilities	<ul style="list-style-type: none"> • Frequency of meetings between central and district coordinators • Presence of a contact list of district coordinators • Dissemination of nutrition-related information to districts • Type of support to facilities • Orientation and training at launch of programmes

Assessment of capacity (ability to act)	
Human resources and quality	
<i>Theme</i>	<i>Indicators</i>
Distribution of staff with appropriate skills at all levels	<ul style="list-style-type: none"> • Availability of nutrition managers at central level with tertiary qualifications (e.g. degrees) and training in nutrition • Distribution of skilled staff at different levels of administration and service delivery • Availability of additional trained staff for expansion of services
Capacity of staff at all levels	<ul style="list-style-type: none"> • Availability of relevant and updated training materials in local languages • Availability of training opportunities, including in NGOs, and other resources • Training plans for nutrition • Availability of follow-up training or post-training supervision • Health workers' knowledge about basic nutrition • Confidence of staff to address nutrition issues • Health worker capacity, motivation and time for counselling
Staff motivation at all levels	<ul style="list-style-type: none"> • Satisfaction of staff with support received from higher levels, and with time management • Turnover of staff • Training and support needs of facility staff • Attitudes and perceptions of staff about their role in improving nutrition
Quality of services in facilities and follow-up	<ul style="list-style-type: none"> • Availability of adequate nutrition education and counselling • Availability of support and mentoring for facility staff and health workers • Implementation of nutrition protocols and priority actions • Quality of counselling • Proportion of BFHI-accredited facilities • Integration of nutrition protocols into primary health services (maternal and child, HIV, TB, etc) • Patient follow-up strategies
Management systems and supplies	
<i>Theme</i>	<i>Indicators</i>
Management systems	<ul style="list-style-type: none"> • Appropriately trained nutrition coordinators in each province and district • Clear lines of responsibility for nutrition activities • Availability of updated supervisory manuals regarding nutrition programmes • Availability of updated protocols and guidelines
Information systems	<ul style="list-style-type: none"> • Management awareness of appropriate nutrition indicators • Appropriate indicators being collected • Evidence that nutrition data is being used for decision making • Evidence of adequate information flow and of feedback being used for programme improvement • Completeness and accuracy of data that are collected routinely • Availability of quarterly updated reports at provincial or district level • Appropriate spaces for nutrition information on maternal and infant health cards
Supplies	<ul style="list-style-type: none"> • Availability of essential nutrition drugs on EDL • Availability of supplementary and therapeutic foods • Availability and functioning of weighing scales and measuring boards at health facilities • Availability of non-expired micronutrient supplements at facilities • Rational system for ordering, storing and distributing supplies at health facility level
Demand-side factors	
<i>Theme</i>	<i>Indicators</i>
Client knowledge and satisfaction	<ul style="list-style-type: none"> • Clients' knowledge about basic nutrition interventions and services available • Use of nutrition services
IEC	<ul style="list-style-type: none"> • Existence of updated IEC materials on evidence-informed nutrition interventions • Presence of IEC materials at facility level • Evidence of wider nutrition-promotion activities
Community-engagement strategies	<ul style="list-style-type: none"> • Community mobilization campaigns and systematic outreach activities to community organizations • Direct funding available to community-based organizations for nutrition activities • Focus of community interventions on evidence-based nutrition interventions • Availability of mothers' support group, and frequency of meetings

BFHI, Baby-friendly Hospital Initiative; EDL, essential drugs list; HIV, human immunodeficiency virus; IEC, information, education, communication; IMCI, integrated management of childhood illness; MCH, maternal and child health; NGO, nongovernmental organization; PRSP, Poverty Reduction Strategy Papers; TB, tuberculosis

Specific strategies can be implemented to fulfil each of these critical activities. To assess a country's readiness to scale-up nutrition actions, it is necessary to measure achievements in each of the above areas. Table 1.1, above, presents the analytical framework and indicators, grouped by themes, for commitment and capacity to scale up action on nutrition. The analysis tool in Section 2.4 provides a set of questions for group discussion to help country teams undertake the participatory analysis and identify strengths and weaknesses in commitment and capacity to accelerate action in nutrition in the country.

1.9 Country stakeholders' consensus meeting

The country stakeholders' consensus meeting, held at the end of the assessment, provides an opportunity to share and discuss the findings of the assessment, and collectively identify priority actions for scaling-up. The participation of all relevant government sectors and partner agencies is crucial in fostering ownership of results, and hence commitment to recommendations about next steps.

As part of the planning, the country teams needs to book a venue, prepare an agenda and invite participants (including one or more high-level policy-makers to open or chair the meeting).

2 Landscape analysis country assessment tool package

2.1 Desk review

As outlined above (Section 1.5), a desk review will serve as an important point of reference for the planned country assessment, provide contextual information for the analysis of the country assessment and contribute to the preparation of the final report. The elements to be included in the review are outlined below.

Prepare a brief overview of the nutrition situation

- Assemble key nutrition indicators that show the main nutrition problems and trends, broken down by region, gender, vulnerable groups and so on, where possible. The list of indicators should be accompanied by a brief analysis of relevant causes at immediate, underlying and basic level. If the country has recently been affected by any emergencies, or food or financial crises, describe the impacts, the most affected population groups and their coping actions or strategies, if possible.
- Review and compare this overview with the data available in the country profile of the Nutrition Landscape Information System (NLIS),¹ which brings together existing data on nutritional status and underlying causes from available databases in WHO and various other agencies and institutions.
- Review available information on knowledge, attitudes and practices of communities, households and mothers relevant to nutrition or use of health services.

Map key stakeholder and coordination mechanisms in nutrition

- Compile information on who is doing what, where and at what scale in nutrition (e.g. using Table 2.1, below). Use the stakeholder mapping tool to compile information on programmes and the specific interventions included in these programmes (e.g. location, budget, funding secured and sources, target group, delivery channels and monitoring and evaluation system).
- Describe and draw the relationships of government ministries to other key stakeholders; also describe the structures at the provincial, regional or district level.
- Describe any existing coordination mechanisms that address nutrition. Include information on their:
 - mandates and functions (i.e. what level of authority they have, what their influence is and how much decision-making power they have);
 - structures (i.e. under which institution they are located, who the members are and how often they meet).
- Describe any existing nutrition coordinators (e.g. the specific nutrition coordinator or general coordinator for specific issues such as breastfeeding). What are their mandates, levels, time allocation and resources? How do they ensure integration of nutrition in other sectors or in national development?
- Provide examples, if available, of high-level policy-makers or other influential persons (i.e. nutrition champions) who are advocating for nutrition. Are there examples of public statements by senior policy-makers or high-level stakeholders in support of nutrition?
- Briefly describe the role of the private sector in nutrition, especially in relation to the reduction of maternal and child undernutrition.

¹ Available from <http://www.who.int/nutrition/nlis/en/index.html>

Map existing nutrition-related policies, legal and institutional framework, and ongoing programmes, projects and activities

- Compile information on existing nutrition-related policies and ongoing programmes, projects and activities. Review their content in terms of status, coordination, monitoring and evaluation, and nutrition areas covered, and use Table 2.2 (below) to summarize this information.
- Describe how nutrition is integrated into sectoral policies such as those on health and agriculture, and programmes such as those on human immunodeficiency virus (HIV), integrated management of childhood illness (IMCI) and maternal and child health (MCH).
- Describe how nutrition is included in national development plans such as the Poverty Reduction Strategy Papers (PRSPs). Is nutrition viewed as an important element for development? Is malnutrition viewed as both a cause and a consequence of poverty?
- Compile information on ongoing nutrition-related programmes and interventions, including target groups and coverage of programme. Use the stakeholder programme mapping tool (available as an Excel file) to compile this information. For each implementing agency, complete the tool with information on programmes, projects or activities relevant to nutrition. The mapping tool can be sent to concerned agencies and organizations for self-completion, or can be completed by the country team in consultation with respective agencies and organizations. Ongoing programmes and interventions can be summarized for national, provincial, regional or district levels, using a summary table (e.g. Table 2.3, below) to provide an overview of *who is doing what and where*.
- Review recommendations from previous assessments or evaluations and assess whether they have been taken into consideration in subsequent actions and programme implementations.
- Review existing legal and institutional framework relevant to nutrition in the country (e.g. salt fortification regulations and the International Code of Marketing of Breast-milk Substitutes). What kind of legislation is in place and who is responsible for enforcing and monitoring it?
- Describe the national protocols relevant to nutrition which health facilities should use, (e.g. national protocols on the management of severe acute malnutrition).
- Review existing dietary guidelines and how they are being disseminated. Do they take into account nutrition needs of mothers and children?
- Describe information, education, communication (IEC) material on maternal and child nutrition that is being used in the country and how this is being disseminated.
- Review progress made on relevant previous global and regional commitments and declarations (e.g. for African countries, review the Libreville Declaration) that required national plans of joint action between health and various other sectors, in particular for policy coherence around advocacy steps for the ministry of agriculture.

Describe budgets for nutrition

- Describe any budgets available for nutrition programmes and activities in different sectors. What are the main funding sources of those nutrition budgets? How are those funds spent? Who are the main recipients of funds? Is direct funding for nutrition activities available to community-based organizations?
- Indicate the proportion of the total government health budget allocated to nutrition.

Describe human resources, capacity-building initiatives and support for nutrition

- Describe the human resources for nutrition in the country. How many trained nutritionists are there in government and at different administrative levels? What are the needs for training among facility staff and programme managers at different levels? What is the turnover of staff in the central and district administration and in facilities?
- Describe nutrition-related training programmes. What kind of nutrition-related training exists in the country? What criteria are used to select participants for those training courses? Is there a systematic plan for scaling up nutrition training? How is nutrition incorporated into other types of training (e.g. IMCI training)? Is there orientation and training at the launch of nutrition-related programmes and projects?
- Describe existing academic training in nutrition and any pre-service nutrition training that is incorporated into medical, nursing and health workers' curricula.
- Review training materials used to provide nutrition training. Are updated training materials available? Are they available in sufficient quantities? Are they available in the local language?
- Describe how the quality of training is ensured. Who is providing the training courses? Is there a core team of trainers in the country? How are trainers and supervisors themselves trained? What tools are available for follow-up visits regarding nutrition training (e.g. supervisory manuals, plans or checklists for follow-up visits)? Have district health managers been trained in nutrition as part of the orientation and planning process? Is the impact of training evaluated? If so, what have been the results of evaluations of training? What support mechanisms exist for health workers and facilities?

Describe nutrition information systems

- Describe how nutrition information is collected. How often are nutrition surveys being conducted in the country? Which key nutrition indicators are routinely collected, and by whom?
- Describe how nutrition information is used and shared. How is the nutrition information used by different stakeholders? How is nutrition information disseminated and to whom? How often are consolidated (national summary) reports produced? Who receives these reports at national, regional, provincial or district level?
- Describe the nutrition information system. Is there a specific information system for nutrition in the country? How is the information linked to existing health information systems?

Table 2.1 Stakeholders and partners in nutrition

Stakeholder	Main function (e.g. implementing, normative, research, funding or commercial)	Main activities or focus areas Brief description

Table 2.2 Nutrition policies and strategies

Existing policies and strategies in the country	Coordination mechanism for implementation	If yes, check (✓)			Please check (✓) the areas covered by respective policies and strategies																					
		Officially adopted?	Budget for implementation exists?	M&E for implementation exist?	Undernutrition					Obesity			IYCF		Vitamins and minerals					Other						
					Underweight (<5 years)	Stunting (<5 years)	Wasting (<5 years)	Maternal undernutrition	Low birthweight	Childhood obesity	Adult obesity	Diet-related NCDs	Breastfeeding	Complementary feeding	Vitamin A	Iron	Iodine	Zinc	Other vitamins & minerals	Food security & agriculture	Food aid	CCT & social security	Nutrition & infectious disease	Trade	Gender	Vulnerable groups
Title: Published by: Year: Time frame:	Main responsible body: Other partners:																									
Title: Published by: Year: Time frame:	Main responsible body: Other partners:																									
Title: Published by: Year: Time frame:	Main responsible body: Other partners:																									
Title: Published by: Year: Time frame:	Main responsible body: Other partners:																									
Title: Published by: Year: Time frame:	Main responsible body: Other partners:																									

CCT, conditional cash transfer ; IYCF, infant and young child feeding; M&E, monitoring and evaluation; NCD, noncommunicable disease

Table 2.3 Summary of nutrition programmes by national, provincial, regional and district levels

National, provincial, regional or districts level	Main nutrition challenges addressed by the programme	Programme summary			
		Implementing agency	Intervention programme being implemented	Target group(s)	Coverage

2.1.1 Using the stakeholder mapping tool

The aim of the landscape analysis stakeholder mapping tool is to obtain an overview of who is doing what, where and at what scale in nutrition. The tool gathers information on key stakeholders in nutrition in the country and their ongoing programmes and interventions that are being implemented at national, provincial, regional or district levels. For each programme, up to 10 specific interventions can be included.

The tool is an MS Excel spreadsheet¹ that has predefined answering options for certain indicators (e.g. area, status, target group and delivery channel). For these indicators, click on the cell and select an option from the drop-down box that appears. In cases where none of the available options apply, or where multiple options apply, choose “other” and use the comment field to give the full response.

For each programme, please include the following information in the first column:

- *Title* – Insert the title of the programme.
- *Region and district* – Insert the region(s) and district(s) where the programme is being implemented.
- *Area* – From the drop-down menu, select the area (urban, rural, peri-urban or other) where the programme is being implemented.
- *Status* – From the drop-down menu, select the status (ongoing, completed, planned or other) of the programme.
- *Start date* – Enter the start date of the programme.
- *End date* – Enter end date of the programme.
- *Implementing partners* – Enter all partners who will be involved in implementation of the programme.
- *Budget* – Enter the total budget of the programme (please specify the currency used).
- *Funding secured (amount / %)* – Enter the funds obtained or secured for the programme as one of the following:
 - an amount (in United States dollars or other relevant currency used in the country)
 - a percentage of the total budget estimated for the programme.
- *Funding source* – Enter the sources of the secured funds for the programme.

For each programme, list up to 10 specific nutrition or nutrition-related interventions that are included. For each intervention, complete the following information in the respective row:

- *Target group* – From the drop-down menu, select the target group (children 0–23 mos, children 6–23 mos, children 6–59 mos, school-aged children 5–9 yrs, adolescents 10–19 yrs, women of reproductive age, pregnant women, lactating women, pregnant & lactating women, adolescent girls, all women, households, men, fathers, entire population, households in food insecurity, elderly or other). If a particular intervention involves several target groups or a target group that is not listed as an option, choose “other” and make a note in the comments field at the end of that intervention row.
- *Budget and funding secured* – For each intervention, please indicate both the amount budgeted and the amount secured, and the currency.
- *Delivery channel* – From the drop-down menu, select the delivery channel (community-based (extension workers), hospital, health centre, primary health care/dispensary, kindergarten/school, commercial/private sector, TV, radio, mass campaign, NGOs or other). If a particular intervention involves several delivery channels or a channel that is

¹ Available from: NPUIInfo@who.int

not listed as an option, choose “other” and make a note in the comments field at the end of that intervention row.

- *Coverage* – Indicate the coverage of the intervention, either as total numbers of target groups covered, or as a percentage of the relevant total population group in the target area (i.e. the location entered for the programme).
- *M&E system* – Briefly describe the system for monitoring and evaluation (M&E); that is, explain who is responsible and how often information is being collected.
- *M&E indicators* – List the indicators used for monitoring and evaluation.
- *Comments* – Enter any additional information about the specific intervention, such as dose and frequency of micronutrient supplementation, or topics addressed in nutrition education.

2.1.2 Stakeholder programme mapping tool

The stakeholder programme mapping tool is an Excel file; it is given in Appendix A.

2.2 Note for interviewers

2.2.1 How to conduct an interview

Explain to the interviewee the purpose of the interview, why the stakeholder has been chosen and the expected duration of the interview.

- Seek the informed consent of the interviewee.
- Explain whether the information will be kept confidential and if so, how this will be done.
- Make sure that you are familiar with the questionnaire and how to introduce different questions.

2.2.2 Filling in questionnaires

Fill in the questions about the interview correctly (e.g. who completed the interview and which province the person is from). Keep a list of interviews with an overview of forms and respondents, organised by district and facility.

When completing the questionnaires, use a tick or circle to mark the correct answer option where there are pre-defined answers. For open-ended questions, take brief summary notes.

2.2.3 Basic principles for conducting the interview

- Ask one question at a time.
- Attempt to remain neutral – don't show strong emotional reactions to the responses; act as though you have “heard it all before”.
- Encourage responses with occasional nods of your head.
- Be careful when taking notes – if you rush to take a note, it may appear as though you are surprised or pleased about a particular answer, which may then influence the respondent's answers to future questions.
- Provide transition between major topics; for example, say “We've been talking about (topic ...) and now I'd like to move on to (topic ...).”
- Keep control of the interview. Loss of control can happen when respondents stray to another topic, take so long to answer a question that time starts to run out, or even begin asking questions of the interviewer.
- Listen actively; that is, listen to and rephrase what was said to ensure that you completely understand the meaning intended by the respondent.

- Be patient – do not rush the respondent and allow the person to speak freely, while guiding the conversation to cover important issues.
- Be flexible – be open to slight deviations from the topic, even though this may require you to rearrange or reorder the questions, or come up with new questions. If the respondent deviates too far from the topic, then carefully return the person to the topic at hand.
- Give prompts if the interviewee seems to be lost or to be having trouble understanding the question.
- Sum up any observations made during the interview.

2.2.4 Checking questionnaires

After the interview or in the evening, review the questionnaires completed during the day. Make sure you captured all additional observations, information and statements, as these may be useful in assessing the commitment and capacity of the respondent.

If time allows, the interviewing team may wish to start summarising quantitative data for the report into spreadsheets.

2.3 Questionnaires

This section provides the six forms:

- Form 1 – National level stakeholders;
- Form 2 – Provincial or regional level stakeholders;
- Form 3 – District level management staff;
- Form 4 – Facility manager and staff responsible for nutrition (including facility checklist);
- Form 5 – Health workers;
- Form 6 – NGO field office.

ID: _____

Form 1. National level stakeholders

Semi-structured interview for government agencies and other stakeholders
(e.g. UN agencies, donors, NGOs) at national level

Date of visit

d	d	m	m

Completed by:

--

The following is introductory information that you may wish to provide before starting the interview:

“To reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale up nutrition actions in the country. The analysis includes a readiness framework that investigates the commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking your views on current nutrition challenges and how your agency or organization responds to these challenges.

The country assessment team comprises members from (insert names of agencies). We have split into ... (insert number) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert number) field locations.

This interview is not a test of your knowledge; it is a tool for learning more about your agency's or organization's current activities that relate to nutrition. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the country. Your answers will be treated with confidentiality. The interview will take about 45–60 minutes. The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if already decided; if not, inform the interviewee that a meeting will take place). We hope that you have received the invitation to the meeting and that you will be able to join the discussions and help refine the recommendations and next steps.”

Name of the agency, organization, department or unit:

--

Respondents:

Name: _____ Position: _____ Background: _____
Name: _____ Position: _____ Background: _____
Name: _____ Position: _____ Background: _____

Section 1 Nutrition situation and priorities

- 1.1** What do you see as the major nutrition problems in your country, and what are the most important causes of these problems?

If the respondent only mentions underlying causes (e.g. poverty or lack of education), try to obtain information on how the respondent sees those underlying causes affect the nutrition status of people (e.g. how does poverty affect nutrition among children).

Problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. But DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

- ☐ Undernutrition: ☐ Underweight: _____
☐ Stunting: _____
☐ Wasting: _____

- ☐ Overweight and obesity: _____

- ☐ Vitamin or mineral deficiencies (specify which ones): _____

- ☐ Other: _____

Causes of existing nutrition problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. Again, DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

- ☐ Food insecurity: ☐ Poor dietary quality: _____
☐ Poor dietary quantity: _____

- ☐ Increasing food prices: _____

- ☐ Insufficient health services or unhealthy environment: _____

- ☐ Inadequate caring practices for infants and young children: _____

- ☐ Lack of knowledge: _____

- ☐ Poverty: _____

- ☐ Natural disasters: _____

- ☐ Other: _____

Section 2 Nutrition policies and activities

2.1 What are the key policies, strategies and action plans of importance to nutrition in the country?

If the respondent mentions any policy documents not included in the desk review, ask to receive a copy.

1.
2.
3.
4.
5.

2.2 Do you feel that these identified policies, strategies and action plans adequately address the nutrition problems and causes that you mentioned earlier?

Yes	No	Don't know
If no, what is missing?		

2.3 How does your agency use or contribute to the implementation of these policies, strategies and action plans? Please give specific examples.

--

2.4 What specific nutrition programmes and interventions are implemented by your agency?

Review the information regarding intervention programmes provided in the stakeholder mapping tool used as part of the desk review. If the information has not been completed during the desk review, fill in the table overleaf now.

If programme documents are available, ask to receive a copy, if possible.

This form can be sent to concerned agencies or organizations for self-completion, or can be completed by the country team in consultation with respective agencies or organizations. For each agency or organization, please fill in information about their programme activities or interventions relevant to nutrition.

Stakeholder programme mapping tool - Please indicate and describe major nutrition intervention programmes being implemented by stakeholders in the country

Programme information

Title:	Region	District:	Area	Status	Implementing partners
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	End date	Budget	Funding secured (amount/%)	Funding source	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
		<i>Amount budgeted</i>	<i>Amount secured</i>					
1								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Programme information								
Title:	Region	District:	Area	Status	Implementing partners			
Start date	End date	Budget	Funding secured (amount/%)	Funding source				
Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Note: The following indicators can be selected from the dropdown values that appear when clicking on the cell. If the form is completed on paper, please use these answering options:
Area: urban, rural, peri-urban; **Status:** ongoing, completed, planned; **Target group:** children 0-23 mos, children 6-23 mos, children 6-59 mos, school-aged children 5-9 yrs, adolescents 10-19 yrs, women of reproductive age, pregnant women, lactating women, pregnant & lactating women, adolescent girls, all women, households, men, fathers, entire population, households in food insecurity, elderly or other; **Delivery channel:** community-based (extension workers), hospital, health center, primary health care/dispensary, kindergarten/school, commercial/private sector, tv, radio, mass campaign, NGOs or other

Section 3 Budget and funding

3.1 Is nutrition included in your agency's annual budget?

Yes	No	Don't know
-----	----	------------

If yes:

3.1.1 What amount in the annual budget of your agency is dedicated to nutrition-related activities? Approximately what percentage of the total budget of your agency does this amount represent?

	Annual budget for nutrition-related activities	Approximate % of total budget
Current year:		
Last year:		

3.1.2 If implementing agency, what are the sources of funding for nutrition activities implemented by your agency? What percentage of your organization's nutrition budget does each source represent?

	Main donors to nutrition budget	% of nutrition budget
1.		
2.		
3.		
4.		
5.		

3.1.3 If a donor agency, who are the main recipients of your funds, and what kind of nutrition programmes or projects and activities do you support?

	Main recipients of funds for nutrition	Types of activities funded
1.		
2.		
3.		
4.		
5.		

- 3.2** Do you feel that there is adequate funding available to tackle the nutrition challenges being faced in the country?

Yes	No	Don't know
Describe:		

- 3.2.1** If no, do you have any specific plans or ideas to increase funding for nutrition in your agency?

Yes	No	Don't know
Describe:		

Section 4 Nutrition coordination system

- 4.1** Are there any coordination mechanisms (e.g. committees, task force or interagency working groups) that address nutrition at the national level?

Yes	No	Don't know
-----	----	------------

If the respondent answers "no" or "don't know", please proceed to question 4.4

- 4.2** If yes, in which coordination mechanisms (e.g. committees, task force or interagency working groups) that address nutrition does your agency participate? How often do you or a representative of your agency attend the meetings of the coordination mechanism?

If no specific information is available, describe if agency participates in all meetings, most meetings, seldom or never.

Coordination mechanism	Attendance at meetings
1.	
2.	
3.	
4.	
5.	

- 4.2.1** If your agency never or seldom participates in any of the existing nutrition coordination mechanisms, why not?

Describe:

- 4.3** What do you see as the major strengths of the current system for coordinating nutrition actions in the country? *List according to importance.*

1.
2.
3.

- 4.4** What do you see as the major problems or challenges of the coordination of nutrition actions that should be improved? *List according to importance.*

1.
2.
3.

- 4.5** Does your agency also operate at subnational levels?

Yes	No	Don't know
-----	----	------------

If yes:

- 4.5.1** How do you coordinate activities at subnational levels?

Describe:

- 4.5.2** How often do you meet with district level coordinators, if these exist?

--

- 4.5.3** Do you have a list of district coordinators? *Ask to receive or see a copy, if possible.*

Yes	Yes and can show a copy	No	Don't know
-----	-------------------------	----	------------

- 4.6** If you are working with partners to implement nutrition programmes, could you think of one successful partnership? Please describe the reasons why this has been successful.

--

Section 5 Human resources for nutrition

- 5.1** Does your agency have staff dedicated full-time or part-time to manage or implement nutrition programmes and activities?

Yes	No	Don't know
-----	----	------------

- 5.1.1** If yes, how many staff work full-time or part-time on nutrition at different levels (national or central, provincial or regional, district and community), and how many of them have higher degrees or other training in nutrition?

Level	Total number of staff	Number of staff working in nutrition		Number of staff with training	
		Full-time	Part-time	Degree in nutrition	Other training
National or central					
Provincial or regional					
District					
Community					

- 5.1.2** If staff members have participated in nutrition training, what were the topics of these training events, who organized them and when?

Topics of training	Who organized the training?	When was it organized?

- 5.1.3** If no staff have participated in training during the last two years, why not?

Describe:

- 5.2** Do you think that there are enough nutritionists or staff with higher training in nutrition at the different levels (national, provincial or regional, district and community) in the country?

Yes	No	Don't know
Describe:		

- 5.3** If nutrition services were to be scaled up and expanded in the country, what do you think needs to be done? For example, what kind of capacities would be required and how could those capacities be built?

Describe:

- 5.4** Does your agency offer any training in nutrition?

Yes	No	Don't know
-----	----	------------

If yes:

- 5.4.1** Please indicate the topic, duration, participants and training material related to these trainings.

Training topic	Duration of the training	Who participates in the training?	Training material used (Title, language, year of publication)

- 5.4.2** Have staff from other agencies been invited to take part in trainings offered by your agency?

Yes	No	Don't know
Describe:		

- 5.4.3** Do these trainings include any follow-up training or post-training supervision?

Yes	No	Don't know
Describe:		

5.4.4 How do you monitor or evaluate the effectiveness of these trainings?

Describe:

Section 6 Nutrition information system**6.1** Does your agency collect data relevant to nutrition?

If yes:

6.1.1 What types of information and data on nutrition does your agency collect? Please describe the nutrition indicators collected, the target population groups surveyed, and how often data are collected..

Nutrition indicators collected	Target population group	How often do you collect the data?

6.1.2 How does your agency use these data?
6.2 Does your agency use other available nutrition data?

Yes	No	Don't know
Describe:		

Section 7 Advocacy and scaling-up

- 7.1** What do you see as the major barriers and challenges for scaling up nutrition actions in the country? How could your agency contribute to overcoming these barriers? Please specify any concrete action or input that you could provide.

Barriers and challenges to scaling up nutrition action	What your agency could do to overcome those barriers and challenges

- 7.2** In your opinion, how could stakeholders and partners be encouraged to work together better to scale up nutrition action? Please describe and give examples.

--

- 7.3** Have you used the Millennium Development Goals (MDG) to advocate for nutrition?

Yes	No	Don't know
If yes, please describe how this was done:		

- 7.4** Have you used the Convention on the Rights of the Child (CRC) to advocate for nutrition?

Yes	No	Don't know
If yes, please describe how this was done:		

7.5 Have you used any other advocacy tools or presentations, such as “PROFILES”?

Yes	No	Don't know
If yes, please describe how this was done:		

7.6 With the current level of resources, what kind of support (e.g. money, capacity building, in-kind or supplies) could your agency provide to support scaling up of nutrition actions?

1.
2.
3.

Section 8 Concluding questions**8.1** In your opinion, what should this country's top priority be to reduce malnutrition?

--

8.2 Is there anything else that you would like to tell us so that we have a better understanding of the nutrition situation in the country, or are there any issues you feel are important that we have not touched on during the interview?

--

At the end of the interview:

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the interviewee has any questions to ask you*
- *Remind the interviewee about the stakeholders' consensus meeting being planned and let the person know that you look forward to seeing him or her there.*

Form 2. Provincial or regional level stakeholders

ID: _____

Semi-structured interview for government agencies and other stakeholders
(e.g. UN agencies, donors, NGOs) at provincial or regional level

Date of visit

d	d	m	m	y	y	y	y

Completed by:

--

The following is introductory information that you may wish to provide before starting the interview:

“To reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale up nutrition actions in the country. The analysis includes a readiness framework that investigates the commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking your views on current nutrition challenges and how your agency or organization responds to these challenges.

The country assessment team comprises members from (insert names of agencies). We have split into ... (insert number) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert number) field locations.

This interview is not a test of your knowledge; it is a tool for learning more about your agency's or organization's current activities that relate to nutrition. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the country. Your answers will be treated with confidentiality. The interview will take about 45–60 minutes.

The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if already decided; if not, inform the interviewee that a meeting will take place). We hope that you have received the invitation to the meeting and that you will be able to join the discussions and help refine the recommendations and next steps.”

Name of the agency, organization, department or unit:

--

Respondents:

Name: _____ Position: _____ Background: _____
Name: _____ Position: _____ Background: _____
Name: _____ Position: _____ Background: _____

Section 1 Nutrition situation and priorities

1.1 What do you see as the major nutrition problems in your province or region, and what are the most important causes of these problems?

If the respondent only mentions underlying causes (e.g. poverty or lack of education), try to obtain information on how the respondent sees those underlying causes affect the nutrition status of people (e.g. how does poverty affect nutrition among children).

Problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. But DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

☐ Undernutrition: ☐ Underweight: _____

☐ Stunting: _____

☐ Wasting: _____

☐ Overweight and obesity: _____

☐ Vitamin or mineral deficiencies, specify which ones: _____

☐ Other: _____

Causes of existing nutrition problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. Again, DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

☐ Food insecurity: ☐ Poor dietary quality: _____

☐ Poor dietary quantity: _____

☐ Increasing food prices: _____

☐ Insufficient health services or unhealthy environment: _____

☐ Inadequate caring practices for infants and young children: _____

☐ Lack of knowledge: _____

☐ Poverty: _____

☐ Natural disasters: _____

☐ Other: _____

Section 2 Nutrition policies and activities

- 2.1** What are the key policies, strategies and action plans of importance to nutrition in the province or region? *If the respondent mentions any policy documents not included in the desk review, ask to receive a copy.*

1.
2.
3.
4.
5.

- 2.2** Do you feel that these identified policies, strategies and action plans adequately address the nutrition problems and causes that you mentioned earlier?

Yes	No	Don't know
If no, what is missing?		

- 2.3** How does your agency use or contribute to the implementation of these policies, strategies and action plans? Please give specific examples.

--

- 2.4** What specific nutrition programmes and interventions are implemented by your agency?

Please give information about programmes and the specific interventions included in these programmes using the table overleaf.

Some indicators (i.e. area and status of programme, target group and delivery channel of interventions) should be completed using the predefined answering options listed above the table.

If programme documents are available, ask to receive a copy, if possible.

This form can be sent to concerned agencies or organizations for self-completion, or can be completed by the country team in consultation with respective agencies or organizations. For each agency or organization, please fill in information about their programme activities or interventions relevant to nutrition.

Stakeholder programme mapping tool - Please indicate and describe major nutrition intervention programmes being implemented by stakeholders in the country

Programme information

Title:	Region	District:	Area	Status	Implementing partners
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	End date	Budget	Funding secured (amount/%)	Funding source	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
1								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Programme information								
Title:	Region	District:	Area	Status	Implementing partners			
Start date	End date	Budget	Funding secured (amount/%)	Funding source				
Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
1								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Note: The following indicators can be selected from the dropdown values that appear when clicking on the cell. If the form is completed on paper, please use these answering options:
Area: urban, rural, peri-urban; **Status:** ongoing, completed, planned; **Target group:** children 0-23 mos, children 6-23 mos, children 6-59 mos, school-aged children 5-9 yrs, adolescents 10-19 yrs, women of reproductive age, pregnant women, lactating women, pregnant & lactating women, adolescent girls, all women, households, men, fathers, entire population, households in food insecurity, elderly or other; **Delivery channel:** community-based (extension workers), hospital, health center, primary health care/dispensary, kindergarten/school, commercial/private sector, tv, radio, mass campaign, NGOs or other

Section 3 Provincial or regional budget and funding

3.1 Is nutrition included in your agency's annual budget?

Yes	No	Don't know
-----	----	------------

If the respondent answers "no" or "don't know", please proceed to question 3.4

3.2 What amount in the annual budget of your agency is dedicated to nutrition-related activities? Approximately what percentage of the total budget of your agency does this amount represent?

	Annual budget for nutrition-related activities	Approximate % of total budget
Current year:		
Last year:		

3.3 What are the sources of funding for nutrition activities implemented by your agency? What percentage of your organization's nutrition budget does each source represent?

	Main donors to nutrition budget	% of nutrition budget
1.		
2.		
3.		
4.		
5.		

3.4 Do you feel there is adequate funding available to tackle the nutrition challenges being faced in the province or region?

Yes	No	Don't know
Describe:		

3.4.1 If no, do you have any specific plans or ideas to increase funding for nutrition in your agency?

Yes	No	Don't know
Describe:		

Section 4 Nutrition coordination system

- 4.1** Are there any coordination mechanisms (e.g. committees, task force or interagency working groups) that address nutrition at the provincial or regional level?

Yes	No	Don't know
-----	----	------------

If respondent answers "no" or "don't know", please proceed to question 4.4

- 4.2** If yes, in which coordination mechanisms (e.g. committees, task force or interagency working groups) that address nutrition does your agency participate? How often do you or a representative of your agency attend the meetings of the coordination mechanism?

If no specific information is available, describe if agency participates in all meetings, most meetings, few or none.

Coordination mechanism

Attendance at meetings

1.	
2.	
3.	
4.	
5.	

- 4.2.1** If your agency never or seldom participates in any of the existing nutrition coordination mechanisms, why not?

Describe:

- 4.3** What do you see as the major strengths of the current system for coordinating nutrition actions in the province or region? *List according to importance.*

1.
2.
3.

- 4.4** What do you see as the major problems or challenges of the coordination of nutrition actions that should be improved? *List according to importance.*

1.
2.
3.

- 4.5** Does your agency also operate at district and community levels?

Yes	No	Don't know
-----	----	------------

If yes:

- 4.5.1** How do you coordinate activities at district and community levels?

Describe:

- 4.5.2** How often do you meet with district level coordinators, if these exist?

--

- 4.5.3** Do you have a list of district coordinators? *Ask to receive or see a copy, if possible.*

Yes	Yes and can show a copy	No	Don't know
-----	-------------------------	----	------------

- 4.6** If you are working with partners to implement nutrition programmes, can you think of one successful partnership? Please describe the reasons why this partnership has been successful.

--

Section 5 Human resources for nutrition

- 5.1** Does your agency have staff dedicated full-time or part-time to managing or implementing nutrition programmes and activities?

Yes	No	Don't know
-----	----	------------

- 5.1.1** If yes, how many staff work full-time or part-time on nutrition at different levels (provincial or regional, district and community), and how many of them have higher degrees or other training in nutrition?

Level	Total number of staff	Number of staff working in nutrition		Number of staff with training	
		Full-time	Part-time	Degree in nutrition	Other training
Provincial or regional					
District					
Community					

- 5.1.2** If staff members have participated in nutrition training, what were the topics of these training events, who organized them and when?

Topics of training	Who organized the training?	When was it organized?

- 5.1.3** If no staff have participated in training during the last two years, why not?

Describe:

- 5.2** Do you think that there are enough nutritionists or staff with higher training in nutrition at the different levels in the country?

Yes	No	Don't know
-----	----	------------

Describe:

- 5.3** If nutrition services were to be scaled up and expanded in the province or region, what do you think needs to be done? For example, what kind of capacities would be required and how could those capacities be built?

Describe:

- 5.4** Does your agency offer any training in nutrition?

Yes	No	Don't know
-----	----	------------

If yes:

- 5.4.1** Please indicate the topic, duration, participants and training material related to these trainings.

Training topic	Duration of the training	Who participates in the training?	Training material used (Title, language, year of publication)

- 5.4.2** Have staff from other agencies been invited to take part in trainings offered by your agency?

Yes	No	Don't know
Describe:		

- 5.4.3** Do these trainings include any follow-up training or post-training supervision?

Yes	No	Don't know
Describe:		

- 5.4.4** How do you monitor or evaluate the effectiveness of these trainings?

Describe:

Section 6 Nutrition information system

6.1 Does your agency collect data relevant to nutrition?

If yes:

6.1.1 What types of information and data on nutrition does your agency collect? Please describe the nutrition indicators collected, the target population groups surveyed, and how often you how often data are collected.

Nutrition indicators collected	Target population group	How often do you collect the data?

6.1.2 How does your agency use these data?

6.2 Does your agency use other available nutrition data?

Yes	No	Don't know
Describe:		

Section 7 Advocacy and scaling up

- 7.1** What do you see as the major barriers and challenges for scaling up nutrition actions in the province or region? How could your agency contribute to overcoming these barriers? Please specify any concrete action or input that you could provide.

Barriers and challenges to scaling
up nutrition action

What your agency could do to overcome those barriers and
challenges

- 7.2** In your opinion, how could stakeholders and partners be encouraged to work together better to scale-up nutrition action? Please describe and give examples.

--

- 7.3** Have you used the Millennium Development Goals (MDG) to advocate for nutrition?

Yes	No	Don't know
If yes, please describe how this was done:		

- 7.4** Have you used the Convention on the Rights of the Child (CRC) to advocate for nutrition?

Yes	No	Don't know
If yes, please describe how this was done:		

7.5 Have you used any other advocacy tools or presentations, such as “PROFILES”?

Yes	No	Don't know
If yes, please describe how this was done:		

7.6 With the current level of resources, what kind of support (e.g. money, capacity building, in-kind and supplies) could your agency provide to support scaling up of nutrition actions?

1.
2.
3.

Section 8 Concluding questions

8.1 In your opinion, what should this province or region's top priority be to reduce malnutrition?

8.2 Is there anything else that you would like to tell us so that we have a better understanding of the nutrition situation in the province or region, or are there any issues you feel are important that we have not touched upon during the interview?

At the end of the interview:

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the interviewee has any questions to ask you*
- *Remind the interviewee about the stakeholders' consensus meeting being planned and let the person know that you look forward to seeing him or her there.*

Form 3. District level management staff

ID: _____

Semi-structured interview

Date of visit

d	d	m	m	y	y	y	y

Completed by:

--

The following is introductory information that you may wish to provide before starting the interview:

“To reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale up nutrition actions in the country. The analysis includes a readiness framework that investigates the commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking your views on current nutrition challenges and how your department or district responds to these challenges.

The country assessment team comprises members from (insert names of agencies). We have split into ... (insert number) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert number) field locations.

This interview is not a test of your knowledge; it is a tool for learning more about your department or district's current activities that relate to nutrition. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the district. Your answers will be treated with confidentiality. The interview will take about 30–45 minutes.

The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if already decided; if not, inform the interviewee that a meeting will take place). We are confident that your invaluable inputs will enrich the analysis and contribute to the formulation of relevant recommendations.”

Province or region:

--

District:

--

Department:

--

Respondent:

Name: _____
Position: _____
Background: _____

Section 1 Nutrition situation and priorities

- 1.1 What do you see as the major nutrition problems in the district, and what are the most important causes of these problems?

If the respondent only mentions underlying causes ((e.g. poverty or lack of education), try to obtain information on how the respondent sees those underlying causes affect the nutrition status of people ((e.g. how does poverty affect nutrition among children).

Problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. But DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their own words.

- ☐ Undernutrition: ☐ Underweight: _____
☐ Stunting: _____
☐ Wasting: _____

- ☐ Overweight and obesity: _____

- ☐ Vitamin or mineral deficiencies (specify which ones): _____

- ☐ Other: _____

Causes of existing nutrition problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. Again, DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their own words.

- ☐ Food insecurity: ☐ Poor dietary quality: _____
☐ Poor dietary quantity: _____

- ☐ Increasing food prices: _____

- ☐ Insufficient health services or unhealthy environment: _____

- ☐ Inadequate caring practices for infants and young children: _____

- ☐ Lack of knowledge: _____

- ☐ Poverty: _____

- ☐ Natural disasters: _____

- ☐ Other: _____

Section 2 Nutrition programme and activities

2.1 What are the main district plans relevant to nutrition?

Probe for district development plans or sectoral plans in health, agriculture or other relevant sectors, as well as large-scale health programmes such as MCH or IMCI. Ask to receive a copy.

--

2.2 Do you feel that these plans adequately address the main nutrition problems and their causes that you mentioned earlier?

Yes	No	Don't know
If no, what is missing?		

2.3 Do the district plans include operational plans with a budget in which nutrition is included?

If operational plans and budget are separate from the plans received, ask to receive a copy of these too.

Yes	No	Don't know
-----	----	------------

2.4 Which nutrition programmes and activities are included in these district plans? Describe the target groups of these programmes and activities, the delivery channels (e.g. clinic-based or community-based) and indicate whether they are currently being implemented.

Nutrition programme or activities in district plan	Target group	Delivery channel	Currently being implemented?

2.4.1 Are there any other nutrition-related programmes and activities being implemented that are not included in the district plan?

Yes	No	Don't know
Describe:		

2.5 Are nutrition messages communicated to the communities?

Yes	No	Don't know
Describe:		

2.6 Does the district enforce the International Code of Marketing of Breast-milk Substitutes?

Yes	No	Don't know
Describe:		

2.7 How many facilities are there in the district? How many of these facilities are Baby-Friendly Hospital Initiative (BFHI) certified, how many have been re-assessed within the past 3 years, and how many are preparing to become BFHI certified?

Total number of facilities:
Number of BFHI-certified facilities:
Number of BFHI-certified facilities that have been re-assessed within the past 3 years:
Number of facilities preparing to become BFHI certified

- 2.8** Are you satisfied with the district nutrition programmes and activities? Which areas have been successful and which need to improve?

Yes	No	Don't know
Describe the successful areas:		
Describe the areas to improve:		

- 2.9** What do you see as the major barriers and challenges for scaling up nutrition or nutrition-related actions in the district? How could your district or department contribute to overcoming these barriers? Please specify any concrete action or input that your district or department could provide within the current level of human and financial resources.

Barriers and challenges to scaling up
nutrition or nutrition-related action

What your district or department could do to overcome
those barriers and challenges

Section 3 Budget

3.1 Do you feel there is adequate funding to tackle the nutrition situation in the district?

Yes	No	Don't know
-----	----	------------

3.1.1 If no, do you have any specific plans or ideas to increase funding?

--

3.2 Is there a separate budget line for nutrition within the district budget?

Yes	No	Don't know
-----	----	------------

3.2.1 If yes, which activities are included in the nutrition budget line? What is the amount budgeted, what percentage of the budgeted amount has been secured and what are the funding sources?

Nutrition activities included in the budget	Amount budgeted	% of funding secured	Funding sources
		_____ %	
		_____ %	
		_____ %	
		_____ %	
		_____ %	

3.2.2 If no, what is the source of funding for nutrition activities that are implemented in the district?

--

Section 4 Responsibilities and coordination

4.1 Within the district team, who has the main responsibility for nutrition?

4.1.1 What nutrition training does this person have?

4.1.2 What non-nutrition-related responsibilities (if any) does this person have?

Ask to receive a copy of the job description, if possible.

4.2 Within the government and among partners, which other players are working in nutrition in your district? Please specify the nutrition activities they undertake or to which they contribute.

4.2.1 Can you describe some examples of successful partnerships in nutrition in the district and say why these partnerships are successful?

4.2.2 How do you think partners could work together better to improve nutrition?

4.3 How are nutrition activities coordinated in the district? What are the institutional arrangements or platforms?

--

If a coordination mechanism (e.g. working group, task force or committee) exists:

4.3.1 Who participates?

--

4.3.2 How often does the working group (or other coordination mechanism) meet?

Frequency of meetings:
Number of meetings in the past 6 months:

4.3.3 Can you give some examples of decisions made by the working group (or other coordination mechanism) that have been implemented?

--

Section 5 Training

5.1 Do you have a district training plan for nutrition? *If yes, ask to receive a copy.*

Yes	No	Don't know
-----	----	------------

5.2 What nutrition-related trainings have there been in your district in the past 2 years?

Ask to see copy of any training material, note scope, date and language, if possible.

Trainings	Participants	Materials used

5.3 What other training have the staff in this district attended at national and provincial level?

--

5.4 Do any of these trainings include any follow-up training or post-training supervision?

Yes	No	Don't know
If yes, describe:		

Section 6 Supervision and support

6.1 How often does the person in charge of nutrition visit facilities or communities to supervise or to provide nutrition programme support?

Every day	Every week	Every month	Less often than every month
-----------	------------	-------------	-----------------------------

6.1.1 What supervisory manuals are used?
Ask to see a copy and note title and data

--

- 6.2** How often and what kind of support has your district received from the national, provincial or regional levels during the past 2 years in relation to nutrition programming, planning and implementation? *Probe for training, budget support, research, dialogue and field visits.*

- 6.3** Are you satisfied with the support received from the national and provincial or regional levels? What are your specific suggestions for improvements?

Section 7 Information management systems

- 7.1** What are the most important nutrition indicators that are routinely collected or collated at district level? How often are data collected?

Ask to see copy of reports of routine data relevant for nutrition and note whether they are complete and accurate

Nutrition indicators	Frequency of data collection	Do data seem to be complete and accurate?

- 7.1.1** How do you use this information?

7.1.2 Where do you send the nutrition data that have been collected or collated?

--

7.1.3 Have you ever received feedback on the information on nutrition that you send to the national, and provincial or regional levels?

Yes	No	Don't know
-----	----	------------

7.1.4 If yes, is this feedback useful, and how do you use it?

--

7.2 What nutrition information do you receive from the national and provincial or regional levels, and how often do you receive such information? *Probe for data summaries, reports or analyses.*

--

Section 8 Concluding questions

8.1 In your opinion, what should your district's top priorities be to reduce malnutrition?

--

8.2 Is there anything else that you think you should tell us to have a better understanding about nutrition situation in the district?

--

At the end of the interview:

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the interviewee has any questions to ask you*

Form 4. Facility manager and/or staff responsible for nutrition (including facility checklist)

ID: _____

Semi-structured group interview

Date of visit

d	d	m	m	y	y	y	y

Completed by:

--

The following is introductory information that you may wish to provide before starting the interview:

“In order to reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale-up nutrition actions in the country. The analysis includes a readiness framework that investigates the commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking your views on current nutrition challenges and how your facility responds to these challenges.

The country assessment team consists of members from (insert names of agencies). We have split into ... (insert numbers) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert numbers) field locations.

This interview is not a test of your knowledge, but a tool for learning more about your facility's current activities that relate to nutrition. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the area. Your answers will be treated with confidentiality. The interview will take about 60 minutes.

The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if already decided; if not, inform the interviewee that a meeting will take place). We are confident that your invaluable inputs will enrich the analysis and contribute to the formulation of relevant recommendations.”

Province or region:**District:**

--	--

Facility:

<input type="checkbox"/> District hospital <input type="checkbox"/> Secondary hospital <input type="checkbox"/> Tertiary or provincial hospital <input type="checkbox"/> Primary health-care centre or clinic	<input type="checkbox"/> Community health centre <input type="checkbox"/> Maternity or birthing unit <input type="checkbox"/> Health post <input type="checkbox"/> Other: _____
--	--

Respondents:

Name: _____ Position: _____ Background: _____	Name: _____ Position: _____ Background: _____
---	---

Section 1 Nutrition situation and priorities

- 1.1 What do you see as the major nutrition problems in your area, and what are the most important causes of these problems?

If the respondent only mentions underlying causes (e.g. poverty, lack of education), try to obtain information on how the respondent sees those underlying causes affecting the nutrition status of people (e.g. how does poverty affect nutrition among children).

Problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. But DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

☐ Undernutrition: ☐ Underweight: _____

☐ Stunting: _____

☐ Wasting: _____

☐ Overweight and obesity: _____

☐ Vitamin or mineral deficiencies, specify which ones: _____

☐ Other: _____

Causes of existing nutrition problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. Again DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

☐ Food insecurity: ☐ Poor dietary quality: _____

☐ Poor dietary quantity: _____

☐ Increasing food prices: _____

☐ Insufficient health services or unhealthy environment: _____

☐ Inadequate caring practices of infants and young children: _____

☐ Lack of knowledge: _____

☐ Poverty: _____

☐ Natural disasters: _____

☐ Other: _____

1.2 What are the most common nutrition-related cases reported for referral to your facility?

--

Section 2 Nutrition activities and integration into other programmes

2.1 Does your facility provide any of the following interventions to promote nutrition?

Please complete the table overleaf.

If respondent answers “yes” to a specific intervention, ask about the target group(s) and other relevant details. DO NOT READ OUT the options provided in the table, but rather ask open-ended questions that will answer each of them (e.g. “Are all children getting vitamin A supplementation; if not, what are the criteria for a child to receive vitamin A supplementation?”, “What is the frequency of intake of iron and folic acid supplementation?”).

Please also check the availability of related supplies and materials (if more feasible, this can be done immediately after completion of the questionnaire)

2.2 Is your facility designated BFHI (Baby-friendly Hospital Initiative)? If yes, when was it designated the first time and when was date of the last re-designation?

Yes	No	Don't know
If yes, date of first designation:		
If yes, date of last re-designation:		

2.3 How is nutrition integrated into other primary health care programmes or activities?

Probe: How nutrition is integrated into IMCI, maternal health, adolescent health, HIV/AIDS, TB, etc.

Describe and give examples:

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Counselling and support for appropriate breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All mothers <input type="checkbox"/> Other: _____	<i>What is your facility advising?</i> <input type="checkbox"/> Early initiation of breastfeeding within 1 hour <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on exclusive and continued breastfeeding <input type="checkbox"/> Poster with <i>Ten steps to successful breastfeeding</i> <input type="checkbox"/> Protocol or guidelines for health workers on breastfeeding counselling <input type="checkbox"/> Other: _____
Counselling and support for appropriate complementary feeding <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All mothers <input type="checkbox"/> Other: _____	<i>What is your facility advising?</i> <input type="checkbox"/> Timely introduction of complementary foods (i.e. at 6 months) <input type="checkbox"/> Continued frequent, on-demand breastfeeding until 2 years or beyond <input type="checkbox"/> Good hygiene and proper food handling practice <input type="checkbox"/> Variety of food to ensure that nutrient needs are met <input type="checkbox"/> Appropriate amount and frequency of meals (i.e. increase the number of times and the amount of complementary food as the child gets older) <input type="checkbox"/> Fortified complementary foods or micronutrient supplements, as needed <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on complementary feeding <input type="checkbox"/> Protocol or guidelines for health workers on complementary feeding counselling <input type="checkbox"/> IEC material on hygiene and food safety (i.e. <i>5 keys to safer food</i>) <input type="checkbox"/> Other: _____
Home fortification of foods with multiple micronutrient powders <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children 6–23 mo <input type="checkbox"/> Other: _____	<i>What is your facility advising?</i> <input type="checkbox"/> Information on the product and its correct use and hygienic practices <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Appropriate complementary feeding <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on home fortification with multiple micronutrient powder <input type="checkbox"/> Protocol or guidelines for health workers on multiple micronutrient powder <input type="checkbox"/> Sachets with multiple micronutrients Dose: – <input type="checkbox"/> Iron _____ mg – <input type="checkbox"/> Zinc: _____ mg – <input type="checkbox"/> Vitamin A _____ IU or _____ RE – <input type="checkbox"/> Other: _____ – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Counselling and support for appropriate feeding of low birthweight (LBW) infants <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mothers or caregivers of LBW infants <input type="checkbox"/> Other: _____	<i>What are you advising?</i> <input type="checkbox"/> Kangaroo care <input type="checkbox"/> Appropriate feeding practice (breast milk feeding unless valid reason for use of breast milk substitute) <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on LBW <input type="checkbox"/> IEC material on kangaroo care <input type="checkbox"/> Protocol or guidelines for health workers on counselling and support for appropriate feeding of LBW infants <input type="checkbox"/> Other: _____
Vitamin A supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children 6–59 mo <input type="checkbox"/> Children suffering from measles <input type="checkbox"/> Other: _____	<i>When to provide vitamin A supplementation?</i> <input type="checkbox"/> If vitamin A deficiency is a public health problem in the communities or areas <input type="checkbox"/> As part of the management of measles (i.e. to prevent measles related pneumonia) <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of vitamin A deficiency <input type="checkbox"/> Protocol or guidelines for health workers on vitamin A supplementation <input type="checkbox"/> Protocol or guidelines for health workers on vitamin A in measles management <input type="checkbox"/> Vitamin A supplements – Dose: _____ IU or _____ RE – Frequency: _____ – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
Iron supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children 24 mo–12 yr <input type="checkbox"/> Other: _____ <input type="checkbox"/> Anaemic children 6 mo–12 yr <input type="checkbox"/> Other: _____	<i>When to provide iron supplementation?</i> <input type="checkbox"/> If anaemia prevalence is more than 20% in the communities or areas <input type="checkbox"/> Other: _____ <i>How often?</i> <input type="checkbox"/> Intermittent <input type="checkbox"/> Other: _____ <i>How often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of iron deficiency anaemia <input type="checkbox"/> Protocol or guidelines for health workers on iron supplementation <input type="checkbox"/> Iron supplements: – Dose: _____ mg – Status: <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> For assessing anaemia, HemoCue or other method for measuring Hb <input type="checkbox"/> Other: _____

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Management of severe acute malnutrition (SAM) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children with SAM with complications	<i>How to treat children with SAM with complications?</i> <input type="checkbox"/> Treatment or prevention of complications (e.g. hypoglycaemia, hypothermia, dehydration, septic shock) <input type="checkbox"/> Appropriate formula diets <input type="checkbox"/> Treatment of infection <input type="checkbox"/> Treatment of other problems (e.g. vitamin deficiency, severe anaemia) <input type="checkbox"/> Support to reestablish or continue breastfeeding <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on severe acute malnutrition <input type="checkbox"/> Protocol or guidelines for health workers on treatment of children with SAM covering children <input type="checkbox"/> with and/or <input type="checkbox"/> without complications Protocol is based on: – <input type="checkbox"/> National protocol <input type="checkbox"/> WHO guidelines <input type="checkbox"/> Other: _____ <input type="checkbox"/> Register for children with SAM <input type="checkbox"/> Functioning baby weighing scale <input type="checkbox"/> Length measuring board <input type="checkbox"/> Height measuring board <input type="checkbox"/> Growth charts or health cards with growth curves <input type="checkbox"/> WHO Growth Standards <input type="checkbox"/> Other: _____ <input type="checkbox"/> MUAC tapes <i>For SAM with complications:</i> – Formula diet type: <input type="checkbox"/> F-100 <input type="checkbox"/> F-75 – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired – Drugs for treatment <input type="checkbox"/> Antibiotics <input type="checkbox"/> Resamol <i>For SAM without complications:</i> <input type="checkbox"/> Ready-to-use therapeutic food – Type: _____ Target age group: _____ – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Children with SAM without complications <input type="checkbox"/> Other: _____	<i>How to treat children with SAM without complications?</i> <input type="checkbox"/> Nutritional rehabilitation with appropriate, locally available nutrient-dense food <input type="checkbox"/> Nutritional rehabilitation with ready-to-use therapeutic food (except for children under 6 months) <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Other: _____	

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Management of moderate acute malnutrition (MAM) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children with MAM <input type="checkbox"/> Other: _____	<i>How to treat children with MAM?</i> <input type="checkbox"/> Dietary counselling <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Food supplements <input type="checkbox"/> Clinical care <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on moderate acute malnutrition <input type="checkbox"/> Protocol or guidelines for health workers on treatment of children with MAM <input type="checkbox"/> Register for children with MAM <input type="checkbox"/> Food supplements <input type="checkbox"/> PEM (protein-energy malnutrition) porridge <input type="checkbox"/> Supplementary food packages – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Functioning baby weighing scale <input type="checkbox"/> Length measuring board <input type="checkbox"/> Height measuring board <input type="checkbox"/> Growth charts or health cards with growth curves: – <input type="checkbox"/> Reference <input type="checkbox"/> WHO Growth Standards <input type="checkbox"/> Other: _____ <input type="checkbox"/> MUAC tapes <input type="checkbox"/> Other: _____
Zinc supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children with diarrhoea <input type="checkbox"/> Other: _____	<i>When to provide zinc supplementation?</i> <input type="checkbox"/> For managing diarrhoea, together with oral rehydration therapy (ORT) <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of diarrhoea <input type="checkbox"/> IEC material on zinc supplementation in diarrhoea management <input type="checkbox"/> Protocol or guidelines for health workers on zinc supplementation for diarrhoea management <input type="checkbox"/> Zinc supplements: – Dose: <input type="checkbox"/> _____ mg – Status: <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> ORT <input type="checkbox"/> Other: _____

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Counselling and support on infant and young child feeding in the context of HIV <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mothers with HIV or AIDS <input type="checkbox"/> Other: _____	<i>What is your facility advising?</i> <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 12 months <input type="checkbox"/> Antiretroviral therapy or prophylaxis to mothers or infants <input type="checkbox"/> If not breastfed, access and safe conditions for formula feeding <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on infant and young child feeding in the context of HIV <input type="checkbox"/> Protocol or guidelines for health workers on infant and young child feeding in the context of HIV <input type="checkbox"/> Antiretroviral therapy or prophylaxis for mothers <input type="checkbox"/> Antiretroviral therapy or prophylaxis for infants <input type="checkbox"/> Other: _____
Nutritional care and support of children infected with HIV <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children infected with HIV <input type="checkbox"/> Other: _____	<i>What care to give?</i> <input type="checkbox"/> Antiretroviral therapy <input type="checkbox"/> Diet to ensure additional energy intake <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on nutritional care of children with HIV <input type="checkbox"/> Protocol or guidelines for health workers on nutritional care of children with HIV <input type="checkbox"/> Antiretroviral therapy for children <input type="checkbox"/> Other: _____
Iron and folic acid supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All pregnant women	<i>How often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of anaemia <input type="checkbox"/> Protocol or guidelines for health workers on iron and folic acid supplementation for pregnant women <input type="checkbox"/> Iron and folic acid supplements – Dose: <input type="checkbox"/> Iron _____mg <input type="checkbox"/> Folic acid _____mg – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> For assessing anaemia, HemoCue or other method for measuring Hb <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Non-anaemic pregnant women	<i>How often?</i> <input type="checkbox"/> Intermittent (e.g. weekly) <input type="checkbox"/> Other: _____	

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
	<input type="checkbox"/> Menstruating women <input type="checkbox"/> Other: _____	<i>When to provide iron and folic acid supplementation?</i> <input type="checkbox"/> If anaemia prevalence is $\geq 20\%$ in the communities or areas <input type="checkbox"/> Other: _____ <i>How often?</i> <input type="checkbox"/> Intermittent (i.e. weekly) <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of anaemia <input type="checkbox"/> Protocol or guidelines for health workers on iron supplementation for menstruating women <input type="checkbox"/> Iron supplements: – Dose: _____mg – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
Calcium supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant mothers <input type="checkbox"/> Other: _____	<i>When to provide calcium supplementation?</i> <input type="checkbox"/> For prevention of pre-eclampsia or eclampsia <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on calcium supplementation for prevention of preeclampsia or eclampsia <input type="checkbox"/> Protocol or guidelines for health workers on calcium supplementation for prevention of pre-eclampsia or eclampsia <input type="checkbox"/> Calcium supplements – Dose: <input type="checkbox"/> _____mg – Status: <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
Folic acid supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Menstruating women <input type="checkbox"/> Other: _____	<i>When to provide folic acid supplementation?</i> <input type="checkbox"/> Periconception (i.e. if trying or likely to get pregnant), especially if no regular iron and folic acid supplementation is taken <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of folic acid supplementation for pregnant women <input type="checkbox"/> Protocol or guidelines for health workers on folic acid supplementation for pregnant women <input type="checkbox"/> Folic acid supplements: – Dose: _____mg – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Iodine supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant and lactating women <input type="checkbox"/> Other: _____	<i>When to provide iodine supplementation?</i> <input type="checkbox"/> Household coverage of iodized salt < 20% and there is no plan to scale up salt iodization <input type="checkbox"/> Other: _____ <i>How often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of iodine deficiency disorders <input type="checkbox"/> Protocol or guidelines for health workers on iodine supplementation for pregnant and lactating women <input type="checkbox"/> Iodine supplements – Dose: _____ µg – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
Appropriate care of women with low body mass index (BMI) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Women with BMI < 16 kg/m ² <input type="checkbox"/> Other: _____	<i>What care to give?</i> <input type="checkbox"/> Formula diets (with added minerals and vitamins) <input type="checkbox"/> Management of hypothermia and hypoglycaemia <input type="checkbox"/> Systemic antibiotics <input type="checkbox"/> Vitamin A supplementation (Single dose of 200 000 IU except for pregnant women)	<i>Check availability of:</i> <input type="checkbox"/> IEC material on nutrition, diet and health for prevention of undernutrition <input type="checkbox"/> Protocol or guidelines for health workers on care for women with low body mass index <input type="checkbox"/> Formula diet – Type: _____ – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Vitamin A supplements – Dose: _____ IU or _____ RE – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
Nutritional care and support for HIV-infected pregnant and lactating women <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant women with HIV or AIDS <input type="checkbox"/> Mothers with HIV or AIDS <input type="checkbox"/> Other: _____	<i>What care to give?</i> <input type="checkbox"/> Antiretroviral therapy for pregnant women <input type="checkbox"/> Diet to ensure additional energy intake <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on nutrition during pregnancy and lactation in the context of HIV <input type="checkbox"/> Antiretroviral therapy or prophylaxis for pregnant women <input type="checkbox"/> Protocol for health workers on nutritional care and support for HIV-infected pregnant and lactating women <input type="checkbox"/> Other: _____

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Nutritional care and support in emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant women	<i>What care to give?</i> <input type="checkbox"/> Multiple micronutrient supplementation <input type="checkbox"/> Access to food, cash and/or voucher transfers to meet nutrition needs <input type="checkbox"/> Early initiation of breastfeeding within 1 hour <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on nutritional care and support during emergencies <input type="checkbox"/> Protocol or guidelines for health workers on nutritional care and support in emergencies <input type="checkbox"/> Protocol or guidelines for health workers on multiple micronutrient supplementation for pregnant women <input type="checkbox"/> Multiple micronutrients supplements Dose: – <input type="checkbox"/> Iron _____mg <input type="checkbox"/> Folic acid _____mg – <input type="checkbox"/> Vitamin A _____IU or _____RE – <input type="checkbox"/> Zinc: _____mg <input type="checkbox"/> Other: _____ Status: <input type="checkbox"/> Not expired <input type="checkbox"/> Expired Target group: – <input type="checkbox"/> Pregnant women – <input type="checkbox"/> Children <input type="checkbox"/> Other: _____ <input type="checkbox"/> Protocol or guidelines for health workers on supplementary feeding for lactating women <input type="checkbox"/> Supplementary foods – Type: _____ – Status <input type="checkbox"/> Not expired <input type="checkbox"/> Expired – Target group: <input type="checkbox"/> Lactating women <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Breastfeeding mothers	<i>What care to give?</i> <input type="checkbox"/> Supplementary feeding using dry rations or ready-to-use foods (regardless of maternal nutritional status) <input type="checkbox"/> Access to food, cash and/or voucher transfers to meet nutrition needs <input type="checkbox"/> Exclusive breastfeeding up to 6 months <input type="checkbox"/> Continued breastfeeding up to 2 years or beyond <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Mothers or caregivers of infants and young children 6–23 months	<i>What care to give?</i> <input type="checkbox"/> Timely introduction of complementary foods (i.e. at 6 months) <input type="checkbox"/> Continue frequent, on-demand breastfeeding until 2 years or beyond <input type="checkbox"/> Good hygiene and proper food handling practice <input type="checkbox"/> Variety of food to ensure that nutrient needs are met <input type="checkbox"/> Appropriate frequency of meals (i.e. increase the number of times that the child is fed complementary foods as he/she gets older) <input type="checkbox"/> Use of fortified complementary foods, micronutrient powders or multiple micronutrient supplements, as needed <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Other: _____		

Interventions <i>Does your facility provide...</i>	Target group(s) <i>Who receives the intervention?</i>	Further details specific to interventions <i>What kind of advice or treatment is provided?</i>	Checklist for related supplies and materials <i>Are the following supplies and material available?</i>
Nutrition education <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> Other: _____	<i>What is your facility advising?</i> <input type="checkbox"/> Promotion of healthy eating for prevention of undernutrition <input type="checkbox"/> Promotion of healthy eating for prevention of micronutrient deficiencies <input type="checkbox"/> Promotion of healthy dietary practices and physical activity for prevention of overweight/obesity and noncommunicable diseases (NCD) <input type="checkbox"/> Promotion of food hygiene, safe handling of food and clean water <input type="checkbox"/> Other: _____	<i>Check availability of:</i> <input type="checkbox"/> IEC material on nutrition, diet and health for prevention of undernutrition <input type="checkbox"/> IEC material on nutrition, diet and health for prevention of micronutrient deficiencies <input type="checkbox"/> IEC material on promoting healthy dietary practices and physical activity (i.e. 3 Fives) <input type="checkbox"/> Food-based dietary guidelines, food guide and other nutrition education materials <input type="checkbox"/> IEC material on hygiene and food safety (i.e. 5 keys to safer Food) <input type="checkbox"/> Other: _____
Promotion of hand washing with soap <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>Check availability of:</i> <input type="checkbox"/> IEC material on handwashing with soap <input type="checkbox"/> Other: _____
Deworming <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant women <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Other: _____		<i>Check availability of:</i> <input type="checkbox"/> IEC material on deworming <input type="checkbox"/> Protocol or guidelines for health workers on deworming <input type="checkbox"/> Anthelmintics <input type="checkbox"/> Other: _____
Promotion of the use of insecticide-treated bednets <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>Check availability of:</i> <input type="checkbox"/> IEC material on prevention of malaria <input type="checkbox"/> Protocol or guidelines for health workers on prevention of malaria <input type="checkbox"/> Other: _____
Family planning / pregnancy spacing <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reproductive age women <input type="checkbox"/> Reproductive age men <input type="checkbox"/> Other: _____		<i>Check availability of:</i> <input type="checkbox"/> IEC material on family planning or pregnancy spacing <input type="checkbox"/> Other: _____
Other interventions:	Target groups:	Details:	Supplies and material:

2.4 Does your facility provide nutrition education in a group?

Yes	No	Don't know
-----	----	------------

2.4.1 If yes, please describe:

Who is responsible for nutrition group education in your facility?	
What relevant training does this person have?	
Where are sessions held?	
How often are sessions held?	
What topics are covered during sessions?	
Which tools or materials are being used?	
Who are participating in sessions? Approximately how many receive nutrition group education per month?	

2.5 Describe how one-to-one counselling in nutrition takes place in your facility.

Probe: Who is responsible, when and where does it take place

Who is responsible for nutrition counselling in your facility?	
What relevant training does this person have?	
Where does nutrition counselling take place?	
How often does it take place?	
What topics are being discussed during nutrition counselling?	
Which tools or materials are being used?	
Who are the beneficiaries? Approximately how many receive one-to-one counselling in nutrition per month?	

- 2.6** How does your facility work with communities to improve nutrition? Describe any community mobilization activities that your facility has initiated or taken part in, if any.

Probe: role of volunteers, husbands, traditional birth attendants, community leaders, etc.

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- 2.6.1** Are there any breastfeeding support groups or volunteers based at your facility or in the local community? *E.g. BFHI support groups*

--

- 2.6.2** If breastfeeding support groups exist, how often do they meet?

--

- 2.7** Has your facility ever received any free formula milk samples or posters, pamphlets, paper pads, pens or other materials from formula manufacturing companies?

Yes	No	Don't know
If yes, please describe:		

- 2.8** Do you feel that ongoing activities address the nutrition problems and underlying causes that you mentioned?

Yes	No	Don't know
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- 2.8.1** What are the areas of success, what are the areas that need to be improved, and what are your specific suggestions for achieving improvement?

Areas of success:
Areas that need to be improved:
Specific suggestions for achieving improvement:

Section 3 Management of the nutrition programme

3.1 Is there a person responsible for managing the nutrition programmes in your facility?

Yes	No	Don't know
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If yes,

3.1.1 What training in nutrition has that person received?

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3.1.2 What proportion of that person's time is spent on counselling patients on nutrition?

Proportion: _____ %

3.2 Who else is usually providing nutrition services at your facility on a day-to-day basis?

<input type="checkbox"/> Facility manager <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Auxiliary nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Nutritionist or dietitian <input type="checkbox"/> Nutrition counsellor or nutrition officer <input type="checkbox"/> Other programme officer <input type="checkbox"/> Community health worker <input type="checkbox"/> Volunteers or lay counsellors <input type="checkbox"/> Administrator or clerk <input type="checkbox"/> Other: _____

Section 4 Training

4.1 What nutrition-related training have the staff currently working in your facility received?

Nutrition-related training	Staff who have received this training	
	Number	Category

- 4.2** Is there any system for follow-up training or monitoring of the effect of training provided, such as on-site or refresher training?

Yes	No	Don't know
If yes, please describe:		

Section 5 Support

- 5.1** Do you have any contact with nutrition programme staff at the district, provincial or regional level?

Yes	No	Don't know
If yes, please describe:		

- 5.1.1** How often do you meet with the district, provincial or regional nutrition programme staff?

Every week	Every month	Every 2–3 months	Less often

- 5.2** Do you feel that you receive adequate support from the district, provincial or regional nutrition programme staff?

Yes	No	Don't know

- 5.2.1** If yes, please describe:

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- 5.2.2** If no, why not and what are your specific suggestions for achieving improvement?

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Section 6 Concluding questions

6.1 In your opinion, what are the three top-priority needs of your facility to reduce malnutrition?

6.2 Is there anything else that you would like to add regarding the nutrition services in this facility?

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the interviewee has any questions to ask you*

Form 5. Health workers

ID: _____

Structured interview for all clinic staff providing services to pregnant women or children

Date of visit

d	d	m	m	y	y	y	y

Completed by:

The following is introductory information that you may wish to provide before starting the interview:

“To reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale up nutrition actions in the country. The analysis includes a readiness framework that investigates the commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking your views on current nutrition challenges and how health workers in your facility respond to these challenges.

The country assessment team consists of members from (insert names of agencies). We have split into ... (insert numbers) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert numbers) field locations.

This interview is a tool for learning more about how health workers in general at your facility implement nutrition activities. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the local area. Your answers will be treated with confidentiality. The interview will take about 20–30 minutes.

The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if the date is already decided; if not, inform the interviewee that a meeting will take place). We are confident that your invaluable inputs will enrich the analysis and contribute to the formulation of relevant recommendations.”

Province or region:**District:**

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Facility:**Unit:**

<input type="checkbox"/> District hospital <input type="checkbox"/> Secondary hospital <input type="checkbox"/> Tertiary or provincial hospital <input type="checkbox"/> Primary health-care centre or clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Maternity or birthing unit <input type="checkbox"/> Health post <input type="checkbox"/> Other: _____	<input type="checkbox"/> Outpatient department <input type="checkbox"/> Maternity or birthing unit <input type="checkbox"/> Children's ward <input type="checkbox"/> Other: _____
--	--

Respondent:

Name: _____
Position: _____
Background: _____

Section 1 Training

1.1 In the last two years have you been trained in:

Maternal nutrition	Yes	No
Infant and young child nutrition	Yes	No
Breastfeeding	Yes	No
Complementary feeding	Yes	No
Counselling skills	Yes	No
Micronutrients	Yes	No
Nutritional care of sick children	Yes	No
Management of severe or moderate malnutrition	Yes	No
Growth monitoring and promotion	Yes	No
Healthy diets (including use of locally available food) and physical activity	Yes	No
Hygiene and food safety	Yes	No
Other: _____	Yes	No

1.2 Are there any areas in nutrition in which you feel that you need *more* training?

Yes	No
If yes, please describe the nutrition areas and the types of training needed:	

Section 2 Knowledge of nutrition guidelines and protocols

Ask the question and give time for the respondent to answer. If necessary, read out the options. (Note: asterisks denote correct answer).

2.1 What micronutrient supplement should pregnant women receive?

Iron only	Folic acid only	Iron and folic acid	Iron and folic acid, and calcium	Iron and folic acid, calcium, and iodine (where salt iodization is inadequate)*	Don't know
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2.2 How soon after delivery should a baby be put to the breast?

Within 1 hour*	Within 6 hours	Within 24 hours	After the mother has recovered	Don't know
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2.3 When should breastfed children start receiving complementary foods?

At 4–6 months of age	At 6 months of age*	At 8 months of age	When the child has got teeth	Don't know
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2.4 Should all infants receive vitamin A supplements?

Yes	No, only if living in areas where vitamin A deficiency is a public health problem, or if suffering from measles*	Don't know
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2.5 Zinc supplements should be given to all children who have diarrhoea.

True*	False	Don't know
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2.6 All children in all countries have the same potential to grow from birth until 5 years, which is reflected in the WHO Growth Standards

True*	False	Don't know
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2.7 Children with severe acute malnutrition with complications or younger than 6 months should be admitted for in-patient treatment.

True*	False	Don't know
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2.8 Infants younger than 6 months who are exclusively breastfed and who get diarrhoea may need some water to replace loss of fluids.

True	False*	Don't know
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2.9 HIV-infected women who choose to breastfeed should practice exclusive breastfeeding up to 6 months and continued breastfeeding until 12 months.

True*	False	Don't know
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2.10 Overweight and obesity are the problems of the high-income segment of the society, so education on balanced diets and healthy lifestyle is not necessary in poor communities.

True	False*	Don't know
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2.11 How soon after delivery should a baby's umbilical cord be clamped?

Straight away	After 1 minute	After 3 minutes*	After 1 hour	Don't know
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2.12 Which protocol do you use for the management of severe acute malnutrition of children?

Do NOT prompt for the options listed

National protocol for management of severe acute malnutrition	WHO guidelines for the inpatient treatment of severely malnourished children	Other, please describe:	Don't know
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Section 3 Programme implementation

Please select only one response in this section

3.1 How relevant is the training you have received to your current nutrition tasks?

Not relevant at all	Partly relevant	Relevant	Very relevant	Not applicable
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3.2 How confident do you feel when implementing the nutrition actions in your facility (e.g. hospital, health clinic, health centre, health post)?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.3 How confident do you feel about advising and supporting a mother to breastfeed exclusively for 6 months?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.4 How confident do you feel about advising on complementary feeding?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.5 How confident do you feel about interpreting growth charts?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.6 How confident do you feel about treating severely malnourished children?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.7 How confident do you feel about counselling HIV-infected women on infant feeding?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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3.8 How confident do you feel about advising on healthy diet and physical activity to prevent overweight, obesity and noncommunicable diseases?

Not confident at all	Confident about some aspects	Confident about most aspects	Confident about every aspect	Not applicable
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Section 4 Counselling

4.1 How do you counsel a mother with breastfeeding difficulties?

Ask the health worker to describe a regular counselling session with a mother with breastfeeding difficulties.

What questions will he/she ask the mother?

What signs will he/she look for?

Will he/she talk in a certain way with the mother?

Breastfeeding difficulties: The health worker mentions that he/she

- ☐ Considers baby's positioning relative to the mother
- ☐ Considers baby's attachment to the breast
- ☐ Considers suckling
- ☐ Looks for other signs, e.g. mother health status, breast condition

Counselling skills: the health worker mentions that he/she

- ☐ Listens to and learn from mothers¹
- ☐ Builds confidence and gives support²

Other:

4.2 How do you counsel a mother or caretaker whose child is not growing adequately according to the growth chart?

Ask the health worker to describe a regular counselling session with a mother of a child who is not growing well.

What questions will he/she ask the mother?

Will he/she talk in a certain way with the mother?

How will he/she make sure that the mother follows advice?

Inadequate growth: The health worker mentions that he/she

- ☐ Talks to mother to find out whether she follows good feeding practice; that is:
 - ☐ Exclusive breastfeeding for infants up to 6 months
 - ☐ Continued frequent, on-demand breastfeeding until 2 years or beyond
 - ☐ Good hygiene and proper food handling practice
 - ☐ Variety of food to ensure that nutrient needs of children are met
 - ☐ Appropriate amount and frequency of meals (i.e. increase the number of times and the amount of complementary food as the child gets older)
 - ☐ Fortified complementary foods or micronutrient supplements, as needed
- ☐ Involves mother in identifying underlying problems and how to solve them:
 - ☐ Gives some practical and feasible advice
 - ☐ Sets goals with the mother
 - ☐ Checks that the mother has understood

Counselling skills: the health worker mentions that he/she

- ☐ Listens to and learns from mothers¹
- ☐ Builds confidence and gives support²

Other:

¹ Examples of skills related to building confidence and giving support: Accepting what a mother feels, recognizing and praising what a mother is doing right, giving practical help, giving a little but relevant information in a positive way, using simple language, making one or two suggestions – not commands.

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4.3 How do you ensure follow-up with these mothers?

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4.4 Do you feel that your advice and support to mothers help improve nutrition?

Yes	No	Don't know
If yes, please describe:		

4.5 What are the main challenges you are facing when you counsel mothers or caretakers?

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4.6 Has your facility (e.g. hospital, health clinic, health centre, health post) ever received any free formula milk samples, posters, pamphlets, paper pads or pens, by formula manufacturing companies?

Yes	No	Don't know
If yes, please describe:		

Section 5 Support

5.1 Who do you consult if you need technical support regarding nutrition? Technical support includes help with difficult counselling cases, information about recent advances in nutrition.

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- 5.2** Do you feel that you receive adequate support regarding nutrition? How do you think the support could be improved?

Yes	No	Don't know
Suggestions for improvement: 		

- 5.3** Do you have adequate time in your job to carry out your nutrition duties?

Yes, always	Yes, sometimes	Seldom	Never
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Section 6 Concluding questions

- 6.1** In your opinion, how can the nutrition programme be improved?

- 6.2** Is there anything else that you would like to add regarding the implementation of nutrition services in this facility?

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the person has any questions to ask you*

Form 6. NGO field office

ID: _____

Semi-structured interview with management and/or nutrition programme officer of NGO providing services to women and children

Date of visit

d	d	m	m	y	y	y	y

Completed by:

--

The following is introductory information that you may wish to provide before starting the interview:

“To reinforce nutrition actions, (insert name of lead government nutrition agency) and its partners have decided to undertake a landscape analysis country assessment to assess the readiness to scale up nutrition actions in the country. The analysis includes a readiness framework that investigates commitment and capacity of nutrition stakeholders and service providers in a country. Therefore, we are seeking to get your views on current nutrition challenges and how your organization responds to these challenges.

The country assessment team consists of members from (insert names of agencies). We have split into ... (insert number) teams and are interviewing stakeholders at the national, provincial or regional, district and facility level in ... (insert number) field locations.

This interview is not a test of your knowledge; it is a tool to learn more about your organization's current activities which relate to nutrition. In particular, we would like to profit from the knowledge and experience that you have gained through working in nutrition in the local area. Your answers will be treated with confidentiality. The interview will take about 30–45 minutes.

The country team will analyse the results of the assessment, and share and present their findings at a stakeholders' consensus meeting on (insert the date of the meeting, if the date is already decided; if not, inform the interviewee that a meeting will take place). We are confident that your invaluable inputs will enrich the analysis and contribute to the formulation of relevant recommendations.”

Province or region:**District:**

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NGO name:

--

NGO type:

- | | |
|---|---|
| <input type="checkbox"/> International NGO, suboffice | <input type="checkbox"/> Faith-based organization (FBO) |
| <input type="checkbox"/> National NGO | <input type="checkbox"/> Civil organization |
| <input type="checkbox"/> Local NGO | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community-based organization (CBO) | |

Respondent:

Name: _____
Position: _____
Background: _____

Section 1 Nutrition situation and priorities

- 1.1 What do you see as the major nutrition problems in the area and what are the most important causes of these problems?

If the respondent only mentions underlying causes (e.g. poverty, lack of education), try to obtain information on how the respondent sees those underlying causes affect the nutrition status of people (e.g. how does poverty affect nutrition among children).

Problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description, but DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

- ☐ Undernutrition: ☐ Underweight: _____
☐ Stunting: _____
☐ Wasting: _____

- ☐ Overweight and obesity: _____

- ☐ Vitamin or mineral deficiencies, specify which ones: _____

- ☐ Other: _____

Causes of existing nutrition problems mentioned:

Tick the appropriate box(es) and take brief notes of any further description. Again, DO NOT READ OUT THE OPTIONS. Try to obtain the views of the respondents in their words.

- ☐ Food insecurity: ☐ Poor dietary quality: _____
☐ Poor dietary quantity: _____

- ☐ Increasing food prices: _____

- ☐ Insufficient health services/unhealthy environment: _____

- ☐ Inadequate caring practices of infants and young children: _____

- ☐ Lack of knowledge: _____

- ☐ Poverty: _____

- ☐ Natural disasters: _____

- ☐ Other: _____

Section 2 NGO mandate and activities

2.1 What is the primary focus of your organization?

--

2.2 What nutrition programmes and interventions are you currently implementing?

Please include information regarding programmes and the specific interventions included in these programmes using the table overleaf.

Please note that some indicators (i.e. area and status of programme, target group and delivery channel of interventions) should be answered using the predefined answering options listed above the table.

If programme documents are available, ask to receive a copy, if possible.

2.3 In addition to the programmes and interventions mentioned, are you planning to implement other nutrition activities?

--

2.4 Does your organization work with communities to improve nutrition? If yes, describe any community mobilization activities that your organization has initiated or taken part in.

Probe: role of volunteers, husbands, traditional birth attendants, community leaders, etc.

Yes	No	Don't know
Describe:		

2.5 Are there any breastfeeding support groups or volunteers in the local community?

Yes	No	Don't know

2.5.1 How often do they meet?

--

This form can be sent to concerned agencies or organizations for self-completion, or can be completed by the country team in consultation with respective agencies or organizations. For each agency or organization, please fill in information about their programme activities or interventions relevant to nutrition.

Stakeholder programme mapping tool - Please indicate and describe major nutrition intervention programmes being implemented by stakeholders in the country

Programme information

Title:	Region	District:	Area	Status	Implementing partners
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	End date	Budget	Funding secured (amount/%)	Funding source	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
		<i>Amount budgeted</i>	<i>Amount secured</i>					
1								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Programme information								
Title:	Region	District:	Area	Status	Implementing partners			
Start date	End date	Budget	Funding secured (amount/%)	Funding source				
Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Note: The following indicators can be selected from the dropdown values that appear when clicking on the cell. If the form is completed on paper, please use these answering options:
Area: urban, rural, peri-urban; **Status:** ongoing, completed, planned; **Target group:** children 0-23 mos, children 6-23 mos, children 6-59 mos, school-aged children 5-9 yrs, adolescents 10-19 yrs, women of reproductive age, pregnant women, lactating women, pregnant & lactating women, adolescent girls, all women, households, men, fathers, entire population, households in food insecurity, elderly or other; **Delivery channel:** community-based (extension workers), hospital, health center, primary health care/dispensary, kindergarten/school, commercial/private sector, tv, radio, mass campaign, NGOs or other

Section 3 Budget

3.1 Is nutrition included in your organization's annual budget?

Yes	No	Don't know
-----	----	------------

If yes:

3.1.1 What is the annual budget of your organization that is dedicated to nutrition-related activities? Approximately, what percentage does this represent of the total budget of your organization?

	Annual budget for nutrition-related activities	Approximate % of total budget
Current year:		
Last year:		

3.1.2 What are the sources of funding for nutrition activities implemented by your organization? What percentage of your organization's nutrition budget does each source represent?

Main donors to nutrition budget	% of nutrition budget
1.	
2.	
3.	
4.	
5.	

3.2 Has your organization received any specific funding from, or been contracted by, relevant government agencies for nutrition interventions in the past two years?

Yes	No	Don't know
-----	----	------------

3.2.1 If yes, please describe:

Type of intervention	Government agency that provided funds	Approximate amounts

Section 4 Responsibilities and cooperation with partners

4.1 Who is responsible for managing the nutrition programmes in your organization?

4.1.1 What is that person's background or what kind of training does that person have?

4.1.2 What proportion of the person's time is spent on counselling patients on nutrition?

Proportion: _____ %

4.1.3 What training has the person received in nutrition since joining your organization?

4.2 Are you working with any partners to implement nutrition programmes or activities?

Yes	No
-----	----

If yes,

4.2.1 Can you give some examples of successful partnerships in nutrition and indicate the reasons why these partnerships are successful?

4.2.2 What are your suggestions as to how partners could work together better to improve nutrition? Give examples of areas to improve.

4.3 How are nutrition activities coordinated in the area? What are the institutional arrangements or platforms?

--

If a coordination mechanism (e.g. working group, task force, committee) exists:

4.3.1 Is your organization participating?

--

4.3.2 How often do you attend meetings?

Frequency of attendance:

4.3.3 If your organization's staff never or seldom attend meetings, why not?

Describe:

Section 5 Training

5.1 Does your organization offer any training relevant to nutrition?

Yes	No	Don't know
-----	----	------------

5.1.1 If yes, please indicate the topic, duration, participants and training material used related to these trainings?

Topics of training relevant to nutrition	Duration of the training	Who participates in the training?	Training material used (Title, language, year of publication)

5.1.2 Have staff from other agencies been invited to take part in trainings offered by your organization?

Yes	No	Don't know
Describe:		

5.1.3 Do these trainings include any follow-up training or post-training supervision?

Describe:

5.1.4 How do you monitor or evaluate the effectiveness of these trainings?

Describe:

5.2 How many of the current staff in your organization have received training in each of the following areas:

Areas of nutrition training:	Number of staff trained
Maternal nutrition	
Infant and young child nutrition	
Breastfeeding	
Complementary feeding	
Counselling skills	
Micronutrients	
Nutritional care of sick children	
Management of severe or moderate malnutrition	
Growth monitoring and promotion	
Healthy diets (including use of locally available food) and physical activity	
Hygiene and food safety	
Other: _____	

Section 6 Nutrition information

6.1 Does your organization collect any nutrition-related information or data?

Yes	No	Don't know
-----	----	------------

If yes:

6.1.1 Please describe indicators collected, target population groups surveyed and how often data are collected.

Nutrition-related indicators collected	Target population group	How often do you collect the data?

6.1.2 With whom do you share these data?

--

6.2 Have you ever received data or information from relevant governmental offices, UN agencies, bilateral agencies or other nongovernmental organizations on the nutrition situation in the areas where your organization is working?

Yes	No	Don't know
If yes, please describe:		

6.2.1 How does your organization use the collected data or any other available nutrition-related data from governmental offices, UN agencies, bilateral agencies or other nongovernmental agencies?

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Section 7 Concluding questions

- 7.1** What are the main obstacles, if any, that have hindered the implementation of your organization's nutrition activities?

- 7.2** In your opinion, what should be the top priority of this province or region, district or community to improve nutrition?

- 7.3** With the current level of resources, what kinds of services or support (e.g. funds, technical support, capacity-building, in-kind or supplies) could your organization provide to support scaling-up of nutrition actions?

- 7.4** Is there anything else that you would like to add regarding the nutrition services offered by your organization?

- *Thank the interviewee for taking time to share so much valuable information*
- *Ask whether the interviewee has any questions to ask you*

2.4 Data analysis sheet

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Political commitment, policies and budget for nutrition										
Political commitment and awareness of nutrition										
Awareness among stakeholders of nutrition problems in the country, and underlying causes of those problems	1.1	1.1	1.1	1.1 1.2		1.1	DR	<ul style="list-style-type: none">• Are stakeholders aware of the main nutrition problems in the country?• Do they recognize the underlying causes of these problems, related to food, health and care?• Are they aware of the more basic causes of these problems?• Do they know which are the main vulnerable groups, and do any vulnerable groups tend to be overlooked?• What are the most common cases reported for referral to health facilities?		
Public statements by senior politicians and high-level stakeholders in support of nutrition							DR	<ul style="list-style-type: none">• Are there examples of recent statements or actions in support of improving nutrition by high-level decision-makers in the country?• Have national leaders recently participated at international events where resolutions or declarations have been made about nutrition (e.g. World Health Assembly, international summits and conferences)?		
Evidence that nutrition is part of PRSP and national development strategy	2.1 7.3 7.4 7.5	2.1 7.3 7.4 7.5					DR	<ul style="list-style-type: none">• How is nutrition positioned in national development strategies?• Is malnutrition recognized as both a cause and a consequence of poverty?• Are development strategies such as PRSPs mentioned as important policy documents for nutrition?• Do stakeholders mention using MDGs or Convention of the Rights of the Child to promote nutrition (which would indicate that they see nutrition as part of the bigger development agenda and as a human right)?• Do stakeholders mention using PROFILES or other costing advocacy tools to demonstrate the economic and human benefits of nutrition improvements?		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Willingness of stakeholders to contribute to the scaling-up of nutrition actions	7.1 7.6	7.1 7.6	2.9			7.3		<ul style="list-style-type: none"> What are the perceived barriers and challenges to scaling up, and how do stakeholders suggest overcoming these? What commitments (i.e. kinds of support) are stakeholders ready to make to scale up nutrition action? 		
<i>Focused policies and regulation at central level, with supporting plans and protocols at subnational level</i>										
Specific and appropriate nutrition policies, strategies and action plans at central level	2.2	2.2					DR	<ul style="list-style-type: none"> What policies and strategies relevant to nutrition does the country have? Do they: <ul style="list-style-type: none"> – address the main nutrition problems and causes in the country? – include goals and targets? – have operational plans that include budget and allocated responsibilities to implement those policies and strategies? – include M&E as part of implementing those policies and strategies? Do stakeholders think existing policies and strategies adequately address the nutrition problems and their causes that the country faces? How do stakeholders incorporate nutrition into their own policies and plans? 		
Clear focus on prioritized evidence-informed and appropriate nutrition interventions in national policies							DR	<ul style="list-style-type: none"> What interventions are included in national policies, strategies and action plans? Do they address the main nutrition problems and causes in the country? Are the interventions evidence-informed? Are they targeted at the window of opportunity from conception to 2 years of age? 		
Stakeholder awareness of and commitment to key nutrition policies	2.1 2.3	2.1 2.3						<ul style="list-style-type: none"> Are stakeholders aware of national nutrition policies, strategies and action plans? How do stakeholders use or contribute to the implementation of national nutrition policies, strategies and action plans? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Nutrition integrated into relevant provincial and district development plans and large-scale programmes		2.1	2.1 2.2					<ul style="list-style-type: none"> How is nutrition integrated into provincial and district policies, strategies and plans? Do policies, strategies and plans address the main nutrition problems and causes in the province or district? Do stakeholders think existing provincial or district policies and strategies adequately address perceived main nutrition problems and causes? 		
Presence of updated operational plans with budgets to support nutrition activities at provincial or district level		2.4	2.3					<ul style="list-style-type: none"> Do provincial or district plans include operational plans and budgets where nutrition is included? 		
Nutrition actions are aligned with key nutrition policies or plans	2.4	2.4	2.4	2.1		2.2 2.3		<ul style="list-style-type: none"> Are current nutrition intervention programmes and activities aligned with national plans? Are evidence-based interventions being implemented? Are they targeted at the window of opportunity from conception to 2 years of age? What is the coverage of nutrition interventions? Where are the opportunities for scaling up? 		
Integration of nutrition into national health sector policies, plans and programmes (e.g. HIV, IMCI and MCH) and other sectoral policies (e.g. agriculture, education and social development)	2.4	2.4					DR	<ul style="list-style-type: none"> How well is nutrition integrated into health and other sectoral policies and programmes? Where are the opportunities for expansion of nutrition action at subnational levels? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Adequate legislation enacted (e.g. food fortification regulations, the International Code of Marketing of Breast-milk Substitutes)							DR	<ul style="list-style-type: none"> What legislation exists regarding nutrition? How is this legislation enacted? 		
Actions to support key nutrition legislation and programmes (e.g. the International Code of Marketing of Breast-milk Substitutes and the BFHI)			2.6 2.7	2.2 2.7	4.6			<ul style="list-style-type: none"> How do districts enforce the International Code of Marketing of Breast-milk Substitutes? Is the BFHI implemented? Are re-designations carried out regularly? Are there reports of facilities or health workers receiving material from infant formula companies? If so, what do they do with such material? 		
Availability of updated protocols for key nutrition programmes and interventions				2.1				<ul style="list-style-type: none"> Are protocols or guidelines available in facilities regarding evidence-informed nutrition interventions? 		
Awareness of and adherence to nutrition protocols					2.12			<ul style="list-style-type: none"> Are health workers aware of key nutrition protocols or guidelines? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Resource mobilisation at central level and budget provision at subnational level										
Existence of financial resources for nutrition among government and partners	2.4 3.1	2.4 3.1				2.2 3.1		<ul style="list-style-type: none">What financial resources exist for nutrition? How are these resources distributed among government sectors and other partners, including NGOs?What is the importance given to nutrition as expressed through the budget allocations and share of total government sector or agency budgets?What are the flows of funds for nutrition? Who are the main donors for nutrition-related activities? Who are the main recipients of funds?What kinds of activity do donors tend to support?<ul style="list-style-type: none">Is funding secured for evidence-based nutrition interventions?Are donor funds supporting implementation of national nutrition policies, strategies or action plans?		
Proportion of total government health budget going towards nutrition	3.1						DR	<ul style="list-style-type: none">What is the proportion of total health budget going towards nutrition-related programmes and activities?When all funding for nutrition (as reported by health-sector stakeholders interviewed) is combined, what proportion of the total health budget does it represent?		
Trends in amount of resources going towards nutrition	3.1	3.1				3.1		<ul style="list-style-type: none">Are the trends in total and proportional budgets for nutrition increasing or decreasing?		
Existence of budget line for appropriate nutrition activities at district level with allocated funds		3.1	3.2					<ul style="list-style-type: none">Do districts have budget lines for nutrition? If not, how do districts fund nutrition activities?Is funding secured for the nutrition activities included in the district budgets? Are evidence-informed interventions funded?		
Share of provincial and district budget for nutrition covered by government and by partners		3.1	3.2					<ul style="list-style-type: none">What are the main sources of funding at provincial or district level?Are activities funded by government or by other partners, such as United Nations and bilateral agencies or NGOs?		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Perception of stakeholders as to whether there are sufficient resources for nutrition	3.2	3.2	3.1					<ul style="list-style-type: none"> Do stakeholders feel that funds for nutrition in the country are adequate? 		
Innovation and commitment to increase funding where funds are insufficient	3.2	3.2	3.1					<ul style="list-style-type: none"> Do stakeholders have concrete and innovative strategies for increasing funding? 		
Coordination, involvement of partners and support to subnational levels										
<i>Coordination of nutrition activities at all levels</i>										
Existence of functioning senior and technical-level coordination mechanisms for discussion and planning of nutrition activities at central level	4.3 4.4						DR	<ul style="list-style-type: none"> What coordination mechanisms exist for nutrition? What is the function of the coordination mechanisms? Do the bodies responsible for coordination: <ul style="list-style-type: none"> have decision-making powers? have specific budgets to implement jointly-agreed action for improving nutrition? What are the most commonly mentioned strengths and weaknesses of existing mechanisms? 		
Involvement of government sectors and partners in nutrition coordination	4.1 4.2						DR	<ul style="list-style-type: none"> What awareness and views do stakeholders have about existing coordination mechanisms on nutrition? Do they focus on the main nutrition problems and causes in the country? Which sectors and partners are participating in nutrition coordination mechanisms? Are all concerned sectors and partners involved? If not, what are the reasons for not participating? 		
Evidence that meetings of national nutrition coordination mechanisms have been regular and had a clear purpose							DR	<ul style="list-style-type: none"> How often do the coordination mechanisms for nutrition meet? Do they have specific agenda items for discussion when they meet? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Evidence that decisions of nutrition coordination mechanisms are being implemented	4.3							<ul style="list-style-type: none"> When talking about strengths, do stakeholders mention that decisions are being implemented? 		
Existence of nutrition coordination mechanism at provincial and district level		4.3 4.4	4.3			4.3		<ul style="list-style-type: none"> How are nutrition activities coordinated in the provinces and districts? What are the institutional arrangements or platforms for coordination? What are the most commonly mentioned strengths and areas for improvement of existing mechanisms? 		
Participation of relevant players in nutrition coordination meetings		4.1 4.2	4.3			4.3		<ul style="list-style-type: none"> Which sectors and partners are participating in the nutrition coordination mechanism? Are all relevant sectors and partners included in coordination? Are implementing NGOs involved in coordination mechanism? 		
Coordination meetings regarding nutrition are held regularly at provincial or district level		4.2	4.3			4.3		<ul style="list-style-type: none"> How often are meetings of the provincial or district-level coordination mechanisms held? 		
Evidence that decisions of provincial or district level coordination mechanisms are being implemented		4.3	4.3					<ul style="list-style-type: none"> Are there concrete examples of decisions made by the coordination mechanism being implemented? When talking about strengths, do stakeholders mention implementation of the coordination mechanisms' decisions? 		
Presence of nutrition coordinator with adequate time to work on nutrition			4.1				DR	<ul style="list-style-type: none"> Who has main responsibility for nutrition in the districts? What other responsibilities does that person have? Does the person have adequate time to implement nutrition programmes? 		
<i>Involvement of partners</i>										
Evidence of nutrition partnerships and joint projects	4.6	4.6	4.2			4.2	DR	<ul style="list-style-type: none"> What partnerships and joint projects exist for nutrition? What are the factors mentioned to make partnerships successful? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Type of engagement with private sector partners	4.6	4.6						<ul style="list-style-type: none"> Are there examples of partnerships with the private sector? 		
Commitment of partners to work together to scale-up nutrition action	7.2	7.2	4.2			4.2		<ul style="list-style-type: none"> What ideas do stakeholders have to improve coordination and collaboration among partners to implement nutrition action? Are there examples of how they have encouraged this? 		
Proportion of nutrition funds going to partners outside the health sector	3.1	3.1				3.1		<ul style="list-style-type: none"> How do budgets for nutrition among stakeholders outside the health sector compare to those in the health sector? Who are the main recipients of funds for nutrition from donors? 		
Scope of nutrition interventions implemented by NGOs	2.4	2.4				2.2		<ul style="list-style-type: none"> Are NGOs implementing evidence-informed nutrition interventions? Where are they implementing such intervention programmes, and at what scale? 		
Links between health facilities and community groups				2.6		2.4		<ul style="list-style-type: none"> What are the examples of how facilities or NGOs link with and mobilise communities to improve nutrition? Are there success stories to learn from? 		
<i>Support to districts and facilities</i>										
Frequency of meetings between central and district coordinators	4.5	4.5	6.2 6.3	5.1				<ul style="list-style-type: none"> Is there regular contact, supervision and support between central, provincial, district and facility levels? What are the suggested areas for improvement? 		
Presence of a contact list of district coordinators	4.5	4.5						<ul style="list-style-type: none"> Do stakeholders have contact lists of district-level coordinators, demonstrating that they can easily reach them when needed? 		
Dissemination of nutrition-related information to districts	6.1	6.1	7.2					<ul style="list-style-type: none"> Is nutrition-related information (e.g. national nutrition policies or strategies, and the outcomes of national nutrition surveys) disseminated to the district level? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Type of support to facilities			6.1		5.1			<ul style="list-style-type: none"> Is there regular contact, supervision and support between districts and facilities and communities? Who do health workers consult for advice? What are the tools and supervisory manuals used? 		
Orientation and training at launch of programmes	5.4	5.4	5.2 5.3	4.1	1.1			<ul style="list-style-type: none"> Do any of the trainings mentioned concern orientation at the launch of new programmes? 		
CAPACITY										
Human resources and quality of services										
<i>Distribution of staff with appropriate skills at all levels</i>										
Availability of nutrition managers at central level with tertiary qualifications (e.g. degrees) and training in nutrition	5.1						DR	<ul style="list-style-type: none"> Are there nutrition managers at central level with tertiary qualifications and training in nutrition? 		
Distribution of skilled staff at different levels of administration and service delivery	5.1 5.2	5.1 5.2	4.1	3.1 3.2 4.1	1.1 1.2	4.1 5.2		<ul style="list-style-type: none"> What proportion of staff working full or part time on nutrition have tertiary qualifications or relevant training in nutrition? Who are providing nutrition services in facilities? Do they have adequate training? Do stakeholders feel that there are sufficient nutrition staff at all levels? 		
Availability of additional trained staff for expansion of services	5.1 5.3 5.4	5.1 5.3 5.4	5.3			5.2		<ul style="list-style-type: none"> Looking at the distribution of staff, is there at any level a larger number of trained staff that could be involved in scaling-up nutrition action? Do NGOs have many staff members trained in nutrition? What ideas have been mentioned for obtaining additional trained staff for expansion of services? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Capacity of staff at all levels										
Availability of relevant and updated training materials in local languages	5.5	5.5	5.2					<ul style="list-style-type: none">Is training material used relevant, updated and available in local languages?		
Availability of training opportunities, including NGOs, and other resources	5.4	5.4	5.2 5.3	4.1		5.1		<ul style="list-style-type: none">Which trainings are being offered in nutrition? Are these trainings relevant to the country context?Are trainings accessible to all relevant stakeholders?How is the effectiveness of training monitored or evaluated?		
Training plans for nutrition	5.1	5.1	5.1					<ul style="list-style-type: none">Do stakeholders at different levels have training plans for nutrition?Does planned training align with planned activities or cover activities that are evidence-informed and relevant in the context?		
Availability of follow-up training or post-training supervision	5.4	5.4	5.4	4.2		5.1		<ul style="list-style-type: none">How is the follow-up training or post-training supervision ensured?		
Health workers' knowledge about basic nutrition					2			<ul style="list-style-type: none">Do health workers have correct knowledge about evidence-informed nutrition interventions?		
Confidence of staff to address nutrition issues					3			<ul style="list-style-type: none">Do health workers have the confidence to implement evidence-informed nutrition interventions?		
Health worker capacity, motivation and time for counselling					4.5 5.3			<ul style="list-style-type: none">What are the main challenges mentioned by health workers in implementing nutrition intervention programmes including counselling?Do health workers feel they have adequate time to carry out their duties?		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Staff motivation at all levels										
Satisfaction of staff with support received from higher levels, and with time management			7.1	3.1 5.2	5.2 5.3			<ul style="list-style-type: none">Is the feedback received felt to be useful?Are facility staff satisfied with the support received?Do those responsible for nutrition programmes have adequate time for counselling?		
Turnover of staff							DR	<ul style="list-style-type: none">What is the turnover of staff at central, provincial and district levels, and within facilities?		
Training and support needs of facility staff					1.2			<ul style="list-style-type: none">In what areas do health workers feel they need more training?		
Attitude and perceptions of staff about their role in improving nutrition			2.8 2.9	2.8	4.4			<ul style="list-style-type: none">Are stakeholders satisfied with the nutrition programmes being implemented at present? What are the areas mentioned as needing improvement?Do stakeholders feel that they can play a role in reducing barriers to scale-up nutrition actions?		
Quality of services in facilities and follow-up										
Availability of adequate nutrition education and counselling				2.4 2.5 2.8				<ul style="list-style-type: none">How is group education and counselling happening in the facilities?<ul style="list-style-type: none">Is it performed by staff trained in nutrition?Is there a designated space?		
Availability of support and mentoring for facility staff and health workers				5.1 5.2	5.1 5.2			<ul style="list-style-type: none">What technical support is available to facility staff?Are facility staff satisfied with support received?Do those responsible for nutrition programmes have adequate time for counselling?		
Implementation of nutrition protocols and priority nutrition actions				2.1	2			<ul style="list-style-type: none">Are evidence-informed interventions being implemented in facilities?Do facility staff have adequate knowledge on evidence-informed interventions?		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Quality of counselling					4.1 4.2			<ul style="list-style-type: none"> Do health workers demonstrate understanding of counselling on breastfeeding difficulties and inadequate infant growth, and of counselling skills such as listening and learning, building confidence and giving support? 		
Proportion of BFHI-accredited facilities			2.7	2.2			DR	<ul style="list-style-type: none"> What is the proportion of BFHI-accredited facilities in the country? What is the awareness of BFHI among district-level managers and in the facilities? 		
Integration of nutrition protocols into primary health services (maternal and child, HIV, TB, etc)				2.3		2.1 2.2		<ul style="list-style-type: none"> How is nutrition integrated into other primary health care programmes in the facilities? How do NGOs with a primary focus on health, agriculture or other areas integrate nutrition actions into their activities? Are there any examples of good integration to draw lessons from? 		
Patient follow-up strategies					4.3			<ul style="list-style-type: none"> What patient follow-up strategies do health workers mention? 		
Management systems and supplies										
<i>Management systems</i>										
Appropriately trained nutrition coordinators in each province and district			4.1					<ul style="list-style-type: none"> Is there a clear allocation of roles and responsibilities for implementing nutrition activities and programmes? Do those responsible for nutrition activities have relevant training in nutrition and in programme management? 		
Clear lines of responsibility for nutrition activities			4.1	3.1		3.2		<ul style="list-style-type: none"> Is there a clear allocation of responsibility for nutrition in provinces, districts and in facilities? Are NGOs contracted by government partners to implement nutrition interventions? 		
Availability of updated supervisory manuals regarding nutrition programmes			6.1					<ul style="list-style-type: none"> Are supervisory manuals regarding nutrition programmes relevant and updated? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Availability of updated protocols and guidelines				2.1				<ul style="list-style-type: none"> Are updated protocols and guidelines available to health workers in facilities for the interventions that are being implemented? 		
<i>Information systems</i>										
Management awareness of appropriate nutrition indicators	6.1	6.1						<ul style="list-style-type: none"> Do stakeholders mention using relevant nutrition data? Are the indicators used relevant to the country context or the nutrition problems and causes that they had identified? 		
Appropriate indicators being collected	6.1	6.1	7.1			6.1	DR	<ul style="list-style-type: none"> Are the indicators that are being collected relevant to the country context? What is the availability of relevant nutrition surveys? 		
Evidence that nutrition data is being used for decision-making	2.4 6.1	2.4 6.1	7.1			6.2		<ul style="list-style-type: none"> How are the data used? Are data used for making decisions to improve programmes? Are relevant M&E indicators collected that relate to current intervention programmes? 		
Evidence of adequate information flow and of feedback being used for programme improvement	6.1	6.1	7.1 7.2			6.1 6.2		<ul style="list-style-type: none"> Are data and reports shared with other levels and with partners? What is the feedback to provinces or districts, and how do recipients use the feedback received? Do stakeholders report using data originating from other agencies and how do they obtain these data? 		
Completeness and accuracy of data that are collected routinely	6.1	6.1	7.1					<ul style="list-style-type: none"> Are there duplications in data collection between and among stakeholders? How complete and accurate are the data collected? 		
Availability of quarterly updated reports at provincial or district level		6.1	7.1					<ul style="list-style-type: none"> Are regularly updated data reports available at provincial or district level? 		
Appropriate spaces for nutrition information on maternal and infant health cards				2.1			DR	<ul style="list-style-type: none"> What kind of nutrition information is recorded on maternal and infant health cards? 		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
<i>Supplies</i>										
Availability of essential nutrition drugs on EDL				2.1				<ul style="list-style-type: none">Are essential nutrition drugs available in facilities for the interventions that are being implemented?		
Availability of supplementary and therapeutic foods				2.1				<ul style="list-style-type: none">Are supplementary and therapeutic foods available in facilities for the interventions that are being implemented?		
Availability and functioning of weighing scales and measuring boards at health facilities				2.1				<ul style="list-style-type: none">Are functioning weighing scales and measuring boards available in facilities?		
Availability of non-expired micronutrient supplements at facilities				2.1				<ul style="list-style-type: none">Are non-expired micronutrient supplements available in facilities for the interventions that are being implemented?		
Rational system for ordering, storing and distributing supplies at health facility level				2.1				<ul style="list-style-type: none">Are there any medicines or supplements that have expired or are out of stock in health facilities?		
Demand-side factors										
<i>Client knowledge and satisfaction</i>										
Clients' knowledge about basic nutrition interventions and services available							DR	<ul style="list-style-type: none">From recent knowledge, attitudes and practices surveys that may have been conducted, what knowledge do mothers have about nutrition and evidence-based interventions?		
Use of nutrition services							DR	<ul style="list-style-type: none">From recent surveys or routine monitoring that may have been conducted, what use do mothers make of nutrition services?		

Indicators	Data source (forms/desk review)							Questions for group discussion	Strengths	Weaknesses
	1	2	3	4	5	6	DR			
Information, education, communication										
Existence of updated IEC materials on evidence-informed nutrition interventions							DR	<ul style="list-style-type: none">Are there updated IEC materials related to relevant nutrition interventions?		
Presence of IEC materials at facility level				2.1				<ul style="list-style-type: none">Are updated IEC materials available in facilities?Do mothers or other care-givers have access to these materials?		
Evidence of wider nutrition-promotion activities	2.4	2.4	2.5					<ul style="list-style-type: none">What strategies or delivery channels are being used to communicate nutrition messages to the community?		
Community engagement strategies										
Community mobilization campaigns and systematic outreach activities to community organizations	2.4	2.4		2.6		2.4		<ul style="list-style-type: none">What nutrition action is implemented in the communities?How do facilities and NGOs work with and mobilise communities?		
Direct funding available to community-based organizations for nutrition activities	3.1							<ul style="list-style-type: none">Are there examples of donors that fund community-based organizations for nutrition activities?		
Focus of community interventions on evidence-based nutrition interventions	2.4	2.4				2.4		<ul style="list-style-type: none">Are community-based interventions evidence based?		
Availability of mothers' support group, and frequency of meetings				2.6		2.5		<ul style="list-style-type: none">Are there breastfeeding support groups? How often do they meet?Are there any other support groups present in communities?		

BFHI, Baby-friendly Hospital Initiative; DR, desk review; EDL, essential drugs list; IEC, information, education, communication; MDG, Millennium Development Goal; M&E, monitoring and evaluation; NGO, nongovernmental organization; PRSP, Poverty Reduction Strategy Paper

Appendix A Stakeholder programme mapping tool

This form can be sent to concerned agencies or organizations for self-completion, or can be completed by the country team in consultation with respective agencies or organizations. For each agency or organization, please fill in information about their programme activities or interventions relevant to nutrition.

Stakeholder programme mapping tool - Please indicate and describe major nutrition intervention programmes being implemented by stakeholders in the country

Programme information

Title:	Region	District:	Area	Status	Implementing partners
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	End date	Budget	Funding secured (amount/%)	Funding source	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
		<i>Amount budgeted</i>	<i>Amount secured</i>					
1								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Programme information								
Title:	Region	District:	Area	Status	Implementing partners			
Start date	End date	Budget	Funding secured (amount/%)	Funding source				
Specific interventions implemented in programme <i>List up to 10 interventions</i>	Target group <i>Please select</i>	Budget and funding secured <i>Amount budgeted Amount secured</i>		Delivery channel <i>Please select</i>	Coverage <i>Number of beneficiaries</i>	M&E system <i>Short description of who is responsible for</i>	M&E indicators <i>Short description of indicators used in M&E</i>	Comments <i>Please note additional comments</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Note: The following indicators can be selected from the dropdown values that appear when clicking on the cell. If the form is completed on paper, please use these answering options:
Area: urban, rural, peri-urban; **Status:** ongoing, completed, planned; **Target group:** children 0-23 mos, children 6-23 mos, children 6-59 mos, school-aged children 5-9 yrs, adolescents 10-19 yrs, women of reproductive age, pregnant women, lactating women, pregnant & lactating women, adolescent girls, all women, households, men, fathers, entire population, households in food insecurity, elderly or other; **Delivery channel:** community-based (extension workers), hospital, health center, primary health care/dispensary, kindergarten/school, commercial/private sector, tv, radio, mass campaign, NGOs or other

For further information please contact:

Nutrition Policy and Scientific Advice Unit
Department of Nutrition for Health and Development
World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

Fax: +41 22 791 4156
E-mail: NPUinfo@who.int
Web site: www.who.int/nutrition

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