

IGNITE Diagnostic Tool & Handbook

User Handbook

Developed by Tanager and Laterite Ltd.

Table of Contents

Table of Contents	1
IGNITE Overview	2
Goal of this Tool	3
IGNITE Approach	3
Diagnostic Implementation – Process Overview	5
Diagnostic Implementation – Interview Guide	9
Before the Interviews	9
During the Interview	10
After the Interview	12
Diagnostic Implementation – Scoring Overview	14
Diagnostic Implementation – End of Engagement Diagnostics	16
Diagnostic Implementation – Project-level Diagnostics	17
Definitions for Use	18
Client Diagnostic Domains	20
Deposite As Asland a Consider Ferrally Delices and Notation Consider Assaults and	20
Domain 1: Adopt a Gender Equality Policy and Nutrition-Sensitive Approach	20
Domain 1: Adopt a Gender Equality Policy and Nutrition-Sensitive Approach Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrition-Sensitive Approaches	rition-
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutr	ition- 24
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrosensitive Approaches	rition- 24 28
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches	rition- 24 28 31
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrosensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition	rition- 24 28 31
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition	rition- 24 31 36 41
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm	rition- 24 31 36 41
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist	rition- 24 31 36 41 44
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist Appendix 2: Standard Document & Meeting Request Email	rition- 24 31 36 41 45
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist Appendix 2: Standard Document & Meeting Request Email Standard Document Request Email Standard Individual Meeting Scheduling Email	rition- 24 31 36 41 44 45 45
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist Appendix 2: Standard Document & Meeting Request Email Standard Document Request Email	rition- 24 31 36 41 45 45
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist Appendix 2: Standard Document & Meeting Request Email Standard Individual Meeting Scheduling Email Standard Individual Meeting Scheduling Email	rition- 24 31 36 41 45 45 45
Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrisensitive Approaches Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches Domain 4: Collect Evidence on Gender and Nutrition Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence Domain 6: Do No Harm Appendix 1: Diagnostic Document Checklist Appendix 2: Standard Document & Meeting Request Email Standard Individual Meeting Scheduling Email Standard Individual Meeting Scheduling Email Appendix 3: Standard List of Staff to be Interviewed	ition- 24 31 41 44 45 45 45 45

IGNITE Overview

The Impacting Gender & Nutrition through Innovative Technical Exchange in Agriculture (IGNITE) mechanism is a five-year investment funded by the Bill & Melinda Gates Foundation and implemented by Tanager to improve household nutrition and women's empowerment by strengthening African institutions' ability to integrate nutrition and gender into their way of doing business and their agriculture interventions.

IGNITE works with African institutions to design, implement, and evaluate nutrition-sensitive and gender-integrated agriculture interventions. IGNITE also strengthens the ability of African institutions to incorporate nutrition and gender equality into their policy priorities and business practices—their way of doing business. Based on the interventions implemented by IGNITE clients, IGNITE identifies key mechanisms and drivers of demand for the scale up and replication of nutrition-sensitive and gender-integrated interventions. IGNITE activities are targeted in Burkina Faso, Ethiopia, Nigeria, and Tanzania. Potential clients include NGOs, private sector companies, and government bodies working in agriculture.

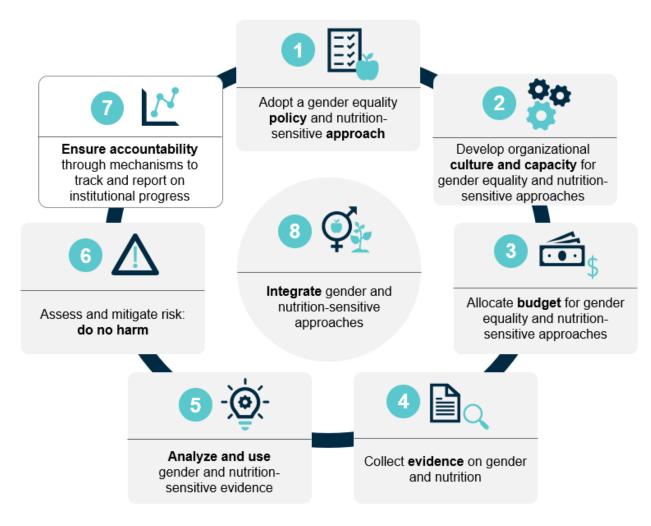
Goal of this Tool

Application of this tool illustrates how much capacity an agricultural development partner has on gender and nutrition and helps identify areas that can be built to increase technical capacity in gender and nutrition integration.

IGNITE Approach

The key to providing appropriate technical assistance is adequately assessing where the client is now, and where they hope to go. It should be a consultative process that is led by the client and facilitated by IGNITE. The starting off point for the diagnostic is the domains around which we assess clients. Adapted from the Minimum Standards for Mainstreaming Gender Equality developed by the Gender Practitioners Collaborative, the diagnostic tool offers guidance and key steps for organizations to promote gender equality and nutrition in their programs (Figure 1).

Figure 1: Minimum Standards for Gender Equality and Nutrition Integration in Agriculture



¹ http://genderstandards.org/

The organizational development implementers handbook is a tool to be used by IGNITE staff and client staff to determine if clients have the necessary systems, policies, procedures, and overall capacity to secure their own future.

The client is evaluated using six domains using the IGNITE client diagnostic tool. The diagnostic provides both a numeric score for each domain, and qualitative notes on the organization's status.

The results of the assessment allow IGNITE staff to place the client along a continuum of capacity, which helps shape the action plan for technical assistance provision that they develop with the client. We use the following nutrition and gender spectrum (see Figure 2) to classify clients in terms of their nutrition and gender integration and track client's progression along the spectrum as a result of the technical assistance.²

Based on the assessment and action planning, the organization will set its own organizational development priorities and choose which functional areas it intends to invest the majority of its time and resources.

Figure 2: Nutrition and Gender Spectrum

NASCENT	EMERGENT	EXPANDING	ADVANCED	INSTITUTIONALIZED
Capacity for addressing gender and nutrition in agriculture is underdeveloped or absent.	Capacity for addressing gender and nutrition in agriculture is underdeveloped but in progress, with attention focused primarily on implementation.	Capacity for addressing gender and nutrition in agriculture is moderately developed, perhaps with greater attention to either gender or nutrition, with attention focused primarily on implementation.	Capacity for addressing gender and nutrition in agriculture is well developed and incorporated in key operations and implementation areas.	Capacity for addressing gender and nutrition in agriculture is robust and mainstreamed across organizational operations and implementation.

² Adapted from CLA tool: https://usaidlearninglab.org/node/14634

Diagnostic Implementation – Process Overview

The diagnostic team should take responsibility to present the project, the purpose of the assessment, and how assessment findings will guide support over the tenure of their participation in the program. Typically, this information is presented to key leadership of the client in advance of carrying out the diagnostic. This allows the client to identify the best resources to inform the diagnostic team as well as key people to be interviewed during the diagnostic meetings.

Normally, the IGNITE project completes diagnostic at two points during the life cycle of working with a client: at the beginning for a baseline and at the end of the engagement to track change over time. That being said, this tool is built so that the diagnostic could be done at any time point. Further, if IGNITE engages with clients for more than 2 years, at the 2 year point, the IGNITE team will assess whether to do a midline assessment for that client. The IGNITE team will consider a midline if engagement is planned to be significantly longer than 2 years, and priorities for engagement with the client need to be reassessed.

If the diagnostic is being completed on a new client, generally the diagnostic should take place as soon as reasonably possible. There is one exception, and that is new projects. If engagement with a client starts with a project that is in the inception phase, or before it has been funded (in proposal phase), the diagnostic should not happen right away. For these clients, the diagnostic can occur 6 to 9 months after the start of the project. This is so the project can hire staff, and lay out some plans for implementation, before a diagnostic team conducts an analysis. There is more guidance on application of this tool for use with projects as compared to institutions in Appendix 4.

The stages below include IGNITE-specific tasks (e.g., internally discuss suitability of client for IGNITE), but the overall stages can be applied outside of the IGNITE project. The duration of each activity is also an estimate and can be overlapping with other activities. Depending on the client, the entire process can take from 1 to 2 months.

The diagnostic team should be made up of a multi-member, cross-functional team of 2-4 people with professional experience in at least one of the following areas: gender, nutrition, program management, monitoring and evaluation, organizational leadership development. Scoring is finalized by reaching team consensus, so team members' individual scores remain confidential from the client. This allows team members to be thoughtful, critical, and objective while scoring.

The diagnostic should be carried out according to the following steps and recommended timeline:

Stage	Tasks to complete	Duration	Responsible	Comments
Initial conversation with client	 Internally discuss suitability of client for IGNITE Schedule a follow-up conversation to discuss IGNITE and next steps Identify program(s) relevant to IGNITE, if applicable 	1 week	Tanager	Refer to standard follow up questions developed but as much as possible the conversation with the client will guide the discussion.
Request for documents	 Request all relevant documents for the diagnostic, using the checklist in Appendix 2 	1 week	Tanager	 Remember to personalize the standardized template (for email) to request documents for each client Remember to always follow-up and manage

				logistics for diagnostic in advance
Schedule Interviews	 Identify all relevant stakeholders to speak to (use Appendix 3: Standard list of Staff) Schedule time for an inception workshop If possible, schedule interviews and field visits 	1 week	Tanager	
Document Review	 Review documents provided by client for assessing the diagnostic domains as much as possible Summarize your understanding of each domain Identify missing pieces and questions to ask. You will use this as a reference to guide your interviews later 	2 weeks	Tanager, Laterite	Remember to use the diagnostic toolkit (it's next section after we finalize) to answer questions and score wherever possible

The inception workshop is optional and can take many forms. For clients that have a tight timeline, of staff scattered across many locations, one inception workshop may not be the best format. Utilize your discretion when deciding if to have an inception workshop. If you do not, be sure to provide introductory materials to staff you are interviewing by email or in person before the interview. If you do not have an inception workshop, it is recommended that you have an inception meeting with senior staff to discuss logistics and purpose, and their initial thoughts. It is possible that either the inception workshop or the inception meeting could occur before documents are requested or reviewed.

Inception workshop preparation	 Finalize an inception workshop plan, including: Introduction to IGNITE and all partners Value proposition of diagnostic and engagement with IGNITE Diagnostic activities and timeline Expected results of the diagnostic Review by all relevant team members 	1 week	Tanager, Laterite	Remember to: Include enough activities and interactive sessions Simplify concepts as much as possible Have enough time for review
Inception workshop	 Complete an office orientation with client. You can use this opportunity to get to know the client and staff Complete introductions with all relevant staff members participating in the diagnostic Facilitate inception workshop using the presentation and activities prepared above Try to find out who is the right person to ask certain topics/things, so you can schedule interviews / visits / calls with them later 	0.5 days	Tanager, Laterite	Depending on the organization, you may only need a short inception workshop Remember not everything will get answered at once, but you're likely to have interactions before / during / after the workshop too so be ready to informally get the information you need Be prepared to answer questions from various members
Post- workshop preparation	Immediately after workshop, fill out all the information you have found for each domain. The earlier you	1 day	Tanager, Laterite	For field visit, ensure you are accompanied by a person who can translate

	consolidate, the earlier you'll know what's missing – will determine your focus areas in subsequent interactions Schedule interviews with key staff members Schedule field visit, if applicable			what people are saying as it is - not summarize / polish their words as how some clients might arrange • Always look out for synergies (e.g., if an M&E person can accompany you on field trip then don't have a separate meeting)
Interviews	 Conduct interviews with all relevant members Aim to have as many diagnostic topics as possible answered by the end of the interviews Informally talk to any other relevant members, if required Immediately after interviews, fill out all the information you have found for each domain. The earlier you consolidate, the earlier you'll know what's missing – will determine your focus areas in subsequent interactions 	1-2 weeks	Tanager, Laterite	The amount of time needed for interviews varies depending on the number of interviews and availability of personnel as well as the number of topics to be covered.
Field Visits	 If relevant, visit field locations where the program is being implemented by the client Try to arrange a schedule where you can watch implementation in action and interact with few beneficiaries and field staff of the client – but the priority in this context is speaking with field staff as opposed to beneficiaries Based on field visit and any later interactions, fill all missing pieces and consolidate any new information in one place 	1-2 weeks	Tanager, Laterite	 Clients tend to 'arrange' visits, turning it into a 'meet and greet' style visit. Set clear expectations before and reiterate with field staff what you want to see. You must keep questioning and probing but do not offend the client. Defer all communication with local stakeholders, officials, etc., to the client.
Scoring	 Diagnostic team should meet and assign scores to each sub-domain using the Diagnostic scoresheet Assign 1 lead report writer who can coordinate between team members, pull observations and comments from everyone, and harmonize scoring process. Rotate this responsibility so the burden is not on 1 person Agree upon the final scores for each domain and for the organization overall Diagnostic team should fill out qualitative notes under each subdomain 	1 day	Tanager, Laterite	Always use the standard Diagnostic scoresheet for this

Send Thanks and Follow-up	 After the scoring, if there are any lingering questions, follow up with the interviewee that can answer Send a blanket thank-you to all people who were interviewed 	1 day	Tanager, Laterite	
Recommend ations	 Based on scores and qualitative notes, identify potential opportunities for: Technical Assistance (TA) for gender and nutrition-sensitive approach integration from Tanager Improvements in relevant programs MEL support from Laterite Integration of gender and nutrition Research under IGNITE The recommendations need not be fully fleshed out at this stage, as this will only guide the next phase of discussions with the client. Once certain recommendations are accepted, detailed planning can follow 	1-2 weeks	Tanager, Laterite	Always use the standard Diagnostic report template
Draft Report & Presentation	 Finalize a draft report and presentation suitable for sharing with client (including sections on all six domains, along with the conclusion section which includes an overview of opportunities for synergy between gender and nutrition) Review by all relevant team members Share with client before meeting to discuss 	2 weeks	Tanager, Laterite	If presenting in person, schedule and manage logistics in advance
High-level feedback from client	 Share initial findings and recommendations with client's management for high-level agreement Discuss and incorporate feedback, if applicable 	1 day	Tanager, Laterite	
Final Report	 Incorporate feedback and update report, if applicable Evaluate the diagnostic process 	1 week	Tanager, Laterite	
Action Planning	 Depending on the client, you can move to action planning TA at this point 	1 week	Tanager, Laterite, and the client	

Diagnostic Implementation – Interview Guide

Before the Interviews

Overview:

- 1. Schedule interviews with appropriate technical experts on the interview team
 - a. Interviewees can be interviewed in groups
 - b. The first few times the interview team conducts a diagnostic, schedule two people in each interview
- 2. Familiarize yourself with the tool
- 3. Complete document review and upload the notes to a centralized location so all team members can review
- 4. Map out sub-domains for each individual interview
- 5. Email interviewee to confirm date and time, and provide overview of domains and diagnostic process
- 6. Review other interview notes, up to this point

While interviews are being scheduled, divide the interviews between those conducting the interviews based on technical expertise. If you are interviewing a gender expert, for example, it would be prudent to have at least one person in the room who also has some expertise in gender. It is also recommended to start interviews with at least two people in the room. With two people, one person can be the primary interviewer, and one person the primary note taker. The two interviewers can also support each other on the application of the tool in real-time.

While there is no requirement for sample size for the number of interviews to be conducted, there are some things that a team conducting interviews can do to reduce duplication and most effectively use time. Unless interviews are being conducted during a short in-person trip, schedule 10-15 interviews. While clients may provide a list of more than that, prioritize technical experts, leadership, and one or two representatives at the programmatic level. After those interviews are complete, meet with the team and decide if more need to be conducted. If interviews are conducting during a trip where time is limited, be flexible, but still prioritize those types of staff.

There will be a point during interviewing where saturation is reached. This is when most of the information that the interviewers are receiving is not new. While this will not be an exact moment in time, it is important to assess what level of information is new throughout interviews. An interview that is the first or second interview should be different than the fifteenth. The focus should shift from getting initial information, to confirming information and examining a few key areas that the team has not been able to get enough information on.

It is preferable to have only two people conducting interviews (whether they are conducting interviews one-on-one or with a primary and secondary interviewer). When more than two people are conducting interviews, it becomes more difficult to coordinate when it comes to writing the report and agreeing on scoring. It also takes longer to get to saturation, as while one interviewer may believe that they have received enough information on a topic, if another interviewer is not in the same interviews (or keeping updated with the other interviewers), then they may continue asking about that topic.

It is possible to schedule some interviews in groups. This can be the inception workshop, or it can be a less formal meeting with small groups of people who do similar or related jobs. If there are field visits involved, for example, interviewing some field programmatic people at the same time could give you more information and be more efficient than interviewing multiple people at different times. That being said, interviews should be largely conducted one-on-one.

Before conducting all interviews, familiarize yourself with the tool. It is important to be conversant in the sub-domains and the aim of the tool, so that during the meeting you can probe appropriately and jump between sub-domains as they are brought up.

The document review step should be completed, or mostly completed, by the time of the first interview. In this way, you can have the most information going into the interviews. Reviewing the documents allows you to more quickly understand what people are referencing, ask clarifying questions, and maximize the amount of information you can get in the time that you have by gleaning information the organization has provided prior to interviews. The document review stage will mostly likely be completed by multiple people, so dividing the work based on expertise and interest, and keeping notes on who has reviewed what, and key take aways, is important. Going over the group notes before starting interviews is key. Having a list of the documents you have during an interview is helpful, as some interviewees will refer to documents or ask directly if you have them. Confirming that you have referenced documents and asking to be sent documents you do not have is made much easier with a list.

Before specific interviews, mapping out which sub-domains are most pertinent is key. Start by selecting which domains and sub-domains the staff is mostly likely to be able to speak to. Then prioritize by asking:

- 1. Is this person the only person or the best person we have scheduled interviews with who can answer questions about this sub-domain?
 - o If yes, prioritize.
- 2. Have we received many responses on this sub-domain from other interviewees? Do we have a lot of information on this sub-domain from the document review?
 - If yes, de-prioritize.
- 3. Is there another interviewee that would be better placed to answer questions in this subdomain?
 - If yes, de-prioritize.

Once the prioritization process is done, ensure you are familiar with the prioritized sub-domains. Send an email or call the interviewee before the scheduled time to confirm the date and time. In that communication, provide an overview of the domains and the diagnostic process. Do not assume that any communication with senior leadership has made its way to them.

If you are using a recorder, test it, and ensure that you are comfortable with using it.

If other people are conducting interviews in tandem, make sure you are as up-to-date as possible with other interviewers. Have a centralized place where all notes are stored, and reach out to other interviewees to get an overview of their work up to this point.

During the Interview

Overview:

- 1. Introduce the project, your role, and the process
 - a. Ensure confidentiality and independence is communicated
 - b. Introduce recording format (note taking, recording, etc.)
- 2. Ask the interviewee about their day-to-day job, then continue with sub-domain questions
- 3. Keep to time
- 4. Be respectful, and remember this process is to get the interviewees perspectives and knowledge, not teach them or have a normal conversation with them

- 5. At the end, allow time for the interviewee to provide any relevant information that you have not discussed, and ask questions
 - a. Ensure that you have exchanged contact information

Start the interview with an introduction to the project, your role, and the process. Ensure that the interviewee knows the purpose of the interview. Even if you have gone through the process of informing senior leadership, that information may not have made its way to the person you are interviewing. Further, you should have sent them an overview of the process in an email before the meeting but ensuring that they understand the process in person is still valuable. It is also important to make sure they understand that the product is from multiple staff interviews, that we are independent of their organization, and nothing they say will be tied directly to them. This ensures that we get as honest answers as possible.

During the introduction, inform the interviewee about the time, and keep to it. It is important to be respectful of people's time, and if you are going over time, to see if they need to reschedule or if they can continue at that time. An individual interview should not go over 2 hours, and a group discussion should not go over 3 hours.

After introductions, start each interview by asking about the person's day-to-day job. This can help you triangulate what they will be able to answer questions about, and what topics they will have no knowledge of. Just asking about their day-to-day can also answer some questions you may have.

Recording the interview can take multiple forms. If two interviewers are able to be present, one person can take lead in interviewing, and other can take lead in taking notes. It is also possible once an individual is comfortable with the tool to lead the interview and take notes at the same time (although this is not recommended in the first few applications of the tool).

If there is only one interviewer present, and they are not table to take notes and interview at the same time, it is possible to record with a recorder or a phone. This works best in one-on-one interviews, but some people may answer questions differently while being recorded, so this is not recommended as a first choice. If you are using a recorder, ensure that it is on when you start the meeting, the interviewee is informed of the recording, and that it is recording usable information. It is best to test the device before the interview begins. Make clear to the interviewee that you are doing this only to ensure that you take note of what they say, and the recording will be deleted after you type notes after the interview. You can also offer to start the recording after the introductions, so the recording will not contain their name.

It is important to be flexible when conducting qualitative interviews:

- Remember, this is to get the interviewees perspectives and knowledge. When they need
 clarification, you can provide it; but refrain from offering your own perspectives and
 thoughts whenever possible. The overwhelming majority of time should be spent with the
 interviewee speaking. If you fall into the pattern where you notice yourself speaking more,
 readjust or change topics, as this can be a sign that you have exhausted the current topic.
- The guiding questions for each domain and sub-domain are meant to guide rather than be prescriptive. If you start with a sub-domain that the interviewee does not express any knowledge of, do not continue asking questions in that sub-domain. Similarly, if the interviewee knows a great deal about a sub-domain, ask further probing questions, or transition to related sub-domains to see if they know a lot about those as well.

- For example, if you are interviewing a Program Manager, and you start asking about Domain 6: Do No Harm, starting with a knowledge question, "Do you know if your organization does risk assessments?" is a good place to start.
 - If they say yes, we do, you can continue and ask more questions about the process.
 - If they say no, we do not (or we did not on this project), you can continue and ask if they ever do them, or if there was a reason they did not on this project.
 - If they say they do not know, you should continue to other sub-domains. You have a limited amount of time with each interviewee, so focusing on sub-domains that they have knowledge about is key.
- If the interviewee says they know about something, probe where possible.
 - For example, if you are asking about the gender policy in Domain 1, if they say they know the organization has a gender policy, ask them what it contains or how it is used in their job. It is valuable for this process to know if staff know about the presence of different policies or processes, but do not know the contents or how to use them.
- If the interviewee brings up another sub-domain, do not interrupt them or disrupt the flow.
 Transition as it makes sense to asking probing questions about that sub-domain, or let them complete their thought, ask them any follow-up questions about the original sub-domain, and be clear that you will come back momentarily to the topic they brought up.
- Remember that you will not get everything from every interview. Prioritization is important
 beforehand but allowing time and patience during the interview is also important. People
 do not like to feel pushed or rushed on topics, so keeping an environment that is open and
 positive is important.
- This process is a process of triangulation. So, if someone says something that contradicts
 what you previously knew about the organization, do not correct them. Disagreement is
 valuable information, and you do not know if the first information you have is the correct
 information.
- There will be topics that even at the last interview you will not feel like you have all the information on. Moving forward with what you have after you have spoken with enough people, and not pressuring individual interviews to get information is key.

In your closing, offer time for the interviewee to offer any information that they think is relevant but was not brought up in the interview. Ask if there are other people you should speak with. Ask if there are further documents that you should review (a list of documents you have here is helpful). Let them ask any questions they have of you.

Ensure that the interviewee has your contact information so if there is anything else they think of, or if they have to send documents, they can. Ensure that you have their contact information in case you have clarification questions after the interview is completed.

Finally, if you are recording, ensure that you give some time at the end of the interview where you turn off the recorder and ask if they have anything else they would like to add. This need not be done explicitly, but casually turning off the recording device as you go through final questions can allow people to bring up topics, they are not comfortable with being recorded.

After the Interview

Overview:

1. Review notes, ensure that everything was captured and think about key take aways

- 2. Ensure that communal notes are up to date
- Periodically think about if you are missing key perspectives, and if you are reaching saturation
- 4. Send thank you email

Directly after the interview, ensure that you have recorded everything you need to record. Even if notes are taken during the interview, it is often helpful to re-group after the interview and think about key take-aways. Reviewing notes to ensure that everything is clear is also helpful, as sometimes notes taken appear clear during the interview, but can be inscrutable only a few days later. Doing these things as soon as possible after the interview will ensure that you can take away as much valuable learning from each interview as possible.

While conducting interviews, with multiple interviewers, it is helpful to have a communal notes area. Both for key take-aways from each interview, and notes on each sub-domain. Documenting what the team collectively knows about each sub-domain is helpful, because you can then map out if there are large gaps, and then prioritize those in subsequent interviews, or schedule other interviews. Ensure that you have uploaded your notes or key takeaways in a centralized location.

There can come a time when you have reached saturation, meaning new interviews are not providing you very much new information. In smaller organizations, or in more homogenous groups, this will happen after fewer interviews. In larger organizations, you may run out of time to interview people before this happens. Deciding when this occurs, and when to stop scheduling new interviews, is part art, part science. With a distinct end date for interviews, it is easy to decide when to stop interviewing. Without that date, interviewers can assess routinely when they think they have gathered enough information to start officially scoring.

Make sure that you send a thank you email to each person you interview, thanking them for their time. This ensures that you have a line of communication if you have any clarifications alter on, and that they have your information if they think of anything else that is relevant.

While the official scoring period starts after the interviews are completed, it is natural to start developing an overall idea of what scores will look like for individual sub-domains, and the kinds of recommendations and gaps that the organization has. In the joint notes area, be sure to record those thoughts under pertinent sub-domains, domains, or possible recommendations area.

Diagnostic Implementation – Scoring Overview

Under each domain, there are sub-domains that make up the overall score of the domain. Each sub-domain is scored on a binary "meets minimum standards" or "does not meet minimum standards". For most sub-domains, there is both a gender and nutrition minimum standard. The minimum standards are written so that they may be scored consistently by different people within the same organization, and so that change can be consistently scored over time.

For example, the first sub-domain of the first domain is **Core Values & Mission**. The minimum standard for gender is **the organization includes gender in its mission**, **vision**, **or core values**, while the minimum standard for nutrition is **the organization includes nutrition in its mission**, **vision**, **or core values**. If the organization includes gender in its core values, but nutrition nowhere, the organization will pass the minimums standard for gender and not nutrition.

For scoring purposes, meeting minimum standards is considered a 1, while the missing minimum standards is a 0. For a domain score, the sub-domains scores are averaged to a score between 0 and 1. The scores then are placed along the nutrition and gender spectrum (see Figure 3):

Nascent	0.00 - 0.26
Emergent	0.27 - 0.53
Expanding	0.54 - 0.79
Advanced	0.80 - 0.89
Institutionalized	0.90 - 1.00

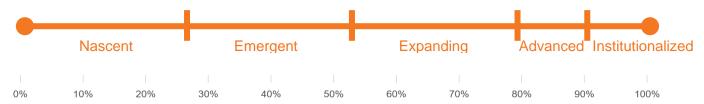
Simply, if there are four sub-domains for a domain, and two pass minimum standards and two do not, you would take the average of 1, 1, 0, and 0. That is $1 + 1 + 0 + 0 = 2 \div 4 = 0.50$. So, the domain would be given a score of Emergent. The score will never be above 1 or below 0. The scores are divided by nutrition and gender, as there are minimum standards under each sub-domain for each sector, so there is a rating for both gender and nutrition for each domain. There is an appendix scoring excel for this tool (Appendix 6), where all these processes are automated.

Then, to develop an overall score, the average of the sub-domains in 1-6 are taken, separately for gender and nutrition. The score will again be between 0 and 1 and will map onto the gender and nutrition spectrum above. This will be the overall score that can demonstrate where the institution is located in their process for both gender and nutrition integration.

Note that as demonstrated in the list above and Figure 3, the first three categories include a larger range of scores than the last two. Advanced (0.80 - 0.89) denotes when the institution has established clear processes, procedures, and policies, has strong capacity in gender or nutrition, and well-developed data collection systems. Institutionalized (0.90 - 1.00) denotes an institution that has mainstreamed and institutionalized gender or nutrition in their programs and operations (see Figure 2). For that reason, the scoring does not consider an institution to be advanced until they score 0.80 or institutionalized before they score 0.90.

Equally important to the diagnostic process is the qualitative data collected in the interview process. This is key to developing recommendations and next steps for the organization to better build capacity in gender and nutrition integration. That being said, the qualitative elements of the diagnostic are not part of the scoring.

Figure 3: Nutrition and Gender Spectrum with Scoring



Diagnostic Implementation – End of Engagement Diagnostics

The IGNITE project is conducting diagnostics at both the beginning and end of client engagements. The aim of the diagnostic at baseline is primarily to identify technical assistance opportunities. The endline diagnostic is primarily conducted to measure progress, so while the scoring will be similar for both points in time, the process for conducting the diagnostics is different.

The end of engagement diagnostic process is as follows:

- 1. **Scoring**: The technical team who has been working with the client will first score the client. This will be done without looking at the baseline scoring and will be completed in an inperson meeting with the IGNITE team. The team will use their knowledge of the client to complete whatever sub-domains they can.
- 2. Identification of Gaps: After the initial scoring, there will be some sub-domains that the team does not have information about. Whether these are sub-domains where there are small clarifications or large knowledge gaps, the team will refrain from scoring these sub-domains. These sub-domains will be listed separately, with notes on what information is missing for each sub-domain.
- 3. Interviews & Self-Assessment: With the sub-domains that have not been scored, the IGNITE technical team will schedule interviews with key contact people at the organization. Up to five interviews is anticipated, but in some cases as few as one in-depth interview may suffice. The aim of these interviews is to discuss the IGNITE engagement, highlight areas of change at the organizational level, and fill in any knowledge gaps in the scoring process.
- 4. **Reporting**: Once the scoring has been completed, the IGNITE team will produce a brief. This brief will highlight the changes that have occurred at the institution since baseline, and any notable findings. This brief will not be as detailed as the baseline diagnostic report, as the aim is different. The baseline is intended to identify technical assistance opportunities. The endline is intended to measure progress.
- 5. **Sharing & Finalizing**: Once the brief has been drafted, the IGNITE team will share it with the client for review. Once they have reviewed and provided feedback, IGNITE will finalize the document and conclude the engagement with the client.

Diagnostic Implementation – Project-level Diagnostics

Diagnostics conducted on new projects must be conducted differently than the standard process detailed above. New projects do not have many of their systems and processes established. They also do not have time or resources to spend on multiple interviews when they are still hiring and setting up their project.

- 1. Initial Meetings to Identify Opportunities: When the engagement starts, the IGNITE team will meet with the client and discuss their needs. The services provided in the first 9 months or so of the project will be focused on project initiation and start-up, and will mostly be identified by the client. IGNITE will bring up some initial things to consider (e.g., gender approach to identifying households, how to integrate nutrition measurement into their program), but they will not conduct a full diagnostic at this point.
- 2. **Initial Scoring**: After engagement has started, IGNITE will do an initial scoring of the project itself. Many of the sub-domains will not be adequately covered yet and will be marked as "does not meet minimum standards".
- 3. **Drafting a Summary Note**: After the initial scoring, a small summary note will be drafted. This note is undertaken to note any findings and detail the initial scoring. The aim of this note is not to identify opportunities, but to serve as a baseline for the project.
- 6. **9-12-month Scoring**: After 9-12 months, the technical team who has been working with the client will re-score the client. This will be done without looking at the baseline scoring and will be completed in an in-person meeting with the IGNITE team. The team will use their knowledge of the client to complete whatever sub-domains they can.
- 7. **Interviews & Self-Assessment**: With the sub-domains that have not been scored, the IGNITE technical team will schedule interviews with key contact people at the organization. Up to five interviews is anticipated, but in some cases as few as one in-depth interview may suffice. The aim of these interviews is to discuss the IGNITE engagement, highlight areas of change at the organizational level, and fill in any knowledge gaps in the scoring process.
- 8. **Reporting**: Once the scoring has been completed, the IGNITE team will produce a brief. This brief will highlight the changes that have occurred at the institution since baseline, and any notable findings. This brief will not be as detailed as the baseline diagnostic report, as the aim is different. The baseline is intended to identify technical assistance opportunities. The endline is intended to measure progress.
- 9. **Sharing & Finalizing**: Once the brief has been drafted, the IGNITE team will share it with the client for review. Once they have reviewed and provided feedback, IGNITE will finalize the document and conclude the engagement with the client.

The end of engagement process will be the same as the process detailed above, for all clients.

Definitions for Use

African Institution

Organizations with physical presence [offices and staff] and operations [programs] in Africa, including multinational corporations and international organizations operating in Africa.

Food Environment

The interface that mediates one's food acquisition and consumption within the wider food system.

Food System

Encompasses all the stages of keeping us fed: growing, harvesting, packing, processing, transforming, marketing, consuming, and disposing of food.

Gender

Social and cultural constructs of roles and responsibilities, attributes opportunities, privileges, status, access and control over resources and benefits between women and men, boys and girls in a given society.

Gender Analysis

Refers to a process of collecting and analyzing sex disaggregated information within a project, to understand the relationships between men and women, their access to resources, services their activities and the constraints they face relative to each other.

Gender Audit

Evaluates how gender considerations are being integrated into programs and policies by an organization, department or office. Wide in scope, audits assess gender approaches and policies, staff capacity, tools and resources, gender mainstreaming in programs and projects, organizational culture and workplace issues.

Gender Equality

Refers to the equal participation of women and men as decision makers in the access, control, and use of productive resources and services for sustainable agriculture and market systems development.

Gender Equity

Refers to fair treatment of men and women equivalent in terms of rights, benefits and opportunities in access, control and use of agricultural resources and services.

Gender Integration

The adoption of a gender lens across agricultural programs and institutions to accelerate progress towards addressing men and women concerns and experiences and promoting women empowerment, geared towards achieving gender equality.

Gender Sensitive

Consideration and recognition of differences and inequality between women and men.

Nutrition

Consumption of safe, diverse, nutritious foods for health, growth, and wellbeing.

Nutrition Integration

The adoption of a nutrition sensitive lens in the approach to food environments and food systems to ensure availability, accessibility, affordability, and encourage consumption of safe, diverse nutritious food.

Nutrition-sensitive

These are interventions that deliberately stimulate the food environment and food system to ultimately contribute to directly or indirectly increasing year-round availability, accessibility, and/or affordability of safe, diverse, nutritious foods.

Senior leadership

A team of individuals at the highest level of management of an organization, who have the tasks of managing that organization (e.g., strategic vision, leadership, etc.). This should be defined by the organization itself, if possible, as it varies from organization to organization.

Theory of Change (TOC)

A Theory of Change (TOC) defines long-term goals and explains the process of change by outlining causal linkages for a project (shorter-term, intermediate, and longer-term outcomes). The identified changes are mapped – as the "outcomes pathway" – showing each outcome in logical relationship to all the others, as well as chronological flow.

Tool

A concrete resource with a distinct deliverable, i.e. training guide, analysis guide, a set of interview questions.

Women's empowerment

The ability for women to enjoy their right to control and benefit from the resources, assets, income and their own time, as well as the ability to manage risk and improve their economic status and wellbeing. In the context of farming households, it refers to women having access, control and ownership over assets, and financial and agricultural decision-making power.

Client Diagnostic Domains

Gender equality and nutrition-sensitive interventions integrated into an institution's operations, projects, and programs for impact.

Type of Institution: NGO Organization

Double-click here to update after changing type of institutuion

Domain 1: Adopt a Gender Equality Policy and Nutrition-Sensitive Approach

Adopt and apply policies that institutionalize commitments to gender equality and promote access, affordability, or availability to diverse quality food in operations and programming.

<u>Staff to speak with</u>: Human resources staff, Gender expert/focal person, Nutrition expert/focal person, senior leadership representative, Program manager/officer

<u>Possible sources</u>: Work plans, policy, strategic plans, business plans, mission and values statements, organizational policies, staff mix, program reports, annual reports, roll out materials, recent proposals, network membership, associations, partnership agreements, conference/panel presentations, organizational chart, job descriptions, board minutes, gender policy, nutrition strategy, program list / descriptions, HR policies, pay scales

Introductory Questions

- Does your organization have a gender policy or nutrition-sensitive approach?
- Do you use the approach in your day-to-day job?
- Do you think gender/nutrition is a central part of your job?

Sub-domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
Core Values & Mission	The institution includes gender in its mission, vision, or core values.	The institution includes nutrition in its mission, vision, or core values.	 Presence of mission, vision, or institutional values with direct reference to gender Presence of mission, vision, or institutional values with direct reference to nutrition 	 What is your institution's mission, vision, and/ or values? What other gender equality and nutrition-sensitive statements are embedded in your institution's core values? How does the mission/ vision/ values contribute to the success of your institution? Regardless of their presence in mission or values, how are gender and /or nutrition related to what you do at this institution?

2.	Institutional policies	The institution has a gender policy, strategy or action plan.	The institution has strategy, action plan or written approach to nutrition-sensitive programming.	•	Presence of gender policy Presence of nutrition-sensitive approach	•	How does the institution demonstrate its commitment to gender equality/nutrition? Are there statements, guiding documents, or policies that show this commitment? Which institutional policies have a gender/nutrition component? Which policies affect your day-to-day work? Does your institution have a gender or nutrition policy, plan or strategy? Can you describe some key components in the gender policy or nutrition strategy that you have included in your work in the institution? How have these components influenced project implementation? What other practices relate to gender/nutrition in your work that are not documented formally? Do you think there is more that can be done at institutional level related to gender/nutrition?
3.	National practices & policies	Alignment between national gender laws/ policies and institutional policies.	Alignment between national nutrition- sensitive policies/ strategies and institutional approaches.	•	Presence of language around national nutrition-sensitive or multisector strategy in institutional strategies. Presence of language around national gender laws/policies in institutional policies (salary, HR policies, maternity leave, hiring quotas, harassment, non-discrimination, anti-trafficking). National nutrition-sensitive strategy National gender policies	•	What national gender/nutrition policies or commitments has your institution adopted? What national laws related to gender is your institution subject to or complies with? How often does your institution update your hiring, leave, recruitment, pay level, promotion, or retention policies? What information do you review in the revision process? What activities that promote gender / nutrition policies and commitments is your institution engaged in? How is hiring of staff or salary determined? (look for gender equality components) Do you know what proportion of the staff is women? What do your policies say on fair treatment of both men and women in the workplace?
4.	Strategic /business plan	Strategic /business plan explicitly	Strategic /business plan explicitly	•	Presence of strategic /business plan, with explicit incorporation of	•	How does your work contribute to the strategic /business plan of the institution? What does the strategic /business plan say in reference to gender equality and nutrition-sensitive approaches?

		incorporates gender equality approaches.	incorporates nutrition- sensitive approach.		nutrition/gender approaches	•	How have gender/nutrition elements of the strategic /business plan applied in your job? In your program? Which approaches related to gender/nutrition do you think are missing from the strategic /business plan?
5.	Programming	Projects and/or programs integrate gender into the design and implementation of activities.	Projects and/or programs integrate nutrition-sensitive approaches into the design and implementation of activities.	•	Knowledge of gender/ nutrition context for activities Gender/nutrition approaches, target beneficiaries/ demographics, and targeted outcomes	•	What are some of the key gender and nutrition related interventions being implemented in your projects? What is the project trying to achieve? What are the gender or nutrition specific challenges, needs, or opportunities in the areas where you are working? Are gender and/or nutrition meaningful parts of project activities? If yes, how so? If no, why not? Who are the target beneficiaries? What gender or nutrition specific goals exist in your project activities? How will the project achieve those goals?
6.	Partnership decisions	Gender considerations are a part of partnership decisions for every partner with which a formal partnership is developed.	Nutrition considerations are a part of partnership decisions for every partner with which a formal partnership is developed.	•	Presence of partnerships with formal agreements Public commitments to gender/nutrition in partnering	•	How familiar or involved are you with partnership decisions? Which gender or nutrition components influence the decision on the partners to engage with? What is the capacity of the partners you work with on gender equality or nutrition-sensitive programming? What information or resources do you share with partners about gender/nutrition commitments or approaches? What tools do you use to document the culture around gender or nutrition at partner institutions?
7.	Representation in leadership	Senior leadership or board members (if applicable) have at least 30% female representation.		•	Presence of senior leadership or board members (if applicable) (including advisory committees) Presence of female senior leadership or board members (if applicable)	•	How many board members are there in your institution (male and female)? How women are a part of senior leadership and management of your institution? How are board members selected? How are senior leaders hired? What considerations are put in place during the recruitment process? What is the commitment of the institution towards having a gender-sensitive board and leadership? What plans are underway for increasing women's participation in senior leadership positions?

8.	Leadership Development	There is a leadership development plan that promotes equal opportunities for men and women in decision making processes.		•	Presence of leadership development plan Plan includes tracking male/female representation in leadership roles	•	What opportunities exist that give provision for men and women to take up leadership positions? How are men's and women's needs represented in institutional decisions? What avenues / systems exist that give provision for women to articulate their opinions and needs within the institution? Would you give us one case scenario? Who tends to make final decisions on HR issues, proposals, partnership decisions, and/or program concerns? (when asking this question, looking for a person).
9.	International Commitments	The institution has written commitments to international policies or missions on gender.	The institution has written commitments to international policies or missions on nutrition.	•	Presence of international nutrition-sensitive or multisector strategy. Presence of international gender laws/policies. Presence of gender strategy, approach, or action plan Presence of nutrition-sensitive policies/strategies and institutional approaches.	•	Does your institution directly reference any international commitments to gender or nutrition in documentation? If not in internal documentation, has the institution written or spoken about international commitments? What steps has the organization taken to hold itself accountability to gender or nutrition commitments they have made?

Domain 2: Develop Organizational Culture and Capacity for Gender Equality and Nutrition-sensitive Approaches

Promote a shared commitment to gender equality and access, affordability, or availability of safe, diverse food programming by ensuring staff have the proper understanding, skills, and support.

<u>Staff to speak with</u>: Human resources staff, Gender expert/focal person, Nutrition expert/focal person, senior leadership representative, Program manager/officer, Field Coordinator, Key field staff, MEL Staff

<u>Possible sources</u>: Program documents and reports, monitoring and evaluation data, annual reports, social media, website, recent consulting / staffing solicitations, organizational chart, training materials, training schedules, training reports, program reports and evaluations, technical scopes of work, staff skills inventory, job descriptions, board minutes, internal toolkits available to staff, new staff orientation/training materials, internal document libraries (print or online), training needs assessment report, senior leadership and/or board member lists and profiles

Introductory Questions

- Do you think that gender/nutrition is a part of your institution's culture? What does that look like to you?
- Do you think your colleagues are aware of gender/nutrition?
- Do you have skills on gender/nutrition that you use in your job? Where did you get those skills?
- If your job includes tasks or activities that are related to gender/nutrition, do you have sufficient tools and resources you need to complete those tasks?

Sub-Domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
1. Staff Awareness	Staff are aware that gender approaches should be incorporated into operations and implementation.	Staff are aware that nutrition approaches should be incorporated into operations and implementation.	 Departmental / project work plans and activities include gender integrated/ nutrition-sensitive activities Program / project documents include gender / nutrition objectives and goals 	 How would you describe an institutional success in relation to gender and/ or nutrition? How does your program/department ensure that activities benefit both men and women? What kind of activities related to gender and or nutrition are included in work plans? How are department/project goals documented? Do they include anything related to gender and/ or nutrition? Who do your programs/activities seek to engage/benefit and how?
2. Staffing	Gender expert employed, or technical	Nutrition expert employed, or	 Institution has a full- time technical advisor specializing in gender and/or nutrition 	Who is responsible for gender and/ or nutrition programs/projects/components within your institution?

		support engaged.	technical support engaged.	•	If no full-time gender/nutrition technical staff, institution has ongoing, reliable access to technical support through consultants	•	What is your experience with hiring a gender or nutrition expert with enough expertise?
3.	Skills of Gender and Nutrition Staff	Key gender technical staff have gender technical skills.	Key nutrition technical staff have nutrition-sensitive technical skills.	•	Institution's gender staff have some academic and/or technical training in gender Institution's nutrition staff have some academic and/or technical training in nutrition	•	What training does the gender expert have in gender? What is their background in? What training does the nutrition expert have in nutrition? What is their background in?
4.	Knowledge of All Staff	All staff (including program, MEL, Finance, HR) have basic gender skills needed to apply their job.	All staff (including program, MEL, Finance, HR) have basic nutrition-sensitive skills needed to apply their job.	•	Information is shared across staff/departments/team s to promote increased attention to/ effective integration of gender and nutrition	•	Who do you turn to when you have a question about gender equality and/or nutrition-sensitive interventions? How is information on gender equality and/ or nutrition sensitive approaches shared within the with the institution's staff/ departments/teams?
5.	Gender/ Nutrition Situation Analysis Skills	At least one staff member has the skills to conduct comprehensive gender analysis.	At least one staff member has the skills to conduct comprehensive food environment analysis, nutrition situation analysis, or other similiar analysis.	•	Presence of staff who have conducted gender analysis in the past, at this institution or another, or has the training to do so Presence of staff who have conducted comprehensive food environment analysis, nutrition situation analysis, or other		What kind of analysis do you conduct on gender and nutrition? Can you describe the process? Who is responsible for the analyses your institution has completed in the past? How has have the gender and/or food environment analysis benefited your institution?

			similiar analysis in the past, at this institution or another, or has the training to do so	
6. Tools, manuals procedu	•	Tools on or including nutrition (e.g., manuals and communication materials) available for institutional nutrition-sensitive approaches and procedures.	Presence of tools on various institutional policies and procedures that support the application of gender/nutrition aims	What kind of reference material and resources do you use in your day-to-day work that include gender or nutrition components? What kind of institutional gender and nutrition resources and reference materials have been developed by the institution? How do you use the institutional resources and reference materials to enable you to effectively integrate gender and nutrition-sensitive approaches in your programs? Are these resources useful to you?
7. Orientat All Staff	ion of Staff orientation includes gender.	Staff orientation includes nutrition.	Presence of orientation materials/process for new staff that include materials on gender and/or nutrition	How are new staff oriented towards gender and nutrition in the institution? Who is responsible for orienting the new staff on the institution's gender and nutrition priorities, resources and tools? How does the orientation cater to enabling new staff to access available resources and tools on gender and nutrition? What kind of resources and reference materials are used and/or provides during the orientation of new staff?
8. Training Key Sta		There is a training calendar / plan with nutrition trainings.	Presence of training plan that includes gender and/or nutrition trainings, within or outside the institution Presence of process for staff to access trainings on gender and/or nutrition when necessary, and budget	When was the last training in gender and/or nutrition you attended?

				to complete those trainings		
9. Advocates in Leadership	There is at least one senior leadership or board members (if applicable) with a history of working in gender, or an academic background in gender.	There is at least one senior leadership or board members (if applicable) with a history of working in nutrition, or an academic background in nutrition.	•	Presence or senior leadership or board members (if applicable) that have background in gender/nutrition	•	Do you work directly with any board members / senior Leadership? What is the nature of your interaction? How does the board/ senior leadership support the institution's gender and nutrition goals? Does any board member/ senior leadership with whom you interact with have a background in gender and/ or nutrition? How do they contribute to your work on gender and nutrition?
10. Accountability Staff	There is one or more staff that are responsible for monitoring gender commitments internally.	There is one or more staff that are responsible for monitoring nutrition commitments internally.	•	Documentation of staff positions and their responsibilities related to gender and/or nutrition accountability	•	Who is responsible for ensuring that programs are being implemented according to current gender and nutrition standards? Which roles or staff members are involved in checking the process of relevant gender and nutrition indicators against the institutional policies, approaches, and/or procedures?

Domain 3: Allocate Budget for Gender Equality and Nutrition-Sensitive Approaches

Allocate organizational and program budget resources to meet needs for gender mainstreaming, addressing the access, affordability, and availability of safe, diverse food, and capacity-building.

Staff to speak with: Program manager/officer, Field Coordinator, Finance/Budget manager, MEL staff

<u>Possible sources</u>: Recent budgets and budget notes, chart of accounts, work plans, financial reports, assessment budgets, assessment staffing plans, training budgets, staffing budgets

Introductory Questions

- Are you familiar with budgets at your organization? Do your budgets specify any work that is specific to gender or nutrition?
- How do you work with budgets in your job?

Sub-Domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
1. Program Budgets	Project / program budgets inclusive of all gender activities.	Project / program budgets inclusive of all nutrition activities.	 Existence of project/ program budgets that include line items for gender activities Existence of project/ program budgets that include line items for nutrition activities 	 To what extent are you involved in the budgeting process? How often are you engaged in budgeting? How do you allocate funding for project activities related to gender and nutrition? Does your budget have the flexibility for changes found by analysis mid-project? What were your donor's requirements when making your program budgets in terms of gender or nutrition?
2. Operational budgets	Operational gender goals are budgeted for (e.g., conducting a gender audit, addressing salary gaps, addressing safety risks).	Operational nutrition goals are budgeted for (e.g., developing a nutrition- sensitive approach).	 Existence of budgets that include operational gender activities Existence of budgets that include operational nutrition activities 	interventions cost (i.e. a gender audit, do you know what it costs to carry one out)?

3.	Budgeting tracking	Budget tracking for gender activities/line items occur.	Budget tracking for nutrition activities/line items occur.	•	System for tracking expenditures against budget exists	•	How do you access project / program budgets? How much money was allocated for gender/nutrition activities and spent in the last month or last year? What system do you use to monitor gender / nutrition budgeted income and expenditures?
4.	Training Budgets	Budgets exist for staff gender trainings.	Budgets exist for staff nutrition-sensitive trainings.	•	Existence of project/ program budgets that include line items for gender trainings Existence of project/ program budgets that include line items for nutrition-sensitive trainings	•	How much on average is set aside specifically for gender and / or nutrition trainings? How much is set aside to develop Information Education and Communication materials (IEC materials) What does an external training workshop cost?
5.	Staff Budget	Budgets exist for staff with gender expertise.	Budgets exist for staff with nutrition expertise.	•	Existence of project/ program budgets that include adequately funded line items for gender staff Existence of project/ program budgets that include adequately funded line items for nutrition staff	•	How much on average is allocated / budgeted to facilitate the remuneration of a gender and nutrition expert? Do you find those budgets adequate? What is your experience in hiring the right expertise for gender and nutrition?
6.	Monitoring Budget	Adequate budgets exist for all planned monitoring activities.		•	Existence of project/ program budgets that include adequately funded line items for monitoring activities	•	What budget line items exist for MEL staff? What budgets exists for MEL activities? How flexible are the MEL budgets?
7.	Evaluation Budget	Adequate budgets exist for all planned evaluation activities.		•	Existence of project/ program budgets that include adequately funded line items for evaluation activities	•	What evaluations are planned for projects or programs? What % of the total budgets are allocated for undertaking the evaluations? What is that top line budget for those evaluations
8.	Risk Assessment Budget	Adequate resource for risk assessmer mitigation.		•	Existence of project/ program budgets that include adequately	•	How much of the budget is allocated for risk assessments? How are assessment budgets developed?

	funded line items for risk	•	What budgets exists for implementing the risk mitigation
	assessment and planned		plan?
	mitigation.	•	Who is the ultimate decision-maker in influencing budget
			allocations?

Domain 4: Collect Evidence on Gender and Nutrition

Collect, analyze, and use evidence on gender equality and access, affordability, or availability of safe, diverse food, including sex- and age-disaggregated and nutrient-rich foods (NRF) disaggregated data, for all applicable programs and organizational data collection processes.

Staff to speak with: MEL staff, Program manager/officer, Field Coordinator, Gender expert/focal person, Nutrition expert/focal person

<u>Possible sources</u>: MEL framework, theory of change, MEL reports, databases, program reports, recent proposals, indicator tables, questionnaires, assessment guides, MEL work plans, gender analysis reports, pre-analysis plans, research plans, research reports

Introductory Questions

- Are you familiar with the MEL system? Are there parts of the MEL system that are specific to gender or nutrition?
- If you are not MEL staff, how do you interact with the MEL system? Did you have input on what was being collected?

Sub-domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
1. Logical Model		ound theory of logical model for ts/ programs	Presence of a logical model / logical framework / theory of change for the program Logical model documents: Inputs (activities & resources) Target group Outputs Short-term & Long-term outcomes Goals Logical model includes assumptions at all levels NOTE: For later sections, keep an existing logical model or prepare a rough logical model based on your findings	 What are the main objectives of the program? Can you describe the timeline of program activities? How do you think about your project going from your activities to the goals? Can you tell us about the targeting mechanism used (i.e. how the intended beneficiaries are identified/selected)? Who are the major stakeholders in your program? How do they interact? Are there any inputs (activities & resources) that are not documented in your logical model? Can you describe them? [repeat for Outputs, Outcomes, or Goals] Are there any assumptions related to Inputs (activities & resources) that are not documented in your logical model? Can you describe them? [repeat for Outputs, Outcomes, or Goals]

2. Gender/ Nutrition Situation Analysis	For relevant projects / programs, gender analysis is completed or effectively integrated into appropriate studies and at appropriate times.	For relevant projects / programs, comprehensiv e food environment analysis, nutrition situation analysis, or other similiar analysis is completed or effectively integrated into appropriate studies and at appropriate times.	 Gender analysis conducted and formally documented for each relevant program Nutrition analysis conducted and formally documented for each relevant program NOTE: For later sections, prepare a list of all relevant programs from gender and nutrition perspective. 	 Do you collect gender- or nutrition-specific information to design any program? Do you collect gender- or nutrition-specific information as part of program implementation or impact assessment? If yes, what kind of information? Is gender- or nutrition information collected separately or part of other studies? What are the sources of information? What tools, techniques, and methodologies do you use for this process? Do you consult gender or nutrition advisors as part of this process?
3. Relevant Indicators	There are relevant gender indicators to monitor progress, derived from the logical model.	There are relevant nutrition-sensitive indicators to monitor progress, derived from the logical model.	 Indicators defined related to gender and nutrition - under the categories: Activity (implementation of program) Targeting (who's participating) Engagement (interaction between program and participants) Feedback Outcomes Indicator definitions are SMART (Specific, Measurable, Action-oriented, Realistic, Timed) 	 How were your indicators derived? How do you collect these indicators? Is it clear what they are and when they should be collected? Are there any indicators related to gender / nutrition that are not documented currently? Can you describe them? Which gender / nutrition indicators are most important to you? Why? What are the gender / nutrition indicators at an institutional level/ case example in a project? Are there indicators on gender / nutrition you think your project should be measuring but are not currently?

4.	Disaggregate d data	Data is disaggregated by sex and age for all relevant indicators.	Data is disaggregated by appropriate commodity for relevant	NOTE: For later sections, prepare a list of all relevant gender and nutrition related indicators. Data on indicators related to gender is disaggregated by sex and age Data on indicators related to nutrition is disaggregated by appropriate commodity (including crops & livestock)	•	How do you know how many males and females are in your program?
5.	Performance Targets	Targets are set for all relevant gender indicators.	Targets are set for all relevant nutrition-sensitive indicators.	Targets documented for all relevant gender / nutrition indicators	•	How do you set performance targets? Who are involved in this process? Do you have age-related targets for any current program? Describe in detail.
6.	Timely Collection	Relevant gender indicators are collected as per a set schedule.	Relevant nutrition indicators are collected as per a set schedule.	 Frequency attached to each indicator (e.g. monthly, annually, etc.) Frequency of indicators sufficient (e.g. we can say it is insufficient if data required for monthly monitoring being collected bi-annually) Data on the indicators being collected as per the set frequency 	•	What challenges do you face in collecting data for indicators? What causes delays in data collection? If no set schedule found: when is the data collected for the indicators? (e.g., is it collected just before a report is due? Or only if requested by anyone?)
7.	Data Quality	Rigorous quality conducted on a		Data being collected in an unbiased manner (e.g. no systematic errors, no self-reporting issue, no conflict of interest, etc.) Data being collected without any inherent errors (e.g. very	•	What kinds of biases are present in data collection? Describe in detail. What kind of inherent errors are present in data collection? Describe in detail. Are latest technological tools being used for data collection? • Data collection tools

		long recall periods, conflation of multiple questions in 1 question, use of ill-defined Likert scales, etc.) • Application of quality checks on the collected data on paper (e.g. back-check, double data entry, etc.) and electronically (e.g. software checks, audits, etc.)	 Basic data entry systems (e.g. Excel, Google Sheets, etc.) Advanced data entry systems (e.g. double data entry on excel, data entry software, etc.) How are errors/ discrepancies resolved when they are found? (e.g., assumptions are made, field staff is called to correct, etc.)
8. Data Ethics	Protocols exist for protecting Personally Identifiable Information (PII).	 Institution classifies certain data as Personally Identifiable Information (PII) Protocols in place to secure PII during data transfer (e.g. use of encryption service, sharing only encrypted volumes of data, etc.) Protocols in place to secure PII during data storage (e.g. cold-computer back-up, separate storage of papers containing PII, etc.) 	 Before conducting or during any study, does the institution obtain relevant approvals? (e.g., government departments, academic IRB) Does the institution obtain consent – written and digital – before conducting any study on subjects? Does the institution follow ethical protocols for conducting research? (e.g., maintaining confidentiality of respondent, limited duration of surveys) Are there any general data storage protocols in place? (e.g., encryption, back-up copies on cloud)
9. Diverse Stakeholders	Stakeholder consultations are conducted with representatives at every level to inform project / program design.	 Identified stakeholders at every level of relevant programs Type and number of stakeholders are suitable for informing relevant programs 	 Can you describe the procedure for identifying stakeholders? How does this vary by program? What is your procedure for conducting stakeholder consultation? How are the results from stakeholder consultations used? Could you describe any feedback mechanism developed to ensure that all stakeholders receive Gender and Nutrition based information?
10. Research Questions	Appropriate, measurable, and feasible research questions related to Appropriate, measurable, and feasible research questions related to	 Research question(s) related to gender / nutrition identified Research question(s) related to gender / nutrition satisfy following criteria: Appropriateness Measurability 	 What research questions / areas of interest to this institution? How did you arrive at these questions / areas of interest? What influenced you? How would you prioritize a given set of research questions by importance?

	gender identified and used in research. nutrition-sensitive approaches identified and used in research.	Feasibility (adequate resources and realistic to implement)	 Are the research questions to explore worth the cost? (e.g. if a question needs large scale RCT and costs half of the program budget) Are the research question(s) related to gender / nutrition suitable for the current stage and scale of program? Are the research question(s) related to gender / nutrition suitable for the current stage and scale of program? What kind of operational constraints restrict exploration of research question(s) related to gender / nutrition? Are any research question(s) related to gender / nutrition having additional social value? (e.g., adds to literature on a particular subject, provides lessons for programs running elsewhere) Is the institution open to tweaking aspects of their program for research studies? Which aspects are they open to change?
11. Research Methods	Appropriate research methods are used when research is conducted.	 Research study(ies) aimed at answering gender / nutrition research questions completed or in progress Research design(s) used is appropriate for the research question Sampling methodology(ies) adopted is appropriate for the design NOTE: You will have to gather the above information on research design and analysis and internally assess the appropriateness and replicability. Refer to additional academic resources if required. 	 Has this institution ever conducted any research studies on current or past versions of this program? What were the research designs used? What were the analysis techniques used? Were the research studies conducted internally or externally? Were the studies academic in nature? Are there pre-analysis plans or other documents showing details of research design, analysis techniques, etc.? Are there plans for ensuring the analysis is replicable?

Domain 5: Analyze and Use Gender and Nutrition-sensitive Evidence

Perform analysis on gender and nutrition-sensitive evidence, and use findings to inform design, implementation, and organizational learning.

Staff to speak with: MEL staff, Program manager/officer, Field Coordinator, Gender expert/focal person, Nutrition expert/focal person

<u>Possible sources</u>: MEL plans, indicator tables, work plans, reconnaissance reports, performance plan, program reports, dissemination plans, external reports, database, website

Introductory Questions

- Are you familiar with the MEL system? Are there parts of the MEL system that are specific to gender or nutrition?
- If you are not MEL staff, how do you interact with the MEL system? Do you use findings to inform your decisions?

Sub-domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
1. Use of Gender / Nutrition Situation Analysis	For relevant projects / programs , gender analysis used in design.	For relevant projects / programs , comprehensive food environment analysis, nutrition situation analysis, or other similiar analysis used in design.	 Gender analysis used in design / implementation of each relevant program Comprehensive food environment analysis, nutrition situation analysis, or other similiar analysis used in design / implementation of each relevant program 	 How are the gender analysis used? How are the comprehensive food environment analysis, nutrition situation analysis, or other similiar analysis used? What challenges did you face in applying the gender / comprehensive food environment analysis, nutrition situation analysis, or other similiar analysis to a relevant program? What are some of the specific areas you feel can be improved with regards to how the gender and food environment analysis is conducted and used?
2. Relevant Indicators Analyzed	Relevant gender indicators are appropriately analyzed as per the set schedule.	Relevant nutrition indicators are appropriately analyzed as per the set schedule.	 Methods for calculating the gender / nutrition indicators are clear and statistically sound Gender / nutrition indicators prepared and reviewed for quality as per the set schedule 	 Are there any materials / guides / documents to define indicators and methodology for calculation? Which software do you use for calculating and analyzing indicators? Basic data analysis tools (e.g. Excel, SPSS, etc.) Advanced data analysis tools (e.g. Stata, Python, R, etc.) Which steps of analysis are done manually?

3.	Internal Sharing	Relevant gender evidence is reported and shared internally with	Relevant nutrition evidence is reported and shared internally with	All relevant gender / nutrition evidence reported as per the set schedule All relevant gender / nutrition evidence presented to	•	Are there any indicators that you think can be changed or improved? Describe in detail. Are the indicators analyzed in a replicable manner? (e.g. use of appropriate software tools for replicable calculations instead of manual calculations) Have you seen findings from recent monitoring? [check for awareness of monitoring information among different teams] How often does the management review indicator performance against targets? Can you tell us how you engage with evidence? What actions do you tend to take based on it? Do you ask for
		appropriate staff.	appropriate staff.	management and other decision makers as per the set schedule NOTE: Evidence here includes all internal MEL outputs like monitoring data, research studies, etc. NOTE: For governmental institutions, this should be shared with staff only within the government body being evaluated.		more information to follow-up? Are latest technological tools being used for presentation of indicators (e.g., Tableau, R Shiny, online dashboards)? Do you have any standard documents (annual report, scorecard, etc.) that show relevant gender / nutrition evidence? Do you have any dashboards (website / software) that show relevant gender / nutrition evidence? If yes, what information is being shown in these dashboards / documents, who is responsible for updating it, etc. If yes, how often are these dashboards / documents shared?
				NOTE: This includes sharing both from those collecting in the field upwards through the hierarchy to management, and final reports/data being shared back down through the hierarchy.		
4.	Database Processes	Adequate data management processes in place for	Adequate data management processes in place for	For all activities related to data collection, management, validation, analysis, and storage:	•	Is it clear who is responsible for collecting data, cleaning, validating, and analyzing data? Are there stages or activities with no clear assignment of responsibilities?

		gender evidence.	nutrition evidence.	 Clear plan exists showing flow of work for staff and their responsibilities Documentation exists showing steps to follow, templates to use, etc. 	•	Are there points of contact for data-related activities? (e.g. who do I go to for X data point, for Y report, etc.) Is there a general culture of documenting activities and evidence in a systematic manner? Please describe. Is there any documentation of caveats for the evidence? (e.g. risks, mean based on very small sample size, sampling not done randomly, data not representative of the district, etc.)
	Database System	Appropriate data management system in place for gender evidence.	Appropriate data management system in place for nutrition evidence.	 Database management software is in place Database management system is efficient and secure for storing all relevant evidence Database management system allows efficient retrieval of all relevant evidence 	•	Is there any project management software system? Is there any database management software system? If yes, can you describe what functions this system does? How do various staff members interact with this system? Specifically, describe the interaction between staff related to gender / nutrition and any data management system. Do you have any general security measures for digital data? (e.g. internal server, firewall for internet, anti-virus software for all computers, etc.) Do you have any security measures specifically for the program data? (e.g., storing data using specialized database software instead of excel sheet, restricting user access so only certain users can manipulate data, etc.) Have you adopted any measures to make data management more efficient / less prone to errors? (e.g., developed automated calculation templates to replace manual calculations, created dashboards that can take collected data and present useful information, automated quality checks, etc.) GDPR compliance for database management software (if applicable)
6.	External Sharing	Relevant gender evidence shared externally.	Relevant nutrition evidence shared externally.	 Any relevant gender / nutrition evidence shared externally There is a plan to regularly share any relevant gender / nutrition evidence externally 	•	Do you have a plan to share any relevant gender / nutrition evidence externally? Where? Do you share any of your monitoring data with other institutions or publicly? In what ways do you document gender and nutrition specific case studies? When you engage with outside partners like donors or government, what role does MEL and research play? What do you tend to focus on?

			NOTE: For governmental institutions, this should be shared both with staff outside the government body being evaluated and with the public.	 Do you present relevant gender / nutrition evidence at meetings with other institutions? Do you have any public dashboards that external partners can look at? If yes, does it show any relevant gender / nutrition evidence? If yes, how often are these dashboards updated? By whom?
				 Is the evidence shared externally? Stripped of all PII? Annotated and easily accessible for new users? (e.g., sharing a clean Stata dataset instead of sharing a PDF of tables) Clearly explained to enable replication (e.g., questionnaires, definitions, research design, analysis techniques used for the study are published)? Explained with context and caveats? (e.g., we found a new model of delivering cash voucher worked well in a 3-month study of 100 people in 2 villages of Katwe, Uganda)
7. Programmatic & Institutional Learning	Relevant gender evidence used in programmatic decisions.	Relevant nutrition evidence used in programmatic decisions.	 Evidence used in programmatic decisions at the start, during or end of a program Evidence used to identify weaknesses / problems / errors / inconsistencies / impracticalities Processes exist for using relevant gender / nutrition evidence in other programs Evidence used in improving the program 	 How is relevant gender / nutrition evidence from a program used? Specifically, describe situations where it is used. Are there any processes to support implementation of corrective measures based on mistakes revealed by evidence? Are there any processes to support flow of feedback on the program activities and assumptions to management? Can you tell us about some situations where feedback from implementation team and/or beneficiaries was: Evidence highlighted certain assumptions of the program didn't hold true? If yes, what actions were taken? (e.g. program had assumed that farmers will spread the word about a fertilizer to other farmers, but that didn't happen in reality)

					Evidence called for a drastic change to your program? If yes, how did you proceed? (e.g. instead of a training on use of fertilizer, farmers needed cash transfers to purchase the fertilizer) Evidence highlighted links in the logical model broke down? If yes, what actions were taken? (e.g. logical model said training on use of fertilizer will lead to higher fertilizer use, but that didn't happen) Useful to the program? (e.g. highlighted the need for an additional component in the training) negative about the program (e.g. highlighted how a certain component was not sitting well in the local culture) positive about the program (e.g. highlighted improvements in farmers' life)
8. Culture of Learning	Staff who undertake MEL activities have regular communication with program staff and senior management on gender outcomes.	Staff who undertake MEL activities have regular communication with program staff and senior management on nutrition outcomes.	Presence of MEL staff reporting structure Presence of learning plan or activities	•	To whom do MEL staff report? Does MEL staff meet with program staff? Does the management talk about MEL or research studies or interesting findings in institutional communications (e.g., monthly meetings, newsletters)? Do you feel that the organization is interested in learning and changing projects? If the organization is interested in learning, do you think that the organization is interested in learning about gender/nutrition?

Domain 6: Do No Harm

Perform risk assessments and develop corresponding mitigation and response strategies.

<u>Staff to speak with</u>: Human resources staff, Gender expert/focal person, Nutrition expert/focal person, Senior leadership representative, Program manager/officer, Field Coordinator

<u>Possible sources</u>: Stakeholder roundtable discussion reports, trip reports, risk and security assessments, risk mitigation plans, reconnaissance reports, gender toolkit, gender strategy, work plans, risk mitigation plans, performance plans, data collection guidance, MEL plans and reports, security plans

Introductory Questions

- Do you know if your institution does risk assessments? If yes, do they include gender or nutrition elements?
- Are you involved in the risk assessment process for your institution?

Sub-Domain	Minimum Standard (G)	Minimum Standard (N)	Basic Factors	Open-ended Questions
1. Risk Assessment	Gender inclusive risk assessment completed for relevant projects / programs .	Nutrition-sensitive risk assessment completed for relevant projects / programs .	 Projects relevant to gender / nutrition risk assessment identified Gender / Nutrition risk assessment planned Gender / Nutrition risk assessment completed 	 What kind of risk assessments are carried out within your institution for programs and projects if any? What kind of projects / types of programs are associated with gender / nutrition risks? How do you identify gender and nutrition risks when designing such projects? How often or when do you conduct risk assessments?
2. Risk Tracking and Reporting	Gender risks are tracked and reported for relevant projects / programs .	Nutrition risks are tracked and reported for relevant projects / programs .	 Gender / Nutrition risk indicators and schedule defined Gender / Nutrition risk data collected as per the set schedule Gender / Nutrition risk data reported as per the set schedule 	 How are the gender and nutrition risk assessments carried out? Please describe your process. What indicators connected to gender and nutrition do you use for the risk assessments? What kind of "do no harm" goals do you have? If none, are you planning to define any? Do you use any indicators / data / studies to track gender / nutrition risks against your "do no harm" goals?

				How do you report on identified gender / nutrition risks? To whom do you report to? How often do you report?
3. Utilization risk assessme	risk mitigation	Nutrition risk mitigation plans in place for relevant projects / programs .	 Gender / Nutrition risk mitigation plan prepared Gender / Nutrition risk mitigation plan applied to relevant projects 	 How are risks related to gender and nutrition you addressed? How do you track the extent to which the risk is mitigated? Have you ever had to shift your approach because of potential harm to direct or indirect targets of your programs? What was the situation and how did you address it?
4. Staff risk mitigation	Staff gender risks are identified and addressed.		 Gender risks to staff identified Actions taken and/or processes put in place to mitigate identified gender risks to staff 	 What kind of incidences have you related to staff safety? [check for any relation to gender risks and probe further] What actions were taken to address these incidences? What kind of measures/ processes have been put in place to address gender risks? What measures / processes do you have in place to protect staff during any project implementation?

Domain 7: Ensure Accountability

Establish accountability mechanisms to monitor the status of gender equality and nutrition-sensitive approaches within organizational practices and programming.

Staff to speak with: Top leadership CEO, Program manager, PR/Communications/Outreach director, Partnership director

<u>Possible sources</u>: strategic plan, business plan, gender strategy, accountability matrix, nutrition strategy, annual report, board/management reports and minutes, program reports, reporting guidance, program management guidance, donor reporting guidance, national level reporting guidance

Introductory Questions

- Does your institution have accountability mechanisms for gender or nutrition? If yes, are you familiar with it?
- Do you know how to use the accountability mechanism at your institution? Have you ever used it? Do you know of anyone who has used it? Do you participate in the mechanism in other ways?

<u>NOTE</u>: An accountability score is constructed of sub-domains from other domains, as accountability is tracked throughout the domains detailed above. The accountability score is made up of the following domains: 1.2 (institutional policies), 1.4 (strategic/business plan), 1.9 (International commitments), 2.4 (Knowledge of all staff), 2.6 (Tools, manuals, and procedures), 2.8 (Training of key staff), 2.10 (Accountability staff), 5.1 (Use of gender analysis/nutrition situation analysis), 5.3 (Internal Sharing), 5.7 (Programmatic & Institutional Learning), and 5.8 (Culture of Learning).

Appendix 1: Diagnostic Document Checklist

Operations & Leadership Strategic plan Value statement Partnership agreement(s) Board meeting minutes Board member profiles Budgets Budget notes Financial reports Gender toolkit/strategy Nutrition toolkit/strategy	 □ Training materials □ M&E budgets □ Learning meeting minutes or schedule □ Data management system □ Research approval documentation □ Documentation of learning processes
Programming Work plan for each project Program reports Program list & descriptions Recent proposals	
Marketing/Communications ☐ Marketing materials ☐ Social media presence	
HR & Staffing Pay scales Recent consulting / staffing solicitations Organizational chart Job descriptions Performance Evaluation Policies	
Training materials Training materials Internal Toolkits Orientation materials Staff skills inventory Training schedule Training budgets	
M&E Theory of change Logical model Indicators (KPIs) & definitions Monitoring plan Monitoring schedule/work plan Monitoring reports M&E internal guidance materials Research plans and reports	

Appendix 2: Standard Document & Meeting Request Email

Standard Document Request Email

Dear (INSERT INTERVIEWEE NAME):

I have attached here **(ATTACH)** the document checklist. We would appreciate if you can send us the documents by **(INSERT DATE)** to give us ample time for review. This list includes many different kinds of documents; do not worry about any that you do not have. Sending what you do have allows us to start our interviews from a place of knowledge. If you have any questions or concerns please let me know.

Regards, (INSERT NAME)

Standard Individual Meeting Scheduling Email

Dear (INSERT COORDINATOR NAME):

Find attached **(ATTACH)** a template for key resource person who can be interviewed during the diagnostic assessment. We would like your support in filling out the respective persons and their email and contacts so that we can start scheduling the interviews. The list is not exhaustive so please feel free to add any additional people that will be relevant for this process based on your context. This list provides a general outline of key resource persons that can provide information during the interview process based on the 6 domains of the diagnostic tool.

We anticipate to schedule the interviews in (INSERT DATE RANGE). Would it be possible to get back a comprehensive list of resource persons per domain by (INSERT DATE) to give us enough time to schedule the interviews?

If you have any questions let me know.

Regards, (INSERT NAME)

Standard Individual Meeting Scheduling Email

<u>Title</u>: IGNITE - (INSERT INSTITUTION NAME) [Meeting with (INSERT INTERVIEWEE NAME) (INSERT INTERVIEWEE TITLE)]

Dear (INSERT INTERVIEWEE NAME):

Thank you for agreeing to meet with the IGNITE experts regarding the IGNITE - (INSERT INSTITUTION NAME) pilot diagnostic on gender, nutrition and MEL. Discussions will be guided by the 6 domains attached (ATTACH) to this calendar invite. Please feel free to contact me if you have any further questions and we look forward to an insightful discussion.

Regards, (INSERT NAME)

Appendix 3: Standard List of Staff to be Interviewed

- Business Development Specialist
- Field Coordinator
- Finance/Budget manager
- Gender expert/focal person
- Human resources staff
- Key field staff
- MEL staff
- Nutrition expert/focal person
- Partnership director
- PR/communications and marketing director
- Program manager/officer/coordinator
- Senior leadership representative
- Top leadership COP/CEO

Appendix 4: Standard Document Review Notes Template (see excel)

Appendix 5: Diagnostic Scoresheet (see excel)

Appendix 6: Diagnostic Report Sample (see document)