Low-Burden M&E for Nutrition SBC

Brainstorm on challenges and solutions using non-technical staff

CORE Group Spring 2016 Global Health Practitioners Conference

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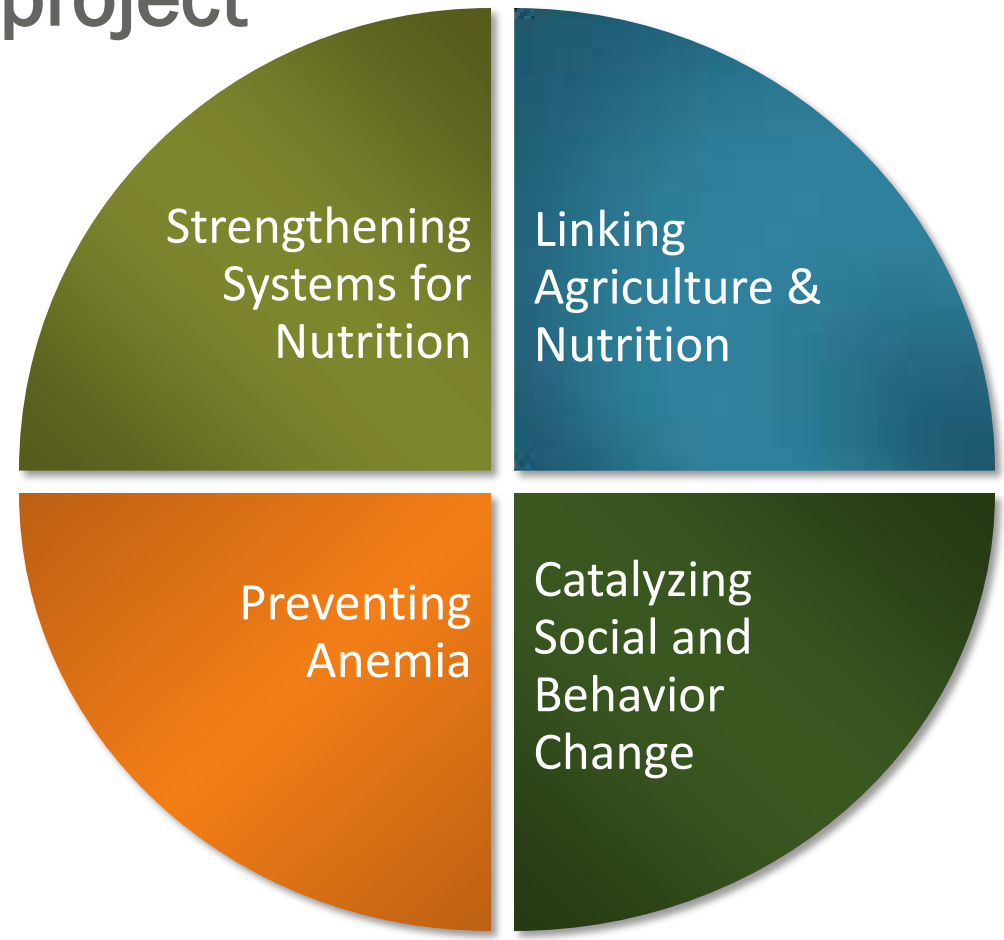
SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

Learning Objectives

By the end of this session, participants will have:

1. Learned about specific program examples using low-burden techniques for monitoring and evaluating nutrition SBC.
2. Identified specific challenges to using non-technical staff for M&E for nutrition SBC.
3. Brainstormed potential solutions that programs can use for the identified challenges.

SPRING is a 5-year USAID-funded global nutrition project



JSI
Helen Keller INTERNATIONAL
IFPRI
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
Supported by the CGIAR
Save the Children
THE MANOFF GROUP

Community Video for Nutrition

- An approach by the community for the community
- Blends innovative, low-cost, accessible technology with human-mediated interpersonal communication techniques
- SPRING has tested the approach in India and Niger

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Dissemination and Verification Form

Instructions: This form will ideally be completed by the implementing partner and submitted to DG. One form should be completed for each dissemination event for each group. This assumes that verification home visits are conducted for all members during the 4 weeks following a dissemination. Data collected using this form will then be entered into COCO by DG.

Video Name _____

Village _____

Mediator's Name _____

Block _____

Start Time Morning Afternoon Evening

District _____

Dissemination Date _____

Type of group* _____

Group _____

Fill this form during video dissemination

	Name	Father's/ Husband's Name	Category of member** (See category choices below. Record all that apply.)
1			
2			
3			
4			
5			
6			
7			
8			

Fill this form during verification of knowledge, adoption and promotion

	Did the member 'recall' non-negotiable points? (Put a ✓ if "yes".)					Did the member report doing the practice as she/he just described? (Record: Yes / No / NA)					Did member reported promoting the practice in the community (Record: Yes / No)	Date of verification
	1	2	3	4	5	1	2	3	4	5		
1												
2												
3												
4												
5												
6												
7												
8												

Challenges Summarized

- Validity of self-reported data on behavior adoption for nutrition behaviors.
- We know knowledge recall is not enough - Triangulating knowledge recall data with self-reported data to try and cross-verify.
- In expanding to Burkina Faso – communities volunteers have low literacy and won't be able to use current forms and home visit question guides.
- Exploring pictorial data collection forms.

THE MANOFF GROUP

EXAMPLES OF PICTORIAL NUTRITION BEHAVIOR DATA COLLECTION TOOLS

Nutri-Salud Project in Guatemala

URC

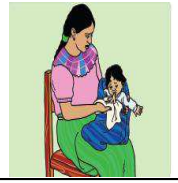
Institute of Nutrition of Central America and Panama (INCAP)

Mercy Corps

The Manoff Group

The Cloudburst Group

Nombre de la niña o niño de 0 a 5 meses:

			Visita #			Visita #			
13		Doy pecho, sólo pecho,hasta los 6 meses	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
14		Cuidamos al recién nacido y reconocemos las señales de peligro	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
Nombre de la niña o niño de 6 a 23 meses:									
15		Doy alimentos al niño/a de acuerdo a sus edad	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
16		Pongo vitaminas en polvo en la comida en mi niño/a	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
17		Llevamos a nuestros niño/a cada mes al servicio de salud	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
18		Sigo dando de comer a mi bebé cuando está enfermo	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
19		Reconocemos señales de peligro en los niños/as pequeños	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐	☺ ☐
Totales									

Draft IYCF Tracking Tool

AGE (mos)	CALORIC DENSITY INDICATORS								NUTRITIONAL DENSITY INDICATORS				FOOD
	BREASTFEEDING				FREQUENCY 1	2 or 3	SNACKS	CONSISTENCY/ EACH MEAL	QUANTITY/ EACH MEAL	QUALITY/DIVERSITY				FEEDING STYLE
6-7														
7-8														
8-9														
9-10														
10-11														
11-12														
12-13														
13-14														
14-15														
15-16														
16-17														
17-18														

LOW BURDEN ENHANCED DIETARY RECALL

Jennifer Nielsen, PhD, Senior Nutrition Advisor
GHPC16 May 19 12:30 – 2:00

RATIONALE

Helen Keller INTERNATIONAL

- **WHO/FANTA/UNICEF IYCF indicator only collects information on number of meals given per day**
- **Quantity of foods, especially the nutrient dense are also important to understand**
- **We modify the recall tabulation to ask for the number of times in the specified period the child consumed each food**
- **We can include two columns: for past 7 days and past 24 hours**

APPLICATION

- Can be used for IYCN and women (modifying the new MDD-W questionnaire)
- For baseline/endline surveys a full food list can be included
- For routine monitoring for program progress, the list can be limited to key foods of interest (OFSP, eggs, flesh foods, Misola)

EXAMPLE

		How many times has ***(NAME)*** eaten _____ in the past 7 days? 0=None 01-98=No. of times 99=Don't know	How many times has ***(NAME)*** eaten _____ in the past 24 hours [yesterday during the day or at night]? 0=None 01-98=No. of times 99=Don't know
		1	2
1.	Project promoted biofortified millet		
2.	Other dishes made from grains, including sorghum, rice, maize, bread, or noodles		
3.	Project promoted orange-fleshed sweetpotato		
4.	Project-promoted orange-fleshed squash (courge)		
5.	Other vegetables or roots that are yellow or orange inside, including pumpkin, carrots, squash or gourds		
6.	White potatoes, white-fleshed yams or sweetpotatoes, manioc or cassava or other roots that are white		
7.	Misola		

FOLLOW WITH OTHER STANDARD QUESTIONS

		0=None 01-98=No. of times 99=Don't know	
49.	How many times did ***(NAME)*** eat solid, semi-solid, or soft foods other than liquids [meals] yesterday during the day or at night?	☐☐	
50.	Was yesterday a special day, like a celebration, feast day, fasting, sickness etc. in which ***(NAME)*** ate special foods or more or less than usual or did not eat because of fasting?	☐	0=No 1=Yes 9=Don't know

MERCI!

REGIS-ER

École des Maris activity
Niger and Burkina Faso

May 19, 2016

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Fiche de suivi des formations au sein des groupes de soutien mère-a-mère REGIS-ER

Date_____ / ____ / _____ Village :..... Nom de la Méré-leader :.....

Thème de formation

1	2	3	4
			

Symbole	Prénoms & Nom	*N° CNIB*	*Nom chef ménage*	< 5 ans	Signature
					
					
					
					
					
					
					
					
					
					
					
					
					

Fiche de suivi des formations au sein des groupes de soutien mère-a-mère REGIS-ER

Date_____ / ____ / _____ Village :..... Nom de la Mére-leader :.....Q : Quinzaine (1 OU 0)

Thème de formation

Symbole	*Nom de la mère*	Prénoms & Nom enfant				Q 1	Q 2	Bilan
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								

Improving systems. Empowering communities.

Small-sample Mini-KPCs for Monitoring Nutrition Behavior Change

Tom Davis, MPH
Consultant to Curamericas Global

M&E for Nutrition SBC: Methods

- ***Pre/Posttests*** *to monitor quality of trainings*
- ***Quality Improvement and Verification Checklists*** *(QIVCs) to monitor/improve the quality of behavior promotion*
- ***Spot Checks*** *to monitor the quality of data*
- ***Exit interviews*** *to monitor what people learn and remember following clinical/community-based behavior change sessions.*
- ***Mini-KPCs (using LQAS) to monitor behavior change and changes in behavioral determinants***

Mini-KPC Process

- In project Area A, tracked **49 indicators** …
- but some indicators measured only *once*, and some *trended* over time

			Feb-06		May-06		Sep-07		Dec-07		Sep-08		Oct-09		
#	Objectives	Project Indicators	Percentage	CI	Percentage	CI	Percentage	CI	(%)	CI	Percentage	CI	Percentage	CI	EOP Target
1	1. To decrease malnutrition (underweight) in children 0-23m	Percentage of children age 0–23 months who are underweight (WAZ<-2.0)	26.8%		NM		15.7%	(Wt'ed)	NA		15.6%				18%
2	2. To increase exclusive breastfeeding of children 0-5m	Percentage of infants aged 0-5 months who were fed breastmilk only in the last 24 hours	17%	8.2-30.3%	67%	57.9-76.8%	75%	66.0-83.5%	95%	92.2-99.2%	77%	68.0-85.2%	84%	77.1-91.6%	60%
3	3. To increase feeding frequency of children 9-23m who are fed solid or semi-solids food at least three times a day	Percentage of children 9-23m who receive food other than breastmilk at least three times per day [Nationally accepted indicator (Title II)]	33%	24.4-41.6%	99%	96.8-101.0%	65%	55.7-74.8%	67%	57.5-76.5%	58%	47.7-68.6	71%	61.7-79.9%	65%
4	4. To increase the proportion of young children fed nutrient-dense foods	Percentage of children 6-23 months of age with oil added to their weaning food [Nationally accepted indicator]	35%	27-43%	76%	66.8-84.2%	87%	80.7-94.0%	84%	76.6-91.4%	NM		NM		80%
5	5. To decrease VAD by increasing the proportion of young children who regularly consume vitamin A rich foods.	Percentage of children 6-23m who have consumed at least one vitamin A rich food in the previous day	29%	21.4-36.6	83%	75.0-90.4%	87%	80.7-94.0%	95%	90.2-99.2%	81%	72.7-89.1%	NM		80%
6	6. To decrease VAD by increasing the proportion of young children in Sofala who are regularly receiving vitamin A supplements	Percentage of children 12-23 months of age who have received one vitamin A capsule in the past six months	82%	73.3-89.1%	77%	67.7-86.0%	89%	82.0-95.3%	91%	85.8-97.1%	89%	83.3-95.6%	84%	77.1-91.6%	95%
8	8. To increase the proportion of children 0-23m of age who participate regularly in growth monitoring/promotion activities	Percentage of children aged 0-23 months who were weighed in the last four months (card-confirmed)	70%	63-77%	86%	78.3-92.8%	89%	82.8-95.5%	94%	88.6-98.5%	71%	61.4-79.7%	89%	82.2-94.9%	90%
11	10. To increase feeding of young children during diarrhea	Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness	31%	21-43%	NM		70%	60.2-79.0%	NM		NM				60%

Mini-KPC Process

- Sample size of 19 mothers per group of interest (e.g., mom of 0-5m old) per Supervision Area (e.g., district).
- Among mothers of infants **0-5m**, we measured six indicators:
  - EBF,
  - BF in both breasts,
  - completely emptying both breasts,
  - having a GM card,
  - being weighed in last 4m, &
  - visited by Care Group Volunteer last two weeks.

Mini-KPC Process

- Among mothers of children **6-23m**, measured 17 indicators including:
  - purification of child's drinking water,
  - defecation in proper place,
  - HW station and supplies present and HW proper times,
  - food covered after prep,
  - consumption of vit A foods,
  - child ate solid/semi-solid foods and oil added to food,
  - diarrhea in past two weeks,
  - Deworming and vitamin A supplementation,
  - child weighed last 4m,
  - visited by CGV last two weeks, and
  - maternal knowledge of ORS prep, child danger signs, and maternal danger signs.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	Quest.	Ques.	MANGA	Tabulation	Responses (Y=Yes; N=No; s=Skipped)																			Total	Total	Total
2	Type	Number	Indicator	Instructions	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#17	#18	#19	Yes	No	Skipped
3	Infant	14	Exclusive breastfeeding	Yes if #13=Yes **AND** #14=No	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	15	4	0
4	Infant	15	BF both breasts	Yes if #13 = Yes **AND** #15 = Yes; Skip if #13 = 2 or 9	Y	Y	Y	Y	Y	Y	S	Y	Y	Y	N	Y	Y	S	Y	Y	Y	Y	Y	16	1	2
5	Infant	16	Completely empties both breasts	Yes if #13= Yes **AND** #16 = 1; NO if #16 = 2,3,4, or 9. Skip if #13 = 2 or 9	Y	Y	Y	Y	Y	Y	S	Y	Y	Y	S	Y	Y	S	Y	Y	Y	Y	Y	16	0	3
6	Infant	27	Visited by LM (Infants)	Yes if #27 = 1 (Yes) or 3; If #27 = 9 --> Skipped	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	19	0	0
7	6-23m	5	Water purification	Yes if #5 = B, C, D, F, **OR** G. NO if any other answer.	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	Y	15	4	0
8	6-23m	7	Uses water/soap for HW	Yes if #7 = A **OR** B. NO if C.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	19	0	0
9	6-23m	6	Defecated proper place	Yes if #6 = 1, 2, 3, **OR** 4. NO if 5, 6, 7, 8; Skip if 9	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	15	4	0
10	Infant	12	Believes immediate BF is best.	Yes if #12 = 1. NO if 2 or 9.	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	18	1	0
11	6-23m	8	Hand washing proper times	Yes if #7 = A or B **AND** #8 = C, D, E **AND** F	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	19	0	0
12	Infant	17	Believes okay to BF if pregnant.	Yes if #17 =2. NO if #17 = 1. Skip if #17 = 9.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	17	2	0
13	6-23m	9	Consumption of vitamin A foods	Yes if #9= A, B, C, **OR** D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	19	0	0
14	6-23m	10	Child ate solid or semi-solid foods 3+ times last 24h	Yes if #10 = 3 or more times. NO if #10 <3. Skip if doesn't know.	N	Y	Y	N	Y	Y	Y	N	Y	Y	N	N	Y	N	N	Y	Y	Y		11	7	0
15	6-23m	11	Adds oil to food	Yes if #11 = Yes. NO if #11 = 2 or 9.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	19	0	0
16	6-23m	19	Gave ORT to prevent dehydration	Yes if #19 = A, B, **OR** C; NO if D or E. Skipped if F or G.	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	S	Y	Y	Y	Y	S	Y	Y	Y	16	1	2
17	6-23m	20	***Did not*** have diarrhea last two weeks	Yes if #20 = 2. No if #20 = 1. Skipped if #20 = 9.	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y	13	6	0
18	Infant	29	Belief that women are as valuable as men.	Yes if #29 = 3. NO if #29 = 1, 2, or 9.	Y	Y	N	Y	Y	N	N	N	Y	N	Y	Y	N	Y	Y	N	N	N	Y	10		
	6-23m	21	Mom knows 3+ child danger signs	Yes if THREE correct for #21. (Correct =B, C, D, E, F,	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	17	2	0

LQAS SUMMARY TABULATION TABLE

SUPERVISOR:

NO.	INDICATOR	Total Correct in Each Supervision Area/Decision Rule* (CIRCLE THE INDICATORS IN SA's THAT ARE BELOW)												Total Correct in Program	Sample Size for Each Supervision Area											Total Sample Size	AVERAGE COVERAGE = Total Correct/ Total Sample Size
		1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12	
PAGE 1:																											
	Project Target (rounded up)	80%																									
	Average Coverage (rounded up)	95%																									
	Below average coverage?	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘															
	Below project target?	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘															
	Consumption of vitamin A foods	19	19	16	19	17	0	0	0	0	0	0	0	90	19	19	19	19	19	0	0	0	0	0	0	0	95	95%
	(Decision Rule for Average Coverage -- Calculates Automatically)	16	16	16	16	16	####	####	####	####	####	####	####															
	(Decision Rule for Target -- Calculates Automatically)	13	13	13	13	13	####	####	####	####	####	####	####															
	Project Target (rounded up)	95%																									
	Average Coverage (rounded up)	70%																									
	Below average coverage?	✘	✓	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘															
	Below project target?	✓	✓	✘	✓	✓	✘	✘	✘	✘	✘	✘	✘															
	Child ate solid or semi-solid foods 3+ times last 24h	11	10	18	14	10	0	0	0	0	0	0	0	63	18	19	19	19	19	0	0	0	0	0	0	0	94	67%
	(Decision Rule for Average Coverage -- Calculates Automatically)	11	11	11	11	11	####	####	####	####	####	####	####															
	(Decision Rule for Target -- Calculates Automatically)	16	16	16	16	16	####	####	####	####	####	####	####															
	Project Target (rounded up)	80%																									
	Average Coverage (rounded up)	85%																									
	Below average coverage?	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘	✘	✘															
	Below project target?	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘	✘	✘															
	Adds oil to food	19	17	8	18	17	0	0	0	0	0	0	0	79	19	19	19	18	19	0	0	0	0	0	0	0	94	84%
	(Decision Rule for Average Coverage -- Calculates Automatically)	14	14	14	13	14	####	####	####	####	####	####	####															
	(Decision Rule for Target -- Calculates Automatically)	13	13	13	12	13	####	####	####	####	####	####	####															
	Project Target (rounded up)	90%																									
	Average Coverage (rounded up)	80%																									
	Below average coverage?	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘	✘	✘															
	Below project target?	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘	✘	✘															
8	Gave ORT to prevent dehydration	16	17	2	16	19	0	0	0	0	0	0	0	70	17	19	18	17	19	0	0	0	0	0	0	0	90	78%
	(Decision Rule for Average Coverage -- Calculates Automatically)	12	13	12	12	13	####	####	####	####	####	####	####															
	(Decision Rule for Target -- Calculates Automatically)	14	15	14	14	15	####	####	####	####	####	####	####															

Brief Mini-KPC Report

d. **Child dewormed**: 83%, above project target of 75%. Below project target in Caia and Marromeu where coverage has dropped below target. On target in Manga, Chemba, and Marringue. Manga and Chemba have improved compared to the last mini-KPC.
Conclusion: Above overall target, but Caia and Marromeu are below target. Find out why coverage for deworming has worsened in these two districts – during last round, these two were above project target.

District	Main Focus Area (Below Project Target) for Behaviors that We have Promoted So Far
Manga	• Handwashing
Caia	• No diarrhea last two weeks • Deworming • Handwashing
Marromeu	• Weighed at least once during the last 4 months • Vitamin A supplementation • Deworming
Chemba	• No diarrhea last two weeks
Marringue	• (No deficiencies)