KWALE COUNTY

NUTRITION CAPACITY ASSESSMENT PILOT REPORT

JULY 2017

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LIST OF ABBREVIATIONS

ANC	Ante Natal Care
BMS	Breast Milk Substitute
CHEWS	Community Health Extension Workers
CHMT	County Health Management Team
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
FBO	Faith Based Organization
FGDs	Focus Group Discussions
GoK	Government of Kenya
HCPs	Health Care Providers
IFAS	Iron and Folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
KNCDF	Kenya Nutrition Capacity Development Framework
MIYCN	Maternal Infant and Young Child Nutrition
MNPs	Micro Nutrient Powders
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NGOs	NON Governmental Organizations
UNICEF	United Nations Children's Fund

ACKNOWLEDGEMENT

The Ministry of Health wishes to acknowledge the valuable support and contributions of the various stakeholders who contributed to the Nutrition capacity assessment exercise in Kwale County. Special thanks to:

- National Government for technical guidance
- The County Government of Kwale Health Department for offering an enabling environment and leading in the assessment
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- UNICEF Kenya Office for financial and technical support
- International Medical Corps for technical, administrative and logistical support
- The enumerators and data entry clerks for their commitment in undertaking quality data collection and entry
- All respondents for their willingness to provide information

EXECUTIVE SUMMARY

This document is a report of the Nutrition Capacity Assessment conducted in Kwale County in January and February 2017. The assessment was led by Kwale County under overall guidance of the National Capacity Team. The assessment was conducted to determine the nutrition capacity to offer nutrition services in Kwale County. It was the first time that Kwale County carried out capacity assessment in nutrition.

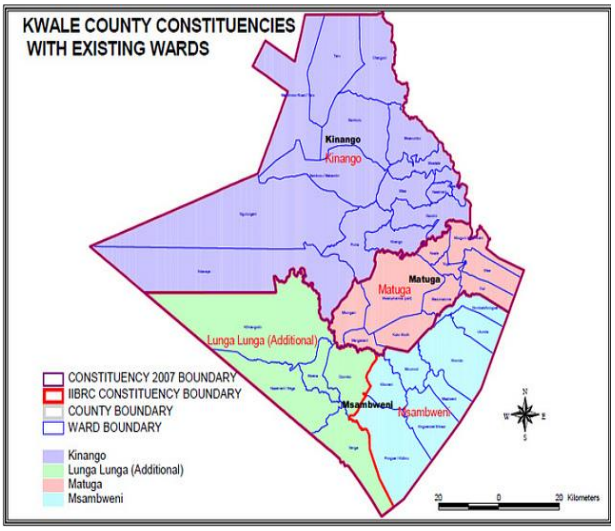
Such an exercise had not been carried out before in the county thus the necessity to carry out a nutrition capacity assessment. The exercise was guided by Kenya Nutrition Capacity Development Framework (KNCDF) which was developed to provide a comprehensive guide for shaping nutrition capacity development in Kenya. The four broad categories of capacity development as identified in the KNCDF were assessed. These areas include: system-wide capacity, organizational capacity, technical capacity and community capacity.

A master facility list provided by the county was used as the sampling frame. A combination of purposive, random sampling proportionate to size (PPS) and census sampling were applied and 28 health facilities were selected. A criterion was set to ensure representation of stratum. The criteria included representation by the level of the health facility, representation by administrative boundaries (sub-counties) and representation by ownership of the facility.

The exercise was jointly carried out by the Ministry of Health from the national and county level who provided oversight throughout the whole process and enumerators who were identified by the county team. Other agencies that supported the process were UNICEF and International Medical Corps, who provided support in planning, logistical, financial and technical support that, was required. Already developed key Informant Interviews and Focus Group Discussions guides were used for data collection. Data was then entered in an excel capacity database which provided automated results. Qualitative information was used to explain themes already observed from the quantitative data.

INTRODUCTION OF KWALE COUNTY

Kwale County is one of the six counties in the coastal region located in the South coast of Kenya. It borders Taita Taveta County to the West, Kilifi County to the Northwest, Mombasa County and Indian Ocean to the East and Republic of Tanzania to the South. The County is located in the Southeastern corner of Kenya, lying between Latitudes 30 3' and 40 45' south and Longitudes 380 31' and 390 31' East. The County has four sub counties; Msambweni, Lunga Lunga, Kinango and Matuga. It covers an area of 8270.2 square kilometers. This account for 1.42 per cent of Kenya's total surface area, of this, 62 square kilometers is under water. The area excludes the 200- miles coastal strip known as the Exclusive Economic Zones (EEZ). The county has a total population of 796,212 (Male-49%, Female-51 %) as projected from KNBS 2009 census. The main tribes are Digo and Duruma tribes who belong to the Mijikenda ethnic group of coastal Kenya. Other tribes in the county include the Kambas, Arabs, Indians and other ethnic groups though to a very small proportion.



KDHS (2014) reported child malnutrition in Kwale County as 29.7% (stunting), 4.4% (wasting) and 11.8% (underweight).

THE KENYA NUTRITION CAPACITY DEVELOPMENT FRAMEWORK

The Kenya Nutrition Capacity Development Framework (KNCDF) was developed to provide a comprehensive guide for shaping nutrition capacity development in Kenya. The overriding goal of the framework is to contribute to the improvement of nutrition and health outcomes through enhanced service provision. Specifically, the CDF aims at:

- Determining how existing policy frameworks provide an enabling environment for nutrition capacity development
- Establishing existing systemic, organizational, technical and community capacity for supporting nutrition programs and service delivery
- Identifying technical capacity gaps and needs
- Developing of monitoring and evaluation indicators/framework to monitor progress in the implementation of the KNCDF.
- Developing and costing of a framework for nutrition capacity development for Kenya

The KNCDF identifies four broad categories of capacity development relevant for improving the delivery of nutrition and dietetics services Kenya. These are:

System-wide capacity development: Includes key policy and governance issues that create the overall environment for service delivery. The main focus is on the existence and understanding of policies and guidelines from global, national and county levels.

Organizational capacity: Includes the working arrangements, structures and coordination frameworks of key institutions and organizations, such as county-level Ministry of Health, health facilities and non-governmental organizations (NGOs), donors and educational institutions and line ministries like the Ministry of Agriculture.

Technical capacity: Includes adequate nutrition personnel and proficiency levels. Capacity building in this pillar is geared towards the nutrition workforce, health managers, etc.

Community capacity: Focuses on the ability of the community to access, consume and demand nutrition-related services.

Justification of the capacity assessment

Nutrition (part of health) is now devolved in Kenya and it is therefore important not only to assess the Country's ability to offer nutrition services, but the Counties as well, since that's the level at which, much implementation takes place. Nutrition capacity assessment is therefore aligned to the Counties. Nutrition capacity assessment is aimed at determining capacity of the County to offer nutrition services. The assessment is holistic looking at the system, structures, organizational, technical and community capacity. The assessment therefore being the first would establish a baseline as well as gaps in the county.

Objectives of the Nutrition Capacity Assessment

Main objective

The main objective of the nutrition capacity assessment was to determine the capacity of Kwale County to offer nutrition services.

Specific objectives included;

1. To sensitize county health management and stakeholders on KNCDF, KNCDF operational guide and capacity assessment tools
2. To determine capacity of Kwale County to offer nutrition services
3. To develop recommendations (action points) based on identified gaps
4. To document best practices

CHAPTER 2: METHODOLOGY

Step 1: Drafting of the survey purpose

The purpose of nutrition Capacity assessment was drafted with both National and County teams. The main purpose was to determine nutrition capacity of Kwale County to offer nutrition services and demand for the same.

Step 2: Identification of the core team to undertake the assessment

A multi-agency core team led by the Ministry of Health from the national and county level provided oversight throughout the whole process. Partners (UNICEF & International Medical Corps) were focal in planning, logistics and technical support. Supervisors, Enumerators and data clerks were identified by the county team. Each of the participating entity/agency was allocated roles and responsibilities.

Table 1: Roles and Responsibilities

Agency	Roles and responsibilities	Representation
Ministry of Health – National	• Overall coordination of the assessment • Seeking permission to conduct the activity from the County government • Conducting key informant interviews and FGDs • Ensure dissemination of results/feedback • Support to counties in action planning to address gaps identified/recommendations • Conducting key informant interviews and FGDs	Capacity Manager-Nutrition and dietetics unit
Department of Health – County level	• Led capacity assessment • Mobilization of relevant authorities/ heads of units and key informants • Follow up approval/validation at county level/ Seeking permission to conduct the activity • Dissemination of results to stakeholders • Action planning to address gaps identified/recommendations	County Nutrition Coordinator-lead Appointed CHMT members

UNICEF	• Funding for capacity assessment (Donor) • Technical support • Support in data entry and results analysis using capacity database • Conducting key informant interviews and FGDs	Information Specialist - Monitoring and Evaluation Nutrition officer-Emergency Nutrition support officer-Kwale
International Medical Corps	• Logistical support to the whole process; funding, convening meetings, car hire, enumerator's allowances and data clerks-CSO implementing on behalf of UNICEF • Leading in planning for the assessment • Technical support to the whole capacity assessment process; • Conducting key informant interviews and FGDs • Participate in the dissemination of results/ feedback • Support the county in action planning to address gaps identified/recommendations • Final report writing	Deputy director-Nutrition National Capacity Development Officer Nutrition Project Manager Nutrition assistant

Step 3: Methodology, Sample size and sampling procedure

Kwale methodology prepared and reviewed by the core team. The methodology was validated at the nutrition information technical working group (NITWG).

Kwale Methodology

As indicated in the methodology, nutrition capacity assessment made use of already developed tools by the Capacity Working Group, which had both quantitative and qualitative components. The tools targeted different respondents as indicated in the table below;

Table 2: Key Informant Interview Target

TARGET	TOOL	Number of Tools
County Nutrition Coordinator and Director for Health	Key Informant Interview	1
County Pharmacists	Key Informant Interview	1
County Health Records Information Officer	Key Informant Interview	1
Human Resource Department	Key Informant Interview	1
County Head of planning/finance Budgeting	Key Informant Interview	1
County CEC/Chief Officer for Health	Key Informant Interview	1
County Public Health Officer	Key Informant Interview	1
Community Focal Person	Key Informant Interview	1
Facility In Charges	Key Informant Interview	28

Table 3: Focus Group Discussion Target

TARGET	No of FGDs
CHMT	1
Nutrition Workforce	4
Nutritionists	1
Community Health Volunteers	4

Desk review was conducted guided by an already developed tool

Most of the KII (those targeting health managers) only targeted one specific person. Since it's not possible to carry out capacity assessment in all the facilities, facility sampling followed the following criteria;

A master facility list provided by the county was used as the sampling frame. Purposive sampling was applied and 28 health facilities were selected. A criterion was set to ensure representation of stratum. The criteria included:

- Representation by the level of the health facility
- Representation by administrative boundaries - sub-counties
- Representation by ownership

Initially stratification was done as per the level of facilities either by Hospitals, Health Centers and Dispensaries. The 4 hospitals in the County (all GOK owned) were sampled in form of a census. All the 6 health Centers (5 GOK, 1 Private) in the County were sampled in form of a census. 20% of Dispensaries (all GoK), were sampled randomly taking into account administrative boundaries. PPS was applied across the 4 Sub Counties. A total of 18 dispensaries were sampled; 7 from Kinango Sub County, 4 Lunga lunga Sub County, 4 Matuga Sub County and 3 in Msambweni Sub County. The tables below show the number of health facilities selected for the assessment and the method of sampling used and the list of facilities sampled respectively.

Table: Number of selected Health Facilities per Level

Facility level	Sample Size	Sampling method
Hospitals (GOK)	4	Census
Health Centers (5 GOK, 1 Private)	5	Census
Dispensary(All, GOK)	19	PPS, Random Sampling
Total	**28**	

Table 5: List of Sampled Facilities

Health Facility Name	Sub-county	Type	Ownership
Diani	Msamweni	HC	GOK
Msambweni	Msamweni	Hospital	GOK
Kinondo	Msamweni	HC	GOK
Mafisini	Msamweni	Dispensary	GOK
Bodo	Msamweni	Dispensary	GOK
Munje	Msamweni	Dispensary	GOK
Kwale sub county H	Matuga	Hospital	GOK
Tiwi	Matuga	HC	GOK
Mkundi	Matuga	Dispensary	GOK
Magodzoni	Matuga	Dispensary	GOK
Ngombeni	Matuga	Dispensary	GOK
Shimba hills	Matuga	HC	GOK
Mazumalume	Matuga	Dispensary	GOK
Mwachinga	kinango	Dispensary	GOK

Ndavaya	kinango	Dispensary	GOK
Kinango sub county	kinango	Hospital	GOK
Vigurungani	kinango	Dispensary	GOK
Mwanda	kinango	Dispensary	GOK
Mnyenzeni	kinango	HC	GOK
Gandini	kinango	Dispensary	GOK
Chigato	kinango	Dispensary	GOK
Makamini	kinango	Dispensary	GOK
Vitsangalaweni	lungalunga	Dispensary	GOK
Lungalunga hospital	Lungalunga	Hospital	GOK
Vanga	Lungalunga	Dispensary Dispensary	GOK GOK
Majorani	Lungalunga	Dispensary	GOK
Mwena	Lungalunga	Dispensary	GOK
Mzizima	Lungalunga	Dispensary	GOK

Step 4: Orientation of the core team on the framework, assessment tools and enumerator training

A one-day sensitization meeting was held prior to conducting the assessment. This targeted the County Health Management Team (CHMT), representatives from the Ministries of Water, Agriculture and Education, Academia and partners working in the county. It was conducted to promote the overall understanding of KNCDF and the capacity assessment tools.

Three-day training of the supervisors, enumerators & data clerks was conducted in order to enable them understand the questionnaires. The County team selected 6 enumerators who were county health workers with at least some basic understanding of nutrition. The first two days of training involved taking the teams through all the capacity assessment tools. A pre-test before the actual data collection was conducted on the third day of training in Magaoni and muhaka

dispensaries. The team gave feedback which informed on areas of improvement in the questionnaire. Three data clerks selected by the County team were taken through capacity data base for one day, which was the first day of data collection.

Step 5: Data collection

Both qualitative and quantitative data was collected using KIIs and FGDs for a period of 5 days.

Key informant interviews

The interview consisted of asking individual questions using a specific key informant guide, listening attentively to their responses and exploring their views and experiences to provide deep understanding. Each survey team explained the purpose of the survey and issues of confidentiality and obtained verbal consent before proceeding with the KII. The data was submitted to the data team at the end of each day for data entry. The national level team conducted all the CHMT key informant interviews. The following CHMT members were interviewed:

- County Officer of Health/County CEC
- County Nutrition Coordinator (CNC) & Director for Health
- County Pharmacist
- County Health Records and Information Officer (CHRIO)
- Human Resource Department (HRD)
- County Head of Planning /Finance Budgeting
- County public Health Officer (CPHO)
- Community Focal Person
- Health Facility In charges (sampled facilities)

Trained enumerators conducted health facility in charge interviews using the standardized KIIs (Annex 4) for 5 days. Various guidelines were followed in conducting KII as well as FGDs.

Step 6: Data entry and analysis

Data entry was done by three trained data clerks for four days. Data was entered, cleaned and analyzed in Capacity database which is an Ms excel database. Each KII had a separate database. The database allowed for automated analysis for the quantitative data. Qualitative data from the key informant interviews and FGDs was used to explain themes in quantitative results

CHAPTER 3: RESULTS

DEMOGRAPHICS

Kwale County has four sub counties; Msambweni, Lunga Lunga, Kinango and Matuga, with 99 health facilities.

Table 6: Ownership of Health Facilities

Sub county		Health facility	level	Ownership
Kinango	1	KINANGO HOSP.	Level 4	GOK
Kinango	2	VIGURUNGANI	Level 2	GOK
Kinango	3	NYANGO	Level 2	GOK
Kinango	4	MWACHINGA	Level 2	GOK
Kinango	5	LUTSANGANI	Level 2	GOK
Kinango	6	KIBANDAONGO	Level 2	GOK
Kinango	7	MTALL	Level 2	GOK
Kinango	8	NDAVAYA	Level 2	GOK
Kinango	9	MKANGOMBE	Level 2	GOK
Kinango	10	MBITA	Level 2	GOK
Kinango	11	MBWALENI	Level 2	GOK
Kinango	12	MAKAMINI	Level 2	GOK
Kinango	13	VINYUNDUNI	Level 2	GOK
Kinango	14	KINAGONI	Level 2	GOK
Kinango	15	SAMBURU	Level 3	GOK
Kinango	16	TARU	Level 2	GOK
Kinango	17	MACKNON	Level 2	GOK
Kinango	18	KILIBASI	Level 2	GOK
Kinango	19	SILALONI	Level 2	GOK

Sub county		Health facility	level	Ownership
Kinango	20	MAZERAS	Level 2	GOK
Kinango	21	KAFUDUNI	Level 2	GOK
Kinango	22	MWANDA	Level 2	GOK
Kinango	23	MWABILA	Level 2	GOK
Kinango	24	MATUMBI	Level 2	GOK
Kinango	25	PEMBA	Level 2	GOK
Kinango	26	CHIGATO	Level 2	GOK
Kinango	27	MNYENZENI	Level 3	GOK
Kinango	28	BOFU	Level 2	GOK
Kinango	29	MKANYENI	Level 2	GOK
Kinango	30	MAVIVIRINI	Level 2	GOK
Kinango	31	GANDINI	Level 2	GOK
Kinango	32	MWANGEA	Level 2	GOK
Kinango	33	CHANZOU	Level 2	GOK
Kinango	34	BUSA	Level 2	GOK
Kinango	35	GURANZE	Level 2	GOK
Kinango	36	GONZANI	Level 2	GOK
Kinango	37	MAZORA	Level 2	GOK
lungalunga	38	MZIZIMA	Level 2	GOK
lungalunga	39	AFYA BORA	Level 2	GOK
lungalunga	40	NGATHINI	Level 2	GOK
lungalunga	41	MWANGULU	Level 2	GOK
lungalunga	42	MAJORENI	Level 2	GOK

Sub county		Health facility	level	Ownership
lungalunga	43	MKWIRO	Level 2	GOK
lungalunga	44	MAJIMOTO	Level 2	GOK
lungalunga	45	SHIMONI	Level 2	GOK
lungalunga	46	MWANANYAMALA	Level 2	GOK
lungalunga	47	MWANGUDA	Level 2	GOK
lungalunga	48	KILIMANGODO	Level 2	GOK
lungalunga	49	GODO	Level 2	GOK
lungalunga	50	KIKONENI	Level 3	GOK
lungalunga	51	MAMBA	Level 2	GOK
lungalunga	52	MWANGWEI	Level 2	GOK
lungalunga	53	VANGA	Level 3	GOK
lungalunga	54	MWENA	Level 2	GOK
lungalunga	55	WASINI	Level 2	GOK
lungalunga	56	MRIMA	Level 2	GOK
lungalunga	57	LUNGALUNGA HOSP	Level 4	GOK
lungalunga	58	VITSANGALAWENI	Level 2	GOK
lungalunga	59	BWITI	Level 2	GOK
Msambweni	60	MSAMBWENI R. HOSP.	Level 4	GOK
Msambweni	61	MUHAKA	Level 2	GOK
Msambweni	62	ESHU	Level 2	GOK
Msambweni	63	MAGAONI	Level 2	GOK
Msambweni	64	MBUWANI	Level 2	GOK
Msambweni	65	DIANI	Level 3	GOK

Sub county		Health facility	level	Ownership
Msambweni	66	BODO	Level 2	GOK
Msambweni	67	MLUNGUNIPA	Level 2	GOK
Msambweni	68	MWANAMANGA	Level 2	GOK
Msambweni	69	KINONDO	Level 3	PRIVATE
Msambweni	70	MUNJE	Level 2	GOK
Msambweni	71	SHIRAZI	Level 2	GOK
Msambweni	72	GAZI	Level 2	GOK
Msambweni	73	MAFISINI	Level 2	GOK
Msambweni	74	GOMBATO	Level 2	GOK
Msambweni	75	ZIGIRA	Level 2	GOK
Matuga	76	SHIMBA HILLS	Level 3	GOK
Matuga	77	MWALUPHAMBA	Level 2	GOK
Matuga	78	MWAPALA	Level 2	GOK
Matuga	79	MSULWA	Level 2	GOK
Matuga	80	MAZUMALUME	Level 2	GOK
Matuga	81	KIBUYUNI	Level 2	GOK
Matuga	82	MWALUVANGA	Level 2	GOK
Matuga	83	LUKORE	Level 2	GOK
Matuga	84	NGOMBENI	Level 2	GOK
Matuga	85	KITEJE	Level 2	GOK
Matuga	86	BILASHAKA	Level 2	GOK
Matuga	87	MKONGANI	Level 3	GOK
Matuga	88	MATUGA	Level 2	GOK

Sub county		Health facility	level	Ownership
Matuga	89	MBUGUNI	Level 2	GOK
Matuga	90	VYONGWANI	Level 2	GOK
Matuga	91	MAGODZONI	Level 2	GOK
Matuga	92	WAA	Level 2	GOK
Matuga	93	TIWI RHTC	Level 3	GOK
Matuga	94	KOMBANI	Level 2	GOK
Matuga	95	CHITSANZE	Level 2	GOK
Matuga	96	KWALE HOSP.	Level 4	GOK
Matuga	97	MBEGANI	Level 2	GOK
Matuga	98	MKUNDI	Level 2	GOK
Matuga	99	KIZIBE	Level 2	GOK

Out of the 99, 98 are public health facilities categorized as follows; 1 referral hospitals, 3 sub county hospital, 9 health centres and 86 dispensaries distributed in the three sub counties.

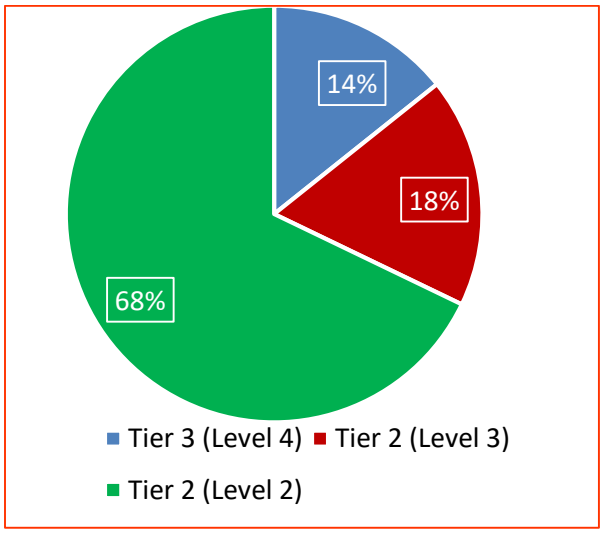
The capacity assessment was carried out in 4 Hospitals, 5 health centres and 19 dispensaries.

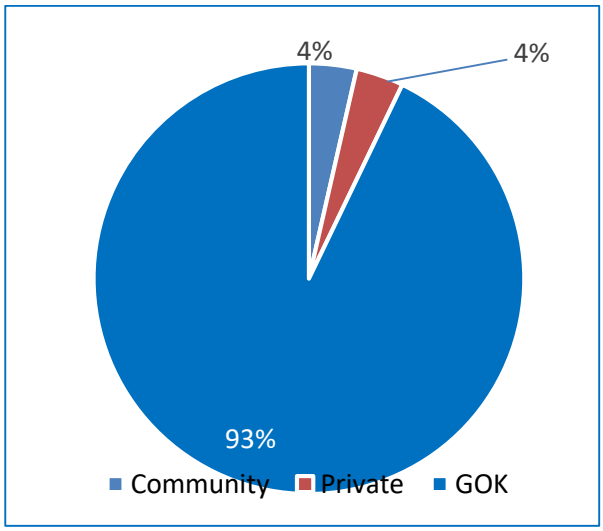
Table 7: Ownership of sampled health facilities

Level	Tier 3 (Level 4)	Tier 2 (Level 3)	Tier 2 (Level 2)	Total
Number	**4**	**5**	**19**	**28**

Kwale County Director of Health Services giving opening remarks during results dissemination

Pie-Charts showing distribution of selected facilities by: (Chart1) Level of facility & Ownership (Chat 2)





SYSTEMIC

Assessment on systemic capacity focused on the broader macro environment. This included policy environment, legal and regulatory capacity as well as social economic and cultural dynamics that influence nutrition outcomes. The following parameters were assessed under the systemic capacity:

Availability of planning documents

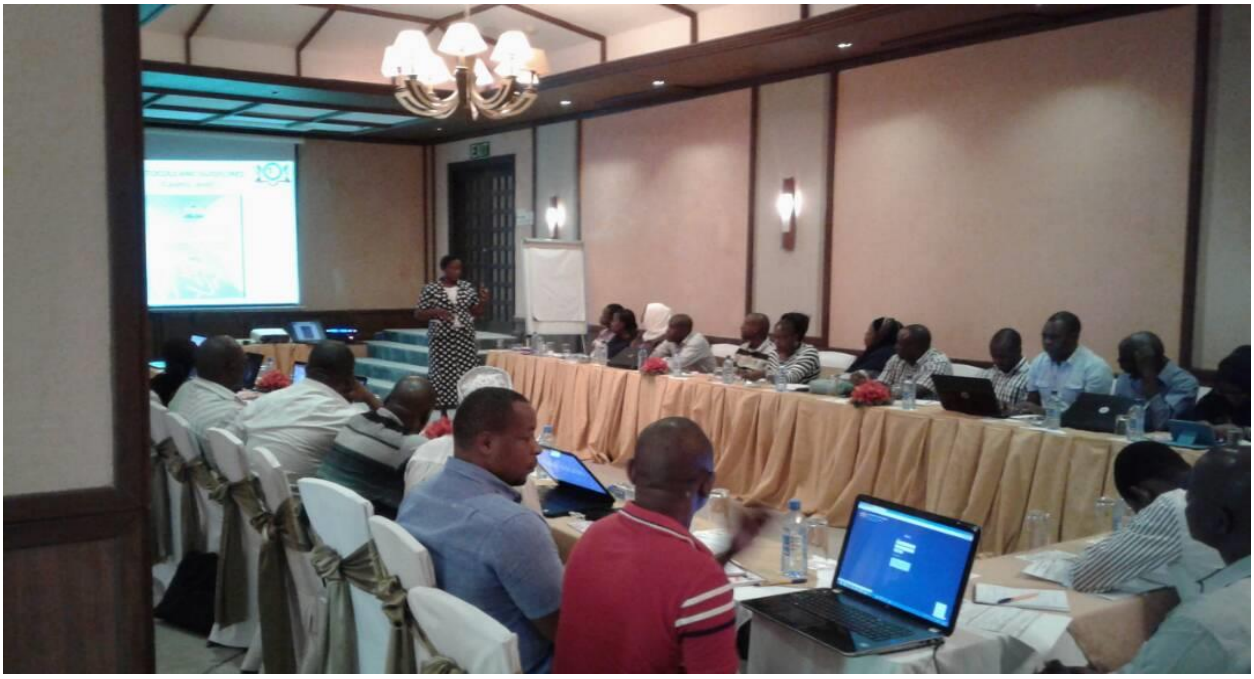
Several planning documents were available in the county namely; CNAP, CIDP, Scheme of service for all officers including Nutrition officers, CHSSP, FSNP, HRH Guide, KHSSP and ACSM. CIDP was developed but in draft stage. The CIDP had nutrition activities prioritized. Examples included;

- Recognition that there is a burden of malnutrition in the County especially stunting
- Ned to prioritize training of more health workers (nutritionists included) within the County (KMTC)
- Exclusive breastfeeding, deworming, latrine coverage and use are some of the indicators that are meant to be tracked

Kwale County Health Sector Strategic Plan (CHSSP) was developed and the following areas were prioritized in the;

- Procurement of anthropometric equipment
- Conducting of integrated outreaches
- Need for advocating for stringent measures on quality control for food and drug safety
- CHSSP recognizes there is a gap in the number of nutritionists recruited in the County (118 in number) and plans to recruitment relevant staff (technical and support) in adequate in number, skills, mix, attractive retention package. Nutrition is part of the technical staff
- Food fortification, deworming and dirrhoea is also prioritised

Kwale County Nutrition Action Plan (CNAP) was under development-it was in draft stage during the time of assessment. Once finalized and launched it will be used in planning and resource mobilization. The program based annual work plan for the financial year 2015/2016 was developed and it had various activities on nutrition such as training on DHIS, training on Diabetes management and training on HiNi mentors and facilitation of bi annual vitamin A supplementation. Kwale County did not have a passed health bill. The assessment found that guidelines on nutrition in HIV, TB, Diabetes, USI and IFAS were used during planning to set the targets. Kwale County used the scheme of service in recruiting and promotion of staff. There was increase in recruitment due to absorption of casuals into the payroll and staff who are on contract.



Kwale County Nutrition Coordinator presenting systemic capacity results

Availability of Nutrition Protocols and guidelines

Capacity assessment sought to establish nutrition guidelines that were available at the County, those that were disseminated to the end users and whether a sensitization on utilisation of the guidelines was conducted on the end users. The table below shows these results;

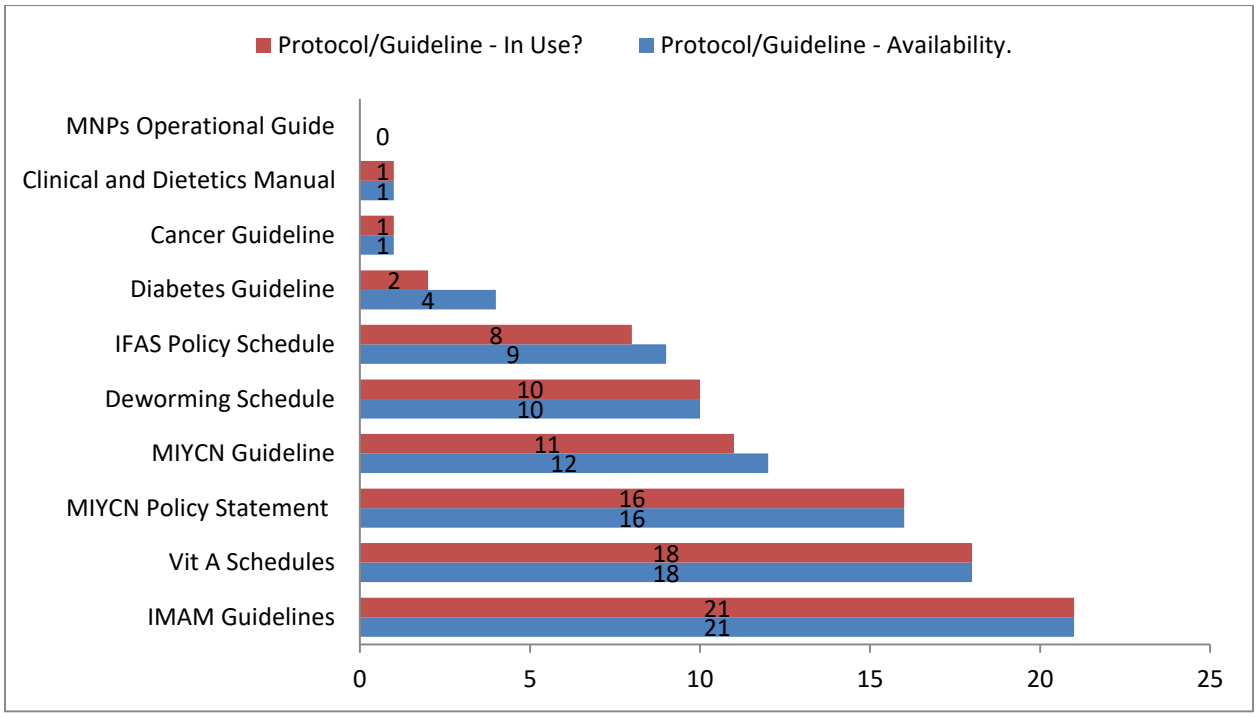
Table: Nutrition Guidelines available at the County Level

Guideline / Policy	Availability	Disseminated	Sensitized
Vitamin A Schedules	√	√	√
Integrated Management of Acute Malnutrition (IMAM) guidelines	√	√	√
Maternal Infant and Young Child Nutrition (MIYCN) policy statement	√	X	√
Iron and Folic Acid supplementation (IFAS) policy schedule	√	√	√
Cancer guideline	x	x	x
MIYCN Guideline	√	x	√
Deworming Schedule	x	x	√

Guideline / Policy	Availability	Disseminated	Sensitized
Nutrition in HIV and TB guidelines	√	√	√
Micronutrient Powders (MNPs) operational guide	x	x	x
Clinical and dietetics guidelines/Manual	x	x	x
Diabetes Guideline	x	x	x

The assessment sought to determine nutrition protocols and guidelines that were available in the 28 sampled facilities. The assessment also determined of the protocols and guidelines were in use. The table below shows the

Table: Nutrition protocols and guidelines available at the facility level



As shown in the above table, IMAM guidelines, vitamin A schedules and MIYCN policy statement were available in most facilities. MNPS operational guide was totally missing in all health facilities. Clinical and dietetics manual, diabetes guidelines were missing in most facilities and only available in one or two health facilities. IFAS policy schedule, de-worming schedule and MIYCN guideline were missing in 50% of the facilities sampled.

Presence and Knowledge on National Laws and policies

Various policies existed at the County and sub county level. Some of the available policies were the Health policy and Food and Nutrition Security Policy (FNSP). Kwale County was not sensitised on the BMS act; neither was the act enforced or monitored. The County reported to adhere to CAP 242 law enforcement with designated officers who inspect premises, food sampling and legislation prescription of violators. Seizure forms were used to destroy expired goods as a control measure.

Presence of Bills in the County

Kwale health bill was under development. The bill cuts cross all departments of health.

Resource allocation and utilization; Current financial year

The biggest budget for the county was allocated to Education- ECDEs (30%) followed by Health (15%). Public participation was done during the budget making process. Key health budget priority in Kwale County was salaries {Human Resource} 75% of recurrent budget. Result Based Financing which was in use in the County, had increased motivation for Health Care Workers leading to improved service delivery. Kwale County reported that partners played a key role in financing of nutrition and health activities. The County had no budget line for nutrition.

ORGANIZATION CAPACITY

Organizational capacity is the working arrangements structures and coordination framework. This section looks at the coordination mechanisms, Human resource management, Supply chain management, Service delivery, procurement, monitoring and evaluation. There is focus on coordination and other structures in place, which provide the environment for smooth delivery of services. Organizational capacity development recognizes the need for well-established infrastructure, tools and equipment in addition to skills enhancement.

During Kwale capacity assessment, organizational capacity was determined by assessing the following aspects;

- Health cadres offering nutrition
- Specialized clinics offered
- Infrastructure, supplies, guidelines, tools and equipment
- Availability of anthropometric equipment
- Availability, usage and reporting of MOH tools
- Reporting of nutrition services offered
- Coordination and Support Supervision
- Human Resource Management
- Operational Research

Nutrition services

From the selected facilities, some of the high impact nutrition interventions such as Deworming, Exclusive Breastfeeding, and Complementary Feeding were offered in all the facilities, while the most specialized nutrition services like diabetes management or enteral nutrition were at the higher level facilities (level 4). The figure below shows the nutrition services offered in the selected health facilities, by tier.

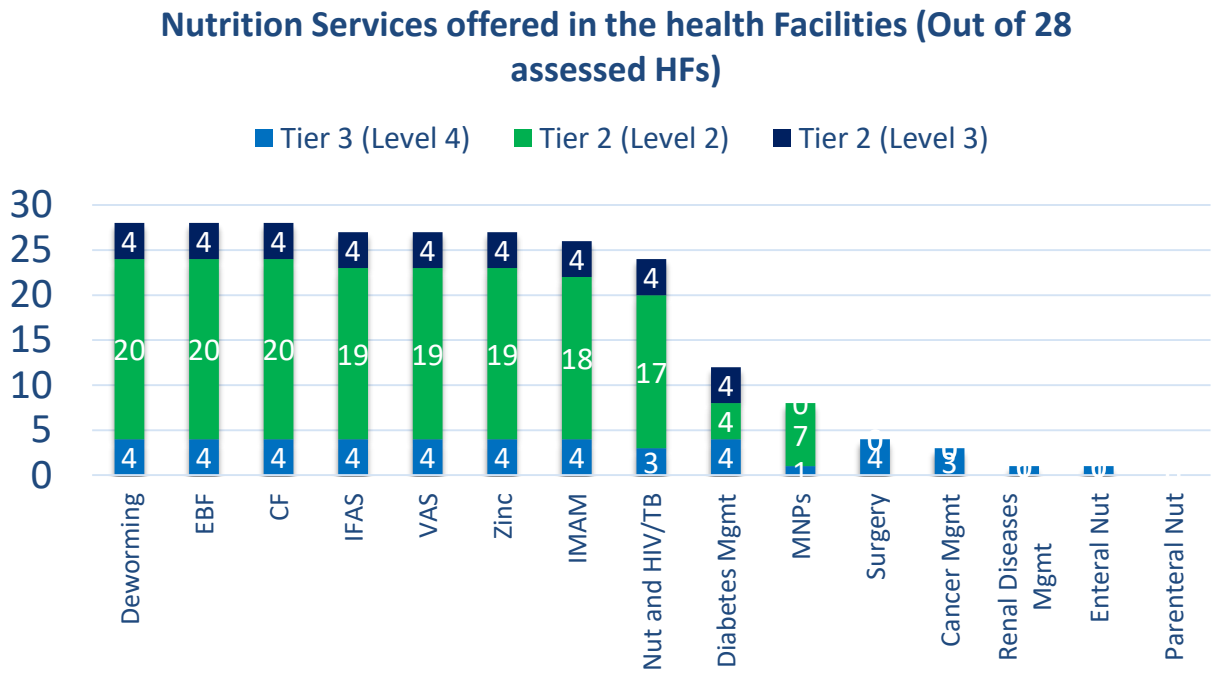
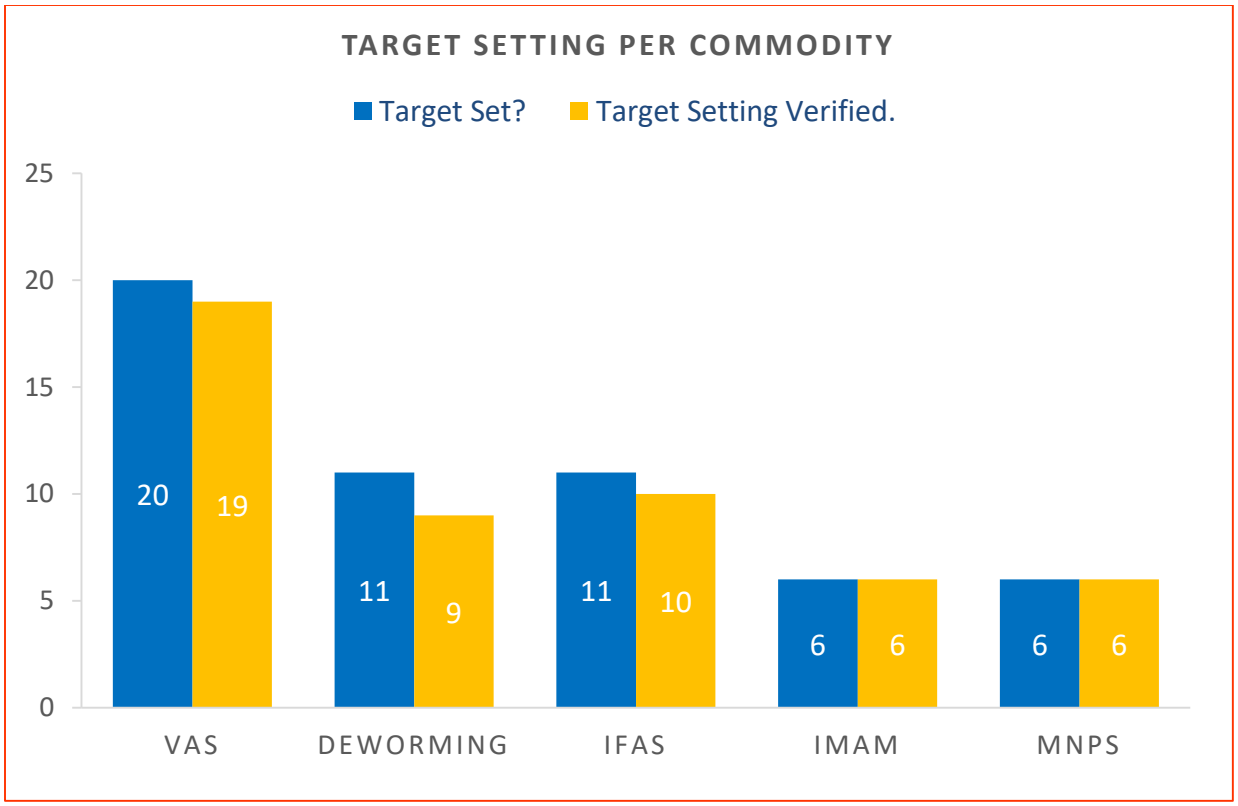


Figure 4: Facilities providing nutrition services

Target Setting for nutrition services

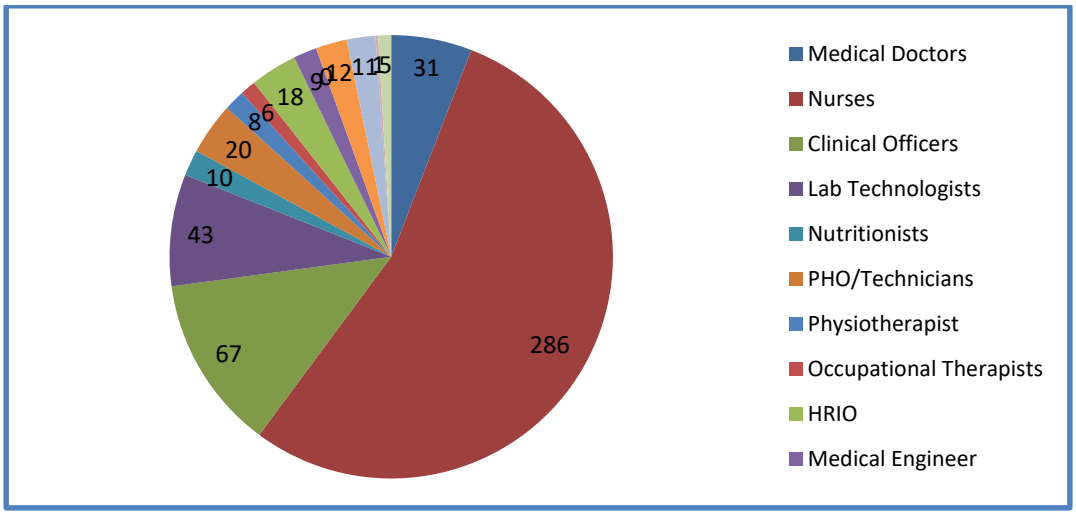
Setting target is important in service delivery. Capacity assessment sought to determine target setting practice for nutrition services that require commodities. This was determined in the selected 28 facilities. The assessment established that target setting was high for Vitamin A supplementation (VAS), as compared to de-worming, IFAS, MNPs and IMAM. The graph below illustrates this information;



Most of the facilities that did not set targets reported they did not know how to set targets and they requested support on how to set targets of each service. A few of them reported that they forget to set targets for some indicators.

Nutrition Workforce

Of the 28 visited facilities, majority of health workers were nurses. As a result, nurses therefore performed majority of nutrition services, above their regular responsibilities outlined in their job description. Figure below illustrates this:



Specialized clinics

Specialised clinics days help in giving more focus to a service during those specific days. The services are enhanced though having specialists on that day as well as adequate staff to address the service.

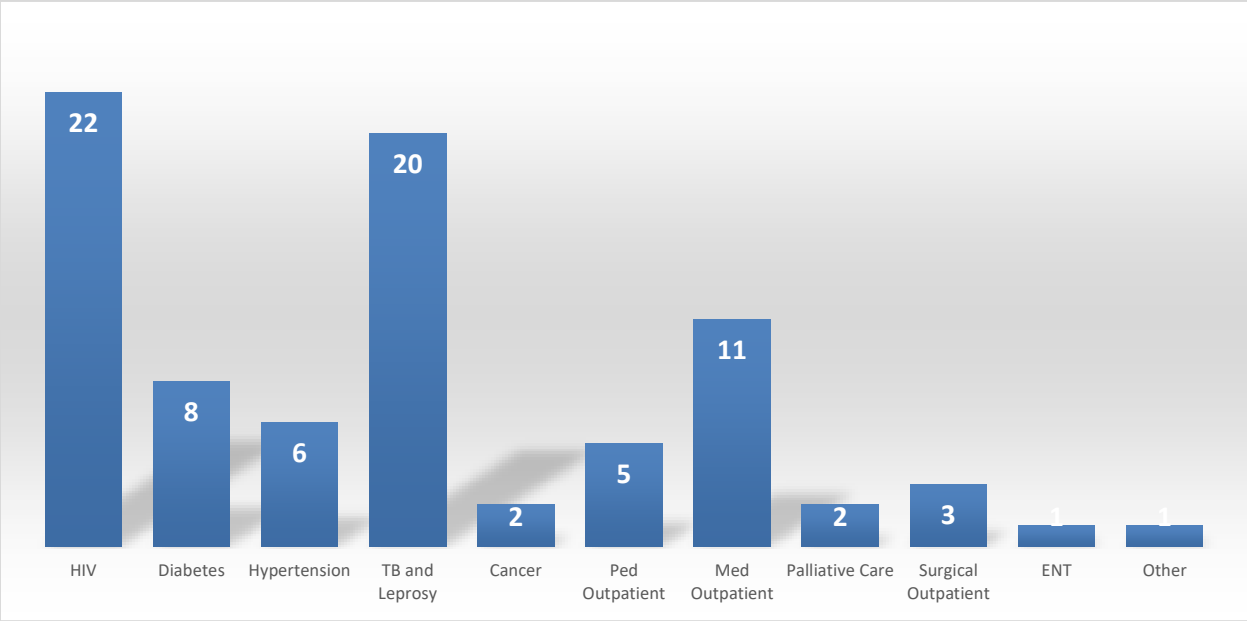


Figure: Specialized Clinics

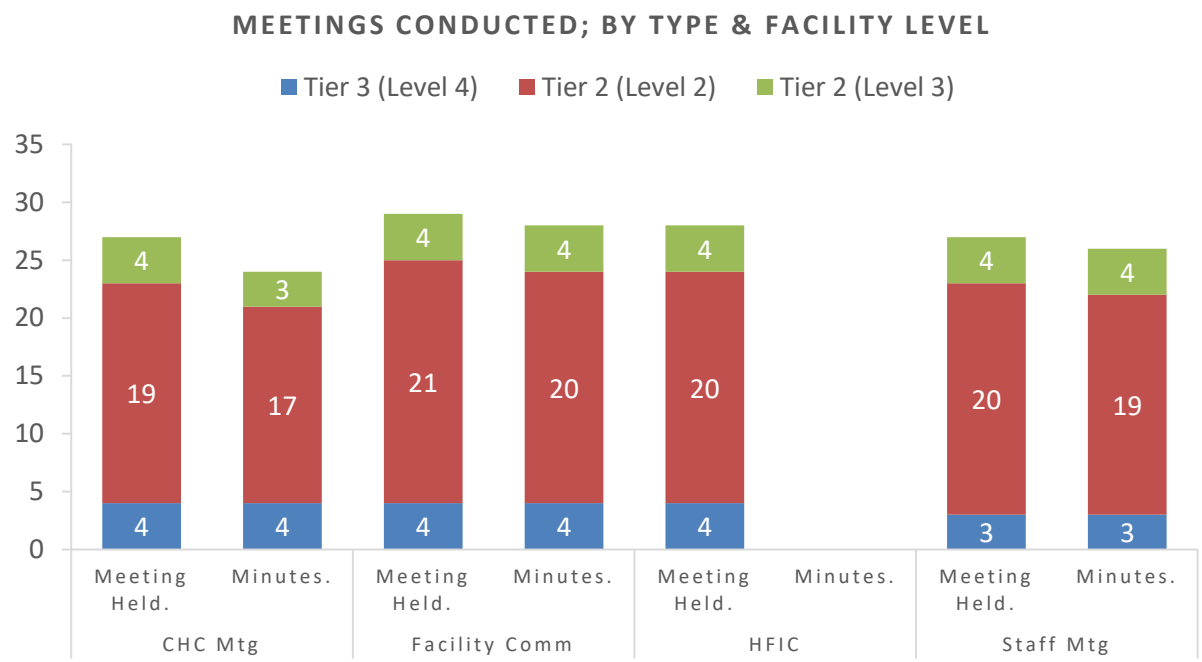
In Kwale County, TB and Leprosy and HIV were the common specialized clinics among the selected 28 facilities. Almost a quarter of the facilities had diabetes and hypertension clinics too.

Performance appraisal

Although several facilities in charges reported they conducted performance appraisals, the data collected showed gaps in appraisal system in the county. There were knowledge gaps by most of the health workers on the appraisal process. Staff reported they needed sensitization on how to conduct performance appraisals.

Health and nutrition co-ordination Forums and Supervision

Forums available for coordination in the county were County Nutrition Technical Forum (CNTF) which is held on a quarterly basis, Sub County Nutrition Technical Forum (SCNTF) held on a monthly basis, in charges meetings (held on a quarterly) and staff meetings (held on a Monthly). TOR for CNTF was available. Other forums did not have a TOR. Most of the sampled facilities conducted staff meetings, and attended in charges meetings.



Most of the facilities that held the staff meetings and facility committee meetings had minutes. A few of the facilities that held community health committee (CHC) meetings did not have minutes for the meetings held.

Support supervision in Kwale County is carried out at different levels, County to Sub county (on a quarterly) and Sub county to health facilities (on a quarterly). Support supervision is integrated for all departments and MOH integrated tool for supervision is used. Kwale County Nutrition Coordinator carries out Nutrition support supervision based on time availability and support for logistics. This is however not regular as it depends on partner support availability.

Human Resource, at organizational level

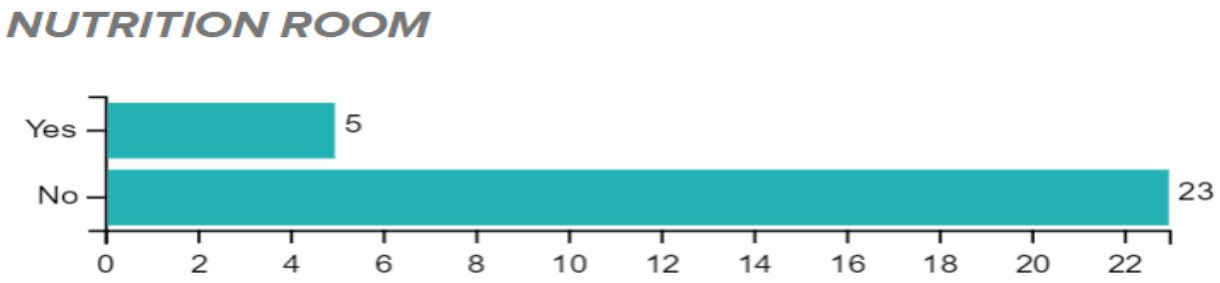
Adequate and competent Human resource is a key pillar to quality service delivery. With the devolved government of Kenya, Counties were faced with the challenge of inadequate staff. The situation was worse in the underdeveloped and insecure regions where health workers prefer not stay. With health being a devolved function, Counties are meant to allocate a huge amount budget to go towards paying of its staff. County government of Kwale was not exception where a majority of the health budget was reported to go towards salaries. Despite this large allocation of health budget to remuneration, the County still had staff shortage for all cadres, including nutritionists.

Kwale County reported their hiring practice gave an equal opportunity to all. The Human resources norms and standards was used in planning for recruitment while scheme of services was used during promotions and re-designations. Scheme of service for nutritionists was available and it was used during recruitment to inform the job adverts, job description and determining which cadres to employ. It was a mandatory that nutrition workforce were registered with their respective boards prior to recruitment. These were NACC (Nurses), COCO (Clinical officers) and KNDI (for nutritionists), PHOC (Public health), KMPDU

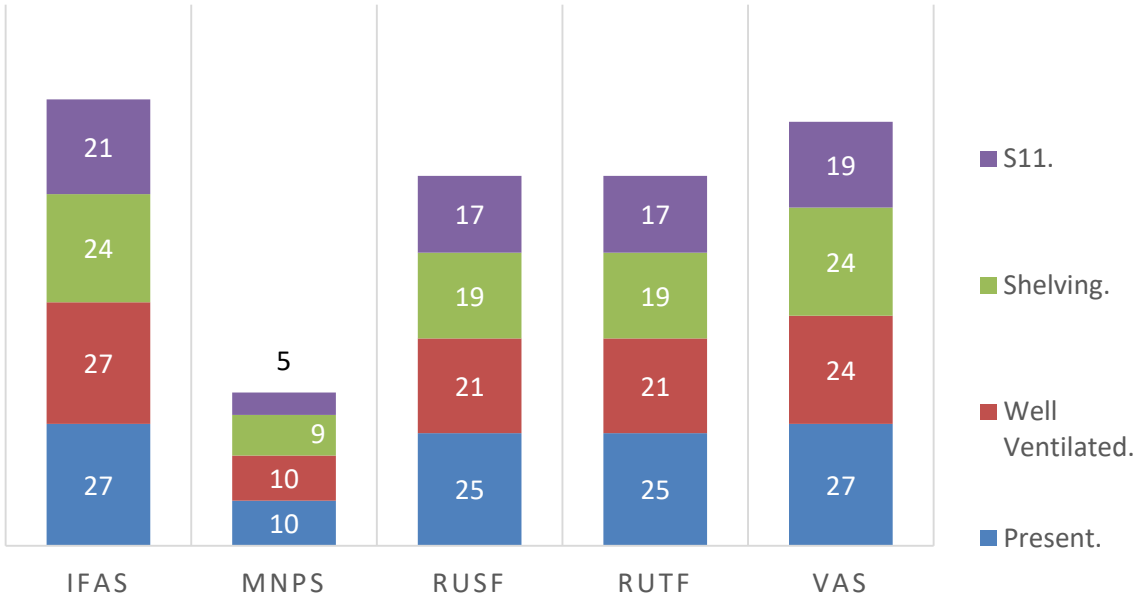
(doctors) and AMRO (health records). The County had a staff establishment for all cadres with their job designations and their current stations. Training committee existed in the county with the membership of the director, health administration officer, health information officer and 2 members of the CHMT. However, this committee only approved only requesting for study leave for further studies. Kwale County had no training projections for the various trainings required. There was no training database.

Infrastructure for nutrition services

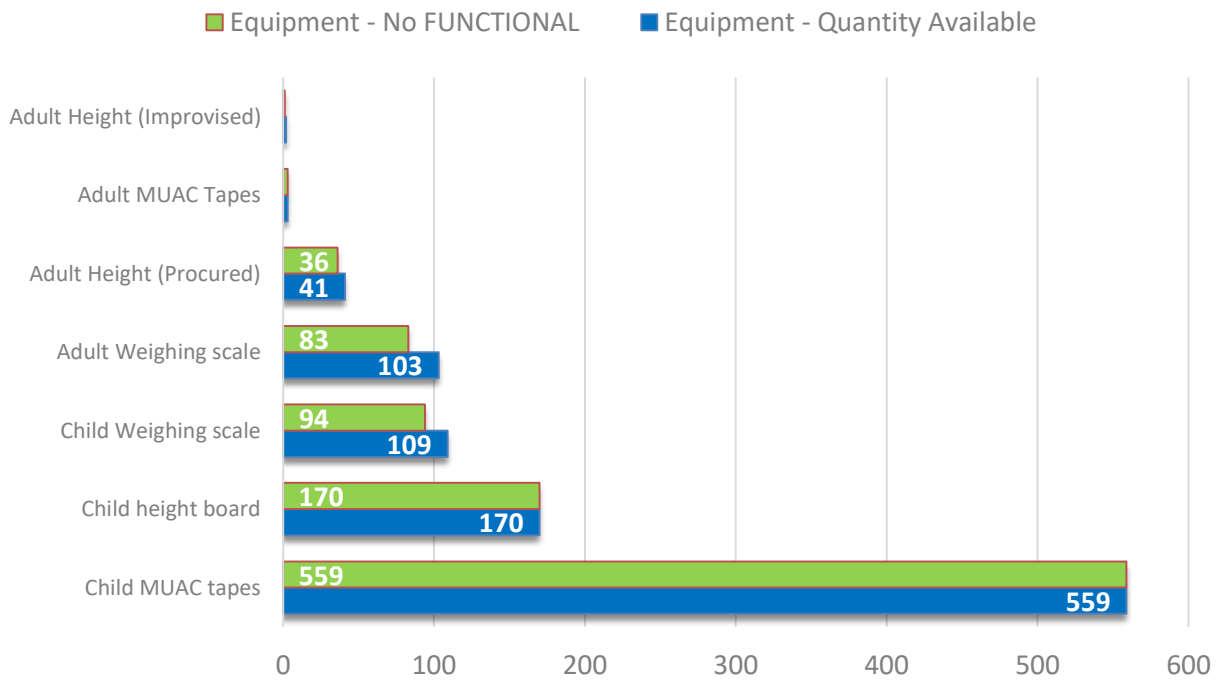
Capacity assessment assessed infrastructure with a more focus to availability of room for nutritionists, availability of storage facilities for nutrition commodities and availability of equipment (Both ICT and anthropometric). A room for nutritionists is critical in order to ensure there is confidentiality on the part of the patients.



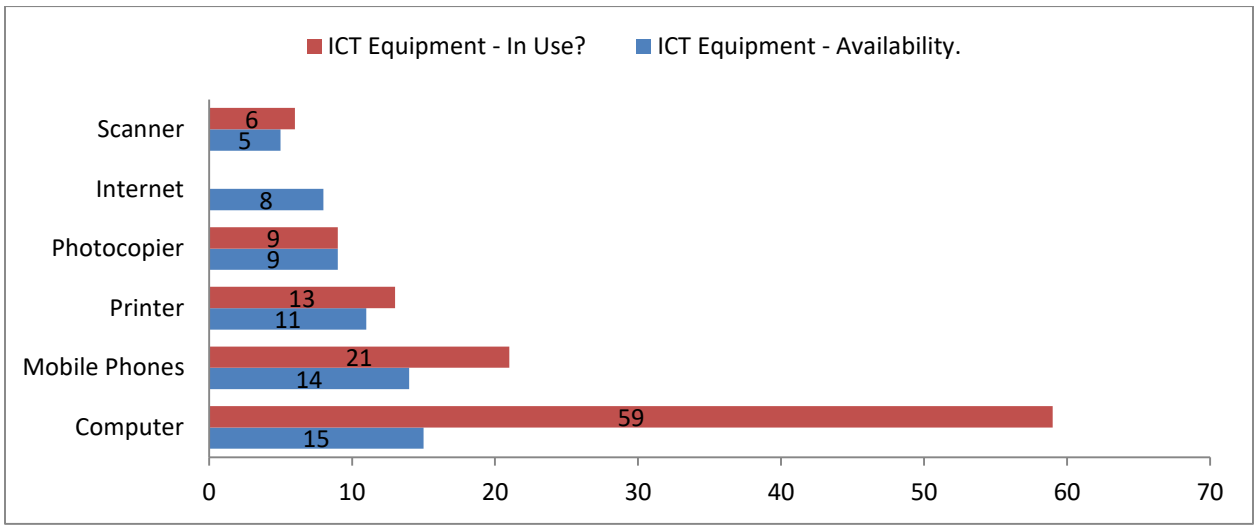
Amongst the 28 assessed facilities, six had a nutritionist attached to them and 5 had a separate room for service delivery. Most of the facilities had storage space for nutrition commodities though stored together with other supplies. Most facilities had stock control cards. A few health facilities did not have pallets to store RUTF and RUSF. Figure below illustrates this information;



Anthropometric equipment are vital in assessing nutrition status of the clients and patients. Taking anthropometric measurements is one of the 4 methods of diagnosing nutrition status, in the nutrition care process. Among the visited facilities, there were few adult height boards and adult MUAC tapes in the facilities. Although child weight /height boards and adult weigh scales were available a few of them were not functional as shown in the figure below;

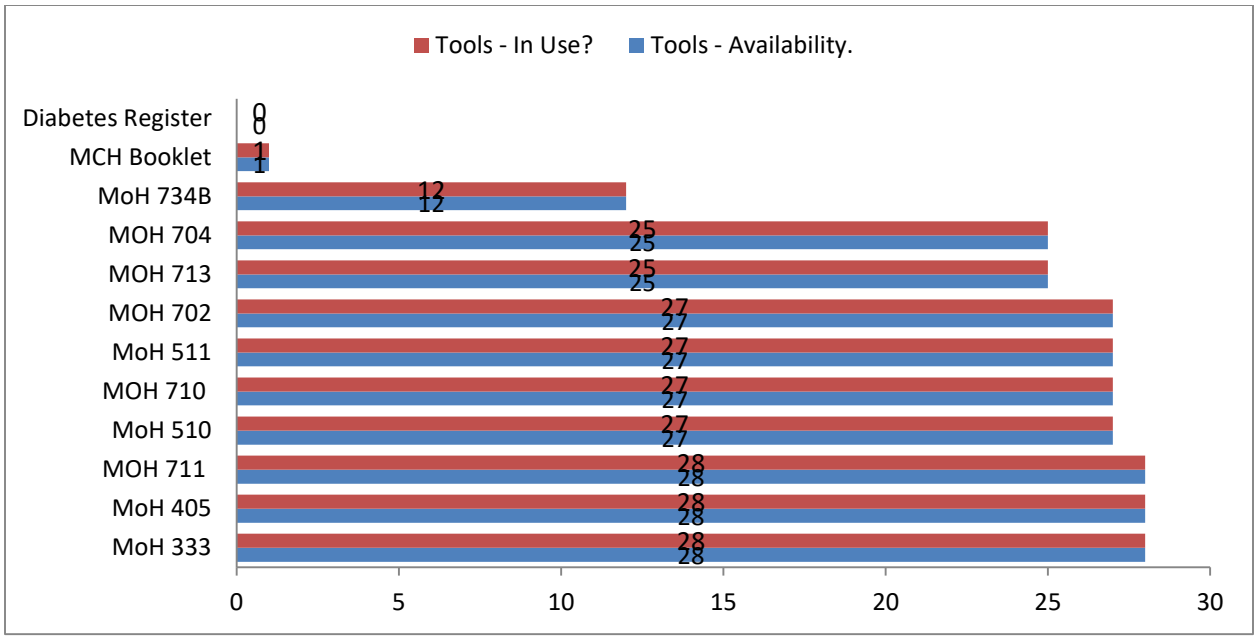


The role of ICT equipment cannot be ignored. There were 59 computers within the visited 28 facilities while only 8 facilities had access to the internet.

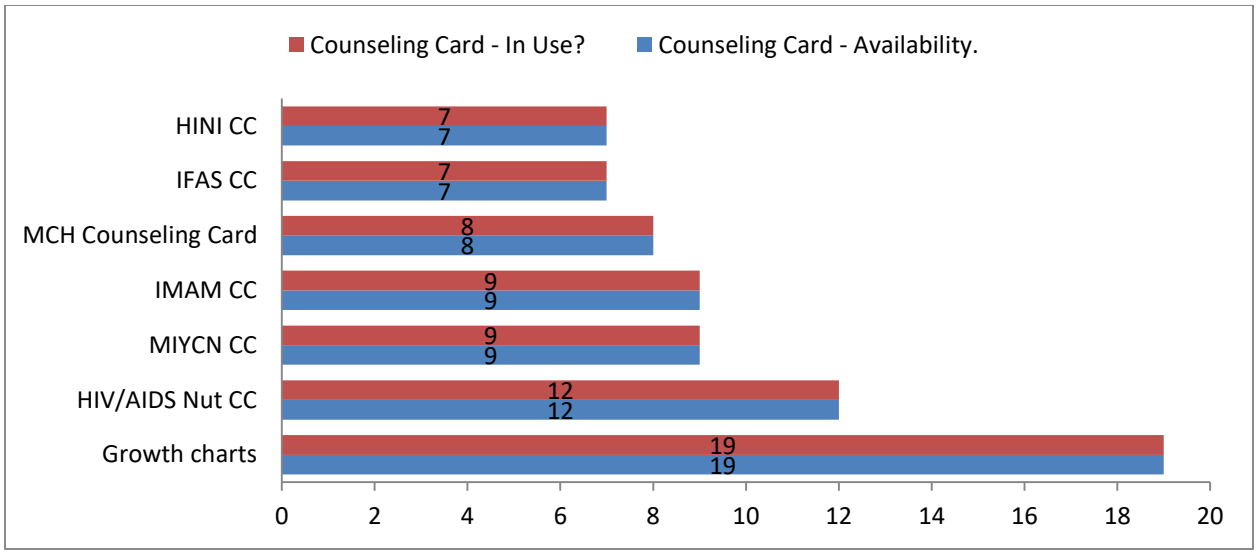


Availability of nutrition guidelines and Reporting tools

Kwale County had almost all the nutrition related reporting tools as it was observed in the 28 facilities that were visited. The reporting tools checked were MOH 333, MOH 405 and MOH 711, MOH 510, MOH 710 and MOH 511, MOH 702, MOH 713 and MOH 704, MOH 734, MCH booklet and diabetes register.

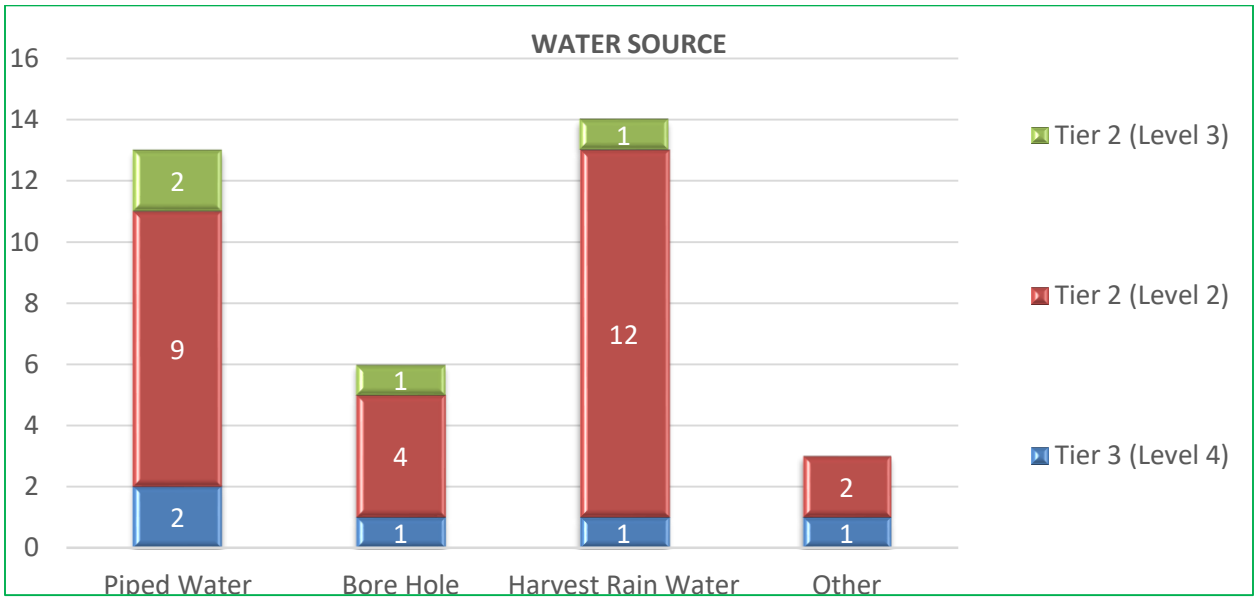


MOH 734 however was only available in 12 health facilities while diabetes register was lacking in totality**.** Counselling cards on the other hand were not commonly available in Kwale County with only 9 facilities out of 28 facilities had MIYCN counselling cards.



Water, Sanitation and Hygiene

The main sources of water among the selected health facilities was piped water and harvested water.



About 13 facilities used piped water, 14 facilities used harvested water, 6 facilities used borehole water while 3 facilities used water from other sources including water ferried by water trucks.

Presence of a hand washing facilities accessible to both the clients and the staff is key to maintaining adequate hygiene and sanitation. Capacity assessment assessed three components of hand washing namely; availability of a container with a tap, availability of running water and availability of soap. Of the 28 sampled facilities, two facilities lacked running water while one facility did not have soap. Only 7 facilities had the three components: running water, soap and a container with a tap.

All facilities sampled in Kwale County had a latrine. It was reported that community latrine coverage for Kwale County was 52%.

Commodity management

Health department had a procurement plan that contained all items to be purchased in the year 2016/2017. Nutrition activities were included in the procurement plan. These included nutrition trainings, malezi bora and procurement of nutrition commodities, among others. Most of the nutrition commodities were procured by partners, however IFAs was procured by the county government of Kwale. A stock out of nutrition commodities was a common occurrence in the county. In the previous financial year, most nutrition commodities (RUSF, MNPS, and CSB/Oil) experienced stock outs lasting beyond 3 months. It was only IFAs that experienced stocks lasting for less than a month.

Monitoring and Evaluation (M&E)

M&E was assessed with a focus on ability of the County to write operational research, availability of platforms to review nutrition data, nutrition related DHIS reporting rates and updating of the RMNCH score card. Kwale County had several platforms for nutrition data quality and performance monitoring. These were; DQAs, CNTFS, SCNTFS, Data management meetings and facility in charges. However RMNCH scorecard which is important in tracking key health indicators had not been operationalized in the county. As far as DHIS reporting is concerned, MoH 710 and MOH 713 were among the tools with high reporting rates (82% and 93%). MOH 734 and MOH 515 had reporting rates of less than 50%, while MOH 517 and 733 were not reported at all.

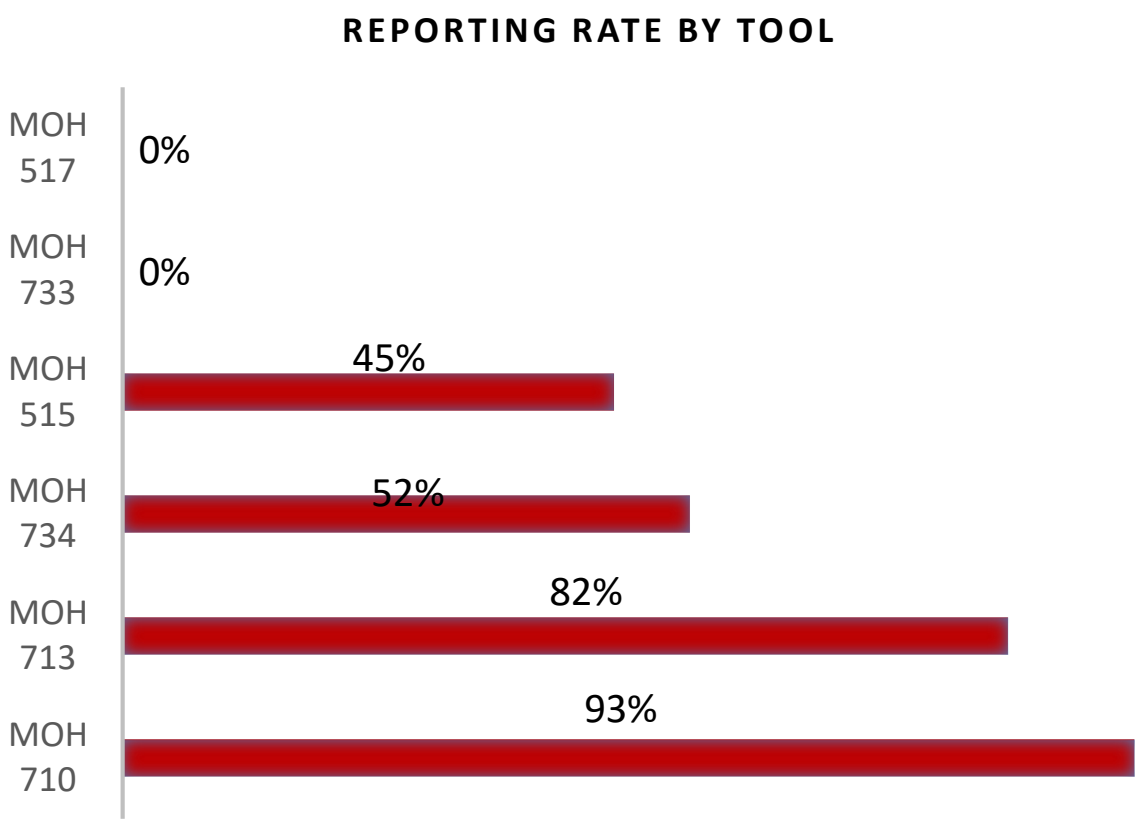


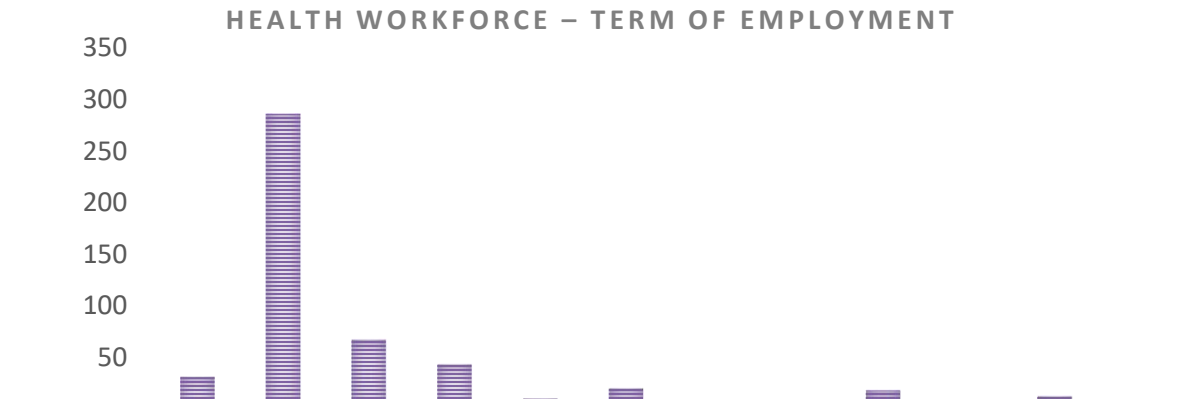
Figure 13: Reporting rates

TECHNICAL CAPACITY

Technical capacity looks into presence of technical and human resource capacity of nutrition relevant institutions to support and improve nutrition service delivery. The level of proficiency and competency attained by professionals through training is an important aspect. The number of qualified workforce in nutrition specific and nutrition sensitive sectors make the basis of technical capacity at individual level. The distribution of this workforce across counties is paramount in order to translate this capacity into meaningful results for nutrition.

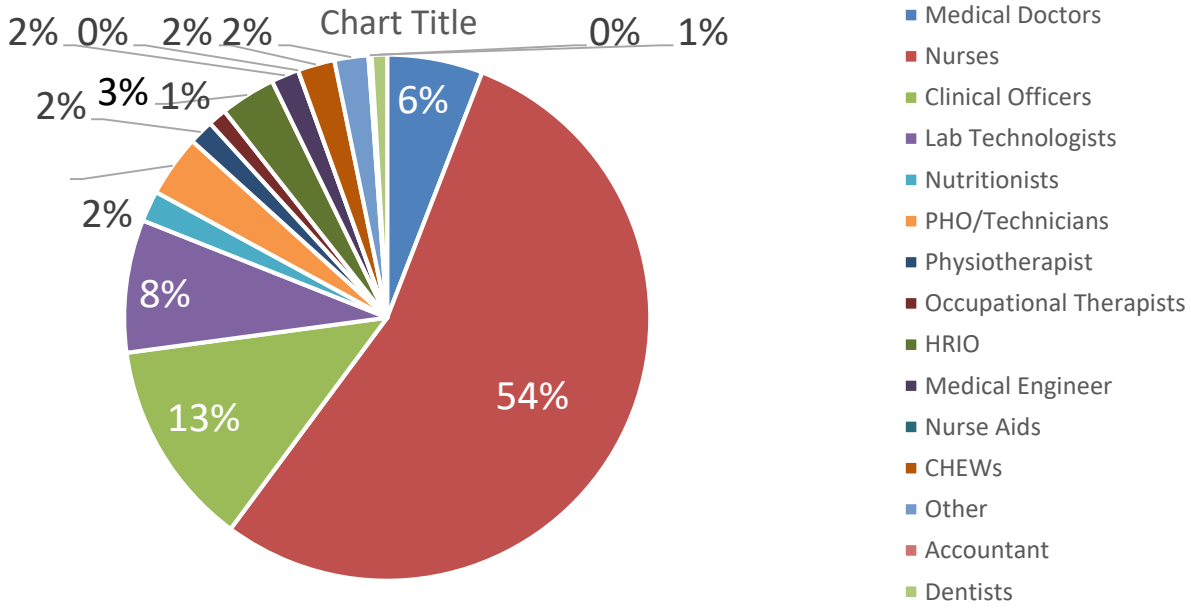
Health workforce by cadre

Among the sampled facilities, majority of the nutrition workforce were nurses.

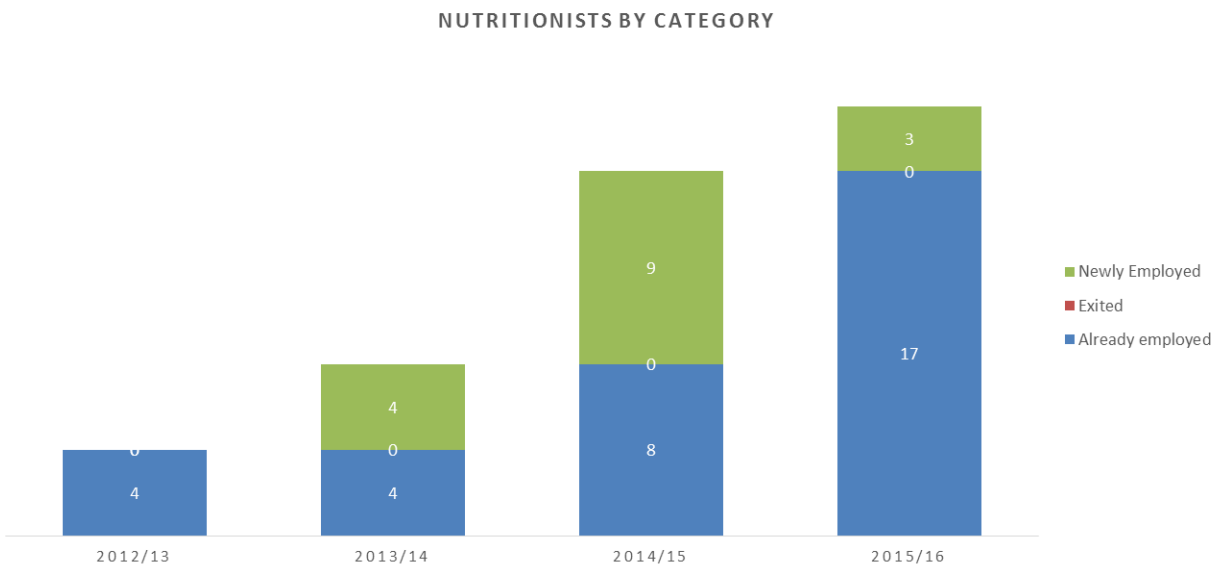


	Medical Doctors	Nurses	Clinical Officers	Lab Technologists	Nutritionists	PHO/Technicians	Physiotherapist	Occupational Therapists	HRIO	Medical Engineer	CHEWs	Dentists
Permanent.	31	283	65	41	10	20	8	6	14	5	12	5
Casual.	0	2	1	0	0	0	0	0	0	2	0	0
Temporary.	0	1	1	2	0	0	0	0	4	2	0	0
Volunteer.	0	0	0	0	0	0	0	0	0	0	0	0

The pie chart shows percentages of the staff that offered nutrition services; Nutritionists only formed 2%.



There were only 20 nutritionists in the entire County. Despite the small number, the trend in hiring of nutritionists in Kwale County was commendable whereby about 16 nutritionists were hired since the devolved government came into play. The trends are shown in figure below;



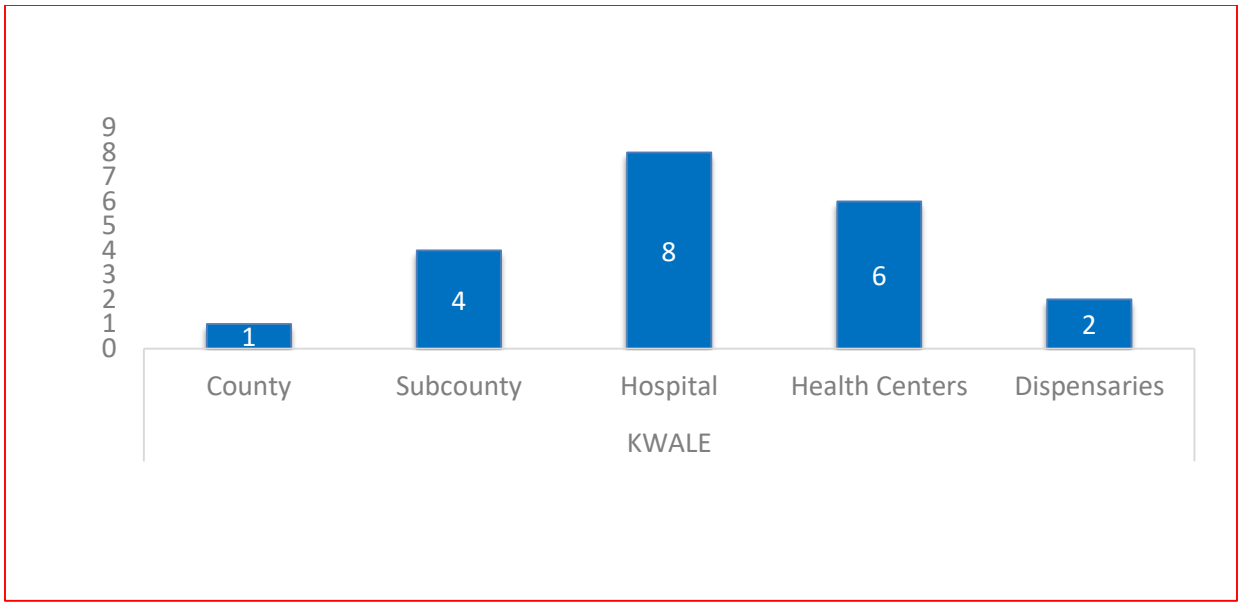
As shown in the figure above, there has not been an exit among the nutritionists since 2013 which shows the County probably have good retaining mechanisms in place. An FGD with nutritionists of Kwale County reported the following factors that attracted them to work and stay in Kwale County:

- Salary payments were made on time
- Job security
- Friendly and welcoming community
- Affordable living standards, e.g. cheap rental houses
- Availability of trainings and updates
- Kwale County management recognized nutrition as a key department

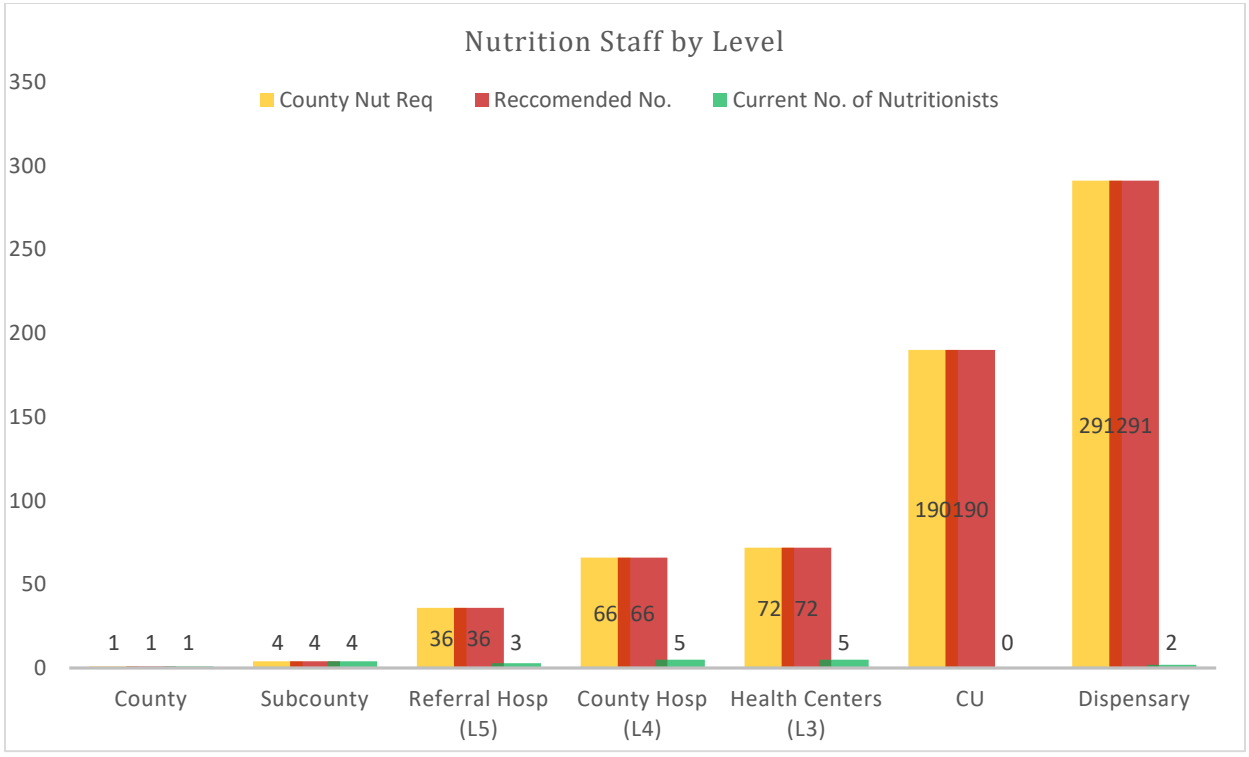
> *"There is no county in Kenya that pays in time like kwale county"-Participants in an FGD of the nutrition workforce*

It was reported that the County Devolution was working very well in the human resource area but participants in an FGD felt that there was need to make it easy for those who needed transfers from one County to another. It was reported so, because with the current devolved health ministry, staff are hired permanently in one County, with no room to move to another County, unless one resigns.

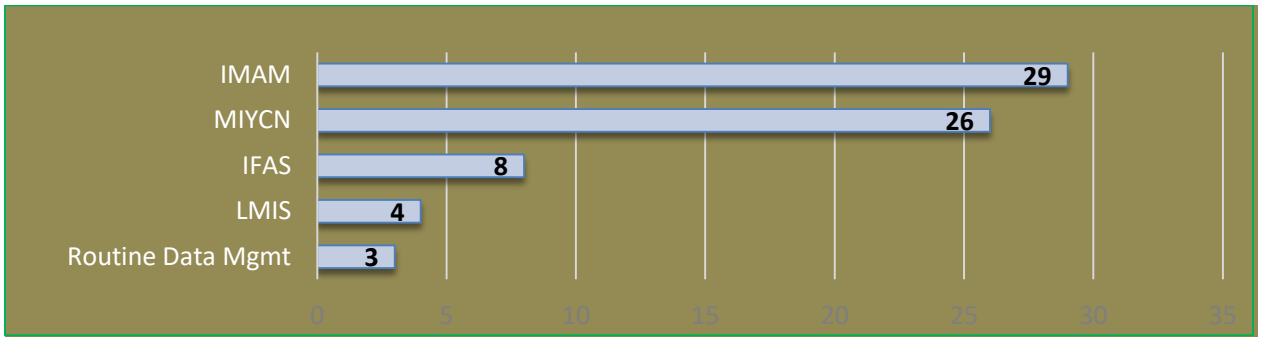
Capacity assessment sought to establish the distribution of the hired nutritionists across the sub Counties and different levels of management and facilities. Majority of the nutritionists (8) were posted in the Kwale referral Hospital.



With 20 hired nutritionists in Kwale County, the number of nutritionists recruited & distributed at the county and facility level indicated inadequacy comparing to the numbers recommended by the Human resource norms and standards for health. The graph below shows the number of nutritionists in the County versas those recommended.



In service trainings play an important role in enhancing knowledge on nutrition as well as obtaining updated information or way of doing things. Among the visited 28 facilities, most of the nutrition workforce were trained on IMAM and MIYCN. The least in service training was LMIS and routine data management as illustrated in the figure below;



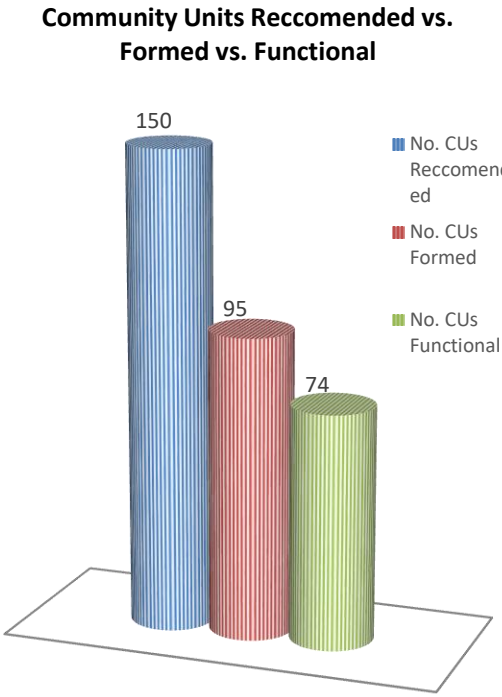
COMMUNITY CAPACITY

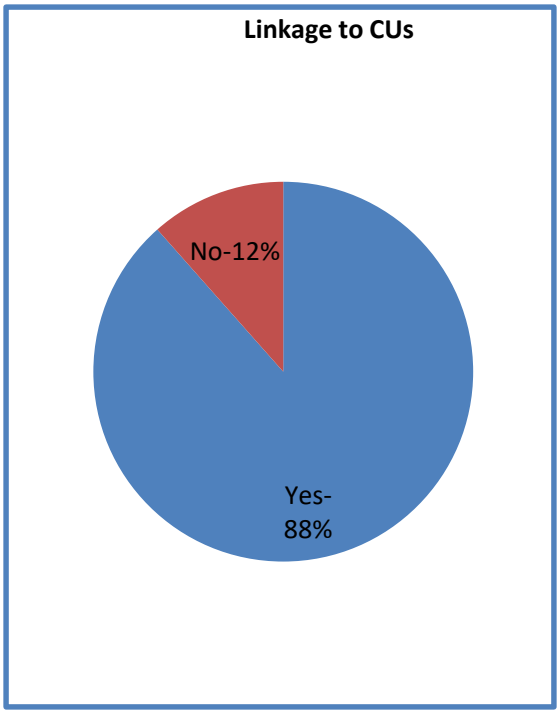
Community capacity is the ability of a community to access, consume and make demand for nutrition services through increased nutrition service awareness. Community related capacity considers the level of awareness communities possess; their ability to access, demand and utilize health services and the levels of linkage existing between communities and health institutions at different levels. It examines the awareness of nutrition services by local leaders and other opinion leaders, community awareness and utilization of nutrition services**,** existence of community organizations including nutrition groups as well as existence and utilization of community feedback mechanisms (such as Suggestion boxes, community conversations, Barazas, Citizen Voice actions)

The following components assessed during capacity assessment were;

- Linkage of Community units (CUs) to Health Facilities (HFs)
- Distribution of CU within the County
- Number of CHVs and CHEWs in the County
- CHVs and CHEWs trained on nutrition module
- Number of community groups
- Availability of community feedback mechanisms and channel

The linkage between health facilities and the community is through the Community Units (CUs) as established through the Community Strategy. In Kwale County, 95 CUs were formed, against the recommended 150 CUs. About 74 CUs were functional.





Out of the 28 health facilities sampled, 23 (88%) were linked to at least one community unit.

Community strategy stipulates recommended number of community health volunteers (CHVs) and community health assistants (CHAs). Community health assistants supervise the CHVs. There were approximately 1000 CHVs and 20 CHAs in Kwale County.

CHVs in Kwale County reported they performed the following tasks, that are related to nutrition;

- Nutrition education on food groups
- Nutrition education on how to utilize locally available foods
- Exclusive breast feeding (EBF)
- Growth monitoring and counselling
- Take part in community dialogue
- Participate in health outreaches
- Assist in follow up on latrine construction at household level and hygiene practices
- Defaulter tracing

No CHV or CHA had received training on the Nutrition Technical Module, prior to capacity assessment. CHVs reported during the FGDs that they had received on job training (OJT) on Growth monitoring, MUAC screening, balanced diet, nutrition in HIV and Family planning. Some reported they had received minimal training on exclusive breastfeeding, complementary feeding and vitamin A supplementation. And they reported that the knowledge acquired was inadequate and hence the need to get new updates.

Community groups give an opportunity to integrate nutrition activities without re-inventing the wheel. Some of the common groups in the Country are MTMSGs. Feedback mechanisms on the other hand are essential in understanding community needs as well as their perception of the nutrition services offered. Below are the community groups that existed in the County as well as the feedback mechanisms;

Community Groups/ Forums	**Community Feedback Mechanism**
Mother to mother support group	Chalkboard
CBOs	CHV Review Meetings
FBOs	Community Action Days
CUs group forums	Community Dialogue
	Community Health Committee

Kwale County was reported to have support the community health strategy through CHAs Salaries and provision of reporting tools during the previous year. The County however did not support CHVs stipend allowance, trainings and means of transport for CHVs. Referral forms were available but not adequate. CHVs reported that when refereed patients got to the health facility, confirmation from the health facility (by health workers) was done through phone calls. Referral from health facilities to the community was not well established according to CHVs FGD.

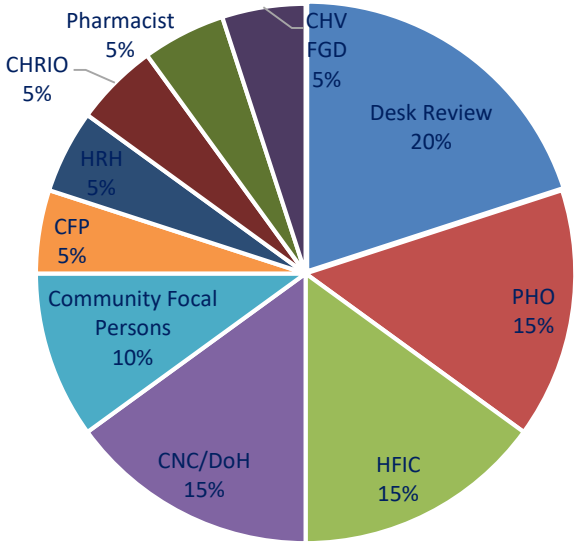
The reporting rates for the CHIS in the previous three months (October, November December 2016) was 46%.

Best Practices as reported by CHVs included;

- Accompany clients to health facility for delivery
- Turning TBAs into birth companions
- Organizing meeting with the health staff, CHV's and community, this gives room to HCW to talk about the services they render and the community can ask questions in that forum
- Participation in activities which promotes hygiene and sanitation
- There was a two-way feedback to and from health facility
- Conducting community dialogue meeting
- Being role models in health issues at community level
- Involving local administration during sensitization
- Nurturing good linkage and communication with department of health

Score Card

Nutrition Capacity score card was developed in order to track key indicators across Country. The concept which was borrowed from the RMNCH score card entails 5 indicators in each thematic area. The indicators are drawn from various respondents as shown below;



The overall 20 indicators were used as a proxy to assess the level of capacity in a County as shown below in the case of Kwale County.

		SYSTEMIC CAPACITY						ORGANIZATIONAL CAPACITY						TECHNICAL CAPACITY						COMMUNITY CAPACITY						
YEAR	COUNTY	CNAP Existence/Endorsement	Nut Activities in AWP	FF Surveillance Frequency	BMS Act Enforced	Nut Allocation in Health Budget	**SC Index Score**	Nutrition integrated into HFIC	Updated Training Database w/ Nut	Nut in Procurement Plan	Duration IFAS Stock Out	Target Setting for VAS	**OC Index Score**	County Sensitized on BMS	MOH 713 RR	County Trained on MIYCN	County Sensitized on Perf Appraisal	Freq Subcounty to HF SS	**TC Index Score**	CUs formed vs. recommended	Comm Feedback Mechanisms	Comm to HF Referral System	County Investment in CHS	Proportion HFs linked to CU	**CC Index Score**	**OVERALL SCORE**
2017	KWALE	0%	100%	0%	0%	0%	**20%**	0%	100%	100%	33%	95%	**66%**	0%	82%	100%	50%	100%	**66%**	63%	100%	50%	25%	88%	**65%**	**60%**

CHALLENGES, RECCOMENDATIONS AND ACTION PLAN

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
Systemic capacity	Political interests- Areas of political interest were constructing ECDEs centers and putting up Health facilities. Minimal funding is allocated for operations Poor linkages between communities, CUs and Health facilities	County to have a clear budget line for Nutrition. Recruitment of more Nutritionists. Advocate for timely and adequate resource allocation. Strengthen joint supportive supervision and conduct regular review meetings. Fast track CNAP completion and dissemination Dissemination and sensitization of available Nutrition guidelines. Sensitization and enforcement of BMS act.	Resource mobilization	CDH/CNC/CISP	Ongoing
			Advocate for recruitment of nutritionists	CDH/CNC/partners	2017/18
			Strengthen support supervision and review meetings	CHMTS/SCHMTS	Quarterly
			Dissemination and launch of the CNAP	CDH/CNC	By June '17
			Dissemination and sensitization on BMS ACT	CNC	2017/18
			Monitoring and enforcement of BMS ACT	CHPO/CNC	2017/18
			Develop user friendly SOP and disseminate guidelines	CNC/partners	August 2017
			Advocacy for clear nutrition budget	CDH/CNC/CISP	2017/18
Organizational capacity	There are rampant staff shortages. Although the county government has increased the number of health facilities, the number of staff has not increased at the same rate Inadequate facilitation, transport and fuel- for support supervision Inadequate tools for data collection; some are photocopied Inadequate nutrition space for attending to the clients.	There is need to have a training database to manage trainings in the county. The county should allocate more resources for printing tools at the county level. There is need to sensitize the staff on how to use any new tools Need for allocating storage space for nutrition commodities Strengthen reporting system for MOH 515	Research	DoH/partners	2017/18
			Capacity building on HINI for health workers and CHVs	CNC	2017/18
			Procure and distribute data collection tools	CHRIO	August 2017
			Sensitize staff on use of various reporting tools	CHRIO	June, 2017
			Update the IRIS training tool with the trainings that have taken plan	CDH/HRH Kenya	By end of April '17
			Sensitization for health workers, managers and partners on IRIS database	CDH/HRH Kenya (Funzo Kenya)	By end of April '17
			Follow up on standard training template	CNC/Irene IMC	10th April 17'

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
		Have a budget at the county for nutritionists' uniform allowance to maintain their identity.	Lobby and advocate for allocation for nutrition uniform allowance	CDH	April, 2017
Technical Capacity	Staff shortage: only 20 nutritionists covering the whole county with 1 nutritionist at county level, 4 at sub county, 8 at hospital level, 6 at health center and 2 at dispensary levels Competency: knowledge gap noted in specialized services such as Renal, cancer and diabetic management Most of nutrition workforce have not been trained on key nutrition trainings (IMAM, MIYCN, FBP, IFAS,VAS,MNPs,	Increase the number of nutritionists in the county as per norms and standards at all levels periodically conduct OJT/ CME to update nutrition workforce on new policies /guidelines Support trainings / seminars for nutrition workforce/ nutritionists to enhance their competency There is a need to scale up "on the job training" for Hospital level nutrition officers to ensure	Mobilize resources for OJTs and CME for nutrition workforce	CHMTs/SCHMTs	By June, 2017
			Order, receive, adopt to the county needs and disseminate the nutrition guidelines	CDH/CNC	By June, 2017
			Scale up OJT	SCHMTs	Quarterly
			Capacity assessment	NDU/DoH/partners	2018/2017
			Routine follow up on the capacity assessment action points	DoH/partners	Quarterly

	NTB, NHIV, LMIS) though they do offer nutrition services Staff motivation : Salaries not commensurate to high workload (No risk allowance for nutritionist) Career stagnation – remained in the same position for a long period Inadequate room for the nutritionist to offer confidential counseling There are no adequate storage facilities for commodities in some sub counties Stock outs and total lack of some of the commodities (RUSF,CSB, MNPs) needed for optimal management Presence of some cultural practices that interfere with exclusive breastfeeding	they are up to date with current programming interventions Need for continuous capacity assessment to enhance capacity development Conduct regular feedback meetings to nutritionist at all levels to inform performance and progress. Continued collaboration with partners to enhance nutrition capacity Dissemination of guidelines and policies to be done to all nutrition workforce.			

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
Community Capacity	Knowledge gap on nutrition Weak coordination within the CU Inadequate Transport allowance Inadequate facility budget for CHVs stipends Community expect financial support from CHVs when they are called for a community meeting Cultural belief - clients visit herbalists Food insecurity Community dependency on CHVs thus they spend their money to take clients to the hospital due to poverty Negative staff attitude (facility health) towards CHV's Inadequate reporting tools Inadequate skills/knowledge on nutrition services Not all CHVs have access to the reporting tools e.g referral tools MOH 100 Not all CUs were trained on basic community strategy module	Need to capacity built CHVs on nutrition module Lobby for additional support to CHVs and stipends	Training for CHVs from at least four CUs on nutrition module	CNC/CPHO	By June, 2017
			Sensitization on linkage between health facility and CUs	CNC/CPHO	By June, 2017
			Follow up on county community health strategy policy so that the stipends for CHVs can be facilitated	CPHO	By end of June '17
			Lobbying for transport (visibility) support for CHVs	CPHO	June, 2017
			Train on conservation agriculture at hot spot areas	DoA	Ongoing
			Kilimo biashara by department of Water, Kenya water security climate program	DoW	Ongoing
			Continue lobbying for food distribution	NDMA	Ongoing
			Scale up school feeding program	DoE	Ongoing
			Procure and distribute reporting tools for CHVs	CHRIO	By June, 2017

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
	Transport and stipend allowances to enable them perform better.		Sensitize CHVs on the use of the reporting tools	CHRIO	By June, 2016
			Scale up reporting tools, procurement bicycles, trainings	DOH	2018/2019

ANNEXES

Annex 1: Desk Review

DESK REVIEW

County: ……..

Date of interview: ……..

Enumerator Name: ……..

Enumerator Number: ……..

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

2. Incomplete,

3. If incomplete, State reason and action: **…**

INSTRUCTIONS

Use provided space and attached sheets to record your answers/ notes. While using the sheets, ensure that you indicate the question number for each response.

Timestarted: ……..

Documents	**A. Do desk review to verify whether the following documents are available at the county level?** Yes-1 No-0	**If yes, are nutrition activities prioritized in the documents?** Yes-1 No-0	**Notes**
County Integrated Development and Investment Plan (CIDIP) *2013 - 2017*			
County Health Sector Strategic Plan (CHSSP)			
County Nutrition Action Plan (CNAP)			
Annual Performance and Review Plans for the last financial year (2015/2016) (APRP/CIHAWP)			
Scheme of service for Nutritionist and dietician			
Human resource for health Norms and standards guidelines for the health sector (2014-2018)			
KHSSP – Kenya Health sector strategic and			

investment plan 2013 to 2017			
National Food and Nutrition Security Policy			
Kenya Nutrition advocacy , communication and social mobilization strategy 2016 – 2020			
Kenya Health Policy 2012 – 2030			

Desk Review on various planning documents

Is there an annual procurement plan that includes nutrition commodities Yes-1 No-0

What is the number of Community Units in the County, versus the recommended based on the population in the county:

Recommended/ required	Current Numbers	Ratio

In the last 3 months, what was the reporting rate for the county (*Source DHIS*)?

	Reporting rates			Remarks
	1st Month -------	2nd Month -------	3rd Month ……..	
Nutrition Monthly reporting(MOH 713)				
Vaccines and immunization (MOH 710)				

Nutrition commodities report (734)				
Nutrition Service summary report (733)				
Community health extension worker summary (MOH 515)				
School deworming for albendazole (MOH 517)				

What is the number of nutritionists in the county?

Level	**Number of facilities**	**Number of nutritionist (all nutritionists in all facilities)-list all employed by government**	**Recommended numbers *(Based on Human Resources For Health Norms and Standards Guidelines For The Health Sector***	**Total County Nutritionist required**	**Gaps**
County (Management)					
Sub county (Management)					
Referral Hospitals (level 5)					
County and Sub County Hospitals (level 4					
Health Centers (level 3)					
Dispensary (Level 2)					

Level	**Number of facilities**	**Number of nutritionist (all nutritionists in all facilities)-list all employed by government**	**Recommended numbers *(Based on Human Resources For Health Norms and Standards Guidelines For The Health Sector***	**Total County Nutritionist required**	**Gaps**
Community/ CUs (Functional)					
Total/ County					

Get Ratio per facility level for the overall County

If possible also check distribution per sub county

<u>Additional Question</u>

Distribution of nutritionists per Sub County

Time stopped: …….

KEY INFORMANT INTERVIEW (KII) GUIDE: COUNTY CEC FOR HEALTH/CHIEF OFFICER FOR HEALTH

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

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

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

2. a) Incomplete,

2. 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: ……..

How would you describe the current status of the health system in this County?*(Refer to the table below)*

Health system's Pillar	**Current status**	**Challenges**	**Measures county has taken to address the challenges**
Leadership and governance *(Probe for existence of policies, support for implementation of policies, organogram, hierarchy, coordination, evidence based decision making, issues on succession management, existence of feedback mechanisms)*			

Health system's Pillar	Current status	Challenges	Measures county has taken to address the challenges
Financing *(Probe for financial tracking, accounting, transparency, is Nutrition part of health budget discussions, Probe for official allocations, CDF and other funds, NGO funding, Public Private Partnership (PPP), community, insurances etc.)?* *Also probe on whether county health sector plans submitted before the county health Budget allocation process to inform decision making?*			
Human Resource (Health / Nutrition workforce)			

Health system's Pillar	Current status	Challenges	Measures county has taken to address the challenges
Information*(probe for IT systems, data tools, evidence based planning and programming, performance monitoring)*			
Supplies*(Probe for budgetary allocation, adequacy of supplies, storage, distribution)*			

Health system's Pillar	Current status	Challenges	Measures county has taken to address the challenges
Service delivery *(quality, monitoring, etc)*			

In your opinion, what measures can be taken/ recommendations to improve the health system in this county? *(probe for recommendation for each of the health systems pillar – service delivery, nutrition workforce, supplies, information, financing, leadership and governance)*

Partnerships (*Probe: who are the partners, relationship with the partners? Do you feel they are assisting in addressing the County priorities)*

Pertaining nutrition, what is your general comment and view.

What are the strategies in place, to improve nutrition status of the County?

Are there any bills related to nutrition that have been developed/ being developed in your county within this electoral period?

For the bills that have been passed, how are they being implemented? Feedback mechanisms in place (*Note taker to state clearly those developed and those under development*)

Time Stopped: ……

KEY INFORMANT INTERVIEW GUIDE: COUNTY LEAD OF HEALTH PLANNING/FINANCE AND BUDGETING

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

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

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

2. Incomplete,

3. 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: …….

What is the County's annual planning and budgeting process? (*probe for inclusion of sectors, partners, availability of guidance, informed by AWP priorities*)

What are the key priorities in the current health budget allocation for the county?

What are the critical health challenges in your county?

In your opinion, how is the allocation of the County health budget as a percentage of the entire County budget? *(Probe for figures if possible).*

What strategies has the County put in place to improve on health budgetary allocation (*from the overall County Budgt*)?

What plans does the county have to improve health services and health workforce under the current County Integrated Development and Investment Plan (CIDIP)?

Time stopped: ……..……

KEY INFORMANT INTERVIEW: HUMAN RESOURCE FOR HEALTH (HRH)

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: …….

What mechanisms are in place to ensure staff retention?

(Probe on below-and do not read out; Allowances, Awards and recognition, Capacity development, Remuneration-attractive rates, timeliness, Amenities and facilities e.g availability of water Etc)

What is your opinion regarding the current county policy and practice on recruitment of health workers and their placement? (*Solicit comments about transparency of recruitment, equal opportunity, face of Kenya representation, compliance and its cost, gender balance).*

State the number of nutritionists in the past 4 financial years

	2012/2013	2013/2014	2014/2015	2015/2016
Already employed				
Newly Employed				
Exited				
Total				

Does the county have a staff establishment for all cadres? Yes-1 No-0

Do your health workers, including nutritionists, have job descriptions? Yes-1 No-0

Does the County have annual training projections/ plans that include nutrition?Yes-1 No-0

Is there a requirement (for doctors, nutritionists, nurses and clinical officers) to have certification by professional regulatory body in the process of recruitment?

Cadre	Requirement Yes-1 No-0	If yes which ones?	Are scheme of services available?
Doctors			
Nurses			
Clinical officers			
Nutritionists			
Public Health Officers			
Pharmacists			
Health information Officers			

What platforms are used for HRH feedback (on capacity building, Staffing levels, Promotions, disciplinary, transfers etc)? List all that apply

Probe for the Following-Discussion, Suggestion boxes, Emails, Correspondences

a. Does the county have a training database with all staff included in it? Yes-1 No-0

(If No probe for reasons why)

b. Is the data base updated? Yes-1 No-0

(If No probe for reasons why)

c. If yes, does the database include nutrition trainings? Yes-1 No-0

(If No probe for reasons why)

d. Is the data base used to track trainings already conducted and any upcoming trainings?

Yes-1 No-0 *(If No probe for reasons why)*

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: …….

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?

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…….				

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

a) Are the following policies being implemented?

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

Yes – 1 No – 0

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*

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

Scheme of service for Nutritionist and dietician

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

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)*

Lack of technical expertise……..…

Lack of finances……..…

Others, Specify……

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

What informs budget allocation for the health sector activities?

Does the county have a budget line for nutrition activities? Yes-1 No-0

(Use the table below to complete the following)

a) In the last 3 financial year, 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*)

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

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								

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?

Logistics Management Information System (LMIS)

Others, specify:

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; …….		

Which tool is used for support supervision?

MOH integrated support supervision….

Others, specify ……

What informs prioritization of issues to focus on during support supervision?

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?

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)			

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

Training in MoH approved courses	**Number that require training**	**Number trained in the last two and a half years (verify-with standards)**	**Number of trainings conducted in the last 2.5 years**	**Was 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 to nutrition cadre)				
Nutrition in Diabetes (specific nutrition cadre)				
Logistic Management Information System (LMIS)				

Training in MoH approved courses	Number that require training	Number trained in the last two and a half years (verify-with standards)	Number of trainings conducted in the last 2.5 years	Was there participation of pre service lecturers/ tutors in this training? Yes-1,No-0
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				
Supervisory skills				
Strategic leadership and development program				
Coordination, linkages and networking				
Advocacy and communication				

Training in MoH approved courses	**Number that require training**	**Number trained in the last two and a half years (verify-with standards)**	**Number of trainings conducted in the last 2.5 years**	**Was there participation of pre service lecturers/ tutors in this training? Yes-1,No-0**
Commodity management training				
Others, Specify……..…… ……..				

Does the county have resource allocated to continuous professional development?

Yes-1 No-0

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)		

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?

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

b) If No why?

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

Level	Tick all that apply
County executive/County assembly and CHMT	Cabinet meetings County Health committee meetings County Assembly departmental briefs Others (specify)
County Health Management Team (CHMT) and Sub-County Health Management Team (SCHMT)	Health Stakeholders forums CNTFs CHMT meetings Suggestion box Others (specify)
SCHMT and facility/health workers	SCNTFs In-charges meetings Others (specify)
S/CHMT, Health Facility and Community	Health Facility Committee meetings Community health workers review meeting Community Health committees Community dialogue meetings Suggestion box Others (specify)
Members of County Assembly and community	Community Participation Forums Social Accountability reporting Others (specify)

CHMT and Partners(Regulatory Bodies, Research Institutions, Non state actors and private entities	County Stake holders forum County Steering Group (CSG) CNTF Others (specify)

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……			

Time stopped: …….

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: …….

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

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…….					

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							
MOH 704 CHANIS tally sheet							

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 405 ANC Register							
MOH 406 Postnatal Register							
MOH 368 IMAM register-inpatient							
MOH 409 IMAM Registered-OTP							
MOH 410A IMAM Registered- SFP							
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							

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

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

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

_____

_____

_____

_____

_____

_____

_____

_____

Time stopped: …….

KII: COUNTY PHARMACIST/ COUNTY NUTRITION OFFICER

County: …… Date of interview: ……..……

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

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

2. a) Incomplete,

2. 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: …….

Fill the table below for the following listed nutrition commodities for the last financial year (2015/2016)?

Commodity	**Were the following commodities procured in your county in the last financial year?** **Yes – 1 No - 0**	**What proportion supported by National government**	**What proportion supported by County government**	**What proportion supported by Partner**	**If supported by partners, List the partners**	**Name the Supplier**	**Has there been stock outs in the last financial year** **Yes-1** **No-0**	**If Yes, what was the duration of stock out?** **<1 month– 1** **1-3 months – 2** **>3 months - 3**
Ready to use therapeutic Food (RUTF)								
Ready to use supplementary Food (RUSF)								
Iron & Folic acid Supplements (IFAS)								

Micronutrients Powder (MNPs)								
Corn Soy Blend (CSB/Oil)								
Super Cereals								
Fortified Blended Foods flour (FBF)								
Vitamin A Supplements								
Therapeutic milk (F75)								
Therapeutic milk (F100)								
Resomal								
Height boards								
MUAC tapes								
Weighing scales								
Parenteral feeds								

Enteral Feeds								
Others								

Is there a steady supply chain for essential commodities? Yes-1 No-0 _____

If no, what are the main challenges?

What is the **criteria** for identifying and prioritizing commodity needs for the different programmes (including Nutrition programme)? (*list all that apply*)

Procurement based on consumption based approach

Outbreak/ increased caseloads of diseases or conditions

Resources available

No Criteria used

Others, Specify ……

Explain how the forecasting and quantification process is undertaken in this county.

(*Probe on the process, presence of commodity steering committee)*

Describe the ordering and procurement process

_____

_____

_____

_____

_____

_____

_____

Time Stopped: ……

KEY INFORMANT INTERVIEW: COUNTY PUBLIC HEALTH OFFICER

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: …….

A. Are you and your staff sensitized on the Breast Milk Substitutes (BMS 2012) Act?

Yes-1 No-0

In the past one year, has the county enforced BMS Act? Yes-1 No-0

A. Are you and your staff sensitized on the routine market level surveillance on mandatory food fortification?

Yes-1 No-0

Do you conduct routine market level surveillance on mandatory food fortification?

Yes -1 No-0

If yes, how often?

4-Monthly 3-Quarterly 2-Bi annually 1-Annually

A. How do you enforce the law (CAP 242) that requires you to cease expired goods from the premises?

What control measures have you put in place to ensure expired goods do not get back to the market

How do you ensure enforcement of the hazard analysis and critical control point's principle (HAACPP) in the food premises?

What are the strategies in the county aimed at ensuring that hand washing is implemented?

What are the strategies in the county aimed at promoting latrine coverage in the county?

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***					
What is the number of Community Units (CUs) recommended based on the population in this county? *(check and record source of information)*						
What is the total number of Wards in this county?						
What is the current number of CUs formed?						
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						
What is the current number of CHEWs/ CHAs trained on community nutrition module						
What is the current number of CHVs trained on community Nutrition module						
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**

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	

Question	***Response***
Reporting Materials	
Seed capital for IGAs	
Others. Specify……..	
Assess presence of feedback mechanisms and public participation at the community level (***Yes - 1 No – 0***)	
Community dialogue meetings	
Community health workers review meeting	
Community Health committees	
Community action days	
Chalk board	
Others (specify)	

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		

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 stakeholder's 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: ……..

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

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

What is your cadre? ……

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

Tier 2-Dispensary (*former level 2*)

Tier 2-Health Centre (*former level 3*)

Tier 3- Category (*former level 4*)

Tier 3-Category 2(former *level 4*)

Tier 4- Category 1 (Former *level 5*)

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*

Facility Ownership (*Circle one that apply*)

a. GOK ……. b. NGO……. c. Faith based……..

d. Private c. Community

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)							

(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 ?

……

……

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

	Cadre	Total Number	Terms of Employment				How many offering	How many have undergone the following nutrition trainings in the last financial year 2015/2016				
			Permanent	Temporary	Casual	Volunteer		IMAM	MIYCN	IFAS	Routine data management	Commodity management (LMIS)
1.	Medical Doctors											
2.	Nurses											
3.	Clinical officers											
4	Dentists											
5.	Lab Technologists/technicians											
6	Nutritionists											
7.	Public Health officers/ technicians											
8.	Pharmacists/Technologists											
9.	Physiotherapist											

	Cadre	Total Number	Terms of Employment				How many offering	How many have undergone the following nutrition trainings in the last financial year 2015/2016				
10.	Occupational Therapists											
11	Health records officer											
12	Medical Engineer											
			Permanent	Temporary	Casual	Volunteer		IMAM	MIYCN	IFAS	Routine data management	Commodity management
13	Nurse Aids											
14	Community Health Assistants (CHAs)											
15	Community Health Volunteers (*attached to facility*)											
16	Others: Specify……											

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

	Cadres	Number	How many offering nutrition services	How many have undergone a sensitization on nutrition / OJT (Note: in- service) in the last financial year 2015/2016				
				IMAM	MIYCN	IFAS	Routine data management	LMIS
1.	Accountant							
2.	Economists/statisticians							
3.	Human resource							
4.	Clerical officers							
5.	Internal auditors							
6.	Finance officers							
7.	Secretaries							

	Cadres	Number	How many offering nutrition services	How many have undergone a sensitization on nutrition / OJT (Note: in- service) in the last financial year 2015/2016				
8.	Drivers							
9	Support staff							
10	Others, Specify ……							

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*)				

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

Yes-1 No-0

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

Yes-1 No-0

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

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 ……	

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	
Micronutrient Powders (MNPs)	Space available: Yes– 1	Well Ventilated	Yes =1 No =0	
		Secure	Yes =1 No =0	

Variable	Check for:			Remarks
	No – 0 Not applicable- 88	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	

Variable	Check for:				Remarks
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				

Variable	Check for:			Remarks
	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			

Variable	Check for:				Remarks
	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** **No-0**	**How many available (Numbers)**	**How many are Functional**	
ICT Equipment	Computers				
	Printers				

Variable	Check for:				Remarks
	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				

Variable	Check for:				Remarks
	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	Present Yes-1 No-0				

Variable	Check for:				Remarks
participation at the community level					
If suggestion box is available, When was it last opened	Within the past one month-1 Past quarter-2 Past six months-3 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:

……
……
……
……
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……

Time stopped: ……

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: ……

What are the key health issues in this county *(probe whether nutrition is considered a key issue. If yes, which aspects of nutrition)*

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)*

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)*

What coordination structures/ mechanisms/ forums are currently in place in respect to partnerships *(Probe on inclusion of partners, capacities on planning,)*

Give recommendations to help strengthen and streamline partnerships

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.)*

What factors influence health workers stay in this county? (*HW retention – do you consider retention short or long, and what influences that situation?)*

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)*

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 – 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: …….

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*)

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)*

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.)*

What factors influence health workers stay in this county/facility? (*HW retention – do you consider retention short or long, and what influences that situation?)*

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)*

What actions have the county/Sub-County/ health facility taken to address health worker issues? (*Probe based on challenges cited in question 5*)

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)*

Do you have CPD booklets? *(Probe if they are updated, the booklets used for renewal of practice license- by cadre)*

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)*

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: …….

What type of nutrition services do you perform at the facility? (*capture all services*)

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.)*

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?)*

Do you have a forum to discuss nutrition issues? (*Probe for both technical and professional issues)*What challenges do you contend with on a regular basis in service delivery?

General challenges (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation, attrition etc)*

Technical nutrition challenges (*Probe: reporting tools, commodities, workload, technical capacity, equipment, training opportunities, socio-cultural practices, job aids, BCC materials etc)*

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*)In your opinion, what recommendations can you make to address these challenges? *(Probe based on question 5)*

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)*

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)*

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*)

Do you receive any support supervision or OJT related to nutrition? (*Probe; frequency, usefulness, any views)*

Explain the key nutrition policies and guidelines currently in use. (*Probe for use during planning, implementation, M&E; access gaps, recommendations for new guidelines*)

Do you have any general or specific recommendations to this capacity assessment process?

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).

How would you rate your ability to perform nutrition services in terms of skills, competency and empowerment? Any gaps, or inadequacies?

Did you undergo CHV induction training? *Probe on what was covered in the induction module*

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*)

What community support groups exist in your area that discus health and nutrition matters?

Describe your involvement in community forums e.g. dialogue days (*planning, implementation and follow up*)

What challenges do you encounter during your involvement in community engagement forums?

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*)

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)*

What barriers exist in the community that hinders demand for health and nutrition services?

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: …….

SUPPORTED BY: