PRACTICAL CHECKLISTS FOR CONDUCTING NUTRITION SURVEYS

IPIN | INTEGRATED PROGRAMMING FOR IMPROVED NUTRITION
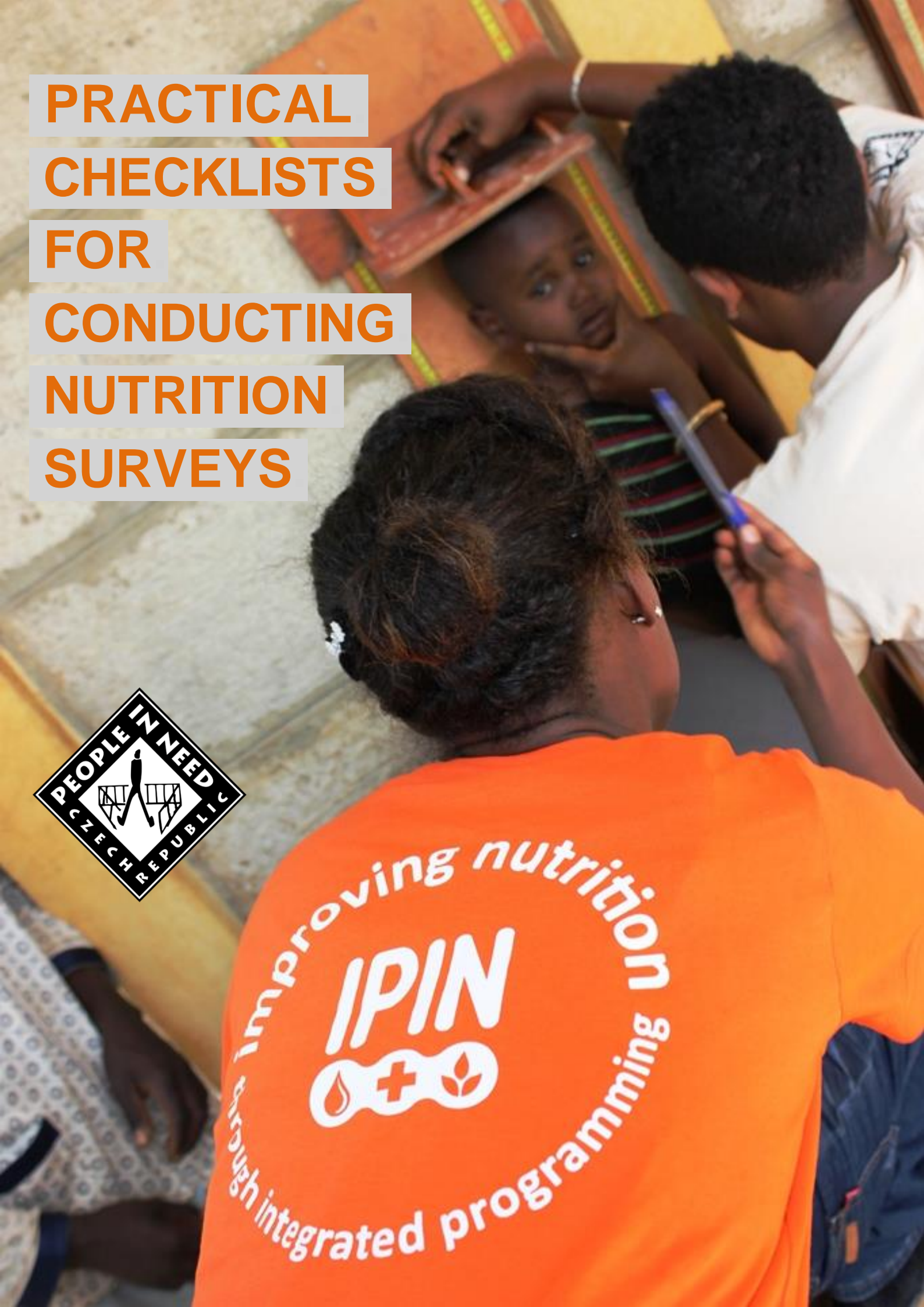
BACKGROUND

People in Need (PIN) currently works in six countries on improving the nutrition of children and women of reproductive age. Using its **Integrated Programming for Improved Nutrition** (IPIN) approach, PIN focuses on addressing the key causes of acute and chronic undernutrition.

In all its work, the **availability and use of quality data is essential**. The right types of reliable data enable us to act upon a good understanding of the local realities, and in doing so, increase the relevance and impact of our work. They are equally important for assessing the results of often a very large amount of time, money and energy invested in addressing a particular problem. They enable us to learn and to make our work more accountable. Whatever the purpose of your survey is, **always keep in mind that the value of data lies in its active and meaningful use**.

The checklists were prepared based on PIN and other agencies' experience in nutrition-related programming. They aim to support PIN and its partners' staff in **ensuring their surveys are of maximum quality**. For each stage of a survey, they enable you to quickly assess whether you have omitted an important step which may influence the quality of your data. Since the checklists serve just as reminders, a brief list of the **most recommended sources of know-how** is provided for each type of survey.

CONTENT

ABBREVIATIONS

CMAM	Community Management of Acute Malnutrition
ENA	Emergency Nutrition Assessment (software)
ELO	PIN's internal data management system
IYCF	Infant and Young Child Feeding
MUAC	Mid-Upper Arm Circumference
ORS	Oral Rehydration Solutions
PIN	People in Need
RUTF	Ready-to-Use Therapeutic Food
SMART	Standardized Monitoring and Assessment in Relief and Transitions
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage

NUTRITION SURVEYS IN BRIEF

The below presented checklists focus on **five types of surveys which you are most likely to need for your nutrition-sensitive and nutrition-specific programming**. Here is their brief overview:

RAPID ASSESSMENTS FOR DESIGNING NUTRITION PROJECTS (min. 7-9 days)	When you decide to **develop a new project proposal**, your time for conducting assessment and designing the project strategy is often limited. You quickly need to decide what data you need, where and how to get them and how to use them for designing high-quality proposal. In such a scenario, a well though-out rapid assessment is a good way to go. At the same time, be aware that if your implementation experience in the targeted area is limited, such a rapid assessment will not be sufficient for implementing your project for maximum quality. In such a case, it is recommended that you, either during your programming phase or during the first activities of your project, conduct the formative and nutrition security surveys (see below).
NUTRITION SECURITY SURVEYS (min. 3-4 weeks)	Nutrition security surveys usually collect baseline and endline data required for your logframe's indicators. Their main **focus is on the prevalence of the main causes of undernutrition** your project focuses on (such as low dietary diversity, diarrheal diseases or specific child care practices). Such data are extremely useful for refining your project's strategy and later evaluating its outcomes. They also help you to decide which targeted practices you should explore more in-depth as a part of your formative survey (see below).
FORMATIVE SURVEYS (min. 7-12 days)	Formative surveys are **conducted to gain a better understanding of what determines (encourages or inhibits) the behaviours our project aims to change**, such as washing hands, treating diarrhoea or preparing more nutritious meals. Furthermore, they help us to understand the target groups' perceptions about these practices and **develop effective behavioral change strategies**.
SMART SURVEYS (min. 22-25 days)	SMART surveys **assess the prevalence of undernutrition** (wasting, stunting and underweight) **and/or mortality** if relevant among the different age and sex groups of the target population. They can also include a limited number of additional WASH, IYCF, food security and other indicators. SMART surveys are usually conducted 1) post-emergency (1-2 months after the shock); 2) to confirm the results of the Rapid Nutrition Assessment Survey; 3) or in more stable development settings, often as a part of a baseline or endline survey.
SQUEAC COVERAGE ASSESSMENTS (min. 18-22 days)	Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) assessments provide one of the most useful data for **assessing the performance of Community Management of Acute Malnutrition (CMAM) programs**: 1) treatment's coverage – i.e. the percentage of undernourished children receiving treatment 2) the boosters and barriers to ensuring maximum treatment coverage 3) other performance indicators such as cure rates or average length of stay

THREE THINGS TO KEEP IN MIND

1. **TIME, HR AND FINANCIAL REQUIREMENTS:** The number of days required for each survey is based on an **assumption that you already have some (nutrition) survey experience and will commit the vast majority of your working time to it**. As you can see, time and financial requirements are not low. You can save a few days by providing a shorter training or reducing sample size; however, such 'saving' will likely result in data of a questionable quality with very limited benefits. Therefore, rather than compromising on the survey's usefulness, always **ensure that your project proposal budgets enough time, HR and money**.

2. **USE THE AVAILABLE SUPPORT:** If you know that your country office may lack the time or expertise, request the help of PIN's Advisor for Nutrition or an external consultant in advance. **Take advantage of the already available guides, training modules, forms, etc.** available on-line (see links below) or those saved in PIN's ELO at 01 Guidelines and Documentation – Návody a dokumentace\RDD_All\RDD Manuals.

3. **SHARE YOUR EXPERIENCE:** Help us to make this checklist even better! **E-mail your feedback and ideas to ipin@peopleinneed.cz**

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## RAPID ASSESSMENTS FOR DESIGNING NUTRITION-RELATED PROJECTS

This checklist will help you when you are **preparing a new nutrition-related project proposal** and need to collect the most essential information. Since such assessments are highly context-specific (depending on the level of your team's experience, the country situation, the requirements of the call for proposal, etc.), the checklist focuses primarily on the type of data that should be collected and from where/whom.

What Do You Need To Ensure?	Done?
DESIGN PHASE (1 day)	
1 — Six simple steps will help you to ensure that you collect the right type of information and do not waste your time: ↓ Based on your mission's existing experience and the call for proposal's priorities, **draft a problem tree of the situation you aim to address** (make it as specific as possible); if time allows, drafting an objective tree and stakeholder analysis will also help you. ↓ Based on the problem/objective tree, prepare the first **draft of your logical framework**'s intervention logic and indicators. ↓ **List the data you need** for ensuring logframe's maximum relevance and effectiveness. ↓ **Review the call for proposals and add further data** you are expected to provide **to the list.** ↓ To avoid reinventing the wheel, check with your colleagues and ELO folders for the results of other relevant assessments conducted by your mission in the past 2-3 years. ↓ **Based on the process above and the data sources below, draft a simple assessment plan** (who will collect what type of missing data, from which source, how and when). Although such preparation takes some time, it generously pays off in the time saved by collecting only those data which are needed most and by writing a better quality proposal.	
2 — If possible, **delegate some of the assessment tasks to your colleagues** – for example, a capable intern or Support Desk Officer can find on-line key statistics, NGOs' reports, policies, etc.	

IMPLEMENTATION PHASE (4-6 full days)

Information You Need To Know	Source of Information	Data Obtained?
Existing Local Level Statistics	▪ Demographic Health Survey ▪ district Government Offices ▪ MICS and SMART reports ▪ NGO/UN reports (many available through Google)	
▪ prevalence of acute and chronic malnutrition taking note of confidence intervals (check also seasonality) to justify your intervention and select target area		
▪ number of at-risk people (pregnant and lactating women, children under 2/5 years of age) in your target area		
▪ statistics on IYCF, food security, poverty, WASH, gender, etc. (depending on your capacity and the project's focus)		
Ongoing and Planned (Nutrition/Agri/WASH) Interventions	▪ Google search ▪ district government offices, NGOs, UNICEF, WFP, FAO ▪ cluster coordinators ▪ cluster/working groups' reports	
▪ Ministry of Health/Government's main policies and strategies		
▪ District Health/Agri/other Offices' ongoing and planned initiatives		
▪ NGO/UN agencies' actions and plans		
▪ major donors' plans and strategies		
Focus on a) defining target areas; b) assessing opportunities for cooperation (e.g. existing health staff/volunteers doing IYCF promotion); c) options for avoiding overlap and ensuring complementarities; d) gaining relevant authorities' support.		
Relevant Nutri/Agri/WASH Perceptions, Practices and Barriers The topics below are the very basics you need to know. They need to be assessed further, in depth, by a separate formative survey which you need to include in the project's budget and time plan.	▪ focus group discussions with the intended beneficiaries ▪ semi-structured interviews with experienced NGO, UN and Government staff	
▪ people's understanding of undernutrition, its signs, causes		
▪ existing knowledge and practices about the behaviours you aim to influence		

		Done?
▪ main barriers to following key practices (see CARE guide below)		
▪ solutions proposed for addressing identified problems		
Existing System for Treating Undernourished Children Note: even if you focus just on prevention (which includes screening/growth monitoring), your staff will find undernourished children and they need to be able to refer them for treatment. ▪ Is treatment system available? How and to what extent does it work? Are supplies usually available? (RUTF, ORS…) ▪ How and to what extent does the system cover IYCF counselling?	▪ District Health Office ▪ UNICEF ▪ NGOs running CMAM ▪ local health centres	
Data Related to Your Indicators You will need to set the target values for your logframe's indicators. Estimating these may result in committing PIN to either unrealistically high or low targets. To reduce the risk, review and use pre-existing data (of PIN or other agencies) from your target area or an area with very similar characteristics.	▪ SMART, SQUEAC surveys ▪ baseline/endline studies ▪ KAP surveys ▪ health facility data ▪ other Gov./NGO/UN sources	
As much as feasible, **triangulate collected data** – cross-check between sources the validity of data.		
During the data collection process, **keep updating the drafted problem tree and logframe**. If required, amend your assessment plan by adding or removing the data you (do not) need.		
Be accountable and **inform the key stakeholders you consulted on how you will use the data** they provided and when/whether you will inform them of any next steps.		

	DATA ANALYSIS, REPORTING and USAGE (2 days)	**Done?**
1	Once all information is collected and analysed, **discuss the findings and their implications with your key staff and with PIN's Advisor for Nutrition.** Follow this up by updating the problem/objectives tree you drafted earlier and designing the final version of your logical framework (based on which you can start developing your project proposal).	
2	When using the data, always refer to the original source for credibility. As much as possible, **use numbers/percentages** instead of lengthy description. At the same time, ensure that you sufficiently assessed and described the specific perspectives, priorities and solutions proposed by the key stakeholders (especially the population of your concern).	
3	It is **important that the data you collect is stored carefully and available to others in the future**. Already when collecting the data, keep the most important data (including their sources) on one single document which you then send to your line manager, Desk Officer and **save to ELO**.	

Recommended Resources:

- ▪ discuss a draft of your assessment plan with **PIN's Advisor for Nutrition**
- ▪ **PIN's e-learning course** Tips & Tricks for Nutrition Projects Design, Implementation, M&E
- ▪ **PIN (2014) Practical Toolkit for PIN's Integrated Programming for Improved Nutrition (IPIN)**
- ▪ **CARE (2014) Formative Research Guide for Nutrition Programs**
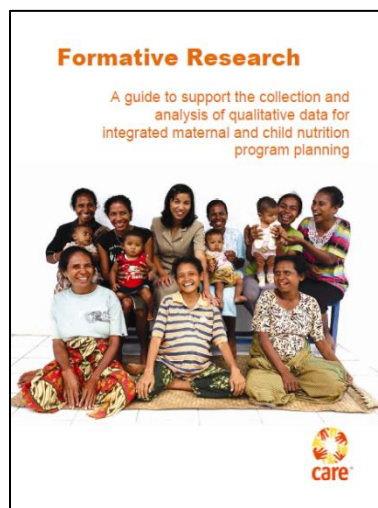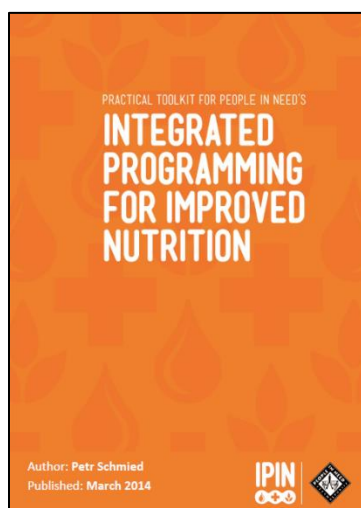
NUTRITION SECURITY SURVEYS

This checklist will help you **when conducting a largely quantitative baseline, endline or a similar survey collecting primarily indicators-related data** (mainly those related to the main causes of undernutrition which PIN's projects address). It builds on PIN's experience and encourages you to take maximum advantage of the generated lessons, previously developed questionnaires, proven guidelines and other available resources.

What Do You Need To Ensure?	Done?
DESIGN PHASE (min. 4 days)	

1	Seasonality needs to be factored in when collecting nutrition security related information. **Only data collected at the same time (month, preferably week) in a year is comparable**. If you do not ensure this, you will receive two sets of data which say very little about the change your project has (not) achieved. In principle, you have **3 options**:
	  1) design your project's timing so that baseline and endline data are collected in the same month
	  2) postpone the timing of your baseline to match the expected timing of the endline
	  3) negotiate postponing the end date of your project and baseline's timing with your donor	

2	Nutrition security surveys should primarily focus on 1) data required for **indicators** in the project's logframe and 2) a limited amount of further data which **PIN has specific use for** (e.g. for refining the content of its awareness raising campaigns or for determining which cause of undernutrition its programming should most focus on). **Do not collect data only because they are interesting** – collect only those data which you really need and know how they will benefit your project.	

3	**Draft a survey methodology and consult PIN's Advisor for M&E**. The draft needs to contain:
	  ▪ the data collection methods (structured interviews, focus group discussions);
	  ▪ sampling strategy including sample selection and sample size calculation (use **sample size calculator** available at www.surveysystem.com/sscalc.htm with preferable 95% confidence interval and 5% margin of error)
	  ▪ other important information, such as surveyed areas, data sources, survey schedule, roles and responsibilities of the survey team and data analysis method
	If the nutrition survey is done as a baseline, its methodology will later need to be replicated in order to obtain comparable endline data – therefore, it is **essential to have methodology well documented**.	

4	Comparing baseline and endline data will tell you about the changes that occurred between the two surveys; however, you will not be able to prove that they happened thanks to your work. In order to prove this, you need to **collect data from a control group**. In practice, this means doing another survey with a comparable population, using the same methodology. This will increase your budget by approx. 70% and need 2-3 weeks of extra time.	
5	**Standardized questions and answers are available** and need to be used for assessing a number of indicator-related data. Refer to the resources listed at the end of this checklist.	
6	Before you start designing the questionnaire (either in paper or electronic form), write down a simple list of all questions and answers and **discuss them with PIN's Advisor for Nutrition**.	
7	Always translate the questionnaire into the language in which the questions are asked. Once this is done, ask one of the national staff not familiar with the questionnaire to **translate it back** to the original language (English, French …). If there are irregularities, correct them and if required, repeat the back translation. **Ensure that everyone understands the content in the same way.**	
8	Before you train all the data collectors, select a few members of your team and **pilot the questionnaire** (at least 3 per person) and address its most problematic parts. Piloting is extremely helpful in fixing the unseen weakness of your survey, **so do not take any risks and do it well**.	
9	Make sure that your survey team includes **a specific person responsible for all logistics tasks** (printing forms/preparing tablets, ensuring writing pads and pens, transport, accommodation), so that you can focus as much as possible on the quality of staff training and data collection.	

TRAINING PHASE (min. 4 days)	Done?

1	Allocate **2-3 full days** for a room-based training and further 2 days for a field-based piloting.	

2	The room-based training should focus primarily on:
	  1) ensuring that data collectors and their supervisors gain a basic understanding of the surveyed topic (e.g. causes of undernutrition), know why PIN collects the data and why it is important that they ensure their maximum quality
	  2) who should be interviewed (**mistakes in household selection** can be very common)
	  3) why is PIN asking all questions and what is their answer – you need to ensure that everyone has the same (correct) understanding and knows why PIN is asking these questions	

	Avoid providing top-down training – **let the staff explain what they know** about the surveyed topic, why they think PIN wants to collect the data, what is the meaning of each question, what can go wrong when asking such questions etc. Include **experience-based learning** – for example, recalling and recording meals eaten in the previous day. Let the data collectors divide into pairs and **practice being an interviewer**. Reflect together on the experience.	
3	During training, pay special attention to: ▪ unless specified differently in the questionnaire, the interviewer should **never suggest any answers** (this ranks among the most common mistakes) ▪ asking **questions depending on a child's age**: many IYCF-related questions are age dependent (i.e. certain questions need to be asked only of children of a certain age) and data collectors often confuse which questions they should ask whom ▪ measuring **Individual Dietary Diversity**: data collectors have to always 1) list all meals which a child ate in the previous days in the Recording Meals Form (at ELO); 2) double check which meals composition (e.g. porridge with or without milk); 3) check for any snacks (including fruits) which were not mentioned; and only then record which food groups were eaten – never record it straightaway as it is very likely that the number of food groups consumed will be underreported ▪ not collecting Individual Dietary Diversity Data during a fasting period (e.g. before religious period) as their benefits are very limited ▪ **asking questions precisely**: some questions need to be asked very precisely; for example, when assessing the prevalence of diarrhoea, data collectors must understand and explain that diarrhoea means having more than 3 loose stools per day – anything less does not count	
4	Once you finish the training, **go to non-target areas and conduct 2 days of piloting,** assessing whether all data collectors 1) follow correct respondent selection strategy (sampling); and 2) ask questions and record answers in a correct way. Act upon findings.	
5	Unfortunately, data collectors sometime fake data. Make it clear right from the beginning that PIN is happy to give every data collector a positive letter of reference if s/he does her/his job well. Explain also what PIN usually does when a person fakes data (dismiss staff, inform other NGO, etc.) and how PIN checks whether the data is correct (e.g. random visits of already interviewed households by a non-member of the team) and **encourage everyone to do their job honestly**.	
IMPLEMENTATION PHASE (min. 8 days)		**Done?**
1	Especially in the first 3-4 days, ensure an intensive **supervision of all data collectors** (up to three supervisors may be required). Extend the supervision for all staff which is not performing well. Focus on correct respondent selection (sampling), correct asking questions and recording answers.	
2	If possible, every day after the data collectors bring their filled/**entered questionnaires, review them, identify mistakes or unclear answers and discuss them** with the responsible staff the next morning before they go out. This process is essential as it reduces the risk of a staff repeatedly doing the same mistakes or not being told anything even when undertaking poor quality work.	
3	**Assign one staff to randomly visit people reported as interviewed** and check whether they were interviewed and whether the provided answers were not faked (check just a few questions, do not repeat them all). This is important especially at the beginning and in the second half of the survey when data collectors are likely to look for shortcuts. At the same time, **ensure that data collectors have adequate working conditions** – realistic workload, time to rest, access to water, etc.	
DATA ANALYSIS, REPORTING and USAGE (min. 3 days)		**Done?**
1	If you're using paper questionnaires and you are not sure how to **analyse the data, check an Excel-based example** provided in ELO's Multi-Sectoral Nutrition M&E folder (RAIN project, South Sudan). PIN's M&E Advisor can provide you with required support.	
2	Before you start writing a report, check how PIN's existing reports are already structured and written (available in ELO's Multi-Sectoral Nutrition folder).	
3	Ensure that the report contains a section providing feasible, action-oriented **recommendations for the data you collected and analysed**.	
4	**Discuss the meaning and practical implications of your findings with the project team**. The findings will show you how prevalent the different factors causing undernutrition are. Instead of trying to address them all, you can, for example, focus on the worse-performing (which your project is capable of addressing effectively). Consider **developing an Action Plan and/or revising your project strategy/theory of change** based on the findings and recommendations.	

5	Once the draft version is written, **e-mail it to PIN's Advisor for Nutrition for review**.	
6	Nutrition security surveys often provide data which – especially if well analysed – can be used for preparing attractive publications providing donors, INGOs or authorities with useful information. Therefore, if you intend to present the data (and the work your mission is doing), **invest extra energy in ensuring a professional design of the report**. You can take advantage of existing examples of PIN's reports and ask HQ for assistance with their design and printing. Make sure that you also **explain in your report how PIN responded/will respond to the findings**.	
7	Since nutrition security surveys often need to be repeated (e.g. to compare baseline and endline data), **send the report to your line manager, Desk Officer, PIN Advisor for Nutrition and save it to ELO** including all methodology, forms, original data sets, contacts for data collectors, etc.	

Recommended Resources:

- **Emergency Nutrition Network**'s forum answers lots of frequently asked questions and contains very useful resources - see www.en-net.org

- **SENS guidelines** with examples of (mainly emergency-related) questionnaires and analysis for food security, IYCF, WASH and other sector – available at www.sens.unhcr.org/page.asp?content_id=33621

- **PIN's previous surveys** (such as baseline for RAIN project in South Sudan) available in ELO – often you can just copy paste their content

- consulting a draft of your assessment plan with **PIN's Advisor for Nutrition**

- **WHO (2010) Indicators for Assessing Infant and Young Child Feeding Practices**

- **FAO (2011) Guidelines for Measuring Household and Individual Dietary Diversity**

- **ACF (2013) Conducting KAP Surveys: A Learning Document Based on KAP Failures**

- **CARE (2008) The Coping Strategies Index Toolkit**

- **PIN's e-learning courses:**
    - Tips & Tricks for Nutrition Projects Design, Implementation and M&E
    - Data Collection

Indicators for assessing infant and young child feeding practices

PART 1
DEFINITIONS

Guidelines for measuring household and individual dietary diversity
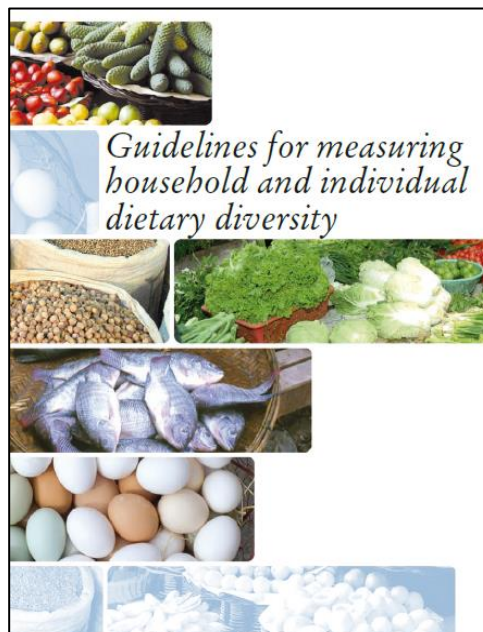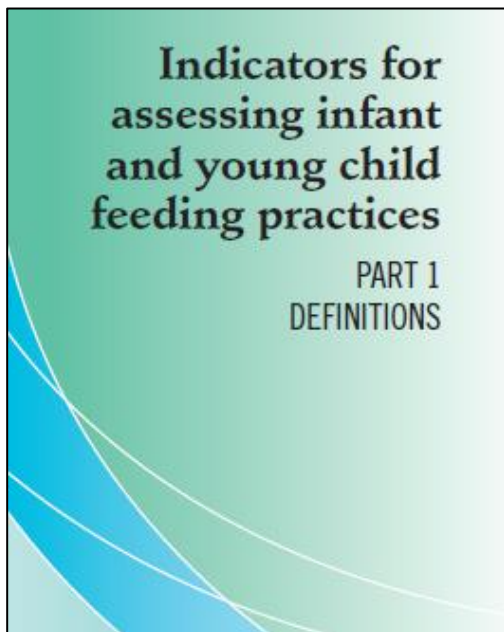
FORMATIVE SURVEYS

Formative surveys need to be an essential part of PIN's projects which aim to change specific behaviors of the target and influencing groups. They provide a **crucial insight on what determines (motivates or inhibits) the behaviors we aim to change; key stakeholders' perceptions about these practices; and possible ways for influencing them**. Instead of relying on changing behaviors solely through increasing people's knowledge, formative surveys help us to understand the real determinants and **use such evidence for developing effective behavioral change strategies**.

Since understanding people's reasons for behaving the way they do is not a pre-set, step-by-step process, this checklist focuses on pointing out the **key principles and the best tools you can use**, depending on your programming needs.

	What Do You Need To Ensure?	Done?
	DESIGN PHASE (min. 2 days)	
1	Always **define what exactly the objectives of your formative research are** – it helps you to select the most optimal tools and collect only the most useful data.	
2	Formative research should strictly **target only small number (3-5) specific behaviours** which your intervention aims to change. The choice of the behaviours needs to be based on surveys showing you how prevalent is (not) following certain practices, primarily: 1) results of your baseline survey (which should always be done first) 2) demographic health surveys, cluster surveys, baseline/endline/other surveys of NGOs/UN Such narrow targeting will enable you to understand the practices more in-depth and increase the chances of designing an effective behavioural change strategy. **Focus on those practices which your project design and resources can realistically change and which are practiced by less than 80% of your target groups** (the remaining 20% is quite difficult to change).	
3	In addition to focusing on the determinants of a few behaviours, your formative survey can – depending on your project's needs – include a not overly time consuming **component which assesses people's perceptions of selected practices and possible ways of influencing them**.	
4	The people who most need to understand the perspectives of your target groups are not external consultants but **you and your team**: as much as possible, do not sub-contract formative research. If your capacity is limited, PIN's HQ Advisor or a contracted consultant can take the lead but your team should still actively participate in the survey's design, data collection and analysis.	
5	When selecting the target groups of your survey, **do not restrict it to pregnant and lactating women** only: also include fathers, grandmothers, health workers and other influential persons (such as traditional healers and birth attendants, local and religious leaders, elders).	
6	Once you draft a design of your survey, discuss **it with PIN's Advisor for Nutrition**.	
7	Think twice about the **gender composition of your team** – if the focus of your survey will, for example, be on the barriers to breastfeeding, having male-only teams would not be a good choice.	
8	Use the guidance provided in CARE's guide listed below and **train your data collectors on effective interviewing and facilitation skills** – they are crucial for your survey's quality.	

TOOLS FOR CONDUCTING FORMATIVE SURVEYS		Tool Considered?
Tool	**Main Purpose and Key Details**	
Barrier Analysis	▪ to identify reasons why people are (not) following specific behaviours, so that effective messages, strategies and activities can be developed ▪ recommended sample size is 45 Doers and 45 Non-Doers ▪ **should be a part of any project aiming to change people's behaviours** ▪ design takes 3 days, training 4 days, data collection 3-7 days, and analysis and reporting 2-3 days	
SWOC Analysis	▪ to identify the strengths, weaknesses, opportunities and constraints (SWOC) of a specific behaviour, service or an activity/project ▪ design and training takes 1-2 days, data collection 1-2 days, and analysis and reporting 1 day	
Force Field Analysis	▪ to assess what factors and persons a) prevent pregnant women from getting enough food and rest and b) can help them to get enough food and rest ▪ design and training takes 1 day, data collection 1-2 days, analysis and reporting 1 day	

Problem and Solution Tree	▪ to identify and analyse how specific groups of people perceive the causes of selected problems (such as child malnutrition) and what solutions they perceive as the most effective for addressing them ▪ design and training takes 1 day, data collection 1-2 days, analysis and reporting 1 day	
Key Informant Interview	▪ to identify the key factors and people influencing maternal and child nutrition ▪ design and training takes 1 day, data collection 2-3 days, analysis and reporting 1 day	
Focus Group Discussions	▪ to better understand the meanings, values and perceptions relating to a particular issue ▪ design and training takes 1-2 days, data collection 2 days, analysis and reporting 1 day	
Seasonal Calendar	▪ to identify seasonal changes that might affect nutritional status or are important for the timing of specific project activities ▪ design and training takes 1-2 days, data collection 1-2 days, analysis and reporting 1 day	

	DATA ANALYSIS, REPORTING and USAGE (min. 3 days)	**Done?**
1	The main benefits of doing formative research are not in the research itself – its findings are just the beginning of longer-term work leading to designing an effective behavioural change strategy and resulting in measurably improved behaviours. Therefore, a) **discuss the meaning and practical implications** of your findings with the project team and PIN's Advisor for Nutrition; and b) **start designing a behavioural change communication strategy** outlining the means and messages you will use for changing the selected practices.	
2	Once the draft version of your report is written, **e-mail it to PIN's Advisor for Nutrition for review**.	
3	Formative surveys provide data which – especially if well analysed and commented upon – can be used for preparing attractive publications providing donors, INGOs or authorities with useful information. Therefore, if you intend to **let others know what you have learnt and how you will use it,** invest some extra energy in ensuring the professional design of the report. You can take advantage of existing examples of PIN's reports and ask HQ for assistance with their design and printing.	
4	It is **important that the data you collect is stored carefully and available to others in the future**. As soon as you finish the research's report, e-mail it including all supporting documentation (ToR, methodology, forms) to your line manager, Desk Officer, PIN Advisor for Nutrition and **save it to ELO**. Share the most interesting findings on PIN's Yammer.	

Recommended Resources:

- **CARE (2014) Formative Research Guide for Nutrition Programs** (the main source of data for this checklist)
- **FFH (2010) Barrier Analysis Facilitator's Guide**
- **FFH (2009) Audio Presentation on Barrier Analysis** available at http://caregroupinfo.org/vids/bavid/player.html
- Consult **PIN's Advisor for Nutrition** on the draft of your formative survey plan

SMART SURVEYS

This checklist will help you when conducting SMART surveys **assessing the prevalence of undernutrition** (wasting, stunting and underweight) **and/or mortality** among the target population. It builds on PIN's experience and internationally accepted guidance provided by smartmethodology.org. SMART surveys can also include a limited number of additional WASH, food security, IYCF and other indicators.

What Do You Need To Ensure?	Done?
DESIGN PHASE (min. 6 full-time days)	

1	The prevalence of acute malnutrition is often subject to seasonal changes and it is not uncommon that it increases during the lean season by over 100%. If your SMART survey is supposed to be used for comparing what difference your project made, **it is absolutely crucial that your baseline survey takes place exactly in the same month as the endline survey**. If you do not ensure this, you will receive two sets of data which are not comparable and say very little about the impact your project has achieved. In principle, you have **3 options**: 1) design your project's timing so that baseline and endline data are collected in the same month 2) postpone the timing of your baseline SMART to match the expected timing of the endline 3) negotiate with your donor postponing your endline SMART to match baseline's timing At the same time, SMART surveys should preferably be **conducted during the "worst" period**, usually during the lean season. This often does not apply to emergency contexts where your main goal is to **assess the severity of the existing situation** and design your response accordingly. If you are running a long-term nutrition program, the nutrition cluster may also recommend certain seasonal timing to allow comparison between regions so check first.	
2	Some tasks, such as securing anthropometric equipment or hiring data collectors, can be time consuming and may take you **a few weeks to months to secure – start well in advance**.	
3	Comparing baseline and endline data tells you about the changes that occurred between the two surveys; however, in order to prove that they happened thanks to your intervention, you need to have a comparison group. You have two main options: 1) **conduct one more SMART survey** in non-target but comparable areas (most precise solution but increases your survey budget by approx. 70% and needs 2-3 weeks of extra time) 2) **use UNICEF/ Government/ NGOs' SMART survey results** (especially trends) from non-target but comparable "comparison" areas (less preferred due to comparability issues)	
4	Before you start any preparatory work, **allocate 2 full days for reading the official SMART Methodology Manual** available at www.smartmethodology.org – even though investing 2 days seems difficult, it will in the end **save you lots of your time** and is the best thing you can do.	
5	Check with the Nutrition Cluster or relevant Government department concerning what **official requirements you need to follow** (approval of your research proposal; an official's participation). Failing to do so may result in you completing a demanding survey which will not be accepted.	
6	It is recommended to use UNICEF-**recommended types of anthropometric equipment**, such as: ▪ **Digital scale with tare feature** (including the double-weighing function) to allow mother-child weighing. UNISCALE, alternatively SECA, are the brands of preference. They can sometime be borrowed from UNICEF or MoH but remember to **request them well ahead** (e.g. two months). Never use ordinary digital scales – they are very imprecise. Hanging salter scales can also be used though they are prone to digit preferencing. ▪ wooden height/length boards in a good condition enabling precise measurement ▪ sufficient amount of MUAC tapes (including longer ones for measuring women) ▪ 2kg calibration weights for regular calibration of scales (if hanging scales are used) If nutrition is a significant part of your mission's programming, **invest in a set of quality equipment**.	
7	For sampling, household selection etc., **follow the guidance provided in the SMART Methodology Manual**. Make sure to have required data available such as expected prevalence of undernutrition, average household size and % of children under 5 in the surveyed areas. Once you drafted the methodology, discuss **it with PIN's Advisor for Nutrition.**	
8	Use **Emergency Nutrition Assessment (ENA) for SMART software** for calculating your sample, data entry and analysis – you can download it from www.smartmethodology.org. ENA is the main nutrition software used by the key nutrition actors, including the Governments and UN agencies.	
9	When **hiring data collectors**, check primarily with local health authorities and experienced agencies for recommendations of people with existing experience in data collection.	
10	Make sure that your survey team includes **a specific person responsible for all logistics tasks** (printing forms/preparing tablets, ensuring writing pads and pens, transport, accommodation), so that you can focus as much as possible on the quality of staff training and data collection.	

	TRAINING PHASE (min. 5 days)	Done?
1	Training including sufficient field-practice and the Standardization Test will take you about 5 days if not measuring mortality, and 6-7 days if measuring mortality. **Do not under any circumstances make it shorter**, as even data collectors with previous experience make serious mistakes. The composition of the training should be in total approx. 2-3 days if based in a room and 3-4 days in the field (1 day practical training, 1 day Standardization test, 1-2 days piloting).	
2	The **SMART website offers very useful guidance, training curricula, videos** and other materials which help you to provide high-quality training – use them as much as possible.	
3	The **practical part** of the training should focus primarily on: 1) practicing correct measurement of weight, height/length, MUAC (optional) while monitoring whether the key procedures described in **PIN's Quality Control Checklist** are followed 2) determining age by using Local Events Calendar 3) correct data recording in the provided forms 4) correct household and child selection (and other methodology-related rules) An example of the **theoretical part** of the training is provided in ELO's Nutrition M&E folder.	
4	After the initial room-based training and field-based practice, you must **conduct a Standardization Test** (according to SMART guidance; analysed by ENA) which will show you whether your data collectors measure correctly. If you do not conduct the Test, anyone will be able to question the competence of your data collectors and the validity of your data. **Use the following tips**: ▪ When recruiting children, have the **majority between 36-59 months** because the older children are more likely to be less stressed. However, it is important that a few children under two years are recruited so that participants can also be tested on length (as opposed to height). ▪ Always **recruit a few extra children** for the Test. If after 15-20 min there are 1 or 2 children that are extremely stressed and are likely not to improve, these children can be replaced. ▪ The Test requires each data collector to measure ten children twice. If you have a team of eight staff, this means that **each child needs to be measured sixteen times – a hardly bearable experience for a young child**. Therefore, invite ten children in the morning who will be measured twice by only half of your data collectors (always one person from a team of two) and invite another ten children for the afternoon to be measured by the remaining half. ▪ Each of these two parts of the Standardization Test takes 3-4 hours, so arrive early enough and **bring water and healthy snack** (e.g. banana) for children. ▪ To ensure correct child identification, **assign a number to each child**, write it on a paper tape and stick it on the child's arm – data recorders will then easily recognize the selected children. ▪ The participants must be well organized. The day before the Test, **check whether the team understands all procedures**. On the morning of the Test it is best that the participants arrive before the mothers/children, review the procedures and finish any last minute preparations. ▪ Have **two staff supervising the data collectors** and correct data recording.	
7	The results of Standardization Test should be used to create teams, allocating t**he most accurate measurers evenly among the teams.** If someone does not pass the Test, you must either dismiss the staff member or review what went wrong, add more practical exercises and repeat the test.	
	IMPLEMENTATION PHASE (min. 10 days)	Done?
1	The data collection phase is likely to take you about **10-15 days**, depending on the sample size and the number of teams you have (a minimum should be four teams, each consisting of a measurer, recorder and assistant; the assistant can be a community member). One team can usually measure **13 – 25 children per day** (depending on the context; including locating and travel to the families).	
2	It is critical that you **ensure an intensive supervision** of the teams, focusing on the precision of data collection, data recording and on whether a correct household selection process is followed. Use SMART's **Cluster Control Form** and PIN's **Quality Control Checklist** assisting your supervisors to focus on the most common mistakes.	
3	The last available version of ENA software (April 2015) is not suitable for the Android system used by PIN's tablets. However, **data exported from tablets to Excel can be copy pasted to ENA** if they are listed in the same order as in ENA (note: pilot data entry and analysis before you decide to use tablets). When using tablets, **set data entry bounds**, so that out of the range values are not accepted (e.g. height below 50cm or above 130cm).	
4	Make sure that your team effectively uses the Local Events Calendars for identifying a child's age. The data collector should **never just ask for a child's age and record it immediately** – it needs to be verified either by a written document (immunization card) or by using the Calendar.	

5	Keep in mind the following **practical suggestions**: ▪ children often are not sufficiently clean – in order to **ensure acceptable hygiene**, consider placing paper napkins or very light plastic sheets on the scale and length board; data collectors may also prefer to use medical gloves or have a hand washing station nearby ▪ quality scale with tare feature enabling calculations of a child's weight based on deducting the weight of a mother from the weight of a mother holding her naked child is the best way of addressing the problem of **children not wanting to be weighed**, making precise measurement difficult (however, be careful – scales need to be put on a flat, hard surface – i.e. suitable for measurement at one place, such as health post, but less in homes). ▪ use mobile **phone songs or attractive toys** to keep children calmer, thus enabling a more precise weight measurement ▪ it is important that you **explain to older children** especially what are they supposed to do (instead of just moving their body to the right position without them understanding what you are doing); painting an outline of feet on the bottom of a height board may help them to understand correctly where they are supposed to put their feet	
6	Unfortunately, data collectors sometimes fake data. Make it clear that PIN is happy to give every data collector a positive letter of reference if s/he does her/his job well. Explain also what PIN usually does when a person fakes data (dismiss staff; inform other NGOs, etc.) and how PIN checks whether the data is correct (random visits of already interviewed households by a non-member of the team, data analysis using software) and **encourage everyone to do their job honestly**.	

DATA ANALYSIS, REPORTING and USAGE (min. 3 days)		**Done?**
1	Data should be **entered and checked as soon as possible**, preferably before you leave the village.	
2	Every day, **run the 'plausibility report' feature of ENA** to find any systematic errors. The survey manager should always conduct daily feedback sessions with team leaders and fix identified issues.	
3	Since entering data is not too time consuming, consider using **ENA's double entry function** – comparing the twice-entered data will increase the quality and credibility of your final report.	
4	**Discuss the meaning and practical implications of your findings with the project team**. For example, if you find that the prevalence of undernutrition is highest among children aged 6-17 months, you can amend the focus of your project activities accordingly. If your team finds it useful, **develop a feasible Action Plan** responding to the findings and recommendations.	
5	ENA software automatically generates a Word document with all data entered in tables, so you only need to write the remaining parts. **Plausibility Check Report should always be attached** with the survey report. For any questions about the data quality, the dataset can be sent to the SMART technical teams for advice and guidance.	
6	SMART reports often have 30-40 pages – invest therefore some effort into **making its layout attractive.** Do your best to **write a high-quality summary** as this is the only part many people will read. Equally important is investing time in the "discussion" and "context" parts of the report.	
7	Once the draft version is written, **e-mail it to PIN's Advisor for Nutrition for review**.	
8	If authorities or nutrition clusters require you to submit a draft version of the report for approval (before you release it), make sure you do it on time and **gain their validation of the report**.	
9	Share the final version of your report with relevant authorities, INGOs and donors (preferably at a **workshop** where you can also discuss together the findings and follow-up action).	
10	Since SMART surveys usually need to be repeated to compare them with endline data, make sure that you **send the report to your line manager, Desk Officer, PIN Advisor for Nutrition and save it to ELO** including all methodology, forms, surveyed areas, contacts for data collectors, etc.	

Recommended Resources:

▪ **www.smartmethodology.org** containing complete methodological manual, training guidance, video, training modules, data collection forms, ENA software and everything else you need for doing SMART surveys

▪ **SENS guidelines** with examples of questionnaires and analysis for food security, IYCF, WASH, mosquito net coverage and anaemia – available at www.sens.unhcr.org/page.asp?content_id=33621

▪ **CE-DAC Survey Completeness Checklist** available at www.cedat.be/Field%20Resources

▪ **Quality Control Checklist** – available in ELO

▪ **PIN's previous surveys** whose supporting documentation is available in ELO

▪ discuss a draft of your survey training and methodology with **PIN's Advisor for Nutrition** – if s/he cannot help, refer to the **technical experts on the SMART Forum** for questions

SQUEAC COVERAGE ASSESSMENTS

Assessing coverage of undernutrition treatment services is perceived among the most useful and reliable indicator for measuring the performance of Community Management of Acute Malnutrition (CMAM) programs. This checklist helps you with conducting Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) assessing:

1) **treatment's coverage** – i.e. the percentage of undernourished children receiving treatment
2) **the boosters and barriers** to ensuring maximum treatment coverage
3) **other treatment performance indicators** such as cure rates or average length of stay

The checklist builds on PIN's experience and internationally followed guidance of the **Coverage Monitoring Network**.

	What Do You Need To Ensure?	
	DESIGN PHASE (min. 7 full-time days)	**Done?**
	Seasonality can significantly affect the coverage of a treatment program. Therefore, if you conduct SQUEAC assessment as a part of your baseline and need comparable data, make a maximum effort to ensure that the **endline data are collected in a similar part of a year**.	
1	If this is your first time doing SQUEAC, among the best first steps you can take is to **read the following documents** available from Coverage Monitoring Network's website: 1) Brief Access for All series – they will help you to gain an excellent overview of the topic 2) reports of already conducted SQUEAC surveys of other agencies (PIN's are saved in ELO)	
2	All required **SQUEAC guidance, tools and forms are already available** at Coverage Monitoring Network's website – there is no need to reinvent them, just use these existing aids.	
3	If you lack previous experience with doing SQUEAC, consider either a) **attending a training** on its methodology or b) **hiring a consultant** assigned by the Coverage Monitoring Network to help you to lead the process. Alternatively, you can request **assistance from PIN's Advisor for Nutrition**. Doing it on your own is also fine, though expect you will need to spend at least 4 full days on reading about coverage monitoring, reviewing and understanding all tools, methodology, SQUEAC reports etc. – only then will you be able to start designing the assessment.	
4	There are several preparatory tasks which you need to start working on **2-3 weeks in advance**: ▪ **hiring data collectors** (see below) ▪ acquiring **authorities' permission** or ensuring an official's participation (see below) ▪ securing **key statistics** (prevalence of SAM in the target areas, total population, percentage of children under five, percentage of pregnant and lactating women) and **maps** of the area ▪ arranging **logistics** (enough motorbikes, accommodation, booking internal flights) ▪ collecting **performance data** from monthly reports (number of screened children/PLW; admitted/treated/cured/transferred/defaulted/dead cases; lengths of stay; MUAC at admission) ▪ collecting **data for seasonal calendar** (preferably per each month) - prevalence of lean season, diarrhoea, malaria, acute respiratory infections, women's greatest workload, etc.	
5	Check with the Nutrition Cluster/UNICEF or relevant Government department concerning what **official requirements you need to follow**, for example, having SQUEAC proposal pre-approved; enabling an official to participate; or following certain reporting formats. Failing to do so may result in you completing a demanding survey which the Government/UN/INGOs will not accept.	
6	When **hiring data collectors**, check primarily with health authorities, the nutrition cluster, UNICEF and experienced agencies for recommendations of people with existing experience. Community volunteers can be an excellent help for identifying all children under five living in the survey areas (except those who may have an interest in 'hiding' undernourished children).	
7	Once you drafted the SQUEAC methodology, **discuss it with PIN's Advisor for Nutrition.**	
8	Make sure that your survey team includes **a specific person responsible for all logistics tasks** (printing forms/preparing tablets, ensuring writing pads and pens, transport, accommodation), so that you can focus as much as possible on the quality of staff training and data collection.	
	TRAINING PHASE (min. 2 days)	**Done?**
1	The **room-based training** should focus primarily on: ▪ discussing the meaning and importance of doing SQUEAC ▪ explaining and discussing the assessment methodology (especially targeting) ▪ training on the recognition of SAM ▪ explaining and practicing the use of provided forms ▪ collection of quantitative data (focus on correct interviewing techniques)	
2	The **"field-based" training** should focus primarily on: ▪ practicing MUAC measurement while supervising its quality (use PIN's Quality Standard	

		Done?
	Checklists) ▪ recognizing oedema and SAM (check with a local hospital whether you can visit children with oedema or at least MUAC below 115mm)	
3	Strictly avoid your training being too "top-down" – **let the participant explain what they know and think** about the topics, MUAC measurement, most common mistakes, reasons why PIN wants to collect the data, what is their importance, etc. Let the data collectors **practice as much as possible and to reflect together on their experience**.	

IMPLEMENTATION PHASE (min. 7 days)		**Done?**
1	It is critical that especially in the **first 3-4 days you ensure intensive supervision** of the teams, focusing on the precision of data collection, data recording and on whether enumerators are able to gain the most meaningful and in-depth data from their interviewees. In the next stage, monitor whether all under five children in the entire villages are screened. **Develop a checklist** assisting the supervisors to monitor the most important or risky aspects of the assessment.	
2	During the second stage, when developing a hypothesis which you aim to test, **try not to use only the most obvious hypothesis** (distant villages having lower coverage) – assess other factors the understanding of which can help you to maximize the program's coverage.	
3	To **ensure appropriate spatial distribution of the survey areas**, apply a grid of equally sized squares (for example, 7 x 7km) over the assessed area and then always select the community located closest to the centre of each square. If maps are unavailable please use village lists and apply a relevant sampling interval to ensure random and spatially representative selection. Please note that in coverage assessments, population proportional sampling (PPS) is not used.	
4	Unfortunately, data collectors sometime fake data. Make it clear right from the beginning that PIN is happy to give every data collector a positive letter of reference if s/he does her/his job well. Explain also what PIN usually does when a person fakes data (dismiss staff; inform other NGO, etc.) and how PIN verifies whether the data is correct (e.g. random visits of interviewed households by a non-member of the team) and **encourage everyone to do their job honestly**.	

DATA ANALYSIS, REPORTING and USAGE (min. 3 days)		**Done?**
1	Use Coverage Monitoring Network's **reporting template** (follow the provided format and guidance – do not change it). Before you start writing your report, look at how PIN and other INGOs' SQUEAC reports are written and structured. Do your best to **write a high-quality summary,** as this is the only part of the report many people will read.	
2	Doing SQUEAC has little benefit until you **start using its findings**. Make therefore sure that: 1) you **discuss their meaning** and practical implications with your project team 2) the SQUEAC **report includes practical recommendations** 3) your team **develops a feasible Action Plan** addressing the key recommendations	
3	Once a draft version of the report is ready, **e-mail it to the PIN Advisor for Nutrition for review**. Do the same with your Action Plan.	
4	If relevant authorities/cluster require you to submit a draft version of the report to them for approval (before you release it), make sure you do it on time and **gain their validation of the report**.	
5	**Share the final version of your report** with authorities, INGOs and donors. Make sure you explain how your mission addressed/will address the key barriers and boosters to maximize coverage.	
6	It is **important that the collected data is stored carefully and available to others in the future**. As soon as you finish SQUEAC report, e-mail it including all supporting files (ToR, methodology, forms) to your line manager, Desk Officer, PIN Advisor for Nutrition and **save it to ELO**.	

Recommended Resources:

▪ **www.coverage-monitoring.org** containing a complete methodological manual, training guidance, training modules, data collection forms and everything else you need for doing SQUEAC surveys

▪ **Emergency Nutrition Network**'s forum on Coverage Assessments answers lots of frequently asked questions and contains very useful resources – see www.en-net.org/forum/16.aspx

▪ **PIN's previous SQUEAC reports** (e.g. in DRC or Angola) available in ELO incl. related files

▪ **INGOs' SQUEAC reports** available in different languages at www.coverage-monitoring.org/resources

▪ **ACF (2013) Access For All** (excellent series of 3 brief documents on CMAM programs and their coverage)

▪ discuss a draft of your SQUEAC methodology with **PIN's Advisor for Nutrition**

COVERAGE MONITORING NETWORK