

**NUTRITION CAPACITY ASSESSMENT TRAINER OF
TRAINEES (ToT) TRAINING REPORT
HELD IN: NAKURU COUNTY**

Dates 17th to 28th September 2018



Report Outline

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Background Information

Capacity development is the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time. Kenya developed a Nutrition capacity development Framework (2014-2019) and a KNCDF framework which defines a roadmap to capacity development. A KNCDF operational guide is also in place to provide a step by step guidance on the processes and interventions that are undertaken to implement capacity development framework.

Capacity development in Kenya as guided by KNCDF is categorized in four pillars: Systemic capacity, organizational capacity, technical capacity and community capacity. Capacity assessment is undertaken on each of the four pillars to define existing nutrition capacity gaps. The process involves engaging stakeholders through structured assessment tools on various topics that are related to each pillar. Findings and recommendations from the assessment are documented from which an action plan is developed.

Although capacity development framework and structured tools to conduct the assessment exists, skilled personnel who can conduct the assessment are still few, and those available are busy with other assignments, not available full time to conduct the full assessment. Additionally, capacity assessment has been conducted in only 17 out of 47 counties and there is a need for this assessment in the rest of counties especially Non ASAL areas, since most of ASAL counties have been reached.

Nakuru Nutrition Capacity assessment training and assessment was held from 17th to 28th September 2018 in Nakuru County. The training included a five days classroom training conducted from 17th to 23rd data collection from 24th -26th and data analysis and report writing on 27th -28th September 2018.

A total of 32 participants who included 30 TOTs and 5 facilitators were taken through the 14 days capacity assessment training after which they conducted a capacity assessment in the county. Sensitization of capacity assessment process and dissemination of findings was done to the CHMTs. The findings of the assessment were also validated by the national information technical working group.

Objectives of the TOT training and capacity assessment

1. To sensitize ToTs on Nutrition capacity development framework, process and tools
2. Equip ToTs with capacity to undertake nutrition capacity assessment, analysis and report writing
3. Equip ToTs with practical level field experience on capacity assessment and analysis
4. To sensitize Nakuru County CHMTs on Nutrition capacity development framework and assessment tools
5. To determine Nutrition capacity status in Nakuru county

Methodology of the Training

Facilitators utilized various training methods which included power point presentations, group discussions, role plays, mentorship, reading through the reference materials and practical sessions to deliver the content of the training. In the first week of the training, participants were engaged in a classroom training. Presentations were done on introduction to KNCDF, the four thematic areas of KNCDF and on KNCDF operation guide, development of assessment methodology, use of ODK, database

and qualitative and quantities data analysis and report writing processes. Participants went through each question in all the assessment tools while making their inputs to improve them. In the second week, participants applied the knowledge that they had gained in the classroom training by conducting the assessment. They utilized capacity assessment tools to collect data in the 50 sampled health facilities within the 11 sub-counties in Nakuru. Key informants interviews were also conducted with the County Health Management Teams and FGDs were conducted with community health volunteers and nutritionists. Desk review of the county and national relevant documents was done. Participants were practically engaged in data analysis and report writing to gain hands on experience on the same.

Topics Covered

1. Overview of Kenya Nutrition Capacity Development Framework (KNCDF), KNCDF operational Guide, Capacity assessment tools and process
2. Presentation on Capacity tools; health facility tool, Desk review, KII CEC, finance, CNC, CFP, HRH Including database output/analysis
3. Presentations on Key Informants Interviews- CEC, finance, CNC, CFP, HRH including database output and analysis
4. Focus Group discussion guide and tool CHMT FGD, Nutritionists FGD, Nutrition work force FGD, CHVs FGD Including database output/analysis
5. Developing Capacity assessment Methodology and Sampling procedures
6. Designing databases
7. ODK in capacity assessment
8. Integrating ODK output in capacity databases
9. Capacity national database
10. Developing pivots tables
11. Principles of developing a score card
12. Designing a score card in excel
13. Capacity action plans development
14. Desk-review guide on key relevant documents
15. Qualitative data analysis
16. Report Writing

Refer to Presentation slides annexed for details

Sensitization of Nakuru CHMTs on KNCDF and assessment tools

It is a requirement that the County core team should be sensitized on the KNCDF in which capacity assessment function is embedded. A one day meeting with the CHMTs for Nakuru County was held to sensitize them on the background and rationale for the assessment, promote overall understanding of KNCDF, the process of assessment and capacity assessment tools. The sensitization also outlined the roles for each entity and the timeframe for the assessment. The meeting was conducted in Merica hotel in Nakuru and a total of 20 CHMTs actively participated.

Achievement of the training and the assessment

1. There is now a pool of 30 capacity assessment ToTs, who successfully went through the training and field practice on capacity assessment
2. Capacity assessment tools were reviewed and improved
3. Capacity assessment for Nakuru was conducted and results disseminated to the county and results validated at NITWG

Challenges and Lessons learnt;

1. CHMTs FGD was not conducted due to other various engagements within the county
2. NVIVO software needs to be procured to help in in-depth qualitative data analysis
3. More training on qualitative analysis is required for the participants
4. Participants need to be involved in future capacity assessments to improve the skills gained

What Went Well	Areas of Improvement	Lessons
<ul style="list-style-type: none"> • Good cooperation and support by the in charges • Good team work • FGDs went well for the health workforce • Timing of FGDs was good especially before health facility gets busy. • Good flow of questions • Good logistics (vehicles, timely travel, prior communication to facilities (letter from county for the exercise) • Health facilities in charges, CHVs, and entire team were well organized and supported in answering the questions 	<ul style="list-style-type: none"> • Late arrival of FGD /KII participants affecting the quality of the KIIs • ODK challenges – Verifying number of MUAC tapes against reported, Lumped commodities in case health facility has one commodity and not the other, it becomes difficult to fill question. • HR section (Trainings) in a large facility challenging to fill out. • Health talks, A nutrition service? • Verification of carders (CHA, PHO, NO) • Need for updating of trainings eg BFCI • Practicability of 1 hour of ODK data collection. 	<ul style="list-style-type: none"> • Facilitate mobilization of teams, prior communication is key • Observation section – must be observed • Nutrition questions a challenge for in charges to respond to. • Presence of facility in charges in the FGDs compromises the quality of response. • Need for emphasis on accuracy of data collection

Conclusions

The training was successful where 30 participants were trained on capacity assessment procedures. The CHMTs in Nakuru County were also inducted and sensitized on capacity assessment procedures, participated in key informants interviews and owned the findings on the assessment. During the training process, capacity assessment tools were reviewed and inputs were consolidated to improve the tools.

Action Points:

Action Points	By Who	By When
Finalization of the KNCDF operational guide based on the input from the ToT team	Fridah/Olivia/Florence	Dec 2018
Review of the Capacity development tools based on inputs from the ToT Team	Fridah/Olivia/Florence	Dec 2018
Inclusion of clinical services/dietetics as part of score card (include additional indicators)	Florence/ Ruth Akelola/Steve Oyugi	Dec 2018
Share all the training the presentations with workshop participants	Fridah/Olivia	Immediately
<p>Follow up on systematic implementation of action plans from capacity assessments.</p> <ul style="list-style-type: none"> Action plans to be anchored as part of AWP's for follow up Identify a focal point from county level to be responsible for active monitoring of action plan and reporting back on progress. For future assessments, actions must be clear – recommendations must be actions that can ultimately be implemented. 	Fridah/Olivia/Florence	Ongoing
Follow up on training materials/notes for the ODK/Database integration for future trainings	Fridah/Salim	Dec 2018
Follow up on training materials/note for qualitative data analysis	Fridah/Dorothy	Dec 2018

Annexes

a) Feedback from field during Data collection exercise

What went well?

1. WhatsApp platform creation, enabled members to discuss any challenge and share experiences, photos etc
2. Team work and bonding
3. Good mobilization of key informants and FGDs
4. Questionnaires were clear
5. Facility staffs were cooperative and friendly
6. A survey guide from sub county level enhanced coordination and reception since they are familiar with the health facility
7. Well organized logistics- Comfortable vehicles and friendly drivers

What need to be improved?

1. Changes on the questionnaire eg numbering of CHV questionnaire
2. Changes on ODK tool
3. Tools should be translated to Swahili
4. Nutrition workforce needs to be defined- to ensure the right personnel is present- in some FGDs facility administrators and supervisors were present which interfered with participation of all members

a) Training schedule



Capacity ToT
Training Agenda.do

b) Training contents - Slides



ToT capacity
training slides.pptx

c) Participants List

	Name	Designation	County/Location
1.	Anthony Mativo	PO, M&E. World Vision	Nairobi
2.	Caroline K Kathiari	ACNO, NDU	Nairobi
3.	Christine Kihara	CNC	Nakuru
4.	Clementina Ngina	Nutrition Consultant	Nairobi
5.	Dorothy Othoo	Lecturer JKUAT	Nairobi
6.	Florence Mugo	NPC, NDU	Nairobi
7.	Fridah Mutea	PO NCD, World Vision	Nairobi
8.	Henry M Ngethe	Nutritionist	Nyeri
9.	Hillary Chebon Chelanga	SPO	Nairobi
10.	Immaculate Anyango	Nutritionist	Nairobi
11.	Jacinta Lukania	SCNC	Nakuru
12.	Jardine Ngolo	NSO, UNICEF	Kilifi
13.	Leila Akinyi	ACNO, NDU	Nairobi
14.	Lilian Kaindi	M&E Officer, ACF	Nairobi
15.	Linda Khabeko	NPM, Afya	Mombasa
16.	Linnet Achieng	Regional Nutrition Officer	Kisumu
17.	Lucy Magige	Nutritionist Intern, NDU	Nairobi
18.	Lucy Kinyua	M&E manager, NDU	Nairobi
19.	Lucy Maina Gathigi	Nutrition Information, UNICEF	Nairobi
20.	Lucy W Njagi	Sub County Nutrition Coordinator	Meru
21.	Mercy Ngonga	Sub County Nutrition Coordinator	Homabay
22.	Noah Ledaany	Nutrition Support Officer	Nairobi
23.	Olivia Agutu	Nutrition Officer, UNICEF	Nairobi
24.	Phoebe Mwangangi	County Nutrition Coordinator	Laikipia
25.	Rachael Wanjugu	County Nutrition Coordinator	Kiambu
26.	Ruth Akelola	Technical Manager, KNDI	Nairobi
27.	Salim Athman	Nutrition Consultant	Tana River
28.	Stephen Oyugi	Nutritionist	Migori
29.	Winnie Kerewo	SCNC	Nakuru
30.	Wycliffe Machani Osano	CNC	Turkana