Small-Quantity Lipid-Based Nutrient Supplement Program Implementation

Learning and Considerations for Scale-Up from International Food Relief Partnership Partners in Honduras, Niger, and Somalia

Annexes
About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project’s multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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Annex I.

0. IFRP LNS Case Study – Data Collection Plan

A. Introduction

This document presents USAID Advancing Nutrition’s plan to conduct a case study of two lipid-based nutrient supplement (LNS) programs funded by the USAID Bureau for Humanitarian Assistance (BHA) managed International Food Relief Partnership (IFRP). The purpose of the case study is to document learnings from IFRP partners implementing small-quantity lipid-based nutrient supplement (SQ-LNS) programs for children and pregnant and lactating women that program designers and implementers could apply to programming at a larger scale. The plan outlines the background, objectives, methodology, and implementation plan for the case study.

B. Background

There is strong evidence for the effectiveness of preventive SQ-LNS in reducing stunting, wasting, anemia, and mortality among children 6–24 months of age (Das et al. 2019; Dewey et al. 2021). Moderate evidence shows that children who take these products are also more likely to develop well: walk within the first year of life, and speak and interact with others in ways that are appropriate for their age (Dewey et al. 2021). The 2021 Lancet Series on Maternal and Child Undernutrition included SQ-LNS as the eleventh intervention with strong evidence for implementation to address child malnutrition (Keats et al. 2021). Additionally, a small but growing number of studies show that SQ-LNS supplementation of women during pregnancy has a slight, positive effect on birth outcomes (weight, length, small for gestational age, and newborn stunting) compared with iron and folic acid (Das et al. 2018).

However, despite the evidence for effectiveness, organizations currently implement SQ-LNS programs in only a few select geographic areas (Heidkamp et al. 2021). This may be because the evidence for effectiveness of SQ-LNS in preventing child undernutrition is emerging, and at present, only a small number of donors fund implementation of preventive SQ-LNS for children (USAID Advancing Nutrition 2021). Current programs cover such a small footprint that very little is known about the challenges and opportunities of expanding the use of this product and the best approaches to do so.

Established in 2000, USAID’s IFRP is an initiative that aims to provide shelf-stable prepackaged foods, such as SQ-LNS, to improve food security and the nutritional status of vulnerable populations (USAID 2020). IFRP-funded programs are among the few in the world to distribute preventive SQ-LNS. Although funded as a congressionally mandated program with its own specific objectives, IFRP programs present a unique opportunity to learn from this experience. At present, IFRP SQ-LNS program awards are typically 18 months in duration and can reach a maximum of ~ 19,000 children 6–24 months of age (USAID 2021).

Previously, BHA asked USAID Advancing Nutrition to conduct a remote program mapping and gap analysis to understand how partners implement their SQ-LNS programs. For this, USAID Advancing Nutrition conducted an online survey and virtual follow-up interviews with 18 IFRP partners awarded in the past three years (USAID Advancing Nutrition 2021). These partners were operating in Africa, the Middle East, and Latin America and the Caribbean.

Through the survey and interviews, partners shared that they implement IFRP SQ-LNS programs alongside an existing health/nutrition/agriculture project or in alignment with a government-run approach (e.g., growth monitoring and promotion (USAID Advancing Nutrition 2021). Partners reported inaccurate counts of eligible participants at start-up, inappropriate product use (e.g., sharing),
and providing complementary activities,¹ such as growth measurements, to be major implementation challenges with their SQ-LNS programs. They also expressed that they would like support in coordinating with nutrition actors,² linking with complementary activities, developing social and behavior change (SBC) materials, and designing the monitoring and evaluation plan (USAID Advancing Nutrition 2021). A few partners expressed interest in reaching a larger number of children through their SQ-LNS program.

Given the growing evidence of the effectiveness of LNS products to improve birth outcomes and the Agency’s commitment to improve maternal nutrition, BHA recently asked USAID Advancing Nutrition to facilitate a focus group discussion (FGD) with partners implementing programs for pregnant and lactating women in development and emergency settings. The specific objectives of the FGD were to: 1) understand whether there is need and/or demand for a new supplemental nutrition product for pregnant and lactating women, and 2) determine potential interest and inhibiting and/or enabling factors in programming LNS for pregnant and lactating women.

Through the FGD, we learned that there was a need for a maternal supplemental product, but the demand for a new product was limited. This was because organizations were already grappling with numerous challenges associated with product-reliant programs, such as acceptability, compliance, quality, supply chain, sharing, low impact, and SBC communication. Participants shared several factors inhibiting implementation of maternal LNS products, the most significant of which was weak scientific evidence followed by cost, sustainability, host country policies, and acceptability. Additionally, participants sought more evidence on how to deliver (replace or add to existing maternal products) and program (SBC approaches) LNS products.

To examine implementation challenges identified by the program mapping and gap analysis report and the maternal LNS FGD more deeply, and to gather considerations for expanding program size or scaling up operations, USAID asked USAID Advancing Nutrition to conduct a case study of select IFRP partners. In the literature, several definitions of scale up are used that focus either on impact or means (e.g., replication, spread) (Gillespie, Menon, and Kennedy 2015). For the purposes of this case study, we defined scaling up as expansion of current programs reaching as many or all eligible children in a defined geographic area.

C. Significance

This case study is significant because although there is strong evidence for the effectiveness of SQ-LNS in improving child growth, there is little documentation of how to effectively implement a SQ-LNS program (Keats et al. 2021). This case study fills this gap by capturing implementation experiences from current IFRP-funded SQ-LNS program staff and participants (caregivers of children 6–24 months and pregnant and lactating women). Program planners and implementers can use the information from this case study to refine current programs and design future SQ-LNS programs. The findings may also be of interest to other USAID bureaus supporting efforts to prevent maternal and child undernutrition. However, USAID will not use this case study to evaluate the performance of IFRP partners.

D. Objectives

The objectives of the case study are to —

1. Document factors that promoted and/or hindered successful implementation of SQ-LNS programs from IFRP partners and program participants, especially related to start-up; product use; logistics; coordination with nutrition actors; delivery of complementary activities; provision of SBC messages; and implementation of a monitoring and evaluation (M&E) system.

¹ Defined as goods or services provided with SQ-LNS to improve the overall well-being of children.
² Defined as government, United Nations agencies, nongovernmental organizations (national or international), institutions (academic or non-academic), or private sector working in the field of nutrition.
2. Gather IFRP partner perspectives on considerations for expanding SQ-LNS programs in their contexts, including potential opportunities and constraints.

E. Methodology

Case study design

We will conduct a qualitative case study in collaboration with selected IFRP partners to document factors that promoted and hindered successful SQ-LNS program implementation and landscape considerations for scaling up the use of SQ-LNS in their specific contexts. The case study design is a holistic, multiple-case design, in which the unit of analysis will be the partner.

Case selection

We selected a convenience sample of three IFRP partners based on USAID recommendations. We selected the partners to represent diversity in the geographic location and complementary activities (e.g., implemented alongside health/nutrition, or agriculture activities) of their SQ-LNS programs. The partners are—

- The David McAntony Gibson Foundation (GlobalMedic), Somalia
- The Alliance for International Medical Action (ALIMA), Niger
- Americares, Honduras

Data collection

We will document IFRP partner learning and recommendations through several approaches. However, IFRP partners do not implement their SQ-LNS programs the same way, and may not have the capacity to expand program operations at the same level. With these caveats in mind, we aim to be flexible in our approach: using a pre-designed tool or relying on observations and informal conversations, as appropriate. The ultimate goal is to document the learning and recommendations from partners who are able to speak to program implementation and considerations for scaling up from their unique perspectives. The roles of the USAID Advancing Nutrition activity team and consultants are described in the section, F. Case Study Implementation below.

For this case study, we plan to conduct semi-structured interviews, site visits, FGDs3, and informal conversations. We will conduct the interviews and site visits with program staff. We will conduct the FGDs with program participants: caregivers of children 6–24 months, and pregnant and lactating women. Caregivers and pregnant and lactating women 18 years of age and older will be invited to participate in the FGDs. We will visit two sites: warehouse and distribution point. During the site visits, we will also ask several questions of program staff accompanying us. The interviews (including those conducted during a site visit) will be audio recorded, as appropriate, to assist with capturing information as accurately as possible. We will hire a transcription service to transcribe the audio recordings. However, program staff, participants, and other nutrition actors (community members, government staff, nongovernmental organization staff, etc.) may also share some of the learning informally. These will be documented as notes. Through our data collection process, we will also ask about efforts and challenges associated with implementing a program that addresses the needs of children, caregivers, and pregnant and lactating women with disabilities.

- **Interviews:** During the interviews, we will ask program staff, such as directors, program managers, or coordinators who can speak to the overall program, questions on the following topics. The specific questions we will ask are in the associated tool (Partner Interview Guide). With each partner, we will conduct up to three interviews (with five others conducted during

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3 If we are unable to find a consultant with the capacity to conduct FGDs we will conduct group interviews with four to five participants.
site visits). At least one interview will be conducted at the beginning to provide background on the program and guide the rest of the data collection. The topics covered during the interview include:

— SQ-LNS program experience
  - How they measure program success and factors that contributed to it.
  - What implementation challenges they encountered and how they solved them and facilitating factors, related to the start-up phase; product use by participants; logistics (import, storage, transport); coordination with nutrition actors; complementary activities (e.g., growth measurement); SBC communication; and M&E.

— Considerations for scaling-up the SQ-LNS program:
  - If they were to expand their program—*
    - What factors would constrain expansion?
    - What size would they be able to expand to?
    - What type of support would they need from stakeholders?
    - What challenges might they encounter?
    - What steps would they take to ensure program quality?
    - How would the M&E system need to be adapted?
    - How would they ensure sustainability of the program?

We will ensure that partners are aware that this does not imply that USAID will provide their organization more funding.4

- **Warehouse visit:** To learn firsthand how partners manage the logistics for their SQ-LNS program, we will visit two warehouses. We will request the program logistician or logistics coordinator to accompany us. During the warehouse visit, we will observe how SQ-LNS is stored and will ask the logistician questions regarding (see Warehouse Guide):
  - What is working well with import, storage, and transport?
  - What challenges were encountered with import, storage, and transport?
  - How are entry/exit of SQ-LNS at the warehouse tracked?
  - How does this warehouse compare with other warehouses the organization manages?
  - What would need to change regarding import, storage, and transport if the program were to expand operations?

- **Distribution site visit:** To understand how partners distribute SQ-LNS and provide complementary services, we will visit up to three distribution sites. During the distribution site visit, we will observe how the program gives SQ-LNS to program participants and any other services the program provides, such as nutrition education and growth measurement. We will also ask follow-up questions of program staff, such as a nurse or assistant working at the distribution site questions on the topics listed below (see Distribution Site Guide):
  - What is working well with SQ-LNS distribution and related services provided?
  - What could be improved with SQ-LNS distribution and related services provided?
  - What feedback did program participants give on SQ-LNS and other services provided?
  - How that day compares with the previous day’s distribution?

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4 If we are unable to find a consultant with the capacity to conduct FGDs, we will conduct group interviews with four to five participants.
— How that site compares with other distribution sites?
— What resources would be required to reach a larger number of children at the site?

• **FGD:** To gather participant perspectives on the SQ-LNS program we will conduct FGDs with program participants, specifically caregivers of children who are eligible for SQ-LNS. We will facilitate one FGD at each distribution site. In each FGD, six to eight caregivers will participate. Program staff will help us identify participants for the FGDs. During the FGD, we will ask questions on the following topics (see Focus Group Discussion with Caregivers of Children):

  — How do they use SQ-LNS (storage, consumption, sharing, disposal of empty sachets, etc.)?
  — Why do they give SQ-LNS to their children (impact on child, impact on caregiver)?
  — What do they like about SQ-LNS, how it is distributed, and other services provided, and what they would change about it?
  — What do others say about giving SQ-LNS to their children?

Because the partner in Somalia is also programming SQ-LNS for pregnant and lactating women, the consultants will facilitate a separate FGD with pregnant and lactating women who are currently receiving SQ-LNS in each distribution site. During the FGD, the consultants will ask questions on the following topics (see Focus Group Discussion with Pregnant and Lactating Women):

  — How do they use SQ-LNS (storage, consumption, sharing, disposal of empty sachets, etc.)?
  — Why do they eat SQ-LNS (impact on self, impact on newborn)?
  — Which foods and supplements do they take in addition to SQ-LNS?
  — What do they like about SQ-LNS, how it is distributed, and other services provided, and what they would change about it?
  — What do others say about them eating SQ-LNS?

• **Informal conversations:** We recognize that program staff and participants may share learning and recommendations informally. To document them, we will use an informal conversation guide to capture to whom we spoke, what we talked about or observed, and our reflections on what we learned. These informal conversations will also be an opportunity for us to confirm what we find during the interviews and site visits because these may be prearranged. Topics we may focus on during the information conversations include (see Informal Conversation Guide)—

  — Knowledge, experience, and attitude related to SQ-LNS
  — Import, storage, and transport of SQ-LNS
  — Distribution of SQ-LNS
  — Other services provided
  — Coordination with nutrition actors
  — Tracking and measuring use of SQ-LNS
  — Considerations for scaling-up

• **Debrief:** We will debrief at the end of each data collection day (see Debrief Guide). During the debrief, we will discuss who we spoke to or what we observed, including tools used; what we learned; anything that surprised us; themes we are hearing repeatedly; and areas to focus on over the next several days.
Sampling

In each country, sampling will be purposive and we will conduct up to seven interviews, two warehouse visits, three distribution site visits, three FGDs, and informal conversations as needed (table 1). We will select the interviewees, participants, and sites in consultation with the partners. We will encourage partners to accompany us to a site that is doing well and one with more challenges, if possible.

Table 1. Sample size per respondent category

<table>
<thead>
<tr>
<th>Guide</th>
<th>Description</th>
<th>Niger</th>
<th>Somalia</th>
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<tbody>
<tr>
<td>Interview*</td>
<td>Technical advisor</td>
<td>1</td>
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<td>1</td>
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</tr>
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<td></td>
<td>Manager/coordinator</td>
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<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Logistician</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse/ assistant(^5)</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Warehouse visit</td>
<td>Warehouses</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Distribution site visit</td>
<td>Sites</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>FGD(^6)</td>
<td>Caregivers of children 6–24 months of age</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Pregnant and lactating women</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Informal conversation</td>
<td>Program staff, participants, other nutrition actors (as relevant)</td>
<td>As needed</td>
<td>As needed</td>
<td>As needed</td>
<td>As needed</td>
</tr>
</tbody>
</table>

\(^*\)Some of the interviews will be conducted as part of the warehouse and distribution site visits.

Data analysis

We will translate and transcribe the interview, site visit, and FGD audio recordings into English from the language the consultants will conduct them in (e.g., French, Somali, and Spanish). We will have the audio recordings transcribed by a transcription service and will supplement them with notes taken during the interviews. For analysis, we will use structured templates in Microsoft Excel to analyze the transcripts by theme (e.g., successes, challenges, recommendations, constraints to scaling up) for each partner first and then compare across partners.

\(^5\) These are staff involved in the distribution of SQ-LNS and are providing other services.

\(^6\) These will be conducted during a site visit.
Ethics and confidentiality

We will submit the protocol to the JSI Institutional Review Board (IRB) for review. JSI IRB will help us determine whether we need to submit the protocol for review to local IRBs in Honduras, Niger, and Somalia.

We will inform participants that their responses will be confidential. Interview, site visit, FGD, and informal conversation notes will be marked with the date, time, and deidentified with a subject code before analysis and will not identify any individual.

Limitations

The IFRP partners selected for this case study will share implementation experiences and recommendations for expanding the scale of program operations for their context, which may not be applicable to all areas under consideration for SQ-LNS programming. However, the findings from this case study will likely be helpful to those considering operations in similar contexts.

F. Case Study Implementation

Case study team

We will hire two local consultants in each country to conduct the interviews, site visits, FGDs, and informal conversations. Both consultants will be present during data collection, with one leading the process and the other taking notes. The consultants will submit all audio recordings, notes, and any related materials (e.g., photos) to a secure Google folder within four weeks of data collection.

We will also hire one consultant to assist the USAID Advancing Nutrition activity team with data analysis and report writing. The USAID Advancing Nutrition activity manager will provide all case study personnel an orientation to the case study and the data collection tools. The activity manager will also attend the debrief sessions with local consultants, as permitted by Internet connectivity at the data collection sites.

Reporting and dissemination

We will present preliminary results to USAID BHA/IFRP within six weeks after completion of data collection. This presentation will inform the direction of the report. We may share findings of the report in other formats after discussion with BHA/IFRP.

COVID 19 considerations

Local consultants will follow national guidelines on COVID 19. They will take precautions, such as wearing a mask and maintaining social distance. Despite these steps, however, the timeline and site visits will depend on the COVID 19 context in each country and USAID local mission guidance.

Timeline

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>September 2021</td>
<td>Receive JSI and local IRB approval</td>
</tr>
<tr>
<td>September/October 2021</td>
<td>Hire and orient consultants in Niger and Somalia</td>
</tr>
<tr>
<td>October 2021</td>
<td>Consult IFRP partners to plan interviews, site visits, and FGDs</td>
</tr>
<tr>
<td>November 2021</td>
<td>Collect data in Niger and Somalia</td>
</tr>
<tr>
<td>Month</td>
<td>Task Description</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>December 2021</td>
<td>Analyze data</td>
</tr>
<tr>
<td>January 2022</td>
<td>Present preliminary findings to BHA/IFRP</td>
</tr>
<tr>
<td>February/March/April 2022</td>
<td>Draft report sections for Niger and Somalia</td>
</tr>
<tr>
<td>March 2022</td>
<td>Hire and orient consultant for Honduras</td>
</tr>
<tr>
<td>March 2022</td>
<td>Consult IFRP partner to plan data collection in Honduras</td>
</tr>
<tr>
<td>April 2022</td>
<td>Collect data in Honduras</td>
</tr>
<tr>
<td>May 2022</td>
<td>Analyze data from Honduras</td>
</tr>
<tr>
<td>June 2022</td>
<td>Write report</td>
</tr>
<tr>
<td>July 2022</td>
<td>Submit report to USAID for first review</td>
</tr>
<tr>
<td>August 2022</td>
<td>Submit report to USAID for second review</td>
</tr>
<tr>
<td>September 2022</td>
<td>Submit report to Contracting Officers Representative</td>
</tr>
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</table>

### G. References


1. Partner Interview

Program Manager, Coordinator

Informed Consent

My name is ____ and I am working on behalf of USAID Advancing Nutrition. USAID Advancing Nutrition is a global nutrition project funded by the United States Agency for International Development (USAID). We are conducting a study in ____ to learn about USAID’s International Food Relief Partnership (IFRP)-funded programs that provide small-quantity lipid-based nutrient supplement (SQ-LNS) to children 6–24 months of age. The results of this study will inform the design of future LNS programs.

We would like to gather information about your experiences and perspectives on the implementation of SQ-LNS programs and considerations for expanding program operations. The discussion will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or the IFRP award that your organization currently receives or may receive in the future. You are free to not answer certain questions or to stop participating at any time without any penalty. There is no direct benefit for participating.

We will keep any personal information that you give us, such as your name, confidential and will only share it in the study team. The study team does not include USAID. We will remove your personal information before sharing the information you give us outside the study team. In study reports and presentations, we will combine the information you provide us with the information we gather from others. Approximately ____ people will participate in this study. We will share the combined information with USAID and may share it with government officials if they wish to see it. This is not an evaluation of your organization’s performance.

Do you have any questions about participating?

• If yes, answer any questions.
• If no, move to the next question.

Do you agree to participate?

• If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
• If no, thank them for their time and politely leave.

Can we audio record the conversation?
- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact [the study manager] at ____.

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<tr>
<th>ID (LNS_Country_PI_Sequence#)</th>
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<tbody>
<tr>
<td>Location</td>
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</tr>
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<td>Respondent sex</td>
<td></td>
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<tr>
<td>Respondent organization</td>
<td></td>
</tr>
<tr>
<td>Respondent position</td>
<td></td>
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<tr>
<td>Length of time with IFRP LNS program</td>
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<tr>
<td>Date of interview</td>
<td></td>
</tr>
<tr>
<td>Interviewer name</td>
<td></td>
</tr>
<tr>
<td>Notetaker name</td>
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<td>Language interview conducted in</td>
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<tr>
<td>Consent to interview (Y/N)</td>
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<tr>
<td>Consent to audio record (Y/N)</td>
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</tr>
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</table>

**IFRP SQ-LNS program experience**

1. **Please describe your IFRP SQ-LNS program.**

Probes:

- Coordination: Which nutrition actors\(^7\) do you coordinate with (national, regional, local)?
- Complementary activities: Which complementary activities\(^8\) do you implement along with the IFRP SQ-LNS program at the time of distribution?
  - What program is your IFRP work a complement to (larger program within which SQ-LNS program is embedded)?

\(^7\) Defined as government, United Nations agencies, nongovernmental organizations (national or international), institutions (academic or non-academic), or private sector working in the field of nutrition.

\(^8\) Defined as goods/inputs or services provided with SQ-LNS to improve the overall well-being of children.
• Social and behavior change (SBC) communication: What do program staff tell program participants about SQ-LNS (why to use, how to use, number to take per day, side effects etc.)?
  — How do you deliver the information about the product (verbally, printed materials, group sessions, etc.)?

• Monitoring and evaluation (M&E): What does your M&E system for the IFRP SQ-LNS program look like [1) format: paper-based, electronic; 2) tools: stock cards, register, ration card etc.; 3) indicators: # reached, stunting, wasting etc.]?
  — What data do you collect?
  — Which anthropometric measurements, if any, do you take (length, weight, MUAC, head circumference)? Does this vary for children and pregnant and lactating women?
  — Which developmental milestones, if any, do you measure (waking, speaking, interacting with others)?
  — How do you use the data you collect? How frequently do you use the data collected?

• Distribution model: What is the distribution model of your SQ-LNS program (e.g., targeting, duration, frequency)?
  — How many years have you been implementing the IFRP SQ-LNS program?
  — Has the model changed over the years (participant eligibility criteria)?

• Human resources: How many program staff are involved in the IFRP SQ-LNS program (program manager, warehouse manager, guards, distribution agents, volunteers, M&E officer)?
  — What type of training do they receive (number of days, content of training, frequency of training)?
  — Do the program staff get any written information about how to share information on the use of SQ-LNS with the program participants?

2. What successes has your IFRP-LNS program had to date? What is going well?
Probes:
  • How are you measuring success?
  • What factors contributed to this success?
  • What has surprised you?

3. What challenges in implementing the IFRP SQ-LNS program have you faced so far? What has been difficult?
Probes:
  • Start-up phase: Were there any delays? How did you address them?
  • Product use: How do you ensure that participants use SQ-LNS as intended?
  • Product acceptability: Have the products been acceptable (taste, ease of use, ease of transportation, etc.) to the participants and national government?
  • Logistics: What challenges did you encounter with importing, storing, or transporting SQ-LNS?
• Coordination with nutrition actors: What challenges in coordinating with nutrition actors have you experienced? Which nutrition actors did you try to coordinate with in the past? What happened? Which nutrition actors would you like to coordinate with now or in the future?

• Complementary services: What challenges with providing complementary services have you experienced? Which services did you try to provide? Which services would you like to provide now or in the future? Why?

• SBC communication: Have there been any challenges in communicating or sharing information about SQ-LNS? Have you had to alter what you communicate with program participants? If yes, what did you have to alter and why?

• Anthropometric measurements: What would enable you to overcome these challenges?

• Have you tried something to improve or overcome the challenges you mentioned that did not work? What was effective at helping you overcome the challenges?

4. How have you considered inclusion of children or children of caregivers with a disability in your program design and implementation?

Probes:
• Do children or adults with disabilities regularly participate in SQ-LNS distributions? Why or why not?

• What challenges have you experienced ensuring that children and caregivers with disabilities are included in your program?

• What could be done to promote greater inclusion of children and adults with disabilities?

Considerations for scaling-up

5. Are you currently utilizing the maximum amount of IFRP SQ-LNS resources available to you? What currently limits the scale of your SQ-LNS program?

Probes:
• Team/organizational bandwidth
• Logistics
• Infrastructure
• Funding

6. If you were to expand your current SQ-LNS program, what size would you be able to expand to?

Probes:
• Geographic coverage (e.g., district), number of participants (children)
• What factors would influence this decision to expand operations (funding, staffing)?
• What would you need (funding, staffing) to be able to cover all eligible children in your working area?
• Would the current program model need to change (e.g., targeting, delivery platform, services provided)?
7. **Which stakeholders would you need support from to operate at a larger scale?**

   **Probes:**
   - Government, IFRP, other nutrition actors, community
   - What type of support would you need from the stakeholders you mentioned (funding, human resources, M&E system, etc.)?

8. **How might a shift in scale affect your M&E system? What might you need to do differently?**

   **Probes:**
   - Which indicators would you use?
   - Which indicators other than anthropometric measurement might be appropriate (child development, maternal time, maternal mental health, etc.)?
   - How would your M&E data management systems need to change?

9. **What potential challenges do you see for operating at this scale?**

   **Probes:**
   - Storage, transportation, distribution, complementary activities, quality
   - How would you ensure program quality when operating at this scale? (guiding documents, supervision, supply of SQ-LNS [sustainability])
   - Are there opportunities for local production of SQ-LNS? By the private sector?

10. **In your opinion, is SQ-LNS an appropriate product for the population that your organization serves given the level of food insecurity in the area? Why or why not?**

11. **Is there anything else you would like to share with us regarding your program implementation experience or considerations for expanding program operations?**

---

**2. Warehouse Guide**

**Logistician or Logistics Coordinator**

My name is ____ and I am working on behalf of USAID Advancing Nutrition. USAID Advancing Nutrition is a global nutrition project funded by the United States Agency for International Development (USAID). We are conducting a study in ___ to learn about USAID’s International Food Relief Partnership (IFRP)-funded programs that provide small-quantity lipid-based nutrient supplement (SQ-LNS) to children 6–24 months of age. The results of this study will inform the design of future SQ-LNS programs.

Today we will document how your organization stores and transports the SQ-LNS products to understand this aspect of the program. I also have a few questions that I would like to ask you. The tour of the warehouse and discussion will take about one hour. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or the IFRP award that your organization currently receives or may receive in the future. You are free to not answer certain questions or to stop participating at any time without any penalty. There is no direct benefit for participating.

We will keep any personal information that you give us, such as your name, confidential and will only share it in the study team. The study team does not include USAID. We will remove your personal
information before sharing the information you give us outside the study team. In study reports and presentations, we will combine the information you provide us with the information we gather from others. Approximately ___ people will participate in this study. We will share the combined information with USAID and may share it with government officials, if they wish to see it. This is not an evaluation of your organization’s performance.

Do you have any questions about participating?
- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?
- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

If you have any questions about the study, you may contact [the study manager] at ____.

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<thead>
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<td>Start time</td>
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<td>Respondent organization</td>
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<td>Length of time with IFRP LNS program</td>
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<td>Date of observation/interview</td>
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<td>Interviewer name</td>
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<td>Notetaker name</td>
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<td>Language interview conducted in</td>
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<td>Consent to observe/interview (Y/N)</td>
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## Observations

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Describe the warehouse</strong></td>
<td></td>
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</table>
| **Type** | • Building  
• Container  
• Other (specify)____________________ |
| **Physical state** | • No cracks, holes, leaks, or openings in the internal structure (e.g., ceiling, walls, floor, door, windows)  
• No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)  
• Cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)  
• Cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)  
• Sources of contamination present (e.g., pests, flaking paint, pools of water, mold, dust, or dirt). Specify:  
  • Where____________________  
  • What ____________________  
  • Not possible to visualize  
  • Other (specify)____________________ |
| **Number of rooms** | |
| **Ventilation** | • Windows (open)  
• Windows (closed)  
• Screen on windows  
• Fan |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Equipment to measure (inside the warehouse)                             | • Temperature; _______________°C/°F  
• Humidity; _______________%  
• Other (specify)________________________________                        |
| 2. How is the warehouse secured? Check all that apply                    | • Locks on all doors  
• Security guard  
• Other (specify)________________________________                        |
| 3. How is the SQ-LNS stored?                                            | • Cardboard boxes  
• Boxes or containers made of (specify) ____________________________  
• Other (specify)________________________________                        |
| SQ-LNS sachets placed in                                                | • Floor  
• Wooden planks (no space)  
• Wooden slats (space in between)  
• Other (specify)________________________________                        |
| Cardboard boxes or other containers with SQ-LNS sachets are placed on  | • Older batches in front  
• Newer batches in front  
• Different batches in separate areas  
• N/A  
• Other (specify)________________________________                        |
| SQ-LNS from different batches are stored with                           | • Yes  
• No                                                                 |
| 4. Does the warehouse store other commodities?                          | • Separate rooms  
• Separate sections of the same room  
• N/A  
• Other (specify)________________________________                        |
| 4a. If yes, describe how the commodities are stored in the same space.  | • Medicine  
• Food                                                                 |
| 4b. If yes, describe the other commodities.                             | • Medicine  
• Food                                                                 |
Questions for partner staff

5. How does this warehouse compare with other warehouses the organization manages?
   Probes:
   • Structure, size, management, content stored

6. What is working well with storing SQ-LNS at this warehouse?
   Probes:
   • Adequate space, pest control, security, distance to distribution sites

7. What challenges have you encountered with storing SQ-LNS at this warehouse?
   Probes:
   • Limited space, pests, security, distance to distribution sites, ownership, funding, theft/product loss, temperature control
   • How are damaged products handled (e.g., leaking sachets)?
   • How did you overcome these challenges?
   • How are expired products managed?
   • Did you face any instances of stockout?

8. How do you track entry and exit of SQ-LNS at this warehouse?
   Probes:
   • Manual or electronic system
   • What is tracked?
   • Frequency of inspection, log reviews
   • How many distribution sites does this warehouse supply SQ-LNS to?

9. How does your organization transport SQ-LNS from Edesia (producer in the U.S.) to this warehouse?
   Probes:
• How long does it take?
• How are the products transported and stored after import, and before being transported to this warehouse?
• What is working well with importing SQ-LNS? What challenges have you encountered?

10. How do you move SQ-LNS?
Probes:
• Off of the delivery truck
• Within the facility
• Loading of outgoing product

11. How do you transport SQ-LNS to the distribution sites?
Probes:
• How long does it take to transport the SQ-LNS to the closest site? To the furthest site?
• What is working well? What challenges have you faced?

12. What quality management system do you have in place?
Probes:
• Personnel, procedures, documentation
• If a document has been developed, could you share this document with us?

13. If your organization were to expand the size of your IFRP SQ-LNS program, what changes would you need to make to:
• How you transport the SQ-LNS from Edesia to this warehouse.  
  [By sea, in batches, paperwork for importing]
• How you store the SQ-LNS.  
  [Number of warehouses, location of warehouses, etc.]
• How you transport the SQ-LNS to the distribution sites.  
  [Frequency, number of trucks, etc.]

14. Is there anything else you would like to share with us regarding import, storage, and transport of SQ-LNS?
Probes:
• How do you think you can make storage and logistics more efficient?

3. Distribution Site Guide

Nurse or Assistant/Volunteer

Informed Consent
My name is ____ and I am working on behalf of USAID Advancing Nutrition. USAID Advancing Nutrition is a global nutrition project funded by the United States Agency for International Development
We are conducting a study in ___ to learn about USAID’s International Food Relief Partnership (IFRP)-funded programs that provide small-quantity lipid-based nutrient supplement (SQ-LNS) to children 6–24 months of age. The results of this study will inform the design of future LNS programs.

Today we will document how your program distributes SQ-LNS and provides other related services. Is it ok if I observe the session today? I also have a few questions related to your work that I would like to ask you. Can I ask these questions after you have completed your tasks for the day? The discussion will take about 30 minutes. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or the IFRP awards your organization currently receive or may receive in the future. You are free to not answer certain questions or to stop participating at any time without any penalty. There is no direct benefit for participating.

We will keep any personal information that you give us, such as your name, confidential and will only share it in the study team. The study team does not include USAID. We will remove your personal information before sharing the information you give us outside the study team. In study reports and presentations, we will combine the information you provide us with the information we gather from others. Approximately ___ people will participate in this study. We will share the combined information with USAID and may share it with government officials if they wish to see it. This is not an evaluation of your organization’s performance.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

If you have any questions about the study, you may contact [the study manager] at ____.

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<th>ID (LNS_Country_DG_Sequence#)</th>
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</tr>
<tr>
<td>Respondent organization</td>
</tr>
<tr>
<td>Respondent position</td>
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</tbody>
</table>
**Observations**

1. **Type of place where you are observing the distribution of SQ-LNS?**
   
   *[Health facility, school, church, etc.]*

2. **How many people are involved in the distribution/providing related services at this site?**
   
   **Probes:**
   
   - What roles do partner staff, government staff, community leaders, or volunteers play?
   - If possible, describe the number by role.

3. **How would you describe the participants that have shown up (at the beginning/when the data collection begins)?**
   
   **Probes:**
   
   - How many people (other than children) have shown up?
   - Are they generally male or female?
   - In addition to parents, how common is it that other caretakers come for the distribution?
   - Do caretakers usually bring young children?
   - Do they show up at a designated time or throughout the day?

3a. **Are there any participants with a disability, either a child or the caregiver of a child who has a disability present?**
   
   **Probes:**
   
   - If yes, please describe the disability (if possible) and how the participants are accommodated (e.g., some with crutches are brought a chair)?

4. **How did the program transport SQ-LNS to the distribution site?**
   
   **Probes:**
   
   - Are they stored onsite?
5. **How is the distribution site arranged?**
   - Where are the participants waiting?
   - What are participants doing as they wait?
   - How is the crowd managed?

6. **What is the distribution flow like?**
   - Are identification cards checked?
   - Are the number of sachets counted before handing them to the caregiver?
   - Is there a systematic way of entering and existing the collection/service delivery point?
   - Do participants bring back empty LNS sachets?
   - Where are the empty LNS sachets placed when turned in by participants?
   - What happens to the empty LNS sachets at the end of the distribution day?

7. **What services does the program provide in addition to SQ-LNS?**
   [Information related to the SQ-LNS products, other maternal, infant, and young child nutrition information, anthropometric measurements, etc.]
   - What specifically do program staff tell program participants about SQ-LNS?
   - Who provides these services? Please specify the role of each program staff.
   - Are they provided at the time of distribution or at another time during the program life cycle?
   - Do the services vary for children and pregnant and lactating women?

8. **How does the program track information at the distribution site?**
   [Number of sachets distributed, other services provided, such as anthropometric measurements, counseling, referral, etc.]
   - What tools are used?
   - Are there different tools for children and pregnant and lactating women?
   - What does the participant keep?
   - What does the program keep?
   - Who documents this information? Please note who writes on the participant card and who writes in the register.
   - Does this vary for SQ-LNS and other services provided?
   - If referrals (e.g., for children with severe or moderate acute malnutrition) are made, how are they tracked?

9. **Did the program seek feedback on SQ-LNS from participants today?**
   [Individually or in a group]
   - If yes, please describe how feedback was sought.
10. If you observed an interaction between program staff and participants, please note what participants said related to SQ-LNS or other services provided (or not provided). Please also note how the interaction went. For example, were the staff supportive, did they answer the participant's questions, etc.?

11. In your opinion, could the program have done anything differently to improve the set-up, flow, communication related to SQ-LNS, etc. at this distribution site?

12. Time at distribution site

*Pick a child that arrives at the start, mid-point, and end of distribution. Note when the child and his/her caregiver entered and when they left the distribution site with the SQ-LNS ration. If the child/caregiver waits for others after they have received their SQ-LNS ration, then note that time as well as the time they physically left the site.*

<table>
<thead>
<tr>
<th>Time</th>
<th>Entry time (time child/caregiver entered the distribution site)</th>
<th>Exit time (time child/caregiver left the distribution site)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-point</td>
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<td></td>
<td></td>
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<tr>
<td>End</td>
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</table>

Questions for partner staff

13. How frequently do you distribute SQ-LNS at this site?

14. How does today compare with [the last distribution day e.g., 4 weeks ago]? With other sites?

*Probes:*

- Number of participants, flow, services provided, busier/quieter than usual, etc.
- Number of participants with a disability and accessibility for participants with disability.

15. What is working well with SQ-LNS distribution?

16. What could be improved with SQ-LNS distribution?

17. What is working well with the services (complementary activities) the program provides to participants along with SQ-LNS?

*Probes:*

- Information, anthropometric measurement, preventive health services

18. What do you think could be improved with the services the program provides to participants along with SQ-LNS?

*Probes:*

- Information and/or other SBC activities, anthropometric measurement, preventive health services
- For optimal distribution of SQ-LNS, what type(s) of support staff are required? What challenges are faced?
19. What feedback do participants give you related to SQ-LNS (product and how it is distributed)?

Probes:
- Positive and areas for improvement
- Is it possible to address them? Why or why not?
- Do they tell you anything about how SQ-LNS has affected them personally?

20. What feedback do participants give you related to other services (complementary activities) that the program provides at this distribution site?

Probes:
- Positive and areas for improvement
- Is it possible to address them? Why or why not?

21. If your organization were to expand the size of your SQ-LNS program, how many more children could you serve at this site?

Probes:
- What additional resources (staffing, space) would you need?
- What challenges would you face?

22. Do children or adults (including pregnant and lactating women) with disabilities regularly participate in the SQ-LNS program? Why or why not?

Probes:
- What (physical, attitudinal, informational, or policy) limits the participation of children and adults with a disability in SQ-LNS programs?
- What challenges have you experienced ensuring that children and caregivers with a disability are included in the SQ-LNS program?

23. Is there anything else you would like to share with us related to the distribution of SQ-LNS and other services the program provides?

4a. Participant Focus Group Discussions

Caregivers of Children

Informed Consent

My name is ____ and I am working on behalf of USAID Advancing Nutrition. USAID Advancing Nutrition is a global nutrition project funded by the United States Agency for International Development (USAID). We are conducting a study in ____ to learn about USAID’s International Food Relief Partnership (IFRP)-funded programs that provide small-quantity lipid-based nutrient supplement (SQ-LNS) programs to children 6–24 months of age. The results of this study will inform the design of future LNS programs.

During this group discussion, we would like to gather information about experiences and perspectives on the SQ-LNS program for children. The discussion will take about one hour and thirty minutes to complete. Your participation is entirely voluntary. You can decline to participate without losing any benefits that you receive from the SQ-LNS program, such as SQ-LNS or other related services. You are
free to not answer certain questions or to stop participating at any time without any penalty. There is no direct benefit for participating.

We will keep any personal information that you give us, such as your name, confidential and will only share it in the study team. The study team does not include USAID. We will remove your personal information before sharing the information you give us outside the study team. In study reports and presentations, we will combine the information you provide us with the information we gather from others. Approximately ____ people will participate in this study. Please do not share the name and responses of other participants with anyone outside this group. We will share the combined information with USAID and may share it with government officials if they wish to see it.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact [the study manager] at ____.

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<td>Number of participants</td>
<td></td>
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<tr>
<td>Date of FGD</td>
<td></td>
</tr>
<tr>
<td>Facilitator name</td>
<td></td>
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<td>Notetaker name</td>
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<td>Language FGD conducted in</td>
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<td>Consent to participate in FGD (Y/N)</td>
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<tr>
<td>Consent to audio record (Y/N)</td>
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</table>
Questions

1. **Who eats the SQ-LNS product (mention local name)?**

   Probes:
   - How old are the children who eat SQ-LNS?
   - For how many months do the children eat SQ-LNS?

2. **How do caregivers feed the SQ-LNS product to children?**

   Probes:
   - As is or mixed with food?
   - If mixed with milk, what type of milk (animal or formula)? If formula, what type of water do they use to prepare the formula?
   - When do caregivers feed SQ-LNS to children (time of day, during meals, as a snack)?
   - How frequently do caregivers feed SQ-LNS to children?
   - Who else feeds SQ-LNS to children?
   - Are there days that caregivers do not prefer to feed SQ-LNS to children?
   - Do children usually finish the whole sachet? Do they consume it all in one sitting or over the course of the day? Does this vary by age?
   - What do caregivers do with the leftover SQ-LNS if the child does not finish it?
   - What do caregivers do with the empty SQ-LNS sachets?

3. **Why do caregivers give SQ-LNS to children?**

   Probes:
   - What changes (e.g., length/height, weight, appetite, food preferences, less hungry, less cranky) in their children who eat SQ-LNS, if any, can the caregivers describe?
   - What changes to them personally, if any, do caregivers (moms) describe?

4. **What do caregivers like about SQ-LNS?**

   Probes:
   - Taste, color, convenience, size, smell

5. **What do children like about LSN-SQ?**

   Probes:
   - Taste, color, convenience, size, smell

6. **Is there anything children do not like about SQ-LNS?**

   Probes:
   - Do some children have difficulty consuming their portion?
• How do caregivers usually handle these difficulties?
• Do children ever experience any side effects with the product, (e.g., vomiting, stomach upset)? Does this vary by age? How do caregivers handle this?

7. Is there anything that needs to be different about SQ-LNS?
Probes:
• Taste, color, packaging, size, smell

8. What do others (family, friends, and community) say about giving SQ-LNS to children?
Probes:
• Does anyone disapprove of giving SQ-LNS to children?

9. How often are SQ-LNS sachets distributed?
Probes:
• Where at home do caregivers store SQ-LNS?
• Which family members can access the SQ-LNS from where they are stored?
• How long does the number of SQ-LNS sachets received today last?

10. What do caregivers like about how SQ-LNS is distributed?
Probes:
• Frequency, site (common location vs. home delivery), duration, target age

11. What would caregivers like to be different about how SQ-LNS is distributed?
Probes:
• Frequency, site (common location vs. home delivery), duration, target age
• Advice or support given about how to use SQ-LNS
• Does this vary by season?
• Are there challenges with coming to the distribution site?
• Is saving sachets for the next distribution a burden?

12. What do caregivers like about the services that the program provides along with SQ-LNS?
Probes:
• Which services does the program provide?
• Anthropometric measurement (height, weight, MUAC), counseling, information related to SQ-LNS, information related to other maternal, infant, and young child nutrition, preventive health services
• What do caregivers like about these services?

13. How could the program improve the services provided with SQ-LNS?
Probes:
- Who provides the services?
- Where the program provides the services?
- Additional services?

14. **Do children or adults with disabilities from your community regularly participate in the SQ-LNS program? Why or why not?**

Probes:
- What limits the participation of children or caregivers who have a disability?
- What could be done to make the SQ-LNS program more accessible to adults or children with a disability in your community?

15. **Is there anything else that you would like to share with us about the LNS product and how it is distributed?**

4b. **PLW Focus Group Discussions**

**Pregnant and Lactating Women**

**Informed Consent**

My name is ____ and I am working on behalf of USAID Advancing Nutrition. USAID Advancing Nutrition is a global nutrition project funded by the United States Agency for International Development (USAID). We are conducting a study in ____ to learn about USAID’s International Food Relief Partnership (IFRP)-funded programs that provide small-quantity lipid-based nutrient supplement (SQ-LNS) programs to children 6–24 months and pregnant and lactating women. The results of this study will inform the design of future LNS programs.

During this group discussion, we would like to gather information about experiences and perspectives on the SQ-LNS program for pregnant and lactating women. The discussion will take about one hour and thirty minutes to complete. Your participation is entirely voluntary. You can decline to participate without losing any benefits that you receive from the SQ-LNS program, such as SQ-LNS or other related services. You are free to not answer certain questions or stop participating at any time without any penalty. There is no direct benefit for participating.

We will keep any personal information that you give us, such as your name, confidential and will only share it in the study team. The study team does not include USAID. We will remove your personal information before sharing the information you give us outside the study team. In study reports and presentations, we will combine the information you provide us with the information we gather from others. Approximately ____ people will participate in this study. Please do not share the name and responses of other participants with anyone outside this group. We will share the combined information with USAID and may share it with government officials if they wish to see it.

Do you have any questions about participating?
- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?
- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
• If no, thank them for their time and politely leave.

Can we audio record the conversation?
• If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
• If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact [the study manager] at ____.

<table>
<thead>
<tr>
<th>ID (LNS_Country_FGD PLW_Sequence#)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants</td>
<td></td>
</tr>
<tr>
<td>Date of FGD</td>
<td></td>
</tr>
<tr>
<td>Facilitator name</td>
<td></td>
</tr>
<tr>
<td>Notetaker name</td>
<td></td>
</tr>
<tr>
<td>Language FGD conducted in</td>
<td></td>
</tr>
<tr>
<td>Consent to participate in FGD (Y/N)</td>
<td></td>
</tr>
<tr>
<td>Consent to audio record (Y/N)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Please assign a number to each participant and maintain the same number throughout the discussion.

Questions
1. **Who eats the SQ-LNS product?**
   Probes:
   • What stage of pregnancy/lactation (e.g., 5 months pregnant or 3 months post-delivery) do women begin eating SQ-LNS?
   • How long do pregnant and lactating women eat the SQ-LNS product?

2. **How do pregnant and lactating women eat the SQ-LNS product?**
   Probes:
   • Do they mix the SQ-LNS with other food when they eat it?
   • When do they eat SQ-LNS (time of day, mixed with meals, as a snack/in between meals)?
   • How frequently do they eat SQ-LNS?
   • Do they usually finish the whole sachet? Do they consume it all in one sitting or over the course of the day?
   • What do they do with the empty SQ-LNS sachets?
3. Why do pregnant and lactating women eat SQ-LNS?
Probes:
- What changes (e.g., weight, appetite, food preferences), if any, do pregnant and lactating women describe?
- What differences, if any, do pregnant and lactating women describe in their newborn children after eating SQ-LNS products compared with a previous pregnancy when they did not eat SQ-LNS?
- What other benefits have pregnant and lactating women experienced from consuming SQ-LNS?

4. What do pregnant and lactating women like about SQ-LNS?
Probes:
- Taste, color, convenience, size, texture/consistency, smell

5. Is there anything pregnant and lactating women do not like about SQ-LNS?
Probes:
- Do they have any difficulties consuming their portion? How do they usually handle these difficulties?
- Have they ever experienced any side effects with the product, like vomiting, stomach upset?

6. Which special foods or supplements (e.g., iron and folic acid, fortified blended flour ), in addition to SQ-LNS, do pregnant and lactating women eat?
Probes:
- Why do they eat these special foods or supplements in addition to SQ-LNS?

7. What do others (family, friends, and community) say about pregnant and lactating women eating SQ-LNS?

8. Is there anything pregnant and lactating women would like to be different about SQ-LNS?
Probes:
- Taste, color, packaging, size, texture/consistency, smell

9. How often do pregnant and lactating women come to get SQ-LNS sachets?
Probes:
- Where at home do they store SQ-LNS?
- Which family members access the SQ-LNS from where they have stored it?
- How long does the number of SQ-LNS sachets pregnant and lactating received today last?

10. What do pregnant and lactating women like about how SQ-LNS is distributed?
Probes:
- Frequency, site (common location vs. home delivery), duration, target stage of pregnancy

11. What would pregnant and lactating women like to be different about how SQ-LNS is distributed?
Probes:

- Frequency, site (common location vs. home delivery), duration, target age
- Advice or support given about how to use SQ-LNS? Or what to do if they have difficulties eating it?
- Are there challenges with coming to the distribution site?
- Does the distribution need to vary by season (e.g., rainy season)?
- Is saving sachets for the next distribution a burden?

12. **Which services does the program provide along with the SQ-LNS?**

Probes:

- Anthropometric measurements (weight, height, MUAC), counseling, information related to SQ-LNS, information related to other maternal, infant, and young child nutrition, preventive health services
- What do pregnant and lactating women like about the services the program provides along with SQ-LNS?
- What benefits have pregnant and lactating women experienced from participating in this program (SQ-LNS with other services)?

13. **How could the program improve the services provided with SQ-LNS?**

Probes:

- Who (organization, gender, etc.) provides the services?
- Where the program provides the services? Length of time?
- Additional services?

14. **Do pregnant and lactating women with disabilities from your community regularly participate in the SQ-LNS program? Why or why not?**

Probes:

- What limits participation of pregnant and lactating women with a disability?
- What could be done to make the SQ-LNS program more accessible to adults or children with a disability in your community?

15. **Is there anything else you would like to share with us about the LNS product and how it is distributed?**

5. **Informal Conversation Guide**

*Program staff, participants, or other individuals*

**Instructions:** Below is a list of possible topics to explore in informal conversations during the site visit. Please use this document to note down what you heard or observed informally, and document any other relevant topics or ideas that emerge.
Possible topics to explore:

- Knowledge, experience, and attitude related to SQ-LNS
- Import, storage, and transport of SQ-LNS
- Distribution of SQ-LNS
- Other services provided
- Coordination with nutrition actors
- Tracking and measuring use of SQ-LNS
- Considerations for scaling-up
- Inclusion of children, caregivers, and pregnant and lactating women with a disability in the SQ-LNS program

1. **Who did you talk to today? What is their role in the program?**
   - Where or during which activity did you talk to this person?

2. **What did you talk about today? Please describe what you discussed regarding any of the topics listed above, or any other topics of interest that emerged:**
3. What did you observe? Please describe what you observed regarding any of the topics listed above, or any other topics of interest that emerged:

4. What did you think about this conversation/observation and its relevance to the study?

6. Debrief Guide

Instructions: At the end of each day, use this guide to debrief on what you learned that day. Write all your responses. Be sure to make a note of who you spoke to, where, and what they said. Also make a note of any tools or materials shared with you.

<table>
<thead>
<tr>
<th>ID (LNS_Country_DB_Sequence#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Attendees</td>
</tr>
</tbody>
</table>

1. Today, who did you speak with/ what did you observe?
   - Which tools did you use?
   - Where did you talk to them?

2. What did you learn about the following? From whom?
   - Knowledge, experience, attitude related to SQ-LNS
   - Storage and transport of SQ-LNS
   - Distribution of SQ-LNS
   - Other services provided with SQ-LNS
   - Coordination with nutrition actors
   - Tracking and measuring use of SQ-LNS
   - Considerations for scaling-up
   - Inclusion of children, caregivers, and pregnant and lactating women with a disability in the SQ-LNS program

3. Did anything surprise you?

4. Are there any responses you are hearing repeatedly?

5. Was there any information you needed to go back and get/re-probe?

6. Are there areas you need to focus on in the next several days?
   - Areas we have not learned much about so far.
   - New areas that we did not identify earlier?

7. What are your overall observations/questions from today's work?
## Annex II. Summary of Findings from Distribution Site Visit

**Observed activities at three health facilities in Niger**

<table>
<thead>
<tr>
<th></th>
<th>Kornaka</th>
<th>Sabon Machi</th>
<th>Baban Kori</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level</strong></td>
<td>Health center</td>
<td>Health center</td>
<td>Health hut</td>
</tr>
<tr>
<td><strong>Number of staff</strong></td>
<td>1 health worker</td>
<td>2 volunteers</td>
<td>1 health worker</td>
</tr>
<tr>
<td></td>
<td>2 volunteers</td>
<td></td>
<td>1 volunteer</td>
</tr>
<tr>
<td><strong>Number of participants</strong></td>
<td>52 people</td>
<td>35 people</td>
<td>25 people</td>
</tr>
<tr>
<td><strong>Ratio of staff to participant</strong></td>
<td>1: 13</td>
<td>1: 18</td>
<td>1: 13</td>
</tr>
<tr>
<td><strong>Time to receive SQ-LNS</strong></td>
<td>~125 mins</td>
<td>~87 mins</td>
<td>~35 mins</td>
</tr>
</tbody>
</table>

### Site arrangement

<table>
<thead>
<tr>
<th>Where are participants waiting?</th>
<th>Sit on benches or stand in line as they wait in the large shed where SQ-LNS is distributed</th>
<th>Sit on benches in the small shed where the SQ-LNS is distributed</th>
<th>Sit on benches as they wait in the small shed where SQ-LNS is distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are participants doing as they wait?</td>
<td>Chat among themselves</td>
<td>Chat among themselves</td>
<td>Chat among themselves</td>
</tr>
<tr>
<td>How is the crowd managed?</td>
<td>By order of arrival</td>
<td>By order of arrival</td>
<td>By order of arrival</td>
</tr>
</tbody>
</table>

### Distribution flow

<table>
<thead>
<tr>
<th>Identification card checked</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sachets counted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Systematic way of entry/exit to collection site</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bring empty sachets back</td>
<td>Rarely</td>
<td>Yes</td>
<td>Rarely</td>
</tr>
<tr>
<td>Where are empty sachets placed</td>
<td>Thrown in trash</td>
<td>Thrown in trash</td>
<td>Thrown in the trash</td>
</tr>
<tr>
<td>What happens to the empty sachets at the end</td>
<td>Thrown away at the same time as health center waste</td>
<td>Incinerated at the end of the distribution day</td>
<td>Burned at the same time as trash from the health hut</td>
</tr>
</tbody>
</table>
### Observed activities at three MCH clinics in Somalia

<table>
<thead>
<tr>
<th>Management</th>
<th>Mogadishu</th>
<th>Afgoye</th>
<th>Kismayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing Partner</td>
<td>Implementing Partner</td>
<td>Implementing Partner</td>
<td></td>
</tr>
<tr>
<td>Number of staff</td>
<td>2 nutrition staff 2 volunteers</td>
<td>2 nutrition staff 2 volunteers  Project focal person (supervising) Storekeeper</td>
<td>2 nutrition staff 1 volunteer 1 community member</td>
</tr>
<tr>
<td>Number of participants</td>
<td>100 people</td>
<td>80 people</td>
<td>50 people</td>
</tr>
<tr>
<td>Ratio of staff to participant</td>
<td>1:25</td>
<td>1:14</td>
<td>1:13</td>
</tr>
<tr>
<td>Time to receive SQ-LNS</td>
<td>~101 mins</td>
<td>~56 mins</td>
<td>~33 mins</td>
</tr>
</tbody>
</table>

#### Site arrangement

<table>
<thead>
<tr>
<th>Where are participants waiting?</th>
<th>No designated waiting area</th>
<th>No designated waiting area</th>
<th>No designated waiting area</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are participants doing as they wait?</td>
<td>Nothing, some are chatting</td>
<td>Nothing</td>
<td>Nothing</td>
</tr>
<tr>
<td>How is the crowd managed?</td>
<td>Participants are handed a token</td>
<td>Participants are handed a token</td>
<td>Participants are handed a token</td>
</tr>
</tbody>
</table>

#### Distribution flow

<table>
<thead>
<tr>
<th>Identification card checked</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sachets counted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Systematic way of entry/exit to collection site</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Bring empty sachets back</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Where are empty sachets placed</td>
<td>Placed in a separate room</td>
<td>NA</td>
<td>No</td>
</tr>
<tr>
<td>What happens to the empty sachets at the end</td>
<td>Local partner hands over to national implementing partner that has contracted a waste management company to dispose of the empty sachets</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
## Observed activities at three sites in Honduras

<table>
<thead>
<tr>
<th></th>
<th>La Paz Department</th>
<th>Choluteca Department</th>
<th>Francisco Morazán Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>Hope for a Healthier Humanity (HHH)</td>
<td>Fundación Agrolíbano</td>
<td>Acción Honduras</td>
</tr>
<tr>
<td>Number of staff</td>
<td>1 department coordinator 3 volunteers</td>
<td>3 program staff 3 volunteers</td>
<td>1 coordinator of promoters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 promoter 1 volunteer</td>
</tr>
<tr>
<td>Number of participants</td>
<td>20</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>Ratio of staff to participant</td>
<td>1: 5</td>
<td>1: 7</td>
<td>1: 6</td>
</tr>
<tr>
<td>Time to receive SQ-LNS</td>
<td>~114 mins</td>
<td>~112 mins</td>
<td>~ 77 mins</td>
</tr>
</tbody>
</table>

### Site arrangement

<table>
<thead>
<tr>
<th>Location</th>
<th>Community school</th>
<th>Community center</th>
<th>Volunteer house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are participants waiting?</td>
<td>On benches in the school classroom or corridor</td>
<td>On chairs</td>
<td>On a bench in the volunteer’s home</td>
</tr>
<tr>
<td>What are participants doing as they wait?</td>
<td>Chatting among themselves</td>
<td>Caregivers and mothers participate in the early childhood stimulation activities with the program staff</td>
<td>Chatting among themselves</td>
</tr>
<tr>
<td>How is the crowd managed?</td>
<td>The group is manageable, the volunteers call participants one at a time</td>
<td>There is adequate space to accommodate the participants</td>
<td>There is adequate space</td>
</tr>
</tbody>
</table>

### Distribution flow

<table>
<thead>
<tr>
<th>Identification card checked (prenatal card or child health card or birth certificate)</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sachets counted</td>
<td>No, volunteers come with pre-counted bag of 90 sachets</td>
<td>No, staff come with pre-counted bag of 90 sachets</td>
<td>No, staff come with pre-counted bag of 90 sachets</td>
</tr>
<tr>
<td>Systematic way of entry/exit to collection site</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Bring empty sachets back</td>
<td>No, volunteers collect them during home visits</td>
<td>Only one person brought empty sachets, others said that they brought them to the monthly meetings</td>
<td>No, mentioned that empty sachets were collected in advance and taken to the health facility</td>
</tr>
<tr>
<td>Where are empty sachets placed</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>What happens to the empty sachets at the end</td>
<td>Volunteers bury them</td>
<td>Program staff take them away</td>
<td>Unclear</td>
</tr>
</tbody>
</table>
### Annex III. Summary of Findings from Warehouse Visit

#### Observed characteristics of the main warehouse in Niger

<table>
<thead>
<tr>
<th>Warehouse characteristics</th>
<th>Dakoro</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>Building (with generator in case of power cut)</td>
</tr>
<tr>
<td><strong>Physical state</strong></td>
<td>No cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td></td>
<td>No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td></td>
<td>Contamination</td>
</tr>
<tr>
<td><strong>Number of rooms</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Ventilation</strong></td>
<td>Screen on windows Fans</td>
</tr>
<tr>
<td><strong>Equipment to measure temperature/humidity inside the warehouse</strong></td>
<td>None present</td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td>Locks on all doors and security guard</td>
</tr>
<tr>
<td><strong>SQ-LNS storage</strong></td>
<td>SQ-LNS in cardboard boxes on wood slats</td>
</tr>
<tr>
<td></td>
<td>Older batches in front</td>
</tr>
<tr>
<td></td>
<td>Other commodities were stored</td>
</tr>
</tbody>
</table>

#### Observed characteristics of two warehouses in Somalia

<table>
<thead>
<tr>
<th>Warehouse characteristics</th>
<th>Mogadishu</th>
<th>Kismayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>Building</td>
<td>Room in MCH clinic</td>
</tr>
<tr>
<td><strong>Physical state</strong></td>
<td>No cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)</td>
<td>No cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td></td>
<td>No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)</td>
<td>No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td>Number of rooms</td>
<td>One big hall that can accommodate 4–6 containers</td>
<td>One congested room</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Ventilation</td>
<td>Windows (closed) Four fans</td>
<td>Window (closed)</td>
</tr>
<tr>
<td>Equipment to measure temperature/humidity inside the warehouse</td>
<td>None present</td>
<td>None present</td>
</tr>
<tr>
<td>Security</td>
<td>Locks on all doors Security guard (paid by building owner not IFRP award)</td>
<td>Locks on all doors</td>
</tr>
<tr>
<td>SQ-LNS storage</td>
<td>SQ-LNS in cardboard boxes placed on wooden slats</td>
<td>SQ-LNS in cardboard boxes on the floor</td>
</tr>
<tr>
<td></td>
<td>Older batches in front Other commodities were not stored</td>
<td>Older batches in front Other commodities were not stored</td>
</tr>
</tbody>
</table>

### Observed characteristics of two warehouses in Honduras

<table>
<thead>
<tr>
<th>Warehouse characteristics</th>
<th>Tegucigalpa (Order of Malta)</th>
<th>Tegucigalpa (HHH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Building</td>
<td>Room in NGO office</td>
</tr>
<tr>
<td>Physical state</td>
<td>No cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)</td>
<td>No cracks, holes, leaks, or openings in the internal structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td></td>
<td>No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)</td>
<td>No cracks, holes, leaks, or openings in the external structure (e.g., roof, walls, floor, door, windows)</td>
</tr>
<tr>
<td>Number of rooms</td>
<td>One big hall that can accommodate up to 10 containers</td>
<td>One lobby area of the office</td>
</tr>
<tr>
<td>Ventilation</td>
<td>Mesh in windows</td>
<td>Mesh in windows</td>
</tr>
<tr>
<td>Equipment to measure temperature/humidity inside the warehouse</td>
<td>None present</td>
<td>None present</td>
</tr>
<tr>
<td>Security</td>
<td>Locks on all doors Security guard</td>
<td>Locks on all doors Security guards</td>
</tr>
</tbody>
</table>
| SQ-LNS storage | SQ-LNS in cardboard boxes placed on wooden slats  
All boxes from the same batch  
Other commodities (food and medicine) stored in different sections of the same room | SQ-LNS in cardboard boxes placed on wooden slats  
All boxes from the same batch  
Other commodities were not stored |
USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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