HOMA BAY COUNTY

NUTRITION CAPACITY ASSESSMENT REPORT

2017

List of Abbreviations

ACSM	Advocacy Community & Social Mobilization
ANC	Ante Natal Care
AWP	Annual Work Plan
BMS	Breast Milk Substitute
CHEWS	Community Health Extension Workers
CHMT	County Health Management Team
CHSSP	County Health Sector Strategic Plan
CHVs	Community Health Volunteers
CIDP	County Integrated Development Plan
CNAP	County Nutrition Action Plan
CNC	County Nutrition Coordinator
CNTF	County Nutrition Technical Forum
CUs	Community Units
DHIS	District Health Information Software
DQA	Data Quality Audit
FBO	Faith Based Organization
FGDs	Focus Group Discussions
FSNP	Food Security and Nutrition Policy
GoK	Government of Kenya
HCPs	Health Care Providers
HRH	Human Resource for Health
IFAS	Iron Folic Acid Supplementation

IMAM	Integrated Management of Acute Malnutrition
KNCDF	Kenya Nutrition Capacity Development Framework
LMIS	Logistic Management Information System
MIYCN	Maternal Infant and Young Child Nutrition
MNPs	Micro Nutrient Powders
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NGOs	Non-Governmental Organizations

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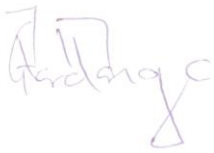
Acknowledgement

The Department of Health County wishes to acknowledge the valuable support and contributions of the various stakeholders who contributed to the Nutrition capacity assessment exercise. Special thanks to: National Government for technical guidance, the County Government of Homa Bay for offering an enabling environment to conduct the assessment, European Union through International Medical Corps for logistical and technical support and the enumerators and supervisors for their commitment in undertaking quality data collection and entry. We would also like to acknowledge all the key informants and focus groups whose valuable information enabled the success of this assessment.



Dr. Gordon Okomo

County Director of Health

Homa Bay

Executive Summary

Nutrition capacity assessment was conducted in the county to gauge the preparedness of the health department to discharge nutrition services and interventions as provided for in the various national guidelines. From the assessment, several planning documents were available in the county namely; AWP, CIDP, Scheme of service for Nutrition officers, CHSSP, FSNP, HRH Guide, ACSM, CNAP exists in draft form and it informs nutrition activities carried in the county. In the Current financial year, county health budget received 30% of county's budget, of this nutrition department received 0.03% of the total health budget allocation.

Organogram is in existence with roles of CHMT, SCHMT and facility in charges clearly outlined national Policies have been domesticated to suit the locality and coordination of programs done up to sub county level. A partner coordination office in existence to enable harmonization and need based interventions and coverage. One of the outstanding challenge under systemic was inadequate oversight role by the health committees resulting into low budgetary acquisition, there was also low perception towards nutrition resulting into low prioritization of nutrition activities within county programs.

Most of the nutrition services were offered in almost all health facilities in the county. Specialized clinics e.g. nutrition in cancer management, nutrition in surgery, nutrition in enteral and nutrition in renal diseases were also available in some facilities, but there was no GOK facility offering parental nutrition service.

The county has a staff establishment for all the cadres with their job designations it was noted that nnutritionists have been employed by both the county government and partners. The county has a procurement plan with all nutrition commodities included. There were several platforms available for nutrition data quality and performance monitoring, DQAs, CNTFS, SCNTFS, Data management meetings, RMNCH scorecard and facility in charges meetings are available.

The county has sustained a reporting rate of above 95% in most of the nutrition data sets. However, there is need for the county government to take up an initiative to absorb nutritionists employed by the partners for sustainability and continuity of services at the county

There are 2786 CHVs out of which 329 have been trained on nutrition module while only14 out of 216 CHAs in the county have undergone the training. From the FGDs some CHVs admitted to having received training and OJT on nutrition screening, hygiene and sanitation, kitchen gardening, Vitamin A supplementation, complementary feeding and EBF.

Dr. Lawrence Oteng

County Executive Committee Member

Homa Bay

CHAPTER ONE: INTRODUCTION

Division of nutrition at national level plays a critical role in supporting national and county efforts to develop and improve nutrition capacity, at individual, institutional and societal levels. The Kenya Nutrition Capacity Development Framework (KNCDF) was developed to provide a comprehensive guide for shaping nutrition capacity development in Kenya. The framework focuses on four broad thematic areas as follows:

- *System-wide capacity development*-key policy and governance issues which create overall environment for service delivery (i.e. legal and regulatory mechanism).
- *Organization capacity*-working arrangements and coordination framework of key institutions and organization
- *Technical capacity*-the presence as well as proficiency levels of nutrition personnel
- *Community capacity*-the ability of the community to access, consume and make demand for nutrition services through increased nutrition services awareness

Subsequently, an implementation guide has been developed, currently in draft form, to aid in simplifying the process of nutrition capacity assessment. Moreover, nutrition capacity assessment tools have also been developed by Nutrition Capacity Working Group (NCWG) to aid in identifying nutrition capacity and capacity gaps, guided by the KNCDF thematic areas. Following the development of the tools, pre-test was then conducted in Kilifi County, Kenya, and lessons learnt informed finalization of tools, assessment process and KNCDF implementation guide. As a result of this pre-test, the roll-out of nutrition capacity assessment across the Country was then commenced, with support from partners. Based on this background Homa-Bay County Nutrition Capacity assessment was conducted.

1.1. Main objective

The overall objective of the capacity assessment was to determine nutrition capacity status for Homa Bay County.

1.2 Specific objectives

1. To sensitize county health management on KNCDF.
2. To determine nutrition capacity status for Homa Bay County.
3. To document best practices and recommend interventions based on identified gaps

CHAPTER TWO: METHODOLOGY

The procedure in conducting the Nutrition Capacity Assessment was guided by the Nutrition Capacity Assessment Guide. The assessment was conducted in partnership with Ministry of health, both national and county level, with the support from IMC.

2.1 Inception meeting

A one-day inception meeting was held with health management team, line ministries and partners working in the county with the following purpose:

- To promote the overall understanding of KNCDF and Operational Guide.
- To present the methodology for conducting capacity assessment.
- To get the overall opinions on the framework (KNCDF), the guide and the methodology.

2.2 Training of enumerators and supervisors

Following the inception meeting, a two days training of the enumerators and supervisors was conducted. The training was followed by a one-day pre-test and feedback. The pre-test and feedback provided an opportunity for the team supervisors and enumerators to understand the actual data collection procedure and inform on which questions required improvement before actual data collection.

2.3 The target respondents

This assessment was carried out among health facility in-charges in the 8 sub-counties of Homa Bay County. Forty-nine health (49) facilities were sampled, from which the in-charges were interviewed, and where the facility in-charge was not available, or new to the facility, assistance was sought to any other health worker who was conversant with the information sought. Key informant interviews for CHMT members were conducted for CEC, CDH, CNC, CHRIO, HRH, CPHO, finance officer, and Community Focal Person. Focus group discussions were held with Community Health Volunteers (CHVs), Nutritionists, Nutrition workforce and CHMT. The table below shows the number and distribution of the FGDs.

Table 1: Target respondents for FGDs

Target	Number of FGDs	Venue
CHMT	1	County Offices-Homa Bay
Nutritionists	2	HBC Health Offices & Rachuonyo DH (Nutritionists in the county)
Nutrition workforce	4	Orego HC, Kendu Bay SCH, Homa Hills HC & Ndhiwa SC Hospital
Community Health Volunteer	4	Kabondo SCH, Tom Mboya HC, Otange Dispensary & Ombo Dispensary.

2.4 Sampling procedure of health facilities:

Using a master facility for the county as a sampling frame, a combination of sampling procedures were then applied; Stratification, Purposive and random sampling.

A criterion to ensure representation of stratum was applied as follows: representation by the level of the health facility, representation by administrative boundaries - sub-counties (8), and representation by ownership - GOK, FBO, NGO & PRIVATE.

Initially, stratification was done as per the level of facilities; Hospitals, Health Centres and Dispensaries. The tables below show results of sampled facilities and sampling procedures used

Table 2: Sampling procedure of health facilities

Level	Tier 4 (Categ' 2)	Tier 4 (Categ' 1)	Tier 3 (Categ' 2	Tier 3 (Categ' 1)	Tier 2 (HC)	Tier 2 Disp	Total
#	1	1	1	9	10	27	49

Table 3: No of health facilities sampled

Facility level	Number	Sampling Method
Hospitals (GOK)	8	Census
Hospitals (FBO)	2	Census
Health Centers (FBO)	2	Purposive
Health Centers (GOK)	8	PPS, Random sampling
Dispensary (FBO)	2	Purposive
Dispensary (GOK)	20	PPS, Random Sampling
Dispensary (Private)	1	Purposive
Dispensary (Nursing Home)	1	PPS, Random Sampling
Total	49	

2.5 Data collection tools

Data was collected from health facility in-charges using health facility questionnaire in form of open data kit (ODK) while Key informant interview was used to collect data from individual CHMT members. An FGD guide was used to collect data from FGDs with; CHVs, Nutritionists, Nutrition workforce and CHMTs.

2.6 Data collection procedure

Quantitative and qualitative methods were used in collecting data from health facilities, CHMT and focus group discussions.

2.7 Data entry and management

The data collected by ODK was sent to the main server for data analysis while the FDGs, voice recorder and KII data was entered, cleaned and analyzed using capacity database. The database allowed for automated analysis for the quantitative data.

CHAPTER THREE: FINDINGS

The findings of the assessment were organised as per thematic areas of nutrition capacity assessment and results presented descriptively using absolute numbers, percentage and charts. Similarly, qualitative data was also used to triangulate the quantitative data.

3.1 Systemic Capacity

Includes key policy and governance issues that create the overall environment for service delivery i.e. the Legal and regulatory mechanisms

3.1.1 Availability of planning documents

The county integrated development plan (CIDP) 2013-2017 was available with nutrition being captured in the thematic areas such as; scaling up antenatal care, improving child nutrition and maternal nutrition-preventive and curative. The County has a health sector strategic plan (HSSP) and it has captured nutrition. The document prioritizes increasing coverage of clients on nutrition program supports, in nutrition welfare programs, creating awareness on nutrition condition like chronic and acute malnutrition, and scale-up of ANC services (4th visits and IFAS supplementation). Furthermore, the county nutrition action plan (CNAP) is in draft form awaiting finalization.

Annual Performance and Review Plans (APRP/CIHAWP) for the last financial year (2015/2016) were available with nutrition being prioritized as key in the county. Other related documents include: scheme of service for nutritionists and dieticians; human resource for health norms and standard guidelines for the health sector (2014-2018); KHSSP 2013 to 2017, National Food and Nutrition Security Policy, Kenya Nutrition advocacy, communication and social mobilization strategy 2016 – 2020, Kenya Health Policy 2012 – 2030 and County procurement plan 2015/2016.

3.1.2 Leadership and governance

Organogram is in existence with roles of CHMT, SCHMT and facility in charges clearly outlined. National Policies have been domesticated to suit the local coordination of programs done up to the sub county level. A partner coordination office is in existence to

enable harmonization and need based interventions and coverage. Decisions are made based on reports and by consensus.

3.1.3 Bills and Policies

County health bill and community health strategy bill are in draft form and are to be finalized by June 2017 with nutrition integrated in it.

3.1.4 County budget allocation to nutrition

The county health department received 30% of the county budget in the past financial year with nutrition receiving 0.03% of the total health budget

Table 4**:** County budgetary allocation

Year	Total health allocation	Total nutrition allocation	Total nutrition utilization
2013/2014	**1,305,671,721**	**0**	**0**
2014/2015	**1,479,543,156**	**400,000**	**170,000**
2015/2016	**1,715,774,629**	**1,000,000**	**150,000**
2016/2017	**1,991,015,824**	**500,000**	**On going**

As per table above, utilization of resources contradicts allocation given on a yearly basis

3.1.5 Availability of Nutrition Protocols and guidelines in the health facilities

Table 5: Protocols and guidelines

Guideline / Policy	Availability	Disseminated	Sensitized
Vitamin A Schedules	No	No	Yes
Integrated Management of Acute Malnutrition (IMAM) guidelines	No	No	Yes
Maternal Infant and Young Child Nutrition (MIYCN) policy statement	Yes	Yes	Yes
Iron and Folic Acid supplementation (IFAS) policy schedule	No	No	No
MIYCN Guideline	Yes	Yes	Yes
Deworming Schedule	No	No	Yes
Micronutrient Powders (MNPs) operational guide	No	No	No
Clinical and dietetics guidelines/Manual	No	No	No
Diabetes Guideline	No	No	No
Cancer guideline	No	No	No
Nutrition and HIV	Yes	Yes	Yes

3.1.6 System capacity gaps

- Dysfunctional catering committees
- Inadequate oversight role by the health committees resulting into low budgetary acquisition in terms of utilization for health program
- Inadequate feedback mechanisms between health committees and health program heads
- Inadequate dissemination of guidelines and policies
- Low perception towards nutrition resulting into low prioritization of nutrition activities within county programs. Lack of line budgets /votes resulting into low funding allocation
- Political interference in staff recruitment, deployment and transfers affecting staff rationalization across the county hence affecting service delivery.
- Inadequate human resource in relation to the county's population
- Late disbursement of funds affects quality service delivery, supplies etc.
- Minimal inclusivity of all stakeholders in key processes e.g. budget making process, county policies and guidelines
- Inadequate integrated support supervision due to budgetary constraints
- Career stagnation, leading to demotivation and dissatisfaction.
- Retention is high in easy to reach areas than hard to reach areas

3.2 Organisational Capacity

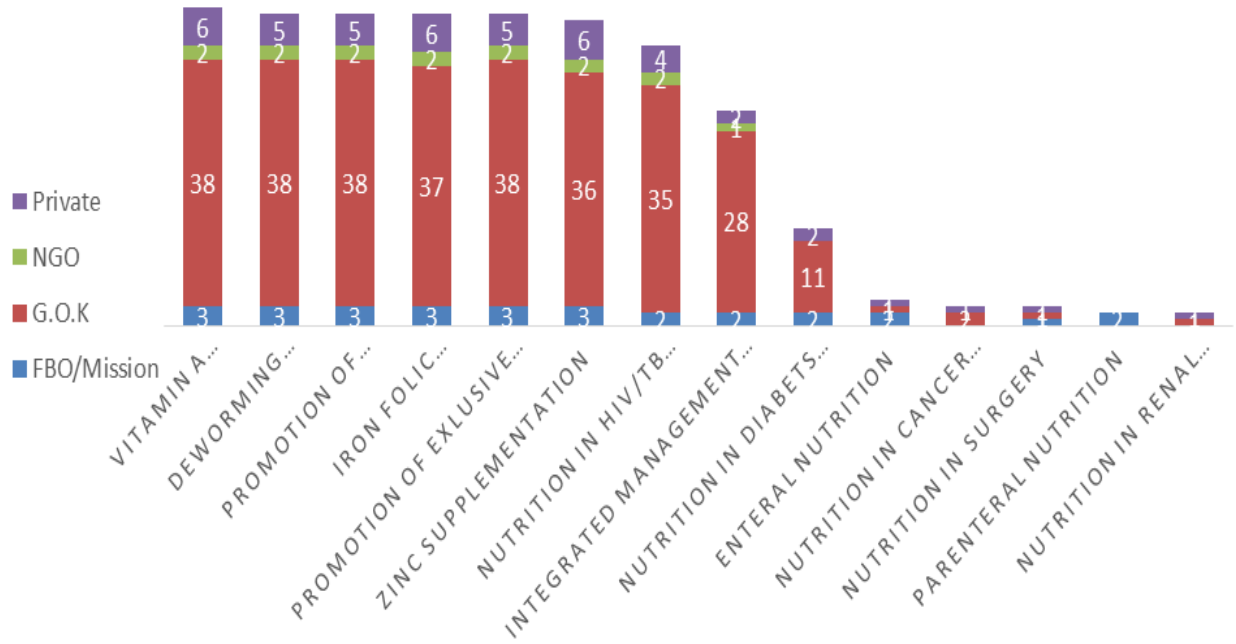
Organizational capacity is the working arrangements and coordination framework and structures of key institutions and organizations. This section looks at the coordination mechanisms, human resource management, supply chain management, service delivery, procurement, monitoring and evaluation

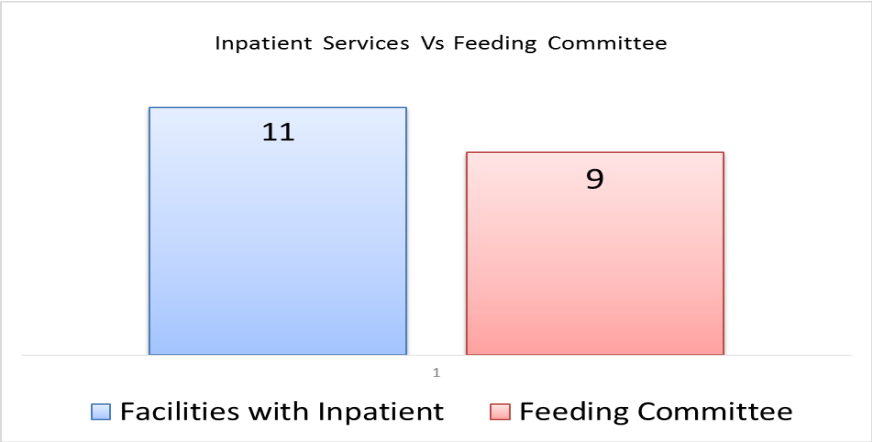
3.2.1 Nutrition Services offered by ownership of health facility

Nutrition services offered in most of the health facilities included: deworming, zinc supplementation, vitamin A supplementation and nutrition education on exclusive breastfeeding and complementary feeding. Nutrition services that required specialized

care like management of diabetes, enteral and nutrition in surgery were offered in the hospitals (level 4). No Gok facility was offering parenteral nutrition.

Figure 1: Nutrition services and interventions provided in the county



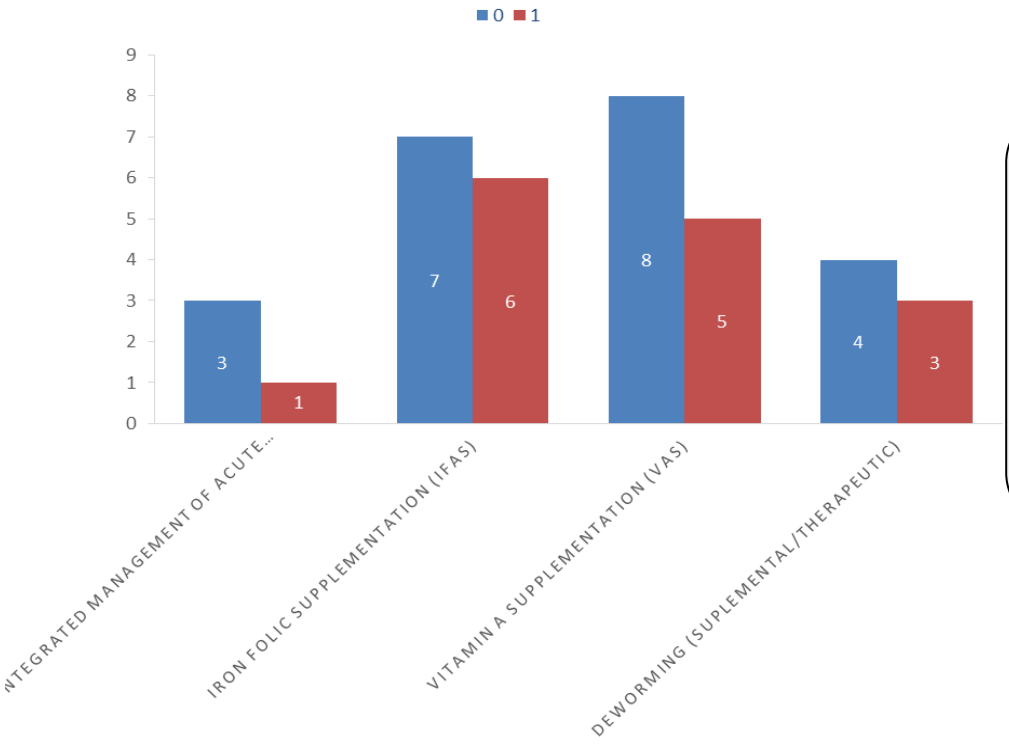


Key issues for lack of feeding committee

1. Not aware about committee
2. Lack of coordination and team work

Figure 2: In Patient Feeding Committees

3.2.2Target setting



Target setting was significant for VAS in most HFs.
Fewer facilities set targets for IMAM and MNP

Figure 3: Target setting for nutrition interventions

- Facilities in charges are not aware they should set nutrition service targets
- Sensitization on target setting has not been done
- Nutrition targets are not included as part of the routine facility targets during Target setting meetings

3.2.3 Specialised clinics

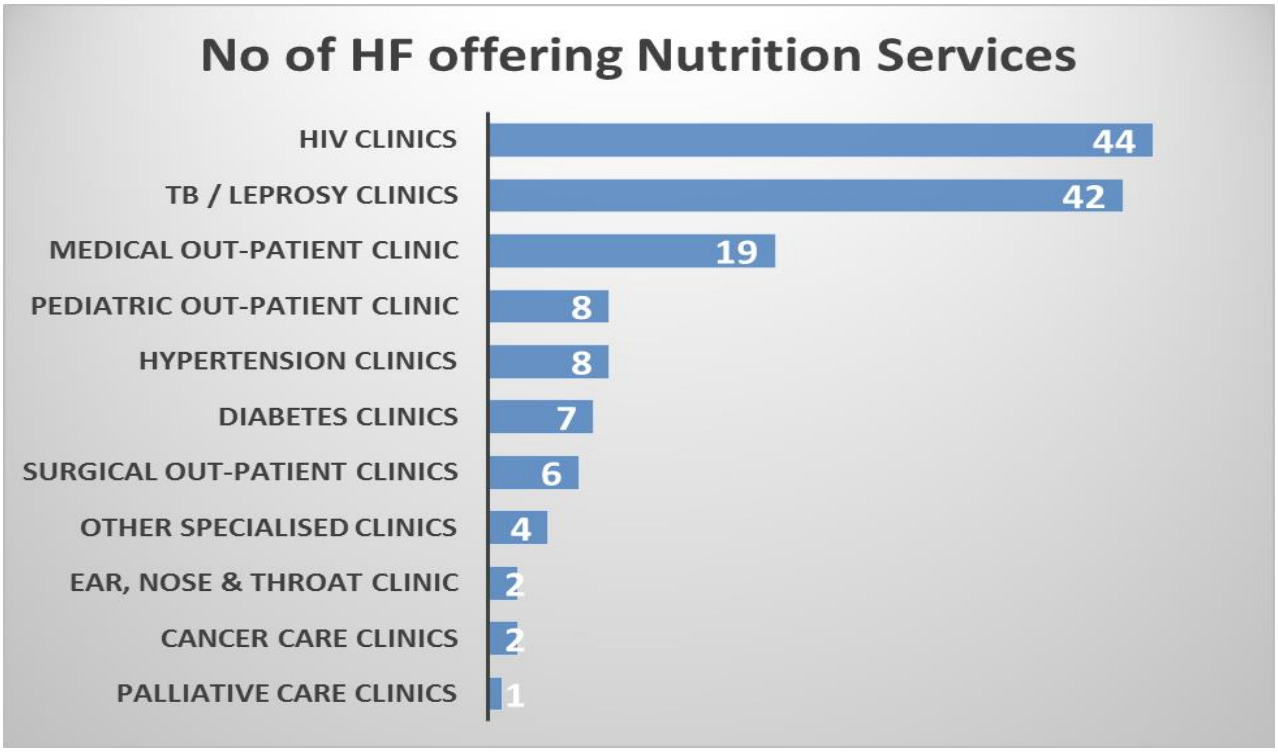


Figure 4: Specialised clinics in the county

N/B All services are being offered in at least one of the 49 sampled facilities

Performance Appraisal

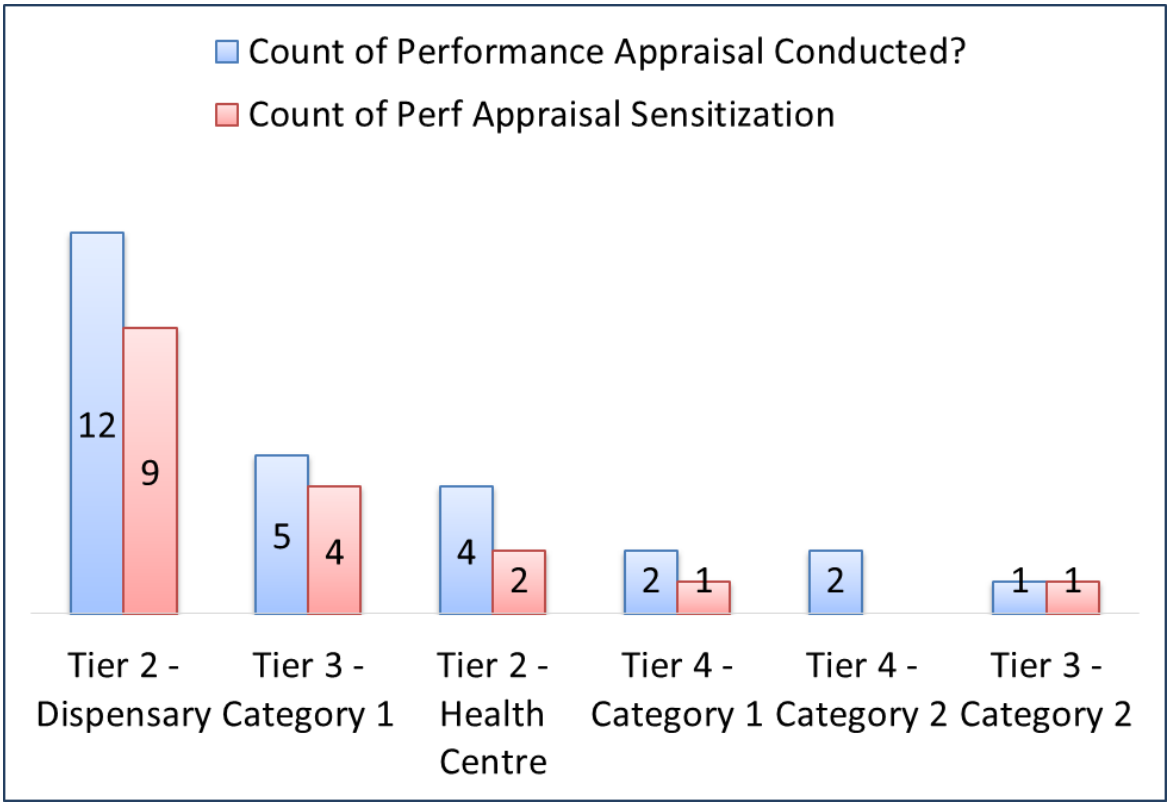


Figure 5: Perfomance appraisal

N/B Performance appraisal was only done to partner's staffs

Health and Nutrition Coordination

Forums available for coordination in the county are CNTF (Quarterly), SCNTF (Monthly), in charges meetings (quarterly) and staff meetings (Monthly). The county also has several TWG's that include PMTCT, VMMC, Malaria, TB and M&E

Meeting and forums

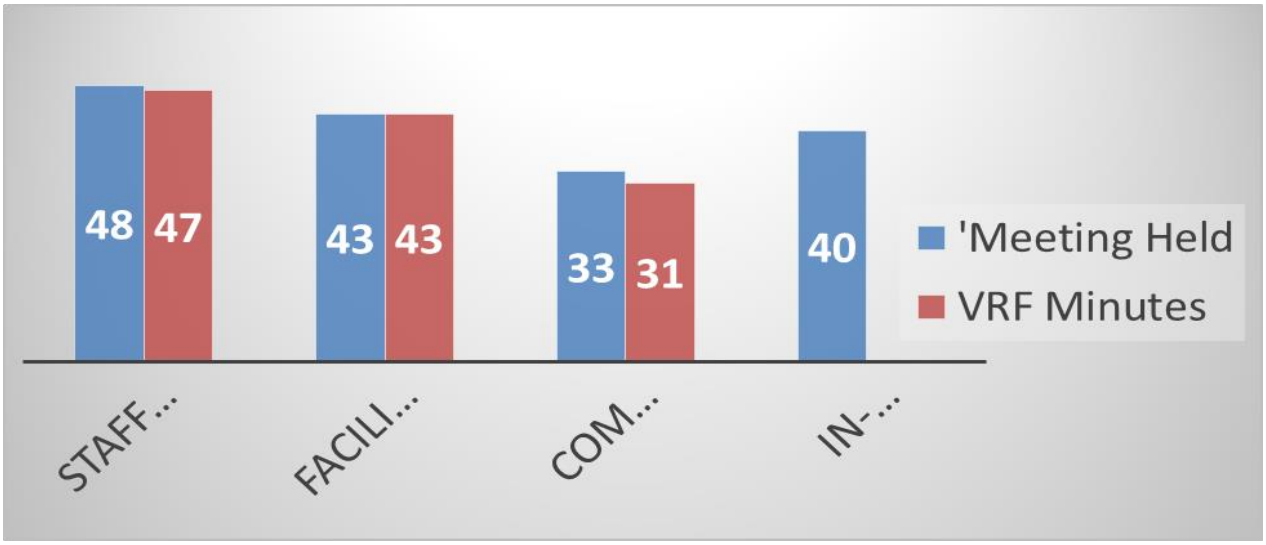


Figure 6: Meeting forums

9 HF in-charges do not attend in- charges meetings. They are mostly from the private and FBO facilities

Support supervision

Support supervision is carried out at different levels i.e. County to Sub County and Sub County to health facilities (Quarterly). There are ad hoc supervision visits done by the county to health facilities

Nutrition and HR management

The county has a staff establishment for all the cadres with their job designations, current stations etc. However, there is no training projections for the various trainings required.

There is staff shortage across all the cadres. Nutritionist have been employed by both the county government and partners

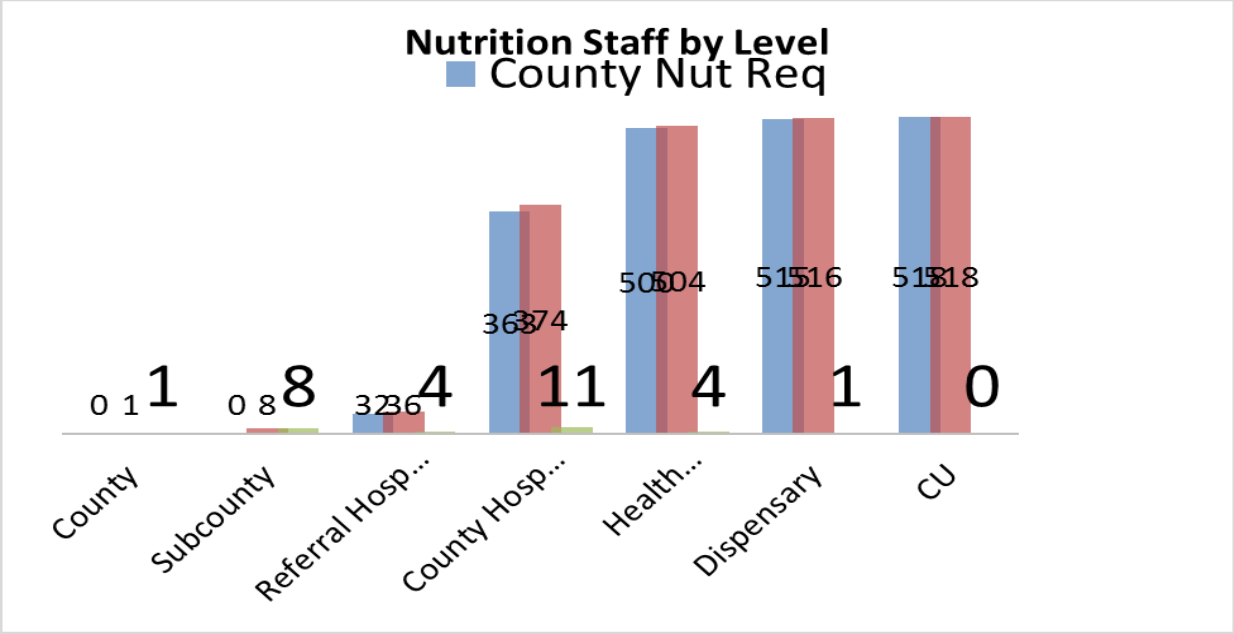


Figure 7: Staffing gaps in the county

The current number of nutritionist in the county as compared to the human resource for health norms and standard is very low.

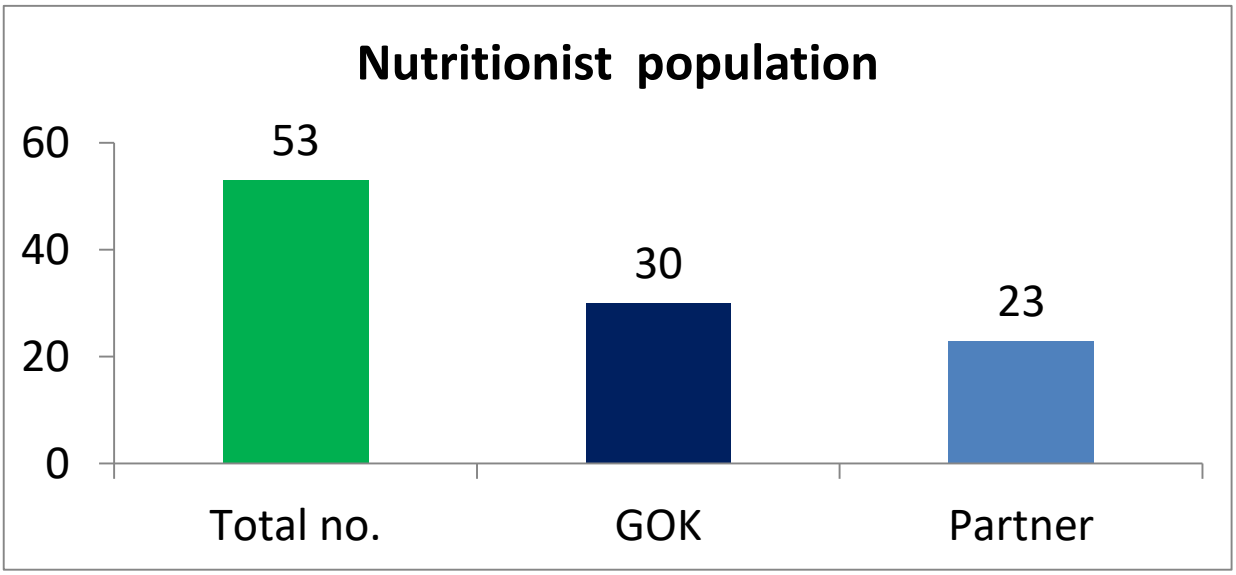


Figure 8: Nutritionists population

Even with addition to nutrition employed by partners, the number remains below recommended

Even with the addition of nutritionists by both government and partners, the number is still below the recommended levels as per the human resource norms and standards. by government and partners, the numbers still remain below the recommended levels.

Storage: Availability and Condition

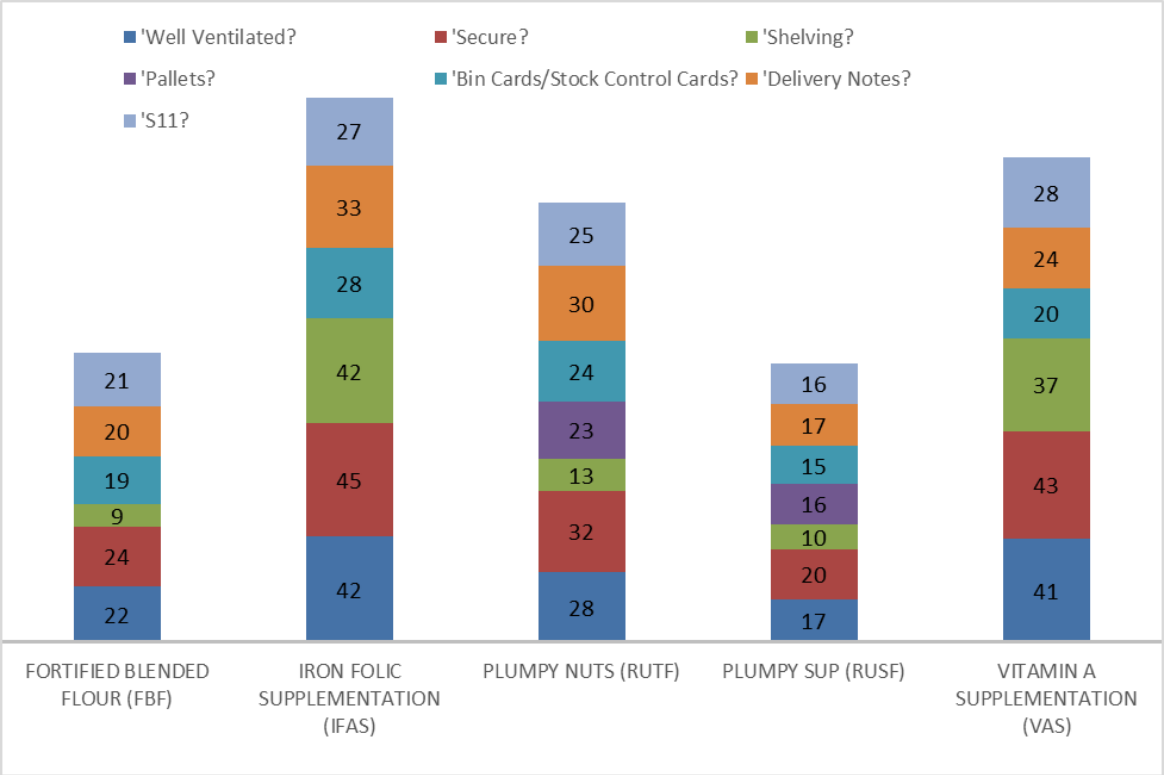


Figure 9: Storage of nutrition commodities

Equipment and Tools

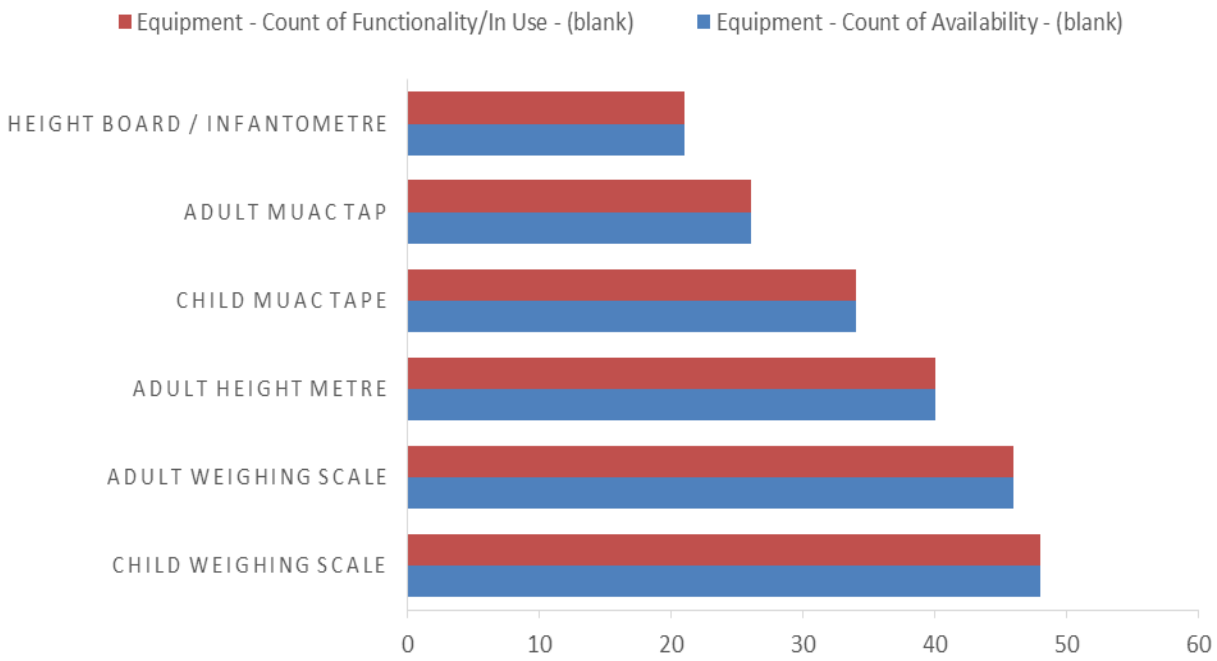


Figure 10: Equipmment functionality

Infrastructure

From the assessment the following were noted with regard to nutrition equipment:

- Majority of facilities do not have height boards and cannot take height/length for children
- Despite facilities having equipment a good number of them are faulty
- Adult MUAC tapes missing in most health facilities

Reporting & Summary Tools

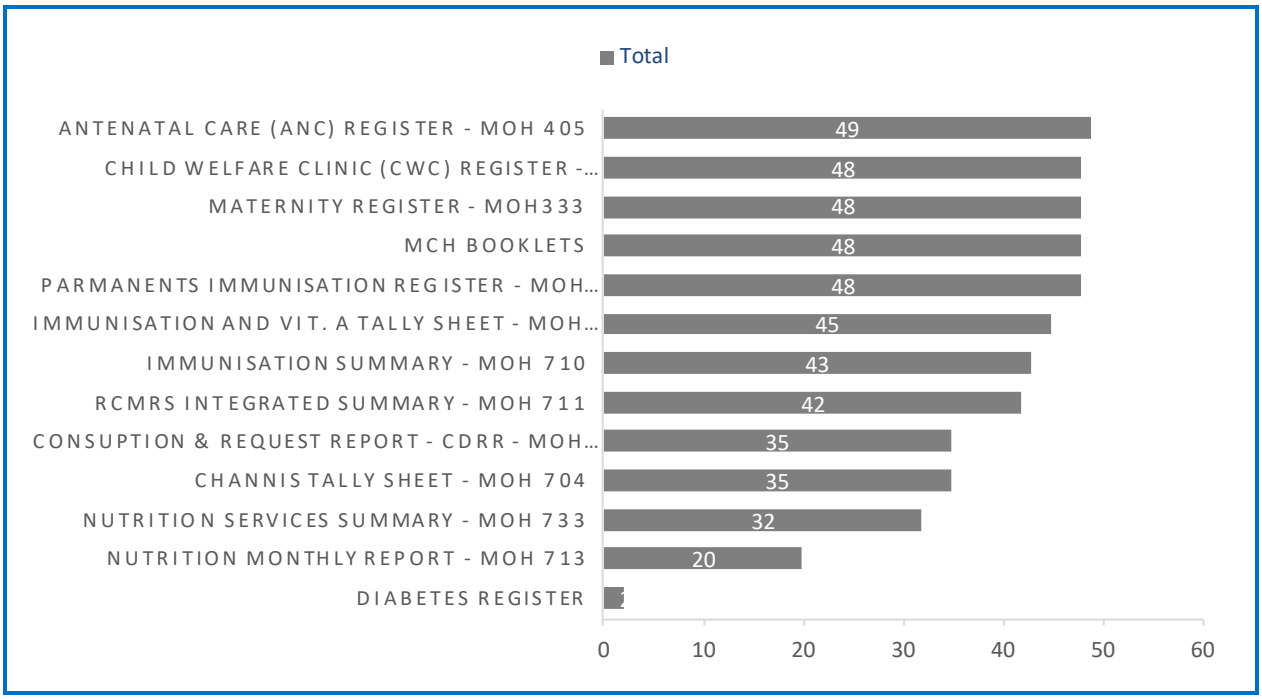


Figure 11: Reporting tools

WASH

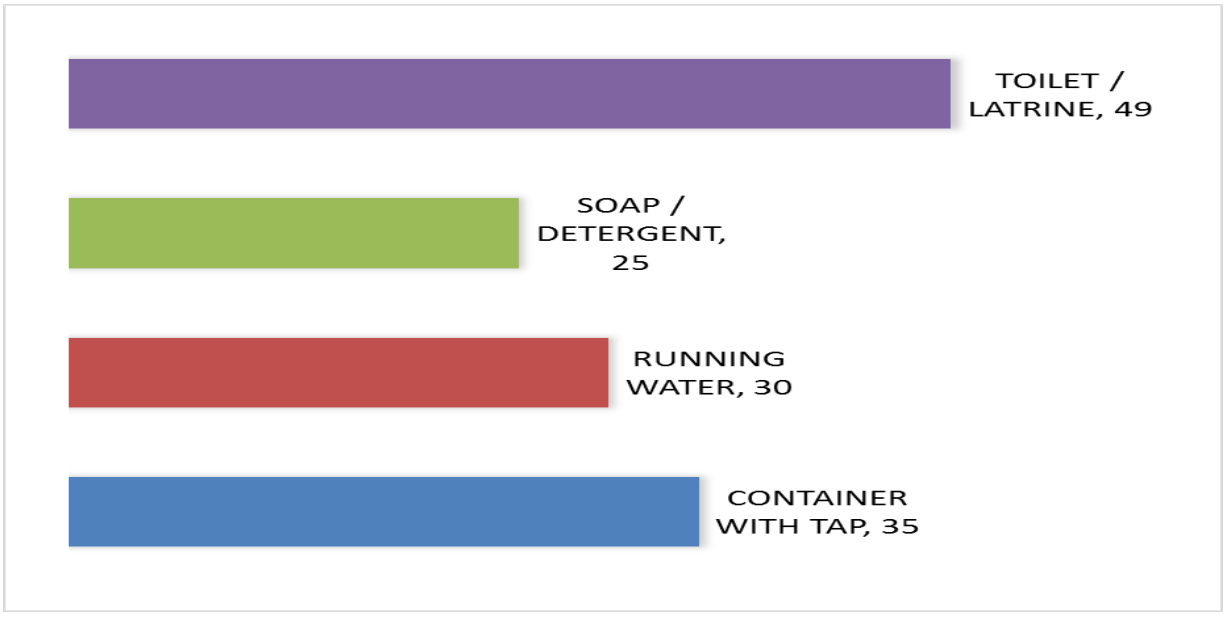


Figure 12: Wash indicators

Access to running water and soap/detergent for use by staffs and clients is still a challenge in many health facilities

Supply chain management

- The county has a procurement plan with all nutrition commodities included and nutrition commodity forecasting is regularly done.

Commodity

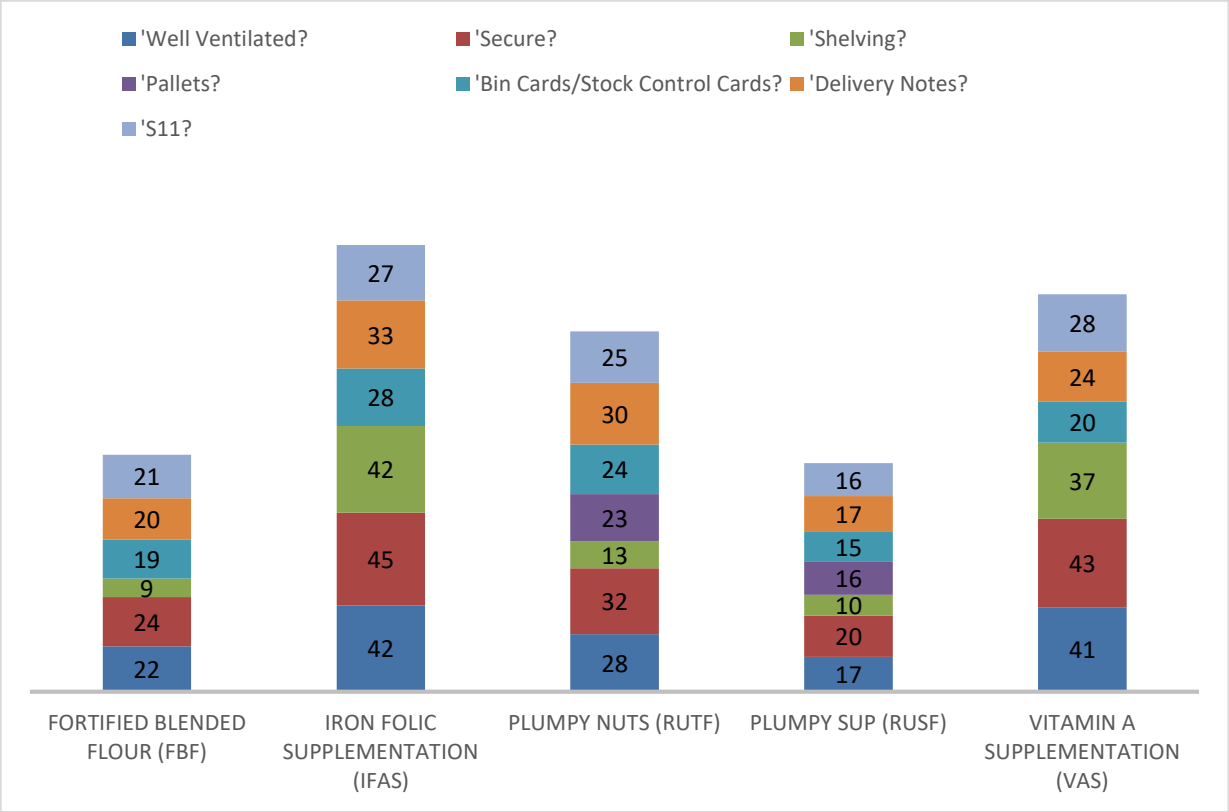


Figure 13: Commodities storage

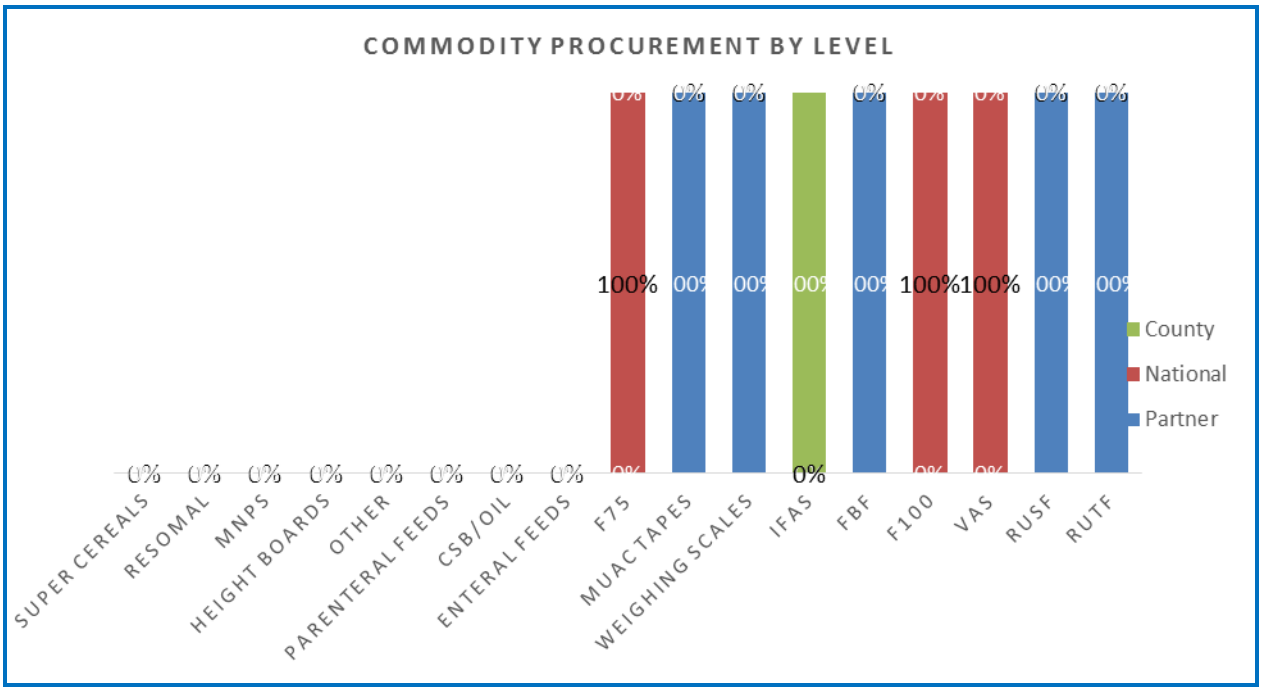


Figure 14: Commodity procurement

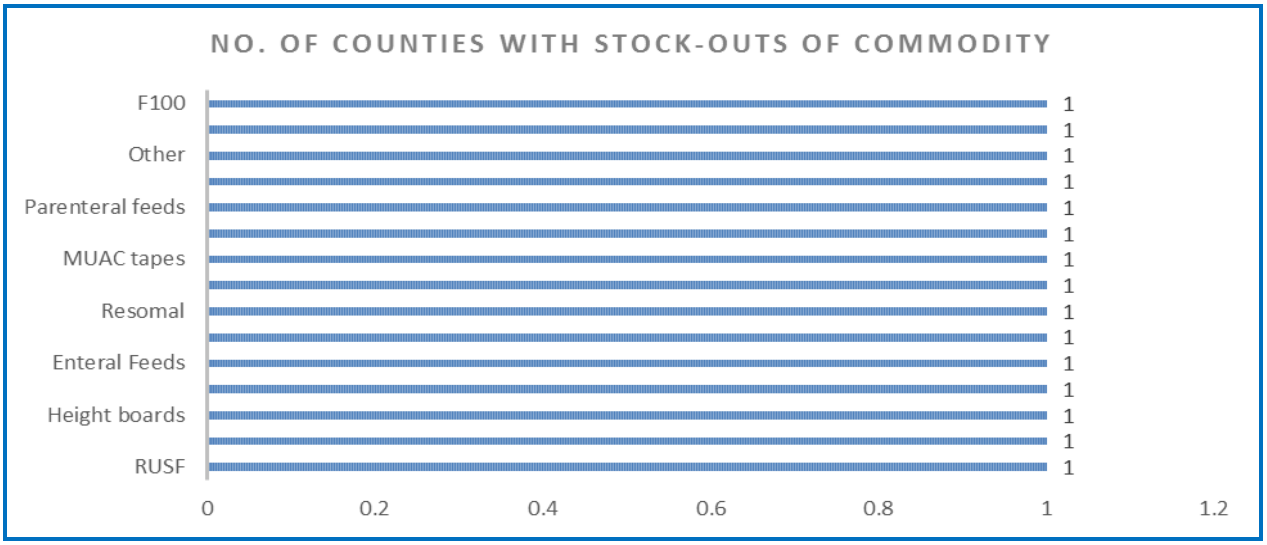


Figure 15: Stockouts of commodities

The county experienced stock outs in almost all the commodities. Budgeting of commodities is done but not all are procured.

M&E and Operational Research

Several platforms are available for nutrition data quality and performance monitoring. DQAs, CNTFS, SCNTFS, Data management meetings, RMNCH scorecard and facility in charges meetings are available forums for monitoring nutrition data.

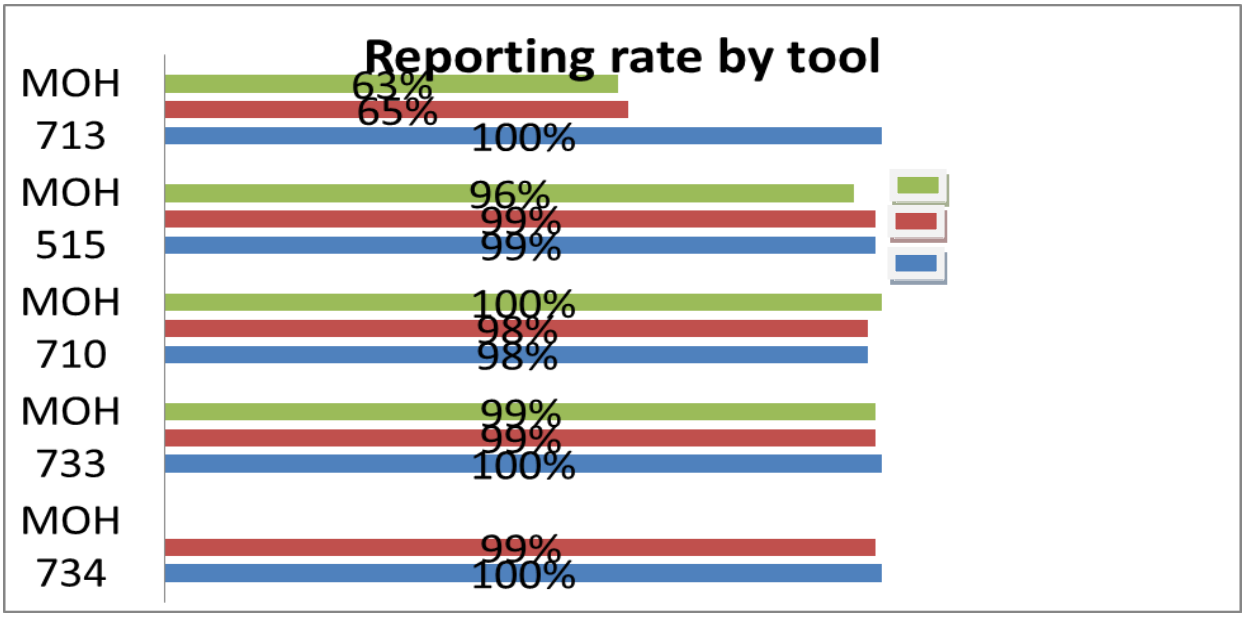


Figure 14: Reporting rates

Reporting rates

The county has sustained a reporting rate of above 95 in most of the nutrition data sets

Availability of reporting tools.

New facilities lack reporting tools due to inadequate supply of the tools. Most of the new reporting tools have not been supplied to sub-counties with the numbers supplied not being enough for all health facilities

Challenges of the organization pillar

- Facilities have inadequate reporting tools and need nutrition training
- Some facilities lack equipment like height boards and MUAC tapes
- There are inadequate nutrition registers
- Nutrition commodity stock-outs
- Inadequate number of nutritionist
- Some facilities do not have hand washing facilities

- Some private health facilities do not attend in charges meetings
- A good number of health facilities do not have rooms designated for provision of nutrition services
- Most of the health facilities do not set targets for nutrition services
- Performance appraisal is not done to GOK staff
- Inadequate storage capacity for nutrition commodities
- Support supervision is dependent on partner support

Recommendations

- Procurement of adequate reporting tools by both government and partners
- Procurement of adequate equipment by both government and partners
- Production of adequate nutrition registers
- Regular supply of commodities by both government and partners
- Employ nutritionist according to norms and standards by county government
- Money allocated to the department of health should be deposited to the health account for easy of access
- Facilities should budget and procure hand washing facilities
- Performance contracting should be taken up from the governor to CEC to technical staff
- All facilities in-charges should be invited to in-charges meeting
- County should absorb partner employed nutritionist
- Technical staff should be left to do the work of staff deployment
- Facilities should have nutrition targeting done along with other facility targets
- Performance appraisal should be done to all staff
- Construct commodity store in every sub-county
- County should avail funds for Support supervision

3.3 Technical Capacity

This looks into presence of technical and human resource capacity of nutrition relevant institutions to support and improve nutrition service delivery.

Nutrition services offered

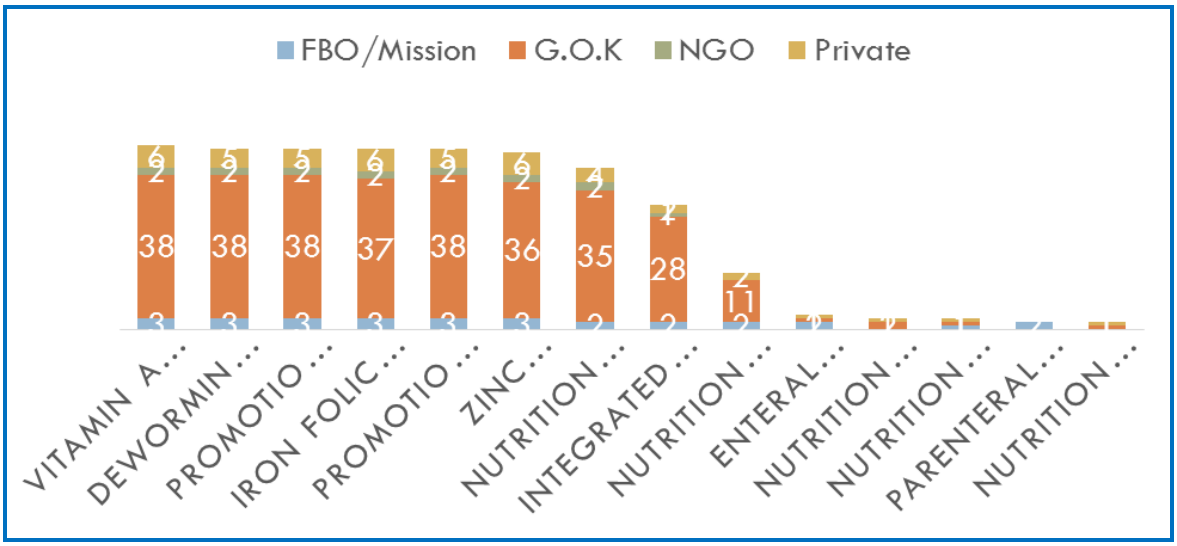
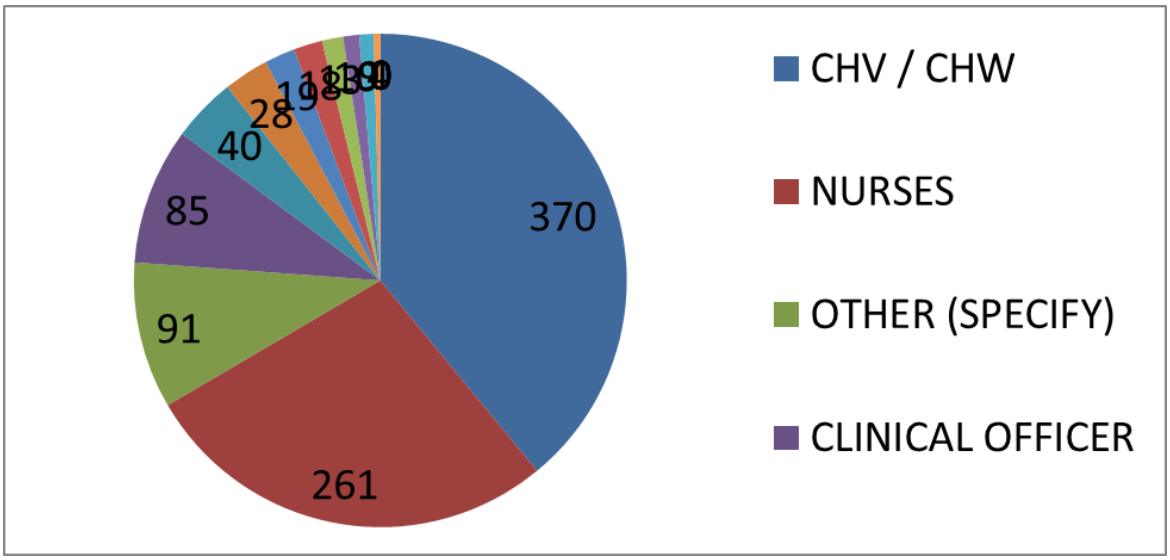


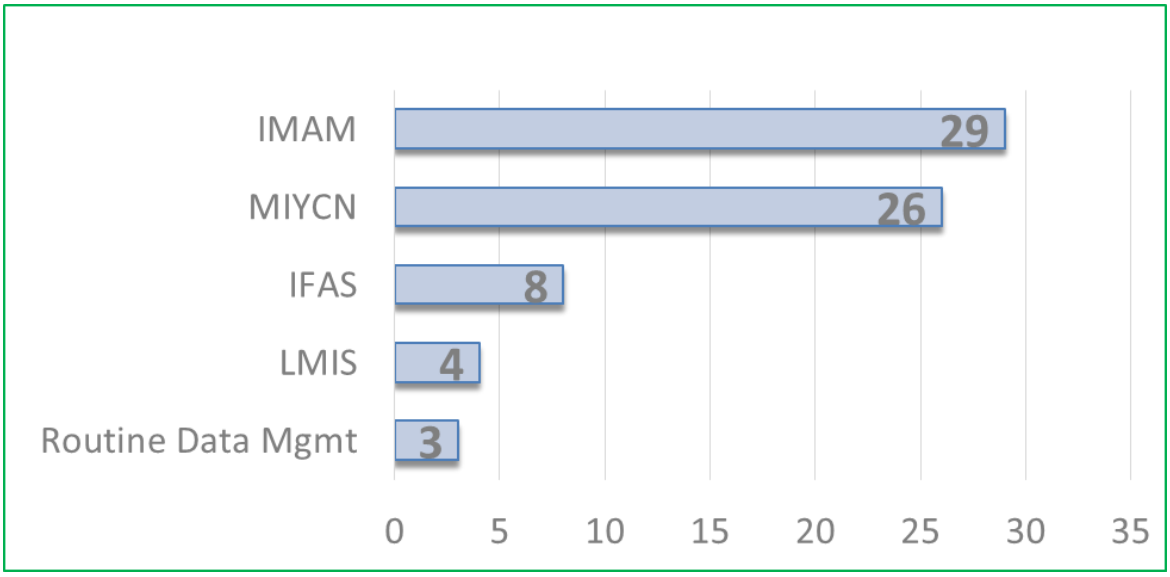
Figure 15: Nutrition services offered

No of health professionals offering nutrition services



More than ¾ of health professionals are offering nutrition services at the facilities with a higher percentage being nurses at 54% compared to only 2% by nutritionist yet other staff say “we have knowledge gap and skills to offer nutrition services” (FGD)

Trainings done by Nutrition workforce



Challenges

Staff shortage: Generally, the county faces acute staff shortage that cuts across all the cadres.

Competency: knowledge gap noted in specialized services such as renal, cancer and diabetic management

Most of nutrition workforces have not been trained on key nutrition trainings though they do offer nutrition services

Staff motivation

- Career stagnation – remained in the same position for a long period
- Salaries not commensurate to high workload (No risk allowance for nutritionist)
- Housing – inadequate staff houses and in some places rentals are not available
- Lack of adequate tools / equipment for service provision
- Lack of rooms /offices for the nutritionist to offer confidential counseling
- Lack of training opportunities and scholarship
- Political interference in staffing
- Lack of regular departmental meetings /feedback mechanisms
- Lack of recognition of best performing facilities

Conclusions / Recommendations

- Nutrition capacity in the county is limited and not up to date. In order to change this situation there is an urgent need to take short, medium and long-term measures to fix this.
- Conduct OJT/ CME to update nutrition work force on new policies /guidelines
- Support trainings/seminars for nutrition workforce/nutritionists to enhance their competency
- There is a need to create "on the job training" for the sub county and hospital level nutrition officers to ensure they are up to date with current programming interventions
- Need for continuous capacity assessment to enhance capacity development
- Lobby for more nutritionists as per norms and standards at all levels periodically
- Regular feedback through the established channels of communication within the nutrition department
- Improve staff working environment/staff motivation
- Continued collaboration with partners to enhance nutrition capacity

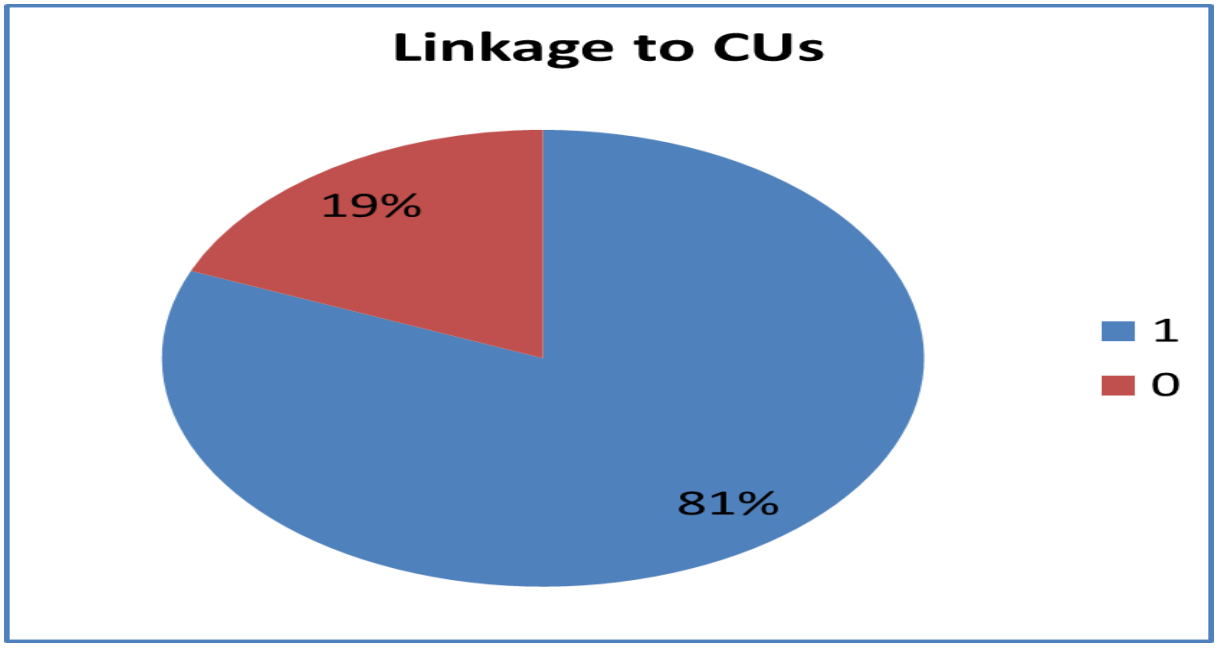
3.3 Community Capacity

This is the ability of a community to access, consume and make demand for nutrition services through increased nutrition service awareness.

It emanates from interaction with the three thematic areas and effectively leveraging existing resources and capacities within the community to solve collective problems (malnutrition) and improve or maintain wellbeing

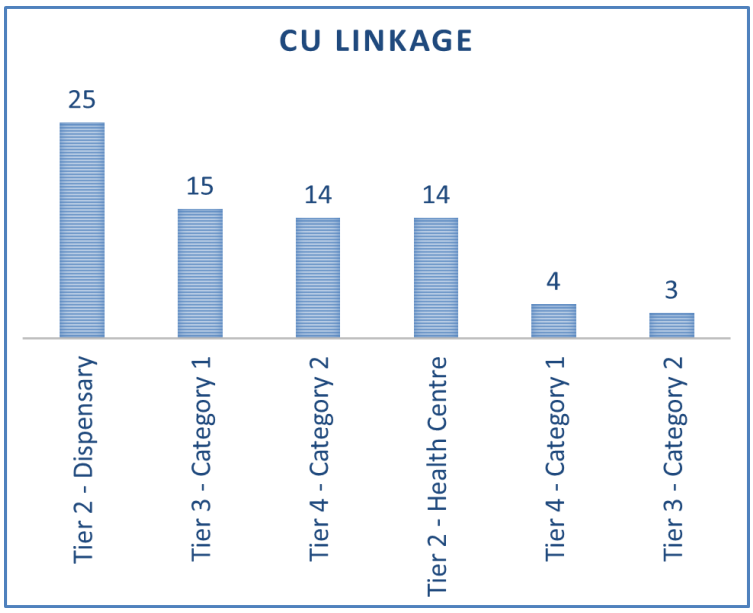
The recommended number of Community Units in the county as per the population is 239. The county currently has 258 functional community units that are spread across the 40 wards.

Facility Linkage to functional CUs



FBOs and newly opened facilities were among those not linked.

CU's distribution in Homa Bay County



Out of 49 facilities assessed, Tier 2 has the most Cu's linked to it (39) followed by Tier 3 (18).
All GOK

CHAs & CHVs Training on Nutrition Technical Module

There are 2786 CHVs out of which 329 have been trained.14 out of 216 CHAs in the county have undergone the training.

Through FGDs some CHVs admitted to have received training and OJT on Nutrition screening, Hygiene and sanitation, Kitchen gardening, Vitamin A supplementation, Complementary feeding and EBF.

Some CHVs also reported to have received minimal training on IFAS.

Majority of the trained cited having received mentorship and OJTs but recommended to have more refresher training on Nutrition.

However, they reported that the knowledge acquired is still inadequate hence need to get new updates.

The most outstanding training was on Hygiene.

Community Group/ Forums

- Mother to mother support group
- CBOs
- FBOs

Challenges encountered by CHVs in Community Forums

- Inadequate resources to do social mobilization.
- High expectation from community members when called for forums
- Ignorance from the community.
- Lack of reporting tools and anthropometric equipment but some have only MUAC tapes.
- Referred clients expect to receive health services but the challenge arises when services are unavailable e.g. they are sent to buy drugs or be referred to another facility level.
- Sometimes the CHVs have to spend their money to take a client to the hospital due to poverty

- Inadequate community kits.
- Poor interrelationship between the CHVs and the facility staffs.

Community Feedback Mechanism

The feedback mechanism used in the County includes

- Chalkboard
- CHW Review Meetings
- Community Action Days
- Community Dialogue
- Community Health Committee

CHIS reporting rates

The reporting rate was 94% from DHIS.

Support to community strategy

The County supports the community health strategy through

- CHEWs Salaries
- CHVs stipend.

Nutrition services offered by CHVs

- Nutrition assessment i.e. MUAC taking
- Nutrition education and counseling
- Nutrition referral from community to facility and follow up in the community
- Health education on how to eat balanced diet using the locally available foods.
- Providing supplementation like vitamin A and deworming
- Conducting community dialogue day
- Promotion of good hygiene and sanitation.
- Health education on food preparation.
- Identifying gaps in health issues and addressing them during household visitation.
- Defaulter tracing.

Community Gaps and inadequacies

Cited gaps included:

- Need for more trainings
- Stigma attached to nutrition commodities i.e. FBF associated with HIV/AIDs.
- Lack of transport for referred clients from the community to the facilities.
- Harsh health service providers ***"Daktari kiny"***
- Inadequate equipment and tools i.e. weight scales and writing materials etc.
- Beliefs, religious and cultural practices hinder community members to seek services.
- No refresher training done.
- Most CHVs are confident in carrying out activities, but they source most of their knowledge from reading on their own
- Inadequate referral forms
- Recurrent stock outs of drugs and nutrition commodities.
- Clients' negative attitude when advised on healthy behavior.
- Erratic payment of incentives.
- Language Barrier

Best Practices for empowering the Communities

- CHV accompany clients to the Health facility for services.
- Frequent community dialogues.
- Continued Household visits and Health education.
- Participation in activities which promotes hygiene and sanitation
- Continuous sensitization and use of examples in case of outbreaks e.g. diarrhea
- Being role models by practicing good examples
- Involving chiefs during sensitization
- Nurturing good linkage and communication with department of health

Referral System

- Available referral forms but not adequate
- Confirmation from the health facility through phone calls.
- Registration of referrals sent to the health facilities
- Verification of MCH booklets to confirm that the client has received needed services.
- Referral from community to health facilities is well established according to citations in the CHV FGD. However, 1 CU out the sampled cited referral was one way.

Challenges

- Limited Nutrition training to CHVs and CHAS.
- Faulty and inadequate anthropometric tools.
- Erratic supply of commodity.
- Limited CHAs per Community Unit.
- Lack of community Unit kits.
- Inadequate referral forms.
- Some registered CBOs and FBOs are not known by the community they serve.

Recommendations

- Scale up of Nutrition training to CHVs and CHAS followed by continuous refresher trainings and updates.
- Budget allocation for Anthropometric tools and repair and maintenance on faulty equipment.
- Forecasting and budgeting of health and nutrition supplies.
- Rationalization and strategic distribution of CHAs per Community Unit.
- Budget allocation to the community Unit to equip its kits.
- Line listing of FBOs and CBOs from the county to the community.

HOMA BAY COUNTY NUTRITION CAPACITY ASSESSMENT-INCEPTION MEETING

Venue: STARIDGE HOTEL

Date: 09/05/2017

TIME	ITEM	FACILITATOR	MODERATOR
8.00-8.30am	Arrival and registration	Dancliff Mbura	County Government
8.30-8.45am	Introductions	County Government	
8.45-9.00am	Welcoming remarks	County Government	
9.00-10.30am	Objectives of the sensitization Overview of KNCDF; objectives, KNCDF pillars	Carol	
10.30-10.45am	Tea Break		
11.30-12.30pm	Overview of KNCDF operational guide KNCDF M&E, costing Nutrition Capacity assessment tools	Irene	
12.30-12.45pm	Plenary discussions & Feedback from County	County Government	
1.15-1.30pm	Closing Remarks	County Government	
1.30-2.00pm	Lunch break		

FGD GUIDE – CHMT

County: …….....

Date of interview: …….

Name of FGD site: …….

INSTRUCTIONS

Good morning/afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The FGD will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions would wish to request that every participant feels free to give their view. NOTE that all responses are correct, as we are seeking diverse opinions. The discussion points you give will not be used against you in any way.

We shall take notes and record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

1. What are the key health issues in this county *(probe whether nutrition is considered a key issue. If yes, which aspects of nutrition)*
2. Is the county aware of nutrition related Acts, regulations and guidelines? (*Examples of Acts include BMS act, Mandatory law on food fortification, etc. If yes, are there enforcement mechanisms Examples of mechanisms include market level surveillance in the case of food fortification)*
3. a) What informs budget allocation for health and nutrition programmes/ departments *(probe on the ideal verses the actual process)*

b) Describe the process of CIDP development, and County health sector strategic and investment plan (CHSSP), (*probe on prioritization, is it a bottom up or top bottom approach?)*

c) Are activities currently based on the CIDP, CHSSP, AWP? If not why? *(Probe for barriers and boosters)* Are there partners working in this county? If yes are they implementing according to the county priority and needs? *(Probe for coverage, activities, are there monitoring mechanisms)*

4. What coordination structures/ mechanisms/ forums are currently in place in respect to partnerships *(Probe on inclusion of partners, capacities on planning,)*
5. Give recommendations to help strengthen and streamline partnerships
6. In your view are there factors that attract health workers to take up posting in this county? *(Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)*
7. What factors influence health workers stay in this county? (*HW retention – do you consider retention short or long, and what influences that situation?)*
8. What challenges do you contend with on a regular basis in Health Management and Service delivery? (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation etc.)*
9. In your opinion, what recommendations can you make to address these challenges? *(Probe for any of these: health worker education; Health workforce Management, Housing and other welfare issues, working conditions improvement, performance incentives, Staff Salaries/wages, Career growth)*

Time Stopped: ……

FOCUSED GROUP DISCUSSION GUIDE – COMMUNITY HEALTH VOLUNTEERS

Name of the County: ……. **Name of Link Facility: ……**

Name of Community Unit: …… **Name of FGD site: ……**

Date of interview: ……

INSTRUCTIONS

Good morning/ afternoon……....

Introductions: ……..…

The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The FGD will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions would wish to request that every participant feels free to give their view. NOTE that all responses are correct, as we are seeking diverse opinions. The discussion points you give will not be used against you in any way.

We shall take notes and record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

What nutrition services do you perform? (*probe for what they do, what they are expected to do, availability and use of reporting tools, equipment, Job aids and BCC materials*).

1. How would you rate your ability to perform nutrition services in terms of skills, competency and empowerment? Any gaps, or inadequacies?
2. Did you undergo CHV induction training? *Probe on what was covered in the induction module*
3. Since induction have you received any other nutrition trainings? If yes, probe for specific trainings (e.g. *MIYCN, Nutrition screening, IFAS training, hygiene and sanitation, kitchen gardening etc*)
4. What community support groups exist in your area that discus health and nutrition matters?
5. Describe your involvement in community forums e.g. dialogue days (*planning, implementation and follow up*)
6. What challenges do you encounter during your involvement in community engagement forums?
7. How do you empower (*kuwezesha*) communities to demand for health and nutrition services? (*community entry process, community recognition, buy-in, for community knowledge and use of existing or new services*)
8. Is there a functional referral system (community to health facility and health facility to community) *(Probe for referral process, types of nutrition referral cases, feedback from the health facilities to the CHVs)*
9. What barriers exist in the community that hinders demand for health and nutrition services?
10. What best practices can you highlight that have helped improve demand and access to health services?

What are your recommendations to improve community demand and use of health services

Time Stopped: …….

FOCUSED GROUP DISCUSSION GUIDE – NUTRITION WORKFORCE

County: …… **Date of interview: ……**

Name of FGD site (Facility name): ……

INSTRUCTIONS

Introductions: ……

Good morning/ afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The FGD will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions would wish to request that every participant feels free to give their view. NOTE that all responses are correct, as we are seeking diverse opinions. The discussion points you give will not be used against you in any way.

We shall take notes and record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

1. a) What type of nutrition services do you perform at the facility? (*Capture all services*)
   b) Are you sufficiently empowered to perform nutrition services that you are involved in on a regular basis? (*Refer to question number 1, what kind of empowerment do you have or not, if not what areas do you feel incapacitated, how can that be rectified*)
2. In your view, what is the current staffing situation in your facility? *(Probe for adequacy of current numbers, skills mix, which cadres and sections are most affected, adequacy of budgets etc.)*
3. In your view are there factors that attract health workers to take up posting in this county/facility? *(Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)*
4. What factors influence health workers stay in this county/facility? (*HW retention – do you consider retention short or long, and what influences that situation?)*
5. What challenges do you contend with on a regular basis in service delivery? (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation etc.)*
6. What actions have the county/Sub-County/ health facility taken to address health worker issues? (*Probe based on challenges cited in question 5*)
7. In your opinion, what recommendations can you make to address these challenges? *(Probe for any of these: health worker education; Health workforce Management, Housing and other welfare issues, working conditions improvement, performance incentives, Staff Salaries/wages, Career growth)*
8. Do you have CPD booklets? *(Probe if they are updated, the booklets used for renewal of practice license- by cadre)*
9. Do you have job descriptions/schedule of duties? *(Probe for awareness of the content of JD, if duties are exhaustive, if they perform extra duties from what is in the JD, and if they are empowered to perform the extra duties)*
10. Have you been sensitized on performance appraisal? *(Probe on the last time you were appraised, the understanding and opinion of the appraisal process)*

Time Stopped: ……

FGD GUIDE – NUTRITIONISTS

County: …….....

Date of interview: …….

Name of FGD site: …….

INSTRUCTIONS

Good morning/ afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The FGD will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions would wish to request that every participant feels free to give their view. NOTE that all responses are correct, as we are seeking diverse opinions. The discussion points you give will not be used against you in any way.

We shall take notes and record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

1. What type of nutrition services do you perform at the facility? (*capture all services*)
2. In your view are there factors that attract nutritionists to take up posting in this county, facility? *(Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)*
3. How is the retention of nutritionists in the County? What factors influence nutritionists stay in this county/facilities? (*Probe*; *retention – do you consider retention short or long, and what influences that situation?)*
4. Do you have a forum to discuss nutrition issues? (*Probe for both technical and professional issues)*
5. What challenges do you contend with on a regular basis in service delivery?
   a) General challenges (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation, attrition etc)*
   b) Technical nutrition challenges (*Probe: reporting tools, commodities, workload, technical capacity, equipment, training opportunities, socio-cultural practices, job aids, BCC materials etc)*
6. What are some of the ways the County/Sub-County/health facility is using to address the challenges above? (*Probe based on challenges cited in question 4*)
7. In your opinion, what recommendations can you make to address these challenges?
8. Do you have CPD booklets? *(Probe if they update, are you aware of the CPD guideline, whether the CPD points are used in renewal of licensure)*
9. Do you have job descriptions/schedule of duties? *(Probe for awareness of the content of JD, if duties are exhaustive, if they perform extra duties from what is in the JD, and if they are empowered to perform the extra duties)*
10. Do you do annual performance appraisal? (*If NO, why?)* If yes, what is the process? And what are your views on the same? (*probe for challenges, skills and knowledge*)
11. Do you receive any support supervision or OJT related to nutrition? (*Probe; frequency, usefulness, any views)*
12. Explain the key nutrition policies and guidelines currently in use. (*Probe for use during planning, implementation, M&E; access gaps, recommendations for new guidelines*)
13. Do you have any general or specific recommendations to this capacity assessment process?

KEY INFORMANT INTERVIEW (KII): COUNTY HEALTH RECORDS AND INFORMATION OFFICER (CHRIO)

County: ……..... **Date of interview: …….**

What is your responsibility in this county: ……?

Enumerator Name: ……Enumerator Number: …….…….

Assessment results (*tick one*): 1. Completed

2. a) Incomplete,

2b) State reason and action e.g date and time of revisit:

INSTRUCTIONS

Good morning/ afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The interview will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions about nutrition capacity, please let me know if you need me to clarify any of my questions. Feel free to ask any questions you may have. Can I start now?

Time started: …….

1. Health and nutrition data quality and performance (*Refer to table below*)

	A.	B.	C.	D.	E.
Strategies/ Systems/ Forums	**Do the following strategies/ systems/ forums exist in your County** **Yes-1 No-0**	**If Yes to A, How often (frequency) are they conducted/ implemented** **Monthly – 4** **Quarterly – 3** **Bi- Annually – 2** **Annually – 1** **Not Done – 0**	**If Yes to A, Is Nutrition integrated** **Yes-1** **No-0**	**If yes to A, does it look at quality of data?** **Yes-1** **No-0**	**If yes to a), does it look at performance** **Yes-1 No-0**
Data Quality Audit (DQA)					
Nutrition Information Technical Working Group (NITWG)					
Score cards					
Facility Review meetings/ In charges meeting					
Sub County Nutrition Technical Forums (SCNTFs); County Nutrition Technical Forums (CNTFs) National Nutrition Technical Forum (NTF) SCNTF/ CNTF/ NTF					
Other Technical Working Groups					

(Specify)……						
Management level data review						
Others, Specify …….						

2. How many health facilities are currently offering the following nutrition services and report on the same? *(The CNO Can support the CHRIO to provide this information)*

Service	**Number of facilities offering the following nutrition services?** *(Give the total number by type of facility)*			**Number of facilities that consistently reported on nutrition services in the last 3 months? (out of those offering)**			**Means of Verification** *(Desk review)*	**If not Reported, Why?**
	Public	Private	Mission/NGO	Public	Private	Mission/NGO		
Outpatient Therapeutic Program (OTP)								
Inpatient Therapeutic Program (IP)								
Supplementary Feeding Program (SFP)								
Iron Folic Acid Supplementation (IFAS)								

Micronutrients Powders (MNPs)								
Vitamin A Supplementation								
Deworming								
Growth Monitoring								
Infant and Young Child Nutrition (IYCN) counseling (ANC)								
Breastfeeding counseling and support (CWC)								
Nutrition and HIV/TB								
Nutrition in Renal Diseases								
Nutrition in Diabetes Management								
Nutrition in Cancer Management								
Nutrition in HIV								
Enteral Nutrition								
Parenteral Nutrition								
Nutrition in Surgery								

3. Are the following data capturing tools available and are they in use?

Tool	**Available?** **Yes-1** **No-0**	**If No why?**	**Adequate** **Yes – 1** **No – 0**	**If No why?**	**If inadequate What is the gap** *(Quantify number of facilities with gap)?*	**If available, are they in use?** **Yes-1** **No-0**	**If No, why?**
MOH 704 CWC Tally sheet							
MOH 511 CWC Register							
MOH 333 Maternity Register							
MOH 711 Integrated Summary Report: Reproductive and child health, Medical and Rehabilitation Services							
MOH 704 CHANIS tally sheet							
MOH 405 ANC Register							
MOH 406 Postnatal Register							
MOH 368 IMAM register-inpatient							
MOH 409 IMAM Registered-OTP							
MOH 410A IMAM Registered- SFP							

Tool	**Available?** **Yes-1** **No-0**	**If No why?**	**Adequate** **Yes – 1** **No – 0**	**If No why?**	**If inadequate What is the gap** *(Quantify number of facilities with gap)?*	**If available, are they in use?** **Yes-1** **No-0**	**If No, why?**
MOH 410 B IMAM Register-PLW							
MOH 713 Nutrition monthly/ Summary tool							
MoH 710 Immunization							
MoH 515 Community Health Extension Worker Summary							
MOH 407 A Nutrition Service Register							
MOH 407 B Nutrition Service Register							

4. a) Is there financial support for operational cost (internet, printing, airtime) related to nutrition data collection and transmission? regularly - 2 Sometimes - 1 No= 0

   b) If yes, where does the support come from? *(List all sources)*

_____

_____

_____

_____

5. How do you ensure feedback of nutrition information (between-Health records department to health workers)?

_____

_____

_____

_____

_____

_____

_____

_____

Time stopped: …….

KII: DIRECTOR OF HEALTH/ COUNTY NUTRITION COORDINATOR (CNC)

County: ……..... **Date of interview: ……**

Enumerator Name: …… **Enumerator Number: ……**

Assessment results (*tick one*): 1. Completed

2. a) Incomplete,

b) State reason and action e.g. date and time of revisit:

INSTRUCTIONS

Good morning/ afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The interview will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions about nutrition capacity, please let me know if you need me to clarify any of my questions. Feel free to ask any questions you may have. Can I start now?

Time started: …….

1. a) What are the key indicators for health in this County?

_____

_____

_____

_____

_____

_____

_____

b) Are these key indicators reflected in the performance appraisal for the health workers in your County?

_____

_____

_____

_____

2. Does this County hold any health and nutrition sector coordination forum? *(Fill out the table below)*

Forum	Does this County hold the following forums? Yes – 1, No - 0	Frequency of meetings Never - 0, Annually - 1, Bi-Annually - 2, Quarterly - 3, Monthly – 4	Who are involved in this forum? *(Multiple responses possible)* Government – 1 Non-Governmental Organizations (NGOs) – 2 Academia and research institutions - 3 Others, (specify) - 4.	Does a finalized and endorsed TOR exist for each of the forums below: Yes-1 No-0
County Nutrition technical Forums (CNTF)				
Sub County Nutrition technical forums (SCNTF)				
Multisectoral Platforms (MSP)				
Others (Specify…….				

3. In the last 6 months, has the county enforced BMS Act? Yes-1 No-0

4. a) Are the following policies being implemented?

   I. Human resource for health Norms and standards guidelines for the health sector
   Yes – 1 No – 0

   II. Scheme of service for Nutritionist and dietician
   Yes – 1 No – 0

b) If Yes How? *(Probe for how they are used for decision making, evidence either qualitative or documentation e.g. staff establishment*

   III. Human resource for health Norms and standards guidelines for the health sector

   IV. Scheme of service for Nutritionist and dietician

5. In the last financial year, have County Assembly health committee members attended any advocacy/ sensitization session/ forums on nutrition? Yes-1 No-0
   If yes specify the type of sessions attended

6. a) Has the county conducted a nutrition operational research (Health and Nutrition research eg Vitamin A supplementation in Integrated Community Case Management – ICCM, effectiveness of use of Community health volunteers in Nutrition service delivery etc) in the last 2 years? Yes-1 No-0

   b) If No, Why? *(Tick all that apply)*

   i. Lack of technical expertise……..…
   ii. Lack of finances……...…
   iii. Others, Specify……

   c) If yes, how was the operational research used in decision making? *(Probe)*

7. What informs budget allocation for the health sector activities?
8. Does the county have a budget line for nutrition activities? Yes-1 No-0

9. *(Use the table below to complete the following)*

   a) In the last 3 financial years, what was the total budget for health (In Kenya shillings)?

   b) What was the nutrition budget allocation?

   c) What was the total nutrition budget Utilization?

Year	**Total Health allocation**	**Total Nutrition allocation**	**Total Nutrition utilization**

   d. Describe the trends in the past three financial years, in budget allocation for nutrition as a % of the total budget for health? (e.g. Increasing-2, remains the same-1, decreasing-0) (*This question need not be asked. Trend can be obtained from the figures*)

10. What was the **MAIN** nutrition expenditure in the last financial year (2015/2016)?

11. How many health facilities are currently offering the following nutrition services and report on the same? *(Fill the table below)*

Service	**Number of facilities offering the following nutrition services?** *(Give the total number by type of facility)*			**Number of facilities that consistently reported on nutrition services in the last 3 months? (out of those offering)**			**Means of Verification** *(Desk review)*	**If not Reported, Why?**
	Public	Private	Mission/NGO	Public	Private	Mission/NGO		
Outpatient Therapeutic Program (OTP)								
Inpatient Therapeutic Program (IP)								
Supplementary Feeding Program (SFP)								
Iron Folic Acid Supplementation (IFAS)								
Micronutrients Powders (MNPs)								
Vitamin A Supplementation								
Deworming								
Growth Monitoring								

Infant and Young Child Nutrition (IYCN) counseling (ANC)								
Breastfeeding counseling and support (CWC)								
Nutrition and HIV/TB								
Nutrition in Renal Diseases								
Nutrition in Diabetes Management								
Nutrition in Cancer Management								
Nutrition in HIV								
Enteral Nutrition								
Parenteral Nutrition								
Nutrition in Surgery								

12. a) Is there an annual procurement plan that includes nutrition commodities Yes- 1 No -0

b) Do you assess stock outs? Yes-1 No-0

c) If yes, which tool do you use to assess stock outs?

i. Logistics Management Information System (LMIS)
ii. Others, specify:

13. b) How often do you do supportive supervision at the following levels?

	Frequency *(Circle one response)*	**Does the support supervision include nutrition issues?** Yes-1 No-0	**Comments**
County to Sub county Support Supervision	Monthly – 4 Quarterly – 3 Bi annually – 2 Annually – 1 Others, specify; …….		
County to Health facilities Support Supervision	Monthly – 4 Quarterly – 3 Bi annually – 2 Annually – 1 Others, specify; …….		
Sub county to Health facilities Support Supervision	Monthly – 4 Quarterly – 3 Bi annually – 2 Annually – 1		

	Others, specify; …….		
Sub County & Facility to Community Unit	Monthly – 4 Quarterly – 3 Bi annually – 2 Annually – 1 Others, specify; …….		

14. Which tool is used for support supervision?
    i. MOH integrated support supervision….
    ii. Others, specify ……
15. What informs prioritization of issues to focus on during support supervision?
16. a) How many nutritionists are there in this county?
    b) How have the nutritionists been distributed in the county?

Level	Numbers
County level Management	
Sub County level Management	
Hospital	
Health centers	
Dispensaries	
Other (Specify)	

c) What proportion of nutrition staff has renewed their KNDI license?

17. Fill out the table below:

Groups	Is nutrition integrated into community groups (eg CBOs, FBOs, Support groups) Yes – 1 No - 0	**List the groups** *(Names)*	**Activities conducted**
CBOs			
FBOs			
Support Groups			
Others (Specify)			

18. What is the number of nutrition work force trained in the following MoH approved courses (*compute proportions*)?

Training in MoH approved courses	**A. umber that require training**	**B. umber trained in the last two and a half years (verify-with standards)**	**C. umber of trainings conducted in the last 2.5 years**	**D. as there participation of pre service lecturers/ tutors in this training ? Yes-1,No-0**
Nutrition assessments (e.g. biochemical, anthropometric, clinical), Counseling and support				
Integrated Management of Acute Malnutrition (IMAM)				
Maternal Infant and Young Child Nutrition (MIYCN)				
Micronutrient (Vitamin A Supplementation/Iron and Folic Acid Supplementation training)				
Preterm and low birth weight babies nutrition				
Nutrition in Tuberculosis (TB)				
Nutrition in Renal (specific to nutrition cadre)				
Nutrition in Cancer (specific				

Training in MoH approved courses	A. umber that require training	B. umber trained in the last two and a half years (verify-with standards)	C. umber of trainings conducted in the last 2.5 years	D. as there participation of pre service lecturers/ tutors in this training ? Yes-1,No-0
to nutrition cadre)				
Nutrition in Diabetes (specific nutrition cadre)				
Logistic Management Information System (LMIS)				
Health financing				
District Health information Software (HIS)				
Nutrition in HIV (specific to nutrition cadre)				
Parenteral Nutrition				
Enteral Nutrition				
Data management				
Nutrition in critical care(specific to nutrition cadre)				
Nutrition in surgical care				
Senior Management Course				

Training in MoH approved courses	A. umber that require training	B. umber trained in the last two and a half years (verify-with standards)	C. umber of trainings conducted in the last 2.5 years	D. as there participation of pre service lecturers/ tutors in this training ? Yes-1,No-0
Supervisory skills				
Strategic leadership and development program				
Coordination, linkages and networking				
Advocacy and communication				
Commodity management training				
Others, Specify…… ……..…… …… …….....				

19. Does the county have resource allocated to continuous professional development?

Yes-1 No-0

20. What strategies are in use for continuous professional development? (Fill the table below)

Strategy	Frequency Monthly - 1 Quarterly - 2 Bi annually - 3 Yearly - 4 Others – 5 Specify……	Remarks
Continuous Medical Education (CMEs)		
On the Job Training		
Others (specify)		

21. a) Does your County have a training committee? Yes-1 No-0

b) If Yes who are the members of committee,

c) How often are the meetings held?

d) How are the training needs identified and prioritized?

e) What trainings were prioritized in the last financial year?

22. a) Do nutritionists have Scheme of service/ job descriptions? Yes-1 No-0

b) If No why?

23. Are there feedback mechanisms that address service delivery concerns between the following levels?

Level	**Tick all that apply**
County executive/County assembly and CHMT	1. Cabinet meetings 2. County Health committee meetings 3. County Assembly departmental briefs 4. Others (specify)
County Health Management Team (CHMT) and Sub-County Health Management Team (SCHMT)	1. Health Stakeholders forums 2. CNTFs 3. CHMT meetings 4. Suggestion box 5. Others (specify)
SCHMT and facility/health workers	1. SCNTFs 2. In-charges meetings 3. Others (specify)
S/CHMT, Health Facility and Community	1. Health Facility Committee meetings 2. Community health workers review meeting 3. Community Health committees 4. Community dialogue meetings 5. Suggestion box 6. Others (specify)
Members of County Assembly and community	1. Community Participation Forums 2. Social Accountability reporting 3. Others (specify)
CHMT and Partners(Regulatory Bodies, Research Institutions, Non state actors and private entities	1. County Stake holders forum 2. County Steering Group (CSG) 3. CNTF

	4. Others (specify)

24. Information on Nutrition guidelines

Protocols/guidelines	Have you been sensitized on the following guidelines Yes-1 No-0	Have the guidelines been disseminated within the County Yes-1 No-0	Are the following guidelines available in the County? Yes-1 No-0
Maternal Infant and Young Child Nutrition (MIYCN) policy statement			
Integrated Management of Acute Malnutrition (IMAM) guidelines			
MIYCN Guideline			
Vitamin A Schedules			
Iron and Folic Acid supplementation (IFAS) policy schedule			
Deworming Schedule			
Micronutrient Powders (MNPs) operational guide			
Clinical and dietetics guidelines/Manual			
Diabetes Guideline			
Cancer guideline			
Diabetes register			
Others, Specify……			

25. Is the Reproductive Maternal Neonatal and Child Health (RMNCH) Scorecard operationalized and utilized in your county? 2 = Yes, 1 = Partially, 0 = No

Time stopped: ……

KEY INFORMANT INTERVIEW GUIDE (KII): COUNTY COMMUNITY FOCAL PERSON

County: …… Date of interview: ……

Enumerator Name: …… Enumerator Number: ……..……

Assessment results (*tick one*): 1. Completed

2. a) Incomplete

b) State reason and action e.g date and time of revisit:

INSTRUCTIONS

Good morning/ afternoon…….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. You have been selected to participate in this assessment. The interview will take about 1 hour. The objective of this assessment is to determine capacity of this County, to deliver nutrition services. This is not intended to victimize you, but your answers will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions about nutrition capacity, please let me know if you need me to clarify any of my questions. Feel free to ask any questions you may have. Can I start now?

Time started: …….

Question	*Response*
1. What is the number of Community Units (CUs) recommended based on the population in this county? *(check and record source of information)*	
2. What is the total number of Wards in this county?	
3. What is the current number of CUs formed?	
4. a) What is the current Number of CUs that are functional? *(A functional CU has the following characteristics: monthly reporting, holding meetings as scheduled, have dialogue days, right number of CHVs, has a committee, supplies and tools available)*	
b) What is the number of Wards covered with at least one functional C.Us	
c) What is the current number of CHEWS/ CHAs	
d. How many CHEWS/ CHAs are performing community work (according to CHS)	
e) What is the current number of CHVs	
5. What is the current number of CHEWs/ CHAs trained on community nutrition module	

Question	*Response*					
6. What is the current number of CHVs trained on community Nutrition module						
7. What is the reporting rate for MOH 515 in this county *(Look at trends in the last 6 months (source of data: DHIS, CSFP)*	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**
8. What is the level of County Government investment's in the Community Health Strategy, as per below table over the last 1 financial year (2015/2016)?						
Support to CHS	***Yes – 1, No – 0***					
CHEWs/ CHAs monthly Salaries						
Trainings-CHS basic module						
Other Trainings: Specify……..						
Monthly allowance to CHVs						
Means of Transport to CHVs to facilitate implementation of activities (bicycles, motorbikes, cash)						
CHVs Kits						
Reporting Materials						
Seed capital for IGAs						
Others. Specify……..						
9. Assess presence of feedback mechanisms and public participation at the community level (***Yes - 1 No – 0)***						
Community dialogue meetings						

Question	*Response*
Community health workers review meeting	
Community Health committees	
Community action days	
Chalk board	
Others (specify)	

10. How many community groups (CBOs, FBOs, support groups) are involved in nutrition related activities (integrate nutrition in their meetings/sessions/activities?

Group	***State the sectors / ministries they are linked to? (MoH, MoW, MoALF,)***	***List Nutrition activities they are engaged***
CBOs		
FBOs		
Support Groups		

11. In the last financial year (2015/2016), has there been an opportunity for creating awareness to the community on **nutrition governance issues** (resource allocation and management eg county integrated development plan, policy systems eg introduction of free micronutrient programmes, school milk programme etc) using the following feedback mechanism?
    (*Yes 1, No 0)*

Local radio stations /Local media	
Community dialogues forums	
Public forums/barazas	
County stakeholders forum	
Others (Specify)	

Time Stopped: ……

KEY INFORMANT INTERVIEW; HEALTH FACILITY IN-CHARGE

County: ……..... Sub county: …..……..……..

Health Facility Name: ……

Health Facility code: …….. Date of interview: ……..……..

Supervisors Name: ……

Interviewer Name: ……..…… Interviewer Number: ……..…….

Note taker Name: ……...……. Note taker Number: …….

Assessment results (*Circle one*): 1.Completed 2. a) Incomplete b) State reason and action e.g date and time of revisit: **.....**

INSTRUCTIONS

Good morning/ afternoon….. The ministry of health both National and County, with support from partners is conducting a nutrition capacity assessment. Your facility has been selected to participate in this assessment. The interview will take about 45 minutes. The objective of this assessment is to determine capacity of this health facility, to deliver nutrition services. The information generated will be useful in documenting the best practices and identifying the areas that require improvement.

I am going to ask you some questions about nutrition capacity, please let me know if you need me to clarify any of my questions. Feel free to ask any questions you may have. Can I start now? We will need to review several documents……kindly ask someone to avail the documents as we proceed with the interview.

Time started: …….

1. What is your position in this facility? (*circle one*):

   a) Facility in charge …. b) Others, Specify……..……

2. What is your cadre? ……..……

3. Level of facility (*Circle the one that applies*): Instructions :

   a) Tier 2-Dispensary (*former level 2*)
   b) Tier 2-Health Centre (*former level 3*)
   c) Tier 3- Category (*former level 4*)
   d) Tier 3-Category 2(former *level 4*)
   e) Tier 4- Category 1 (Former *level 5*)
   f) Tier 4- Category 2 National Hospital (*former level 6*)

   Tier 3 Category 1:*.Includes, former government sub district hospitals, faith based hospital and any other hospitals falling under this tier.*

   Tier 3 Category 2: *includes former government, district hospitals, faith based hospitals and any other hospital falling under this tier*

   Tier 4 –Category 1: *includes all former Provincial hospitals, faith based hospitals and any other hospital falling under this tier. The facilities include all private and community*

4. Facility Ownership (*Circle one that apply*)

   a. GOK ……. b. NGO……. c. Faith based…….. d. Private c. Community

5. Does the facility offer the following services?

Nutrition Services	**A** Does the facility offer the following services?*(Check for service even if there are currently no stocks)* Yes-1 No-0 *(**If yes** proceed to next questions, **If no** go to the next nutrition service)*	**B** If yes to A, which cadre of staff provides the service *(**multiple response** possible)* *Nutritionists– 1 Nurses– 2 Clinical officers – 3 Doctors – 4 Public Health officers – 5 CHVs -6 Others (Specify) - 7*	**C** If yes to A, Have you done target setting for the current financial year? Yes-1 No-0 (***If No skip to F)***	**D** *If yes to C, Verify using charts or documentation of set targets.)* *Yes-1* *No-0*	**F** If No to C, why?	**G** Has there been stock outs of the specific commodities in the last financial year Yes-1 No-0	**H** If Yes, what was the duration of stock out? <1 month– 1 1-3 months– 2 >3 months- 3
Vitamin A Supplementation							
Iron and Folic Acid Supplementation (IFAS)							

Multiple Micronutrient Powders (MNPs)							
Integrated Management of Acute Malnutrition (IMAM)							
Deworming							
Zinc Supplementation for diarrhea treatment							
Nutrition Service	**Does the facility offer the following services? Yes-1 No-0**	**If yes to A, which cadre of staff provides the service? (*Refer above*)**					
Promotion of Exclusive Breastfeeding (EBF)							
Promotion of Complementary feeding (CF) with continued breast feeding							
Nutrition in Diabetes Management (e.g *nutrition counseling, nutrition assessment etc)*							

Nutrition in Surgery							
Nutrition in Cancer Management							
Parenteral Nutrition							
Enteral Nutrition							
Nutrition in Renal Diseases							
Nutrition and HIV/TB (e.g nutrition counseling, FBP)							

6. (a) Is this facility linked to any Community Unit (*if yes, proceed to b, if no, skip to Q6d*)?

Yes-1 No-0

(b) If yes the facility is linked to how many CUs? …….

(c) How many CUs are Functional? ……

(d) If **no** in 6 (a) Why? …

7. a) How many Health professional staff does the facility have? *(Fill the table below)*

	Cadre	**Total Number**	**Terms of Employment**				**How many offeri**	**How many have undergone the following nutrition trainings in the last financial year**				
			Permanent	**Temporary**	**Casual**	**Volunteer**		**IMAM**	**MIYCN**	**IFAS**	**Routine data management**	**Commodity management**
1.	Medical Doctors											
2.	Nurses											
3.	Clinical officers											
4	Dentists											
5.	Lab Technologists/technicians											
6	Nutritionists											
7.	Public Health officers/ technicians											
8.	Pharmacists/Technologists											

	Cadre	Total Number	Terms of Employment				How many offeri	How many have undergone the following nutrition trainings in the last financial year				
9.	Physiotherapist											
10.	Occupational Therapists											
11	Health records officer											
12	Medical Engineer											
			Permanent	**Temporary**	**Casual**	**Volunteer**		**IMAM**	**MIYCN**	**IFAS**	**Routine data manage**	**Commodity manage**
13	Nurse Aids											
14	Community Health Assistants (CHAs)											
15	Community Health Volunteers											
16	Others: Specify……											

(b) How many Non Health staff does the facility have?

	Cadres	Number	How many offering	How many have undergone a sensitization on nutrition / OJT (Note: in- service) in the				
				IMAM	**MIYCN**	**IFAS**	**Routine data management**	**LMIS**
1.	Accountant							
2.	Economists/statisticians							

	Cadres	Number	How many offering	How many have undergone a sensitization on nutrition / OJT (Note: in- service) in the				
3.	Human resource							
4.	Clerical officers							
5.	Internal auditors							
6.	Finance officers							
7.	Secretaries							
8.	Drivers							
9	Support staff							
10	Others, Specify ……							

8. Does the facility attend/ hold the following Meetings?

Meeting	**A** Attend/ hold meeting *Yes–1* *No-0*	**B** If Yes, what is the Frequency of the meetings *Weekly – 1* *Twice a month - 2* *Monthly - 3* *Quarterly - 4* *Bi Annually - 5* *Annually – 6* *Other (Specify)- 7*	**C** Verify if Minutes or attendance list is available Yes-1 No-0	**D** If No in **A**, Why?
In Charges Meetings				
Staff meetings				
Facility Committee Meetings				
Community Health Committee Meetings (*only applicable if facility is linked to a CU*)				

9. a. Does the facility provide inpatient services (*if **yes**, proceed to b, if **no** skip to Q10*)?

Yes-1 No-0

b. If yes, is there an inpatient feeding committee (or catering committee) in place

Yes-1 No-0

c. If no (***to b***), probe why

……

……

10. Do you have the following specialized clinics in this facility?

Name of Specialized Clinic	**Availability Yes-1 No-0**
HIV clinic	
Diabetes Clinic	
Hypertension clinic	
TB and leprosy Clinic	
Cancer Clinic	
Pediatric outpatient clinic	
Medical outpatient clinic	
Palliative care clinic	
Surgical outpatient clinic	
Ear, nose and throat clinic	
Others, specify ……..	

11. a. Do you conduct performance appraisal? Yes-1 No-0

b. Have you been sensitized on performance appraisal? Yes-1 No-0

Observe the Following:

Variable	Check for:		Remarks
Service charter	Present Yes -1 No - 0	a) Strategically located (*located in a position visible as one accesses the facility?)* Yes =1 No =0 ……. b) Are nutrition services included in the service charter *(Nutrition counseling, Vitamin A supplementation, growth monitoring, etc)* Yes =1 No =0	
Check for the following on Storage space for nutrition commodities; (*Circle appropriately)*			
Iron Folic Acid suppléments	Space available: Yes– 1 No – 0 Not applicable-88	Well Ventilated: Yes =1 No =0 Secure: Yes =1 No =0 Has shelves, racks, cup boards: Yes =1 No =0 Bin Cards/ Stock Control cards: Yes =1 No =0 Delivery Notes: Yes =1 No =0 S11: Yes =1 No =0	
Vitamin A suppléments	Space available: Yes– 1 No – 0 Not applicable-88	Well Ventilated: Yes =1 No =0 Secure: Yes =1 No =0 Has shelves, racks, cup boards: Yes =1 No =0 Bin Cards/ Stock Control cards: Yes =1 No =0 Delivery Notes: Yes =1 No =0 S11: Yes =1 No =0	

Variable	Check for:			Remarks
Micronutrient Powders (MNPs)	Space available: Yes– 1 No – 0 Not applicable- 88	Well Ventilated	Yes =1 No =0	
		Secure	Yes =1 No =0	
		Has shelves, racks, cup boards	Yes =1 No =0	
		Bin Cards/ Stock Control cards	Yes =1 No =0	
		Delivery Notes	Yes =1 No =0	
		S11	Yes =1 No =0	
Ready to use therapeutic foods	Space available: Yes– 1 No – 0 Not applicable- 88	Well Ventilated	Yes =1 No =0	
		Secure	Yes =1 No =0	
		Has shelves, racks, cup boards	Yes =1 No =0	
		Pallets	Yes =1 No =0	
		Bin Cards/ Stock Control cards	Yes =1 No =0	
		Delivery Notes	Yes =1 No =0	
		S11	Yes =1 No =0	
Ready to use supplementary foods	Space available: Yes– 1 No – 0 Not applicable- 88	Well Ventilated	Yes =1 No =0	
		Secure	Yes =1 No =0	
		Has shelves, racks, cup boards	Yes =1 No =0	
		Pallets	Yes =1 No =0	
		Bin cards/ Stock control cards	Yes =1 No =0	
		Delivery Notes	Yes =1 No =0	
		S11	Yes =1 No =0	

Standard Treatment Protocols and Policy Guidelines

Protocols/guidelines	**Available** **Yes =1** **No =0**	**In Use** **Yes=1** **No =0** ***(Probe)***
Maternal Infant and Young Child Nutrition (MIYCN)policy statement		
Integrated Management of Acute Malnutrition (IMAM) guidelines		
MIYCN Guideline		
Vitamin A Schedules		
Iron and Folic Acid supplementation (IFAS) policy schedule		
Deworming Schedule		
Micronutrient Powders (MNPs) operational guide		
Clinical and dietetics guidelines/Manual		
Diabetes Guideline		
Cancer guideline		

Reporting Tools	Available Yes-1 No-0	In use Yes-1 No-0
Child Welfare Clinic (CWC) Registers – MoH511		
Maternity registers – MoH 333		
Antenatal Care Register – MoH 405		
Nutrition monthly report - MOH 713		
CHANIS tally sheet - MOH 704		
Integrated programme summary report form: Reproductive & Child health, Medical & Rehabilitative Services.- MOH 711		
Immunization and Vitamin A reporting tool - MOH 710		
Immunization and Vitamin A tally sheets - MOH 702		
Consumption Data Report and Request (CDRR) for nutrition commodities – MoH 734B		
Permanent Immunization Register -MOH 510		
Maternal & Child Health (MCH) Booklet		

	Diabetes register				
	Counseling Cards	**Available Yes-1 No-0**	**In use Yes-1 No-0**		
	Maternal and Child health Counseling cards				
	Iron and Folic Acid (IFAS) Counseling card				
	Maternal Infant and Young Child Nutrition Counseling Card				
	Integrated Management of Acute Malnutrition (IMAM) counseling card				
	HIV/AIDS Nutrition Counseling card				
	High impact Nutrition intervention Counseling card				
	WHO growth chart				
	Equipment	**Availability Yes-1**	**How many available**	**How many are**	

		No-0	(Numbers)	Functional	
ICT Equipment	Computers				
	Printers				
	Scanners				
	Photocopier				
	Internet				
	Mobile phones (owned by the health facility)				
	Tablets (owned by the health facility)				
Anthropometry equipment	Adult weighing scale				
	Child weighing scale				
	Adult height measuring equipment (procured)				

	Adult height measuring equipment- improvised				
	Child height board/ infantometer				
	Adult MUAC tape				
	Child MUAC tape				
Availability of a room that is designated for a nutritionist *(answer this in facilities that have a nutritionist)*	Present Yes-1 No-0				
What is the source of water in the health facility	Piped water-1 Harvested rain water-2 Bore hole-3 Others, Specify: ……				

Availability of hand washing facilities that are accessible to staff and clients/ patients	Container with a tap Yes-1 No-0 Running Water Yes-1 No-0 Soap Yes-1 No-0				
Availability of latrine/ toilet	Yes-1 No-0				
Presence of **Suggestion Box** as part of feedback mechanism and public participation at the community level	Present Yes-1 No-0				
If suggestion box is available, When was it last	Within the past one month-1 Past quarter-2 Past six months-3				

opened	Past one year-4 More than a year-5 Never-6				
If suggestion box is available, Observe if a complement and complaints book is available?	Yes-1 No-0				

Final Remarks from the respondent:

Time stopped: ……

IMAGES

Figure 16: KII for the in charges being conducted at Ober Dispensary Kabondo Kasipul Sub County

Figure 17: A capacity assessment team verifying the storage and commodity status at Rachuonyo Sub County Hospital, Kasipul Sub County

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