SAMBURU 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 Samburu County. Special thanks to:

- National Government for technical guidance
- The County Government of Samburu Health Department for offering an enabling environment and leading in the assessment
- European Union for financial support
- 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

Chapter 1 EXECUTIVE SUMMARY

This document is a report of the Nutrition Capacity Assessment conducted in Samburu County under the overall guidance of the National Capacity Team. The assessment was conducted to determine the nutrition capacity status of Samburu County in the month of September 2016.

Such an exercise had not been carried out before in the county thus the necessity to carry out a nutrition capacity assessment. This was to help in determining if there is adequate capacity to offer nutrition services in Samburu County. The exercise was guided by the use of the 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.

The purpose of the assessment was drafted at the national level. 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 25 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.

This 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, International Medical Corps, Concern Worldwide and World Vision who provided the logistical, financial as well as 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 capacity database. The database was designed in Microsoft Excel for ease of data entry and analysis. Automated pivot tables had been generated for key indicators and this ensured automatic analysis once data was entered.

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

KNCDF identifies four broad categories of capacity development. These include: system-wide capacity, organizational capacity, technical capacity and community capacity.

Systemic capacity

Systematic capacity focuses on the broad understanding of the macro environment. This includes policy environment, legal and regulatory capacity as well as social economic and cultural dynamics that influence nutrition outcomes.

Organizational capacity

Organizational capacity considers the competencies required by nutrition professionals at organizational level and the areas of focus required for improved organizational capacity. 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.

Technical Capacity

Technical capacity considers the level of proficiency and competency attained by professionals through training. Technical capacity focuses on pre and in-service trainings and professional standards.

Specifically, it focuses on:

- Presence of legislations and standards that are in place for each level of cadre for pre-service and in-service training
- Policies governing continuous professional development and adherence to laid down standards for continuous professional development
- Presence of qualified nutrition workforce and their ability to generate, interpret and utilize data for evidence based decision making.
- Ability of individuals to negotiate, network and advocate in a multi-sectoral environment
- Application of appropriate technical knowledge and skills

Community Capacity

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.

Justification of the capacity assessment

Nutrition in Kenya has evolved greatly. There is however a gap, where we are not able to determine if there is adequate capacity to offer nutrition services. Nutrition just like 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, and the assessment is holistic looking at the system, structures, organizational, technical and community capacity.

Objectives of the Nutrition Capacity Assessment

Main objective

The main objective of the nutrition capacity assessment was to determine the nutrition capacity status for Samburu County

Specific objectives

- To sensitize county health management on Kenya Nutrition Capacity Development Framework (KNCDF), KNCDF operational guide and nutrition capacity assessment tools
- To determine nutrition capacity status for Samburu County
- Document best practices and recommend interventions based on identified gaps

CHAPTER 2: METHODOLOGY

Step 1: Drafting of the survey purpose

The purpose of nutrition Capacity assessment was drafted at the National level. The main purpose was to determine nutrition capacity of Samburu County

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. Enumerators 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	• One officer from the nutrition unit • One officer from Monitoring & Evaluation Department
Department of Health – County level	• Mobilization of relevant authorities/ heads of units and key informants • Follow up approval/validation at county level/ Seeking permission to conduct the activity • Report writing • Dissemination of results to stakeholders • Action planning to address gaps identified/recommendations	• County Nutrition Coordinator • Appointed CHMT member – County Public Health Officer
UNICEF	• Funding for capacity assessment (Donor) • Technical support to the whole capacity assessment process ○ Participation in questionnaire design • Develop nutrition capacity assessment database	• One Specialist - Monitoring and Evaluation

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 • Report writing • Participate in the dissemination of results/ feedback • Support the county in action planning to address gaps identified/recommendations	• National Capacity Development Officer • Nutrition Project Manager • Nutrition Officers • Monitoring & Evaluation Officer
Concern Worldwide	• Technical Support	• One Nutrition Officer
World Vision	• Logistical Support	• One Driver

Step 3: 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. This was followed by a three day training of the enumerators which was conducted to enable them understand the questionnaires. The County team selected 6 enumerators who were health workers with some basic understanding of nutrition.

The training was done together with some CHMT members who constituted the core team and they were involved in the whole assessment process. On the first day, they were taken through the KII for County heads including the CEC for Health. On the second day, the team was taken through the KII for health facility in charges and FGDs. A role play on the KII for facility in charges was done and the team was able to give feedback. A pre-test before the actual data collection was conducted on the third day of training in Sirata, Seketet and Lesidai dispensaries. The team gave feedback which informed on areas of improvement in the questionnaire. Three data clerks were selected by the County team and they had knowledge and skills on data entry using Excel. They were taken through capacity data base for one day, which was the first day of data collection.

Step 4: Methodology, Sample size and sampling procedure

The 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 tables 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	25

Table 3: Focus Group Discussion Target

TARGET	No of FGDs	JUSTIFICATION
CHMT	1	One FGD will be conducted to get views of Health managers on aspects of nutrition services
Nutrition Workforce	2	To understand capacity of staff often carrying out nutrition implementation and their views as well
Nutritionists	1	To get the feel of nutritionists on nutrition service delivery
Community Health Volunteers	2	To get a better picture of community capacity in regard to community nutrition service delivery

Desk review was conducted guided by an already developed tool and responses were sought from different sources and documents that were availed by the County team.

A master facility list provided by the county was used as the sampling frame. Purposive sampling was applied and 25 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. All the 3 hospitals were sampled in form of a Census where 2 are owned by GOK and 1 is owned by a Faith Based Organization (FBO). All the 9 Health Centers were sampled in form of a census with 6 being GOK, 2 FBO and 1 was NGO owned. Dispensaries were put in cohorts of ownership either GOK, FBO, NGO and private. Each of these cohorts was sampled differently. GOK had a high number of dispensaries (35) compared to FBO (9), NGO and private. A ratio of 76:20:2:2 was used for GOK to FBO to NGO to Private respectively.

For the GOK dispensaries, 25% of the facilities were sampled, randomly taking into account administrative boundaries. PPS was applied across the 3 Sub Counties where 9 facilities were randomly sampled; 4 in Samburu Central, 3 in Samburu East and 2 in Samburu North. FBO owned dispensaries were only available in Samburu Central and North. 25% of these dispensaries amount to 2 facilities. 1 facility was randomly sampled in Samburu Central, and one in Samburu North. There was only one NGO owned dispensary which was selected in form of a census. Only one privately owned dispensary was selected, among a number of private clinics. This was informed based on County guidance, that it was the only facility offering some basic care, and not merely a nurse or clinical officer owned clinic.

Tables 4 and 5 below shows the number of health facilities selected for the assessment and the method of sampling used and the list of facilities sampled respectively.

Table 4: Number of selected Health Facilities

Facility Level	**Numbers Sampled**	**Sampling Procedure**
Hospitals (GOK)	2	Census
Hospitals (FBO)	1	Census
Health Centres (GOK)	6	Census
Health Centres (FBO)	2	Census
Health Centres (NGO)	1	Census
Dispensaries (GOK)	9	PPS, Random sampling
Dispensaries (FBO)	2	Stratification, Random
Dispensaries (NGO)	1	Census (only one available)
Dispensaries (Private)	1	Purposive
Total	**25**	

Table 5: List of Sampled Facilities

Facility Code	Health Facility Name	Sub-county	Type	Ownership
14228	Baragoi Sub-District Hospital	North	Sub-County Hospital	Ministry of Health
15621	South Horr Dispensary	North	Dispensary	FBO
14217	Arsim Dispensary	North	Dispensary	FBO
14219	Lesirkan Health Centre	North	Health Centre	NGO
15014	Latakweny Dispensary	North	Dispensary	Ministry of Health
15757	Tuum Dispensary	North	Dispensary	Ministry of Health
14237	Barsaloi Dispensary	Central	Dispensary	Ministry of Health
15442	Opiroi Dispensary	Central	Dispensary	Ministry of Health
17274	Angata Nanyokie Dispensary	Central	Dispensary	Ministry of Health
15468	Porro Health Centre	Central	Health Centre	Ministry of Health
15126	Maralal Referral Hospital	Central	Referral Hospital	Ministry of Health
17273	Baawa Dispensary	Central	Dispensary	Private
15076	Longewan Dispensary	Central	Dispensary	Ministry of Health
15682	Suguta Health centre	Central	Health Centre	Ministry of Health
14943	Kisima Heath Centre	Central	Health Centre	Ministry of Health
15048	Lodungokwe Health Centre	East	Health Centre	Ministry of Health
15769	Wamba Catholic Hospital	East	Referral Hospital	FBO
15355	Ngutuk Engiron Dispensary	East	Dispensary	Ministry of Health
19945	KIltamany Dispensary	East	Dispensary	Ministry of Health
15547	Sereolipi Health Centre	East	Health Centre	Ministry of Health
15327	Ndonyo Wasin Dispensary	East	Dispensary	Ministry of Health
14459	Ngilai Dispensary	East	Dispensary	Ministry of Health
15693	Swari Health Centre	East	Health Centre	Ministry of Health
14212	Archers Post Health Centre	East	Health Centre	FBO

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 supervisor 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 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 Officer of Health/County CEC
- ✓ 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).

Facilitators guide for the key informant interviews

Plan for the KII

- ✓ Use the key informant guide
- ✓ Invite respondents individually to participate in an interview.
- ✓ Determine and schedule a meeting time and place convenient for the respondent.
- ✓ Reconfirm before the interview

Key instructions for interviewers

1. Obtain the respondent's informed consent; continue only if the respondent agrees to participate
2. Ask interview questions in a friendly manner to build trust between you and the respondent; this will encourage the respondent to give useful and truthful answers
3. Allow the respondent to express him- or herself. Wait a moment after having asked a question to give him/her time to respond to the question
4. Record all information obtained by taking detailed notes
5. Make notes about relevant issues that are raised during the interview, such as non-verbal or emotional reactions of the respondent or the environment in which the interview is taking place. Note any influence you may have had on the interview
6. Thank the participant at the end of the interview.
7. Review all your notes at the end of the interview while the information is fresh in your mind. Fill in any gaps in the information recorded.

Focus group discussion

Seven focus group discussions were conducted using specific FGD guides and notes were taken following notes guidelines. Hand held recorders (devices) were used to record the discussions. The recording was then uploaded on to a computer on the same day. However, the primary source of information was the notes taken during the interview. A one page summary was written for each of the FGDs. The focus group discussions included:

- One CHMT FGD held at the County Health Office
- Two Nutrition Workforce FGDs held at Maralal Referral Hospital and Wamba Health Centre
- Three Community Health Volunteers(CHVs) FGDs held at Baragoi Sub county Hospital, Archers Post Health Centre and Maralal Referral Hospital
- One Nutritionists FGD held at Maralal

Focus group discussion facilitator's guide:

1. Inform the health facility in charge of the FGD and the expected participants.
2. Invite respondents to participate in a focus-group discussion. Do not force people to join the group. Try to generate interest and willingness.
3. Find a quiet area suitable for a group of 6 - 8 people to sit. Determine and schedule a meeting time convenient for all participants.
4. Reconfirm attendance of participants before the sessions.
5. Greet the respondents and thank them for attending the meeting. It is important to greet and welcome the participants to make them feel comfortable; this will encourage them to participate with enthusiasm and trust.
6. As an ice-breaking activity, encourage participants to introduce themselves one at a time.
7. Encourage respondents to share their views and experiences and to comment on each other's responses.
8. Explain the objectives of the FGD. We are trying to get their experience to learn more how to improve programming specifically nutrition capacity development and as a result, improve the health and nutrition services and in turn improve the health and nutrition status of the community.
9. Explain that the information is confidential and no names are taken so they can openly explain their real experience/opinions on the topics discussed. However the discussions will be recorded using a recorder. Explain that they will be referred to using participants number not names in order to assure confidentiality.
10. Assign participants numbers and make sure you mention a participant's number during introduction and discussion. For example "Interviewer number 3, in your view, what factors attract health workers to take up posts in this county"
11. The FGD will last 45mins-1hr. Explain this at the start.

12. Facilitator leads the groups through the discussion, prompting responses and making sure that the main topics are covered. Keep an idea of time spent and keep the discussion on the theme.
13. At the end of each point, the facilitator summarizes what the group has agreed as a response.
14. The note taker writes the summary information for every issue discussed. When possible, use numbers to show how many people in the group agreed on the issue. For example, 5 out of 7 group members believed that 'provision of housing attracts health workers to take up postings in the county'. The other 2 did not comment. Even though the discussion will be taped, the notes remain the primary source of information. It is therefore important to make sure that they are clear, detailed and well organized. The note taker should not write every work but should focus on recording key words and phrases. The note taker can use symbols and abbreviations to save time.
15. Note verbatim quotes word for word
16. Get the group to give concluding remarks on capacity for nutrition.
17. Thank the group.

FGD DEBRIEF

- Listen to the tape to make sure it is recorded properly. If it is not recorded properly, immediately help the note taker to complete the notes with important information
- Expand the notes and add information about group dynamics or any unexpected events
- Give feedback to the moderator on his or her performance and suggest areas of improvement
- Upload the recording onto a computer on the same day and rename each file appropriately
- Write a one page summary of the FGD based on the debrief final notes guidelines provided at the end of the note takers sheet

Step 6: Data entry and analysis

Data entry was done by three trained data clerks for three days. The database was designed in Microsoft Excel for ease of data entry and analysis. Pivot tables had been generated for key indicators and this ensured automatic analysis once data was entered.

CHAPTER 3: RESULTS

3.1 DEMOGRAPHICS

Population:

Samburu County covers a total area of 21,022km^2 with an estimated population of 274,079 people among whom 51,884 are under-fives based on the 2009 KNBS Census. According to the County's population estimates, a significant proportion of the population is composed of <15 years (50.7%) ,the age group 25-59 years making up 28.1% and the women of child bearing age comprise 21.2% of the population. Children under one year make up 3.6% and those less than 5 years 18.9% of the population. The county's population growth rate is 9%.

The county has a total of 95 Health facilities run by Government of Kenya, FBOs as well as privately run clinics. These facilities offer health services at various tiers of health care provision.

Table 6: Ownership of Health Facilities

		OWNERSHIP		
SUB COUNTY		**GoK**	**FBOs**	**Private**
1.	Samburu North	17	5	0
2.	Samburu Central	28	5	14
3.	Samburu East	20	2	4

Out of the 95, 77 are public health facilities categorized as follows; 2 referral hospitals, 1 sub county hospital, 9 health centres and 63 dispensaries distributed in the three sub counties.

The capacity assessment was carried out in 2 Hospitals, 1 sub county hospitals, 9 health centres and 13 dispensaries. Of these, only 1 hospital, 2 health centers and 3 dispensaries were owned by NGOs or FBOs. All the rest were owned by the government as shown in the table below:

Table 7: Ownership of sampled health facilities

OWNERSHIP	COUNTY HOSPITAL	SUBCOUNTY HOSPITALS	HEALTH CENTRES	DISPENSARIES
GOK	1	1	7	10
OTHER	1	0	2	3
TOTAL	2	1	9	13

Pie-Charts showing distribution of selected facilities by: (Chart1) Level of facility.

Level	**Tier 3 (Level 4)**	**Tier 2 (Level 3)**	**Tier 2 (Level 2)**	**Total**
Number	**3**	**9**	**13**	**25**

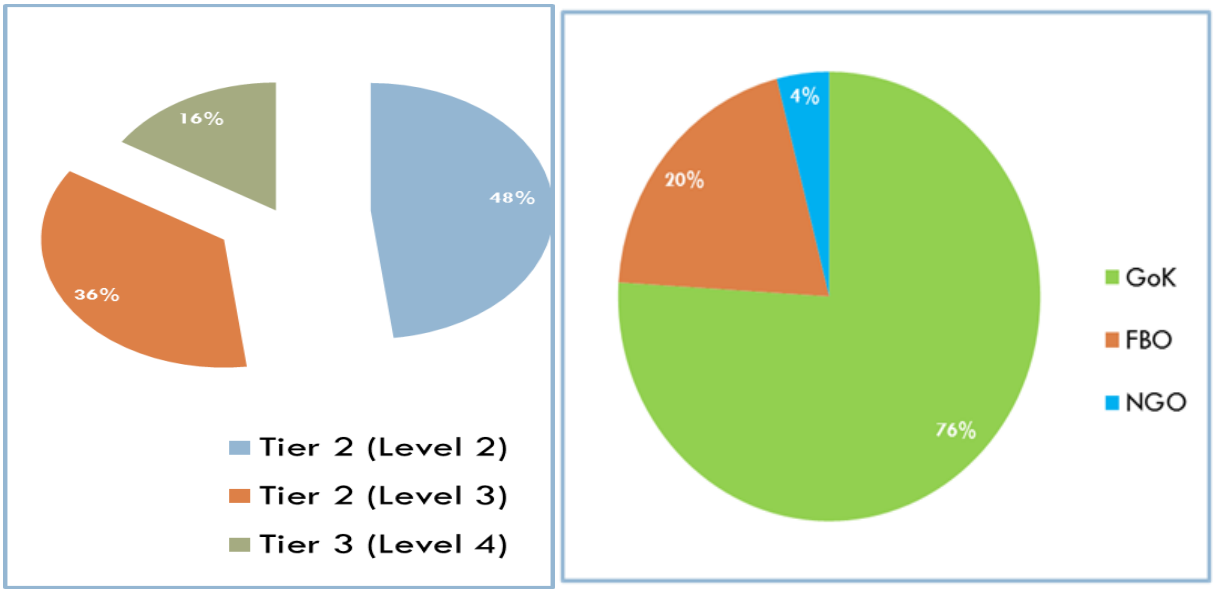


Figure 1: Levels and ownership of facilities

3.2 SYSTEMIC

The assessment sought to assess the key policy and governance issues that create the overall environment for service delivery i.e. The Legal and regulatory mechanisms. The following parameters were assessed under the systemic capacity:

Availability of planning documents

Samburu County has a County Integrated Development Plan (CIDP) for the year 2013 to 2017. CIDPs are investment documents that articulate the vision of the leadership for the citizens of the county and are required to indicate the various strategies and interventions that will yield transformative results across sectors to realize development in totality. The county's CIDP recognizes healthcare services by directing resources to improving health infrastructure e.g. constructing and improving maternity units The County has also developed County Health Sector Strategic Plan (CHSSP). This document recognizes sub-optimal Breast Feeding, chronic and acute malnutrition among the factors that threaten health in the county, scale-up of Ante Natal Clinics (ANC) services up to the 4th visit and Iron and Folic acid Supplementation (IFAS) as the key nutrition priorities. The County has also developed and launched its County Nutrition Action Plan (CNAP).

The Annual Performance and Review Plans (APRP) for the last financial year (2015/2016) (APRP/CIHAWP) was developed. It had prioritised nutrition in issues such as training Health Care Providers (HCPs) on Maternal Infant and Young Child Nutrition (MIYCN) although the budget limits full implementation of planned activities.

The county has scheme of service for Nutritionist and dietician; Human resource for health Norms and standards guidelines for the health sector (2014-2018); Kenya Health Sector Strategic Plan (KHSSP) 2013 to 2017 and Kenya Health Policy 2012 – 2030. The current budget (2016/2016) projects to recruit more cadres including nurses and nutritionists.

Staffing

The county has huge gaps in terms of staffing though the current budget has allocated funds to recruit more cadres including nurses and nutritionist. There are also plans to train health staffs on specialized courses e.g. renal unit

Policies and Bills

Policies such as the National Food and Nutrition Security Policy; Kenya Nutrition advocacy, Communication and Social Mobilization Strategy 2016 – 2020 were not available.

The county has developed a procurement plan for the year 2016/2017, though it lacked one for the year 2015/2016.The county lacks a nutrition related bill but is aware of Breast Milk Substitutes (BMS) act . The act was enacted in the year 2012 to preserve, promote, and protect breastfeeding of infants. Both the enforcers and implementers have not been sensitized on it; hence there is no monitoring or enforcement of the law in the county. The mandatory law on food fortification requires all big millers dealing with prepackaged wheat, Oil and maize flour, to fortify their products with some selected nutrients. The County has been sensitized on food fortification and monthly surveillance is ongoing through the Department of Public Health.

Leadership and governance

There is involvement and participation of various stakeholders in decision making. Weekly coordination meetings involving the CEC Health, director and CHMTs are held on a weekly basis. This is useful in reviewing achievements and also for proper planning of health and nutrition activities. However, the county lacks a clear chain of command and the organogram is not clearly defined.

Budget Allocation

A quarter of the county's budget is allocated to health but 75% of this health budget goes to salaries hence little is left for implementation of health activities. However, there is no specific line for nutrition activities since nutrition falls under preventive and promotion services in the budget. Procedures for funds release are also time consuming causing delays in activity implementation.

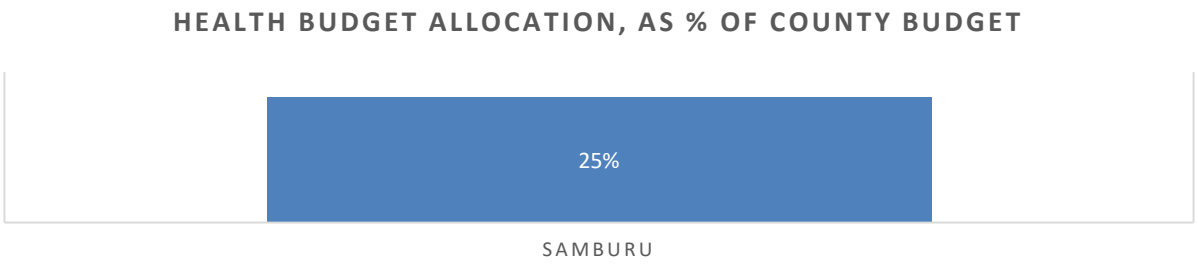


Figure 2: Health Budget Allocation

Nutrition Protocols and guidelines in the health facilities

Policies and guidelines are developed by the national government and the function of the county government is to implement. Such policies and policies are disseminated to the county HCPs for use and

they should be available for reference purposes within the facilities. Some of the clinical nutrition guidelines/protocols are lacking in the 25 health facilities sampled as shown in the figure below.

Figure 3: Protocols and Guidelines

Availability of nutrition guidelines and protocols in the selected facilities

The function of the county government is to implement policies and guidelines developed by the national government. It is expected that such policies are disseminated to the county health workers for use and they should be available for reference purposes within the facilities. All relevant policies in health services delivery should be well displayed at various points for easy referencing. The CHMTs reported during their FGD that there is a gap in implementation of policies and regulations despite the health workers being knowledgeable on the same. The county has a health policy that is also in use as noted during the desk review.

3.3 ORGANIZATION CAPACITY

Organizational capacity involves the working arrangements and coordination framework and structures of key institutions and organizations. It considers the competencies required by nutrition professionals at organizational level and the areas of focus required for improved organizational capacity. 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.

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
- Support Supervision
- Human Resource Management
- Operational Research

Nutrition services

A wide range of nutrition services including micronutrient supplementation, deworming, Integrated management of acute malnutrition (IMAM), MIYCN,IFAS, Vit A supplementation and growth monitoring are offered in both public and private health facilities. From the selected facilities, most of the high impact nutrition interventions such as IFAS, Exclusive Breastfeeding, Deworming, Complementary Feeding, and Vitamin A and Zinc supplementation are being offered in all the facilities, while the most specialized nutrition services like diabetes management or enteral nutrition are at the higher level facilities. The figures below show the nutrition services offered in the county by ownership and level of facilities as well as their reporting by tier.

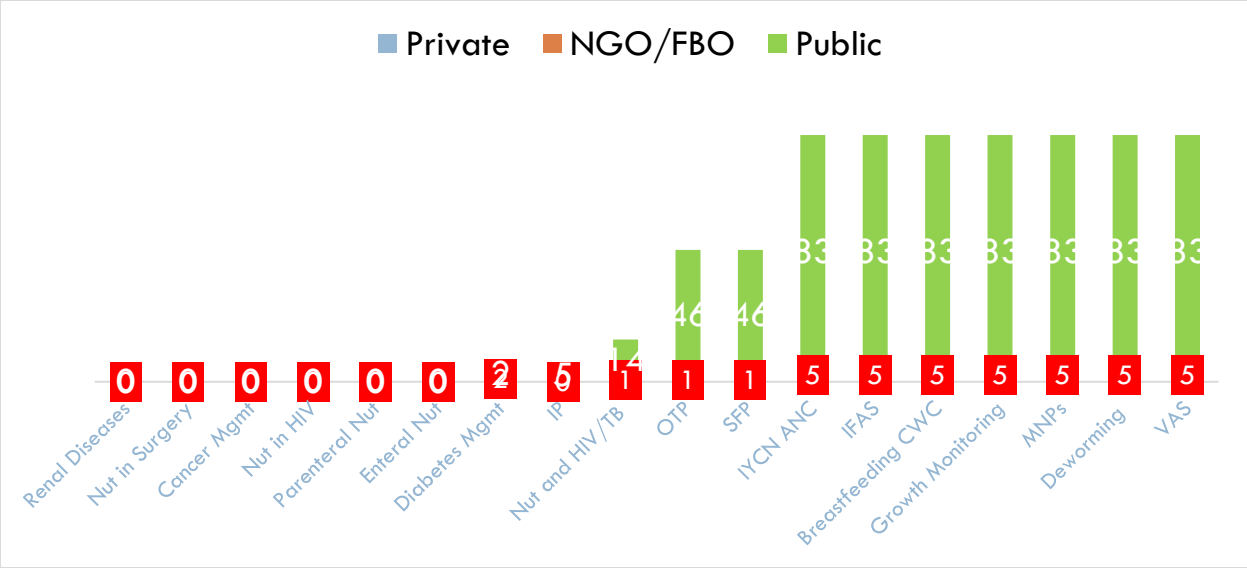


Figure 4: Facilities providing nutrition services

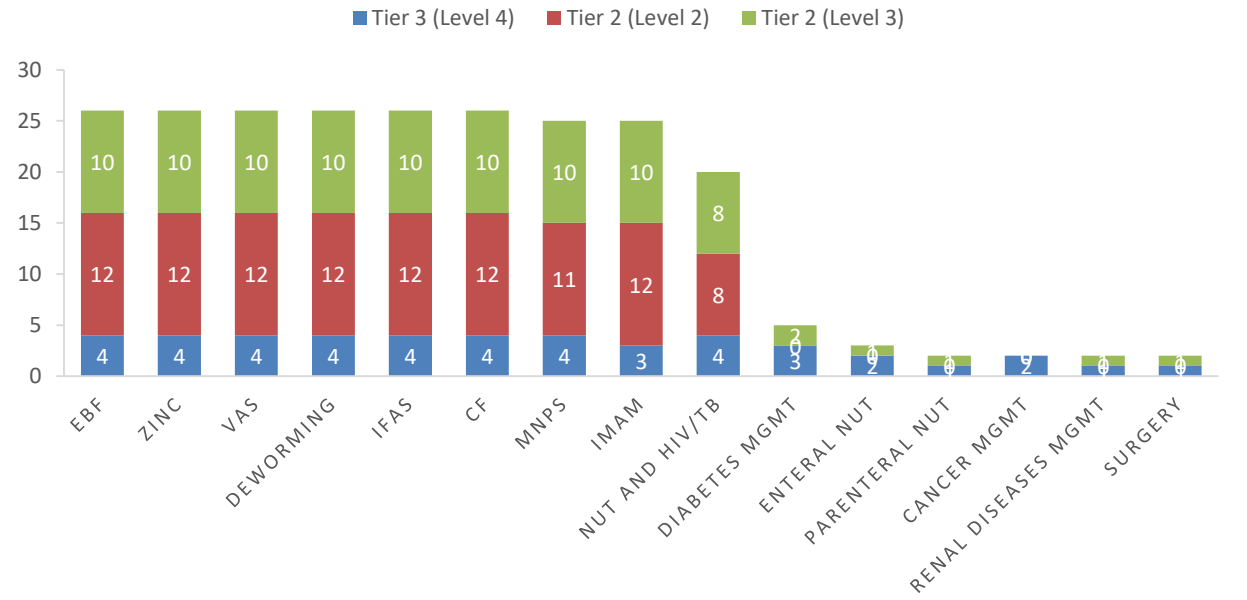


Figure 5: Nutrition services offered by level of facility

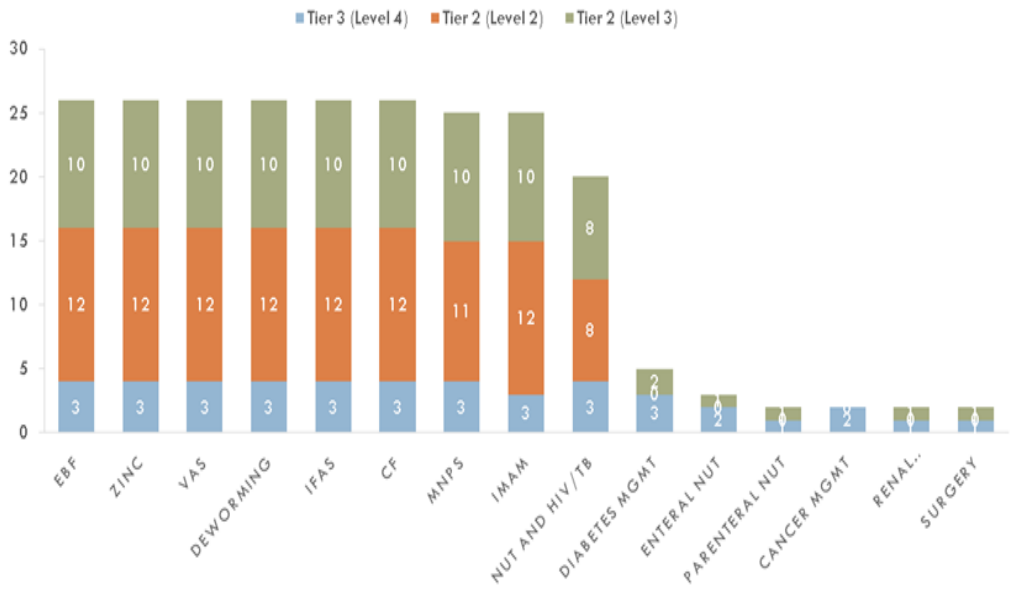


Figure 6: Reporting of nutrition services by tier

Health Cadres offering nutrition services

From the 25 sampled facilities, nurses are majorly involved in offering nutrition services. Other cadres are also involved in nutrition service delivery. This is due to the high shortage of nutritionists in the county.

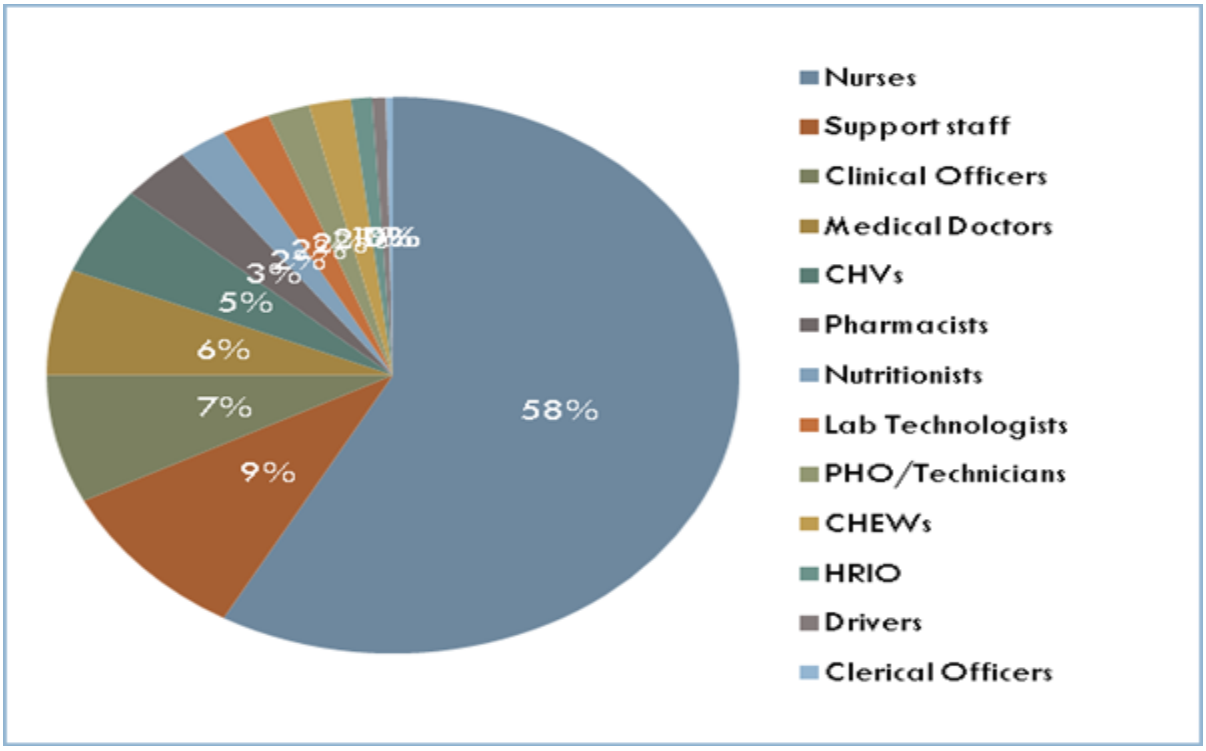


Figure 7: Health Cadres offering nutrition services

Specialized clinics

HIV, Tb and leprosy specialized clinics are offered in over 30% of the sampled health facilities while Cancer and ENT specialized clinics are not offered in any as shown in figure 7 below.

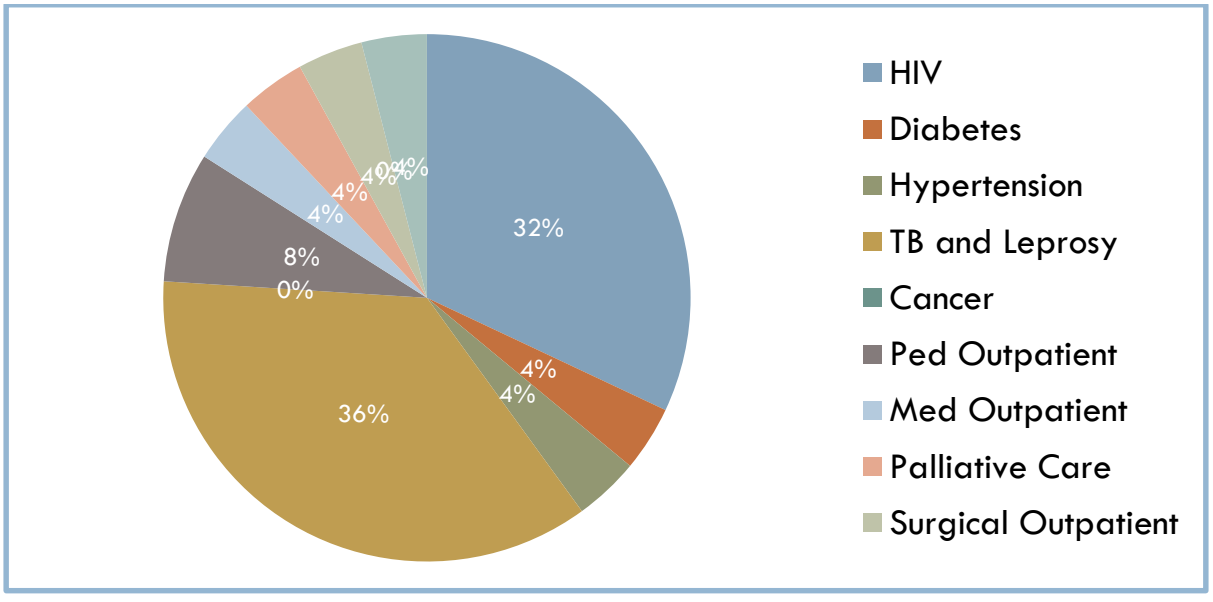


Figure 8: Specialized Clinics

Infrastructure, Supplies, Guidelines, Tools and Equipment

A conducive environment in which nutrition services are offered is critical for efficient and effective service delivery. Out of the 25 facilities sampled, only three facilities have a nutritionist and they all reported to having a room for nutritionist as shown below.

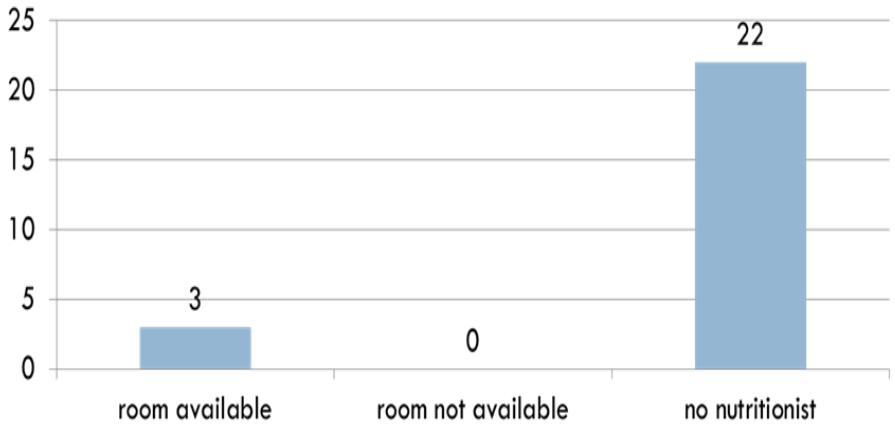


Figure 9: Room for nutritionist

It was reported that nutrition commodities for used in IMAM program such as Ready to Use Supplementary Feeds, Corn Soy Blend/Oil, Fortified Blended Flours, Vitamin A Supplementation, F75, F100, Resomal and parenteral foods are fully supported by partners. IFAS is wholly procured by the National Government while Vit A is supported by both the National Government at 80% and the County Government at 20%.

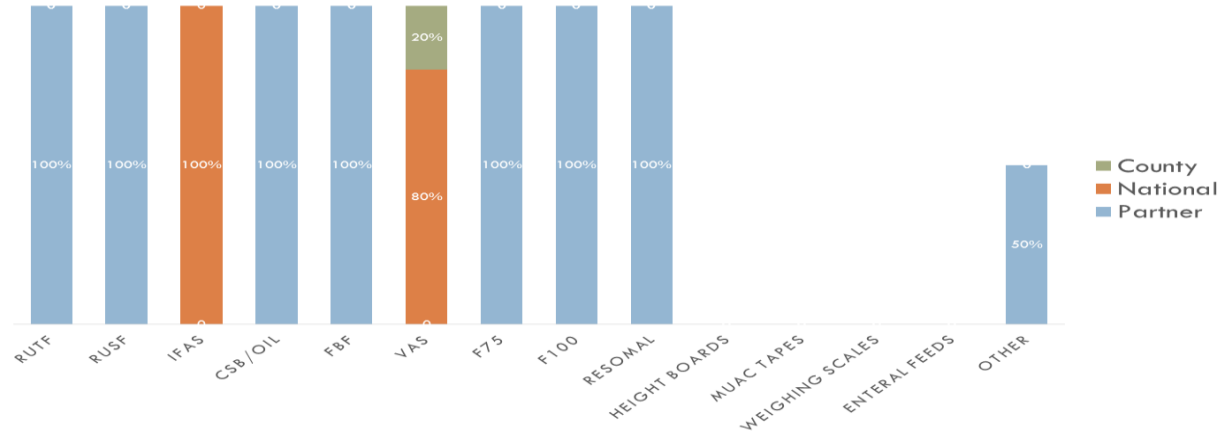


Figure 10: Commodity Procurement

Availability of anthropometric equipment

Child MUAC tapes are high in numbers than the adult MUAC tapes. This might be attributed by the fact that there is intense child screening for malnutrition in the health facilities and community. The county also has various partners supporting nutrition services who have also helped in procuring the tapes. The figure below shows the number of anthropometric equipment available and those that are functional.

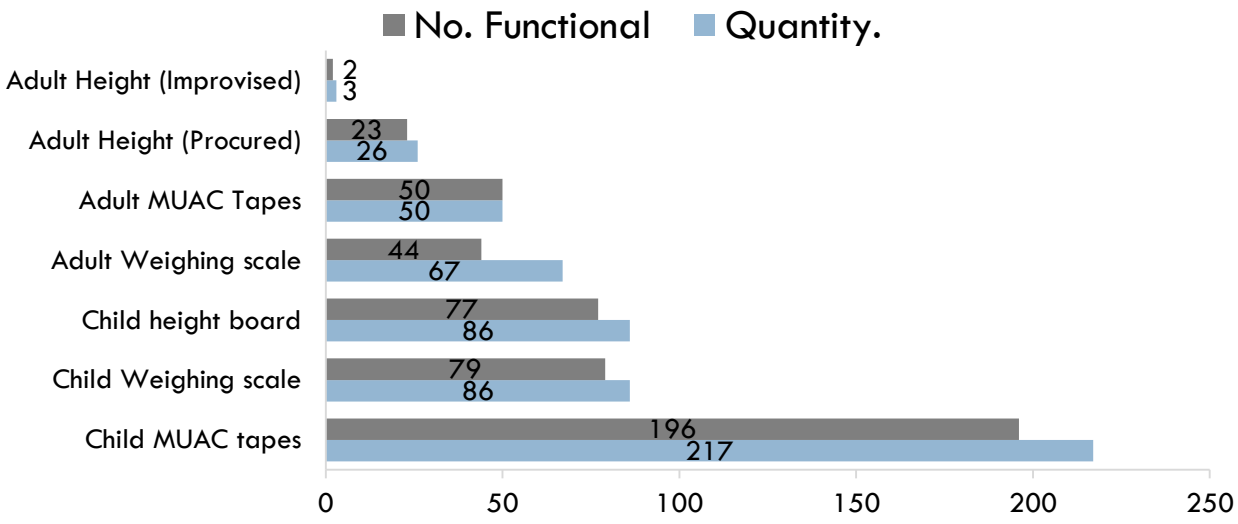


Figure 11: Availability of anthropometric equipment

Availability, usage and reporting of MOH tools

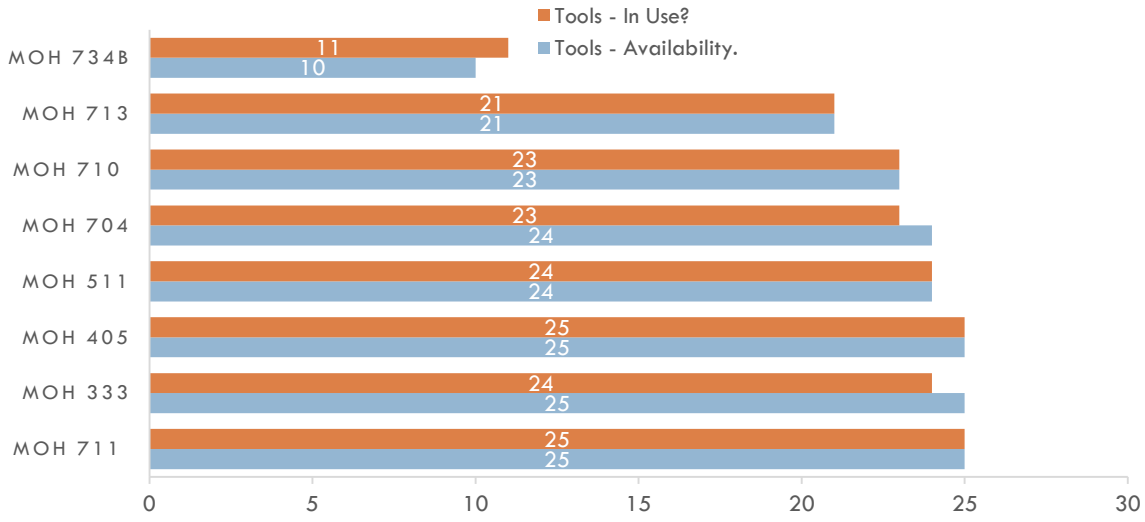


Figure 12: Availability and usage of MOH reporting tools

The above MOH tools were available in all sampled facilities. All tools were in use in most of the sampled facilities except MOH 333 & MOH 704 which were not in use in one facility each. Less than 50% of the facilities sampled reported on MOH 515 and MOH 734 because not all the facilities were linked to CUs and not all of them offered nutrition in HIV.MOH 517 is not reported on because data for school deworming is captured in MOH 711. The MOH tools are available but not in use in all facilities sampled as reported by the facility in charges and nutritionist FGD. MOH 710, MOH 713, and MOH 733 are in use in more than 50% of the facilities sampled since most of them offer nutrition services. The figure below shows the reporting rates of various tools as reported in the DHIS (District Health Information Software).

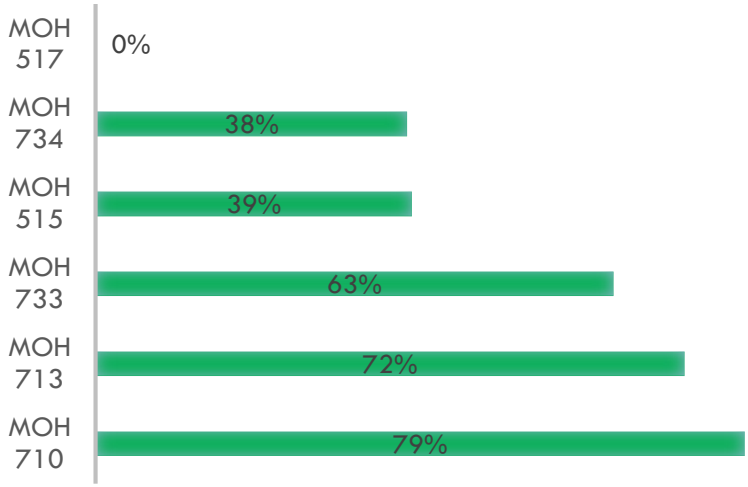


Figure 13: Reporting rates

Coordination

Various coordination meetings are held. County Nutrition Technical Forum (CNTF) and multi-sectoral platforms are conducted on monthly basis**.**

At County level, there exists the CNTF which is held on a monthly basis with a TOR.At health facility level, there are several forums that address data quality and performance. These include; The County Nutrition Coordination Forum and Facility in charges meeting, Data Quality Audits and other technical working groups. Nutrition is often integrated in most of these forums. At the community level, Community health committee meetings are also held. These meetings are held either on a monthly or a quarterly basis. The figures below show the types of meetings held and their frequency.

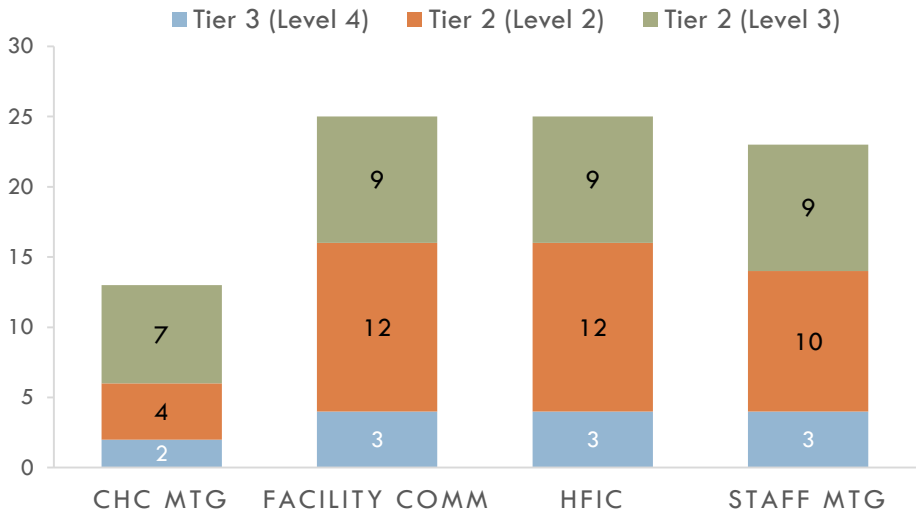


Figure 14: Type of meetings held

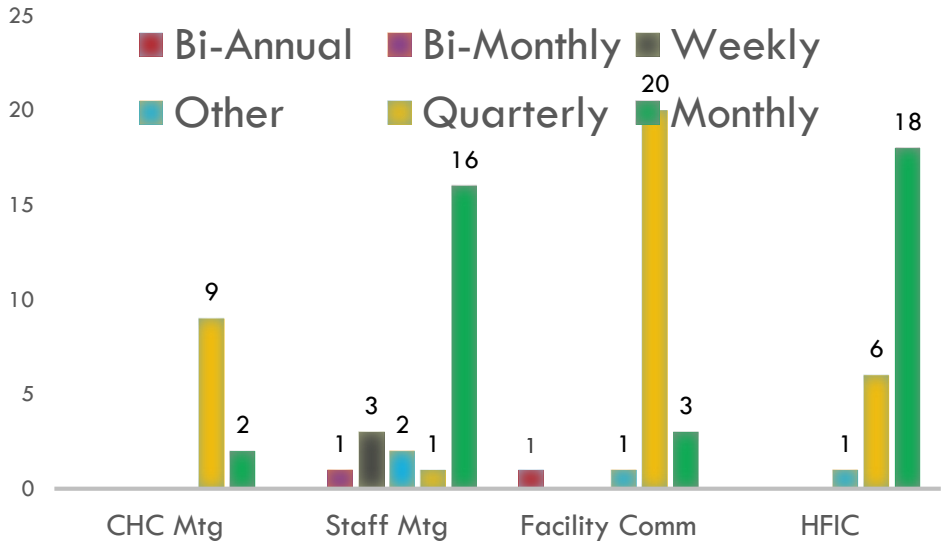


Figure 15: Frequency of holding meetings

The county has various feedback mechanisms on service delivery and they include:

- Cabinet meetings and County Assembly departmental briefs between the County Executive and CHMT
- Health stakeholder's forums, supervision and emails/internal memos between CHMT and SCHMTs
- In charges meetings between Sub County Health Management Teams(SCHMTs) and facility in charges
- County stakeholders Forum between CHMTs and Partners.
- County nutrition technical forum (CNTF) between CHMTS, SCHMT, and partners.
- Use of suggestion box, customer care desk, social media (WhatsApp and Facebook) between S/CHMT, Health Facility and community
- Community participation forums e.g. Barazas between Members of County Assembly (MCAs) and Community

Supportive supervision

Support supervision is done on a quarterly basis at three levels namely;

- ✓ County to sub-county
- ✓ County to health facilities
- ✓ Sub-county to health facilities.

The supervision includes nutrition issues since it has an integrated supervision tool and there is a proposal to have sub-county to health facilities support supervision done on a monthly basis.

Human resource Management

Samburu County has not operationalized Integrated Human Resource Information Systems (iHRIs) since sensitization of the database has not been done in the county. A few County representatives were taken through the data base but sensitization at the County is yet to be done. Human resource is a challenge since the cadres are not enough for instance, the nutritionists and nurses are not enough for the health facilities. However, the current budget has allocated resources for staff recruitment. During the FGD, nutritionists reported that they were only 5 in the whole county though one has been employed on a contract basis and some also take up management roles especially in the sub county. The nutrition workforce reported in the FGD that there was severe shortage of staff and more shortage will be expected

with the opening up of new departments such as the renal unit. The health workers also have inadequate skills to offer some services such as renal management. They also reported that students are being used to bridge the gap as much as they are still being training

Health facilities send monthly reports to Sub County Health Records Information Officers office which are then entered into DHIS. Through DHIS, it is possible to track performance of indicators

The supply chain in the county is okay but there is a challenge in storage, though a warehouse is under construction. During the FGD, nutritionists reported that county should improve storage facilities because it was noted as a major challenge especially at the Sub County level. This is because commodities for all facilities in the sub county are put in one store. They noted that if this was improved, it could help reduce wastage and spoilage. Stores in some of the facilities need to be renovated and equipped with pallets.

Operational research

The county government has not conducted any operational research in the last 2 years due to lack of finances, lack of interest and proactiveness in research and also due to lack of non-financial resources e.g. vehicle, stationeries

3.4 TECHNICAL CAPACITY

Technical capacity considers the level of proficiency and competency attained by professionals through training. Technical capacity focuses on pre and in-service trainings and professional standards.

Specifically, it focuses on:

- Presence of legislations and standards that are in place for each level of cadre for pre-service and in-service training
- Policies governing continuous professional development and adherence to laid down standards for continuous professional development
- Presence of qualified nutrition workforce and their ability to generate, interpret and utilize data for evidence based decision making.
- Ability of individuals to negotiate, network and advocate in a multi-sectoral environment
- Application of appropriate technical knowledge and skills

Health workforce by cadre

From the sampled facilities most of the workforce are nurses, of whom majority are permanently employed, followed by clinical officers, and lab technologists. The county is training all health workers as nutrition workforce so that they can handle nutrition program as reported by nutritionists during their FGD. Figure 16 below shows the composition of the nutrition workforce and their terms of employment while figure 17 shows the same composition without the nurses.

Figure 16: Terms of employment for nutrition workforce

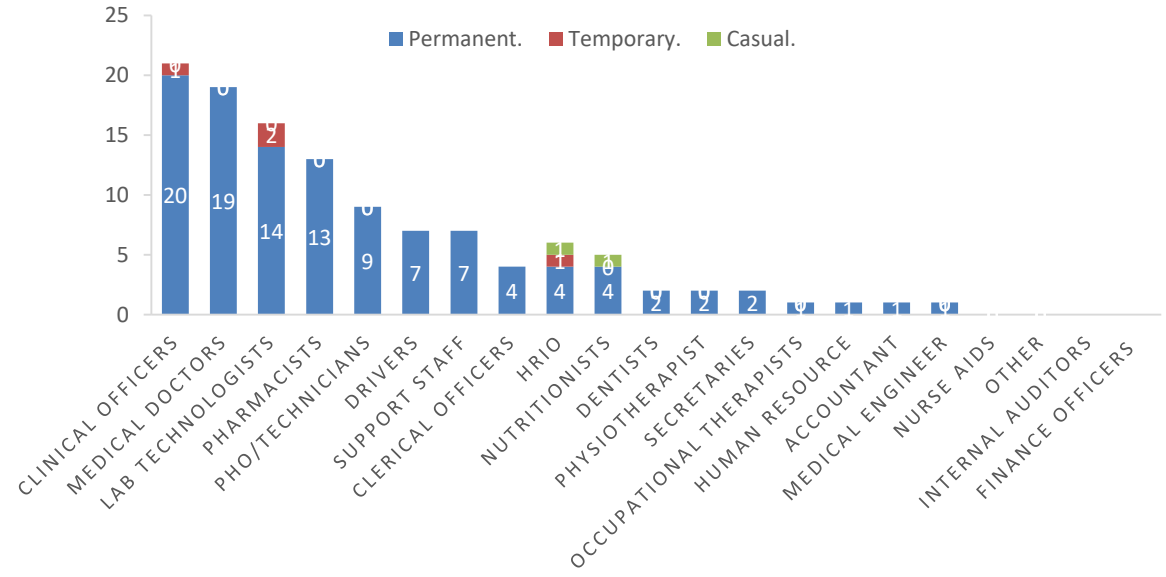


Figure 17: Terms of employment for nutrition workforce (without nurses)

Trainings done by health workforce in the selected facilities

From the selected facilities IMAM was the most trained by all the cadres, 36 trained on IFAS, 28 trained on logistics management information system while MIYCN and routine data management were the least trained as shown below. During the FGD, nutritionists acknowledged that there are many trainings conducted in the county by partners supporting nutrition activities in the county. The nutrition work force reported during their FGD that there is lack of capacity to handle specialized cases; "for example the hospital is about to open a renal department but staff are not skilled on nutrition in renal management"

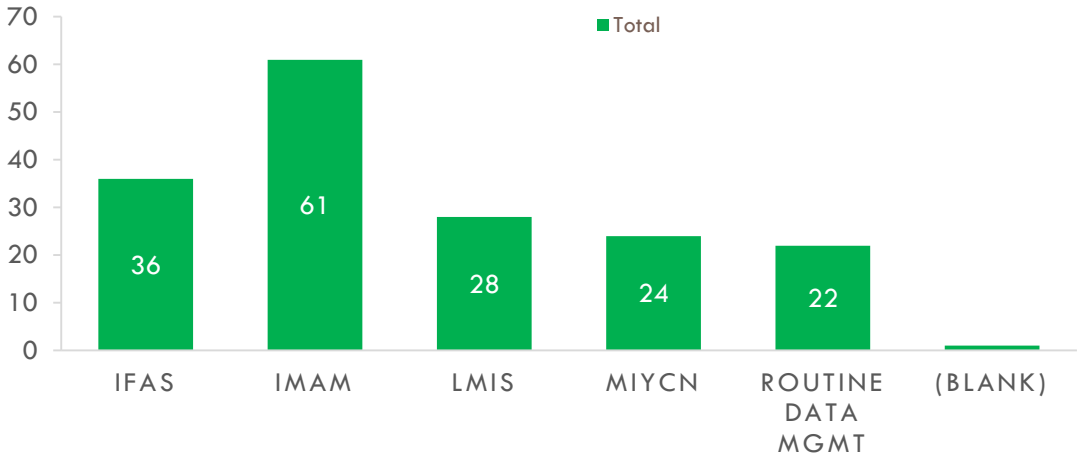


Figure 18: Training for health workers

Nutrition staff by level

There are 3 nutrition officers in the sub- counties who double at the managerial capacity as well as working as implementers at the facility. There are only 2 nutritionists at the county hospital which is a big gap as compared to the recommended 22 and none in the dispensaries. This is minimal given the workload from the many health facilities that require nutrition services. This has led to non-nutrition cadre having to perform nutrition services in situations where a facility does not have a nutritionist.

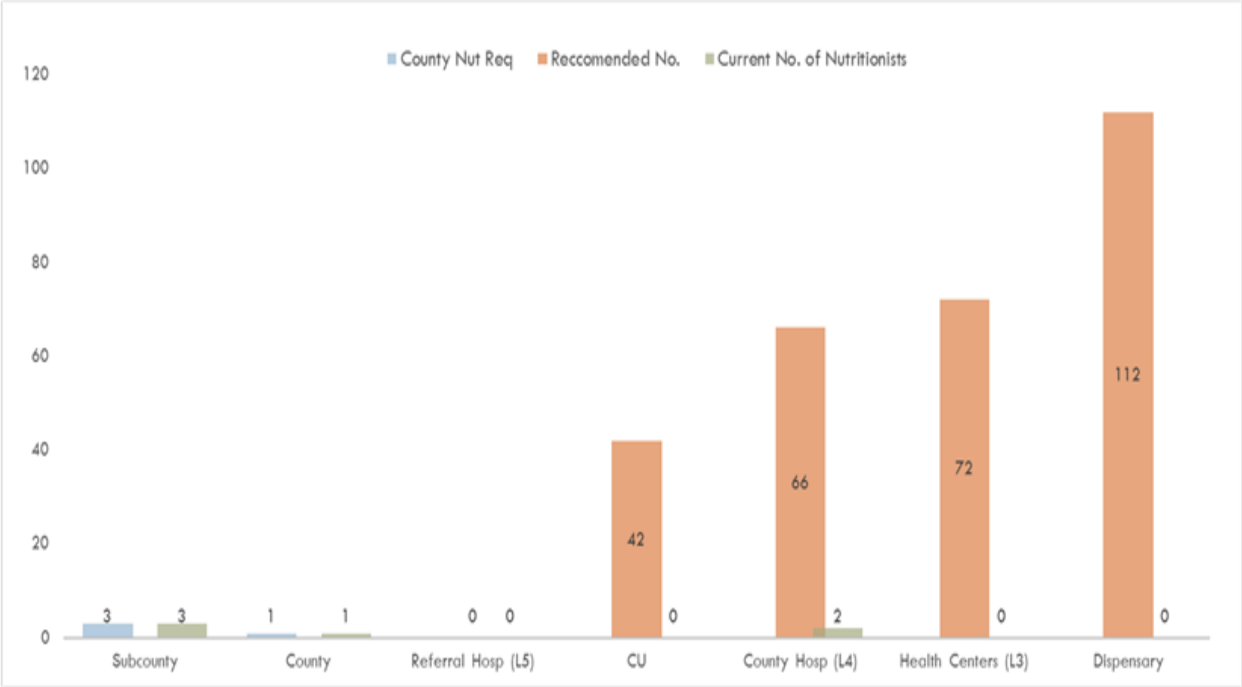


Figure 19: Nutrition staff by level

3.5 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 (Suggestion boxes, community conversations, Barazas, Citizen Voice actions)

The components assessed were;

- Linkage of CUs to HFs
- CHVs and CHEWs trained on nutrition module
- Number of community groups
- Number 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 Samburu County, 28 CUs have been formed, 21 of them are functional against a recommended establishment of 61 CUs. The challenge to having the recommended number is lack of funding of CUs by the County government since the current ones are supported by partners.

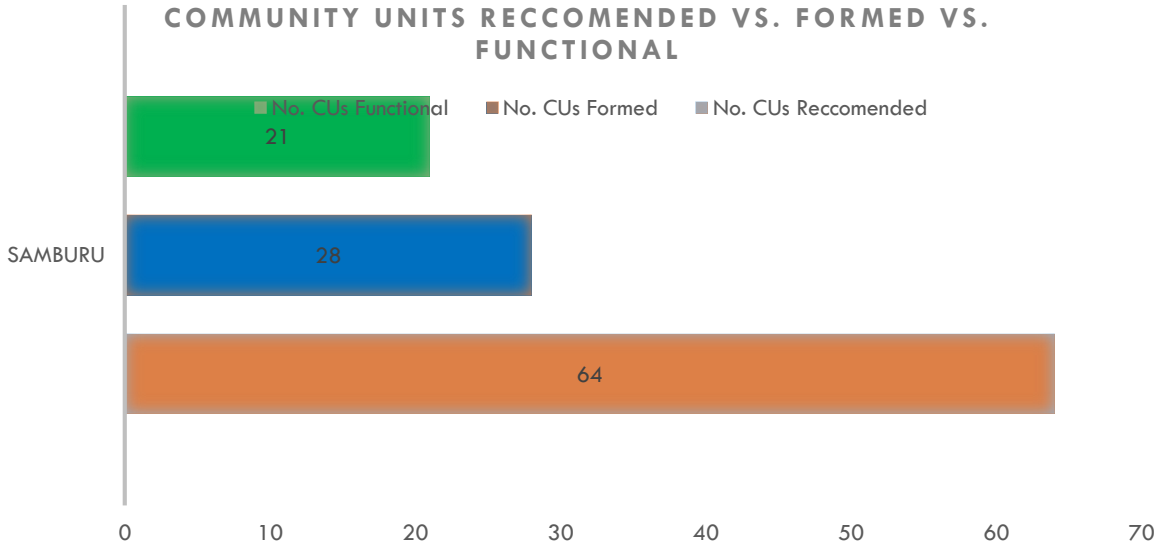


Figure 20: Number of CUs formed, functional and total recommended

Linkage of CUs to the health facility

In Samburu County, only 32% of the total health facilities are linked to CUs. Out of the 25 sampled facilities, 15 of them had a CU linked to them. 16% of the CUs are linked to tier 3(level4) facilities while 44% of the CUs are linked to tier 2(level 2&3) facilities.

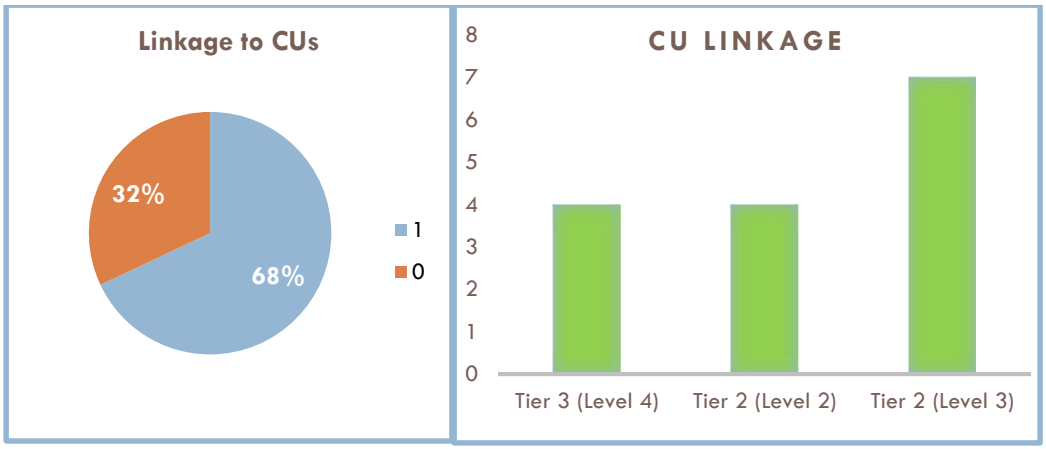


Figure 21: Linkage of CUs to HFs

CHVs & CHEWS trained on nutrition module

None of the 10 CHEWs attached to the CUs is trained on the nutrition module since most of them are not considered whenever there is training.The CHVs reported in their FGD that a few of them had been trained on some nutrition components such as IFAS and Vitamin A supplementation, IYCN, MUAC assessment, Kitchen gardening and how to issue MNPs. However, they requested for refresher trainings and updates in all the areas of nutrition to enable them pass key health and nutrition messages.

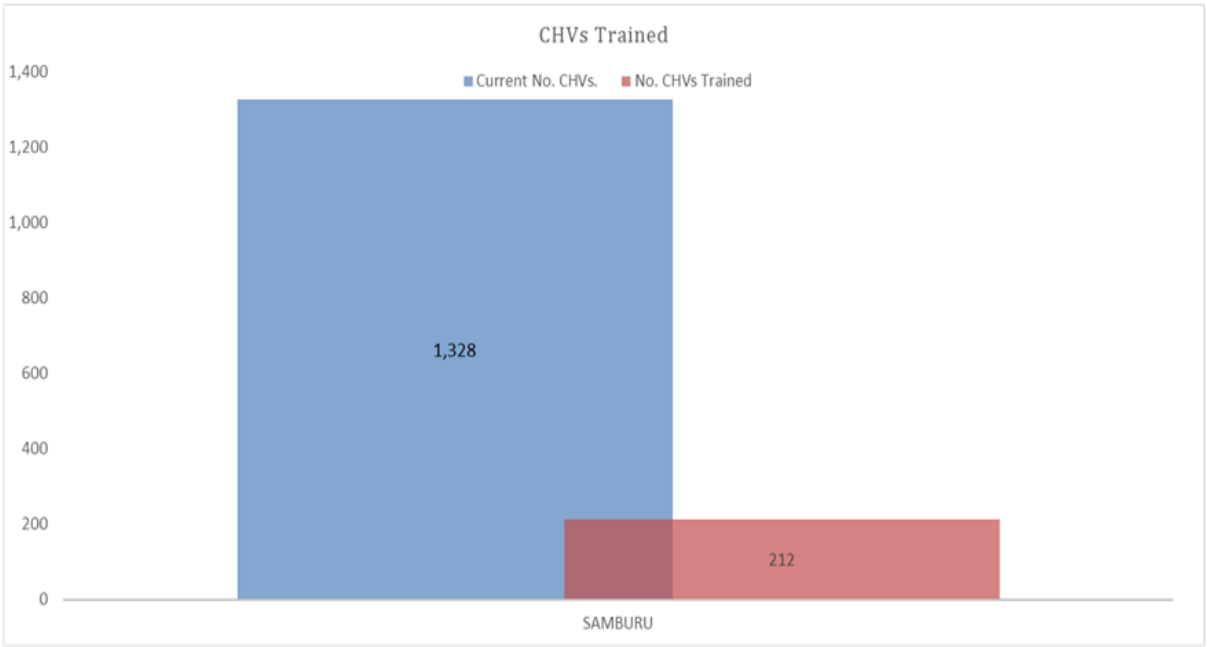


Figure 22: CHVs Training.

Number of community groups

There were 28 Community Based Organizations (CBOs) and 8 FBOs and several Mother to Mother Support Groups (MtMSGs). Only mother support groups are involved in nutrition activities e.g. promotion of Exclusive Breastfeeding and Complementary feeding, IFAS uptake and hygiene improvement.

No. of community feedback mechanisms and channels

The County greatly supports the CHVs with reporting materials. There are various community feedback mechanisms or channels which include use of the Chalkboard, CHVs Review meetings, Action and dialogue Days, CHC meetings, Stakeholders forum, Barazas and use of a suggestion box.

According to the CHV's several challenges on community empowerment exist in this County. They include;

- Insecurity which hinders patients from seeking health services in hospitals.
- CHVs lack basic kits to assist the patients before they get to the hospital.
- Competing priorities for the community members who are not able to attend meetings
- Lack of motivation for the CHVS
- Lack of tools and equipment leading to distrust of the CHVs by community members.
- Lack of money for medical services e.g. Lab services which lead to home deliveries.
- Lack of government support since CUs are wholly supported by partners.
- The community members do not understanding the benefits of Micro Nutrient Powders (MNPs).
- The objectives of the MNPs programme were not met because the whole household uses MNPs. The community does not value some food like MNP.
- Lack of integration of health education with other services like Immunizations
- CHWs use their money to transport patients who cannot walk to facilities, which is not refunded and this demotivates them.
- Many Outsiders / influencers that discourage the community members from taking up good practices.
- CHVs travel for long distances by foot and this takes a lot of time which could have been used for community work.
- Lack of adequate knowledge in nutrition issues.

CHAPTER 4: RECOMMENDATIONS AND ACTION PLAN

The following recommendations were made by the County

Table 8: Recommendations and action plan

Thematic Area	Actions	Responsible	Timeline
Systemic	1.) Involvement during development of CIDP so that nutrition activities are captured	County Director of Health	October,2016
	2) Sensitization of enforcers and implementers on the BMS Act	County Nutrition Coordinator	January,2017
	3) Development of Health and Nutrition Bills	County Nutrition Coordinator	November,2016
	4)Need for more allocation of County Health Budget	County Director of Health	October,2016
	5) Allocation of specific budget lines for nutrition activities	County Director of Health	October,2016
	6) Avail and disseminate nutrition guidelines	County Nutrition Coordinator	November,2016
	7) Allocation of enough resources for nutrition activities	County Director of Health	October,2016
	8) Lobby for funds to carry out an operational research	CHMT	January,2017
Organizational	1)Recruitment of more staff especially nutritionists	County Director of Health	October,2016
	2)Operationalize iHRIS database and assign a staff to deal with training issues	CHAO	January,2017
	3)Avail enough storage of health and nutrition commodities	County Nutrition Coordinator	April,2016
	4)Heath workers to sign appraisal forms biannually	CHAO	Jan,2017
Technical	1)Advocate for employment of more nutritionists	County Director of Health	October,2016
	2)Train nutrition work force on nutrition matters	County Nutrition Coordinator	November,2017
Community	1)Formation of more CUs	County Strategy Focal Person	March,2017
	2)Train CHEWs on the nutrition Module	County Nutrition Coordinator	Nov,2016
	3)Recruitment of more CHEWs	County Strategy Focal Person	Jan,2017

ANNEXES

Annex 1: KII CEC health /Chief Officer for Health

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 mechanism*			
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)*			
Service delivery *(quality, monitoring, etc)*			
Partnerships (*Probe: who are the partners, relationship with the partners? Do you feel they are assisting in addressing the County priorities)*			

Health system's Pillar	Current status	Challenges	Measures county has taken to address the challenges
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)*			
Pertaining nutrition, what is your general comment and view			
What are the strategies in place, to improve nutrition?			
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			

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: …….

1. What is the County's annual planning and budgeting process? (*probe for inclusion of sectors, partners, availability of guidance, informed by AWP priorities*
2. What are the key priorities in the current health budget allocation for the county

3. What are the critical health challenges in your county?

4. 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).*

   (a)

   (b)

5. What measures is the county taking to improve the proportion of county budgets allocated for health? *(Probe for human resources salaries, trainings, promotions, Health Workers welfare, reward and recognition, occupation health and safety etc.)*

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

Time stopped: ……..……

Annex 2: KII Director of Health/ County Nutrition Coordinator (CNC)

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

County: ……..

Date of interview: ……..

Enumerator Name: ……..

Enumerator Number: ……..……

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

2. a) Incomplete,

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

……

INSTRUCTIONS

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

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

Time started: ……..

1. a) What are the top performance indicators for health in this County…?

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

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

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

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

4. Are the following policies being implemented? Yes – 1 No – 0 _____

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

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

II. Scheme of service for Nutritionist and dietician

5. In the last financial year, have County Assembly health committee members attended any advocacy/ sensitization session/ forums on nutrition? Yes-1 or No 0_____

If yes specify the type of sessions attended_____

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

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

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

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

_____

7. What informs budget allocation for the health sector activities?
_____

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

9. a) In the previous 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?_____

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

11. In the past three financial years how was the trend in budget allocation for nutrition as a % of the total budget for health? (Increasing-2, remains the same-1, decreasing-0)

    _____

12. 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)*
	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					

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

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

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

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

14. b) How often do you do supportive supervision for each health facility?

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

17. c) Which tool is used for support supervision? *(Tick one that applies)*

i. MOH integrated support supervision….

ii. Others, specify ……

17. d) What informs prioritization of issues to focus on during support supervision?

_____

15. a) How many nutritionist are there in this county? _____

17. b) How have the nutritionists been distributed in the county?

Level	Numbers
County	
Subcounty	
Hospital	
Health centers	
Dispensaries	
Other (Specify)	

16. What proportion of nutrition staff has renewed their KNDI license?

_____

19. 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)			

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

Training in MoH approved courses	**A. Number that require training**	**B. Number trained in the last two and a half years (verify-with standards)**	**C. No claiming KNDI credits**	**D. Number of trainings conducted in the last 2.5 years**	**E. Was there participation of pre service lecturers/ tutors in this training? Yes-1,No-0**
Nutrition assessments e.g. biochemical, anthropometric, clinical					
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 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)					
Health financing					
District Health information Software (HIS)					
Nutrition in HIV (specific to nutrition cadre)					

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

18. Does the county have resource allocated to continuous professional development?
Yes-1 No-0

19. 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)		

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

21. b) If Yes who are the members of committee,

_____

21. c) How often are the meeting held?

_____

_21. d) How are the training needs identified and prioritized?

_____

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

_____

21. a) Do nutritionists have job descriptions? Yes-1 No-0 _____

b) If No why?

_____

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

Level	**Tick all that apply**
County executive/County assembly and CHMT	1. Cabinet meetings 2. County Health committee meetings

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

23. 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……			

24. Is the RMNCH Scorecard operationalized and utilized in your county?
2 = Yes, 1 = Partially, 0 = No

Time stopped: ……

ANNEX 3: KII COUNTY PHARMACIST/ COUNTY NUTRITION OFFICER

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: ……

1. 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)								

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**
Vitamin A Supplements								
Therapeutic milk (F75)								
Therapeutic milk (F100)								
Resomal								
Height boards								
MUAC tapes								
Weighing scales								
Parenteral feeds								
Enteral Feeds								

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**
Others (Specify)……								
Others (Specify)……								

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

   If no, what are the main challenges?_____

3. What is the **criteria** for identifying and prioritizing commodity needs for the different programmes (including Nutrition programme)? (*list all that apply*)
   a. Procurement based on consumption based approach
   b. Outbreak/ increased caseloads of diseases or conditions
   c. Resources available
   d. No Criteria used
   e. Others, Specify ……..
4. Explain how the forecasting and quantification process is undertaken in this county.
   (*Probe on the process, presence of commodity steering committee)*

_____

5. 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: …….

1. A. Are you and your staff sensitized on the Breast Milk (BMS 2012) Act?
   Yes-1 No-0
   B. In the past one year, has the county enforced BMS Act? Yes-1 No-0
2. A. Are you and your staff sensitized on the routine market level surveillance on mandatory food fortification?
   Yes-1 No-0
   B. Do you conduct routine market level surveillance on mandatory food fortification?
   Yes -1 No-0
   C. If yes, how often?
   4-Monthly 3-Quarterly 2-Bi annually 1-Annually
3. A. How do you enforce the law (CAP 242) that requires you to cease expired goods from the premises?

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

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

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: ……

1. 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)

2. 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).*

3. 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				

4. Does the county have a staff establishment for all cadres? Yes =1 No= 0 _____

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

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

7. 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			

8. 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

9. 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: …….

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

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: …….

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

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

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

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

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

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

Question	***Response***
Local radio stations /Local media	
Community dialogues forums	
Public forums/barazas	
County stakeholders forum	
Suggestion box	

Time Stopped: ……

ANNEX 4 KEY INFORMANT INTERVIEW; HEALTH FACILITY IN-CHARGE

KEY INFORMANT INTERVIEW; HEALTH FACILITY IN-CHARGE

County: ……..... Sub county: ……..……..

Health Facility Name: ……..……..

Health Facility code: ……..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. Your facility has been selected to participate in this assessment. The interview will take about 30 minutes. The objective of this assessment is to determine capacity of this health facility, 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?

We will need to review several documents……., kindly ask someone to avail the documents as we proceed with the interview.

Time started: …….

1. What is your responsibility in this facility? (*tick one*):

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

2. What is your cadre? _____

3. Level of facility (*Tick the one that applies*):
   a) Tier 2-Dispensary (*former level 2*)
   b) Tier 2-Health Centre (*former level 3*)
   c) Tier 3-Sub District (*former level 4*)
   d) Tier 3-District hospital (*former level 4*)
   e) Tier 4-Provincial Hospital (*former level 5*)
   f) Tier 4-National Hospital (*former level 6*)

4. Facility Ownership (*tick one that apply*) a. Ministry of Health ……. b. NGO…….

   c. Faith based……..

5. Complete the table below:

	A	**B**	**C**	***D***	**F**
Nutrition Services	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)*	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* *Others (Specify) - 6*	If yes to A, Do you do target setting? Yes-1 No-0 (*If No skip to F)*	*If yes to C, Verify* *Yes-1 No-0*	If No to C, why?
Vitamin A Supplementation					
Iron and Folic Acid Supplementation (IFAS)					
Multiple Micronutrient Powders (MNPs)					
Integrated Management of Acute Malnutrition (IMAM)					
Deworming					
Zinc Supplementation					

for diarhoea treatment					
Exclusive Breastfeeding (EBF) and Complementary feeding (CF) promotion					
Nutrition in Diabetes Management					
Nutrition in Surgery					
Nutrition in Cancer Management					
Parenteral Nutrition					
Enteral Nutrition					
Nutrition in Renal Diseases					
Nutrition and HIV/TB					

6. Does the facility have the following tools and anthropometric equipment;

	Availability Yes-1 No-0 *(Verify through observation)*	**How many? (***numbers***)**	**Status (Functional/ In Use)**
Equipment			**Functional** *(Numbers)*
Adult Weighing scale			
Child Weighing scales			
Adult Height			
Child height board/ infantometer			
Adult MUAC Tapes			
Child MUAC tapes			
Job Aids			**In Use (Yes – 1, No – 0)** *Probe*
Maternal & Child Health (MCH) Booklet Job Aid			
Nutrition counseling cards			
Growth charts			
Tools			**In Use (Yes – 1, No – 0)** *Probe*
Child Welfare Clinic (CWC) Registers – MoH 511			
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 - MOH 710			
Consumption Data Report and Request (CDRR) for nutrition commodities – MoH 734B			
Maternal & Child Health (MCH) Booklet			

7. Is this facility linked to any Community Units (both functional or non-functional)

Yes-1 No-0 _____

If no, Why?

_____

8. How many Functional Community Units (CUs) are attached to these facilities? _____

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

	Cadre	**Permanent**	**Temporary**	**Casual**	**How many offering nutrition services**	**How many have undergone a nutrition training (Note in- service) in the last financial year 2015/2016** *(Yes-1, No-0)*				
						IMAM	MIYCN	IFAS	DHIS	LMIS
1.	Medical Doctors									
2.	Nurses									
3.	Clinical officers									
4	Dentists									
5.	Lab Technologists/technicians									
6	Nutritionists									
7.	Public Health officers/ technicians									
8.	Pharmacists									
9.	Physiotherapist									
10.	Occupational Therapists									
11	Health records officer									
12	Medical Engineer									
13	Nurse Aids									
14	Community Health extension workers									
15	Others: Specify……									

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

	Cadres	**Number**	**How many offering nutrition services**	**How many have undergone a nutrition training (Note in- service) in the last financial year 2015/2016 (Yes-1, No-0)**				
				IMAM	MIYCN	IFAS	DHIS	LMIS
1.	Accountant							
2.	Economists/statisticians							
3.	Human resource							
4.	Clerical officers							
5.	Internal auditors							
6.	Finance officers							
7.	Secretaries							
8.	Drivers							
9	Support staff							

10. Meetings

Meeting	Attend meeting *Yes – 1, No - 0*	If No Why?	Frequency of meetings *Weekly – 1* *Twice a month - 2* *Monthly - 3* *Quarterly - 4* *Bi Annually - 5* *Annually – 6* *Other (Specify)- 7*
In Charges Meetings			
Staff meetings			
Facility Committee Meetings			
Community Health Committee Meetings			

11. a. Does the facility provide inpatient services? Yes-1 No-0 _____
    b. If yes, is there an inpatient feeding committee in place Yes-1 No-0
    c. If no (to b), probe why
    ……

12. Do you have any specialized clinics in this facility? Yes-1 No-0 _____

    b) If yes, which ones? (Multiple responses Possible)_____

    HIV clinic-1
    Diabetes Clinic – 2
    Hypertension clinic-3
    TB and leprosy Clinic – 4
    Cancer Clinic – 5,
    Pediatric outpatient clinic -6
    Medical outpatient clinic-7
    Palliative care clinic – 8
    Surgical outpatient clinic-9
    Ear, nose and throat clinic-10
    Others, specify …….. - 11

13.a. Do you conduct performance appraisal of your staff? Yes-1 No-0

    b. Have you been sensitized on how to conduct 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; (*Tick appropriately)*			
Micronutrient Powders (MNPs)	Space available: Yes– 1 No – 0 Not applicable	Well Ventilated: Yes =1 No =0 Secure: Yes =1 No =0 Has shelves, racks, cup boards: Yes =1 No =0 Bin Cards: Yes =1 No =0 Stock control cards: Yes =1 No =0 Delivery Notes: Yes =1 No =0 S11: Yes =1 No =0	
Vitamin A supplements	Space available: Yes– 1 No – 0 Not applicable	Well Ventilated: Yes =1 No =0 Secure: Yes =1 No =0 Has shelves, racks, cup boards: Yes =1 No =0 Bin Cards: Yes =1 No =0 Stock control cards: Yes =1 No =0 Delivery Notes: Yes =1 No =0 S11: Yes =1 No =0	
Iron Folic Acid supplements	Space available: Yes– 1 No – 0 Not applicable	Well Ventilated: Yes =1 No =0 Secure: Yes =1 No =0 Has shelves, racks, cup boards: Yes =1 No =0 Bin Cards: Yes =1 No =0 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	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: Yes =1 No =0 Stock control cards: Yes =1 No =0 Delivery Notes: Yes =1 No =0 S11: Yes =1 No =0	

Variable	Check for:			Remarks
Ready to use supplementary foods	Space available: Yes– 1 No – 0 Not applicable	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	Yes =1 No =0	
		Stock control cards	Yes =1 No =0	
		Delivery Notes	Yes =1 No =0	
		S11	Yes =1 No =0	

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

Variable	Check for:	Remarks
ICT Equipment	Computers Yes-1 No-0 Printers Yes-1 No-0 Scanners Yes-1 No-0 Photocopier Yes=1 No-0 Internet Yes =1 No-0	
Anthropometry equipment	Weighing scale (Beam scales) Yes =1 No =0 Weighing scale (Electronic mother and child scale) Yes =1 No =0 Height / Length board Yes =1 No =0 Studiometers (Adult Height board) Yes =1 No =0 MUAC tapes Yes=1 No =0	
Job Aids	IMAM Job Aids Yes =1 No =0 MIYCN Job Aids Yes =1 No =0 HIV/AIDS Nutrition Job Aids Yes =1 No =0	
Availability of a room that is designated for a nutritionist *(only answer this in facilities that have a nutritionist)*	Present Yes-1 No-0	
Presence of **Suggestion Box** as part of feedback mechanism and public participation at the community level	Present Yes-1 No-0	

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.

Can I start now?

Time started: …….

1. What are the key health issues in this county *(probe whether nutrition is considered a key issue. If yes, which aspects of nutrition)*
2. Is the county aware of nutrition related Acts, regulations and guidelines? (*Examples of Acts include BMS act, Mandatory law on food fortification, etc. If yes, are there enforcement*

mechanisms Examples of mechanisms include market level surveillance in the case of food fortification)

3. a) What informs budget allocation for health and nutrition programmes/ departments *(probe on the ideal verses the actual process)*

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

   c) Are activities currently based on the CIDP, CHSSP, AWP? If not why? *(Probe for barriers and boosters)*Are there partners working in this county? If yes are they implementing according to the county priority and needs? *(Probe for coverage, activities, are there monitoring mechanisms)*
4. What coordination structures/ mechanisms/ forums are currently in place in respect to partnerships *(Probe on inclusion of partners, capacities on planning,)*
5. Give recommendations to help strengthen and streamline partnerships
6. In your view are there factors that attract health workers to take up posting in this county? *(Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)*
7. What factors influence health workers stay in this county? (*HW retention – do you consider retention short or long, and what influences that situation?)*
8. What challenges do you contend with on a regular basis in Health Management and Service delivery? (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation etc)*
9. In your opinion, what recommendations can you make to address these challenges? *(Probe for any of these: health worker education; Health workforce Management, Housing and other welfare issues, working conditions improvement, performance incentives, Staff Salaries/wages, Career growth)*

Time Stopped: ……

FOCUSED GROUP DISCUSSION GUIDE – 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 record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

1. What type of nutrition services do you perform at the facility? (*capture all services*)
2. In your view, what is the current staffing situation in your facility? *(Probe for adequacy of current numbers, skills mix, which cadres and sections are most affected, adequacy of budgets etc)*

3. In your view are there factors that attract health workers to take up posting in this county/facility?
   (Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)
4. What factors influence health workers stay in this county/facility? (*HW retention – do you consider retention short or long, and what influences that situation?)*
5. What challenges do you contend with on a regular basis in service delivery? (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation etc)*
6. What actions have the county/Sub-County/ health facility taken to address health worker issues? (*Probe based on challenges cited in question 5*)
7. In your opinion, what recommendations can you make to address these challenges? *(Probe for any of these: health worker education; Health workforce Management, Housing and other welfare issues, working conditions improvement, performance incentives, Staff Salaries/wages, Career growth)*
8. Do you have CPD booklets? *(Probe if they are updated, the booklets used for renewal of practice license- by cadre)*
9. Do you have job descriptions/schedule of duties?*(Probe for awareness of the content of JD, if duties are exhaustive, if they perform extra duties from what is in the JD, and if they are empowered to perform the extra duties)*
10. Have you been sensitized on performance appraisal?
    (Probe on the last time you were appraised, the understanding and opinion of the appraisal process)
11. 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*)

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 record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

12. What type of nutrition services do you perform at the facility? (*capture all services*)
13. 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.)*
14. 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?)*
15. Do you have a forum to discuss nutrition issues? (*Probe for both technical and professional issues)*
16. What challenges do you contend with on a regular basis in service delivery?

a) General challenges (*Probe: Turnover and migration, Leadership, ethnicity, Political interference, labor unrest, training opportunities, Career stagnation, attrition etc)*
b) Technical nutrition challenges (*Probe: reporting tools, commodities, workload, technical capacity, equipment, training opportunities, socio-cultural practices, job aids, BCC materials etc)*

17. 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*)
18. In your opinion, what recommendations can you make to address these challenges? *(Probe based on question 5)*
19. 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)*
20. 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)*
21. 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*)
22. Do you receive any support supervision or OJT related to nutrition? (*Probe; frequency, usefulness, any views)*
23. Explain the key nutrition policies and guidelines currently in use. (*Probe for use during planning, implementation, M&E; access gaps, recommendations for new guidelines*)
24. 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 Unity: ……..…….

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 record the proceedings only for purposes of assisting us during analysis to capture the views discussed.

Can I start now?

Time started: …….

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

Time Stopped: …….

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.

Time started: …….

Documents	1. A. Do desk review to verify whether the following documents are available at the county level? Yes = 1 No = 0	B. If yes, are nutrition activities prioritized in the documents ? Yes = 1 No = 0	Notes
County Integrated Development Plan (CIDP) *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			

2. Is there an annual procurement plan that includes nutrition commodities Yes= 1 No = 0
3. 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

3. In the last 3 months, what was the reporting rate for the county?

	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)				

4. What is the number of nutritionists in the county?

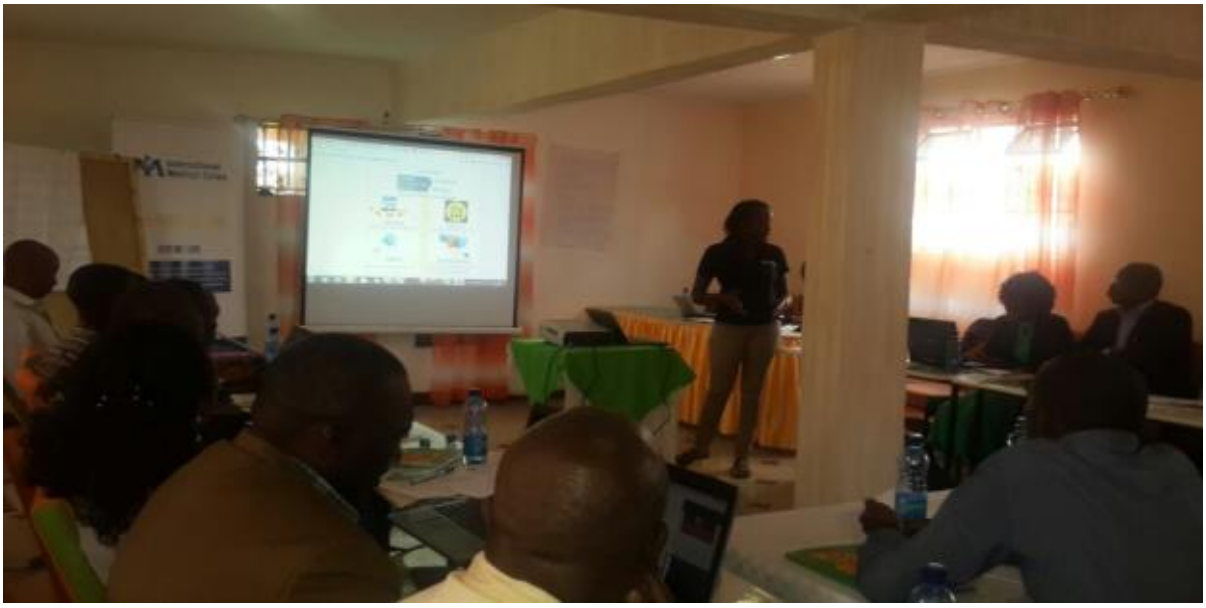
Level	Number of facilities	Number of nutritionist (all nutritionists in all facilities)-list all employed by government	Recommended numbers *(Based on Human Resources For Health Norms and Standards Guidelines For The Health Sector*	Total County Nutritionist required	Gaps
County (Management)					
Sub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

- *Get Ratio per facility level for the overall County*
- *If possible also check distribution per sub county*

Time stopped: …….

ANNEX 5: PHOTOS

Role play on KII for Facility In charges



Members listening keenly to Irene's presentation

Presentation of assessment results by Sub county Nutrition Officer and County Public Health Officer.

The County Nutrition Coordinator making a presentation on the Capacity Assessment results.

Presentation by Program Officer- Capacity Development.

SUPPORTED BY: