

Research Terms of Reference

[Formative Research for Remote Monitoring of Malnutrition]

[SSD 1809]

[South Sudan]

[Release date: November 2018]

[Version number: 01]

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	South Sudan		
Type of Emergency	<input type="checkbox"/> Natural disaster	<input checked="" type="checkbox"/> Conflict	
Type of Crisis	<input type="checkbox"/> Sudden onset	<input type="checkbox"/> Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	[REACH]		
Project Code	32DKA		
Overall Research Timeframe (from research design to final outputs / M&E)	06/11/2018 to 31/01/2019		
Research Timeframe Add planned deadlines (for first cycle if more than 1)	1. Start collect data: 15/11/2018	5. Preliminary presentation: 02/02/2019	
	2. Data collected: 30/01/2019	6. Outputs sent for validation: 08/02/2019	
	3. Data analysed: 02/02/2019	7. Outputs published: 18/02/2019	
	4. Data sent for validation: 02/02/2019	8. Final presentation: 19/02/2019	
Number of assessments	<input checked="" type="checkbox"/> Single assessment (one cycle)		
	<input type="checkbox"/> Multi assessment (more than one cycle) [Describe here the frequency of the cycle]		
Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;	Milestone		Deadline
	<input type="checkbox"/>	Donor plan/strategy	-- / / ----
	<input type="checkbox"/>	Inter-cluster plan/strategy	-- / / ----
	<input type="checkbox"/>	Cluster plan/strategy	-- / / ----
	<input type="checkbox"/>	NGO platform plan/strategy	-- / / ----
<input checked="" type="checkbox"/>	Other (Specify): AoK Nutrition Questions based on preliminary analysis		30/01/2019
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type		Dissemination
	<input checked="" type="checkbox"/> Strategic <input type="checkbox"/> Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]	<input checked="" type="checkbox"/> General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) <input type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting <input checked="" type="checkbox"/> Presentation of findings (e.g. at HCT meeting; Cluster meeting) <input checked="" type="checkbox"/> Website Dissemination (Relief Web & REACH Resource Centre)	

		<input type="checkbox"/> [Other, Specify]
Detailed dissemination plan required	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No
General Objective	<p>Acute malnutrition has been shown to be associated with an increased risk of mortality, particularly for children under five years of age. Therefore, nutrition information in emergencies is necessary for decision makers to most effectively direct life-saving interventions. However, quality nutrition information is typically gathered when there is direct access to a population in order to take anthropometric measurements and determine the nutritional status of children. Due to access and logistical constraints in many parts of South Sudan, direct data collection is not possible in many locations. The Area of Knowledge (AoK) methodology is used by REACH to report indicative settlement-level findings on needs and conditions by interviewing key informants who have had direct access to these hard to reach locations. This research aims to inform opportunities for the integration of nutrition questions into the current <u>AoK remote monitoring system</u>¹ currently implemented by REACH in South Sudan.</p>	
Specific Objective(s)	<p>Objective 1 – Improve understanding on community perceptions of malnutrition Objective 2 - Increase understanding on how breastfeeding and child feeding practices change in response to different settlement level shocks² Objective 3 – Determine the feasibility of reporting on perceived malnutrition at the settlement level through remote data collection, in order to identify communities in need of nutrition support.</p>	
Research Questions	<p>RQ1: What are the community perceptions and definitions of malnutrition?</p> <ul style="list-style-type: none"> - What are the main types of malnutrition as perceived and defined by the community? - How do different types of malnutrition change throughout the year? - What characteristics do nutrition service providers, traditional practitioners and Community Nutrition Volunteers observe for communities with high amounts of malnourished children vs. low amounts of malnourished children? <p>RQ2: How do breastfeeding and child feeding practices change in response to shocks?</p> <ul style="list-style-type: none"> - How do caregivers generally cope with child malnutrition when faced with different shocks? - How do breastfeeding practices change in your community in response to shocks? - How do child feeding practices change in your community in response to shocks? - How does care for the elderly change in response to shocks? 	

¹ For AoK methodology and outputs, ToRs, factsheets and related products are available on the REACH Resource Centre

² Shocks here refers to any natural or other shock that affects the community as a whole such as conflict, displacement, crop disasters, disease outbreaks, livestock disease outbreaks, market disruptions etc.

	<p>RQ3: To what degree, and with whom, is their awareness of child malnutrition at the community level?</p> <ul style="list-style-type: none"> - Are men or women informed about the condition and care of children in the community? - Who is best informed in the community on child malnutrition? 		
<p>Geographic Coverage</p>	<p>Northern Bahr-el Gazal (Aweil Base) Western Bahr-el Gazal (Wau Base) Jonglei (Akobo Base) Upper Nile (Malakal Base) Lakes State (Bor Base) Unity State (Panjijar Base) Western Equatoria (Yambio Base) Eastern Equatoria (Kapoeta Base)</p>		
<p>Secondary data sources</p>	<ol style="list-style-type: none"> 1. Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) Survey Reports, South Sudan 2. Vikki Groves. "Childhood Malnutrition and the Dinka of Southern Sudan". Emergency Nutrition Network, Field Exchange. March 2010. 3. REACH South Sudan. "Now the Forest is Blocked": Shocks and Access to Food. March 2018 4. T. Woldetsadik. Nutrition Causal Analysis, Aweil East County, Northern Bahr el Ghazal State. December 2011. 5. Sadler, K., Mitchard, E., Abdi, A., Shiferaw, Y., Bekele, G., and Catley, A. (2012). Milk Matters: The impact of dry season livestock support on milk supply and child nutrition in Somali Region, Ethiopia. Feinstein International Center, Tufts University and Save the Children, Addis Ababa. 		
<p>Population(s) Select all that apply</p>	<input type="checkbox"/> IDPs in camp	<input checked="" type="checkbox"/>	<p>IDPs in informal sites</p>
	<input checked="" type="checkbox"/> IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	<input type="checkbox"/> Refugees in camp	<input type="checkbox"/>	Refugees in informal sites
	<input type="checkbox"/> Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]
	<input checked="" type="checkbox"/> Host communities	<input type="checkbox"/>	[Other, Specify]
<p>Stratification Select type(s) and enter number of strata</p>	<input type="checkbox"/> Geographical #: _ _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group #: _ _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> [Other Specify] #: _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Data collection tool(s)</p>	<input type="checkbox"/> Structured (Quantitative)	<input checked="" type="checkbox"/>	Semi-structured (Qualitative)
	<p>Sampling method</p>		<p>Data collection method</p>
<p>Semi-structured data collection tool (s) # 1 Select sampling and data collection method and specify target # interviews</p>	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #): _ _ _ _ _ <input type="checkbox"/> Individual interview (Target #): _ _ _ _ _ <input checked="" type="checkbox"/> Focus group discussion (Target #): 24 <input type="checkbox"/> [Other, Specify] (Target #): _ _ _ _ _
<p>Semi-structured data collection tool (s) # 2 Select sampling and data collection method and specify target # interviews</p>	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input checked="" type="checkbox"/> Key informant interview (Target #): 16 <input type="checkbox"/> Individual interview (Target #): _ _ _ _ _ <input type="checkbox"/> Focus group discussion (Target #): _ _ _ _ _ <input type="checkbox"/> [Other, Specify] (Target #): _ _ _ _ _

***If more than 2 structured tools please duplicate this row and complete for each tool.						
Data management platform(s)	X	IMPACT		<input type="checkbox"/>	UNHCR	
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	X	Report #: 1	<input type="checkbox"/>	Profile #: __
	<input type="checkbox"/>	Presentation (Preliminary findings) #: _2	<input type="checkbox"/>	Presentation (Final) #: _2_	<input type="checkbox"/>	Factsheet #: __
	<input type="checkbox"/>	Interactive dashboard #: _	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: __
	X	[Other, Specify] #: 1 set of Nutrition AoK questions for further field testing				
Access	X	Public (available on REACH resource center and other humanitarian platforms)				
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility Specify which logos should be on outputs		REACH, OFDA				

2. Rationale

2.1. Rationale

South Sudan is one of 15 countries noted to have persistently high rates of global acute malnutrition (GAM), with rates in many counties regularly above the “Critical” WHO threshold of 15%³. High quality and regular nutrition information is essential to monitor improvements and deterioration in malnutrition, however, insecurity, lack of funding and capacity for standard nutrition and mortality surveys, as well as physical access to communities are impediments in South Sudan. Nutrition surveillance typically relies on collecting anthropometric measurements of children in a given geographic area, however this depends on direct access to the population in question. REACH has been implementing the [Area of Knowledge \(AoK\) methodology](#) in South Sudan since 2015, in which key informants with access to hard to reach settlements are able to provide indicative information on conditions and needs in those settlements without the need for direct access to the population. To date, questions on malnutrition have not been integrated into AoK tools due to a lack of understanding on how best to report on perceived malnutrition, and lack of clarity on how well reporting on perceived malnutrition would match up with reports from higher quality anthropometric surveys. This research project will aim to inform on the methods and feasibility of integrating nutrition into AoK data collection, which will provide indicative information on perceived malnutrition in hard to reach areas, and highlight areas in need of more in-depth needs assessments.

3. Methodology

2.1. Methodology overview

A qualitative approach will be used to explore community knowledge and practices related to malnutrition, with the aim of understanding how best to ask settlement level questions to remotely identify places that may be experiencing high levels of acute malnutrition, which in this case is inclusive of both Marasmus, where the child has suffered from rapid weight loss and is very thin, and Kwashiorkor, where the child is suffering from swelling of the legs, belly or other extremities due to malnutrition.⁴ Additionally, the aim is to identify any other terms or definitions for malnutrition as defined by the participants.

³ WHO. The management of nutrition in major emergencies. 2000.

⁴ Harmonized Training Package (HTP), Module 3 – Understanding Malnutrition. Part 2: Technical Notes

Two separate qualitative tools will be used in order to triangulate responses as much as possible. A Focus Group Discussion (FGD) tool will be used to probe community participants on their perceptions of the causes, types and seasonality of malnutrition, as well as their awareness of malnutrition in the community and how care practices change in response to shock.

At each of 8 participating REACH bases⁵, a minimum of three focus groups will be conducted, two with women and one with men, for a total of 24 focus groups. Each FGD will have between 6-8 people, with participants being selected purposively from the community. Where possible, one female FGD will be with women in the host community and one will be with women who are IDPs, while the male FGD can be either host community or IDP depending on the location⁶. Efforts will be made to involve participants who are from communities which have experienced different types of shocks.

At least 2 key informant interviews will be conducted per base with health workers and local nutrition service providers, for a total of 16 KIIs. These interviews will focus on their perceptions of malnutrition in the community, and how they define a high versus low burden of malnutrition at the community level. Outpatient Therapeutic Program (OTP) sites are the primary service where children with severe acute malnutrition are referred from the community for treatment, so service providers at these sites have frequent access to and knowledge of malnourished children and their caregivers. At least one nutrition provider working in an Outpatient Therapeutic Program (OTP) site, and one Community Nutrition Volunteer will be interviewed per REACH base involved in data collection, ideally from different nutrition programs, if multiple exist. If possible, one traditional practitioner will also be interviewed as key informants as they often are sought by the community for treatment of malnutrition as well.

2.2. Population of interest

Both female and male host community members and IDPs are the population of interest. Perceptions of malnutrition shocks experienced, and child feeding practices will be heavily dependent on the location due to differences in ethnic group makeup, livelihoods, as well as shocks that have been locally experienced. The following REACH bases were selected due to the variety of livelihood zones they would represent (see Table 1).

Table 1: Sampling Grid for FGDs

Location / Base	Livelihood Zones ⁷
Aweil base, Northern Bahr-el Gazal State	Agro-Pastoralist
Wau base, Western Bahr-el Gazal State	Agro-pastoralist
Akobo base, Jonglei State	Agro-pastoralist
Renk base, Upper Nile State	Agro-pastoralist
Bor town base, Lakes State	Fishing, Agro-Pastoralist
Panyijar (Nyal base), Unity State	Fishing, Agro-Pastoralist
Yambio or Maridi base, Western Equatoria State	Agriculturalist
Kapoeta base, Eastern Equatoria State	Pastoralist

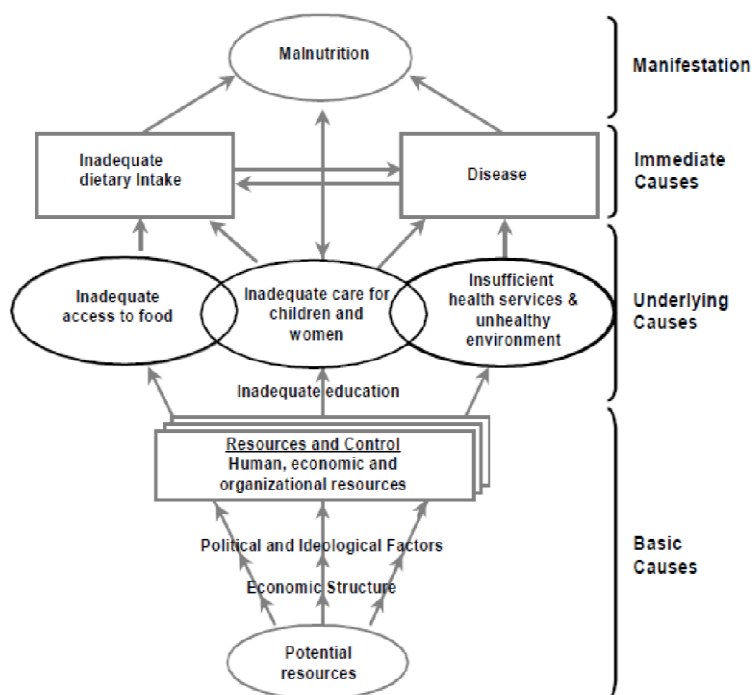
⁵ REACH has 15 bases throughout South Sudan which capture AoK data on a monthly basis. Please see Table 1 for list of locations considered for this research.

⁶ The number of male focus groups will be limited due to resource constraints and because men tend not to be the primary caregivers in the South Sudan context. As we are not disaggregating male results by IDP or Host community, the specific type of male FGD is not specified.

⁷ FEWS NET. Livelihoods Zone Map and Descriptions for the Republic of South Sudan (Updated). August 2018.

2.3. Secondary data review (outline key bibliography/sources you will use and for what).

So far, limited research has been conducted on perceptions of malnutrition or care practices in South Sudan; however, several sources exist that can partly inform the research design and tools. The **UNICEF Conceptual Framework** is the main theoretical structure for a causal understanding of malnutrition, breaking related factors into immediate (individual level), underlying (household level) or basic causes (macro, community level). Within the South Sudan context, a **Nutrition Causal Analysis**⁸ was conducted in 2011 in Aweil East in order to identify potential causal pathways for malnutrition. Additionally, the **Milk Matters**⁹ report summarizes the importance of milk in children's diet in pastoralist societies. As the overall aim is to learn how best to identify settlements suffering from or at high risk of malnutrition, these sources can provide guidance on topics and potential questions to focus on.



A number of nutrition program coverage surveys¹⁰ have previously reported on local terms and definitions for different perceived types of malnutrition. This shows there is awareness and distinction of malnutrition at the community level, and that communities may themselves be able to report indicatively when high levels of acute malnutrition exist. In areas primarily dominated by Dinka ethnic groups, “door/adoor” has been noted as a term for malnutrition, described in most reports as a very thin child with an “old man face”. Other terms have been noted as well for “big-bellied” children, children with diarrhoea and more. A more thorough investigation of these terms could help identify the most inclusive ways of asking about malnourished children at the settlement level.

Food Security and WASH are considered underlying causes of malnutrition which convalesce at the household level, however they are already well understood and represented in current AoK data collection tools. Infant and young child feeding/care practices however are not well conceptualized beyond the household level and therefore not included in AoK. They could however be a potential source for identifying areas at risk for malnutrition. While there is a lack of qualitative research on traditional infant and young child feeding practices, some work has been done by World Vision International, which previously reported on some **qualitative findings on Dinka child care practices and perceptions of malnutrition**¹¹, providing an overview of key practices in particular breastfeeding practices, sharing of food within the household, and the role of “cattle camps” in child care.

Of particular interest is understanding how perceptions of malnutrition and care practices change in response to deteriorating situations. **Previous research by REACH on shocks and access to food**¹² can inform the different scenarios in which the severity and scope of malnutrition can be looked at within communities For instance, knowing how the severity of perceived

⁸ T. Woldetsadiik. Nutrition Causal Analysis, Aweil East County, Northern Bahr el Ghazal State. December 2011.

⁹ Sadler, K., Mitchard, E., Abdi, A., Shiferaw, Y., Bekele, G., and Catley, A. (2012). Milk Matters: The impact of dry season livestock support on milk supply and child nutrition in Somali Region, Ethiopia. Feinstein International Center, Tufts University and Save the Children, Addis Ababa.

¹⁰ GOAL South Sudan. SQUEAC Twic County, Warrap State, South Sudan. November 12th to 28th, 2014.

¹¹ Vikki Groves. “Childhood Malnutrition and the Dinka of Southern Sudan”. Emergency Nutrition Network, Field Exchange. March 2010.

¹² REACH South Sudan. “Now the Forest is Blocked”: Shocks and Access to Food. March 2018

malnutrition is related to livestock disease outbreaks opposed to flooding, or how breastfeeding practices change when people are displaced, are examples of questions of interest raised by this report.

As the secondary review highlights, the following information gaps exist which this research aims to address:

- Local types and definitions and care practices in other non-Dinka ethnic groups
- Differences between “normal” child care practices and practices in response to deteriorating situations / shocks
- Extent of community awareness of malnutrition

2.4. Primary Data Collection

Focus Group Discussions – Focus group discussion tools will be disseminated to each of the target REACH bases around beginning of January, where each base will conduct:

- 1 male FGD from the host community or IDPs
- 1 female FGD from the host community
- 1 female FGD from displaced populations

Efforts will be made to find participants from settlements that have experienced a variety of shocks, including disease outbreaks, displacement, market access issues, etc. As child feeding practices and beliefs vary regionally due to differences in livelihoods and ethnic groups, efforts will also be made to capture information from a variety of locations. Most locations are fairly homogenous and at most will have one or two different ethnic groups to include in data collection. Please see Table 1 above for more detail.

Each FGD will be facilitated by either one Field Coordinator/ Deputy Field Coordinator, and one enumerator to help as a note taker. Where staffing allows, at least one of the facilitator/ note takers should be female for the female FGDs. The following activities will be incorporated into the focus group discussions to engage participants:

- Participatory ranking exercises – to list the different types or terms for malnutrition and rank their severity
- Large group discussion – to understand the shocks experienced and demographics of the participants; to understand the norms in child care practices and changes after shocks; to understand community awareness of malnutrition
- Seasonal calendar – for understanding timing and causes of malnutrition and shocks

Key Informant Interviews – Intended as complementary to the FGDs and to allow for triangulation, at least one nutrition service provider per OTP site in the town, one traditional practitioner and one community nutrition volunteer (if available) will be interviewed at each site on their perceptions of communities with high and low burdens of malnutrition, who will be identified through snowball sampling from the FGDs. Data will be collected by paper forms. Questions will focus on perceptions of malnutrition and its causes at the community level.

2.5. Data Processing & Analysis

Preparation/Quality Control - All tools will be field tested prior to data collection, and reviewed by national staff to ensure cultural appropriateness. Assessment Officers (AOs) at each of the participating bases will be provided a training guide on the tool, sampling, and data cleaning processes.

Data Processing - An excel matrix will be provided to the field teams to fill-in from the FGD and KI responses. In the response matrix, each row will represent one sub question of the main research question, and each column is the responses from one focus group. Each focus group will only represent one sex, one ethnic group, one location, and either IDPs or host community, hence allowing for disaggregation of results. The response matrix for KIIs will similarly have one sub question per row, and one column for each interview with a nutrition provider, traditional practitioner, or community nutrition volunteer.

Response matrices will be sent to the Nutrition Assessment Officer and AO in charge of that location for review, and any questions or comments will be sent back to the field coordinator for clarification.

Data Analysis – Codes will be assigned to the responses in an initial read through of the data. A codebook will then be established, and then re-applied to all of the data. Once the final set of codes has been applied, the frequency of their appearance across each disaggregation will be counted, and results analysed for major themes. Atlas.ti will be used to facilitate the coding/ analysis process.

3. Roles and responsibilities

Table 2: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Nutrition Assessment Officer	Assessment Manager	Research Unit HQ	Country Coordinator
Field Testing tools	Nutrition Assessment Officer	Nutrition Assessment Officer	Assessment Manager	Country Coordinator
Supervising data collection	Deputy Field Coordinator / Field Coordinator	Assessment Officer	Nutrition Assessment Officer	Assessment Manager
Data processing (checking, cleaning)	Deputy Field Coordinator / Field Coordinator	Assessment Officer	Nutrition Assessment Officer	Assessment Manager
Data analysis	Nutrition Assessment Officer	Assessment Manager	Research Unit HQ	Country Coordinator
Output production	Nutrition Assessment Officer	Assessment Manager	Research Unit HQ	Country Coordinator
Dissemination	Nutrition Assessment Officer	Assessment Manager	HQ Communications Officer	Country Coordinator
Monitoring & Evaluation	Nutrition Assessment Officer	Assessment Manager	Research Unit HQ	Country Coordinator
Lessons learned	Nutrition Assessment Officer	Assessment Manager	Research Unit HQ	Country Coordinator

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

Timeline

Task	November				December				January				February			
Draft / Submit ToR and Tools to Geneva																
Pilot FGD and KII tools																
Data collection																

Data Cleaning / Review																	
Data Analysis																	
Drafting Nutrition AoK Questions																	
First round of AoK with integrated Nutrition Questions																	
Second round of AoK with integrated Nutrition Questions																	
Drafting Research Report																	
Submission of Draft Report to Gevena																	
Publishing Research Report																	

Data Analysis Plan

TABLE 3: RESEARCH QUESTIONS ADDRESSED WITH SEMI-STRUCTURED TOOL(S)

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Data collection method	Key disaggregations (Group types)
1. What are the community perceptions and definitions of malnutrition?	1.1	What are the main types of malnutrition perceived and defined by the community?	<p>(FGD ONLY) What do you understand is malnutrition? Can you describe a malnourished child?</p> <p>(FGD and all KIIs) What are the main kinds of malnutrition that children or adults experience (generally)?</p> <p>(FGD and all KIIs) How would you describe a child or adult with these type of malnutrition?</p> <p>(FGD ONLY) Can you please rank the severity of these different kinds of malnutrition? Why are some more severe than others?</p>	<p>For young children?</p> <p>Diarrhoea with or without malnutrition?</p> <p>Malnourished with other sickness?</p> <p>“Big bellied”?</p> <p>For adults?</p> <p>For elderly?</p>	FGD, KI	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>

			<p>(FGD ONLY) What are the causes for each of these kinds of malnutrition?</p> <p>(All KII ONLY) Which terms are used to describe the kinds of malnourished children most frequently brought to your service?</p> <p>(All KII ONLY) Which terms are used to describe the most severe cases of malnourished children brought to your service?</p>			
1.2	How do different types of malnutrition change throughout the year?	(FGD only) How does the amount of children or adults with different kinds of malnutrition change throughout the year?	How do these kinds of malnutrition change seasonally?	FGD	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>	
1.3	What characteristics do nutrition service providers, traditional practitioners and Community Nutrition Volunteers observe for communities with high amounts of malnourished children vs. low amounts of malnourished children?	<p><i>(Provider or Trad. Pract KII) From the location you most frequently provide services, what are the names of all the settlements you provide services to?</i></p> <p><i>(CNV KII) What are the names of all the neighboring settlements to your own?</i></p> <p><i>(All KIIs) Can you rank these settlements from those with the most malnutrition to the least?</i></p> <p><i>(All KIIs) Why did you rank them this way?</i></p>	<p>What physical environment?</p> <p>Social environment?</p> <p>Economic environment?</p> <p>Security?</p>	KI	<p>Nutrition service provider v. Traditional practitioner, v. Community Nutrition Volunteer</p>	

			<p><i>(Provider or Trad. Pract KII) What are the characteristics of communities that you identify to have more or less malnutrition?</i></p> <p><i>(Provider or Trad. Pract KII) What are the characteristics of communities that you identify to have the most or least severe cases of malnutrition?</i></p> <p><i>(CNV KII) Is there a lot or a little child malnutrition in your community compared to neighboring communities? What characteristics of your community cause there to be either less or more malnutrition?</i></p> <p><i>(CNV KII) Are there more or less severe cases of malnutrition in your community compared to neighboring communities? What characteristics of your community cause there to be either less or more severe cases of malnutrition?</i></p>			
2. Who in the community is best informed on the situation of malnutrition in the community?	2.1	Are men and women informed about the nutritional status and feeding practices in the community?	(FGD ONLY) During the season with high malnutrition...how did you know there were many or a few children with malnutrition throughout your community, and not just your own homes?	<p>Your neighbor's children?</p> <p>Relatives?</p> <p>Other community members?</p>	FGD, KI	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>

	2.2	Who is best informed in the community on child malnutrition?	<p><i>(All KIIs ONLY) Who is most likely to know if a community has high amounts of malnutrition (nutrition provider, traditional practitioner, community nutrition volunteer)?</i></p> <p><i>(All KIIs ONLY) Who is most likely to be aware of the most severe cases of malnutrition in a community?</i></p> <p><i>(All KIIs ONLY) Is there anyone else in the community who is well informed about malnutrition in the community?</i></p>	<p>Probe for top three</p> <p>Why are these people informed on malnutrition?</p>	KI, FGD	Nutrition service provider v. Traditional practitioner, v. Community Nutrition Volunteer
3. How do child care practices change in response to shocks?	3.1	How do caregivers generally cope with child malnutrition when faced with different shocks?	<p><i>(FGD and all KIIs) What kind of hardships (shocks) has your community experienced in the past 5 years? When did these events occur?</i></p> <p><i>(FGD only) How did your community cope in general with the shock?</i></p> <p><i>(FGD only) How did you cope specifically to care for your children or prevent malnutrition?</i></p> <p><i>(KI ONLY) How did these different events affect how caregivers/mothers would bring their children for treatment at nutrition services?</i></p> <p><i>(KI ONLY) What changes have you observed, if any, in how mothers care for or feed their children when these events</i></p>	<p><i>Disease outbreak (cholera, measles, etc.)? Loss of livestock? Livestock disease outbreak? Flooding? Acute lack of access to food? Conflict related displacement? Other?</i></p>	FGD, KI	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>

		<p><i>(shocks) happen in the community?</i></p> <p><i>(Provider or Trad Pract. KII only) How did these events affect how caregivers/mothers would bring their children for treatment at nutrition services?</i></p> <p><i>(CNV ONLY) How did these different events affect how caregivers/mothers in your community would bring their children for treatment at nutrition services?</i></p> <p><i>(Provider or Trad Pract. KII only) What changes have you observed, if any, in how mothers care or feed their children when these hardships (shocks) happened in these communities which you provide services?</i></p> <p><i>(CNV ONLY) What changes have you observed, if any, in how mothers care for or feed their children when these hardships (shocks) happened in your community?</i></p>			
3.2	How do breastfeeding practices change in your community in response to shocks?	<p><i>(FGD ONLY) Can you describe what are normal breastfeeding practices like in your community?</i></p> <p><i>(FGD ONLY) What difficulties do women face in breastfeeding normally?</i></p>	How long do women breastfeed for? How frequently in a day? Giving other liquids or foods to children under 6 months?	FGD	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>

		<p><i>(FGD ONLY) How would the way women breastfeed change in response to these events (shocks) you all described?</i></p> <p><i>(FGD ONLY) What difficulties do women face in breastfeeding during these different events?</i></p>			
3.3	How do child feeding practices change in your community in response to shocks?	<p><i>(FGD ONLY) Can you describe what are normal feeding practices for children under 5 in your community?</i></p> <p><i>(FGD ONLY) What difficulties do women face in feeding their child normally?</i></p> <p><i>(FGD ONLY) How would the way women feed their children change in response to these events (shocks) you all described?</i></p> <p><i>(FGD ONLY) What difficulties do women face in feeding their child during these events (shocks)?</i></p>	<p>When introduce solid foods to your infant? What foods? How frequently?</p> <p>As a result of the shock? To cope with the shock?</p>	FGD	<p>Ethnic groups (Dinka, Nuer, Shilluk, other)</p> <p>Displaced vs. Host</p> <p>Female v. Male</p>
3.4	How does care for the elderly change in response to shocks?	<p><i>(FGD ONLY) How does malnutrition of the elderly change when these shocks occur? Why?</i></p> <p><i>(FGD ONLY) What do families or communities do to prevent malnutrition in the elderly when these shocks occur?</i></p>			

5. Data Management Plan

Administrative Data	
Research Cycle name	Formative Research for Remote Monitoring of Malnutrition
Project Code	SSD 1809
Donor	OFDA

Project partners	REACH			
Research Contacts	[Saeed Rahman] [saeed.rahman@reach-initiative.org]			
Data Management Plan Version	Date: 06/11/2018	Version: 01		
Related Policies	[List any relevant policies/procedures on data management, data sharing and data security that this project will be based on]			
Documentation and Metadata				
What documentation and metadata will accompany the data? <i>Select all that apply</i>	<input type="checkbox"/>	Data analysis plan	<input type="checkbox"/>	Data Cleaning Log, including: <input type="checkbox"/> Deletion Log <input type="checkbox"/> Value Change Log
	<input checked="" type="checkbox"/>	Code book	<input type="checkbox"/>	Data Dictionary
	<input type="checkbox"/>	Metadata based on HDX Standards	<input type="checkbox"/>	[Other, Specify]
Ethics and Legal Compliance				
Which ethical and legal measures will be taken?	<input checked="" type="checkbox"/>	Consent of participants to participate	<input type="checkbox"/>	Consent of participants to share personal information with other agencies
	<input checked="" type="checkbox"/>	No collection of personally identifiable data will take place	<input checked="" type="checkbox"/>	Gender, child protection and other protection issues are taken into account
	<input checked="" type="checkbox"/>	All participants reached age of majority		[Other, Specify]
Who will own the copyright and Intellectual Property Rights for the data that is collected?	REACH			
Storage and Backup				
Where will data be stored and backed up during the research?	<input type="checkbox"/>	IMPACT/REACH Kobo Server	<input type="checkbox"/>	Other Kobo Server: [specify]
	<input type="checkbox"/>	IMPACT Global Physical / Cloud Server	<input checked="" type="checkbox"/>	Country/Internal Server
	<input type="checkbox"/>	On devices held by REACH staff	<input type="checkbox"/>	Physical location [specify]
	<input type="checkbox"/>	[Other, Specify]		
Which data access and security measures have been taken?	<input type="checkbox"/>	Password protection on devices/servers	<input checked="" type="checkbox"/>	Data access is limited to <i>REACH STAFF</i>
	<input type="checkbox"/>	Form and data encryption on data collection server		
	<input type="checkbox"/>	[Other, Specify]		
Preservation				
Where will data be stored for long-term preservation?	<input type="checkbox"/>	IMPACT / REACH Global Cloud / Physical Server	<input type="checkbox"/>	OCHA HDX
	<input checked="" type="checkbox"/>	REACH Country Server	<input type="checkbox"/>	[Other, Specify]
Data Sharing				
Will the data be shared publically?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No, only with mandating agency / body
Will all data be shared?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, only anonymized/ cleaned/ consolidated [delete what does not apply] data will be shared

	<input type="checkbox"/>	No, [Other, Specify]		
Where will you share the data?	<input type="checkbox"/>	REACH Resource Centre	<input type="checkbox"/>	OCHA HDX
	<input type="checkbox"/>	HumanitarianResponse	<input type="checkbox"/>	[Other, Specify]
Responsibilities				
Data collection	Saeed Rahman, Nutrition Assessment Officer, saeed.rahman@reach-initiative.org]			
Data cleaning	Saeed Rahman, Nutrition Assessment Officer, saeed.rahman@reach-initiative.org]			
Data analysis	Saeed Rahman, Nutrition Assessment Officer, saeed.rahman@reach-initiative.org]			
Data sharing/uploading	Saeed Rahman, Nutrition Assessment Officer, saeed.rahman@reach-initiative.org]			

6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	<input checked="" type="checkbox"/> Yes
		# of downloads of x product from Relief Web	Country request to HQ		<input type="checkbox"/> Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		<input type="checkbox"/> Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		<input type="checkbox"/> Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	NA
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian	Perceived relevance of IMPACT country-programs	Country team	Usage_Feed back and Usage_Survey template	NA
		Perceived usefulness and influence of IMPACT outputs			<i>Perceived relevance of IMPACT country-programs</i>
		Recommendations to strengthen IMPACT programs			<i>Perceived usefulness and influence of IMPACT materials</i>

	documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	<div style="border: 1px solid black; padding: 2px;">Perceived capacity of IMPACT staff</div> <div style="border: 1px solid black; padding: 2px;">Perceived quality of outputs/programs</div> <div style="border: 1px solid black; padding: 2px;">Recommendations to strengthen IMPACT programs</div>			<i>Recommendations to strengthen IMPACT programs</i> <i>Perceived quality of outputs/programs</i>
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (<i>providing resources, participating to presentations, etc.</i>)	<div style="border: 1px solid black; padding: 2px;"># of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation</div> <div style="border: 1px solid black; padding: 2px;"># of organisations/clusters inputting in research design and joint analysis</div> <div style="border: 1px solid black; padding: 2px;"># of organisations/clusters attending briefings on findings;</div>	Country team	Engagement _log	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes

ANNEX 1 - Dissemination Planning Matrix – Formative Research on Remote Monitoring of Malnutrition

Timing	Audience	Message/activity	Communications channel	Materials needed	Person responsible	Supporting staff
07 / 12 / 2018	NIWG / UNICEF Nutrition Cluster Coordinator	Inform about research objectives and methodology, and intended timeline for their participation	Email	One Page Summary of Approved ToR	Nutrition Assessment Officer	Country Coordinator
15 / 02 / 2019	Ministry of Health/Nutrition Department	Draft first round AoK questions,	Bilateral meeting	Draft of Nutrition AoK questions, example AoK factsheets	Nutrition Assessment Officer	Country Coordinator
19 / 02 / 2019	UNICEF/ Nutrition Information Working Group	Share results of formative research, drafted first round nutrition AoK questions,	Presentation	Presentation validated by Geneva	Nutrition Assessment Officer	Country Coordinator
23 / 02 / 2019	Nutrition Cluster	Share results of formative research, drafted first round nutrition AoK questions, call for feedback from cluster	Dissemination Email	Published Report (link to Resource Center)	Communication manager	Country Coordinator
23 / 02 / 2019	All Audiences – NGOS, donors and government entities	REACH information is available to all humanitarian actors and the general public. REACH information can be found on our resource center and website	Dissemination Email	Published Report (link to Resource Center)	Communication manager	Country Coordinator
26 / 03 / 2019	NIWG / NAWG / Ministry of Health	Share Nutrition AoK results from first round for evaluation, interpretation and feedback	Presentation	Presentation validated by Geneva	Nutrition Assessment Officer	Country Coordinator
15 / 04 / 2019	REACH Geneva Office	Draft web article on Nutrition AoK and formative research results	Emails /Skype chat with Communications and M&E staff in Geneva	Web articles and photos	Communication Manager	Nutrition Assessment Officer