

Monitoring and Evaluation Toolkit Guide



Family MUAC Approach for caregivers and community health workers

SUN Pooled Fund Project, Afghanistan 2020



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MONITORING & EVALUATION TOOLKIT GUIDE

This monitoring and evaluation toolkit has been developed for AfD to measure the process and outcome indicators of the Family MUAC approach that will be implemented in five provinces of Afghanistan from October 2020 through January 2021.

OBJECTIVES & CONTENT

The objective of this guide is to serve as a reference for the tools and processes involved in the Family MUAC approach under the AfD project. Think of this as your field companion - it does not replace the training or supportive supervision you will receive but serves as quick reference in case of questions. The contents of this document include:

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INDICATOR DEFINITIONS

Various tools will be used to track the progress of your project. Chosen Indicators aim to assess:

- Quality of training: number of trained CHWs and caregivers and their confidence to perform the activity;
- Quality of detection: ability of mothers to measure MUAC/oedema;
- Timing of detection and quality of treatment: early detection and fewer hospitalizations;
- Quality of treatment: average length of stay and recovery;
- Coverage: number of children/caregivers/CHWs reached by the Family MUAC approach;

Indicator <i>MEAL Framework Tab</i>	Indicator <i>Training DB Tab</i>	Definition and Disaggregation
# Community health workers (F) in the HC catchment area	# CHW's (F)	[DATA ENTRY] Total number of female community health workers in each health facility's catchment area- reported by MoH/ the health clinic.
# Community health workers (F) in the HC catchment area to be trained	# CHWs (F) to be trained	[DATA ENTRY] Number of female community health workers in each health facility's catchment area <i>targeted to participate in</i> Family MUAC training. This indicator refers to the planning stage of the training.
# Mothers w/ child 6-59 months in the HC catchment area (estimation)	# Mothers U5 (est.)	[DATA ENTRY] Estimated number of mothers with at least one child 6-59 months old in each health clinic catchment area- based on MoH targeting information, health facility population data, and others.
# Mothers w/ child 6-59 months in the HC catchment area to be trained	# Mothers U5 to be trained	[DATA ENTRY] Number of mothers with at least one child 6-59 months old in the health clinic catchment area <i>targeted to participate in</i> Family MUAC training. This indicator refers to the planning stage of the training.

<p>% Community health workers (F) in the HC catchment area to be trained</p>	<p>% CHWs (F) to be trained</p>	<p>[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook</p> <p style="text-align: center;">$\frac{\# \text{ CHWs (F) to be trained}}{\# \text{ CHW's (F)}}$</p> <p>Of <i>total</i> female community health workers in the catchment area, what percentage were targeted to participate in Family MUAC training?</p>
<p>% Mothers w/ child 6-59 months to be trained</p>	<p>% Mothers U5 to be trained</p>	<p>[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook</p> <p style="text-align: center;">$\frac{\# \text{ Mothers U5 to be trained}}{\# \text{ Mothers U5 (est.)}}$</p> <p>Of <i>total</i> mothers with at least one child 6-59 months old in the catchment area, what percentage were targeted to participate in Family MUAC training?</p>
<p># Community health workers trained</p>	<p># CHWs trained</p>	<p>[DATA ENTRY] Total number of female community health workers in the health facility's catchment area who <i>actually participated in</i> Family MUAC training by AfD. This is based on training attendance sheets.</p>
<p># Caregivers w/ child 6-59 months trained</p>	<p># Caregivers U5 trained</p>	<p>[DATA ENTRY] Total number of caregivers with at least one child 6-59 months old in the health facility's catchment area who <i>actually participated in</i> Family MUAC training by AfD. This is based on training attendance sheets.</p>
	<i>Break down by gender</i>	
	<p># Caregivers U5 trained (F)</p>	<p>[DATA ENTRY] Of the total number of caregivers who <i>actually participated in</i> initial Family MUAC training by AfD, how many were women?</p>
	<p># Caregivers U5 trained (M)</p>	<p>[DATA ENTRY] Of the total number of caregivers who <i>actually participated in</i> initial Family MUAC training by AfD, how many were men?</p>
	Note: # Caregivers U5 trained (F) + # Caregivers U5 trained (M) should = # Caregivers U5 trained	
	<i>Break down by caregiver role</i>	
	<p># Caregivers U5 trained (Parents)</p>	<p>[DATA ENTRY] Of the total number of caregivers of children who <i>actually participated in</i> Family MUAC training by AfD, how many were parents of a child 6-59 months old? This refers to a father or mother of a child 6-59 months old.</p>
	<p># Caregivers U5 trained (Others)</p>	<p>[DATA ENTRY] Of the total number of caregivers of children who <i>actually participated in</i> Family MUAC training by AfD, how many were a non-parental caregiver of the child? This refers to anyone who is not a father or mother of the child- for example, a grandmother, grandfather, older sibling, auntie, or others.</p>
Note: # Caregivers U5 trained (F) + # Caregivers U5 trained (M) should = # Caregivers U5 trained		
<p>% Community health workers trained</p>	<p>% CHWs trained</p>	<p>[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook</p> <p style="text-align: center;">$\frac{\# \text{ CHWs (F) actually trained}}{\# \text{ CHW's (F)}}$</p> <p>Of the total number of female community health workers in the catchment area, what percentage <i>actually participated in</i> Family MUAC training by AfD?</p>

% Caregivers w/ child 6-59 months trained	% Caregivers U5 trained	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # Mothers U5 actually trained / # Mothers U5 (est.) Of the total number of caregivers in the catchment area, what percentage <i>actually participated</i> in Family MUAC training by Afd?
# MUAC tapes distributed	# MUAC tapes distributed	[DATA ENTRY] Total number of MUAC tapes distributed for Family MUAC activities. This includes MUAC tapes distributed to caregivers and CHW's for Family MUAC.
# Training sessions	# Training sessions	[DATA ENTRY] Total number of training sessions conducted for Family MUAC. This includes initial training sessions only.
# Refresher training sessions	# Refresher training sessions	[DATA ENTRY] Total number of refresher training sessions conducted for Family MUAC. This will accumulate on a monthly basis.

Indicator Code	Indicator MEAL Framework Tab	Indicator Routine Monitoring DB Tab	Definition and Disaggregation
A	N/A	# Admissions	[DATA ENTRY] Total number of OTP admissions for the month, by health facility
B		# Referrals	[DATA ENTRY] Total number of OTP referrals for the month, by health facility
C	# CHW referrals to health facilities	# CHW Referrals	[DATA ENTRY] Of the total number of referrals made to the health facility, how many were referred by (Family MUAC) CHW's?
D	# CHW referrals to health facilities which are accurate	# CHW Accurate Referrals	[DATA ENTRY] Of the total number of children referred by a CHW to the health facility, what total number were actually malnourished? <i>Alternatively-</i> how many children, when referred to the health facility because they were identified malnourished by a CHW under the Family MUAC approach, actually were malnourished (yellow or red MUAC) when checked by the health facility personnel?
K	# Referrals by trained caregivers to health facilities after screening at home	# Caregiver Referrals	[DATA ENTRY] Of the total number of referrals made to the health facility, how many were referred by caregivers?
L	# Referrals by trained caregivers to health facilities after screening at home which are accurate	# Caregiver Accurate Referrals	[DATA ENTRY] Of the total number of children referred by a trained caregiver to the health facility, what total number were actually malnourished? <i>Alternatively-</i> how many children, when referred to the health facility because they were identified malnourished by a trained caregiver under the Family MUAC approach, actually were malnourished (yellow or red MUAC) when checked by the health facility personnel?
E	Median MUAC @ Admission	Median MUAC	[DATA ENTRY] Of all children referred to the health facility by Family MUAC, what was the median MUAC reading in mm reported by HF personnel?
F	Median MUAC: CHW referrals	Median MUAC @ Admission (CHW)	[DATA ENTRY] Of all children referred to the health facility by Family MUAC <i>by a CHW</i> , what was the median MUAC reading in mm reported by HF personnel?
G	Median MUAC: Referrals by trained caregivers after screening at home	Median MUAC @ Admission (Caregiver)	[DATA ENTRY] Of all children referred to the health facility by Family MUAC <i>by a trained caregiver</i> , what was the median MUAC reading in mm?

H	Average length of stay	Average Length of Stay	[DATA ENTRY] Of all children referred to the health facility, what was the average length of treatment in the health facility in days?
I	Average length of stay: CHW referrals	Average Length of Stay (CHW)	[DATA ENTRY] Of all children referred to the health facility by Family MUAC <i>by a CHW</i> , what was the average length of treatment in the health facility in days reported by HF personnel?
J	Average length of stay: Referrals by trained caregivers after screening at home	Average Length of Stay (Caregiver)	[DATA ENTRY] Of all children referred to the health facility by Family MUAC <i>by a trained caregiver</i> , what was the average length of treatment in the health facility in days?
M	# Community health workers (F) trained taking accurate MUAC measurements	# CHWs (F) trained taking accurate MUAC measurements	[DATA ENTRY] Total number of CHW's with MUAC reading (color- green, yellow, red) the same as AfD staff and/or health facility personnel.
N	# Caregivers trained taking accurate MUAC measurements	# Caregivers trained taking accurate MUAC measurements	[DATA ENTRY] Total number of caregivers with MUAC reading (green, yellow, red) the same as AfD staff and/or CHW.
	% Community health workers (F) trained taking accurate MUAC measurements	% CHWs (F) trained taking accurate MUAC measurements	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # CHWs (F) trained taking accurate MUAC measurements / # CHW's (F) actually trained Of the total CHW's trained in Family MUAC approach by AfD, what percentage had a MUAC reading (green, yellow, red) the matched the AfD staff and/or health facility personnel?
	% Caregivers trained taking accurate MUAC measurements	% Caregivers trained taking accurate MUAC measurements	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # Caregivers trained taking accurate MUAC measurements / # Caregivers U5 trained Of the total caregivers trained in Family MUAC approach by AfD, what percentage had a MUAC reading (green, yellow, red) the matched the AfD staff and/or health facility personnel?
	% CHW referrals to health facilities	% CHW Referrals	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # CHW Referrals / OTP Admissions Of all OTP admissions, what percentage were referred by a CHW?
	% Referrals by trained caregivers to health facilities	% Caregiver Referrals	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # Caregiver Referrals / OTP Admissions Of all OTP admissions, what percentage were referred by a caregiver trained in the Family MUAC approach?
	% CHW referrals to health facilities which are accurate (monthly)	% CHW Accurate Referrals	[AUTOMATICALLY CALCULATED DATA] This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook # CHW Accurate Referrals / OTP Admissions Of all OTP admissions, what percentage were referred by a CHW <i>and were accurately referred?</i>

	% Referrals by trained caregivers to health facilities which are accurate (monthly)	% Caregiver Accurate Referrals	<p>[AUTOMATICALLY CALCULATED DATA]</p> <p>This indicator will be calculated for you in the Training DB tab of the MEAL Tool Workbook</p> <p style="text-align: center;"># Caregiver Accurate Referrals / OTP Admissions</p> <p>Of all OTP admissions, what percentage were referred by a caregiver trained in the Family MUAC approach <i>and were accurately referred?</i></p>
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DATA COLLECTION TOOLS

The Family MUAC MEAL Toolkit includes several tools, each of which will help you to track project's progress.

Tool name	Description
AfD_AF_Family MUAC_MEAL_Tool	Excel workbook with various sheets for indicator reporting.
Sheet 1: MEAL Framework	[REFERENCE FOR ALL INDICATORS - <i>does not require your intervention.</i>] Indicator: Level, Type, Outcome, Indicator name, Calculation (if applicable) Data collection: Disaggregation, Sources of information, Means of verification, Time of data collection, Frequency of data collection, Person responsible for data collection Expected results: Baseline, Target
Sheet 2: Training DB	[DATA COMPILATION WORKSHEET] Initial training information by health facility. Use this sheet to enter data from <i>Family MUAC Training Attendance Sheet</i> . <i>[Please note that the sheet includes automatic formulas so any cells with numbers or formulas in them (in blue or in bold) should not be touched and they will populate automatically once the remainder of the data is filled in.]</i>
Sheet 3: DB Panjshir	[DATA COMPILATION WORKSHEET] Routine monitoring information +Family MUAC data points by health facility for Panjshir province. Use this sheet to enter data from <i>Family MUAC Baseline + Routine monitoring sheets</i> . <ul style="list-style-type: none"> Baseline section: this table should include averages/medians for the last six months (lines 6-21). Only empty cells will need to be filled in and the rest will be calculated automatically. Routine monitoring section: same table as above for October 2020 – January 2021, which will need to be collected in the course of the project. <i>[Please note that the sheet includes automatic formulas so any cells with numbers or formulas in them (in blue or in bold) should not be touched and they will populate automatically once the remainder of the data is filled in.]</i>
Sheet 4: DB Others	[DATA COMPILATION WORKSHEET] Routine monitoring information +Family MUAC data points by health facility for all other provinces. Use this sheet to enter data from <i>Family MUAC Baseline + Routine monitoring sheets</i> . <ul style="list-style-type: none"> Baseline section: this table should include averages/medians for the last six months (lines 6-21). Only empty cells will need to be filled in and the rest will be calculated automatically. Routine monitoring section: same table as above for October 2020 – January 2021, which will need to be collected in the course of the project. <i>[Please note that the sheet includes automatic formulas so any cells with numbers or formulas in them (in blue or in bold) should not be touched and they will populate automatically once the remainder of the data is filled in.]</i>
Sheet 5: Training M&E tool	[PROGRESS MONITORING WORKSHEET – <i>does not require your intervention</i>] Tracks training progress against baseline and targets. <i>The data in this sheet is populated automatically from Training DB.</i>
Sheet 6: Routine monitoring M&E tool	[PROGRESS MONITORING WORKSHEET – <i>does not require your intervention</i>] Tracks evolution of routine monitoring indicators against baseline per province. <i>The data in this sheet is populated automatically from DB Panjshir & DB Others.</i>
AfD_AF_Family MUAC_Training attendance sheet	[DATA ENTRY TOOL] Form to be completed post Family MUAC training: Tracks total number of attendees (CHW's and/or caregivers), receipt of MUAC and incentive, location, etc.
AfD_AF_Family MUAC Routine Program Monitoring Sheet- Baseline	[DATA ENTRY TOOL] Collection of key indicators at baseline for months of April 2020- September 2020,

	per health facility.
AfD_AF_Family MUAC Routine Program Monitoring Sheet- Follow Up	[DATA ENTRY TOOL] Collection of key indicators for follow-up, months October 2020-January 2021, per health facility.
AfD_AF_Family MUAC_Feedback forms	Forms for soliciting feedback from stakeholders at various points of Family MUAC roll-out.
<i>Feedback Form #1: Post-training feedback, Community Health Workers</i>	[INTERVIEW GUIDE + DATA ENTRY TOOL] Feedback from CHW's after Initial Family MUAC training. Target: One interview per training session. Expected duration: 15 minutes. Sampling recommendation: Select a variety of respondents → do not only choose the most outspoken person in the class. Preferably, include a variety of participants in the course for soliciting feedback: a vocal CHW, then a more quiet CHW; a strong performer, a weak performer, then an average performer; an older CHW, then a younger CHW; and so on.
<i>Feedback Form #2: Post-training feedback, Caregivers</i>	[INTERVIEW GUIDE + DATA ENTRY TOOL] Feedback from caregivers after Initial Family MUAC training. Target: One interview per training session. Expected duration: 15 minutes. Sampling recommendation: As above. Additional considerations: mother of 1 child 6-59 months, a mother of multiple children under 59 months, etc.
<i>Feedback Form #3: Follow-up interview, Community Health Workers</i>	[INTERVIEW GUIDE] Follow-up feedback from CHW's trained on Family MUAC approach. Target: At least three interviews per province (15 total) from different locations/contexts (easy to access/ difficult to access; large catchment population/ smaller catchment population) Expected duration: 20 minutes. Sampling recommendation: Reference above for Post-training, CHW's. Perform additional interviews if saturation/ repetition of themes is not achieved in targeted three interviews per province.
<i>Feedback Form #4: Follow-up interview, Caregivers</i>	[INTERVIEW GUIDE] Follow-up feedback from caregivers trained in Family MUAC approach. Target: At least three interviews per province (15 total)- varying locations. Expected duration: 20 minutes. Sampling recommendation: Reference above for Post-training, CHW's. Perform additional interviews if saturation/ repetition of themes is not achieved in targeted three interviews per province.
<i>Interview guide #5: Health facility personnel</i>	[INTERVIEW GUIDE + DATA ENTRY TOOL] Feedback from Health Facility Personnel whose catchment area has implemented Family MUAC approach. Target: At least two interviews per province (10 total)- varying locations. Expected duration: 45 minutes. Sampling recommendation: Reference above for Post-training, CHW's. Perform additional interviews if saturation/ repetition of themes is not achieved in targeted two interviews per province.
<i>Qualitative Database</i>	[DATA COMPILATION TOOL] [Not yet developed] Key themes of all interviews captured for analysis.

QUICK VIEW: MEAL TOOL WORKBOOK

MEAL Framework (FV), which is a reference for all indicators and does not require interference.

Level	Type	Outcome	Indicator	Calculation, if applicable	Disaggregation	Sources
Community	Process	Coverage	# Community health workers (F) in the HC catchment area	N/A	Catchment area	M
Community	Process	Coverage	# Community health workers (F) in the HC catchment area to be trained	N/A	Catchment area	AFC
Community	Process	Coverage	# Mothers w/ child 6-59 months in the HC catchment area (estimation)	N/A	Catchment area	M
Community	Process	Coverage	# Mothers w/ child 6-59 months in the HC catchment area to be trained	N/A	Catchment area	AFC
Community	Process	Coverage	% Community health workers (F) in the HC catchment area to be trained	D6/D5	Catchment area	Trainin
Community	Process	Coverage	% Mothers w/ child 6-59 months to be trained	D8/D7	Catchment area	Trainin
Community	Process	Initial training	# Community health workers trained	N/A	Catchment area	AID Tr
Community	Process	Initial training	# Caregivers w/ child 6-59 months trained	N/A	Parents/Others M/F	AID Tr

Training DB, which tracks all training indicators, including refresher trainings.

	Expected results		Bamyan	Dykondi	Jawzjan	Panjshir	Kabul	Achieved target
	Baseline	Target						
Coverage								
# CHWs (F)			188	209	175	129	124	825
# CHWs (F) to be trained			120	120	120	0	120	480
# Mothers US (est.)			0	0	0	0	0	0
# Mothers US to be trained			0	0	0	0	0	0
% CHWs (F) to be trained			63.83		68.57	0.00	96.77	57.32
% Mothers US to be trained			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Initial Training								
# CHWs trained	0	500	0	0	0	0	0	0
# Caregivers US trained	0	200	0	0	0	0	0	0
# Caregivers US trained (F)	0	N/A	0	0	0	0	0	0
# Caregivers US trained (M)	0	N/A	0	0	0	0	0	0
# Caregivers US trained (Parents)	0	N/A	0	0	0	0	0	0
# Caregivers US trained (Others)	0	N/A	0	0	0	0	0	0
% CHWs trained	0		0.00		0.00	0.00	0.00	0.00
% Caregivers US trained	0		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# MUAC tapes distributed	0		0	0	0	0	0	0
# Training sessions	0	30	0	0	0	0	0	0
# CHWs (F) trained before MUAC measurement	0		0	0	0	0	0	0

Coverage (Rows 6-11)

Rows to be filled: 6-9

Rows automatically calculated: 10-11

Initial Training (Rows 13-27)

Rows to be filled: 13-18

Rows automatically calculated: 19-20

DB Panjshir, which is a tool for a compilation of routine data + Family MUAC data points for Panjshir for Baseline and then follow-up months October 2020- January 2021.

	BASELINE (6 month average 04-09/2020)							Total
	Panjshir							
	Darrah	Khenj	Paryan	Rokha	Onaba	Shutul		
Province								
District	[Health facility]	[Health facility]	[Health facility]	[Health facility]	[Health facility]	[Health facility]		
Health Facility	[Health facility]	[Health facility]	[Health facility]	[Health facility]	[Health facility]	[Health facility]		
Routine monitoring								
# Admissions							0	
# Referrals							0	
# CHW Referrals							0	
# CHW Accurate Referrals							0	
# Caregiver Referrals							0	
# Caregiver Accurate Referrals							0	
Median MUAC @ Admission							#DIV/0!	
Median MUAC @ Admission (CHW)							#DIV/0!	
Median MUAC @ Admission (Caregiver)							#DIV/0!	
Average Length of Stay							#DIV/0!	
Average Length of Stay (CHW)							#DIV/0!	
Average Length of Stay (Caregiver)							#DIV/0!	
% CHW Referrals	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
% Caregiver Referrals	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
% CHW Accurate Referrals	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Rows to be filled: 6-17

Rows automatically calculated: 18-21

TIMELINE

The M&E tools will need to be used on a regular basis throughout the course of the project, with a general timeline as follows:

AfD- Family MUAC	October 2020				November 2020				December 2020				January 2021			
	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4
Training																
AfD_AF_Family MUAC_Routine Monitoring_Baseline																
AfD_AF_Family MUAC_Training Attendance Sheet																
AfD_AF_Family MUAC_MEAL_Tool Sheet 2: Training DB																
Initial feedback forms, training- CHW's																
Initial feedback forms, training- Caregivers																
Routine Program Monitoring																
AfD_AF_Family MUAC_Routine Monitoring_Follow-up																
AfD_AF_Family MUAC_MEAL_Tool Sheet 3: DB Panjshir																
AfD_AF_Family MUAC_MEAL_Tool Sheet 4: DB Others																
Follow up feedback form- CHW'S 1-2 months after training																
Follow up feedback form- Caregivers 1-2 months after training																
Feedback form- Health facility personnel																

DATA COLLECTION METHODOLOGIES

Monitoring and Evaluation of the Family MUAC approach will include both qualitative and quantitative data collection. While quantitative data answers questions, like, "How many?" and "What?", qualitative data answers questions such as "Why?" and "How" Both can be applied to compliment each other. For example, in the picture to the right, a quantitative question might be "How many purple blocks are there?" while a qualitative question could be "Why are these blocks here?" or "How did they get here?"



PRINCIPLES OF GOOD RESEARCH

Define Informed Consent. No one is required to participate in a feedback survey or Key Informant Interview (KII). A proper interview begins with a proper overview of the exercise, and leaves room for questions from the participant. Presentation of the following, in this order, should precede every interview, whether qualitative or quantitative:

Informed Consent Protocol


1. **PRESENTATION OF AN INTERVIEWER:** The person being interviewed should know who you are and which organization you are coming from.
2. **PRESENTATION + OBJECTIVES OF THE INTERVIEW:** The person being interviewed should be presented with the objectives of your conversation with him/ her, including the length of time expected.
3. **CONFIDENTIALITY [Guarantee of anonymity]:** The person being interviewed should be told exactly how his/her private information will be stored, and who might see it.
4. **RISKS OF PARTICIPATION [Minimal or nonexistent]:** The person being interviewed should be briefed on any risks of participation, which are minimal. S/he should also know s/he will not be compensated financially for their time.
5. **RIGHT TO REFUSE / INTERRUPT AN INTERVIEW [at any time]:** The person being interviewed has the right to say no at the beginning, middle, or close of the survey.
6. **QUESTIONS FROM THE INTERVIEWEE:** The person being interviewed should be asked directly for any questions regarding the survey that they might have.
7. **ORAL CONSENT OF THE INTERVIEWEE:** The person being interviewed must orally agree to participation before you start.

Example: Hello, I am (name) and I work for AfD (full local name). I understand you participated in the training on the Family MUAC approach. I would like to ask you a few questions about your experience during the training. My goal is to have a better understanding of your experience in the training, to help us improve experiences for future participants in the training. I expect this conversation would last at least 20 minutes. I cannot offer you anything for participating in this conversation; likewise there is nothing to lose if you decide not to speak with me. Choosing to speak with me is your personal choice. You can decide to stop participating in this conversation at any time. If you don't want to answer any of the questions, let me know and I'll move on to the next. If you have any questions about the questions I ask, don't hesitate to ask me anytime. I believe there is no risk to you from participating in this conversation. Although we will share the information we collect with other organizations, we will never mention the names of the people who provided this information to us. We will not share your name with anyone. Do you have any questions?

Reach saturation. Saturation means reaching the point where no new themes are discovered, or there is major repetition in the key themes being probed. At saturation point, there is adequate data to develop a valid understanding of the studied questions.

The feedback for AfD's Family MUAC approach will mostly take form of key informant interviews – either in person or via telephone. Key Informants are people with valuable, unique lived experiences. Each of us can be a key informant! For this approach, most key informants will be community health workers (CHWs) and caregivers of children under 5 years of age as well as health facility personnel, because they will all have unique lived experiences with Family MUAC implementation. Discussions with key informants will take place in a one-on-one setting. Here are a few tips for conducting key informant interviews:

DO ensure you have permission to be on-site.	<i>Discuss as a group what this might look like in your context- if you need permission to be at the health facility, or even permission from district/local health officials due to the COVID-19 pandemic.</i>
DO choose the location discretely.	<i>The location for your one-on-one interview should be as private as possible within cultural norms, so interviewee's feel comfortable answering the questions openly. If conducting this survey via a mobile call, ask the interviewee to receive the call in private, if possible.</i>
DO ask: "Is now a good time?"	<i>If it's not a good time, set up an appointment for another time. If you are exceeding the anticipated questionnaire time (i.e. 10-15 minutes), ask consent to continue.</i>
DO choose day's and time's strategically.	<i>Discuss as a group what days and hours will be most appropriate for calling or interviewing respondents. Be mindful of market days, office hours, and common family obligations- i.e. meal times.</i>

DON'T imply respondents are obligated to speak with you.	Everyone has the right to say 'no, never' or 'no, not now' when asked to participate in the survey.
DON'T imply later benefits from participation in the survey.	Participation is voluntary; future partnership with AfD and/or the health facility will not be affected by a refusal to participate.
DO take time to build rapport.	Make respondent comfortable, build trust, and show appreciation for time spent and views shared.
DO respect cultural norms.	Approach the interviewee in a way that is culturally appropriate. If necessary, request the presence of another AfD colleague during the interview, to avoid being one-on-one, if uncomfortable for the respondent. Try to limit the presence of family/friends who might speak for the interviewee, but respect the interviewee's preferences, if they wish to be accompanied. Start the conversation with culturally polite opening norms.
DON'T correct or judge.	It can be our tendency to jump in with corrections! Do not sensitize a respondent with health information, while s/he is answering your questions. Rephrase the participant's own words, if unclear. Do not imply judgement of someone's answers- including with your body language. This is not an exam- so do not quiz the respondent. 😊
DO listen.	<p>Listen to what the interviewee is saying and ask probing questions if the meaning of the answer is unclear: "Could you tell me more?" is a great way to encourage more information from a respondent.</p> <div data-bbox="1003 688 1485 1050" style="border: 1px solid blue; padding: 5px;"> <p>PRACTICAL TIPS PROBING - DEEPENING</p> <ul style="list-style-type: none"> ▪ Echo ▪ Rewording ▪ Active listening (hmm, uh huh) ▪ Relaunch from information of other interviews ▪ Could you dig deeper? ▪ Silence (annoying) ▪ Compliment  </div>
DO record all answers- even "I don't know" as "I don't know"	It is important to document knowledge gaps and not lead respondents to answering questions they are unsure of. Record all answers; Do not interpret answers and/or add your interpretation.
DO stay flexible	Use the feedback form as a guide, and pose questions in the order that makes sense per the conversation. Simplify or rephrase the questions, as needed.
DO say "Thank you!"	No one is required to give us their time! Please express gratitude for all survey respondents, whether they finish the questionnaire/ interview or not.

STORING AND ANALYSIS

Nobody enjoys spending hours of hard work on a file, only to be unable to locate it later. The first thing you should do is to discuss as a team how you will save files and agree to apply a standardized approach, e.g.

AfD_AF_Family MUAC MEAL Tool_Panjshir_05October2020.xlsx

When updating a database, use "Save As" → a good rule of thumb is to "Save As" with the **date** and **province** that you are working from. Make sure you are always working on the latest version of the document and that your colleagues do not work on parallel copies. This will prevent difficulties with merging and/or data loss.

TECHNICAL SUPPORT

For technical support, please contact: Lenka Blanárová (L.Blanarova@actionagainsthunger.org.uk) or Grace Heymsfield (gheymsfi@gmail.com).