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FACILITY-BASED NUTRITION READINESS AND DELIVERY OF MATERNAL AND CHILD NUTRITION SERVICES USING SERVICE PROVISION ASSESSMENT SURVEYS

DHS COMPARATIVE REPORTS 49



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**Facility-based Nutrition Readiness and Delivery of Maternal
and Child Nutrition Services Using Service Provision
Assessment Surveys**

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PREFACE

The Demographic and Health Surveys (DHS) Program is one of the principal sources of international data on fertility, family planning, maternal and child health, nutrition, mortality, environmental health, HIV/AIDS, malaria, and provision of health services.

One of the objectives of The DHS Program is to provide policymakers and program managers in low- and middle-income countries with easily accessible data on levels and trends for a wide range of health and demographic indicators. DHS Comparative Reports provide such information, usually for a large number of countries in each report. These reports are largely descriptive, without multivariate methods, but when possible they include confidence intervals and/or statistical tests.

The topics in this series are selected by The DHS Program in consultation with the U.S. Agency for International Development.

It is hoped that the DHS Comparative Reports will be useful to researchers, policymakers, and survey specialists, particularly those engaged in work in low- and middle-income countries.

Sunita Kishor
Director, The DHS Program

ABSTRACT

Persistent malnutrition in low- and middle-income countries requires an exploration of nutrition-related services provided by health facilities in order to identify potential areas for future interventions. The Demographic and Health Surveys (DHS) Program Service Provision Assessment (SPA) surveys provide nationally representative facility data for such exploration. The SPA surveys provide key information about service readiness (availability of resources required to perform services) and service delivery (care and counseling that clients receive during consultations) within facilities.

This report identifies 40 indicators of nutrition intervention readiness and delivery as part of antenatal care (ANC) and sick child care according to SPA surveys conducted in 10 countries. We first describe the availability of ANC and sick child care at the national level. We then describe service readiness in terms of availability of commodities and provider training, service delivery, and, more specifically, counseling provided during ANC and sick child visits related to nutrition. We describe regional-level estimates for selected indicators, including the availability and provision of iron and folic acid (IFA) supplements and the availability of infant and child scales. Finally, we provide supplemental information on nutrition-related readiness according to facility background characteristics.

This report demonstrates variation in the availability of medication and equipment for pregnant women and children across countries. Supplement availability ranged from 58%-92% for IFA among women and from 4%-70% for iron among children. Availability of adult weighing scales was over 88% across countries, while availability of child and infant scales ranged from 35%-95%. Provider training for nutrition-related topics was low, ranging from 11%-25% for nutritional assessment in pregnancy to 14%-43% for training in infant and young child feeding practices. Observations of counseling on breastfeeding and maternal nutrition during ANC ranged from 1%-13% and 33%-48%, respectively. Overall, regional variation within countries was less than variation across countries, and there were no strong trends when comparing availability by facility background characteristics. However, a key finding of this study is that across all countries, there is considerable room for improvement in provider training and provider counseling on nutrition-related topics, particularly breastfeeding practices. This indicates a need for new or strengthened strategies to boost training among providers and further investigations into the extent that lack of provider training leads to poor nutrition practices.

KEYWORDS: antenatal care, breastfeeding, complementary feeding, growth monitoring, health facility assessment, IFA supplementation, maternal nutrition, service provision assessment

1 INTRODUCTION AND RATIONALE

Despite improvements in maternal and child nutrition over the past two decades, malnutrition is still a problem in several low- and middle-income countries (Development Initiatives 2017). Essential nutrition interventions that target women and children are primarily delivered by the health system through facility- and community-based services and address the immediate causes of malnutrition (Black et al. 2013; World Health Organization [WHO] 2013). Essential nutrition interventions for women include iron and folic acid (IFA) supplementation and calcium and other micronutrient supplements as part of routine antenatal care (ANC) visits, as well as counseling on maternal dietary practices (WHO 2013). Essential nutrition interventions for children include counseling on infant and young child feeding (IYCF), micronutrient supplementation (iron, vitamin A, zinc), and growth monitoring services (WHO 2013). However, a lack of trained health workers, shortages of supplies, and poor-quality services can limit access to nutrition interventions (Chopra et al. 2012; Kavle and Landry 2018). As countries work to achieve the Sustainable Development Goals on nutrition, it is important to measure the delivery of facility-based nutrition services.

Global health facility surveys such as The DHS Program’s Service Provision Assessment (SPA) and the World Health Organization’s Service Availability and Readiness Assessment (SARA) are relatively new and have been underutilized. These surveys characterize service availability and readiness to provide services, and SPA surveys also include information on service delivery. Service availability is defined as the physical presence of health services at the facility (WHO 2016). Service readiness is the capacity of health facilities to provide services, including basic amenities, equipment, trained staff, and essential medicines (WHO 2016). Service delivery refers to the delivery process. This includes independent observations of service visits and the perceptions of clients and health workers of services and the service environment. Facility-based surveys make it possible to describe the availability of nutrition-related services and readiness to deliver nutrition interventions within health facilities.

The SPA surveys are being used to describe health facility readiness and coverage of maternal, newborn, and child health services across different contexts. Also, some studies link SPA surveys to DHS surveys. Assessments of effective coverage—a measure of coverage of health care services adjusted for service quality—of maternal and child health (MCH) services, including family planning, ANC, and care for sick children, show that there have been improvements over time, although overall coverage is still low (Nguhiu, Barasa, and Chuma 2017). Other studies in different country contexts that have examined service availability, readiness, and quality of care report low coverage and quality for antenatal, delivery, infectious disease, newborn, and obstetric services but note that there are variations by country and geographic inequalities within many countries (Assaf, Wang, and Mallick 2016; Leslie et al. 2017; Mallick et al. 2016; Winter et al. 2017; Kanyangarara et al. 2018; Kanyangarara, Munos, and Walker 2017; Wang, Winner, and Burgert-Brucker 2017). As assessments and monitoring of service availability, readiness, and delivery continue for many health facility services, so will understanding of the nutrition-specific components of these services.

Currently, maternal and child nutrition-related indicators in SPA surveys are included in ANC and child care services, although specific reporting on essential nutrition intervention readiness is largely absent. This report seeks to address this deficit. More specifically, this report describes and compares nutrition intervention indicators (service readiness and delivery) in SPA surveys across 10 countries. The report also describes the indicators disaggregated by health facility characteristics including locale (rural and urban), managing authority (public and private facilities), and facility type (hospital and other).

2 DATA AND METHODS

2.1 Data

This report uses data collected in the most recent SPA survey conducted by The DHS Program in the following 10 countries where SPA surveys have been conducted since 2007: Bangladesh (2014), Haiti (2013), Kenya (2010), Malawi (2013-2014), Namibia (2009), Nepal (2015), Rwanda (2007), Senegal (2016), Tanzania (2014-2015), and Uganda (2007). Given the wide time frame during which The DHS Program conducted these SPA surveys, most of the report focuses on the most recent surveys, which were conducted within the previous 5 years (2013 to present)—Bangladesh, Haiti, Malawi, Nepal, Senegal, and Tanzania—in order to avoid comparisons with countries that have potentially outdated data. However, the appendix tables include results from all 10 surveys. The SPA survey in Senegal is an annual (continuous) series of surveys. There were two surveys conducted in Senegal prior to the survey included in this report (2012-13 and 2014). This report includes the most recent survey available.

The data from the SPA surveys are used to assess the extent of nutrition intervention service readiness and provision at the facility level, which includes the availability of various nutrition intervention supplies, counseling, procedures, or services provided to the client and nutrition-related training for health service providers. The readiness results represent formal-sector health facilities and their providers, and the service provision data represent patients at those facilities. Formal-sector health facilities include public, private (for-profit, not-for-profit, nongovernmental, faith-based), and mixed private-public facilities. Pharmacies, mobile clinics, and individual doctors' offices are usually not included as formal-sector facilities.

The SPA surveys include several questionnaires that collect data on the service environment of the facility:

1. An inventory questionnaire that examines the availability of services, infrastructure, commodities, procedures, and resources at the facility.
2. A health worker interview that collects information from providers on routine duties, training, and demographic characteristics.
3. An observation checklist that records the content and quality aspects of the selected health visits. The observations are specific to types of health visits and include ANC, child health, family planning, and birth and delivery services.
4. A client exit interview in which clients whose visit was observed provide their perceptions on the visit and demographic information.

In most countries, the SPA survey is based on a sample of randomly selected formal-sector health facilities; exceptions are Haiti, Malawi, and Namibia, where information was collected from all formal-sector health facilities. The study sample is designed for key indicators to be representative at the national and subnational levels and by facility type and managing authority. The sample of facilities in Nepal was further stratified by ecological region, by development-ecological region, and for private hospitals according to number of beds (less than 100 versus 100 or more). The sample design for the selection of facilities and the total number of facilities are summarized in Table 1.

A sample of 8-15 health providers who were present in the facility on the day of the assessment are randomly selected from provider lists at each health facility. Preference is given to providers who provided consultation services, counseling, health education, or laboratory services, which were assessed in the SPA survey. If fewer than eight providers were present on the day of the assessment, all providers present that day were interviewed.

For ANC and curative care for sick children, clients were systematically selected based on the expected number of clients at each service site on the day of the assessment. In other cases, where the number of clients could not be determined in advance, clients were selected upon arrival at the facility. If numerous clients were available, interviewers selected two new clients for every returning or follow-up client, with a preference for ANC clients who were women attending their first ANC visit for that pregnancy. In general, a maximum of five clients per provider of the service were interviewed, with a maximum of 15 observations per type of service (ANC or curative care for sick children) per facility. To select the interval between clients, the total number of expected clients was divided by 5 to obtain the Nth interval for selecting the next client for observation. Exit interviews were conducted with every observed client prior to the client departing the facility that day.

Table 1 Sample design of included surveys

Survey	Selection of facilities	Stratification	Number of facilities
Bangladesh 2014	Sample	Facility type, district	1,548
Haiti 2013	Census	None	905
Kenya 2010	Sample	Facility type, managing authority, region	695
Malawi 2013-14	Census	None	977
Namibia 2009	Census	None	411
Nepal 2015	Sample	Facility type, managing authority, ecological region, development-ecological region, number of inpatient beds (for hospitals only; less than 100 versus 100 or more)	963
Rwanda 2007	Sample	Facility type, province	538
Senegal 2016	Sample	Facility type, managing authority, region	468
Tanzania 2014-15	Sample	Facility type, managing authority, region	1,188
Uganda 2007	Sample	Facility type, region	491

Figures 1a through 1c describe the background characteristics of the facilities in each country. We recoded the characteristics to facilitate comparisons across countries. For facility type, all lower-level facilities were grouped together to compare with hospitals (Figure 1a). Lower-level facilities typically include health centers, clinics, dispensaries, maternity units, health posts, or other formal outlets that are unique to each country. For the managing authority, private and combined public-private facilities were grouped together to compare with public facilities (Figure 1b). Facility locale—urban or rural—is described for surveys that included this information (Figure 1c).

Figure 1a indicates that hospitals represent between 3% and 13 % of all facilities in each country. Figure 1b shows that in Bangladesh, Nepal, Senegal, and Tanzania, facilities are largely government-managed. Public and private facilities are more evenly divided in Malawi. In Haiti, 62% of facilities are managed by private entities. Figure 1c shows that 8% of facilities in Bangladesh are located in urban areas; by contrast, a greater share of facilities in Haiti, Malawi, Senegal, and Tanzania are urban (with a range of 27% in Tanzania to 39% in Haiti).

Figure 1a Percent distribution of facilities according to facility type, by country

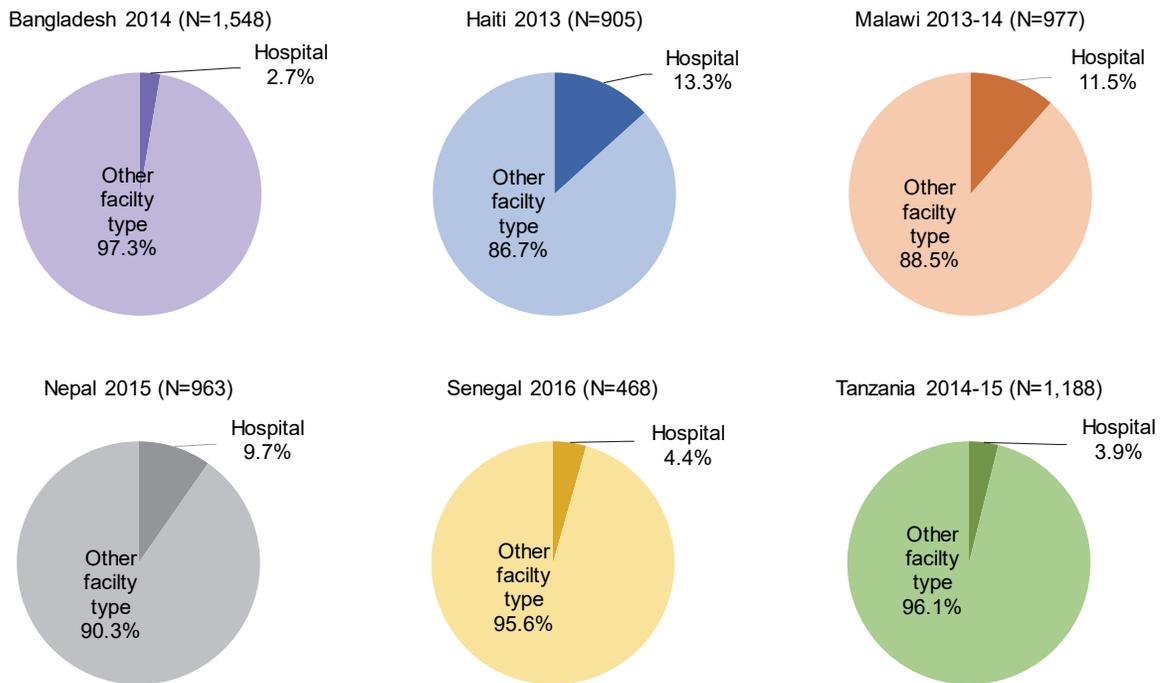


Figure 1b Percent distribution of facilities according to managing authority, by country

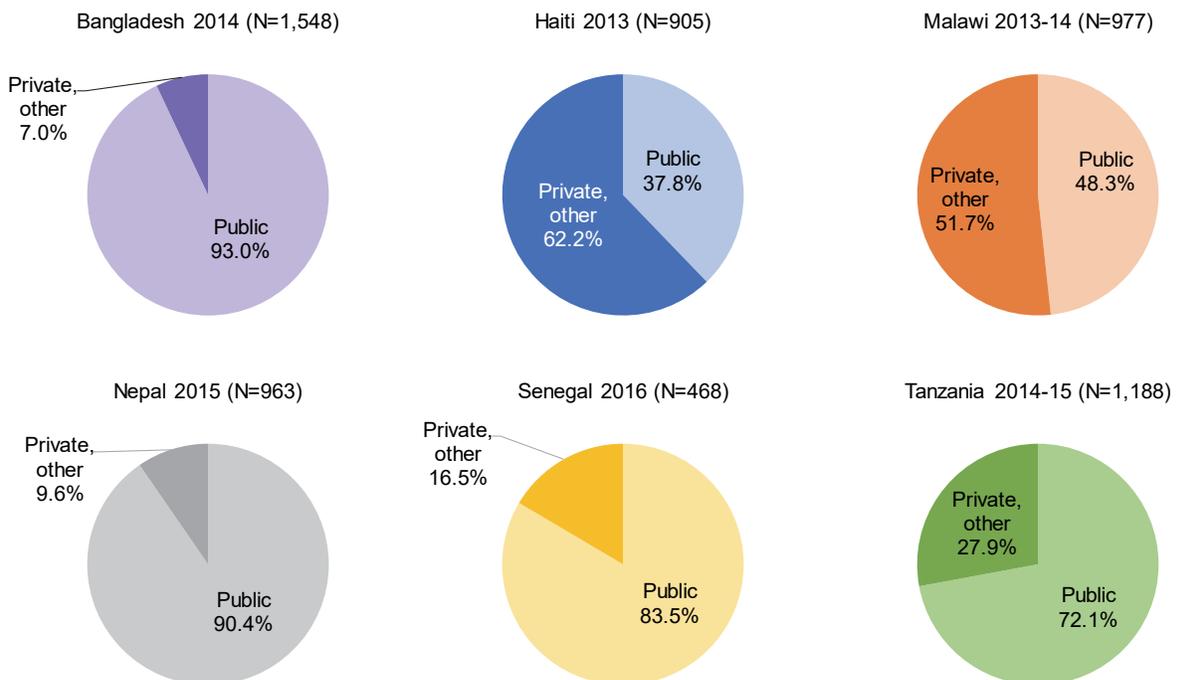
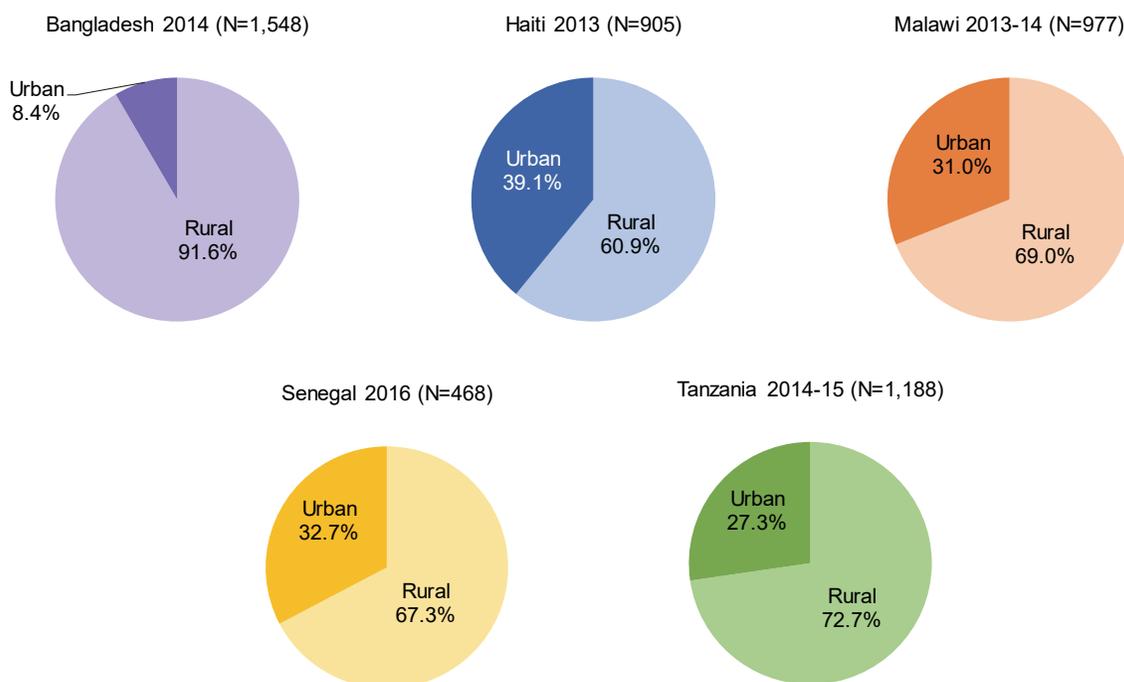


Figure 1c Percent distribution of facilities according to locale, by country



2.2 Methods

This report focuses on maternal and child nutrition and uses nutrition intervention indicators collected in SPA surveys, selected according to their applicability to the package of essential nutrition actions (WHO 2013). We examined the indicators separately by the relevant service. In the first section of the results, we examine facility readiness, provider interactions (providing counseling or other care), client reports, and health worker training as they pertain to providing ANC. These indicators relate to maternal nutrition as well as counseling on future nutrition for the unborn child (breastfeeding). In the second section, we assess nutrition readiness, counseling, client reports, and provider training related specifically to child nutrition. These services are captured among facilities that provide curative care for children under age 5. Observations of child nutrition-related provider interactions and caretakers' reports on visits are based on consultations for sick child care services. Provider training is based on providers who offer any services within the facility, with laboratory staff or other non-qualifying providers excluded, based on country-specific preferences.

The indicators include six interventions: (1) iron-folic acid (IFA) supplementation, (2) micronutrient supplementation for children, (3) anthropometry for women and children, (4) infant and young child feeding counseling, (5) maternal nutrition counseling, and (6) anemia assessment or testing. Tables 2a and 2b show indicators for each area.

All indicators are first recoded to binary variables in which a value of 1 indicates that a specific nutrition-related supply, counseling or advice, procedure, or training indicator was available or was provided and a value of 0 indicates that the indicator was not available or provided. We recoded missing responses as 0.

Prior to 2013, SPA surveys were not standardized. The data recoding process standardized the indicators to the extent possible. The description of each indicator and additional notes on the methods used in calculating the indicators are summarized in Tables 2a and 2b. Table 2a describes the indicators relevant to ANC and Table 2b the indicators for child care services. The availability of each item may differ in this report from the SPA final reports because there can be differences in the definitions of the indicators.

In the main body of the report, we present all indicators related to service readiness and observation of service delivery for nutrition-related readiness and care for women's ANC and sick children's visits. Because observation data are considered the gold standard as compared with exit interview data (Choi 2018), reports of service delivery according to client exit interviews are included only in the appendix tables. Research shows that there are discrepancies between observations and client exit interviews (Assaf, Wang, and Mallick 2016). Clients may overestimate the care provided (Choi 2018), and their reports may be subject to recall and courtesy bias (Bessinger and Bertrand 2001). The main body of the report also includes results from recent surveys to avoid comparison with potentially outdated information.

All analyses adjusted for health worker and client non-response with provider and client weights. In all countries (except Haiti, Malawi, and Namibia) where a census of facilities was conducted, the complex multistage stratified sample design is taken into consideration, facility non-response is considered in the sampling weights, and confidence intervals are provided in all descriptive analyses. We conducted all analyses using Stata 15.0.

This report presents descriptive statistics of facility characteristics illustrating percentage distributions by facility type, managing authority, locale, and region. Data on nutrition intervention service readiness and provision across the topics assessed are presented for each country and stratified by health facility characteristics (facility type, managing authority, locale, and region).

Table 2a Nutrition indicators in antenatal care services

Indicator	Description ¹	Questionnaire
IFA supplementation		
Iron tablets for women available	Iron, folic acid, and IFA tablets are available and valid (not expired) in any service area of the facility such as the general area or ANC service area. Not all country SPAs include a filter on whether the tablets are valid.	Facility inventory ²
Folic acid for women available		
IFA for women available		
IFA provided/prescribed to client	Observed the provider prescribe or give the client iron tablets or folic acid (IFA) or both during the visit.	ANC observation
IFA counseling on the purpose of the tablets	Observed the provider explain the purpose of iron or folic acid tablets among women who were provided or prescribed iron, folic acid, or IFA. ³	
IFA counseling on how to take the tablets	Observed the provider explain how to take iron or folic acid tablets among women who were provided or prescribed iron, folic acid, or IFA. ³	
Counseling provided on iron side effects	Observed the provider explain side effects of iron tablets among women who were provided or prescribed iron, folic acid, or IFA. ³	
IFA provided/prescribed	Client reported that she was provided/prescribed iron tablets, folic acid, or iron with folic acid on this visit, past visits, or both visits.	ANC client exit interview
Counseling provided on how to take iron tablets	Client reported that provider explained how to take the iron tablets on this visit, previous visits, or both. ⁴	
Counseling provided on side effects of iron	Client reported that provider explained the side effects of iron tablets during the visit. ⁴	
Client's knowledge of iron side effects	Client identified at least one side effect of iron, folic acid, or IFA: nausea, black stools, or constipation. ⁴	
Pregnancy growth monitoring		
Adult weighing scale available	Adult weighing scale was observed and functioning in any service area among facilities that provide ANC.	Facility inventory ⁴
Physical examination of weight of pregnant women	Observed provider weigh the client.	ANC observation
Maternal nutrition		
Training on ANC nutritional assessment for pregnant women	Provider received training or a training update on ANC nutritional assessment of pregnant women within the previous 24 months.	Health worker interview ⁵
Gave advice on nutrition during pregnancy	Observed provider give advice on nutrition during pregnancy (quality and quantity of food to eat).	ANC observation
Anemia assessment or testing		
Physical examination for anemia (conjunctiva/palms)	Observed provider examine client for anemia (conjunctiva/palms). ⁶	ANC observation
Anemia test	Observed provider ask about, perform, or refer client for an anemia test.	
Breastfeeding counseling		
Counseling on exclusive breastfeeding	Observed provider discuss exclusive breastfeeding during this visit.	ANC observation
Counseling on early and prolonged breastfeeding	Observed provider discuss early and prolonged breastfeeding with the client. ⁷	
Reported counseling on importance of exclusive breastfeeding	Client reported that provider gave advice about exclusive breastfeeding.	ANC client exit interview
Reported counseling on duration of exclusive breastfeeding	Client reported that provider recommended that she exclusively breastfeed for 6 months during this visit, past visits, or both visits (among clients who received counseling on exclusive breastfeeding).	

¹ Bangladesh SPA does not include observation or exit interviews for ANC visits or child health visits.

² Among facilities that provide ANC

³ Newer surveys do not include a filter for IFA counseling; however, we standardized the variable for the purpose of this report.

⁴ Among clients who reported being prescribed or provided with iron, folic acid, or IFA

⁵ Provider training in Kenya includes training up to 36 months before the survey. Laboratory technicians and other country-specific non-qualifying providers are excluded.

⁶ The observation checklist for Rwanda and Uganda did not include a question on physical examination for anemia.

⁷ In Namibia, Rwanda, and Uganda, health providers' observations related to exclusive breastfeeding only.

Table 2b Nutrition indicators in curative child care and growth monitoring services

Indicator	Description ¹	Questionnaire
Growth monitoring		
Infant weighing scale available	Infant weighing scale (100-gram gradation) was observed and functioning in any service area. ²	Facility inventory ³
Child weighing scale available	Child weighing scale (250-gram gradation) was observed and functioning in any service area. ⁴	
Stadiometer/height rod available	Stadiometer or height rod was observed and functioning in any service area.	
Tape measure available	Measuring tape was observed in any service area.	
Physical examination of child weight	Observed provider weigh the child.	Sick child observation
Plotted child's weight on growth chart	Observed provider plot the child's weight on a growth chart.	
Weighed the child	Client reported that child was weighted during the visit.	Sick child client exit interview
Discussed child's growth	Client reported that child's growth was discussed during the visit.	
Micronutrient supplementation for children		
Iron tablets for children available	Iron tablets are available for child health services in the facility. ⁵	Facility inventory ³
Vitamin A for children available	Vitamin A supplementation is available for child health services in the facility. ⁶	
Zinc tablets for children available	Zinc tablets are available for child health services in the facility. ⁷	
Provider asked if child received vitamin A	Observed provider ask if child received vitamin A within past 6 months	Sick child observation
Infant and young child feeding counseling		
Training on breastfeeding	Provider received training on breastfeeding in the previous 24 months.	Health worker interview ⁸
Training on early and exclusive breastfeeding	Provider received any in-service training or training updates on early and exclusive breastfeeding in the previous 24 months. ⁹	
Training on complementary feeding in infants	Provider received training on complementary feeding in the previous 24 months.	
Training on infant and young child feeding	Provider received training on infant and young child feeding in the previous 24 months.	
Asked client about feeding or breastfeeding when child is not ill	Observed provider ask about normal feeding or breastfeeding habits or practices when the child is not ill.	Sick child observation
Asked client about feeding or breastfeeding during illness	Observed provider ask about feeding or breastfeeding habits or practices for child during this illness.	
Reported provider discussed feeding or breastfeeding when child is not ill	Provider asked about of feeding solids or liquids (or breastfeeding) when child is not ill.	Sick child client exit interview ¹⁰
Reported counseling on feeding or breastfeeding during illness	Client reported counseling on of feeding solids or liquids (or breastfeeding) during illness and identified the recommended practices.	

¹ Bangladesh SPA does not include observation or exit interviews for ANC visits or child health visits.
² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed
³ All facility-based indicators are calculated among facilities that provide curative child care services.
⁴ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed
⁵ Iron dosage is not specified.
⁶ Some country SPAs (Kenya, Rwanda, and Uganda) inquired about the number of days that vitamin A supplementation is available; in those cases, the variable is coded yes if vitamin A supplementation is available at least 1 day per month. The threshold of 1 day was selected to facilitate comparison with other countries.
⁷ Zinc for treatment of diarrhea
⁸ Provider training in Kenya includes training up to 36 months prior to the survey.
⁹ In Namibia, Rwanda, and Tanzania, health providers were interviewed about receipt of training related to exclusive breastfeeding rather than early and exclusive breastfeeding.
¹⁰ Question wording varies in older surveys

3 RESULTS

3.1 Antenatal Nutrition

This section describes *service readiness* in terms of facility capacity to provide nutrition-related care during pregnancy and *service delivery* for the provision of nutritional care for pregnant women who attend ANC visits at facilities assessed by recent SPA surveys in six countries: Bangladesh, Haiti, Malawi, Nepal, Senegal, and Tanzania. First, we describe availability of ANC at facilities by country. We then present the level of facility readiness to provide nutrition-related ANC and provider training in nutrition for pregnant women. Next, we describe provision of nutrition-related care and counseling during ANC visits at the national level. Finally, we present maps that represent readiness for and delivery of two nutrition interventions by region in each country: (1) availability of IFA at facilities with ANC (*service readiness*) and (2) percentage of clients who received IFA during ANC (*service delivery*). The information included in this chapter focuses on the most recent SPA surveys, although for each figure and table we include a corresponding appendix table with country estimates assessed through surveys conducted before 2013. We also include appendix tables (3-12) that present the availability of each item by facility type, managing authority, and locale (as available).

Figure 2 Percent of facilities providing ANC services, by country

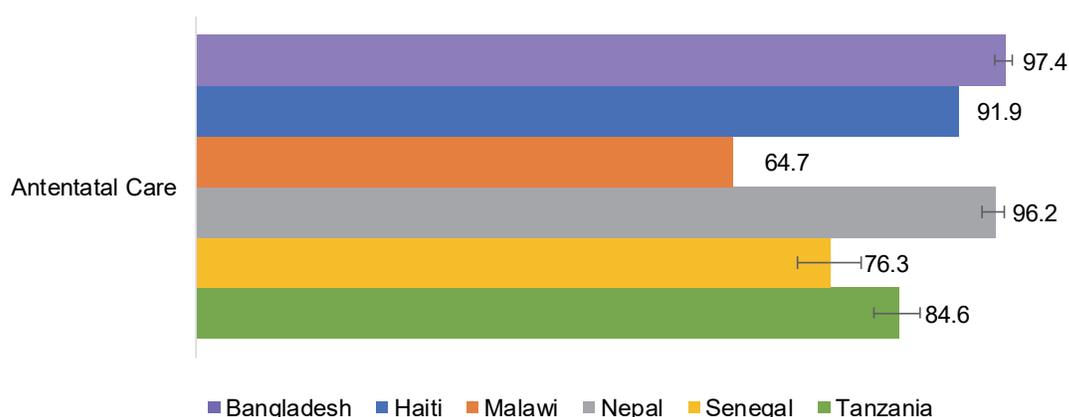


Figure 2 shows the percentage of facilities in the six countries with recent SPA surveys that provide ANC services. Over 90% of facilities in Bangladesh (97%), Haiti (92%), and Nepal (96%) provide ANC. ANC services are least available in facilities in Malawi (65%). Appendix Table 1 includes data on the availability of ANC in all 10 countries assessed and the 95% confidence intervals (CIs) for sample-based surveys.

3.1.1 Service readiness

Among facilities that offer ANC, Table 3 shows the percentage that have resources available to provide nutritional care for pregnant women. Table 3 also includes the percentage of providers who have received training related to nutrition counseling for pregnant women. There is a range of availability within and across countries, with IFA and an adult weighing scale being the two most commonly available items across all countries (except Haiti). Approximately 80% or more of facilities have IFA, except in Haiti (58%), and 88% of facilities in all countries have an adult scale.

Iron and folic acid (as separate tablets) are less commonly available, with more variation between countries. Availability ranges from 1% of facilities with folic acid and 5% with iron in Senegal to 69% of facilities in Tanzania with folic acid and 65% of facilities in Haiti with iron available. Given that iron and folic acid are usually provided together in the combined IFA supplement, it is reassuring that the countries with the least availability of separate iron and folic acid tablets, such as Malawi, Nepal, and Senegal, are well equipped to provide the combined IFA. Across all six countries, only one-fifth or less of providers of all types—except those in non-qualifying positions (e.g., laboratory technicians or those who do not have direct contact with clients)—have received recent training in provision of nutritional care for pregnant women, with a range from 11% in Nepal to 22% in Bangladesh. Appendix Table 2 presents data on the availability of these items (and 95% CIs) and counseling and care components observed or reported during exit interviews for all 10 countries.

Table 3 Percent of facilities with capacity to provide nutrition-related care among facilities with ANC and percent of providers with training on maternal nutrition, by country

	Bangladesh SPA 2014		Haiti SPA 2013		Malawi SPA 2013-14		Nepal SPA 2015		Senegal SPA 2016		Tanzania SPA 2014-15	
	%	95% CI ¹	%	95% CI ¹	%	95% CI ¹	%	95% CI ¹	%	95% CI ¹	%	95% CI ¹
Facilities with ANC												
Iron for women	61.8	[57.7,65.8]	64.9		37.3		12.5	[10.2,15.3]	5.2	[3.2,8.1]	41.1	[37.1,45.4]
Folic acid for women	57.7	[53.6,61.6]	54.9		29.5		10.6	[8.6,13.0]	1.3	[0.5,3.3]	68.5	[64.4,72.4]
IFA for women	88.4	[85.3,91.0]	58.1		92.0		90.7	[88.0,92.9]	79.2	[74.1,83.5]	92.4	[89.8,94.4]
Vitamin A for women	64.6	[61.2,67.9]	55.5		51.6		89.4	[86.9,91.4]	60.0	[55.2,64.6]	73.8	[70.0,77.3]
Adult weighing scale	88.3	[85.2,90.8]	92.9		93.8		94.9	[92.6,96.5]	93.7	[89.0,96.5]	88.0	[84.6,90.7]
Number of facilities with ANC	1,508		832		632		926		357		1,005	
Provider training²												
Recent training on nutritional assessment for pregnant women	21.5	[19.1,24.1]	16.0	[14.3,17.8]	16.5	[15.0,18.2]	11.3	[9.7,13.0]	17.3	[15.4,19.4]	13.1	[11.8,14.5]
Number of providers	4,169		3,967		2,538		3,709		1,623		6,078	

¹ The 95% CI reflects the upper and lower bounds of the 95% confidence interval. There are no CIs for facility-based indicators for Haiti and Malawi because these two countries had census-based surveys. However, CIs are included for provider- and client-based indicators for all countries.

² Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

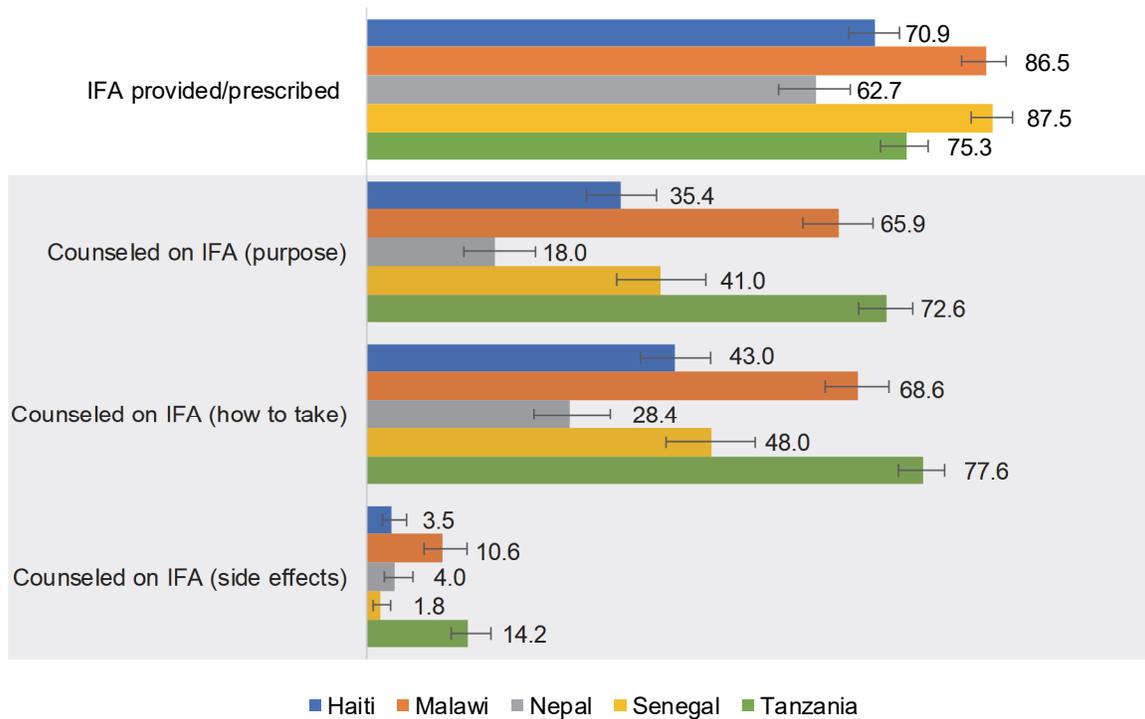
3.1.2 Service delivery

Figures 3 through 6 present data on care provision for women attending ANC at facilities in five countries with recent SPA surveys in which observation of ANC was available (with supporting information in Appendix Table 2). Figure 3 shows counseling and care related to iron, folic acid, or IFA. This figure indicates that while IFA is commonly provided or prescribed (with a range of 63% in Nepal to 87% and 88% in Malawi and Senegal, respectively), counseling on why and how to take IFA, as well as potential side effects, is less common and varies substantially across and within countries. Across all five countries, counseling related to side effects was least common, offered to only 14% or fewer of women who were provided IFA. The percentages of women counseled on why and how to take IFA mirrored each other in each country, with percentages slightly lower for why versus how women should take IFA. Counseling on these two items was lowest in Nepal (18% counseled on why and 28% counseled on how) and highest in Tanzania (73% and 78%).

Figure 4 shows the percentage of women who were weighed during their ANC visit and the percentage who received counseling on nutrition during pregnancy. Three quarters or more of women in all countries had their weight assessed; 74% were weighed in Nepal and 93% in Senegal. Only one-third (33% in Tanzania) to one-half (48% in Nepal) of women were counseled about nutrition during their visit. There is a wide

range of anemia assessment and testing across the countries (Figure 5). Except in Haiti, more women in each country are physically assessed for anemia than are tested during ANC. Women are nearly universally assessed for anemia via physical exams of conjunctiva and palms in Senegal (96%), although only 30% of these same women are given a blood test. Similarly in Malawi, 79% of women were assessed with an observation, but only 8% were tested. Figure 6 shows that, overall, very few women were counseled on exclusive breastfeeding and early initiation of and prolonged breastfeeding during ANC. Tanzanian women were counseled more frequently, although only 13% were counseled on exclusive breastfeeding and 9% on early and prolonged breastfeeding. Only 1% of women in Nepal were counseled on both aspects of breastfeeding.

Figure 3 Percent of women prescribed or provided IFA supplements during an ANC visit and percent of women receiving IFA-related counseling among those prescribed or provided IFA supplements, by country



Note: Shaded portion indicates counseling items that were assessed only among the women who were provided or given a prescription for IFA.

Figure 4 Percent of women receiving weight assessment and maternal nutrition counseling during an ANC visit, by country

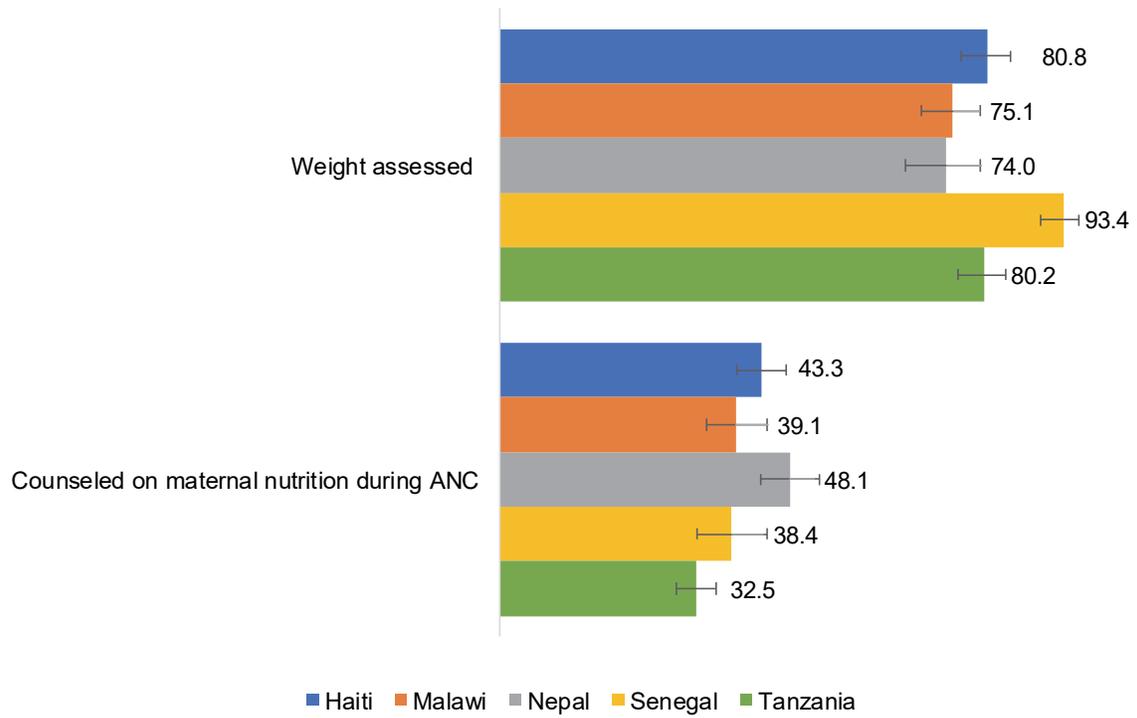


Figure 5 Percent of women assessed or tested for anemia during an ANC visit, by country

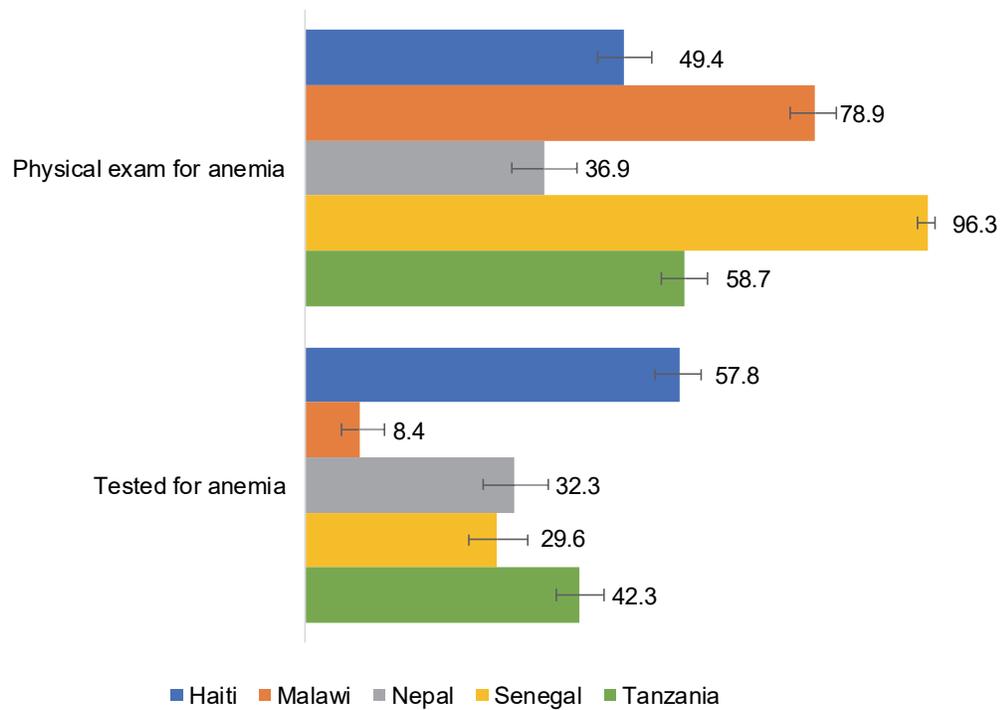
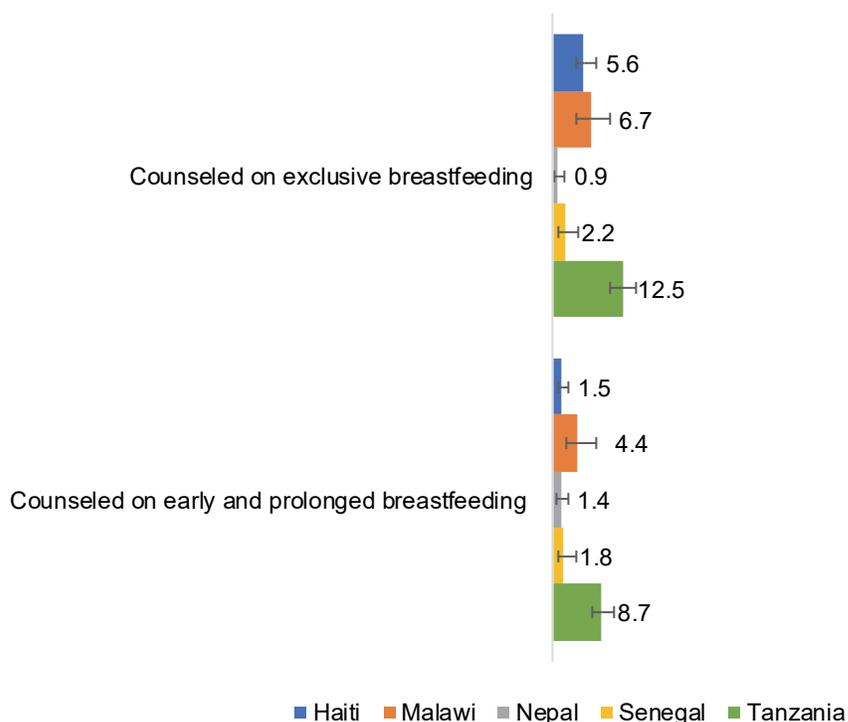


Figure 6 Percent of women receiving breastfeeding counseling during an ANC visit, by country



3.1.3 Service readiness and delivery by region and facility background characteristics

Appendix Tables 3-12 describe the availability of IFA and the provision of IFA during ANC by facility background characteristics, including facility type, managing authority, and either urban or rural locale. Although we did not assess the significance of the differences, we found that the availability of resources, counseling related to nutritional care, and provider training varied within and across countries by background characteristics. No clear trend emerged across countries, within most countries, or by whether the indicator reflected measures of availability of resources, provision of care, or provider training.

Figures 7 and 8 (and Appendix Table 13) show maps of each country with recent SPA surveys that reflect the regional availability of IFA among facilities that provide ANC services (Figure 7) and the percentage of women who were given IFA or a prescription for IFA during ANC consultations (Figure 8). Because availability and provision of IFA are generally high, the scale on the maps is demarcated in ranges of 10%, with the lowest range including all regions with IFA readiness or delivery of 60% or less.

Figure 7 shows that, within each country, there is little variation by region; the range of IFA availability is no greater than 20% in any country except for Haiti and Tanzania. In Haiti, Artibonite has the lowest availability (43%) and Nord the highest (71%). In Tanzania, over 90% of facilities in most zones have IFA available, although facilities in Zanzibar are much less prepared to provide IFA (62%).

There is a greater amount of variation between and, to some extent, within countries in terms of IFA distribution during ANC (Figure 8). Observation of ANC was not a part of the SPA in Bangladesh, as represented by the gray map for the country. In Haiti, women were either given or prescribed IFA at 95% of ANC visits in Grande-Anse, although as few as 62% of women received IFA in the Ouest department. In

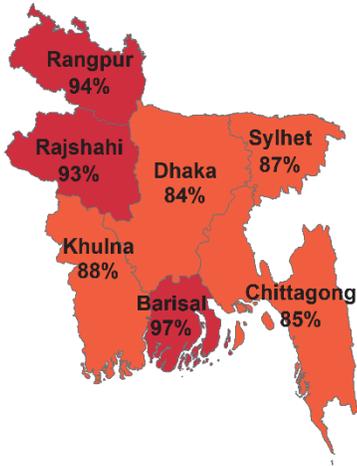
Malawi and Senegal, IFA was commonly prescribed or given during ANC, at a rate above 80% in all regions. Regional provision of IFA in Nepal ranged only from 50% to 72%.

Comparing regional availability of IFA and regional provision of IFA within each country, we found that provision, including prescriptions, outperformed availability in Haiti and Senegal. However, in Malawi, Nepal, and Tanzania, provider provision of IFA lagged behind the facility's capacity to provide the supplement on-site. In Nepal and Tanzania, the areas with the lowest availability of IFA (the Far Western and Central regions of Nepal and the Western and Zanzibar zones of Tanzania) also had the lowest levels of provision.

Figure 7 Percent of facilities with IFA supplements available among facilities that provide ANC services, by region

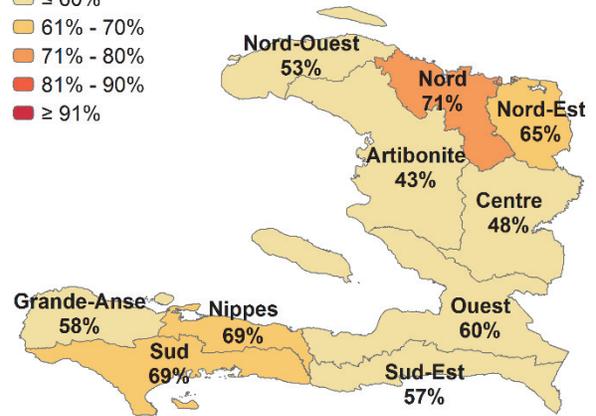
Bangladesh

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



Haiti

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



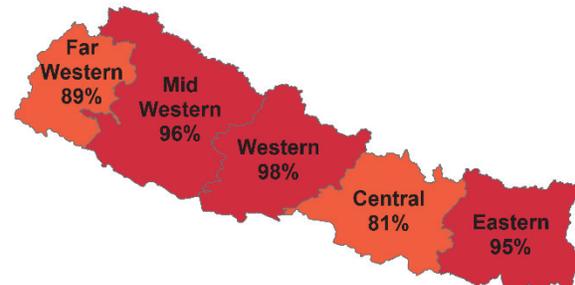
Malawi

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



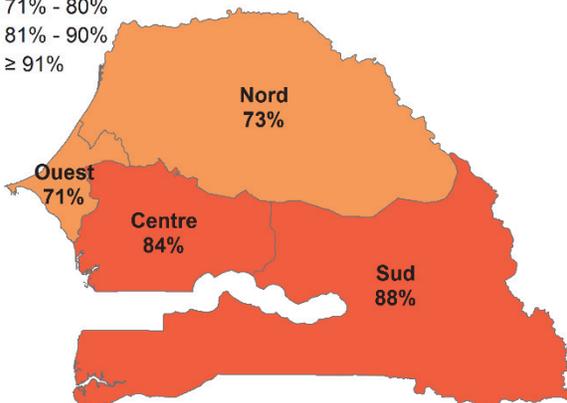
Nepal

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



Senegal

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



Tanzania

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%

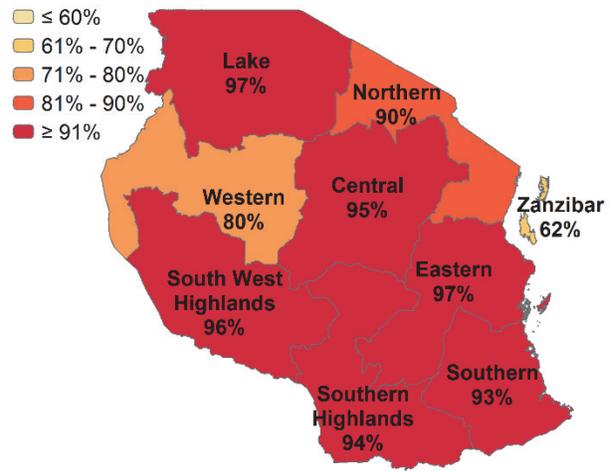


Figure 8 Percent of women attending ANC who were provided with or prescribed iron or folic acid (or both), by region

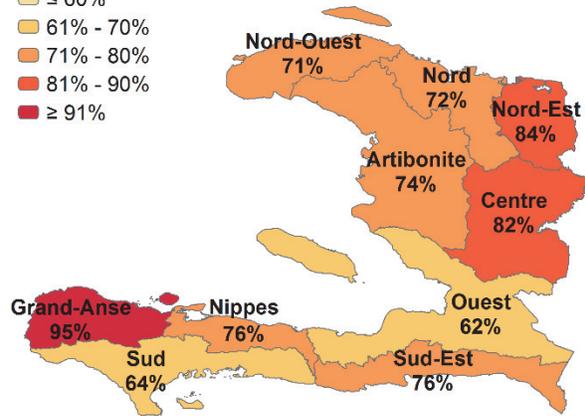
Bangladesh

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



Haiti

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



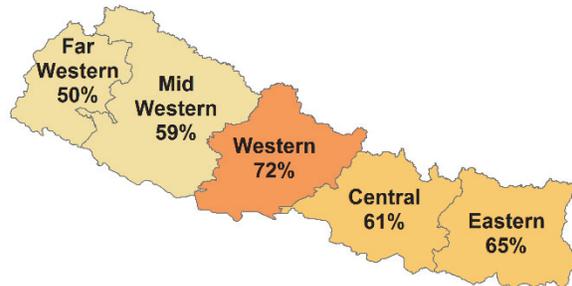
Malawi

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



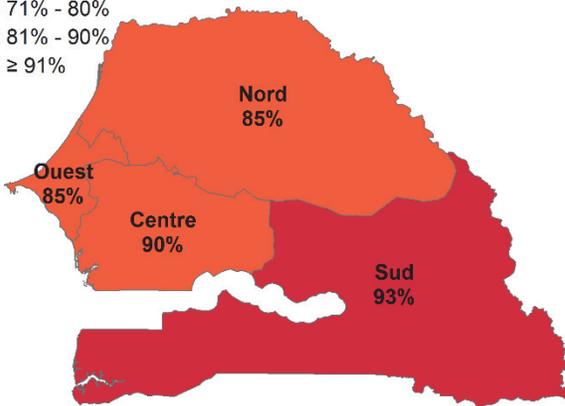
Nepal

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



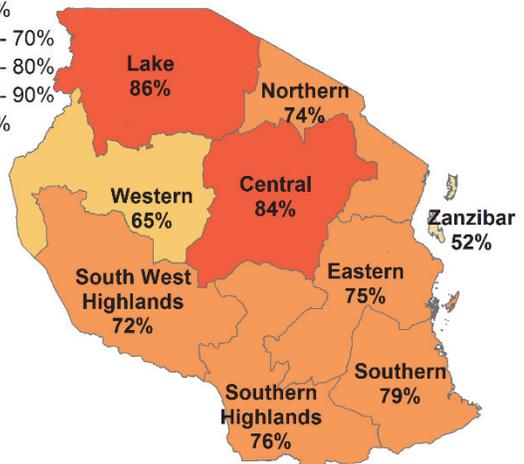
Senegal

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%



Tanzania

- ≤ 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- ≥ 91%

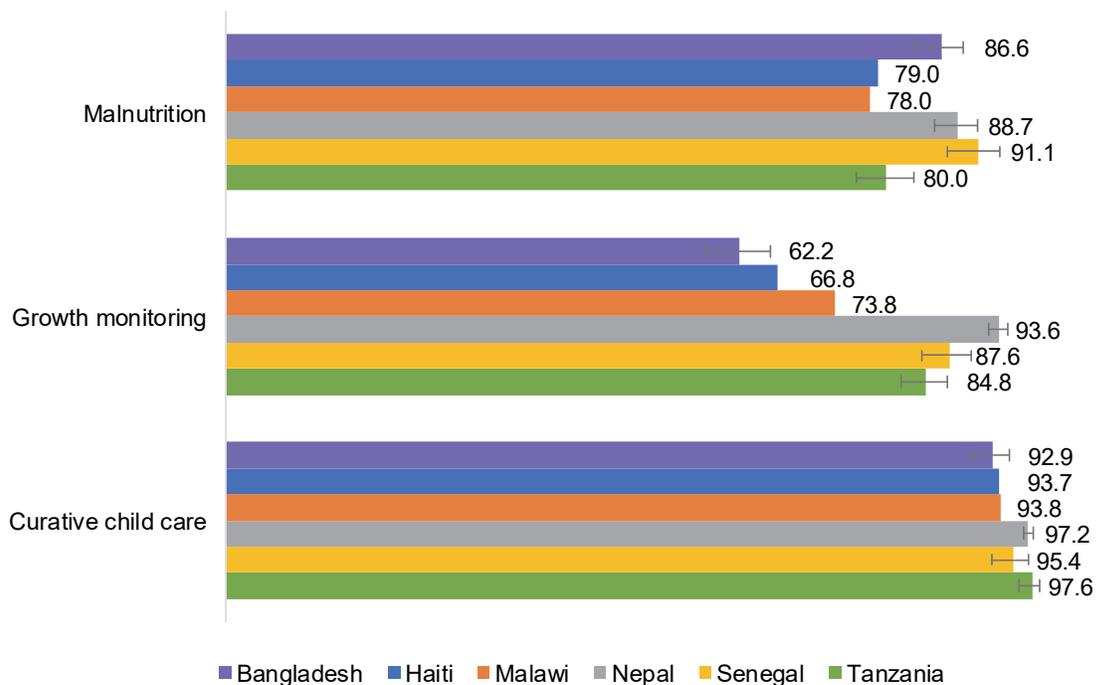


3.2 Child Nutrition

This section first presents the availability of services for children including diagnosis and treatment of malnutrition, growth monitoring, and curative care services, *service readiness* to provide nutrition-related care for children among facilities with curative care services, and *service delivery* of nutrition-related care provided for children attending sick child consultations. We present the regional availability of a functioning infant weighing scale and a functioning child scale at facilities with curative care services (*readiness*). The information presented here focuses on the most recent SPA surveys. For each figure and table, we include a corresponding appendix table with the upper and lower bounds of the 95% CI (for sample-based surveys), as well as the estimates for countries assessed through surveys conducted before 2013. Also, Appendix Tables 15-24 show estimates for each item by facility type, managing authority, and locale (where available). In addition to indicators of facility readiness, provider training, and care observed during sick child visits, the appendix tables include information on reports of care received according to the caretaker who participated in client exit interviews.

Figure 9 (and Appendix Table 1) shows the availability of malnutrition, growth monitoring, and curative care services for children according to recent SPA surveys in six countries. While curative care services are nearly universal (93% or higher in each country), there is more variation in availability of growth monitoring services by country. Growth monitoring is available in as many as 94% of facilities in Nepal but as few as 62% of facilities in Bangladesh. Services for diagnosis and treatment for malnutrition are common, nearly 80% or higher among all countries.

Figure 9 Percent of facilities providing curative care and growth monitoring services for children, by country



3.2.1 Service readiness

Table 4 shows the national-level availability of essential items for providing nutrition-related care for children among facilities that provide curative child care services. Both child and infant scales range in their availability across countries. Facilities in Bangladesh and Nepal appear least equipped to provide growth monitoring services. Only one-third (35%) of facilities in Bangladesh have an infant scale, 41% have a tape measure, and just over 60% have a child scale or a stadiometer/height rod. In Nepal, less than 30% of facilities have a stadiometer/height rod (24%) or a tape measure (29%), and less than half (46%) have a child weighing scale. Almost all facilities in Senegal have an infant scale (95%) and a tape measure (92%).

Facilities in Nepal that provide curative child care services commonly have vitamin A (90%) and zinc (96%) available. Although iron supplementation is not commonly available in Nepal and Senegal (13% and 4%, respectively), SPA surveys do not specify the dosage of iron; iron supplementation availability in SPA surveys may reflect only the availability of adult doses of iron (e.g., for pregnant women in need who are attending ANC). Only around one-third or fewer providers in most countries have received recent training in child nutrition-related topics, including breastfeeding, complementary feeding, and infant and young child feeding. The exception is Senegal, where nearly half (49%) of all providers were recently trained in complementary feeding and 43% were recently trained on breastfeeding.

Table 4 Percent of facilities with capacity to provide nutrition interventions among facilities with curative child care services and percent of providers with training on child nutrition topics, by country

	Bangladesh SPA 2014		Haiti SPA 2013		Malawi SPA 2013-14		Nepal SPA 2015		Senegal SPA 2016		Tanzania SPA 2014-15	
	%	95% CI ¹	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Facilities with curative child care												
Child weighing scale available	61.3	[57.2,65.3]	70.6		73.6		45.5	[41.0,50.0]	65.1	[60.9,69.0]	82.6	[79.4,85.5]
Infant scale available	34.8	[31.3,38.4]	74.0		71.0		78.4	[74.3,82.0]	95.1	[92.4,96.8]	73.9	[70.2,77.2]
Stadiometer/height rod available	62.6	[58.4,66.5]	64.2		71.3		24.3	[20.8,28.0]	81.5	[77.7,84.8]	53.9	[49.8,57.9]
Tape measure available	40.9	[37.0,45.1]	78.2		51.8		29.3	[25.4,33.5]	92.0	[88.5,94.5]	63.1	[59.1,66.9]
Vitamin A supplementation available	64.0	[60.6,67.3]	82.1		42.8		89.6	[87.2,91.6]	49.1	[45.0,53.2]	66.6	[63.0,70.0]
Iron supplementation available	61.6	[57.4,65.6]	64.9		38.3		12.5	[10.2,15.3]	4.4	[2.8, 6.8]	37.8	[34.1,41.8]
Zinc supplementation available	63.7	[60.1,67.2]	54.2		76.3		95.5	[94.3,96.5]	53.6	[49.5,57.6]	44.3	[40.3,48.3]
Number of facilities with curative child care	1,437		848		917		936		447		1,160	
Provider training²												
Recent training on breastfeeding	42.7	[39.7,45.8]	26.7	[24.2,29.3]	34.9	[32.3,37.5]	31.5	[29.0,34.1]	42.8	[39.8,45.8]	15.1	[13.9,16.5]
Recent training on early and exclusive breastfeeding	27.6	[24.8,30.5]	17.4	[15.6,19.4]	23.2	[21.3,25.3]	21.5	[19.4,23.8]	31.7	[28.9,34.5]	24.7	[23.2,26.3]
Recent training on complementary feeding	38.9	[36.0,41.8]	22.5	[20.2,24.9]	35.8	[33.2,38.4]	27.9	[25.4,30.5]	48.7	[45.6,51.8]	19.3	[17.8,20.9]
Recent training on infant and young child feeding	20.8	[18.4,23.4]	20.5	[17.8,23.6]	35.0	[32.7,37.4]	6.9	[5.8,8.3]	14.9	[13.4,16.5]	32.1	[30.4,34.0]
Number of providers	4,169		3,967		2,538		3,709		1,623		6,078	

¹ The 95% CI reflects the upper and lower bounds of the 95% confidence interval. There are no CIs for facility-based indicators for Haiti and Malawi because these two countries had census-based surveys. However, CIs are included for provider- and client-based indicators for all countries.

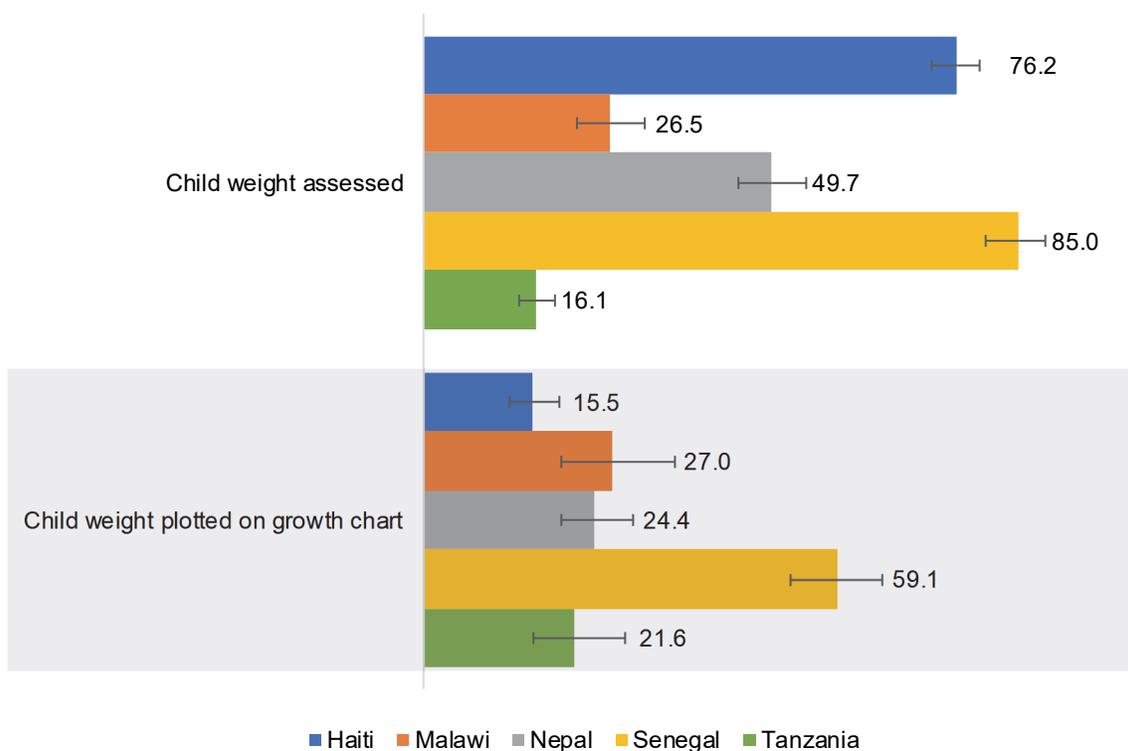
² Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

3.2.2 Service delivery

Figures 10 and 11 show the percentage of children who were observed receiving nutrition-related care and counseling during sick child visits; Figure 12 shows the percentage of caretakers who discussed feeding or breastfeeding practices. Appendix Table 14 includes these estimates, along with 95% confidence intervals for sample-based surveys, and the corresponding indicators of care received as reported by caretakers via

exit interviews. Although services for growth monitoring may be assessed during routine visits or prior to the start of the sick child visit based on country- or facility-specific procedures or protocols, observed levels of counseling and care for growth monitoring vary widely by country (Figure 10). It is important to note that assessment of child nutritional status (weight and height plotted on a growth chart or mid-upper arm circumference) is a component of Integrated Management of Childhood Illness (IMCI). The percentage of children who were weighed ranged from 16% in Tanzania to 85% in Senegal. The second set of bars, in the shaded portion of the figure, represents the percentage of children whose growth was plotted on a growth chart (among children who were weighed during the consultation). Again, service delivery varied by country; only 16% of children in Haiti who were weighed had their growth plotted, as compared with 59% of children in Senegal.

Figure 10 Percent of children whose weight was measured and percent of children whose weight was plotted on a growth chart among children weighed during sick child consultations, by country



WHO recommends that in settings where vitamin A deficiency is a public health problem, children age 6-11 months receive a high dose of vitamin A once, while children age 12-59 months should receive a high-dose vitamin A supplement every 4 to 6 months (WHO 2018). Overall, very few children received a dose of vitamin A (between 1% and 3% in Haiti, Malawi, Nepal, and Tanzania), although 30% of children in Senegal were observed receiving vitamin A (Figure 11). The low provision of vitamin A in health facilities, however, may not reflect facility capacity to provide vitamin A, because children could be receiving vitamin A from other sources, during either routine visits or mobile campaigns.

The percentage of children whose caretakers were counseled on feeding practices during sick child visits varied across countries (Figure 12). Fourteen percent of caretakers in Malawi and 40% in Haiti discussed

feeding or breastfeeding while a child was well, while 16% in Malawi and Nepal and 25% in Haiti discussed feeding or breastfeeding practices while a child was ill.

Figure 11 Percent of children who received vitamin A during sick child visits, by country

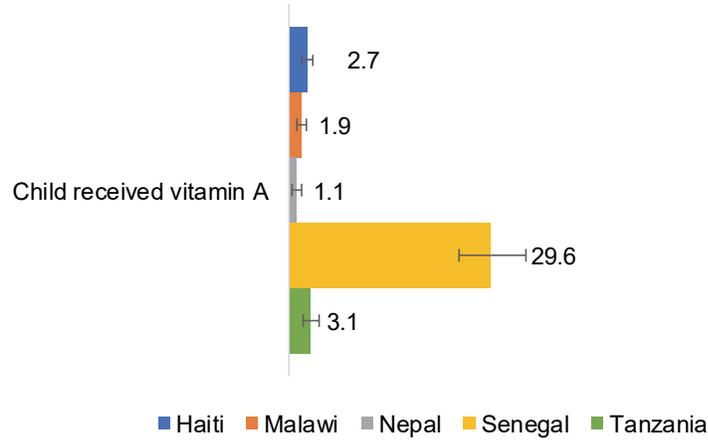
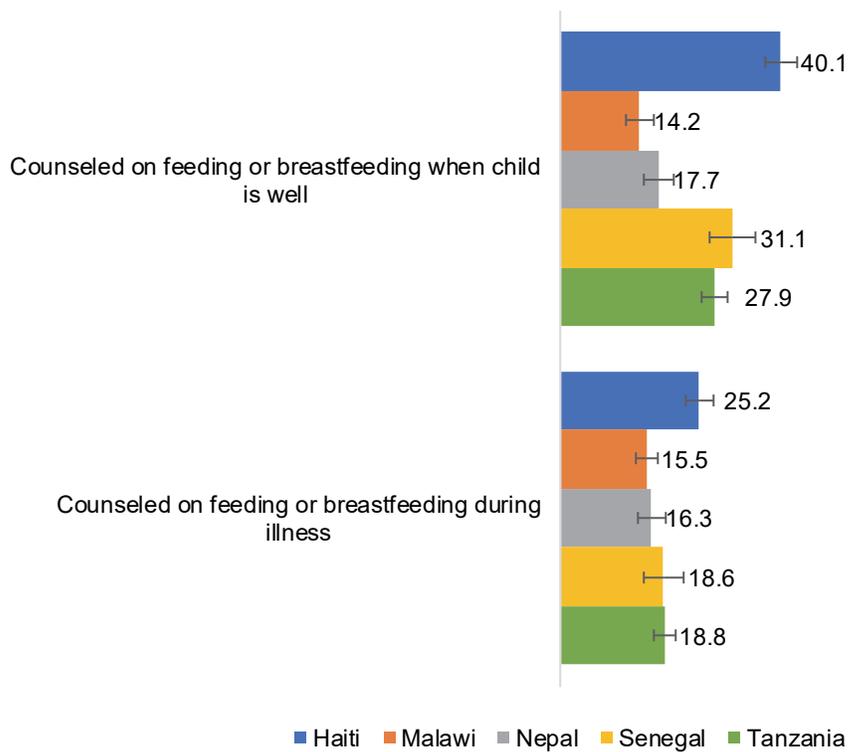


Figure 12 Percent of caretakers who discussed feeding or breastfeeding practices during illness or wellness during sick child visits, by country



3.2.3 Service readiness and delivery by region and facility background characteristics

Appendix Tables 15-24 describe the availability of child nutrition items, provision of child nutrition services as observed and reported by the caretaker, and provider training for all 10 countries by facility characteristics. Facility capacity to care for the nutritional needs of children, provision of care during sick child visits, and provider training on these topics varied by level of readiness and service delivery and by facility characteristics, both within and between countries. We were unable to uncover any consistent pattern because we did not assess the significance of differences, and in many cases differences by facility characteristics were minor.

Table 5 shows the availability of an infant scale (a scale with a gradation of 100 grams) and the availability of a child scale (a scale with a gradation of 250 grams), which are necessary components of growth monitoring for children under age 5. Although we have corresponding service delivery data for whether or not the child was weighed during the consultation, this intervention may not be accurately captured in all countries because children may be weighed prior to the start of the observation of the consultation. Also, this information is available for some but not all countries. In fact, as part of the inventory questionnaire, facilities are asked if they provide certain routine services before each consultation, including an assessment of the child's weight. This information is included in the SPA data set. We tabulated these data and found that, in many countries, it is a common procedure to weigh a child before the consultation (results not shown).

There was a considerable range across countries in the percentage of facilities with infant and child scales. Neither type of scale was consistently more available than the other across countries. However, within countries, there was some variation for each indicator. Tanzania demonstrated the largest differences by zone, with differences as large as 40 and 41 percentage points for the availability of an infant and child scale, respectively. In each country except for Bangladesh, two-thirds or more of facilities in most regions had an infant scale available. For each country, contrary to expectations, the regions where the capital city is located did not have the highest availability of scales.

Table 5 Availability of infant and child scales among facilities that provide curative child care services, by country and region

Country	Percentage of facilities that have an infant scale ¹ available and functioning in any service area among facilities that provide curative child care services			Percentage of facilities that have a child scale ² available and functioning in any service area among facilities that provide curative child care services		
	%	95% CI	N	%	95% CI	N
Bangladesh						
Barisal	34.5	[26.9,43.0]	112	62.5	[53.2,71.0]	112
Chittagong	31.4	[24.8,38.7]	265	59.1	[50.3,67.4]	265
Dhaka	32.1	[25.1,39.9]	380	50.2	[40.5,59.9]	380
Khulna	31.6	[22.8,42.0]	195	61.3	[49.8,71.7]	195
Rajshahi	32.1	[22.5,43.4]	190	57.6	[45.2,69.1]	190
Rangpur	46.5	[35.5,57.8]	200	84.0	[73.5,90.9]	200
Sylhet	42.6	[32.3,53.6]	96	70.0	[58.4,79.6]	96
Haiti						
Ouest	69.6		298	67.6		298
Sud-Est	69.1		55	69.1		55
Nord	78.8		85	71.8		85
Nord-Est	74.3		35	65.7		35
Artibonite	72.8		114	66.7		114
Centre	81.8		44	75.0		44
Sud	88.9		63	84.1		63
Grand-Anse	78.6		42	83.3		42
Nord-Ouest	72.7		83	64.0		83
Nippes	73.3		30	86.7		30
Malawi						
North	80.1		158	68.2		158
Central	70.1		340	74.0		340
South	68.3		418	75.3		418
Nepal						
Eastern development region	64.1	[54.3,72.9]	208	42.9	[33.7,52.6]	208
Central development region	78.8	[71.3,84.8]	308	33.2	[26.1,41.1]	308
Western development region	80.1	[68.9,88.0]	201	53.1	[41.9,64.0]	201
Mid-western development region	91.3	[83.9,95.5]	130	55.4	[44.5,65.8]	130
Far-western development region	87.8	[77.2,93.9]	89	62.1	[49.7,73.2]	89
Senegal						
Ouest	95.1	[88.6,98.0]	115	57.6	[46.5,68.0]	115
Centre	95.0	[87.3,98.1]	106	65.4	[57.6,72.6]	106
Nord	97.7	[92.5,99.3]	95	54.7	[46.6,62.6]	95
Sud	93.2	[86.9,96.5]	130	78.9	[73.2,83.7]	130
Tanzania						
Western	86.4	[76.6,92.5]	91	88.7	[75.3,95.3]	91
Northern	68.5	[58.9,76.7]	171	78.0	[67.3,86.0]	171
Central	72.6	[59.7,82.6]	121	86.4	[75.7,92.8]	121
Southern Highlands	80.0	[67.6,88.4]	123	83.2	[71.3,90.7]	123
Southern	84.2	[68.8,92.9]	70	99.3	[97.2,99.8]	70
South West Highlands	84.8	[71.7,92.4]	117	95.0	[89.0,97.8]	117
Lake	73.8	[63.9,81.8]	231	83.5	[75.4,89.2]	231
Eastern	65.5	[55.3,74.5]	193	72.2	[60.7,81.4]	193
Zanzibar	45.8	[36.2,55.6]	43	57.7	[46.2,68.3]	43

¹ Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed
² Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed
CI = confidence interval

4 DISCUSSION

4.1 Summary of Findings

This report consolidates information related to service readiness and delivery of nutrition-related care for pregnant women and children under age 5. We examined nutrition-related intervention readiness, including availability of commodities, provider training related to nutrition topics, and delivery of nutrition-related care, at the national level and by region for six countries with SPA surveys conducted since 2013. Among women attending ANC, nutrition-related equipment and medications were largely available, although counseling on IFA varied across countries and counseling was low for maternal nutrition and breastfeeding. In contrast, for children who had curative care visits, nutrition-related equipment, medication, and growth monitoring varied across countries, while counseling on child feeding during illness or wellness was low across countries. Provider training on nutritional assessment in pregnancy and infant and young child feeding counseling was also low across countries. Stratifications by public or private facilities, urban or rural facilities, and hospitals or lower-care facilities revealed minor differences that varied by country and nutrition intervention.

Most women (around three quarters of women observed in almost all countries) are being prescribed or provided with IFA supplements and are being weighed during ANC visits. Analyses of DHS survey data on IFA supplementation in several low- and middle-income countries have identified points of “faltering” for women not consuming the recommended dose of IFA supplementation because of multiple health system failures and have recommended reporting these “faltered” points for tracking country IFA supplementation programming (Sununtnasuk, D'Agostino, and Fiedler 2016). The faltering points include ANC attendance, receipt or purchase of IFA supplements, consumption of supplements, and adequate dosage (Sununtnasuk, D'Agostino, and Fiedler 2016). A key gap in knowledge is the inability to identify the supply and demand factors that lead to faltering. An advantage of this analysis is the information on national and subnational coverage of IFA and related counseling that can help countries identify where faltering is occurring in their health facilities. Such information can be used by policymakers and program managers to improve IFA supplementation programs.

IFA supplement availability, prescription, and provision showed more variation across different countries than within countries. In two countries where IFA supplementation was readily available in most regions, Nepal and Tanzania, observed prescription and provision of IFA supplements were lagging. Conversely, in Haiti and Senegal, prescription and provision of IFA supplements among women exceeded IFA availability in facilities with ANC. On the surface, the findings suggest that providers in Nepal or Tanzania may not be prescribing and providing IFA supplements despite availability in the facility. However, provision of IFA supplements in this report is captured only during the observed visit and not during any of a woman's previous ANC visits (Appendix 2). In Haiti and Senegal, providers may be prescribing IFA supplements despite the fact that facilities may not be stocked with supplements (with the expectation that women will acquire supplements from outside sources). However, whether or not a woman is provided or prescribed IFA supplements could depend on several factors, such as facility rationing of supplements, whether she already has a supply of supplements, or whether she has acquired supplements from other non-facility sources.

Counseling on maternal nutrition and breastfeeding during ANC was low across all countries, as seen in an earlier study that examined counseling during ANC (Assaf, Wang, and Mallick 2016). Research shows that counseling during ANC can influence maternal dietary practices, child birthweight, and childhood feeding practices (Ahmad et al. 2012; Nikièma et al. 2017); better counseling can also influence a caretaker's intent to return to the facility for future care (Larson, Leslie, and Kruk 2017). Our report also indicates low levels of training. Recent research identified a link between increased provider counseling and increased levels of training and education (Larson, Leslie, and Kruk 2017). Thus, strategies to strengthen and improve health worker training, including regular refresher training that helps health workers retain knowledge on all aspects of nutrition counseling, will be important (Chopra et al. 2012).

Compared with maternal nutrition resources, our findings show that there was greater variation in readiness for growth monitoring and curative care interventions for children across countries. Senegal was among the best prepared, with the highest proportion of recently trained providers and the highest coverage of nutrition interventions for children. This finding is consistent with other research reporting high levels of multi-sectoral engagement in nutrition policy and programming in Senegal (Kampman et al. 2017); similar investments in other countries would also likely be beneficial for nutrition.

Our report identifies a number of areas of improvement for child nutrition. We observed that a small proportion of children were weighed during sick child visits in some countries. However, as noted in the results section, weighing may be part of a routine assessment that is conducted prior to the visit. Thus, the findings related to weighing and growth monitoring should be interpreted with caution. Across all countries, we also observed that caretakers were counseled infrequently on feeding or breastfeeding practices when the child was either ill or well. Recent provider training on feeding or breastfeeding was not routine. Given the small amount of facility-level counseling and training in many countries, strengthening health facility worker training may improve nutrition counseling (Larson, Leslie, and Kruk 2017). Receipt of vitamin A was nearly non-existent during the observed visits (except in Senegal). Children are most likely to receive vitamin A outside of these visits, during mobile campaigns, child health days, or routine visits (Horton et al. 2018). As countries shift to using routine health services for vitamin A distribution, tracking vitamin A supplementation across health system platforms may need to be strengthened to facilitate monitoring of intervention coverage (Horton et al. 2018).

Sick child visits are part of the longstanding integrated management of childhood illness (IMCI) program. Children's nutrition status can change rapidly during illness. Despite recommendations for feeding children during and after illness and guidelines for measuring height and weight that assess and manage overweight and obesity in children, evidence suggests that IMCI may have little impact on nutrition status (Paintal and Aguayo 2016; WHO 2017; Gera et al. 2016). A possible explanation is that readiness and delivery of many child nutrition interventions are low in most countries (Assaf, Wang, and Mallick 2016; Leslie et al. 2017). Our results demonstrate that, in many countries, more action is needed to ensure that facility capacity and training are adequate to address important nutrition interventions in the context of IMCI.

4.2 Limitations

There are some limitations of this report. First, many indicators of nutrition-related care for children (e.g., growth monitoring, vitamin A) are preventative and part of routine child care and not necessarily curative child care services. Thus, it may be important to capture routine well-child visits in SPA surveys. However, in areas where routine care for children is hindered by access related to cost of care, distance to a facility,

or other issues, these visits may be an opportunity for children to receive nutritional supplements and growth monitoring services. In addition, some routine elements of care, such as weighing a child, may have occurred before the visit.

Second, although many nutrition interventions are delivered through health facilities, many are also based in the community. Common examples in low- and middle-income countries include behavior change interventions for infant and young child feeding to improve child health and survival and distribution of IFA supplementation and counseling to reduce anemia in pregnant women (Chapman et al. 2010; Kavle and Landry 2018). Community health workers deliver many preventative and curative nutrition interventions outside of the health facility, which extends the reach and effectiveness of nutrition interventions (Perry and Zulliger 2012; Menon et al. 2014). Thus, actual population-level coverage of nutrition interventions may differ from estimates in this report.

For women, counseling on nutrition and breastfeeding may not be standard for every ANC visit throughout pregnancy. Maternal nutrition may be discussed only early in pregnancy, while counseling on breastfeeding may occur only towards the end of pregnancy, particularly if the provider adheres to scheduled counseling as per the WHO “focused” ANC four-visit model (Lincetto et al. 2006). These factors are important to consider when reporting service readiness and delivery during ANC. However, in areas where contact with health facilities during pregnancy is minimal, counseling during any visit may be conducted.

Another limitation of this report is that SPA surveys have been collected in a small number of countries in the past decade. In four countries (reported in the appendix only), the surveys are 10 or more years old and therefore do not reflect recent improvements in health systems and nutrition programming. In the future, more countries should conduct regular SPA surveys as global efforts to strengthen health systems continue.

Finally, although SPA surveys include data on service readiness or delivery for nutrition interventions in children under age 5, we have not presented service delivery information stratified by the child’s age. The first 1,000 days from conception to a child’s second birthday is a critical window for nutrition intervention. Reporting on service delivery by age group would provide more helpful information on targeting of nutrition interventions within health facilities.

4.3 Recommendations for Next Steps

Nutrition interventions are embedded within different service areas in health facilities, such as ANC, curative care for sick children, and growth monitoring. Collecting information on delivery of all nutrition interventions, including availability of micronutrient powders for children and pregnant women, ready-to-use therapeutic foods, and ready-to-use supplementary foods, would complement service readiness data and foster better representation of nutrition interventions in health facilities. It will also be important for surveys such as SPAs to consider adding community assessment components for common service areas in order to capture community readiness and delivery of many important nutrition interventions.

As shown in other studies, summary indices can offer important information about the overall capacity of facilities to provide services in specific areas and provide a simplified means of benchmarking facilities over time and across countries (Bellows et al. 2016; Mallick, Wang, and Temsah, 2017). Future research can use the indicators defined in this report and create service readiness and delivery nutrition indices for key nutrition interventions. For example, a readiness index for facility implementation of the Baby Friendly

Hospital Initiative (BFHI) would allow countries to monitor and track BFHI readiness in facilities. The WHO landscape analysis on readiness to act in nutrition also uses multiple data sources such as DHS surveys and country health management information systems to track country progress on global nutrition targets (WHO 2012). The landscape analysis includes data on facility availability and readiness to provide nutrition interventions that could leverage SPA data to create a nutrition index and contribute to monitoring country action on nutrition.

Finally, The DHS Program conducts closely timed surveys among households and facilities in a number of countries. It is often possible to link SPA and DHS data to assess the association between service provision and utilization, behavior, or coverage. Future research can explore the relationship between service readiness and the uptake of nutrition behaviors reported by women interviewed in household surveys.

4.4 Conclusions

This report describes nutrition intervention readiness and delivery at health facilities in the context of antenatal and curative care services. The availability of trained providers, medications, and equipment for pregnant women and children varies by country, although some countries appear well-equipped to provide nutrition interventions. However, provider counseling on nutrition-related topics lags in all countries, particularly with respect to maternal diet, breastfeeding, and complementary feeding practices. In addition, the majority of providers have not received recent training on nutrition-related topics for women and children.

Increased use of SPA and community-based surveys by more countries is warranted in order to describe nutrition intervention readiness and delivery in health facilities and the community. Given the importance of counseling for many nutrition behaviors, future efforts should focus on improving health worker training and counseling skills. The findings from this report can be used by governments and program planners as they work toward addressing the nutrition-related Sustainable Development Goals.

REFERENCES

- Ahmad, M. O., U. Sughra, U. Kalsoom, M. Imran, and U. Hadi. 2012. "Effect of Antenatal Counselling on Exclusive Breastfeeding." *J Ayub Med Coll Abbottabad* 24 (2): 116-9.
<http://www.ncbi.nlm.nih.gov/pubmed/24397070>
- Assaf, S., W. Wang, and L. Mallick. 2016. *Provider Counseling and Knowledge Transfer in Health Facilities of Haiti, Malawi, and Senegal*. DHS Analytical Studies No. 60. Rockville, Maryland, USA: ICF International. <https://dhsprogram.com/pubs/pdf/AS60/AS60.pdf>
- Black, R. E., C. G. Victora, S. P. Walker, et al. 2013. "Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries." *Lancet* 382 (9890): 427-51.
<http://www.ncbi.nlm.nih.gov/pubmed/23746772>
- Bellows, B., R. Behl, T. Abuya, A. Muriuki, A. Bajracharya, and Y. Choi. 2016. "Benchmarking to Assess Quality of Family Planning Services: Construction and Use of Indices for Family Planning Readiness in Kenya with Data from 2010 and 2014." In *Quality Measurement in Family Planning: Past, Present, Future: Papers from the Bellagio Meeting on Family Planning Quality*, edited by A. Sprockett, S. H. Leisher, K. Longfield, and D. Montagu. Oakland, California, USA: Metrics for Measurement. <http://m4mgmt.org/wp-content/uploads/2017/07/Bellagio-book-web.pdf>
- Bessinger, R. E., and J. T. Bertrand. 2001. "Monitoring Quality of Care in Family Planning Programs: A Comparison of Observations and Client Exit Interviews." *Int Fam Plann Perspect* 27 (2): 63-70.
<https://pdfs.semanticscholar.org/fb43/221351e1ec1812dfce046048a9f54d0f5d91.pdf>
- Chapman, D. J., K. Morel, A. K. Anderson, G. Damio, and R. Perez-Escamilla. 2010. "Breastfeeding Peer Counseling: From Efficacy through Scale-Up." *J Hum Lact* 26 (3): 314-26.
<http://www.ncbi.nlm.nih.gov/pubmed/20715336>
- Choi, Y. 2018. "Estimates of Side Effects Counseling in Family Planning Using Three Data Sources: Implications for Monitoring and Survey Design." *Stud Fam Plann* 49 (1): 23-39.
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/sifp.12044>
- Chopra, M., A. Sharkey, N. Dalmiya, D. Anthony, N. Binkin, and UNICEF Equity in Child Survival, Health and Nutrition Analysis Team. 2012. "Strategies to Improve Health Coverage and Narrow the Equity Gap in Child Survival, Health, and Nutrition." *Lancet* 380 (9850): 1331-40.
<http://www.ncbi.nlm.nih.gov/pubmed/22999430>
- Development Initiatives. 2017. *Global Nutrition Report 2017: Nourishing the SDGs*. Bristol, UK: Development Initiatives. <http://globalnutritionreport.org/the-report/>
- Gera, T., D. Shah, P. Garner, M. Richardson, and H. S. Sachdev. 2016. "Integrated Management of Childhood Illness (IMCI) Strategy for Children under Five." *Cochrane Database Syst Rev* 6: CD010123.
<http://www.ncbi.nlm.nih.gov/pubmed/27378094>

- Horton, S., L. S. Blum, M. Diouf, et al. 2018. "Delivering Vitamin A Supplements to Children Aged 6-59 Months: Comparing Delivery through Campaigns and through Routine Health Services in Senegal." *Curr Dev Nutr* 2 (4): nzy006. <http://www.ncbi.nlm.nih.gov/pubmed/30019030>
- Kampman, H., A. Zongrone, R. Rawat, and E. Becquey. 2017. "How Senegal Created an Enabling Environment for Nutrition: A Story of Change." *Glob Food Security* 13: 57-65. <http://www.sciencedirect.com/science/article/pii/S2211912416301109>
- Kanyangarara, M., V. B. Chou, A. A. Creanga, and N. Walker. 2018. "Linking Household and Health Facility Surveys to Assess Obstetric Service Availability, Readiness and Coverage: Evidence from 17 Low- and Middle-Income Countries." *J Glob Health* 8 (1): 010603. <http://www.ncbi.nlm.nih.gov/pubmed/29862026>
- Kanyangarara, M., M. K. Munos, and N. Walker. 2017. "Quality of Antenatal Care Service Provision in Health Facilities across Sub-Saharan Africa: Evidence from Nationally Representative Health Facility Assessments." *J Glob Health* 7 (2): 021101. <http://www.ncbi.nlm.nih.gov/pubmed/29163936>
- Kavle, J. A., and M. Landry. 2018. "Community-Based Distribution of Iron-Folic Acid Supplementation in Low- and Middle-Income Countries: A Review of Evidence and Programme Implications." *Public Health Nutr* 21 (2): 346-54. <http://www.ncbi.nlm.nih.gov/pubmed/29061205>
- Larson, E., H. H. Leslie, and M. E. Kruk. 2017. "The Determinants and Outcomes of Good Provider Communication: A Cross-Sectional Study in Seven African Countries." *BMJ Open* 7 (6): e014888. <http://www.ncbi.nlm.nih.gov/pubmed/28674138>
- Leslie, H. H., A. Malata, Y. Ndiaye, and M. E. Kruk. 2017. "Effective Coverage of Primary Care Services in Eight High-Mortality Countries." *BMJ Glob Health* 2: e000424. <http://gh.bmj.com/content/bmjgh/2/3/e000424.full.pdf>
- Lincetto, O., S. Mothebesoane-Anoh, P. Gomez, and S. Munjanja. 2006. "Antenatal Care." In *Opportunities for Africa's Newborns: Practical Data, Policy and Programmatic Support for Newborn Care in Africa*. Geneva, Switzerland: World Health Organization.
- Mallick, L., R. Winter, W. Wang, and J. Yourkavitch. 2016. *Integration of Infectious Disease Services with Antenatal Care Services at Health Facilities in Kenya, Malawi, and Tanzania*. DHS Analytical Studies No. 62. Rockville, Maryland, USA: ICF International.
- Mallick, L., W. Wang, and G. Temsah. 2017. *A Comparison of Summary Measures of Quality of Service and Quality of Care for Family Planning in Haiti, Malawi, and Tanzania*. DHS Methodological Report No. 20. Rockville, Maryland, USA: ICF.
- Menon, P., N. M. Covic, P. B. Harrigan, et al. 2014. "Strengthening Implementation and Utilization of Nutrition Interventions through Research: A Framework and Research Agenda." *Ann N Y Acad Sci* 1332: 39-59. <http://www.ncbi.nlm.nih.gov/pubmed/24934307>
- Nikiéma, L., L. Huybregts, Y. Martin-Prevel, et al. 2017. "Effectiveness of Facility-Based Personalized Maternal Nutrition Counseling in Improving Child Growth and Morbidity up to 18 Months: A Cluster-

Randomized Controlled Trial in Rural Burkina Faso.” *PLoS One* 12 (5): e0177839.
<http://www.ncbi.nlm.nih.gov/pubmed/28542391>

Nguhiu, P. K., E. W. Barasa, and J. Chuma. 2017. “Determining the Effective Coverage of Maternal and Child Health Services in Kenya, Using Demographic and Health Survey Data Sets: Tracking Progress Towards Universal Health Coverage.” *Trop Med Int Health* 22 (4): 442-53.
<http://www.ncbi.nlm.nih.gov/pubmed/28094465>

Paintal, K., and V. M. Aguayo. 2016. “Feeding Practices for Infants and Young Children During and After Common Illness. Evidence from South Asia.” *Matern Child Nutr* 12 (Suppl 1): 39-71.
<http://www.ncbi.nlm.nih.gov/pubmed/26840205>

Perry, H., and R. Zulliger. 2012. *How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-Related Millennium Development Goals*. Baltimore, Maryland, USA: Johns Hopkins Bloomberg School of Public Health. https://ccmcentral.com/wp-content/uploads/2013/12/How-Effective-are-CHWs-Evidence-Summary-Condensed_JHSPH_2012.pdf

Sununtasuk, C., A. D’Agostino, and J. L. Fiedler. 2016. “Iron+Folic Acid Distribution and Consumption through Antenatal Care: Identifying Barriers across Countries.” *Public Health Nutr* 19 (4): 732-42.
<http://www.ncbi.nlm.nih.gov/pubmed/26022914>

Wang, W., M. Winner, and C. R. Burgert-Brucker. 2017. “Limited Service Availability, Readiness, and Use of Facility-Based Delivery Care in Haiti: A Study Linking Health Facility Data and Population Data.” *Glob Health Sci Pract* 5 (2): 244-60. <http://www.ncbi.nlm.nih.gov/pubmed/28539502>

WHO. 2012. Landscape Analysis on Countries’ Readiness to Accelerate Action in Nutrition: Country Assessment Tools. http://www.who.int/nutrition/landscape_analysis/publications_and_information/en/

WHO. 2013. Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/

WHO. 2016. Service Availability and Readiness Assessment (SARA): Indicators and Questionnaire. http://www.who.int/healthinfo/systems/sara_indicators_questionnaire/en/

WHO. 2017. Guideline: Assessing and Managing Children at Primary Health-Care Facilities to Prevent Overweight and Obesity in the Context of the Double Burden of Malnutrition: Updates for the Integrated Management of Childhood Illness (IMCI). <http://www.who.int/nutrition/publications/guidelines/children-primaryhealthcare-obesity-dbm/en/>

WHO. 2018. E-Library of Evidence for Nutrition Actions (eLENA). <http://www.who.int/elena/titles/en/#1>.

Winter, R., J. Yourkavitch, W. Wang, and L. Mallick. 2017. “Assessment of Health Facility Capacity to Provide Newborn Care in Bangladesh, Haiti, Malawi, Senegal, and Tanzania.” *J Glob Health* 7 (2): 020509. <http://www.ncbi.nlm.nih.gov/pubmed/29423186>

APPENDIX

Appendix Table 1 Percent of facilities providing antenatal care services, curative child care services, and growth monitoring services, by country

Country	Antenatal care		Curative child care		Growth monitoring	
	%	95% CI ¹	%	95% CI ¹	%	95% CI ¹
Bangladesh	97.4	[96.2,98.2]	92.9	[90.3,94.8]	62.2	[58.1,66.0]
Haiti	91.9		93.7		66.8	
Kenya	73.4	[68.0,78.2]	96.1	[92.8,97.9]		
Malawi	64.7		93.8		73.8	
Namibia	73.7		86.1			
Nepal	96.2	[94.7,97.3]	97.2	[96.7,97.7]	93.6	[92.4,94.7]
Rwanda	80.7	[78.4,82.7]	96.5	[94.9,97.6]		
Senegal	76.3	[72.3,80.0]	95.4	[92.7,97.2]	87.6	[84.3,90.3]
Tanzania	84.6	[81.6,87.2]	97.6	[96.1,98.6]	84.8	[81.8,87.4]
Uganda	70.5	[66.0,74.7]	98.3	[96.4,99.2]		

¹ The 95% CI reflects the upper and lower bounds of the 95% confidence interval. There are no CIs for facility-based indicators for Haiti, Malawi, and Namibia as these countries had census-based surveys. However, CIs are included for provider- and client-based indicators for all countries.

Appendix Table 2 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by country

	Bangladesh SPA 2014		Haiti SPA 2013		Kenya SPA 2010		Malawi SPA 2013-14		Namibia SPA 2009		Nepal SPA 2015		Rwanda SPA 2007		Senegal SPA 2016		Tanzania SPA 2014-15		Uganda SPA 2007	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Facilities with ANC	1,508		832		510		632		303		926		434		357		1,005		347	
Iron for women	61.8	[57.7,65.8]	64.9		58.8	[52.4,64.8]	37.3		14.9		12.5	[10.2,15.3]	75.3	[71.3,79.0]	5.2	[3.2,8.1]	41.1	[37.1,45.4]	42.0	[36.2,48.1]
Folic acid for women	57.7	[53.6,61.6]	54.9		72.1	[65.9,77.6]	29.5		40.9		10.6	[8.6,13.0]			1.3	[0.5,3.3]	68.5	[64.4,72.4]		
IFA for women	88.4	[85.3,91.0]	58.1		18.1	[13.8,23.4]	92.0		88.8		90.7	[88.0,92.9]	75.3	[71.3,79.0]	79.2	[74.1,83.5]	92.4	[89.8,94.4]	40.0	[34.0,46.3]
Vitamin A for women	64.6	[61.2,67.9]	55.5		93.4	[89.8,95.9]	51.6		97.4		89.4	[86.9,91.4]			60.0	[55.2,64.6]	73.8	[70.0,77.3]	77.3	[71.8,82.0]
Audit weighing scale	88.3	[85.2,90.8]	92.9		89.8	[83.4,93.8]	93.8		92.4		94.9	[92.6,96.5]	84.8	[81.2,87.8]	93.7	[89.0,96.5]	88.0	[84.6,90.7]	69.8	[63.8,75.3]
Number of ANC facilities	1,508		832		510		632		303		926		434		357		1,005		347	
Observation of ANC¹																				
IFA provided/prescribed			70.9	[67.2,74.3]	49.9	[44.4,55.4]	86.5	[83.1,89.3]	74.8	[66.7,81.4]	62.7	[57.5,67.6]	41.8	[35.3,48.6]	87.5	[84.4,90.1]	75.3	[71.8,78.5]	73.9	[67.9,79.1]
Counseling on IFA (purpose) ²																				
Counseling on IFA (how to take) ²			35.4	[30.7,40.4]	77.3	[71.3,82.4]	65.9	[60.9,70.6]	69.9	[62.5,76.3]	18.0	[13.5,23.6]	80.1	[71.6,86.6]	41.0	[34.9,47.4]	72.6	[68.6,76.2]	45.5	[37.0,54.3]
Counseling on IFA (side effects) ²			43.0	[38.2,47.9]	78.8	[72.4,84.1]	68.6	[63.9,72.9]	86.1	[81.0,90.0]	28.4	[23.3,34.1]	90.1	[84.4,93.8]	48.0	[41.8,54.3]	77.6	[74.2,80.7]	68.3	[60.0,75.6]
Counselor on breastfeeding			3.5	[2.2,5.6]	19.0	[14.4,24.7]	10.6	[8.1,13.9]	20.5	[13.8,29.4]	4.0	[2.5,6.4]	36.4	[27.1,46.9]	1.8	[1.0,3.3]	14.2	[11.7,17.3]	9.1	[5.9,13.7]
Counselor on early and prolonged breastfeeding			5.6	[4.1,7.7]	23.4	[19.3,28.0]	6.7	[4.3,10.3]	39.0	[30.3,48.5]	0.9	[0.4,2.2]	20.5	[15.3,27.0]	2.2	[1.0,4.6]	12.5	[10.4,14.8]	17.6	[12.8,23.7]
Weight assessed			1.5	[0.8,2.9]	19.5	[15.7,24.1]	4.4	[2.5,7.7]	n/a		1.4	[0.7,2.9]	n/a		1.8	[0.8,4.3]	8.7	[6.9,10.9]	n/a	
Counselor on nutrition			80.8	[76.4,84.5]	96.2	[92.9,97.9]	75.1	[69.9,79.6]	94.9	[90.6,97.3]	74.0	[67.3,79.6]	98.5	[95.3,99.5]	93.4	[89.6,95.9]	80.2	[76.0,83.8]	76.6	[68.3,83.3]
Physical exam for anemia			43.3	[39.3,47.4]	47.1	[41.7,52.6]	39.1	[34.3,44.2]	48.9	[40.0,57.9]	48.1	[43.3,53.0]	39.6	[33.3,46.3]	38.4	[32.7,44.4]	32.5	[29.2,36.0]	29.5	[23.7,36.0]
Tested for anemia			49.4	[45.2,53.6]	82.5	[78.0,86.2]	78.9	[75.1,82.2]	62.0	[52.6,70.6]	36.9	[32.0,42.1]			96.3	[94.6,97.5]	58.7	[55.0,62.3]		
			57.8	[54.1,61.3]	42.8	[38.7,47.1]	8.4	[5.7,12.3]	84.0	[77.0,89.1]	32.3	[27.4,37.7]	35.0	[28.3,42.5]	29.6	[25.2,34.4]	42.3	[38.7,46.1]	20.0	[14.5,26.8]
Number of clients	1,620		1,409		1,409		2,068		859		1,509		722		849		4,007		373	
Women's report of ANC³																				
IFA provided/prescribed			82.4	[79.7,84.8]	67.4	[62.5,71.9]	93.3	[90.8,95.2]	94.8	[90.6,97.2]	77.3	[71.7,82.1]	47.2	[41.1,53.5]	97.6	[96.0,98.6]	85.6	[82.6,88.2]	81.9	[77.3,85.7]
Counseling on IFA (how to take) ⁴			84.6	[81.1,87.6]	93.3	[90.1,95.5]	96.7	[95.6,97.5]	95.3	[93.1,96.7]	91.0	[87.8,93.3]	89.7	[85.0,93.1]	83.6	[79.8,86.8]	97.2	[95.9,98.1]	88.6	[81.6,93.1]
Counseling on IFA (side effects) ⁴			19.9	[16.9,23.2]	20.8	[16.6,25.4]	16.8	[14.2,19.7]	30.6	[24.9,36.8]	20.7	[17.1,24.8]	11.1	[7.6,16.1]	5.1	[3.4,7.5]	26.7	[24.0,29.6]	20.0	[14.6,26.8]
Client can identify at least one side effect ⁴			22.0	[18.8,25.7]	31.9	[26.8,37.6]	10.3	[8.4,12.5]	22.5	[18.3,27.4]	16.1	[12.7,20.2]	7.3	[4.7,11.2]	35.8	[31.6,40.2]	15.2	[13.4,17.2]	23.6	[17.8,30.7]
Counselor on importance of exclusive breastfeeding			31.4	[28.2,34.8]	38.0	[34.3,42.0]	52.6	[49.2,55.9]	71.1	[65.9,75.7]	15.9	[12.8,19.6]	32.4	[27.1,38.3]	4.6	[3.0,7.1]	34.6	[31.7,37.7]	31.9	[25.6,39.0]
Counselor on duration of exclusive breastfeeding ⁵			67.7	[61.7,73.1]	81.7	[75.8,86.5]	67.6	[63.1,71.8]	15.6	[10.5,22.5]	58.9	[47.2,69.7]	84.6	[77.1,90.0]	53.9	[48.3,77.6]	76.3	[72.5,79.7]	63.7	[52.2,73.8]
Counselor on nutrition			41.0	[37.7,44.4]	51.0	[46.7,55.3]	65.1	[61.3,68.8]	66.4	[61.0,71.4]	73.1	[68.2,77.4]	37.7	[32.4,43.2]	47.3	[41.6,53.2]	44.0	[40.9,47.2]	50.6	[44.4,56.7]
Number of clients	1,620		1,409		1,409		2,068		859		1,509		722		849		4,007		373	
Provider training⁶																				
Recent training on nutritional assessment for pregnancy	21.5	[19.1,24.1]	16.0	[14.3,17.8]	16.9	[14.6,19.4]	16.5	[15.0,18.2]	10.4	[8.3,13.0]	11.3	[9.7,13.0]	n/a		17.3	[15.4,19.4]	13.1	[11.8,14.5]	n/a	
Number of providers	4,169		3,967		2,518		2,538		1,283		3,709		1,719		1,623		6,078		1,590	

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations
² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions
CI = confidence interval; n/a = not available

Appendix Table 3 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Bangladesh SPA 2014

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	73.9	[64.0,81.8]	61.6	[57.4,65.6]	60.9	[56.5,65.1]	75.8	[68.4,81.9]	60.8	[56.3,65.0]	74.2	[68.2,79.3]
Folic acid for women	72.6	[62.4,80.9]	57.3	[53.1,61.4]	56.5	[52.1,60.7]	74.7	[67.2,81.0]	56.4	[51.9,60.7]	72.6	[66.6,77.9]
IFA for women	81.3	[71.4,88.3]	88.6	[85.3,91.2]	88.5	[85.2,91.2]	86.8	[80.7,91.2]	88.4	[85.0,91.1]	88.5	[83.5,92.2]
Vitamin A for women	56.8	[45.7,67.3]	64.8	[61.3,68.1]	64.7	[61.1,68.2]	63.2	[55.1,70.6]	64.6	[60.9,68.1]	65.0	[58.6,70.9]
Adult weighing scale	88.1	[77.4,94.1]	88.3	[85.2,90.9]	87.9	[84.6,90.6]	93.6	[88.8,96.5]	87.8	[84.4,90.5]	94.3	[90.6,96.6]
Observation of women's ANC (n/a)												
IFA provided/prescribed												
Counseling on IFA (purpose)												
Counseling on IFA (how to take)												
Counseling on IFA (side effects)												
Counseled on breastfeeding												
Counseled on early and prolonged breastfeeding												
Weight assessed												
Counseled on nutrition during ANC												
Physical exam for anemia												
Tested for anemia												
Women's report of ANC (n/a)												
IFA provided/prescribed												
Counseling on IFA (how to take)												
Counseling on IFA (side effects)												
Client can identify at least one side effect												
Counseled on importance of exclusive breastfeeding												
Counseled on duration of exclusive breastfeeding												
Counseled on nutrition during ANC												
Provider training¹												
Recent training on nutritional assessment for pregnant women	14.8	[10.5,20.3]	22.2	[19.6,25.1]	21.8	[19.1,24.7]	19.8	[15.4,25.2]	22.4	[19.4,25.7]	18.7	[15.8,21.9]

¹ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions
CI = confidence interval; n/a = not available

Appendix Table 4 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Haiti SPA 2013

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	72.5		63.8		62.4		66.5		61.7		70.3	
Folic acid for women	71.6		52.6		49.1		58.8		50.2		62.9	
IFA for women	71.6		56.2		57.3		58.6		56.1		61.3	
Vitamin A for women	46.1		56.8		64.3		49.7		59.3		49.1	
Adult weighing scale	99.0		92.0		90.0		94.8		91.4		95.5	
Observation of women's ANC¹												
IFA provided/prescribed	67.7	[60.8,73.9]	72.9	[68.8,76.8]	73.6	[68.3,78.3]	68.7	[63.5,73.4]	74.9	[69.8,79.4]	68.0	[62.9,72.7]
Counseling on IFA (purpose) ²	34.2	[25.8,43.6]	36.1	[30.7,42.0]	29.0	[22.9,35.8]	41.0	[34.3,48.1]	34.7	[28.7,41.1]	36.0	[29.1,43.4]
Counseling on IFA (how to take) ²	41.3	[32.4,50.9]	44.0	[38.5,49.5]	43.5	[36.1,51.3]	42.5	[36.3,48.9]	45.3	[38.9,51.9]	41.1	[34.2,48.4]
Counseling on IFA (side effects) ²	2.9	[1.3,6.5]	3.9	[2.3,6.8]	3.0	[1.4,6.4]	4.0	[2.3,7.0]	3.0	[1.7,5.5]	3.9	[2.1,7.4]
Counseled on breastfeeding	5.8	[3.4,9.9]	5.5	[3.7,8.0]	5.5	[3.4,8.8]	5.7	[3.7,8.6]	5.6	[3.5,8.8]	5.6	[3.7,8.6]
Counseled on early and prolonged breastfeeding	2.0	[0.6,6.3]	1.2	[0.7,2.1]	1.0	[0.5,2.3]	1.9	[0.8,4.6]	0.9	[0.4,1.9]	2.0	[0.9,4.5]
Weight assessed	77.7	[68.4,84.9]	82.7	[78.3,86.4]	79.8	[72.3,85.7]	81.6	[76.1,86.0]	78.8	[72.4,84.1]	82.1	[76.0,87.0]
Counseled on nutrition during ANC	38.6	[31.3,46.5]	46.3	[41.9,50.8]	41.1	[34.9,47.6]	45.1	[40.0,50.3]	46.0	[40.2,51.8]	41.4	[36.1,47.0]
Physical exam for anemia	49.8	[42.0,57.7]	49.1	[44.4,53.8]	49.2	[42.3,56.1]	49.6	[44.4,54.7]	45.2	[39.1,51.3]	52.4	[46.7,58.1]
Tested for anemia	61.9	[55.5,68.0]	55.1	[50.8,59.3]	59.2	[53.7,64.5]	56.6	[51.8,61.3]	52.1	[46.2,57.8]	61.8	[57.2,66.3]
Women's report of ANC³												
IFA provided/prescribed	80.9	[75.8,85.2]	83.4	[80.2,86.2]	82.3	[78.1,85.8]	82.6	[78.8,85.7]	86.2	[82.3,89.4]	79.7	[75.9,83.0]
Counseling on IFA (how to take) ⁴	81.4	[73.6,87.4]	86.6	[83.4,89.3]	84.1	[78.7,88.4]	85.0	[80.1,88.9]	83.9	[78.1,88.5]	85.2	[80.6,88.8]
Counseling on IFA (side effects) ⁴	22.7	[17.5,29.0]	18.1	[14.7,22.0]	19.3	[14.7,24.7]	20.4	[16.6,24.7]	18.8	[15.2,23.0]	20.7	[16.4,25.8]
Client can identify at least one side effect ⁴	22.3	[16.2,29.9]	21.9	[18.4,25.8]	21.0	[16.4,26.5]	22.9	[18.4,28.0]	18.3	[15.0,22.2]	24.9	[19.9,30.6]
Counseled on importance of exclusive breastfeeding	32.9	[27.1,39.3]	30.4	[26.8,34.3]	29.9	[25.0,35.2]	32.6	[28.6,36.9]	30.7	[25.8,36.0]	31.9	[27.7,36.3]
Counseled on duration of exclusive breastfeeding ⁵	71.2	[60.0,80.3]	65.2	[58.3,71.5]	65.0	[55.1,73.8]	69.6	[62.1,76.3]	68.4	[60.2,75.6]	67.2	[58.6,74.7]
Counseled on nutrition during ANC	35.5	[30.2,41.2]	44.5	[40.5,48.5]	36.8	[31.8,42.0]	44.4	[40.3,48.6]	41.8	[37.1,46.5]	40.4	[35.9,45.2]
Provider training⁶												
Recent training on nutritional assessment for pregnant women	14.5	[11.8,17.8]	16.8	[14.8,18.9]	13.4	[11.4,15.7]	17.9	[15.6,20.4]	16.6	[14.5,19.0]	15.5	[13.2,18.1]

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 5 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Kenya SPA 2010

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	62.7	[56.9,68.1]	58.3	[51.3,65.0]	42.7	[34.3,51.7]	82.7	[73.1,89.3]				
Folic acid for women	69.0	[62.6,74.7]	72.4	[65.6,78.4]	64.2	[55.2,72.3]	84.0	[76.2,89.6]				
IFA for women	27.0	[22.0,32.6]	17.1	[12.5,23.1]	13.6	[8.6,20.8]	24.9	[17.8,33.6]				
Vitamin A for women	95.9	[91.9,97.9]	93.1	[88.9,95.8]	98.8	[96.8,99.6]	85.3	[76.1,91.3]				
Adult weighing scale	96.6	[92.9,98.4]	89.0	[82.0,93.5]	89.9	[81.8,94.7]	89.5	[77.2,95.5]				
Observation of women's ANC¹												
IFA provided/prescribed	49.6	[44.1,55.1]	50.0	[41.9,58.1]	48.4	[41.4,55.3]	54.4	[47.3,61.4]				
Counseling on IFA (purpose) ²	77.1	[69.9,83.0]	77.4	[68.6,84.3]	76.8	[69.4,82.9]	78.6	[67.5,86.7]				
Counseling on IFA (how to take) ²	84.6	[77.9,89.6]	75.6	[66.1,83.1]	75.6	[67.2,82.4]	87.6	[79.8,92.7]				
Counseling on IFA (side effects) ²	16.2	[11.7,22.0]	20.6	[14.0,29.2]	16.2	[11.0,23.1]	26.7	[17.3,38.6]				
Counseled on breastfeeding	22.6	[17.9,28.1]	23.8	[18.1,30.5]	23.2	[18.4,28.8]	23.9	[16.8,32.7]				
Counseled on early and prolonged breastfeeding	20.4	[15.9,25.8]	19.1	[13.8,25.8]	19.0	[14.5,24.6]	21.1	[14.6,29.6]				
Weight assessed	97.2	[93.8,98.8]	95.6	[90.3,98.0]	96.2	[92.0,98.3]	96.0	[89.6,98.5]				
Counseled on nutrition during ANC	48.7	[43.2,54.3]	46.2	[38.3,54.3]	46.7	[40.0,53.5]	48.5	[40.2,57.0]				
Physical exam for anemia	81.9	[76.9,86.0]	82.8	[76.1,87.9]	80.6	[75.0,85.2]	88.0	[81.0,92.7]				
Tested for anemia	45.2	[41.1,49.3]	41.5	[35.5,47.8]	45.5	[40.5,50.6]	34.7	[28.2,41.7]				
Women's report of ANC³												
IFA provided/prescribed	66.2	[60.9,71.1]	68.1	[60.9,74.5]	64.5	[58.5,70.0]	76.4	[68.5,82.8]				
Counseling on IFA (how to take) ⁴	90.6	[86.6,93.5]	94.8	[89.7,97.4]	92.1	[87.8,95.0]	96.3	[92.1,98.3]				
Counseling on IFA (side effects) ⁴	20.7	[16.5,25.6]	20.8	[15.3,27.7]	18.4	[13.7,24.4]	26.7	[20.0,34.7]				
Client can identify at least one side effect ⁴	27.6	[23.0,32.6]	34.4	[26.9,42.7]	29.5	[23.5,36.3]	38.3	[28.6,49.0]				
Counseled on importance of exclusive breastfeeding	43.9	[39.2,48.7]	34.7	[29.4,40.4]	36.2	[31.8,40.9]	43.5	[36.4,50.8]				
Counseled on duration of exclusive breastfeeding ⁵	77.3	[68.8,84.0]	85.0	[76.2,90.9]	79.9	[72.4,85.8]	86.3	[76.4,92.5]				
Counseled on nutrition during ANC	52.3	[48.3,56.3]	50.3	[44.0,56.7]	45.9	[40.7,51.2]	66.7	[59.8,72.9]				
Provider training⁶												
Recent training on nutritional assessment for pregnant women	16.9	[15.0,19.0]	17.0	[13.8,20.8]	15.0	[12.5,17.9]	19.2	[15.3,23.8]				

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 6 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Malawi SPA 2013-14

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	47.1		35.4		29.5		50.5		33.3		54.8	
Folic acid for women	65.1		22.6		21.3		43.6		23.8		54.7	
IFA for women	96.2		91.2		92.9		90.6		92.2		91.2	
Vitamin A for women	54.7		51.0		46.4		60.5		52.0		49.9	
Adult weighing scale	94.4		93.7		92.1		96.7		93.2		96.7	
Observation of women's ANC¹												
IFA provided/prescribed	87.4	[80.9,91.9]	85.9	[81.8,89.2]	87.6	[83.6,90.7]	83.4	[76.1,88.8]	85.9	[82.0,89.0]	88.1	[80.0,93.2]
Counseling on IFA (purpose) ²	64.0	[53.6,73.3]	67.2	[62.4,71.7]	66.4	[60.2,72.1]	64.6	[56.5,71.9]	66.9	[62.1,71.5]	63.4	[50.5,74.7]
Counseling on IFA (how to take) ²	68.5	[58.9,76.8]	68.6	[63.8,73.1]	69.2	[63.7,74.3]	66.6	[57.2,74.9]	68.8	[64.0,73.3]	67.9	[56.2,77.7]
Counseling on IFA (side effects) ²	12.7	[7.9,19.8]	9.2	[6.7,12.5]	10.3	[7.5,14.0]	11.6	[6.6,19.4]	9.8	[7.1,13.3]	12.7	[7.4,20.9]
Counseled on breastfeeding	9.3	[4.5,18.2]	5.0	[3.3,7.6]	7.1	[4.2,11.9]	5.6	[2.8,10.8]	5.1	[3.4,7.5]	10.9	[4.7,22.9]
Counseled on early and prolonged breastfeeding	6.8	[2.9,15.3]	2.8	[1.7,4.8]	4.3	[2.1,8.9]	4.7	[2.2,9.7]	3.1	[1.9,5.2]	7.7	[2.8,19.6]
Weight assessed	77.1	[66.2,85.3]	73.7	[68.4,78.3]	71.8	[65.3,77.5]	84.1	[76.3,89.7]	76.6	[71.6,80.9]	71.2	[57.4,81.9]
Counseled on nutrition during ANC	43.6	[34.1,53.5]	36.2	[31.4,41.2]	39.9	[34.0,46.2]	37.0	[29.4,45.2]	36.4	[31.6,41.4]	46.2	[34.8,57.9]
Physical exam for anemia	80.5	[73.0,86.3]	77.8	[73.6,81.5]	79.7	[75.1,83.6]	76.6	[69.6,82.4]	77.8	[73.8,81.3]	81.6	[72.0,88.5]
Tested for anemia	18.0	[11.5,27.0]	2.0	[1.3,3.0]	5.5	[3.0,10.0]	16.3	[9.9,25.9]	5.6	[3.2,9.7]	15.4	[8.9,25.4]
Women's report of ANC³												
IFA provided/prescribed	93.9	[89.3,96.6]	92.9	[89.5,95.2]	93.4	[90.4,95.6]	92.9	[87.3,96.1]	92.4	[89.3,94.7]	95.4	[90.6,97.8]
Counseling on IFA (how to take) ⁴	97.1	[94.7,98.4]	96.4	[95.2,97.4]	97.0	[95.7,97.8]	95.9	[93.2,97.6]	96.4	[95.1,97.3]	97.4	[94.6,98.8]
Counseling on IFA (side effects) ⁴	18.6	[13.7,24.8]	15.5	[13.2,18.3]	17.4	[14.3,20.9]	15.1	[11.1,20.2]	14.8	[12.4,17.6]	21.7	[15.9,28.9]
Client can identify at least one side effect ⁴	11.2	[7.7,16.0]	9.6	[7.8,11.8]	10.4	[8.3,13.0]	9.9	[6.5,14.9]	9.7	[7.7,12.1]	11.7	[7.8,17.1]
Counseled on importance of exclusive breastfeeding	50.7	[43.9,57.5]	53.8	[50.3,57.2]	51.7	[47.5,55.8]	55.0	[49.5,60.4]	53.4	[50.2,56.5]	50.5	[41.5,59.4]
Counseled on duration of exclusive breastfeeding ⁵	74.4	[65.7,81.5]	63.3	[58.8,67.6]	71.2	[66.0,75.9]	58.1	[50.4,65.4]	65.8	[61.6,69.7]	72.5	[60.5,81.9]
Counseled on nutrition during ANC	67.3	[59.4,74.3]	63.7	[59.9,67.4]	63.2	[58.5,67.7]	70.5	[64.5,75.9]	65.4	[61.7,68.9]	64.6	[54.4,73.6]
Provider training⁶												
Recent training on nutritional assessment for pregnant women	18.2	[15.1,21.8]	15.9	[14.2,17.9]	17.9	[15.7,20.2]	14.7	[12.6,17.2]	17.1	[15.2,19.3]	15.2	[12.7,18.2]

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 7 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Namibia SPA 2009

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	12.5		14.9		13.4		42.9					
Folic acid for women	100.0		39.3		37.4		71.4					
IFA for women	100.0		88.5		90.8		71.4					
Vitamin A for women	100.0		97.3		99.2		57.1					
Adult weighing scale	100.0		92.2		91.6		92.9					
Observation of women's ANC¹												
IFA provided/prescribed	86.5	[43.3,98.2]	73.7	[65.3,80.7]	75.5	[66.3,82.8]	25.5	[0.5,96.1]				
Counseling on IFA (purpose) ²	57.4	[9.6,94.5]	71.2	[63.7,77.6]	70.8	[63.3,77.3]						
Counseling on IFA (how to take) ²	90.4	[15.7,99.8]	85.7	[80.6,89.6]	85.9	[80.4,90.0]						
Counseling on IFA (side effects) ²	19.3	[4.8,53.2]	20.7	[13.4,30.4]	20.8	[14.1,29.6]						
Counseled on breastfeeding	69.5	[10.7,97.7]	36.3	[28.3,45.2]	39.2	[30.1,49.1]						
Counseled on early and prolonged breastfeeding (n/a)												
Weight assessed	100.0		94.5	[89.8,97.1]	94.4	[89.4,97.2]	29.0	[0.1,99.7]				
Counseled on nutrition during ANC	63.9	[8.7,97.0]	47.5	[38.9,56.3]	49.8	[40.5,59.2]	0.0					
Physical exam for anemia	72.8	[8.9,98.7]	61.1	[51.7,69.7]	63.8	[54.0,72.6]	85.5	[2.3,99.9]				
Tested for anemia	76.2	[6.7,99.3]	84.7	[78.6,89.2]	84.6	[78.1,89.5]	0.0					
Women's report of ANC³												
IFA provided/prescribed	91.0	[78.5,96.6]	95.1	[90.4,97.6]	96.5	[93.4,98.2]	65.6	[1.0,99.7]				
Counseling on IFA (how to take) ⁴	90.9	[74.7,97.1]	95.6	[93.5,97.1]	95.1	[92.7,96.7]						
Counseling on IFA (side effects) ⁴	1.4	[0.1,18.2]	33.0	[27.7,38.9]	29.5	[23.8,35.9]	61.0	[0.0,100.0]				
Client can identify at least one side effect ⁴	11.8	[0.8,70.1]	23.4	[19.3,28.1]	22.5	[17.9,27.8]	22.1	[0.0,100.0]				
Counseled on importance of exclusive breastfeeding	84.3	[62.1,94.6]	69.9	[64.5,74.8]	70.0	[64.6,74.9]	54.5	[3.0,97.9]				
Counseled on duration of exclusive breastfeeding ⁵	23.8	[6.3,59.1]	14.7	[9.5,22.1]	18.2	[12.5,25.8]	26.6	[0.0,100.0]				
Counseled on nutrition during ANC	65.7	[41.7,83.7]	66.4	[60.7,71.7]	66.4	[60.8,71.6]	54.5	[3.0,97.9]				
Provider training⁶												
Recent training on nutritional assessment for pregnant women	10.8	[6.7,16.9]	10.7	[8.6,13.1]	11.5	[9.4,14.1]	3.9	[1.3,10.8]				

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 8 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Nepal SPA 2015

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	47.6	[38.9,56.4]	9.0	[6.7,12.0]	9.5	[7.2,12.4]	51.8	[41.2,62.3]				
Folic acid for women	57.2	[48.5,65.5]	5.8	[4.0,8.3]	6.5	[4.7,8.9]	63.6	[52.9,73.0]				
IFA for women	74.5	[65.9,81.5]	92.4	[89.4,94.6]	92.3	[89.4,94.5]	70.2	[59.6,79.0]				
Vitamin A for women	52.6	[44.0,61.1]	93.5	[90.7,95.4]	93.1	[90.5,95.1]	41.1	[30.8,52.2]				
Adult weighing scale	96.9	[90.4,99.1]	94.6	[92.1,96.4]	94.7	[92.3,96.5]	96.6	[88.2,99.1]				
Observation of women's ANC¹												
IFA provided/prescribed	56.1	[48.5,63.5]	68.8	[62.3,74.6]	66.6	[61.5,71.4]	46.4	[33.5,59.7]				
Counseling on IFA (purpose) ²	11.5	[7.7,16.9]	22.9	[16.0,31.6]	19.3	[14.2,25.5]	10.6	[4.1,24.9]				
Counseling on IFA (how to take) ²	19.3	[13.8,26.3]	35.2	[27.7,43.5]	31.5	[25.8,37.8]	9.6	[3.9,21.7]				
Counseling on IFA (side effects) ²	3.3	[1.5,7.5]	4.6	[2.6,8.0]	4.7	[2.9,7.5]	0.2	[0.0,1.5]				
Counseled on breastfeeding	0.7	[0.3,1.8]	1.1	[0.3,4.0]	1.0	[0.4,2.6]	0.5	[0.1,4.3]				
Counseled on early and prolonged breastfeeding	1.0	[0.3,2.9]	1.8	[0.7,4.7]	1.4	[0.6,3.1]	1.6	[0.3,7.6]				
Weight assessed	68.8	[58.0,77.9]	78.7	[70.5,85.0]	75.8	[69.2,81.4]	66.3	[45.9,82.0]				
Counseled on nutrition during ANC	36.4	[30.2,43.2]	58.8	[52.7,64.7]	53.2	[47.9,58.4]	26.9	[19.4,36.0]				
Physical exam for anemia	37.0	[30.4,44.2]	36.8	[29.8,44.5]	34.8	[29.5,40.5]	45.8	[33.2,59.0]				
Tested for anemia	35.1	[28.2,42.6]	29.8	[22.8,37.9]	33.7	[28.2,39.7]	26.5	[17.2,38.5]				
Women's report of ANC³												
IFA provided/prescribed	66.9	[58.3,74.5]	86.8	[78.8,92.1]	82.7	[76.5,87.5]	54.8	[40.0,68.7]				
Counseling on IFA (how to take) ⁴	86.2	[79.6,90.9]	94.3	[91.4,96.3]	91.9	[88.6,94.2]	85.3	[72.4,92.8]				
Counseling on IFA (side effects) ⁴	20.9	[16.4,26.1]	20.5	[15.5,26.7]	19.3	[15.5,23.7]	29.5	[20.2,40.9]				
Client can identify at least one side effect ⁴	16.8	[12.5,22.2]	15.6	[11.0,21.8]	16.0	[12.3,20.5]	16.9	[9.0,29.6]				
Counseled on importance of exclusive breastfeeding	13.1	[9.3,18.2]	18.5	[13.9,24.1]	16.8	[13.4,21.0]	12.0	[6.0,22.5]				
Counseled on duration of exclusive breastfeeding ⁵	56.3	[31.2,78.5]	60.7	[51.1,69.4]	61.6	[53.5,69.1]	43.4	[1.8,96.9]				
Counseled on nutrition during ANC	69.5	[64.0,74.5]	76.3	[68.2,82.9]	73.8	[68.2,78.8]	69.8	[61.0,77.4]				
Provider training⁶												
Recent training on nutritional assessment for pregnant women	6.9	[5.5,8.7]	12.7	[10.7,15.0]	12.4	[10.6,14.5]	5.8	[4.1,8.2]				

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 9 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Rwanda SPA 2007

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	86.7	[51.9,97.5]	74.9	[70.8,78.6]	77.1	[71.7,81.7]	72.3	[66.3,77.7]				
Folic acid for women												
IFA for women	86.7	[51.9,97.5]	74.9	[70.8,78.6]	77.1	[71.7,81.7]	72.3	[66.3,77.7]				
Vitamin A for women												
Adult weighing scale	66.7	[35.4,87.9]	85.4	[81.8,88.4]	84.4	[79.5,88.2]	85.5	[79.4,90.1]				
Observation of women's ANC¹												
IFA provided/prescribed	40.0	[1.1,97.6]	41.9	[35.3,48.7]	42.7	[34.4,51.4]	39.8	[29.9,50.7]				
Counseling on IFA (purpose) ²	16.7	[1.9,67.0]	81.4	[72.8,87.8]	79.4	[68.2,87.3]	82.1	[67.8,91.0]				
Counseling on IFA (how to take) ²	33.3	[0.1,99.7]	91.2	[85.4,94.8]	89.4	[81.9,94.1]	91.7	[80.8,96.6]				
Counseling on IFA (side effects) ²			37.2	[27.7,47.7]	39.4	[28.2,52.0]	28.6	[15.5,46.7]				
Counseled on breastfeeding			20.9	[15.6,27.5]	20.0	[13.8,28.0]	21.8	[12.9,34.5]				
Counseled on early and prolonged breastfeeding												
Weight assessed	100.0		98.4	[95.2,99.5]	99.6	[98.4,99.9]	95.7	[84.4,98.9]				
Counseled on nutrition during ANC	33.3	[0.4,98.3]	39.7	[33.4,46.5]	38.2	[30.8,46.1]	43.1	[31.4,55.6]				
Physical exam for anemia												
Tested for anemia	66.7	[1.9,99.5]	34.4	[27.6,41.9]	35.2	[27.3,44.1]	34.6	[22.0,49.8]				
Women's report of ANC³												
IFA provided/prescribed	40.0	[1.1,97.6]	47.4	[41.2,53.7]	46.0	[38.0,54.2]	50.2	[41.0,59.4]				
Counseling on IFA (how to take) ⁴	83.3	[0.2,100.0]	89.9	[85.0,93.3]	91.1	[85.8,94.5]	86.8	[74.1,93.8]				
Counseling on IFA (side effects) ⁴	16.7	[0.0,99.8]	11.0	[7.4,16.1]	12.3	[7.9,18.8]	8.5	[3.7,18.3]				
Client can identify at least one side effect ⁴			7.5	[4.8,11.4]	7.7	[4.5,12.7]	6.6	[2.9,14.2]				
Counseled on importance of exclusive breastfeeding	20.0	[0.2,97.6]	32.7	[27.3,38.6]	28.6	[22.5,35.5]	41.7	[31.4,52.8]				
Counseled on duration of exclusive breastfeeding ⁵			84.4	[76.8,89.9]	81.5	[70.6,89.0]	89.8	[78.9,95.4]				
Counseled on nutrition during ANC	66.7	[18.2,94.7]	37.1	[31.7,42.7]	34.4	[28.3,41.1]	45.5	[36.2,55.1]				
Provider training⁶												
Recent training on nutritional assessment for pregnant women (n/a)												

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 10 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Senegal SPA 2016

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	7.3	[1.5,28.3]	5.6	[3.5,9.0]	4.8	[2.8,7.9]	8.1	[2.6,22.5]	5.8	[3.4,9.9]	3.7	[1.5,8.9]
Folic acid for women	7.3	[1.5,28.3]	1.1	[0.3,3.7]	1.3	[0.4,3.7]	1.2	[0.1,8.7]	1.5	[0.4,4.7]	0.9	[0.2,3.4]
IFA for women	62.9	[41.2,80.4]	82.1	[77.1,86.2]	81.6	[76.1,86.1]	61.0	[46.1,74.1]	82.4	[76.0,87.4]	72.1	[63.2,79.6]
Vitamin A for women	16.3	[5.5,39.2]	68.1	[62.9,72.8]	62.0	[56.7,67.0]	44.9	[32.1,58.3]	62.3	[56.2,68.0]	55.0	[46.8,63.0]
Adult weighing scale			98.5	[95.9,99.4]	92.9	[87.6,96.0]			90.8	[84.1,94.9]		
Observation of women's ANC¹												
IFA provided/prescribed	79.4	[61.1,90.5]	87.7	[84.6,90.4]	87.7	[84.4,90.4]	84.9	[71.9,92.5]	89.2	[85.6,92.0]	85.6	[80.0,89.9]
Counseling on IFA (purpose) ²	38.6	[17.5,65.0]	41.1	[34.8,47.6]	41.2	[34.7,48.1]	38.2	[24.4,54.2]	36.3	[30.3,42.7]	46.4	[35.4,57.7]
Counseling on IFA (how to take) ²	30.2	[14.5,52.4]	48.5	[42.2,55.0]	47.2	[40.7,53.7]	59.6	[43.9,73.5]	45.9	[38.1,53.9]	50.4	[40.2,60.6]
Counseling on IFA (side effects) ²	0.0		1.8	[1.0,3.4]	1.6	[0.8,3.1]	3.8	[0.4,26.4]	2.9	[1.4,5.5]	0.6	[0.1,4.2]
Counseled on breastfeeding	0.0		2.2	[1.0,4.7]	2.3	[1.1,4.9]	0.0		2.0	[0.8,4.8]	2.3	[0.7,7.7]
Counseled on early and prolonged breastfeeding	0.0		1.9	[0.8,4.4]	2.0	[0.8,4.6]	0.0		1.4	[0.5,4.1]	2.3	[0.7,7.8]
Weight assessed	94.4	[82.1,98.4]	93.4	[89.5,95.9]	93.1	[89.0,95.8]	96.9	[93.3,98.6]	92.5	[87.8,95.5]	94.3	[86.9,97.7]
Counseled on nutrition during ANC	35.6	[21.0,53.4]	38.5	[32.6,44.7]	38.4	[32.4,44.8]	37.9	[22.5,56.2]	32.9	[27.4,39.0]	44.3	[34.1,55.1]
Physical exam for anemia	95.5	[81.2,99.0]	96.4	[94.5,97.6]	96.2	[94.3,97.5]	97.5	[91.4,99.3]	95.4	[92.8,97.1]	97.3	[94.3,98.7]
Tested for anemia	35.6	[25.3,47.5]	29.4	[24.9,34.4]	30.2	[25.5,35.3]	21.8	[11.8,36.8]	26.6	[21.5,32.4]	32.9	[25.7,41.1]
Women's report of ANC³												
IFA provided/prescribed	91.7	[61.4,98.7]	97.8	[96.2,98.8]	97.6	[95.8,98.6]	98.4	[88.1,99.8]	98.6	[96.9,99.3]	96.6	[93.3,98.3]
Counseling on IFA (how to take) ⁴	65.4	[44.6,81.7]	84.1	[80.3,87.3]	83.1	[79.0,86.4]	90.2	[77.4,96.1]	83.9	[78.9,87.9]	83.2	[77.0,88.0]
Counseling on IFA (side effects) ⁴	6.3	[1.7,20.9]	5.1	[3.4,7.5]	5.1	[3.4,7.6]	5.0	[1.1,19.8]	5.5	[3.3,9.1]	4.6	[2.5,8.4]
Client can identify at least one side effect ⁴	51.6	[30.6,72.1]	35.3	[31.1,39.9]	35.8	[31.3,40.5]	36.5	[25.8,48.8]	31.9	[27.7,36.3]	40.2	[32.5,48.4]
Counseled on importance of exclusive breastfeeding	1.7	[0.2,13.3]	4.7	[3.0,7.2]	4.9	[3.1,7.5]	1.6	[0.2,11.9]	4.3	[2.6,7.1]	4.9	[2.4,9.8]
Counseled on duration of exclusive breastfeeding ⁵	100.0		53.4	[27.6,77.4]	55.3	[28.9,79.0]	0.0		51.7	[26.9,75.7]	56.0	[9.2,94.1]
Counseled on nutrition during ANC	37.3	[21.2,56.9]	47.7	[41.7,53.7]	47.4	[41.2,53.6]	47.2	[33.2,61.8]	41.4	[35.3,47.7]	53.9	[43.5,64.0]
Provider training⁶												
Recent training on nutritional assessment for pregnant women	18.6	[11.3,29.1]	18.7	[16.5,21.0]	17.5	[15.5,19.7]	16.2	[10.9,23.2]	16.4	[14.3,18.7]	18.4	[15.1,22.2]

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 11 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Tanzania SPA 2014-15

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	48.5	[39.9,57.1]	40.8	[36.6,45.2]	40.4	[36.0,45.0]	44.5	[34.4,55.1]	40.0	[35.6,44.6]	45.9	[37.1,55.0]
Folic acid for women	81.5	[75.2,86.5]	68.0	[63.7,71.9]	70.3	[65.9,74.3]	60.5	[49.4,70.6]	69.0	[64.5,73.2]	66.4	[56.0,75.4]
IFA for women	95.9	[92.9,97.7]	92.3	[89.6,94.4]	93.7	[91.1,95.5]	86.8	[77.2,92.8]	92.4	[89.5,94.6]	92.4	[86.2,96.0]
Vitamin A for women	52.7	[43.8,61.5]	74.8	[70.7,78.4]	77.0	[73.0,80.6]	59.5	[48.5,69.7]	75.7	[71.5,79.5]	65.7	[56.0,74.2]
Adult weighing scale	100.0		87.4	[84.0,90.3]	85.8	[81.8,89.0]	97.9	[90.5,99.6]	86.8	[82.9,90.0]	92.9	[85.0,96.8]
Observation of women's ANC¹												
IFA provided/prescribed	79.5	[75.5,83.0]	74.5	[70.4,78.2]	77.7	[73.7,81.3]	65.0	[58.0,71.3]	76.5	[72.0,80.5]	72.2	[66.9,76.8]
Counseling on IFA (purpose) ²	79.4	[73.0,84.6]	71.2	[66.5,75.4]	71.7	[67.2,75.8]	76.8	[67.8,84.0]	72.9	[68.1,77.3]	71.6	[64.6,77.7]
Counseling on IFA (how to take) ²	79.8	[73.6,84.8]	77.2	[73.2,80.7]	78.8	[74.9,82.2]	71.7	[64.5,77.9]	80.7	[76.7,84.2]	69.2	[62.0,75.5]
Counseling on IFA (side effects) ²	18.8	[14.9,23.4]	13.3	[10.4,16.9]	14.6	[11.7,18.0]	12.5	[7.6,19.9]	12.9	[9.9,16.8]	17.8	[13.4,23.2]
Counseled on breastfeeding	20.6	[16.5,25.3]	10.9	[8.7,13.6]	12.0	[9.7,14.7]	14.6	[10.7,19.5]	11.1	[8.9,13.6]	16.1	[11.8,21.5]
Counseled on early and prolonged breastfeeding	15.5	[12.3,19.3]	7.4	[5.5,10.0]	8.3	[6.2,10.9]	10.6	[7.7,14.6]	7.2	[5.4,9.4]	12.6	[8.5,18.2]
Weight assessed	88.2	[83.8,91.6]	78.7	[73.8,82.9]	77.4	[72.4,81.7]	92.3	[87.8,95.2]	78.9	[73.4,83.5]	83.6	[77.7,88.3]
Counseled on nutrition during ANC	40.2	[34.6,46.1]	31.1	[27.3,35.1]	31.9	[28.1,36.0]	34.9	[28.7,41.8]	30.0	[25.9,34.4]	39.0	[33.9,44.3]
Physical exam for anemia	63.6	[58.2,68.6]	57.8	[53.4,62.0]	59.4	[55.2,63.4]	55.7	[47.7,63.5]	58.6	[54.2,62.9]	58.8	[51.8,65.6]
Tested for anemia	61.0	[55.9,65.8]	38.8	[34.7,43.1]	39.2	[35.2,43.3]	56.0	[47.1,64.4]	33.5	[29.4,37.9]	64.9	[59.9,69.7]
Women's report of ANC³												
IFA provided/prescribed	90.1	[87.2,92.4]	84.7	[81.2,87.7]	87.4	[84.1,90.2]	77.6	[70.2,83.7]	86.5	[82.4,89.7]	83.3	[79.5,86.5]
Counseling on IFA (how to take) ⁴	98.0	[95.9,99.0]	97.0	[95.4,98.0]	97.4	[96.0,98.3]	96.2	[91.3,98.4]	97.7	[96.2,98.6]	95.8	[92.1,97.8]
Counseling on IFA (side effects) ⁴	33.9	[30.4,37.5]	25.3	[22.1,28.7]	26.1	[23.1,29.4]	29.4	[24.1,35.3]	24.7	[21.3,28.4]	32.0	[28.0,36.3]
Client can identify at least one side effect ⁴	22.8	[19.8,26.0]	13.7	[11.7,16.0]	14.6	[12.6,16.7]	18.5	[14.2,23.8]	13.2	[11.1,15.7]	20.6	[17.2,24.4]
Counseled on importance of exclusive breastfeeding	51.2	[46.3,56.0]	31.5	[28.2,35.0]	32.3	[29.0,35.7]	44.6	[38.1,51.3]	30.1	[26.8,33.5]	46.2	[40.7,51.9]
Counseled on duration of exclusive breastfeeding ⁵	76.5	[71.1,81.2]	76.2	[71.5,80.3]	74.6	[70.0,78.7]	81.4	[74.8,86.6]	75.6	[71.0,79.7]	77.4	[70.7,82.9]
Counseled on nutrition during ANC	55.8	[51.8,59.8]	41.8	[38.2,45.5]	42.7	[39.1,46.3]	49.7	[43.3,56.1]	40.4	[36.5,44.5]	53.2	[48.7,57.6]
Provider training⁶												
Recent training on nutritional assessment for pregnant women	13.0	[11.5,14.7]	13.1	[11.6,14.8]	15.3	[13.6,17.2]	9.0	[7.5,10.9]	15.7	[13.9,17.7]	9.2	[7.8,10.9]

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 12 Percent of facilities with capacity to provide nutrition-related care in ANC, percent of clients observed and reporting nutrition-related counseling among clients attending ANC, and percent of providers with training on nutritional assessment in pregnancy, by background characteristics, Uganda SPA 2007

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with ANC												
Iron for women	70.8	[61.9,78.3]	40.4	[34.3,46.9]	35.1	[28.6,42.2]	62.7	[49.7,74.0]				
Folic acid for women												
IFA for women	64.6	[55.4,72.9]	38.6	[32.3,45.3]	29.1	[23.0,36.0]	72.3	[59.4,82.2]				
Vitamin A for women	72.6	[64.0,79.8]	77.6	[71.7,82.5]	77.7	[71.4,82.9]	76.3	[62.3,86.2]				
Adult weighing scale	85.0	[76.8,90.6]	69.0	[62.6,74.7]	64.0	[57.2,70.4]	87.0	[75.2,93.7]				
Observation of women's ANC¹												
IFA provided/prescribed	81.2	[74.4,86.5]	72.4	[65.3,78.6]	72.8	[65.9,78.8]	80.6	[68.1,89.0]				
Counseling on IFA (purpose) ²	54.7	[44.9,64.1]	43.4	[33.3,54.1]	41.6	[33.0,50.7]	67.2	[43.3,84.5]				
Counseling on IFA (how to take) ²	70.1	[61.7,77.3]	67.9	[57.7,76.6]	70.0	[60.6,78.0]	58.6	[40.3,74.7]				
Counseling on IFA (side effects) ²	17.7	[10.8,27.6]	7.2	[3.9,12.8]	8.8	[5.3,14.2]	10.9	[5.3,21.1]				
Counseled on breastfeeding	23.8	[17.2,31.8]	16.3	[10.9,23.7]	16.2	[11.9,21.7]	26.2	[10.7,51.4]				
Counseled on early and prolonged breastfeeding (n/a)												
Weight assessed	85.6	[76.9,91.5]	74.8	[64.9,82.7]	73.7	[64.6,81.2]	94.6	[87.6,97.8]				
Counseled on nutrition during ANC	29.5	[23.0,37.0]	29.5	[22.7,37.3]	28.1	[22.2,35.0]	37.7	[21.7,56.8]				
Physical exam for anemia (n/a)												
Tested for anemia	30.3	[23.5,38.1]	17.9	[11.7,26.3]	17.1	[11.8,24.2]	37.6	[20.5,58.5]				
Women's report of ANC³												
IFA provided/prescribed	84.1	[77.1,89.2]	81.5	[76.0,85.9]	81.2	[75.9,85.5]	86.4	[78.7,91.5]				
Counseling on IFA (how to take) ⁴	92.5	[87.8,95.5]	87.7	[79.2,93.1]	89.1	[81.9,93.7]	85.3	[59.3,95.8]				
Counseling on IFA (side effects) ⁴	21.7	[15.6,29.4]	19.7	[13.4,27.9]	19.2	[13.4,26.8]	24.5	[12.1,43.3]				
Client can identify at least one side effect ⁴	31.1	[24.4,38.5]	22.1	[15.3,30.8]	23.2	[16.9,30.9]	26.4	[13.4,45.4]				
Counseled on importance of exclusive breastfeeding	39.9	[32.3,48.1]	30.3	[22.9,38.8]	30.3	[23.6,37.9]	42.1	[25.3,61.0]				
Counseled on duration of exclusive breastfeeding ⁵	73.2	[64.1,80.7]	61.1	[46.9,73.7]	65.2	[51.8,76.5]	57.1	[31.0,79.8]				
Counseled on nutrition during ANC	51.2	[43.2,59.1]	50.4	[43.2,57.7]	49.9	[43.0,56.8]	54.6	[40.5,68.0]				
Provider training⁶ (n/a)												
Recent training on nutritional assessment for pregnant women												

¹ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

² In older surveys (Kenya, Namibia, Rwanda, and Uganda), observations of these items were recorded only if the provider gave or prescribed IFA; filter was applied to current surveys for the purposes of comparability in this report.

³ Exit interview counseling items based on current or past visits

⁴ IFA-related counseling assessed only among women who reported that their provider prescribed or provided them with IFA

⁵ Asked only among women who reported that the provider counseled on exclusive breastfeeding

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 13 Availability of IFA supplements among facilities that provide ANC and percent of women provided or prescribed IFA supplements, by country and region

Country	Percentage of facilities that have IFA available and valid in any service area among facilities that provide ANC services			Percentage of ANC clients who were prescribed or provided iron, folic acid, or IFA		
	%	95% CI	N	%	95% CI	N
Bangladesh						
Barisal	97.0	[93.2,98.7]	115	n/a		
Chittagong	84.9	[77.1,90.3]	280	n/a		
Dhaka	84.3	[75.6,90.3]	412	n/a		
Khulna	87.7	[77.7,93.6]	191	n/a		
Rajshahi	92.8	[83.5,97.1]	212	n/a		
Rangpur	93.6	[84.1,97.6]	203	n/a		
Sylhet	86.8	[76.3,93.1]	96	n/a		
Haiti						
Ouest	59.6		296	61.8	[56.1,67.2]	609
Sud-Est	57.1		63	76.2	[61.9,86.3]	74
Nord	70.7		75	72.2	[57.7,83.2]	137
Nord-Est	64.7		34	83.6	[63.6,93.7]	61
Artibonite	42.6		108	74.0	[60.4,84.2]	181
Centre	47.7		44	82.2	[68.0,91.0]	164
Sud	69.4		62	63.5	[50.4,75.0]	105
Grand-Anse	57.5		40	94.8	[85.3,98.3]	98
Nord-Ouest	52.6		82	70.7	[61.6,78.4]	154
Nippes	69.0		29	76.4	[52.3,90.5]	37
Malawi						
North	96.6		118	84.2	[70.1,92.4]	232
Central	92.5		235	91.9	[87.7,94.7]	884
South	89.8		280	82.1	[76.5,86.6]	952
Nepal						
Eastern development region	95.2	[90.5,97.7]	206	64.7	[51.4,76.1]	385
Central development region	81.1	[74.1,86.5]	301	60.9	[53.0,68.2]	661
Western development region	97.9	[94.9,99.1]	202	72.4	[60.9,81.6]	232
Mid-western development region	95.8	[88.7,98.5]	129	58.6	[45.3,70.8]	135
Far-western development region	89.3	[78.9,94.9]	89	49.7	[38.9,60.4]	96
Senegal						
Ouest	70.6	[59.0,80.1]	98	85.3	[78.4,90.3]	334
Centre	84.2	[74.2,90.8]	93	89.5	[84.6,93.0]	220
Nord	73.4	[59.9,83.6]	76	84.9	[77.7,90.0]	162
Sud	88.1	[79.0,93.5]	90	92.7	[87.7,95.7]	133
Tanzania						
Western	80.3	[66.4,89.4]	89	67.0	[54.4,77.6]	705
Northern	90.2	[77.5,96.1]	139	74.5	[68.3,79.9]	316
Central	94.7	[84.9,98.3]	108	83.6	[75.1,89.6]	340
Southern Highlands	94.0	[83.9,97.9]	118	77.5	[66.1,85.9]	341
Southern	92.5	[77.8,97.7]	70	78.3	[67.5,86.2]	189
South West Highlands	96.2	[80.7,99.4]	110	72.0	[56.7,83.5]	290
Lake	97.0	[89.7,99.2]	200	85.4	[80.5,89.3]	1086
Eastern	96.6	[88.2,99.1]	141	76.2	[67.9,82.8]	359
Zanzibar	62.0	[49.9,72.8]	31	53.4	[36.4,69.6]	383

CI = confidence interval; n/a = not available

Appendix Table 14 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by country

	Bangladesh SPA 2014		Haiti SPA 2013		Kenya SPA 2010		Malawi SPA 2013-14		Namibia SPA 2009		Nepal SPA 2015		Rwanda SPA 2007		Senegal SPA 2016		Tanzania SPA 2014-15		Uganda SPA 2007		
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Facilities with curative child care																					
Child weighing scale available ¹	61.3	[57.2,65.3]	70.6	[63.5,74.4]	73.6	[63.5,74.4]	77.4	[45.5	[41.0,50.0]	45.5	[41.0,50.0]	70.1	[66.2,73.8]	65.1	[60.9,69.0]	82.6	[79.4,85.5]	73.3	[68.0,77.9]		
Infant scale available ²	34.8	[31.3,38.4]	74.0	[71.1,80.2]	71.0	[71.1,80.2]	87.9	78.4	[74.3,82.0]	84.4	[81.5,86.9]	84.4	[81.5,86.9]	95.1	[92.4,96.8]	73.9	[70.2,77.2]	64.2	[59.3,68.9]		
Stadiometer/height rod available	62.6	[58.4,66.5]	64.2	[20.4,29.9]	71.3	[20.4,29.9]	51.8	24.3	[20.8,28.0]	29.3	[25.4,33.5]	24.3	[20.8,28.0]	81.5	[77.7,84.8]	53.9	[49.8,57.9]				
Tape measure available	40.9	[37.0,45.1]	78.2					29.3	[25.4,33.5]	29.3	[25.4,33.5]	24.3	[20.8,28.0]	81.5	[77.7,84.8]	53.9	[49.8,57.9]				
Vitamin A supplementation available	64.0	[60.6,67.3]	82.1	[74.8,83.0]	42.8	[74.8,83.0]	94.4	89.6	[87.2,91.6]	89.6	[87.2,91.6]	68.4	[64.8,71.8]	4.4	[2.8,6.8]	37.8	[34.1,41.8]	40.5	[35.4,45.8]		
Iron supplementation available	61.6	[57.4,65.6]	64.9	[44.5,56.6]	38.3	[44.5,56.6]	15.8	12.5	[10.2,15.3]	12.5	[10.2,15.3]	68.4	[64.8,71.8]	4.4	[2.8,6.8]	37.8	[34.1,41.8]	40.5	[35.4,45.8]		
Zinc supplementation available	63.7	[60.1,67.2]	54.2		76.3		354	95.5	[94.3,96.5]	95.5	[94.3,96.5]	519		44.7	[49.5,57.6]	44.3	[40.3,48.3]				
Number of facilities	1,437		848		917		354	936		936		519		447		1,160		483			
Observation of sick child visits																					
Child weight assessed	76.2	[72.6,79.5]	49.8	[44.8,54.8]	26.5	[44.8,54.8]	88.7	49.7	[44.9,54.6]	64.2	[59.9,68.2]	85.0	[80.2,88.8]	16.1	[13.8,18.7]	45.5	[39.1,52.1]				
Child weight plotted on growth chart ³	15.5	[12.3,19.3]	36.9	[30.7,43.5]	27.0	[30.7,43.5]	46.3	24.4	[19.7,29.9]	8.3	[5.9,11.5]	59.1	[52.5,65.4]	21.6	[15.8,28.8]	24.1	[16.7,33.4]				
Provider asked if child received vitamin A ⁴	2.7	[2.0,3.6]	23.1	[19.4,27.3]	1.9	[19.4,27.3]	29.7	1.1	[0.6,1.9]	17.6	[14.6,21.1]	29.6	[25.0,34.7]	3.1	[2.2,4.4]	11.7	[8.7,15.5]				
Asked client about feeding or breastfeeding when child is well ¹	40.1	[37.3,43.0]	44.3	[40.1,48.4]	14.2	[40.1,48.4]	44.1	17.7	[15.1,20.6]	29.4	[26.3,32.8]	31.1	[27.1,35.4]	27.9	[25.5,30.4]	48.9	[43.6,54.1]				
Asked client about feeding or breastfeeding during illness ⁴	25.2	[22.8,27.8]	46.9	[43.1,50.8]	15.5	[43.1,50.8]	43.9	16.3	[13.9,19.1]	42.4	[38.7,46.1]	18.6	[15.3,22.5]	18.8	[16.9,20.9]	43.9	[38.9,49.0]				
Number of clients⁵	2,442		1,946		3,329		1,544	2,186		2,186		1,709		1,027		4,961		769			
Caretakers' report of sick child visit																					
Child weight assessed	83.8	[80.7,86.5]	50.6	[45.7,55.5]	45.3	[45.7,55.5]	87.6	59.1	[54.5,63.5]	70.6	[67.0,73.9]	90.4	[86.3,93.3]	30.5	[28.0,33.1]	46.7	[40.5,53.0]				
Discussed child's growth	39.4	[36.3,42.6]	23.6	[20.3,27.2]	23.4	[20.3,27.2]	30.7	14.7	[11.9,18.0]	42.1	[38.3,45.9]	27.6	[23.8,31.9]	37.9	[35.4,40.5]	18.8	[14.8,23.4]				
Reported provider discussed feeding or breastfeeding when child is not ill	27.7	[25.2,30.3]	21.6	[18.4,25.1]	11.5	[18.4,25.1]	28.3	12.7	[10.6,15.0]	9.1	[7.6,11.0]	39.7	[35.3,44.3]	19.9	[18.2,21.7]	25.1	[20.7,30.0]				
Reported counseling on feeding or breastfeeding during illness	24.6	[22.4,27.0]	15.4	[12.7,18.5]	11.5	[12.7,18.5]	22.0	21.8	[19.3,24.9]	9.6	[7.9,11.6]	26.1	[22.4,30.2]	12.8	[11.3,14.5]	37.5	[32.6,42.6]				
Number of caretakers⁵	2,442		1,946		3,329		1,544	2,186		2,186		1,709		1,027		4,961		769			
Provider training⁶																					
Recent training on breastfeeding	42.7	[39.7,45.8]	27.0	[24.2,29.3]	30.0	[26.9,33.1]	21.0	32.0	[32.3,37.5]	21.0	[18.4,24.5]	32.0	[29.0,34.1]	9.0	[7.4,10.1]	43.0	[39.8,45.8]	15.0	[13.9,16.5]	25.0	[21.5,29.7]
Recent training on early and exclusive breastfeeding	27.6	[24.8,30.5]	17.4	[15.6,19.4]	22.5	[19.7,25.6]	23.2	21.5	[18.5,25.1]	21.5	[19.4,23.8]	6.4	[5.3,7.7]	31.7	[28.9,34.5]	24.7	[23.2,26.3]	16.1	[12.8,20.1]		
Recent training on complementary feeding	38.9	[36.0,41.8]	22.5	[20.2,24.9]	27.3	[24.6,30.2]	20.6	27.9	[25.4,30.5]	27.9	[25.4,30.5]	7.3	[6.2,8.6]	48.7	[45.6,51.8]	19.3	[17.8,20.9]	21.6	[17.8,25.9]		
Recent training on infant and young child feeding	20.8	[18.4,23.4]	20.5	[17.8,23.6]	n/a		n/a	6.9	[5.8,8.3]	n/a		n/a		14.9	[13.4,16.5]	32.1	[30.4,34.0]	n/a			
Number of providers	4,169		3,967		2,538		1,283	3,709		3,709		1,719		1,623		6,078		1,590			

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.
⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions
CI = confidence interval; n/a = not available

Appendix Table 15 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Bangladesh SPA 2014

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	91.3	[80.2,96.4]	60.7	[56.5,64.7]	59.9	[55.5,64.1]	84.9	[77.0,90.4]	59.3	[54.9,63.6]	86.3	[80.6,90.6]
Infant scale available ²	91.4	[82.0,96.1]	33.5	[30.0,37.2]	32.1	[28.5,35.9]	78.4	[70.5,84.6]	31.0	[27.4,34.9]	81.6	[76.0,86.1]
Stadiometer/height rod available	54.6	[43.4,65.3]	62.7	[58.5,66.8]	62.3	[58.0,66.5]	66.3	[58.0,73.7]	62.1	[57.6,66.3]	68.8	[62.4,74.5]
Tape measure available	51.8	[40.4,63.0]	40.7	[36.7,44.9]	39.6	[35.4,44.0]	62.5	[54.0,70.3]	39.4	[35.2,43.8]	60.1	[53.7,66.2]
Vitamin A supplementation available	50.8	[39.5,62.1]	64.3	[60.8,67.6]	64.2	[60.6,67.6]	60.4	[51.9,68.3]	64.1	[60.4,67.5]	63.3	[56.8,69.4]
Iron supplementation available	66.2	[55.2,75.6]	61.5	[57.2,65.6]	60.8	[56.4,65.0]	75.2	[67.6,81.4]	60.7	[56.3,65.0]	72.2	[65.9,77.6]
Zinc supplementation available	60.3	[48.9,70.7]	63.8	[60.1,67.4]	63.9	[60.1,67.6]	61.3	[52.5,69.3]	64.0	[60.1,67.7]	61.0	[54.4,67.3]
Observation of sick child visits (n/a)												
Child weight assessed												
Child weight plotted on growth chart												
Provider asked if child received vitamin A												
Asked client about feeding or breastfeeding when child is well												
Asked client about feeding or breastfeeding during illness												
Caretakers' report of sick child visit (n/a)												
Child weight assessed												
Discussed child's growth												
Reported provider discussed feeding or breastfeeding when child is not ill												
Reported counseling on feeding or breastfeeding during illness												
Provider training³												
Recent training on breastfeeding	18.4	[14.6,22.9]	45.3	[42.0,48.7]	45.1	[41.7,48.6]	27.1	[21.8,33.2]	48.2	[44.4,52.1]	24.9	[22.0,27.9]
Recent training on early and exclusive breastfeeding	16.3	[12.0,21.8]	28.8	[25.8,32.0]	29.0	[25.9,32.3]	18.2	[14.2,23.1]	29.6	[26.1,33.3]	21.1	[18.3,24.1]
Recent training on complementary feeding	15.7	[12.2,20.0]	41.4	[38.2,44.6]	41.3	[38.1,44.6]	23.3	[18.0,29.6]	44.3	[40.7,48.0]	21.3	[18.5,24.3]
Recent training on infant and young child feeding	15.6	[11.3,21.3]	21.3	[18.8,24.1]	20.9	[18.3,23.8]	20.1	[15.5,25.5]	21.0	[18.1,24.2]	20.1	[17.2,23.3]

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval; n/a = not available

Appendix Table 16 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Haiti SPA 2013

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	68.6		70.9		70.2		70.8		69.7		72.0	
Infant scale available ²	92.4		71.5		79.2		70.7		70.7		79.7	
Stadiometer/height rod available	78.1		62.3		71.7		59.4		64.5		63.8	
Tape measure available	78.1		78.2		82.0		75.7		79.9		75.3	
Vitamin A supplementation available	68.6		84.2		84		80.9		87.6		73.4	
Iron supplementation available	71.4		63.9		61.9		66.8		61.7		70.2	
Zinc supplementation available	28.9		55.8		63.6		48.4		58.7		47.1	
Observation of sick child visits												
Child weight assessed	72.3	[64.1,79.3]	78.1	[74.4,81.5]	75.7	[69.8,80.8]	76.6	[71.9,80.7]	75.9	[70.7,80.5]	76.5	[71.3,80.9]
Child weight plotted on growth chart ³	15.2	[8.3,26.2]	15.6	[12.6,19.1]	15.9	[10.3,23.8]	15.2	[11.8,19.3]	14.4	[10.1,20.0]	16.5	[12.0,22.1]
Provider asked if child received vitamin A ⁴	1.5	[0.7,2.9]	3.3	[2.4,4.6]	2.1	[1.4,3.3]	3.1	[2.1,4.5]	2.6	[1.8,3.8]	2.8	[1.8,4.3]
Asked client about feeding or breastfeeding when child is well ⁴	40.7	[34.8,46.9]	39.8	[36.8,43.0]	39.9	[35.8,44.2]	40.3	[36.5,44.2]	38.9	[34.9,43.0]	41.2	[37.2,45.4]
Asked client about feeding or breastfeeding during illness ⁴	22.1	[17.5,27.7]	26.8	[24.1,29.6]	22.8	[19.6,26.4]	26.9	[23.5,30.5]	25.3	[22.0,28.8]	25.2	[21.7,29.0]
Caretakers' report of sick child visit⁵												
Child weight assessed	81.7	[74.3,87.3]	84.9	[81.7,87.5]	80.7	[75.5,85.0]	85.9	[82.0,89.1]	81.5	[76.5,85.6]	85.9	[81.8,89.2]
Discussed child's growth	37.8	[31.3,44.8]	40.2	[36.9,43.6]	38.1	[33.8,42.5]	40.3	[36.0,44.7]	37.9	[33.8,42.2]	40.7	[36.2,45.5]
Reported provider discussed feeding or breastfeeding when child is not ill	28.0	[22.5,34.2]	27.5	[25.1,30.1]	28.0	[24.3,31.9]	27.5	[24.2,31.0]	25.0	[22.0,28.2]	30.1	[26.3,34.1]
Reported counseling on feeding or breastfeeding during illness	25.2	[20.4,30.7]	24.3	[22.0,26.8]	26.1	[22.4,30.3]	23.6	[20.9,26.5]	21.7	[18.8,24.8]	27.3	[24.0,30.8]
Provider training⁶												
Recent training on breastfeeding	21.3	[17.0,26.3]	29.6	[26.8,32.5]	25.2	[21.2,29.7]	27.7	[24.8,30.9]	31.3	[27.8,35.1]	23.3	[20.1,26.8]
Recent training on early and exclusive breastfeeding	19.2	[15.3,23.7]	16.5	[14.6,18.5]	15.4	[13.0,18.2]	18.9	[16.3,21.7]	18.7	[15.8,21.9]	16.5	[14.2,19.1]
Recent training on complementary feeding	18.3	[14.3,23.2]	24.7	[22.1,27.5]	21.2	[17.5,25.3]	23.4	[20.6,26.5]	25.6	[22.4,29.1]	20.2	[17.2,23.6]
Recent training on infant and young child feeding	26.4	[20.3,33.6]	17.3	[15.1,19.8]	21.2	[16.2,27.2]	20.0	[17.2,23.2]	17.3	[14.2,20.8]	22.8	[18.8,27.4]

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 17 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Kenya SPA 2010

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	83.8	[78.4,88.1]	68.0	[61.8,73.6]	82.8	[75.0,88.5]	55.4	[46.5,63.9]				
Infant scale available ²	98.7	[95.9,99.6]	74.1	[68.8,78.7]	91.4	[86.4,94.7]	60.1	[51.5,68.1]				
Stadiometer/height rod available	50.1	[43.8,56.4]	22.8	[18.1,28.3]	31.2	[24.4,39.0]	18.4	[13.1,25.1]				
Tape measure available (n/a)												
Vitamin A supplementation available	94.2	[90.0,96.7]	77.9	[73.2,82.1]	96.1	[92.7,97.9]	61.9	[53.6,69.6]				
Iron supplementation available	62.0	[56.3,67.4]	49.7	[43.1,56.2]	40.5	[32.6,49.0]	60.8	[51.6,69.3]				
Zinc supplementation available (n/a)												
Observation of sick child visits												
Child weight assessed	50.9	[44.8,56.9]	49.4	[43.2,55.7]	48.7	[42.9,54.6]	52.7	[43.0,62.1]				
Child weight plotted on growth chart ³	33.4	[26.8,40.7]	38.0	[30.2,46.4]	38.4	[31.1,46.2]	33.1	[21.8,46.7]				
Provider asked if child received vitamin A ⁴	15.7	[12.3,19.7]	25.4	[20.7,30.8]	24.9	[20.3,30.2]	18.1	[12.8,25.1]				
Asked client about feeding or breastfeeding when child is well ⁴	44.1	[39.2,49.2]	44.3	[39.2,49.5]	41.9	[37.3,46.7]	50.6	[42.1,59.1]				
Asked client about feeding or breastfeeding during illness ⁴	49.4	[44.2,54.5]	46.2	[41.4,51.0]	44.4	[39.7,49.1]	53.9	[47.4,60.2]				
Caretakers' report of sick child visit⁵												
Child weight assessed	53.5	[47.7,59.1]	49.8	[43.6,55.9]	49.5	[43.9,55.2]	53.7	[43.8,63.3]				
Discussed child's growth	22.9	[19.3,27.0]	23.8	[19.7,28.4]	23.9	[19.9,28.4]	22.8	[17.7,28.7]				
Reported provider discussed feeding or breastfeeding when child is not ill	19.3	[15.9,23.3]	22.3	[18.3,26.8]	21.7	[17.9,26.0]	21.3	[15.9,27.9]				
Reported counseling on feeding or breastfeeding during illness	13.4	[10.4,17.1]	16.0	[12.6,20.0]	15.4	[12.1,19.3]	15.3	[11.2,20.7]				
Provider training⁶												
Recent training on breastfeeding	27.1	[24.5,29.9]	31.5	[27.3,36.1]	29.9	[26.0,34.1]	29.9	[25.4,34.8]				
Recent training on early and exclusive breastfeeding	25.1	[22.3,28.1]	21.5	[17.7,25.9]	21.0	[17.7,24.7]	24.4	[19.9,29.5]				
Recent training on complementary feeding	26.0	[23.4,28.7]	28.2	[24.3,32.4]	26.5	[23.2,30.0]	28.3	[23.9,33.2]				
Recent training on infant and young child feeding (n/a)												

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 18 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Malawi SPA 2013-14

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	88.2		71.7		82.9		64.6		79.2		59.8	
Infant scale available ²	96.2		67.6		87.4		55.2		79.5		50.3	
Stadiometer/height rod available	83.5		69.7		89.6		53.7		80.1		49.9	
Tape measure available	64.5		50.2		59.8		44.2		57.0		39.3	
Vitamin A supplementation available	55.5		41.1		45.8		40.0		46.0		35.1	
Iron supplementation available	48.1		37.0		27.8		48.4		31.8		54.1	
Zinc supplementation available	91.7		74.3		86.3		66.7		79.9		67.6	
Observation of sick child visits												
Child weight assessed	45.8	[35.1,57.0]	15.7	[13.3,18.5]	25.0	[19.1,31.9]	31.2	[25.9,37.0]	20.3	[16.1,25.3]	40.0	[29.5,51.5]
Child weight plotted on growth chart ³	28.2	[17.4,42.3]	25.0	[18.2,33.3]	30.4	[20.4,42.7]	18.5	[11.8,27.8]	24.0	[16.5,33.5]	30.4	[18.1,46.2]
Provider asked if child received vitamin A ⁴	1.5	[0.7,3.6]	2.0	[1.4,2.8]	1.5	[0.9,2.4]	3.0	[1.8,4.8]	2.0	[1.4,3.0]	1.4	[0.7,3.1]
Asked client about feeding or breastfeeding when child is well ⁴	12.3	[7.7,19.1]	15.2	[13.1,17.7]	12.8	[10.1,16.1]	18.6	[15.0,22.8]	15.1	[12.9,17.6]	12.2	[7.4,19.6]
Asked client about feeding or breastfeeding during illness ⁴	13.8	[10.1,18.6]	16.5	[14.3,18.8]	13.2	[11.0,15.8]	22.6	[19.0,26.8]	17.7	[15.4,20.3]	10.7	[7.5,15.0]
Caretakers' report of sick child visit⁵												
Child weight assessed	76.5	[68.2,83.1]	28.0	[25.0,31.3]	45.6	[38.9,52.5]	44.5	[38.6,50.5]	32.5	[28.4,37.0]	73.5	[64.7,80.8]
Discussed child's growth	35.5	[27.6,44.2]	16.7	[14.6,19.1]	23.6	[19.3,28.5]	22.7	[19.2,26.6]	18.6	[16.0,21.6]	33.9	[26.1,42.7]
Reported provider discussed feeding or breastfeeding when child is not ill	11.1	[7.2,16.5]	11.8	[10.4,13.3]	11.0	[8.9,13.6]	13.1	[10.7,15.8]	12.1	[10.5,13.8]	10.3	[6.4,16.0]
Reported counseling on feeding or breastfeeding during illness	10.4	[7.0,15.3]	12.1	[10.6,13.7]	10.2	[8.3,12.5]	15.4	[12.7,18.6]	12.6	[11.1,14.3]	9.1	[5.5,14.5]
Provider training⁶												
Recent training on breastfeeding	32.5	[28.2,37.2]	35.7	[32.7,38.8]	35.6	[32.0,39.3]	33.9	[30.5,37.5]	35.8	[32.6,39.1]	32.8	[29.0,36.9]
Recent training on early and exclusive breastfeeding	27.9	[24.1,32.1]	21.5	[19.3,24.0]	25.6	[22.8,28.6]	19.9	[17.4,22.8]	24.3	[21.7,27.0]	21.0	[18.1,24.2]
Recent training on complementary feeding	31.6	[27.4,36.1]	37.3	[34.2,40.4]	38.4	[34.8,42.1]	32.1	[28.6,35.7]	38.3	[35.1,41.6]	30.3	[26.4,34.4]
Recent training on infant and young child feeding	39.6	[35.0,44.3]	33.4	[30.7,36.1]	37.2	[34.0,40.5]	32.0	[28.7,35.5]	35.1	[32.2,38.1]	34.8	[30.9,38.9]

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 19 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Namibia SPA 2009

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	60.6		79.1		80.0		42.3					
Infant scale available ²	100.0		86.6		89.3		80.8					
Stadiometer/height rod available (n/a)												
Tape measure available (n/a)												
Vitamin A supplementation available	90.9		94.7		98.7		38.5					
Iron supplementation available	27.3		14.6		13.7		42.3					
Zinc supplementation available (n/a)												
Observation of sick child visits												
Child weight assessed	91.1	[75.3,97.2]	88.5	[84.4,91.6]	89.9	[85.9,92.8]	48.2	[23.9,73.4]				
Child weight plotted on growth chart ³	47.3	[21.5,74.7]	46.2	[40.5,52.0]	47.3	[41.3,53.4]	40.1	[12.9,75.2]				
Provider asked if child received vitamin A ⁴	29.7	[15.1,50.2]	29.7	[25.7,34.1]	30.9	[26.7,35.4]	17.2	[2.8,59.8]				
Asked client about feeding or breastfeeding when child is well ⁴	56.1	[40.6,70.6]	43.2	[39.2,47.3]	43.6	[39.4,47.8]	56.5	[33.7,76.8]				
Asked client about feeding or breastfeeding during illness ⁴	43.1	[26.3,61.6]	44.0	[39.6,48.5]	43.2	[38.7,47.9]	48.0	[25.4,71.4]				
Caretakers' report of sick child visit⁵												
Child weight assessed	83.6	[73.3,90.5]	87.9	[83.9,91.0]	89.5	[85.6,92.4]	44.2	[21.7,69.4]				
Discussed child's growth	24.5	[15.8,35.9]	31.2	[27.5,35.1]	31.1	[27.2,35.2]	22.7	[9.9,43.7]				
Reported provider discussed feeding or breastfeeding when child is not ill	32.2	[19.6,48.1]	28.1	[24.9,31.4]	27.3	[24.0,30.8]	27	[15.6,42.6]				
Reported counseling on feeding or breastfeeding during illness	18.4	[10.3,30.6]	22.2	[19.4,25.3]	22.6	[19.7,25.8]	12.8	[6.0,25.1]				
Provider training⁶												
Recent training on breastfeeding	21.1	[15.7,27.7]	22.4	[19.3,25.9]	21.8	[18.8,25.1]	19.2	[11.3,30.8]				
Recent training on early and exclusive breastfeeding	25.3	[18.9,33.0]	20.1	[17.2,23.2]	23.9	[20.2,28.2]	11.9	[6.7,20.2]				
Recent training on complementary feeding	21.9	[15.9,29.4]	20.7	[17.8,24.0]	21.3	[18.1,24.8]	15.7	[9.4,25.1]				
Recent training on infant and young child feeding (n/a)												

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 20 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Nepal SPA 2015

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	36.5	[28.7,44.9]	46.4	[41.6,51.3]	46.5	[41.8,51.3]	31.3	[22.1,42.3]				
Infant scale available ²	82.8	[74.7,88.8]	77.9	[73.5,81.8]	78.3	[74.0,82.1]	79.3	[68.9,86.9]				
Stadiometer/height rod available	49.8	[41.8,57.8]	21.6	[18.0,25.8]	22.6	[19.1,26.6]	45.8	[35.9,56.0]				
Tape measure available	50.6	[42.2,58.9]	27.1	[23.0,31.8]	27.8	[23.7,32.3]	49.3	[38.9,59.7]				
Vitamin A supplementation available	50.3	[42.2,58.4]	93.6	[90.9,95.6]	93.2	[90.6,95.2]	41.8	[31.5,52.8]				
Iron supplementation available	48.2	[39.8,56.8]	8.9	[6.6,11.9]	9.3	[7.1,12.2]	54.2	[43.5,64.4]				
Zinc supplementation available	67.3	[58.9,74.8]	98.5	[97.2,99.2]	98.2	[97.0,98.9]	60.5	[49.8,70.2]				
Observation of sick child visits												
Child weight assessed	59.2	[50.0,67.8]	45.2	[39.7,50.8]	45.9	[41.0,51.0]	72.8	[59.3,83.1]				
Child weight plotted on growth chart ³	16.8	[9.9,27.0]	29.2	[23.4,35.8]	28.4	[22.9,34.6]	9.2	[3.2,23.5]				
Provider asked if child received vitamin A ⁴	0.8	[0.3,2.3]	1.2	[0.6,2.3]	1.2	[0.7,2.1]	0.6	[0.2,2.2]				
Asked client about feeding or breastfeeding when child is well ⁴	23.4	[18.2,29.4]	15.0	[12.2,18.3]	16.5	[13.8,19.6]	25.0	[17.7,34.0]				
Asked client about feeding or breastfeeding during illness ⁴	20.3	[15.5,26.0]	14.5	[11.8,17.6]	14.8	[12.4,17.5]	25.6	[16.9,36.8]				
Caretakers' report of sick child visit⁵												
Child weight assessed	74.7	[68.1,80.4]	51.6	[45.8,57.3]	54.3	[49.3,59.3]	87.9	[79.2,93.2]				
Discussed child's growth	14.5	[10.4,19.8]	14.8	[11.3,19.1]	14.8	[11.9,18.4]	14.0	[7.5,24.5]				
Reported provider discussed feeding or breastfeeding when child is not ill	14.0	[10.8,18.1]	12.0	[9.5,15.0]	12.4	[10.2,15.0]	14.3	[9.6,20.7]				
Reported counseling on feeding or breastfeeding during illness	19.4	[15.5,23.9]	22.9	[19.5,26.7]	21.6	[18.8,24.8]	22.4	[15.6,31.2]				
Provider training⁶												
Recent training on breastfeeding	12.0	[10.0,14.5]	38.4	[35.2,41.8]	36.7	[33.8,39.8]	7.4	[5.2,10.4]				
Recent training on early and exclusive breastfeeding	10.4	[8.3,12.9]	25.6	[22.9,28.5]	24.7	[22.3,27.4]	6.8	[4.5,10.0]				
Recent training on complementary feeding	10.3	[8.4,12.5]	34.2	[31.0,37.6]	32.7	[29.8,35.8]	5.6	[3.8,8.2]				
Recent training on infant and young child feeding	6.9	[5.4,8.8]	6.8	[5.4,8.6]	7.6	[6.2,9.2]	3.7	[2.5,5.4]				

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 21 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Rwanda SPA 2007

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	87.5	[73.3,94.7]	68.7	[64.5,72.6]	69.5	[64.3,74.2]	87.5	[64.8,76.5]				
Infant scale available ²	97.5	[82.9,99.7]	83.3	[80.2,86.0]	90.5	[86.9,93.2]	97.5	[70.3,80.4]				
Stadiometer/height rod available												
Tape measure available												
Vitamin A supplementation available (n/a)												
Iron supplementation available	77.5	[61.0,88.4]	67.6	[63.9,71.1]	74.8	[69.6,79.3]	59.3	[54.6,63.9]				
Zinc supplementation available (n/a)												
Observation of sick child visits												
Child weight assessed	59.6	[45.0,72.7]	64.5	[60.0,68.7]	64.2	[59.0,69.2]	59.6	[56.7,70.8]				
Child weight plotted on growth chart ³	11.9	[3.1,36.2]	8.1	[5.7,11.4]	8.2	[5.2,12.6]	11.9	[5.0,14.0]				
Provider asked if child received vitamin A ⁴	12.1	[4.1,30.7]	18.0	[14.8,21.6]	17.0	[13.3,21.4]	12.1	[13.8,25.0]				
Asked client about feeding or breastfeeding when child is well ⁴	39.4	[26.0,54.6]	28.8	[25.6,32.2]	27.9	[24.0,32.1]	39.4	[27.1,37.9]				
Asked client about feeding or breastfeeding during illness ⁴	50.5	[36.2,64.8]	41.9	[38.1,45.7]	38.2	[33.9,42.7]	50.5	[43.5,56.3]				
Caretakers' report of sick child visit⁵												
Child weight assessed	67.7	[52.5,79.8]	70.7	[67.0,74.2]	70.1	[65.4,74.3]	67.7	[65.8,76.6]				
Discussed child's growth	51.5	[36.3,66.4]	41.5	[37.6,45.5]	40.6	[35.9,45.4]	51.5	[38.4,51.4]				
Reported provider discussed feeding or breastfeeding when child is not ill	10.1	[5.5,17.7]	9.1	[7.5,11.0]	8.8	[6.9,11.2]	9.7	[7.2,12.9]				
Reported counseling on feeding or breastfeeding during illness	13.1	[5.8,27.1]	9.4	[7.7,11.4]	7.7	[5.8,10.2]	13.0	[9.9,16.9]				
Provider training⁶												
Recent training on breastfeeding	6.9	[4.3,10.8]	8.9	[7.6,10.5]	8.4	[6.9,10.2]	6.9	[7.1,11.6]				
Recent training on early and exclusive breastfeeding	5.9	[3.5,9.9]	6.5	[5.3,7.9]	6.4	[5.0,8.1]	5.9	[4.6,8.7]				
Recent training on complementary feeding	5.9	[3.6,9.6]	7.5	[6.3,9.0]	7.4	[6.0,9.1]	5.9	[5.4,9.5]				
Recent training on infant and young child feeding (n/a)												

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had NA response options in older surveys; however, newer surveys do not have the NA or skip option for these particular indicators. For comparability, NA responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

n/a = not available; CI = confidence interval

Appendix Table 22 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Senegal SPA 2016

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	53.0	[33.7,71.4]	67.1	[62.8,71.1]	67.5	[63.1,71.6]	50.1	[38.3,62.0]	66.8	[61.9,71.3]	61.2	[53.3,68.6]
Infant scale available ²	87.1	[70.0,95.1]	95.3	[92.2,97.2]	97.3	[94.7,98.6]	81.6	[68.6,90.0]	98.2	[95.6,99.3]	88.0	[80.8,92.8]
Stadiometer/height rod available	62.3	[40.9,79.8]	94.4	[91.4,96.4]	82.7	[78.6,86.2]	73.9	[62.7,82.7]	80.8	[76.1,84.7]	83.1	[76.1,88.4]
Tape measure available	85.5	[67.6,94.3]	95.6	[92.8,97.4]	93.9	[90.0,96.3]	80.6	[68.9,88.6]	93.6	[88.9,96.4]	88.6	[82.1,92.9]
Vitamin A supplementation available	14.4	[5.1,34.8]	63.8	[58.7,68.7]	51.3	[46.8,55.7]	36.0	[26.0,47.2]	50.5	[45.8,55.2]	46.0	[38.5,53.6]
Iron supplementation available	6.5	[1.4,24.9]	5.5	[3.4,8.7]	3.9	[2.3,6.5]	7.3	[2.8,18.1]	4.6	[2.7,7.9]	3.9	[1.7,8.8]
Zinc supplementation available	23.1	[12.1,39.5]	69.3	[64.3,73.9]	56.1	[51.7,60.4]	38.0	[27.4,49.9]	58.4	[53.8,62.7]	42.8	[34.5,51.5]
Observation of sick child visits												
Child weight assessed	67.8	[44.4,84.8]	86.0	[81.0,89.8]	87.3	[82.8,90.8]	69.6	[48.4,84.8]	84.6	[77.2,89.9]	85.4	[78.6,90.3]
Child weight plotted on growth chart ³	32.5	[15.3,56.3]	60.3	[53.4,66.8]	60.6	[53.8,67.0]	46.8	[20.2,75.4]	58.9	[50.6,66.8]	59.3	[48.1,69.6]
Provider asked if child received vitamin A ⁴	1.2	[0.2,6.7]	31.2	[26.4,36.6]	32.4	[27.5,37.6]	11.5	[5.0,24.6]	28.7	[23.4,34.6]	30.7	[23.2,39.3]
Asked client about feeding or breastfeeding when child is well ⁴	36.1	[23.6,50.7]	30.8	[26.6,35.3]	31.5	[27.0,36.3]	28.5	[19.5,39.5]	31.4	[26.4,36.9]	30.7	[24.2,38.1]
Asked client about feeding or breastfeeding during illness ⁴	13.3	[6.5,25.4]	18.9	[15.5,23.0]	18.4	[14.9,22.6]	20.0	[12.3,31.0]	20.0	[16.0,24.8]	17.0	[12.0,23.6]
Caretakers' report of sick child visit⁵												
Child weight assessed	91.3	[78.7,96.8]	90.3	[86.0,93.4]	92.3	[88.8,94.8]	77.7	[55.3,90.8]	87.6	[80.5,92.4]	93.5	[89.2,96.2]
Discussed child's growth	31.0	[13.9,55.7]	27.4	[23.5,31.8]	28.2	[24.0,32.8]	24.1	[15.0,36.3]	28.7	[24.1,33.8]	26.4	[20.3,33.6]
Reported provider discussed feeding or breastfeeding when child is not ill	41.0	[25.2,58.9]	39.6	[35.1,44.4]	40.9	[36.1,45.8]	32.1	[21.8,44.4]	43.8	[37.9,50.0]	35.1	[28.4,42.3]
Reported counseling on feeding or breastfeeding during illness	31.2	[15.4,52.9]	25.8	[22.0,30.1]	26.7	[22.6,31.2]	22.2	[14.3,32.8]	27.9	[22.5,34.0]	24.1	[18.8,30.3]
Provider training⁶												
Recent training on breastfeeding	30.3	[22.7,39.0]	41.7	[38.4,45.0]	45.4	[42.1,48.8]	26.1	[20.0,33.3]	49.8	[45.7,53.9]	34.8	[31.0,38.8]
Recent training on early and exclusive breastfeeding	36.2	[25.7,48.2]	32.6	[29.7,35.8]	32.7	[29.7,35.8]	25.4	[18.7,33.4]	35.1	[31.6,38.7]	27.9	[23.6,32.6]
Recent training on complementary feeding	32.0	[23.1,42.4]	48.1	[44.7,51.5]	51.5	[48.1,54.8]	31.5	[23.5,40.7]	56.6	[52.7,60.5]	39.8	[35.3,44.4]
Recent training on infant and young child feeding	22.4	[16.8,29.3]	15.4	[13.7,17.2]	15.2	[13.6,17.0]	13.1	[9.2,18.3]	14.3	[12.2,16.6]	15.7	[13.5,18.1]

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 23 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Tanzania SPA 2014-15

	Facility type				Managing authority				Locale			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	90.5	[86.0,93.7]	82.3	[78.9,85.3]	89.4	[86.0,92.0]	63.9	[55.7,71.4]	89.1	[85.7,91.7]	64.6	[56.4,72.1]
Infant scale available ²	90.9	[72.3,97.4]	73.2	[69.4,76.6]	81.6	[77.5,85.1]	52.4	[44.6,60.0]	82.2	[78.2,85.7]	50.4	[42.4,58.3]
Stadiometer/height rod available	81.2	[75.5,85.8]	52.8	[48.6,56.9]	57.4	[52.7,61.9]	44.1	[36.0,52.5]	53.9	[49.2,58.5]	53.8	[45.9,61.5]
Tape measure available	68.4	[58.0,77.2]	62.9	[58.7,66.8]	67.7	[63.2,71.8]	50.3	[41.6,59.0]	67.0	[62.5,71.3]	52.1	[44.3,59.7]
Vitamin A supplementation available	50.8	[42.6,58.9]	67.3	[63.5,70.8]	75.5	[71.4,79.1]	41.9	[34.4,49.8]	73.0	[68.8,76.9]	48.7	[41.5,55.9]
Iron supplementation available	48.4	[40.2,56.6]	37.4	[33.5,41.5]	39.5	[35.1,44.0]	33.3	[26.1,41.4]	38.5	[34.2,42.9]	36.1	[29.3,43.6]
Zinc supplementation available	72.3	[65.8,77.9]	43.1	[39.0,47.3]	41.5	[37.0,46.2]	51.9	[43.6,60.1]	43.1	[38.6,47.7]	47.5	[39.8,55.4]
Observation of sick child visits												
Child weight assessed	19.6	[15.4,24.5]	15.5	[13.0,18.5]	14.8	[12.3,17.7]	21.6	[16.2,28.1]	16.5	[14.0,19.5]	15.0	[10.5,20.9]
Child weight plotted on growth chart ³	14.8	[9.1,23.4]	22.9	[16.1,31.5]	24.8	[17.4,34.0]	12.4	[7.4,20.0]	24.9	[17.3,34.5]	12.6	[7.9,19.3]
Provider asked if child received vitamin A ⁴	3.6	[2.6,4.9]	3.1	[2.1,4.5]	3.3	[2.2,4.8]	2.5	[1.7,3.8]	3.4	[2.3,5.2]	2.4	[1.6,3.6]
Asked client about feeding or breastfeeding when child is well ⁴	34.4	[30.5,38.4]	26.9	[24.2,29.7]	26.4	[23.7,29.3]	34.2	[29.8,38.9]	26.9	[24.0,30.0]	30.3	[26.6,34.4]
Asked client about feeding or breastfeeding during illness ⁴	22.5	[19.4,25.9]	18.2	[16.1,20.6]	18.6	[16.5,21.0]	19.6	[15.6,24.2]	18.9	[16.5,21.6]	18.5	[15.3,22.2]
Caretakers' report of sick child visit⁵												
Child weight assessed	36.8	[32.3,41.6]	29.5	[26.7,32.4]	28.3	[25.5,31.2]	39.8	[33.9,46.0]	30.3	[27.2,33.5]	31.1	[26.5,36.0]
Discussed child's growth	38.8	[35.4,42.2]	37.7	[34.9,40.7]	37.3	[34.4,40.4]	40.2	[35.5,45.1]	38.0	[34.8,41.4]	37.5	[33.8,41.3]
Reported provider discussed feeding or breastfeeding when child is not ill	20.6	[17.8,23.8]	19.8	[17.8,21.8]	19.5	[17.6,21.6]	21.4	[18.0,25.3]	20.0	[18.0,22.2]	19.6	[16.4,23.2]
Reported counseling on feeding or breastfeeding during illness	12.2	[9.9,14.9]	12.9	[11.2,14.8]	12.9	[11.2,14.8]	12.3	[9.3,16.2]	12.2	[10.5,14.2]	14.2	[11.2,17.9]
Provider training⁶												
Recent training on breastfeeding	12.9	[11.4,14.5]	15.7	[14.2,17.3]	17.9	[16.3,19.6]	10.2	[8.3,12.4]	17.4	[15.6,19.4]	11.8	[10.1,13.8]
Recent training on early and exclusive breastfeeding	21.4	[19.4,23.6]	25.5	[23.7,27.5]	29.7	[27.6,31.8]	15.7	[13.6,18.0]	30.5	[28.2,32.8]	16.3	[14.3,18.5]
Recent training on complementary feeding	16.5	[14.7,18.6]	20.0	[18.2,21.9]	22.7	[20.7,24.7]	13.1	[11.1,15.5]	22.1	[19.9,24.4]	15.2	[13.2,17.4]
Recent training on infant and young child feeding	31.0	[28.6,33.4]	32.4	[30.3,34.6]	37.1	[34.8,39.4]	23.1	[20.4,26.0]	37.1	[34.7,39.5]	24.8	[22.3,27.6]

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

² Or a digital standing scale with gradations of 100 grams or less on which an adult can hold a child to be weighed

³ Filter for older surveys (Kenya, Namibia, Rwanda, and Uganda), question asked only if the above item was asked or performed; filter was applied to current surveys for the purposes of comparability in this report.

⁴ Breastfeeding and vitamin A items had n/a response options in older surveys; however, newer surveys do not have the n/a or skip option for these particular indicators. For comparability, n/a responses were coded as no for older surveys.

⁵ Only clients who agreed to be observed and interviewed and only at facilities where there were observations

⁶ Excludes providers who exclusively worked in the laboratory of the facility or in other non-qualifying positions

CI = confidence interval

Appendix Table 24 Percent of facilities with capacity to provide nutrition-related care in curative child care services, percent of clients observed and caretakers reporting nutrition-related counseling among clients attending sick child care visits, and percent of providers with training on child nutrition topics, by facility background characteristics, Uganda SPA 2007

	Facility type				Managing authority				Locale (n/a)			
	Hospital		Other		Public		Private, other		Rural		Urban	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Facilities with curative child care												
Child weighing scale available ¹	86.3	[78.6,91.6]	72.7	[67.3,77.6]	71.8	[65.6,77.2]	78.0	[66.8,86.2]				
Infant scale available ²	98.3	[93.3,99.6]	62.8	[57.7,67.7]	64.3	[58.6,69.6]	64.0	[53.6,73.3]				
Stadiometer/height rod available (n/a)												
Tape measure available (n/a)												
Vitamin A supplementation available	71.8	[63.3,79.0]	74.8	[69.6,79.4]	75.6	[69.8,80.6]	71.6	[60.4,80.6]				
Iron supplementation available	70.1	[61.4,77.5]	39.3	[34.0,44.8]	34.2	[28.6,40.3]	60.6	[49.8,70.4]				
Zinc supplementation available (n/a)												
Observation of sick child visits												
Child weight assessed	59.6	[49.9,68.5]	44.3	[37.4,51.5]	44.3	[37.3,51.5]	53.2	[37.0,68.8]				
Child weight plotted on growth chart ³	22.0	[14.3,32.3]	24.3	[16.3,34.7]	25.3	[16.8,36.2]	17.4	[8.1,33.5]				
Provider asked if child received vitamin A ⁴	16.9	[12.4,22.7]	11.2	[8.1,15.4]	11.8	[8.6,16.0]	11.2	[5.2,22.4]				
Asked client about feeding or breastfeeding when child is well ⁴	59.0	[51.3,66.3]	48.0	[42.4,53.7]	48.6	[42.8,54.4]	50.9	[36.5,65.1]				
Asked client about feeding or breastfeeding during illness ⁴	50.3	[42.4,58.1]	43.4	[38.0,48.9]	44.5	[39.1,50.1]	39.8	[27.7,53.3]				
Caretakers' report of sick child visit⁵												
Child weight assessed	68.6	[59.1,76.7]	44.8	[38.2,51.6]	44.9	[38.1,51.9]	58.2	[42.4,72.5]				
Discussed child's growth	23.8	[17.1,32.0]	18.3	[14.2,23.4]	17.8	[13.5,23.0]	25.0	[15.3,38.1]				
Reported provider discussed feeding or breastfeeding when child is not ill	24.0	[17.8,31.7]	25.1	[20.4,30.5]	24.1	[19.4,29.6]	31.1	[20.1,44.8]				
Reported counseling on feeding or breastfeeding during illness	34.7	[27.2,43.1]	37.7	[32.5,43.2]	38.3	[33.0,43.9]	32.3	[20.8,46.5]				
Provider training⁶												
Recent training on breastfeeding	32.4	[28.1,37.0]	23.7	[19.0,29.0]	24.7	[20.2,29.9]	26.8	[19.7,35.3]				
Recent training on early and exclusive breastfeeding	23.0	[19.6,26.8]	14.5	[10.6,19.5]	14.4	[10.4,19.8]	20.0	[14.6,26.7]				
Recent training on complementary feeding	27.6	[23.7,31.9]	20.2	[15.7,25.5]	21.4	[17.0,26.6]	22.1	[15.6,30.4]				
Recent training on infant and young child feeding (n/a)												

¹ Or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

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n/a = not available; CI = confidence interval