TANA RIVER COUNTY

NUTRITION CAPACITY ASSESSMENT PILOT REPORT

JULY 2017

TABLE OF CONTENTS

ANNEXES

LIST OF TABLES

LIST OF FIGURES

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, Tana River County wishes to acknowledge the valuable support and contributions of the various stakeholders who contributed to the Nutrition capacity assessment exercise in Tana River County. Special thanks go to:

- National MOH for technical guidance
- 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

EXECUTIVE SUMMARY

This is a report of Nutrition Capacity Assessment which was conducted in Tana River County in November to December 2017. The assessment was led by Tana River County under overall guidance of the National Capacity Working Group Team. Nutrition capacity assessment was conducted in order to determine capacity of Tana River County to offer nutrition services. It was the first time that Tana River County carried out capacity assessment in nutrition.

The exercise was guided by Kenya Nutrition Capacity Development Framework (KNCDF) which was developed to provide a comprehensive guide for shaping nutrition capacity development in Kenya. The four broad categories of capacity development as identified in the KNCDF assessed included: system-wide capacity, organizational capacity, technical capacity and community capacity.

Capacity assessment for nutrition 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 entire process were UNICEF and International Medical Corps, who provided support in planning, logistical, financial and technical support that, was required.

A combination of purposive, random sampling proportionate to size (PPS) and census sampling were applied in selecting 24 health facilities, 7 County health managers and 8 Focused Group Discussion (FGD) sites. Already developed key Informant Interviews and Focus Group Discussions guides were used for data collection. Data was then entered in an excel capacity database which provided automated results. Qualitative information was used to explain themes already observed from the quantitative data.

INTRODUCTION TO THE KENYA NUTRITION CAPACITY DEVELOPMENT FRAMEWORK

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

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

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

- System-wide capacity development: Includes key policy and governance issues that create the overall environment for service delivery. The main focus is on the existence and understanding of policies and guidelines from global, national and county levels.
- Organisational capacity: Includes the working arrangements, structures and coordination frameworks of key institutions and organisations, such as county-level Ministry of Health, health facilities and non-governmental organisations (NGOs), donors and educational institutions and line ministries like the Ministry of Agriculture.
- Technical capacity: Includes adequate nutrition personnel and proficiency levels. Capacity building in this pillar is geared towards the nutrition workforce, health managers, etc.
- Community capacity: Focuses on the ability of the community to access, consume and demand nutrition-related services.

Justification of the capacity assessment

Nutrition (part of health) is now devolved in Kenya and it is therefore important not only to assess the Country's ability to offer nutrition services, but the Counties as well, since that's the level at which, much implementation takes place. Nutrition capacity assessment is therefore aligned to the Counties. Nutrition capacity assessment is aimed at determining capacity of the County to offer nutrition services.

The assessment is holistic looking at the system, structures, organizational, technical and community capacity. This assessment being the first helped establish a baseline for current capacity as well as gaps and lessons learnt in Tana River County.

Objectives of the Nutrition Capacity Assessment

Main objective

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

Specific objectives included;

- To sensitize county health management and stakeholders on KNCDF, KNCDF operational guide and capacity assessment tools
- To determine capacity of Tana River County to offer nutrition services
- To develop recommendations (action points) based on identified gaps
- To document best practices

CHAPTER 2: METHODOLOGY

Step 1: Drafting of the survey purpose

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

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

A multi-agency core team led by the Ministry of Health from the national and county level provided oversight throughout the whole process. UNICEF & International Medical Corp were focal in planning, logistics and technical support. Supervisors, Enumerators and data clerks –drawn from the County health system- 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 guidance of the assessment • Training of data collection teams • Conducting key informant interviews and FGDs • Ensure dissemination of results/feedback • Support to counties in action planning to address gaps identified/recommendations • Conducting key informant interviews and FGDs	• Capacity Manager-Nutrition and dietetics unit
Department of Health – County level	• Led capacity assessment • Mobilization of relevant authorities/ heads of units and key informants • Follow up approval/validation at county level/ Seeking permission to conduct the activity • Dissemination of results to stakeholders • Action planning to address gaps identified/recommendations	• County Nutrition Coordinator-lead • Appointed CHMT members
UNICEF	• Funding for capacity assessment (Donor) • Technical support • Support in data entry and results analysis using capacity database	• 2 Nutrition specialists • Nutrition officer-Emergency • Nutrition support officer-Tana River

• **International Medical Corps** (IMC is the CSO implementing on behalf of UNICEF)	• Logistical support to the whole process; funding, convening meetings, car hire, enumerator's allowances and data clerks- • Leading in planning for the assessment • Technical support to the whole capacity assessment process; • Conducting key informant interviews and FGDs • Participate in the dissemination of results/ feedback • Support the county in action planning to address gaps identified/recommendations • Final report writing	• Deputy director- Nutrition • National Capacity Development Officer • Nutrition Project Manager • Nutrition Officer • Tana River M&E officer

Step 3: Methodology, Sample size and sampling procedure

Tana River methodology was prepared and reviewed by the core team. Methodology was also validated at the nutrition information technical working group (NITWG).

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

Table 2: Key Informant Interview Target

TARGET	TOOL	Number of Tools
County Nutrition Coordinator and Director for Health	Key Informant Interview	1
County Pharmacists	Key Informant Interview	1
County Health Records Information Officer	Key Informant Interview	1
Human Resource Department	Key Informant Interview	1
County Head of planning/finance budgeting	Key Informant Interview	1
County CEC/Chief Officer for Health	Key Informant Interview	1
County Public Health Officer	Key Informant Interview	1
Community Focal Person	Key Informant Interview	1
Facility In Charges	Key Informant Interview	24

Table 3: Focus Group Discussion Target

Location	Type of FGD
Hola County Hospital	CHMT
Hola County Hospital	Nutritionists
Hola County Hospital	Nutrition workforce
Madogo Health Centre	Nutrition Workforce
Garsen Health Centre	Nutrition Workforce
Makere Dispensary	Community Health Volunteers
Kipini Health Centre	Community Health Volunteers
Bura Sub County Hospital	Community Health Volunteers

Desk review was conducted guided by an already developed tool

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

A master facility list provided by the county was used as the sampling frame. Purposive sampling was applied and 24 health facilities were selected. A criterion was set to ensure representation of stratum. The criteria included:

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

Initially stratification was done as per the level of facilities either by Hospitals, Health Centers and Dispensaries. The only 2 hospitals in the County (both GOK owned) were sampled in form of a census. All the 4 health Centers in the County were also sampled in form of a census. Dispensaries were put in cohorts of ownership; GOK, FBO & Private. Each of these cohorts were be sampled separately as follows;

- For GoK, 30% of the 37 dispensaries were sampled randomly taking into account administrative boundaries. PPS was applied across the 3 Sub Counties. As a result, 11 dispensaries were sampled
- 35% of FBO and 35% of private dispensaries were sampled using PPS to give 3 and 2 health facilities respectively

The table below shows sampled facilities, per level and ownership.

Table 5: List of Sampled health Facilities

Facility Code	Health Facility Name	Sub-county	Type	Ownership
11411	Hola County Referal Hospital	Galole	Level 4	GOK
17077	Rhoka Dispensay	Galole	level 2	GOK
11366	St Raphael Emmaus	Galole	level 3	FBO
11542	Majengo Dispenary	Galole	level 2	GOK
17078	Haroresa Dispensary	Galole	level 2	GOK
11296	AIC Daba Dispensary	Galole	level 2	FBO
11283	Chifiri Dispensary	Galole	Level 2	GOK
	Medina D. Clinic	Galole	level 2	Private
11264	Bura Sub County Hosp	Bura	Level 3	GOK
11699	Nanighi Dispensary	Bura	level 2	GOK
11281	Charidede Dispensary	Bura	level 2	GOK
11588	Mbalabala Dispensary	Bura	level 2	GOK
17081	Buwa Dispensary	Bura	level 2	GOK
11533	Madogo Health Centre.	Bura	level 3	GOK
11574	Mary Knoll Dispensary	Bura	Level 2	FBO
	Tawakal Medical clinic	Bura	Level 2	Private
11711	Ngao Sub county Hospital	Garsen	Level 4	GOK
11385	Garsen Health Centre	Garsen	level 3	GOK
11586	Maziwa Dispensary	Garsen	Level 2	GOK
11901	Wema Dispensary	Garsen	level 2	FBO
11483	Kipini Health Centre	Garsen	Level 3	GOK
11778	Semikaro Dispensary	Garsen	level 2	GOK
11837	Tarasaa Dispensary	Garsen	level 2	FBO
11418	Idsowe Dispensary	Garsen	Level 2	GOK
20015	Mwangaza Medical Clinic	Garsen	Level 2	Private

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

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

Three-day training of the supervisors, enumerators & data clerks was conducted in order to enable them understand the questionnaires. The County team selected 6 enumerators who were county health workers with at least some basic understanding of nutrition.

The first two days of training involved taking the teams through all the capacity assessment tools. A pre-test before the actual data collection was conducted on the third day of training in GK Prisone, Chewani & Pumwani dispensaries. The team gave feedback which informed on areas of improvement in the questionnaire. Three data clerks selected by the County team were taken through capacity data base for one day, which was the first day of data collection.

Step 5: Data collection

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

Key informant interviews

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

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

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

Step 6: Data entry and analysis

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

CHAPTER 3: RESULTS

1.1 DEMOGRAPHICS

Population:

Tana River County is located in the Coastal region of Kenya. It occupies an area of approximately 38,437 km^2 has an estimated population of 313,374 people. 61,421 are u5, 68629 are WRA, 13,193 are U1, with 19.6% pop growth rate.

Table 6: Ownership of all County Health Facilities

		OWNERSHIP		
SUB COUNTY		**GoK**	**FBOs**	**Private**
1.	Bura Sub County	23	2	0
2.	Galole Sub County	26	3	1
3.	Garsen Sub County	22	4	6

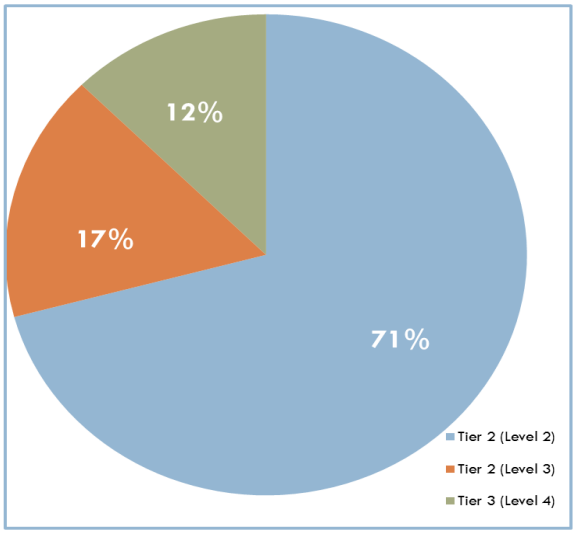
Out of the 95, 77 are public health facilities categorized as follows; 2 referral hospitals, 1 sub county hospital, 9 health centers and 63 dispensaries distributed in the three sub counties.

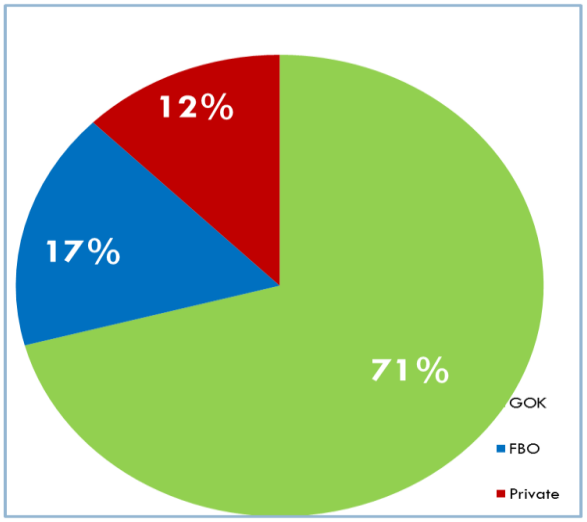
The capacity assessment was carried out in 4 Hospitals, 5 health centers and 19 dispensaries.

Table 7: Level of sampled health facilities

Level	Tier 3 (Level 4)	Tier 2 (Level 3)	Tier 2 (Level 2)	Total
Number	**3**	**4**	**17**	**24**

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





1.2 SYSTEMIC

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

Availability of planning documents

Several planning documents were developed in Tana River County. These were; County Nutrition Action Plan (CNAP), County Integrated Development Plan (CIDP), County Health Sector Strategic Plan (CHSSP) and Scheme of service for Nutrition officers. CNAP was the only document which was finalized and launched and it was in use in planning and resource mobilization. Despite CIDP and CHSSP being in draft form, the two documents were still in use. The county had prioritized Nutrition in the CIDP; so many nutrition sensitive activities had been captured in the document. However, there was only little focus on nutrition specific interventions.

The County Health Sector Strategic Plan had prioritized many nutrition specific services that included Maternal Infant and Young Child Nutrition (MIYCN), Micronutrient interventions (Vitamin A, IFA's deworming), increase of growth monitoring sites, among others. Others documents developed at the National level were also available in the County. These included; Food Security and Nutrition Policy (FSNP), Norms and standards for Human Resource, Kenya Health sector strategic plan (KHSSP) and ACSM strategy. It was reported that Tana River County used the scheme of service in recruiting as well as in promotion of staff.

However, Norms and standards for human resource was not adhered to, in terms reaching the recommended number of staff at each level of facilities. Tana River County did not have Annual Work Plan (AWP) for 2015/2016. Health policy was also not present.

Availability of Nutrition Protocols and guidelines

Capacity assessment sought to establish nutrition guidelines that were available at the County, those that were disseminated to the end users and whether a sensitization on utilisation of the guidelines was conducted on the end users. Much of the High impact Nutrition interventions (HiNi) were available in the County and were disseminated as well. The table below shows these results;

Table: Nutrition Guidelines available at the County Level

Guideline / Policy	Availability	Disseminated	Sensitized
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	x	x	x
Clinical and dietetics guidelines/Manual	√	x	x
Diabetes Guideline	x	x	x
Cancer guideline	x	x	x

Presence and Knowledge on National Laws and policies

Few CHMT members reported that they were sensitized on Breast milk substitute act (BMS Act) and Mandatory Food Fortification Act. However dissemination of the same had not been done to the enforcers at the county i.e. the Public health officers (PHOS). It was also reported that there was need for BMS act to be elaborate to the enforcers. It was reported that Tana River County enforced CAP 242 where two types of seizure forms were used A and B . A-was used to seize and dispose while B-was used to seize and demand a court order for disposal. The seized goods were destroyed in order to prevent their return in the shelves. Market surveillance was also done. Enforcement of HACCP was in practice where by Inspection of the premises was conducted in order to ensure they were fit to keep food. Food handlers were also required to undergo examination.

Presence of Bills in the County

Tana River County had not developed or passed any health bill at the time capacity assessment was conducted. Tana River Health Bill –which cut across all the health departments- was under development and had not been passed. The bill was still at the county assembly.

Resource allocation and utilization; Current financial year

The budget making process in Tana River was informed by the county priorities and followed a top bottom approach. The CIDP and CHSSP (still in draft form) were used to inform the budget making process. It was reported that nutrition was one of the key priorities in the County, with emphasis put on maternal and child nutrition and stunting. Public participation was not done during the budget making process. Tana River County had a vote for nutrition and nutrition sector had been allocated KES 1.8m in the year 2016/2017.

> *We have a budget making process which starts from county to facility level but in our case it starts top to bottom, and if you are given 2m and spend 1m only its assumed that absorption rate is low hence affects future allocation-CHMT member*

It was reported that budgetary allocation was minimal with much of the Health budget going to pay salary of the staff. Despite a large portion of budget going to salaries, it was reported that the County still had acute shortage of human resource. It was also reported that the allocated budget at the National level was not disbursed on timely basis, leading to delay in implementation of activities. Partners played a key role in financing some of the activities in health and nutrition in Tana River County. Partners implemented in line with the County priorities.

1.3 ORGANIZATION CAPACITY

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

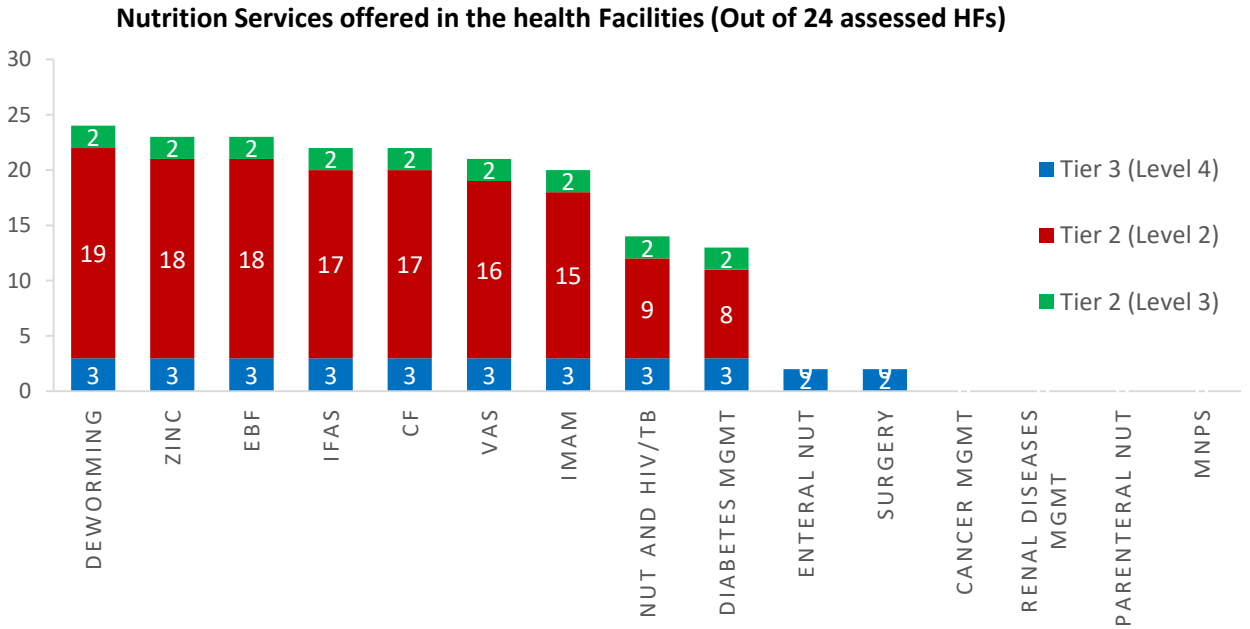
During Tana River capacity assessment, organizational capacity was determined by assessing the following aspects;

- Health cadres offering nutrition
- Specialized clinics offered
- Infrastructure, supplies, guidelines, tools and equipment

- Availability of anthropometric equipment
- Availability, usage and reporting of MOH tools
- Reporting of nutrition services offered
- Coordination and Support Supervision
- Human Resource Management
- Operational Research

Nutrition services

Nutrition services assessed were Deworming, Zinc supplementation and iron and folate supplementation (IFAS), micronutrients supplementation (MNPs), vitamin A supplementation and integrated management of acute malnutrition (IMAM), Exclusive breast feeding, complementary feeding and nutrition in HIV/TB, diabetes management, enteral nutrition and nutrition in surgery, cancer management, nutrition in renal management and parenteral nutrition. Capacity assessment looked into availability of these services, who offered the services as well as target setting of nutrition services that required commodity management. The table below shows nutrition services offered in the 24 selected facilities, per level.

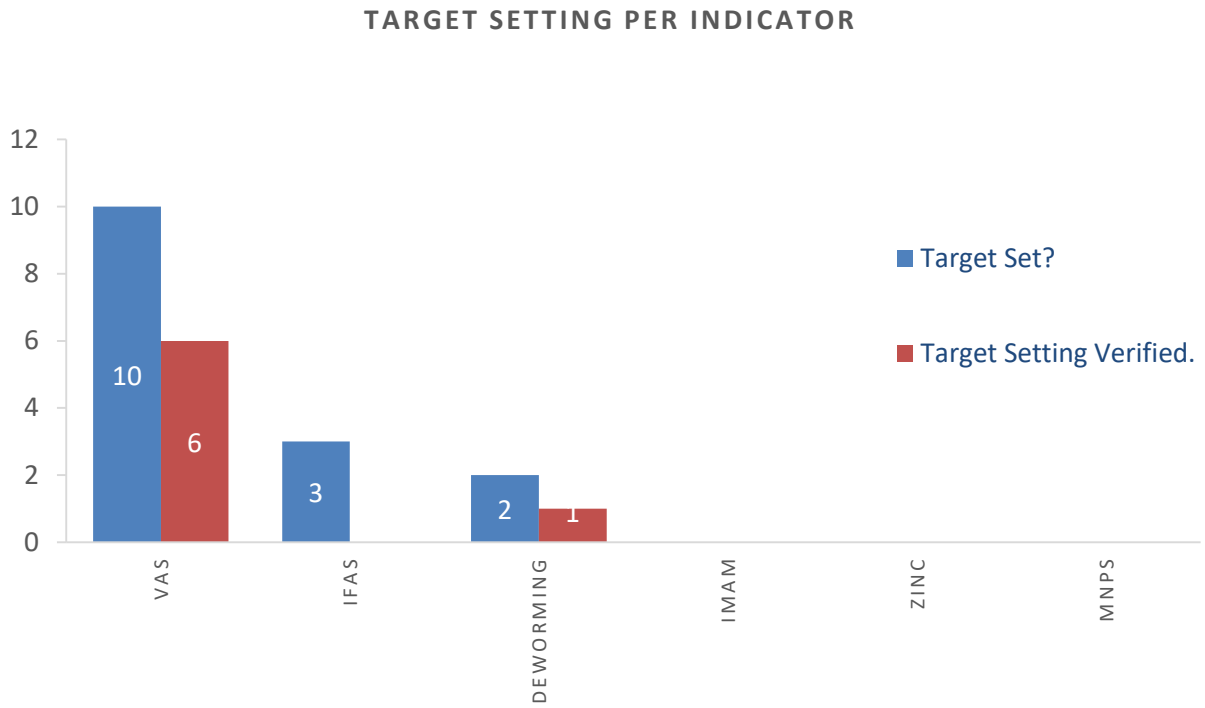


High impact Nutrition interventions were offered in most of the health facilities. These included; deworming, zinc supplementation, vitamin A supplementation (VAS) and nutrition education on exclusive breastfeeding and complementary feeding and IMAM. On the other hand, nutrition services that required specialized care for instance management of diabetes, enteral nutrition and nutrition in surgery were only

offered in the high level health facilities (hospitals -level 4). Parenteral nutrition, Cancer management and nutrition in renal diseases were not offered in the entire County as reported in a manager's key informant interview, health facility in charges interviews and focused group discussions

Target Setting for nutrition services

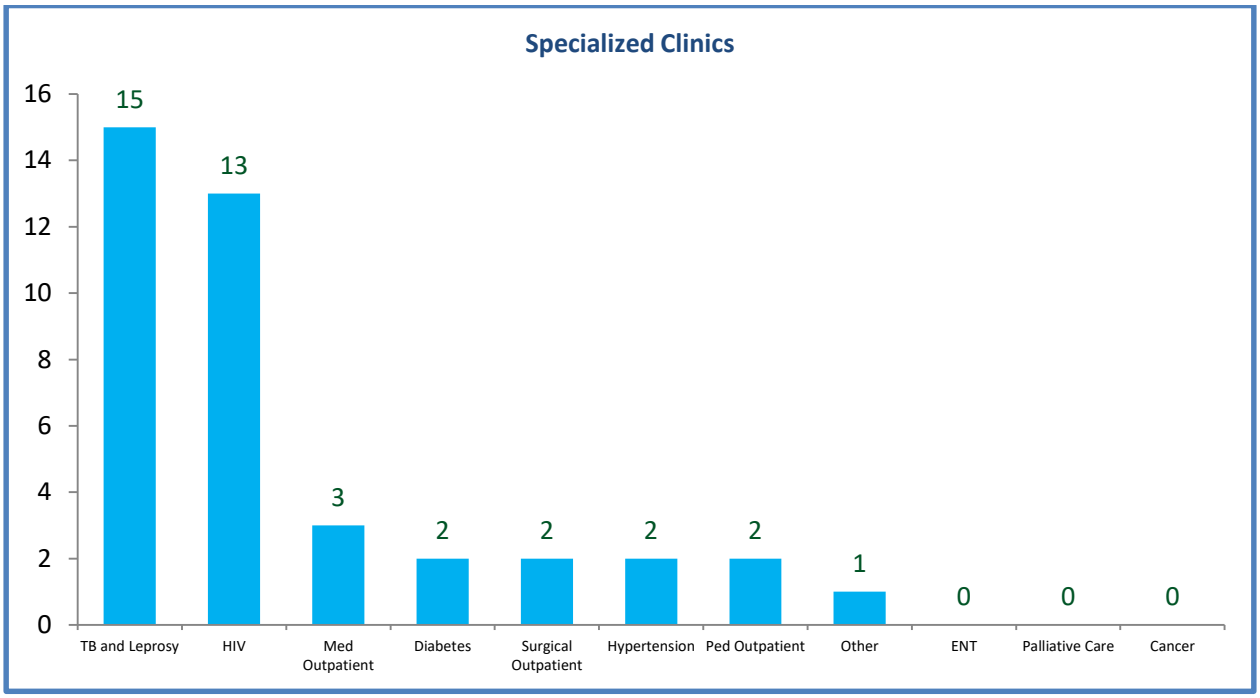
Setting target is important in service delivery. Capacity assessment sought to determine target setting practice for nutrition services that require commodities. This was determined in the selected 24 health facilities.



Target setting was low in most of the assessed health facilities, which mirrors the situation in Tana River County at large. Only a few facilities set targets for IFAS (3), VAS (10) and deworming (2), out of the assessed 24 health facilities. Capacity assessment sought to establish some of the possible reasons why facilities were not setting targets. Majority of the facilities reported they were not aware that they were required to set targets of the various commodities. Other facilities reported they did not know how to set targets and they requested support on how to set targets for each of the nutrition service. Some facilities reported that they just forgot to set targets, probably due to the high workload.

Specialized Clinics

Capacity assessment sought to determine the number of specialized clinics that existed in the County. The graph below shows this information.



TB and Leprosy and HIV were the common specialized clinics in Tana River County. However it was reported that despite having these and several other clinics, the patients were not attended by specialists of the various conditions since the County was inadequate on the same.

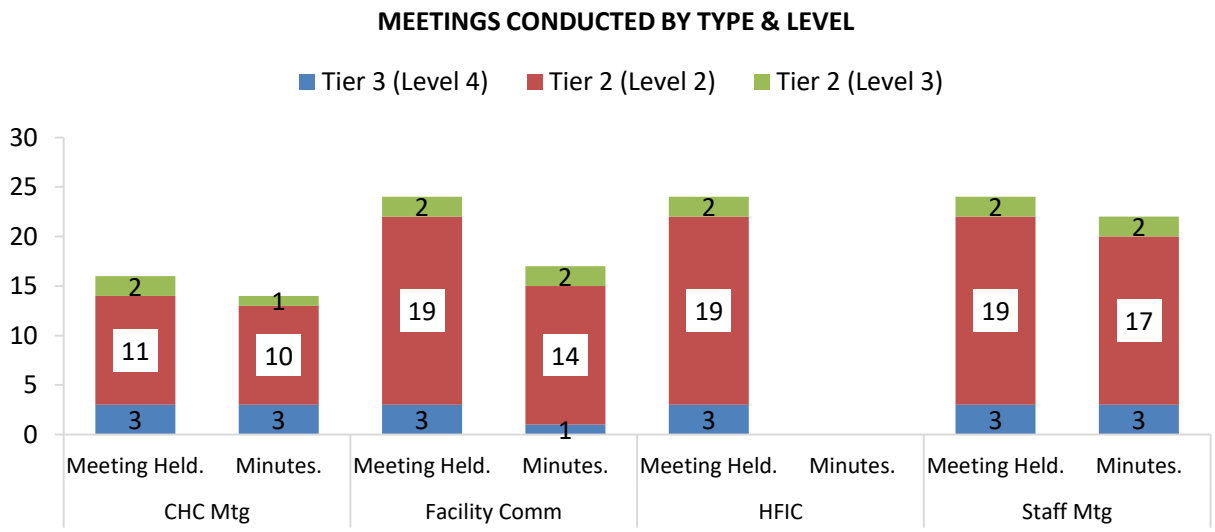
Performance appraisal

Performance appraisal in an important exercise aimed at assessing performance of each individual working within the health system, against their job description. The results show where one is doing well and where they need improvement. It is also a tool that should be used to guide in promotions-who gets promoted and who need not to be promoted. It was reported in Tana River County that there was little guidance and adoption of performance appraisal. Only 2 facilities out of the assessed 24 (8%) reported that they conducted performance appraisal, and only one health facility in charge (out of 24) reported that they were sensitized on modalities of conducting performance appraisal. Majority of nutrition workforce reported they were not aware about performance appraisal and those who were aware, were

not sensitized on the same (*Source: HFI KII, various FGDs conducted*). A few health facilities in charges and nutrition workforce had completed appraisal forms prior to devolution. Staff reported they needed sensitization on how to go about conducting performance appraisals.

Health and nutrition co-ordination

Forums available for coordination in Tana River County were County Nutrition Technical Forum (CNTF) which took place on a quarterly basis, SCNTF (Monthly), in charges meetings (quarterly) and staff meetings (Monthly). For all these reported coordination meetings, CNTF was the only forum that had terms of reference (TOR) available. Most of the sampled facilities produced minutes of the meetings that were held at the facility level. These were facility committee meeting, staff meeting and community committee meeting. This is illustrated in the figure below:



Support supervision

Support supervision in Kwale County was carried out at different levels; County to Sub County and Sub county to health facility support supervision. The former was only carried out once since devolution. The latter however is conducted on a quarterly basis. The tool used for supervision is the MOH integrated tools, with nutrition always integrated. It was reported that there were ad hock supervision visits done by the county managers to health facilities. Tana River County conducted on job training (OJT) on a monthly basis, from Sub County management to health facilities.

Nutrition and HR management

Tana River County advertised positions in the dailies where every interested person could see and participate in applying. It was however reported that there was low number of qualified personnel within the county and hence the County relied heavily on expertise from outside (70%-30%), such rare cadres include; Radiographer and anesthetist. The current staff in the County were however encourage to go for trainings in order to increase on these capacities. The hiring process was reported to give equal Opportunities to all; with dynamic representation, gender sensitivity and with no bribery.

The county had a staff establishment for all the cadres with their job designations, current stations etc. Tana River County had autonomy status formed advisory committee that addressed human resource matters such as; promotions, disciplinary issues and transfers. The committee worked closely with sub County teams and provided circulars to sub county teams (HMTS).

There was staff shortage across all the cadres, in Tana River County. Nutrition Cadre was heavily affected with only (4) nutritionists at the time of capacity assessment.

The county however had put in place several staff retention mechanisms such as:

- Staff houses for the hard to reach areas
- Solar connection for power supply
- Prompt payment of salaries apart from last two months
- Promotions

Nutrition workforce however reported that there were challenges in the human resources such as;

- Lack of relevance in some of the trainings conducted in the County
- Tribal clashes
- Poor referral system due to weak leadership
- Career stagnation affecting service delivery
- Training opportunities were a challenge because there was no existing training database
- There was no risk allowance for some cadres
- Nutritionist felt they were side-lined on the trainings opportunities
- High workload/shortage of nutritionist affected delivery of nutrition services

Nutrition workforce reported some of the main attributes that attracted them to serve and stay in Tana River County as follows;

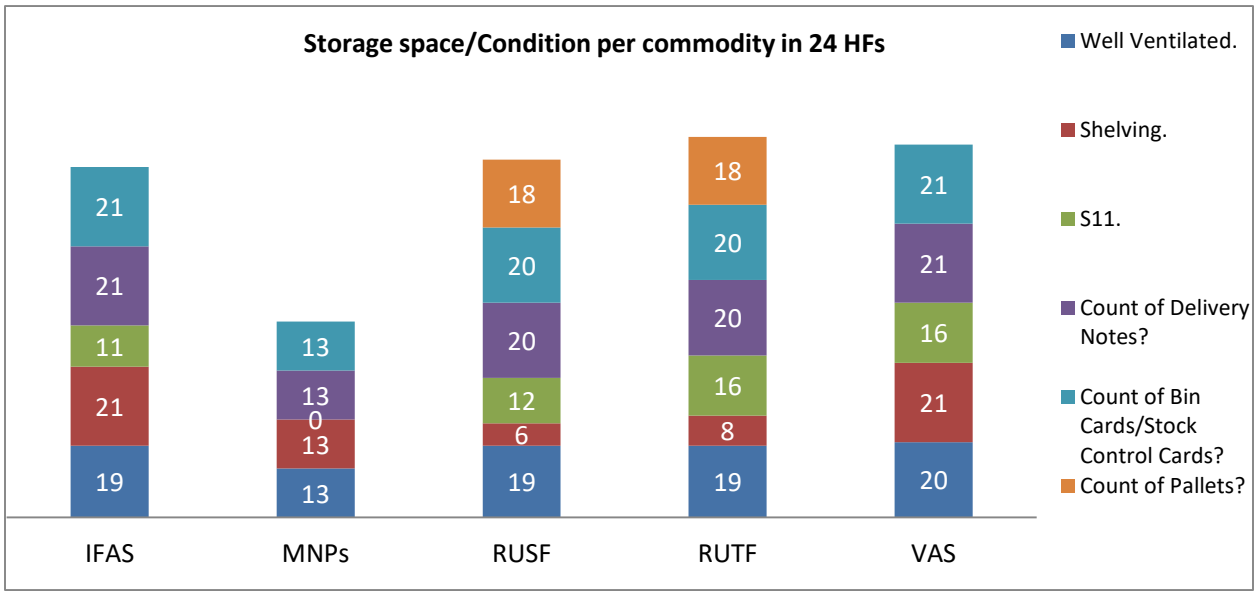
- *Being in own county*
- *The working situation in Tana River County had improved a lot*
- *Personal motivation*
- *Good working environment*
- *Good relationship with colleagues*
- *Free housing*
- *Long retention mechanisms in place*
- *It was not possible to do Inter County transfers and*

Tana River County did not have a training data base in place that could be used for planning as well as and tracking trainings conducted by various stakeholders in the County, and making decisions concerning trainings. It was however reported that one person was sensitized on integrated Human Resource Information system (iHRIs) however adoption of the database had not been effected.

Nutrition infrastructure

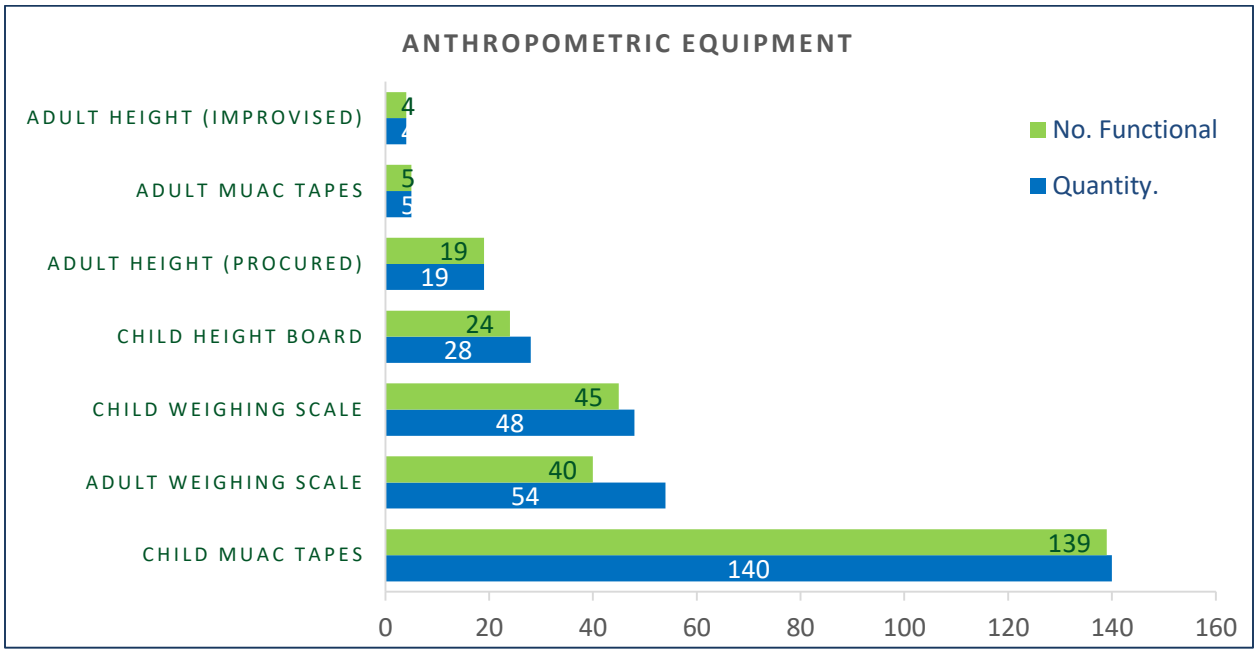
In order to adequately deliver nutrition services, nutritionists require a room, where nutrition counseling is individualized and confidentiality is paramount. Nutrition capacity assessment tried to establish whether the facilities with nutritionists had a separate room to conduct their duties. Whereas Hola hospital had a room for the nutritionists, Ngao, the other facility with a nutritionist did not have a room for the nutritionist.

Most of the assessed facilities had storage space for nutrition commodities as follows;



A few facilities did not have pallets to store Ready to use therapeutic Food (RUTF) and ready to use supplementary food (RUSF). Most facilities had stock control cards and only a few facilities had S11forms for ordering of the commodities.

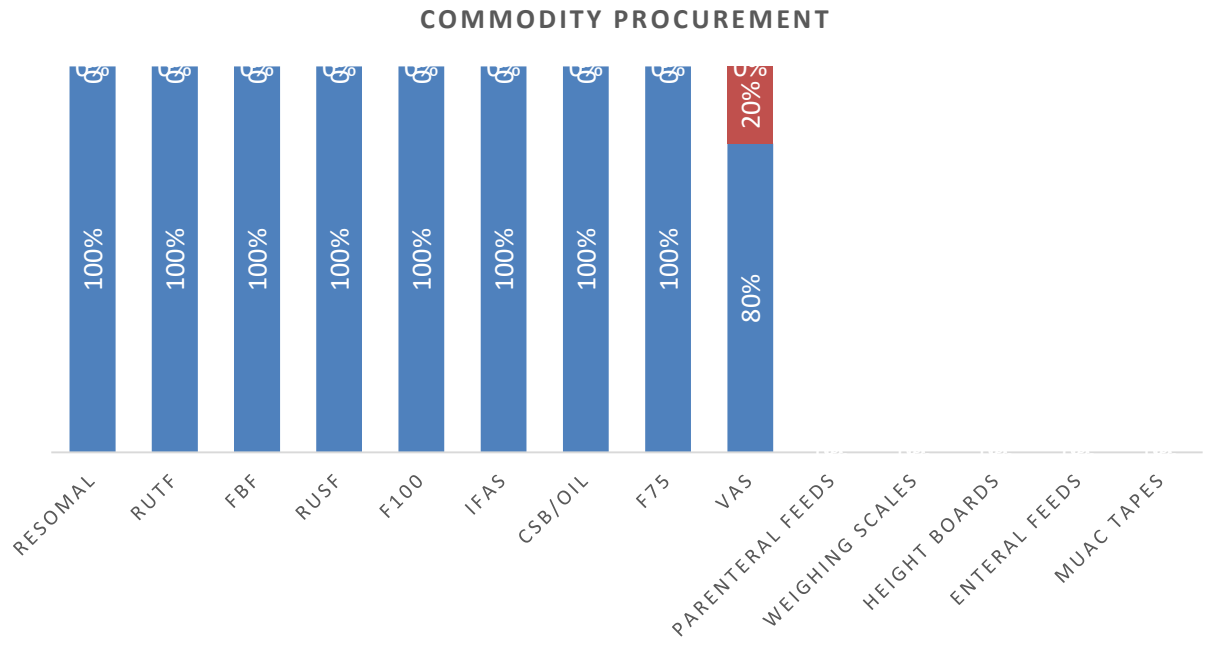
Anthropometric equipment are used in assessing nutrition status of the patients/ clients. It is important that each health facility have adequate anthropometric equipment to be used in each of the stations e.g. MCH, ANC section, Nutrition clinic, etc. Anthropometric equipment assessed included, weighing scale (both child and adult), child height/ length board, adult height meter, MUAC tapes (both child and adult). The figure below shows availability of these anthropometric equipment as well as their functionality.



Tana River had many child MUAC tapes. There were however only few adult MUAC tapes in the facilities. Although child weight scales, child height boards and adult weighing scales were available a few of them were not functional.

Supply chain & Commodity management

Tana River County did not have a health commodities procurement plan for the year 2016/2017, at the time of the assessment. Most nutrition commodities were procured by partners in the previous financial year (2015/2016), as illustrated in the figure below;

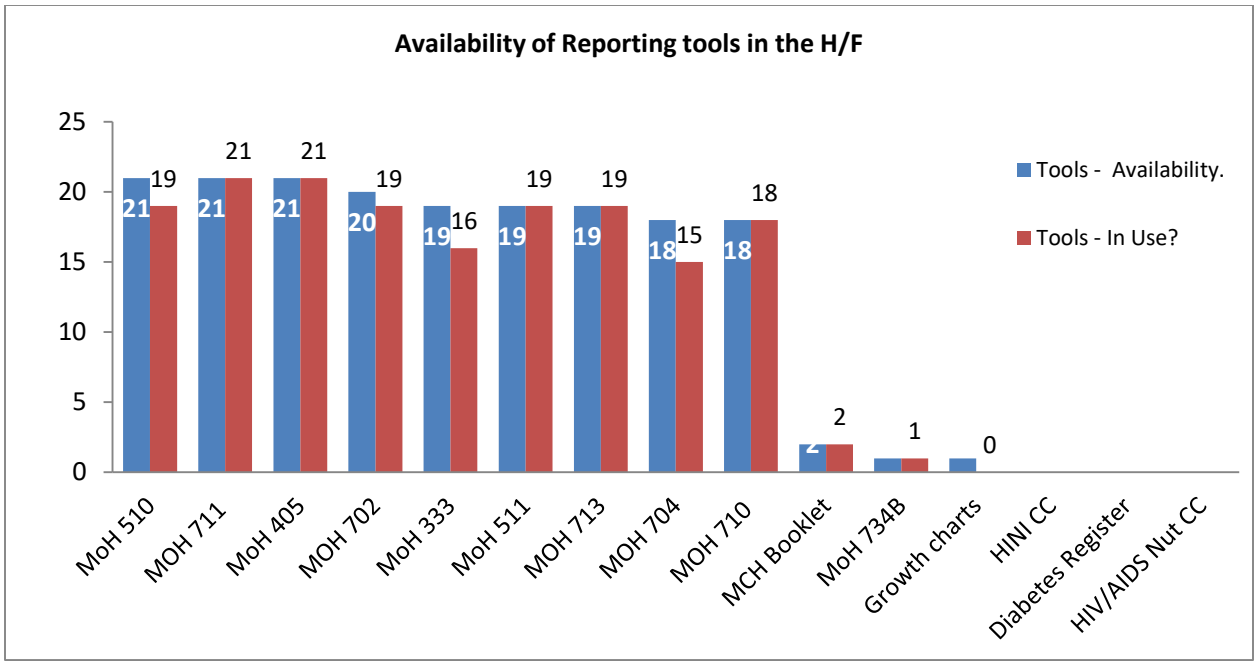


Monitoring and Evaluation (M&E)

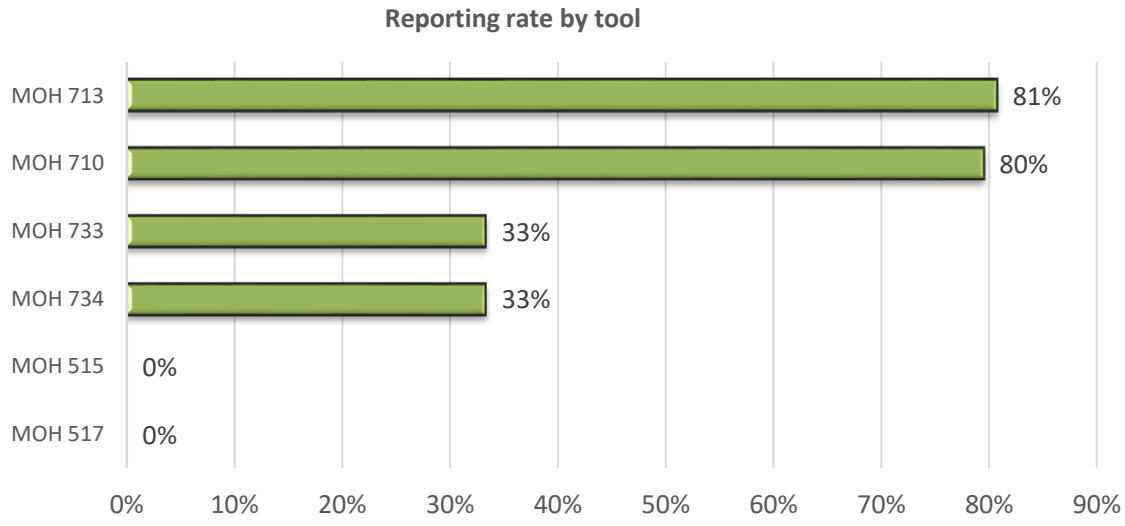
Tana River County had an M&E department headed by the County Health Records Information Officer (CHRIO) and below him were the Sub County HRIOs and other health records staff. Nutrition and health information was collected at facility level and fed into DHIS on a monthly basis. Several other nutrition surveys like SMART were conducted on annual basis, with much support coming from UNICEF and implementation through IMC.

Several platforms were available in Tana River County aimed at checking nutrition data quality and performance monitoring. These were Data Quality Audit (DQA), CNTFS, SCNTFS, Data management meetings, and facility in charges meetings. Reproductive Maternal Newborn and Child Health (RMNCH) scorecard had not been operationalized in the county. RMNCH score card helps in tracking key indicators which act as proxies for County performance in the area of RMNCH.

Tana River County had not conducted an operational research in the previous 2 years. Reasons cited were lack of technical capacity and financial resources. Availability of reporting tools in the County is a step closer to quality documentation and reporting. It's important that the tools are not only available but also the users are sensitized on utilization of the same. Majority of health facilities in Tana River County had most of the reporting tools. However, some facilities lacked MOH 704 and MOH 733 as shown in the figure below;



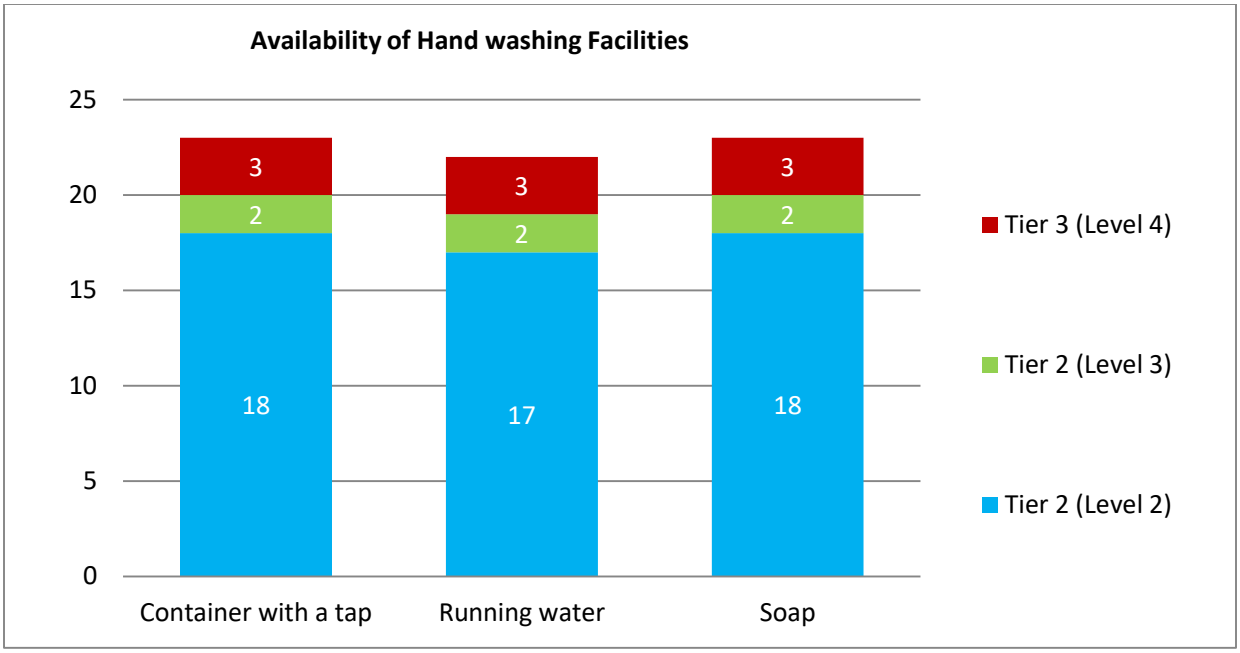
Information collected at the health facility is uploaded into the DHIS by the Sub County HRIOs. In capacity assessment, reporting rate was assessed using an average of the previous 3 months reporting rate, and results are illustrated in the figure below;



As shown in the figure above, most of the health facilities in Tana River reported on MoH 710 and MOH 713 (80% and 81% respectively). MoH, 517 and MOH 515 were not reported at all. However it was reported from the key informants, that the reports were submitted to the sub county level but were not upload into the DHIs.

Water Hygiene and Sanitation (WASH)

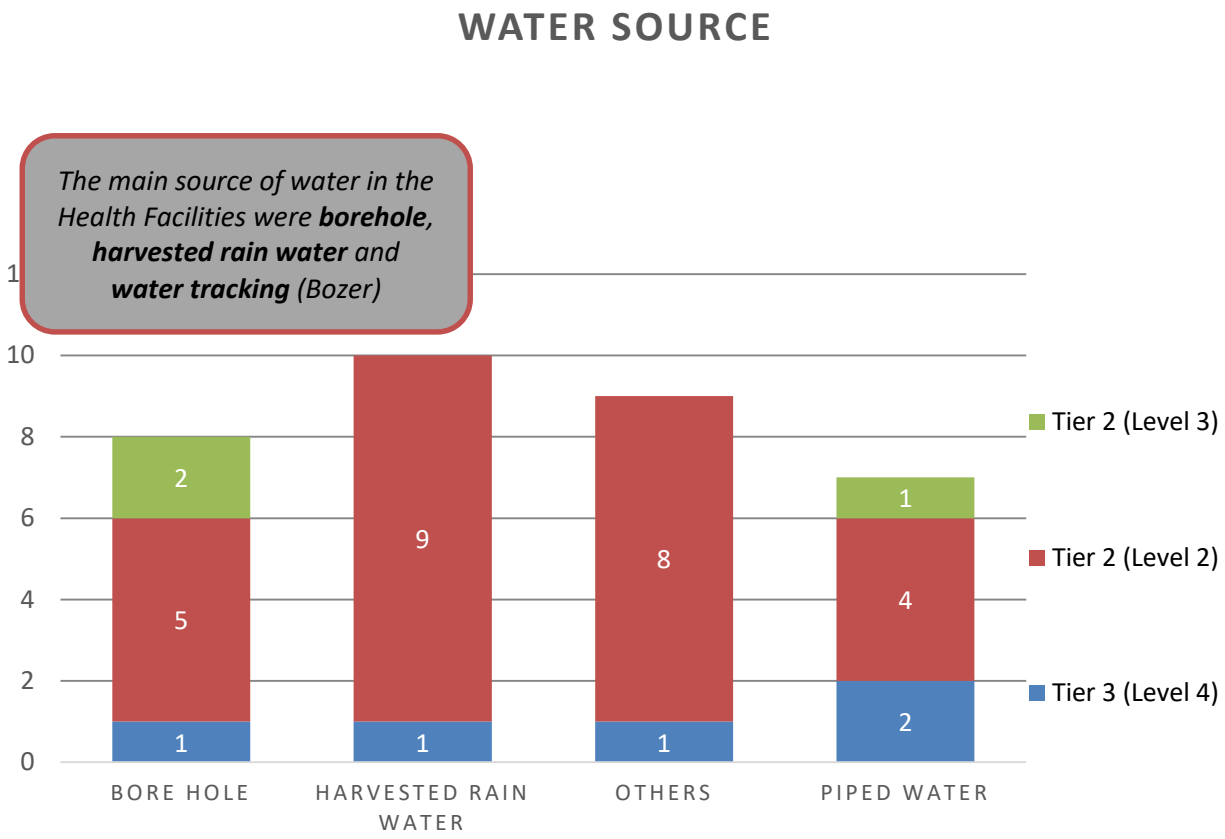
Presence of a hand washing facilities is key to maintaining adequate hygiene and sanitation. Poor hygiene is linked to many diarrheal diseases and it affects overall nutrition negatively. Hand washing in the context of capacity assessment was assessed using three components; availability of a container with a tap, availability of running water and availability of soap. All these were required to be accessible to bot the health facility staff and clients/ patients.



Among the 24 sampled facilities, two facilities lacked running water while one facility did not have soap. Only **7** out of the sampled 24 facilities (29%) had the three hand washing components; **running water**, **soap** and a **container with a tap.**

Availability of a latrine is important in maintaining hygiene through proper disposal of human excreta. Out of the 24 sampled facilities, 23 health facilities had a latrine, accessible to health facility workers and patients/ clients. One facility however did not have a latrine. As reported by the community focal person, Community latrine coverage was at 36%.

Availability of adequate water at the facility at all times is important in maintaining hygiene in service delivery. About 7 facilities used water from borehole, 10 facilities used harvested water, and 7 facilities used piped water while 9 facilities used water from other sources including water ferried by water trucks

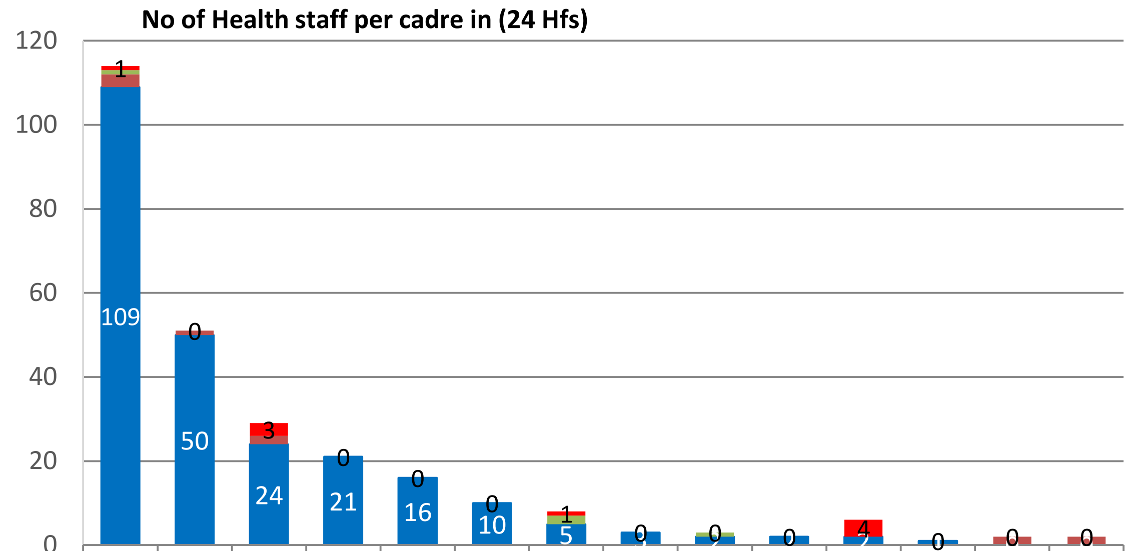


1.4 TECHNICAL CAPACITY

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

Health workforce by cadre

Majority of health workforce in Tana River County were nurses.



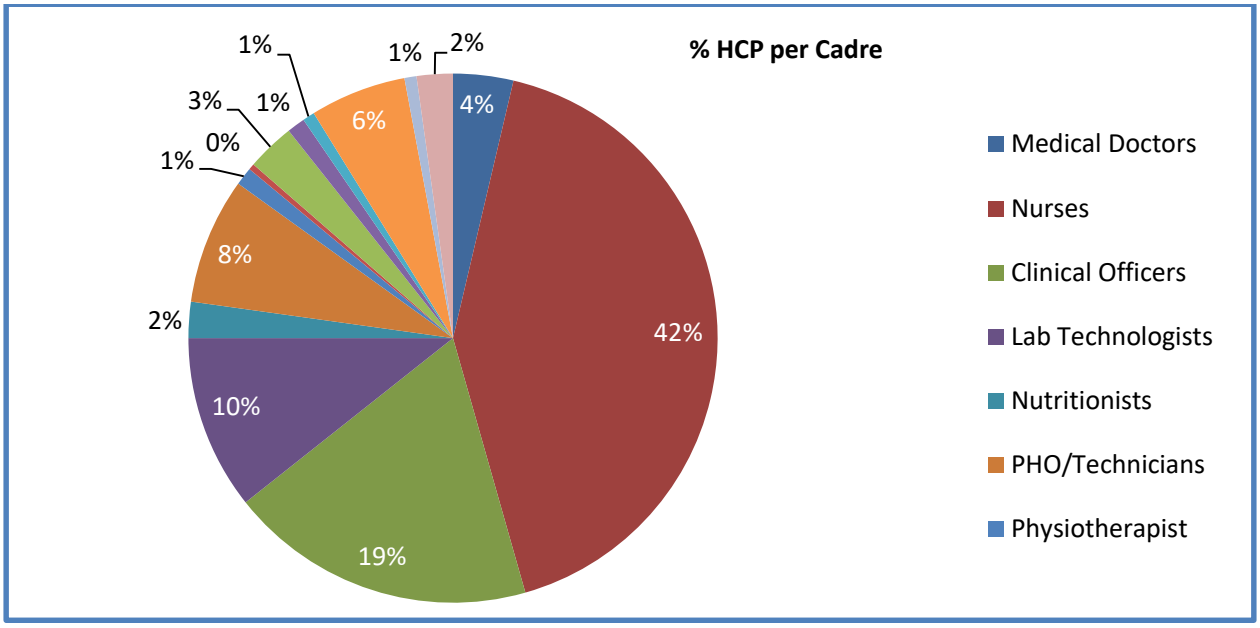
	Nurses	Clinical Officers	Lab Technologists	PHO/Technicians	CHEWs	Medical Doctors	HRIO	Physiotherapist	Medical Engineer	Other	Nutritionists	Occupational Therapists	Dentists	Nurse Aids
Volunteer.	1	0	3	0	0	0	1	0	0	0	4	0	0	0
Casual.	1	0	0	0	0	0	2	0	1	0	0	0	0	0
Temporary.	3	1	2	0	0	0	0	0	0	0	0	0	2	2
Permanent.	109	50	24	21	16	10	5	3	2	2	2	1	0	0

More than 90% of health professionals were employed on permanent basis. Nutrition workforce was required to be licensed by their respective professional bodies prior to recruitment as shown in the table below;

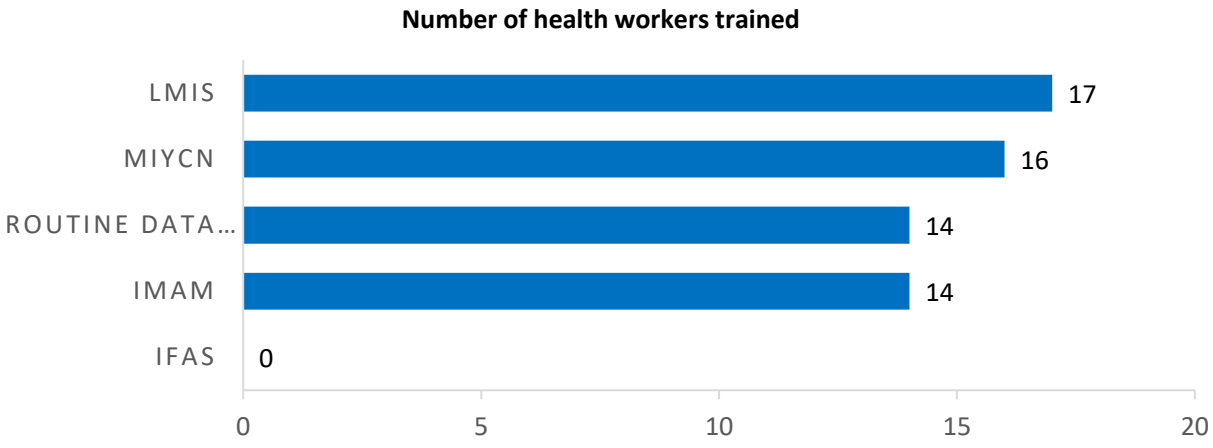
Cadre	Licensing body
Doctors	KMPDB
Nurses	Nursing Council of Kenya
Clinical officers	clinical officer council
Nutritionists	KNDI
PHOs	Public Health Officers and Technicians Council
Pharmacists	KMPDB
Health Info Officer	Association of medical records officer Kenya

Nurses reported that renewal of the licensing was based on CPD and annual subscription. Other cadres reported that renewal of licensure was merely based on annual subscription.

Among the facilities that were visited, 42% of staff who offered nutrition services were nurses. Nutritionists only made up 2% as illustrated in the figure below;

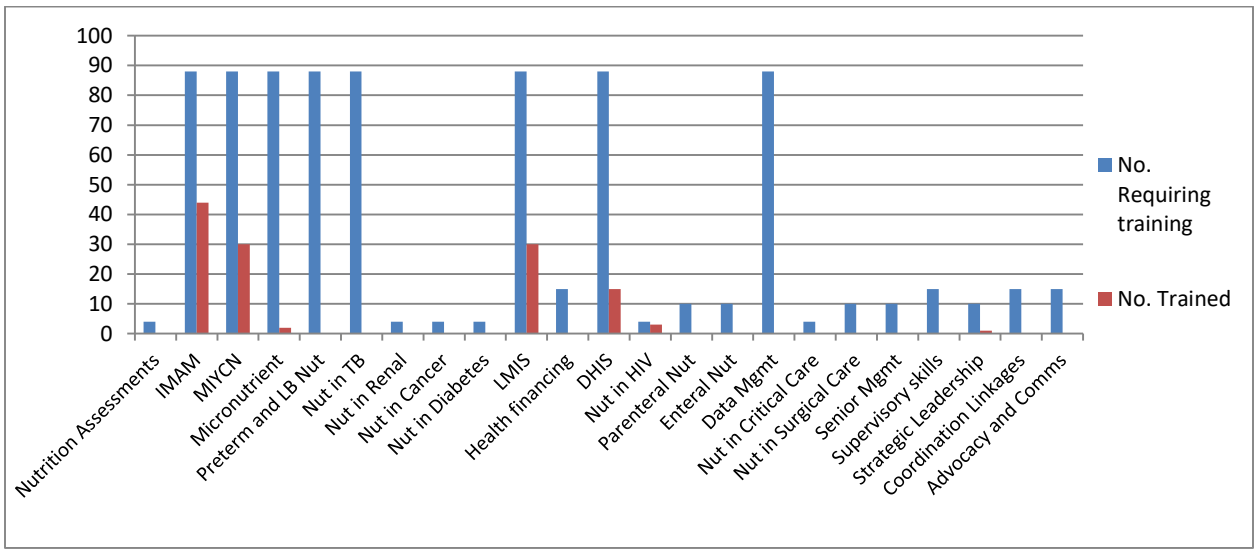


Inservice training are important in keeping nutrition force updated on current guidelines. Its also very important since much of the nutrition work is conducted by other cadres, whose basic training is not nutrition and hence the need to give them the basics of nutrition management. In Tana River County, only few nutrition workforce were trained on various nutrition trainings in the previous two years. This ranged at 14-17 per training assessed, among the visited facilities. This is about 15% of nutrition workforce.



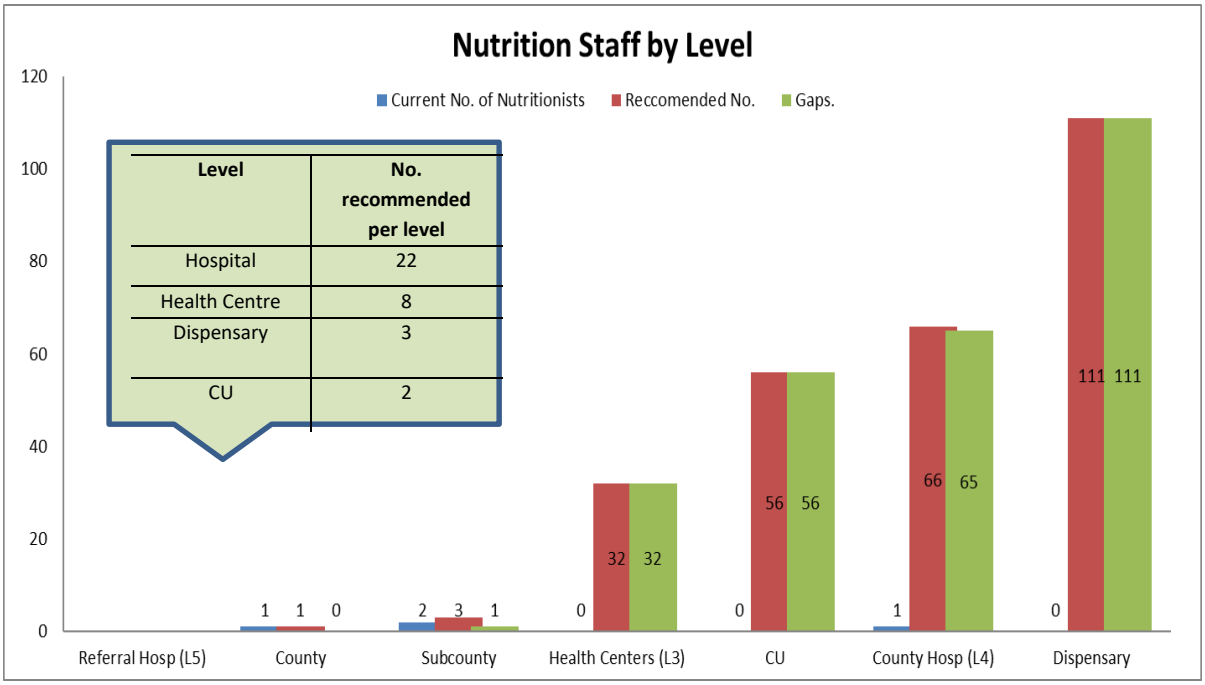
Overall County picture even revealed bigger gaps in terms on training. The graph below shows all the staff that require training versas those already trained in those respective trainings;

Figure M: Nutrition workforce in the County: trained V requiring training



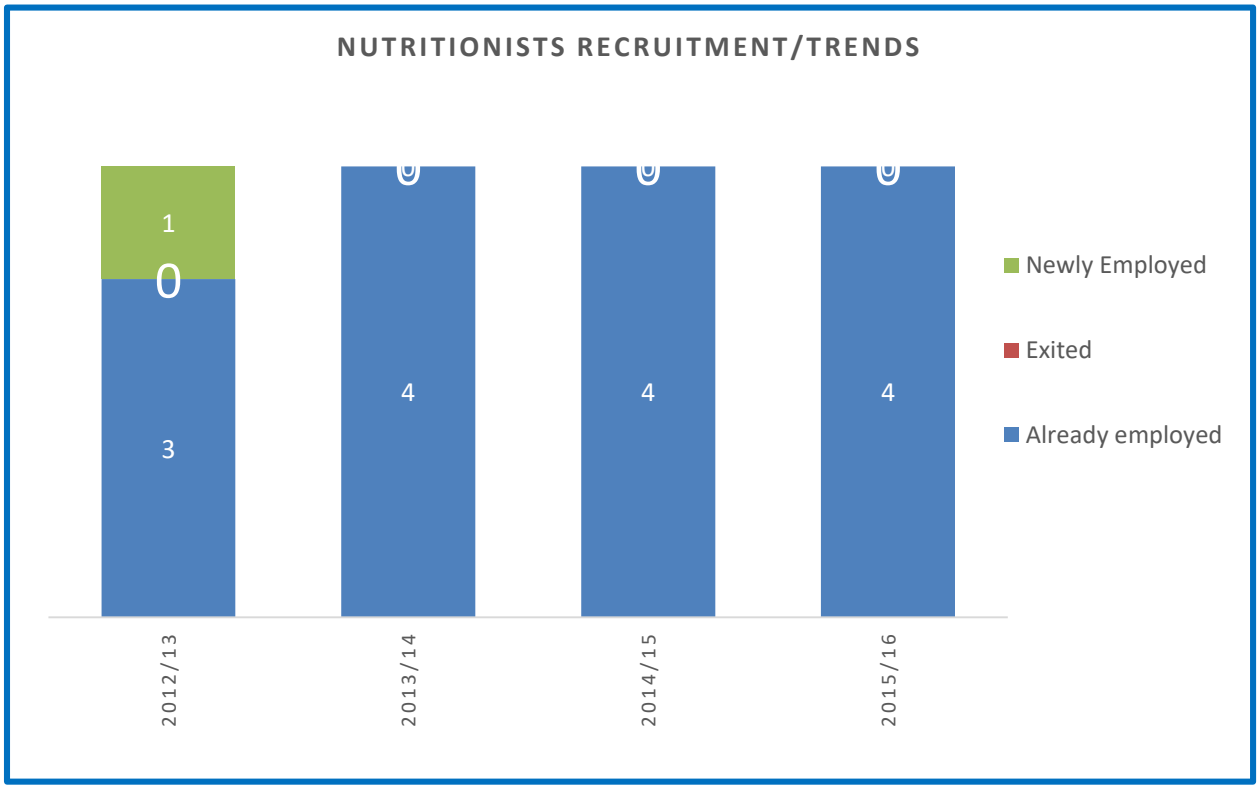
Capacity assessment sought to establish adequacy of staff in nutrition cadre in Tana River County. Nutritionists are the drivers of nutrition services owing to their back ground studies. Specialized nutrition services like nutrition in renal disease and nutrition in non-communicable disease are best offered by nutritionists. Reported shortage in health workforce signals a danger where preventive services like nutrition can easily be neglected in an effort to take care of the already sick population. Current nutrition staffing levels in Tana River County were extremely low based on the norms and standards. It was however

reported that recruitment for more nutritionists was ongoing and Interviews had already been conducted. The figure below shows the nutritionists employed by Tana River County, versus the recommended according to norms and standards for human resources;



Further assessment was conducted to determine the trend in hiring of nutritionists, since devolution. There has been no hiring of nutritionist since 2014 to 2016. The figure below illustrates the trends of recruitment as well as distribution of nutritionists in the County;

Distribution of nutritionists in the health facilities per sub County			
Sub county	Tier 2	Tier 2 (Level 3)	Tier 3 (Level 4)
Galole	0	0	2
Bura	0	0	0
Garsen	0	0	1



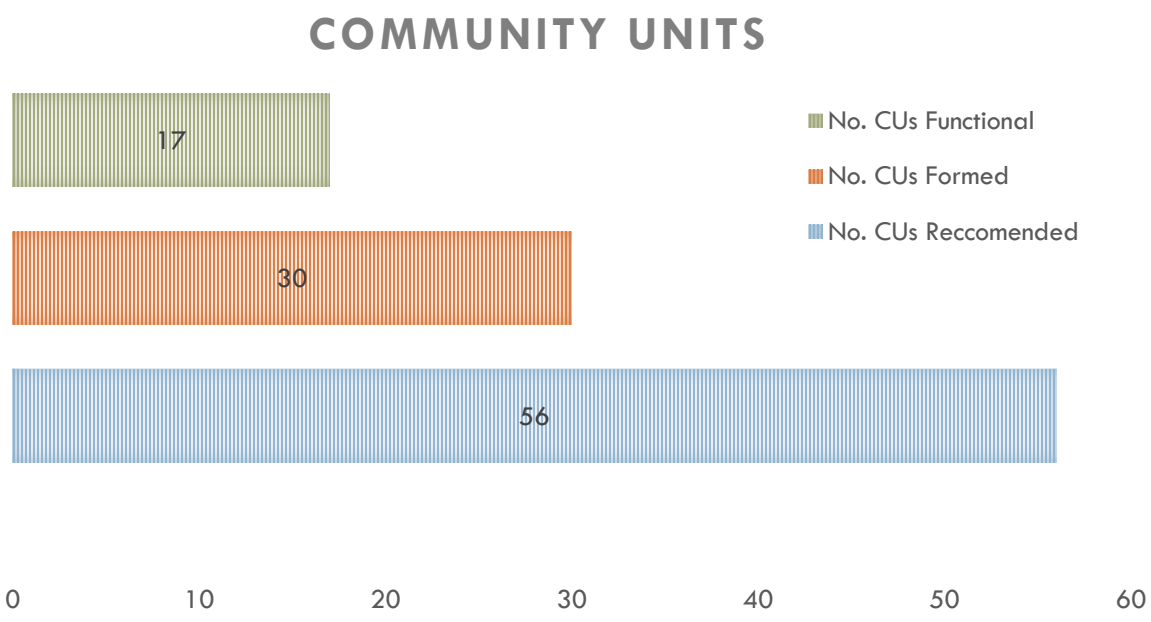
1.5 COMMUNITY CAPACITY

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 (such as Suggestion boxes, community conversations, Barazas, Citizen Voice actions)

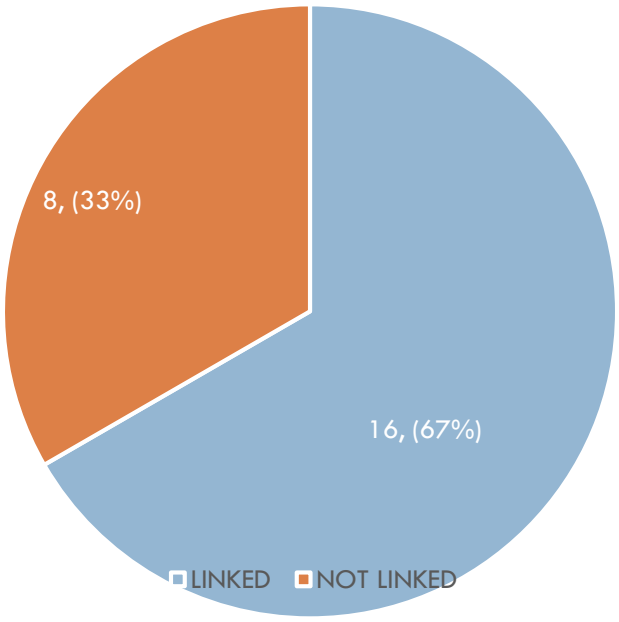
The following components were assessed during capacity assessment;

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

The linkage between health facilities and the community is through the Community Units (CUs) as established through the Community Strategy. Community strategy clearly outlines the number of community units that are recommended for a specific population. Tana River had established 30 CUs, against the recommended 56 CUs as illustrated in the figure below;



Capacity assessment went further to establish distribution of CUs across the County where by 8 out of the 15 wards were covered with at least one functional CU. The rest were not. Out of the 24 sampled health facilities, 67 % were linked to at least one functional CU.



Community strategy stipulates recommended number of community health volunteers (CHVs) and community health assistants (CHAs). Community health assistants supervise the CHVs. In Tana River County, there were 1236 CHVs and 30 CHAs in the entire County. Each CHV was allocated to 20HH where they conducted follow up and referrals for immunization and deliveries among other activities. CHVs reported they conducted various nutrition activities which included, and not limited to;

- Health education on diet
- Hygiene and Sanitation especially latrine construction
- MUAC screening and referral where necessary
- Education on exclusive breastfeeding up to six months
- Food storage for future use (food preservation methods) e.g. for green vegetables and fruits
- Education on healthy diets
- Education on hand washing
- Remind mothers on return dates for growth monitoring
- Conduct anthropometric measurements i.e. Weight, height
- Carry out vitamin A supplementation and deworming
- 6- Growth monitoring of all children from 18-59 months
- Education to farmers to grow green vegetables

CHAS and CHVs require certain nutrition trainings just like health workers at the facility level, in order to offer quality nutrition services. None of the CHAs or CHVs had been trained on the Community Nutrition Technical Module. Some CHVs however reported they had received some bits of OJT on;

- MUAC screening
- Education on 4 ANC visits
- Growth monitoring
- Birth plan (Family planning)
- balanced diet
- Importance of completing immunization schedule
- Exclusive breastfeeding.
- Complementary feeding
- Vit A supplementation
- Nutrition survey
- home based care

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

Referral System:

It was reported that referral system from facility to community and vice versa was in existent. Referral forms were available to CHVs though they were not adequate. Referrals sent to health facilities were registered, and there was confirmation from Health facility through phone calls. There was also verification of CWC booklets to confirm that the client had received needed services. Referral from health facilities to the community was however not well established according as reported by CHVs, in an FGD.

Best Practices for empowering communities

Various best practices were cited by the CHVs. These included;

a) Sensitizing community in services rendered in the health facility
b) Organizing baraza meeting with the health staff, CHV's and community, this gives room to HCW to talk about the services they render and the community can ask questions in this forum
c) Participation in activities which promotes hygiene and sanitation
d) Education on hospital delivery-mothers are given gifts and birth notifications
e) Continuous sensitization and use of examples in case of outbreaks eg diarrhea
f) Being role models by practicing good examples
g) Involving chiefs during sensitization
h) Nurturing good linkage and communication with department of health

Community Groups or forums

Community groups provide a platform to integrate nutrition activities within the existing community activities. Some of the common groups in the Country are MTMSGs. Feedback mechanisms on the other hand are essential in understanding community needs as well as their perception of the nutrition services offered. Below are the community groups that existed in the County as well as the feedback mechanisms;

- Mother to mother support group
- CBOs
- FBOs
- CHVs group forums
- Father to father support group

Tana River County only supported the CHS through salaries of CHAs and Community focal person as well as reporting materials. The County however had not supported trainings of CHAS or CHVs in the previous year, nor did it provide incentives for CHVs and CHVs kits.

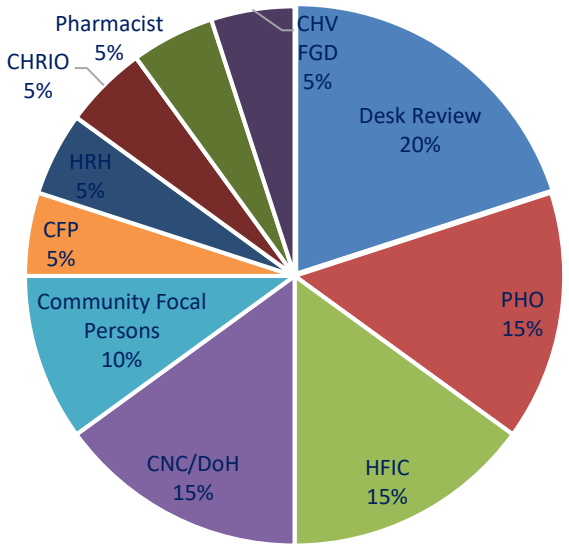
Community Feedback mechanism utilised in Tana River County included;

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

There were no CHIS reports in the previous three months (May-October) in the DHIS during the period of data collection. However, the Community focal person provided a reporting rate of 80% which was calculated manually from the submitted reports at the Sub County level.

1.6 Score Card

Nutrition Capacity score card entails 5 indicators in each thematic area. The indicators are drawn from various respondents as shown below;



The overall 20 indicators are used as a proxy to assess the level of capacity in a County. Below are results for Tana River County;

		SYSTEMIC CAPACITY						ORGANIZATIONAL CAPACITY						TECHNICAL CAPACITY						COMMUNITY CAPACITY						
YEAR	COUNTY	CNAP Existence/Endorsement	Nut Activities in AWP	FF Surveillance Frequency	BMS Act Enforced	Nut Allocation in Health Budget	**SC Index Score**	Nutrition integrated into HFIC	Updated Training Database w/ Nut	Nut in Procurement Plan	Duration IFAS Stock Out	Target Setting for VAS	**OC Index Score**	County Sensitized on BMS	MOH 713 RR	County Trained on MIYCN	County Sensitized on Perf Appraisal	Freq Subcounty to HF SS	**TC Index Score**	CUs formed vs. recommended	Comm Feedback Mechanisms	Comm to HF Referral System	County Investment in CNS	Proportion HFs linked to CU	**CC Index Score**	**OVERALL SCORE**
2016	TANARIVER	100%	0%	0%	0%	100%	**40%**	100%	0%	0%	100%	42%	**48%**	0%	81%	34%	4%	75%	**39%**	54%	100%	50%	20%	67%	**58%**	**49%**

CHALLENGES, RECCOMENDATIONS AND ACTION PLAN

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
Systemic capacity	• Inadequate budgetary allocation and delayed funding • Human resource inadequacy in all the cadres • Inadequate capacity to implement programs effectively • Some planning documents are still in draft form others are missing e.g. AWP	• Advocate for timely and adequate resource allocation • Finalization of the planning documents • Establish a PPP coordinating committee to steer partnership in the county	1). Adopt/ contextualize key policies and guidelines for use in the county	County Director of Health	July 2017
			2). Disseminate (orient) health workers on the existing policies and guidelines	County Nutrition Coordinator	June 2017
			3). Institute an M&E system for implementation of the mandatory food fortification policy	County Public Health Officer	July 2017
Organizational capacity			4). Designate a working areas/ offices for nutritionists	County Director of Health	Dec 2017
			5). Enhance support supervision and feedback mechanism (CHMT to sub counties)	County Director of Health	May 2017
			6). Set targets for nutrition indicators/ service areas	County Nutrition Coordinator	May 2017
			7). Operationalize nonfunctional health facilities	CEC	Sept 2017
			8). Upload training information for health department into the iHRIS (program heads to share information with HR & Records office)	CHRIO	June 2017

	• Staff shortages across the cadres, with nutrition cadre being the most severely affected. • Lack of facilitation, transport and fuel-vehicles are grounded; Communication, • Poor infrastructure • Poor coordination at the County level and with partners • Hardship areas within the county • Very long distances between facilities. • Cultural practices affecting health seeking behavior of the community • Leadership-chain of command not adhered to i.e organogram • Lack of Access to training opportunities. • Financing of services • Poor coordination and linkages regular meetings are not coordinated • Ethnicity- county has three main local communities the winner takes it all • Housing – no inadequate staff houses and in some places rentals are not available	• There is need to improve coordination of partners through Joint planning and monitoring of the planned activities and clear memorandum of association, have a focal person at the county to deal with partnerships issues • Conduct regular stakeholder's meetings • Develop ToR for coordination meetings • Develop MoUs with partners to ensure coordinated activities in the county • Strengthen M&E systems to upload all the reports including CHAs reports • Advocate for more funds in the health sector and ensure accessibility of the same improve service delivery • Sensitize the members of assembly on health and nutrition issues • Salaries: consider hardship allowance and house allowance. These allowances should be harmonized across the board • Need to considers risk and uniform allowances for nutritionists			

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
	• Lack of adequate tools / equipment for service provision • Lack of rooms /offices for the nutritionist to offer confidential counselling • Lack of regular departmental meetings /feedback mechanisms	• Have Responsibility allowance for CHMTs to motivate them			
Technical Capacity			9). Develop and implement technical staff motivation/ retention scheme	CEC/CHD	July 2017/18
			10). Explore and conduct capacity building training for frontline health workers	CHMT	August 2017
			11). Recruitment of additional health workers to bridge the deficit	CEC	End of 2017/18

	• Staff shortage: only 4 nutritionist covering the whole county with no nutritionist covering Tier 2 and Tier 3 levels; this was also noted across all cadres • Competency: knowledge gap noted in specialized services such as Renal, cancer and diabetic management • Most of nutrition workforce have not been trained on key nutrition trainings though they do offer nutrition services • Staff motivation: • Salaries not commensurate to high workload (No risk allowance for nutritionist) • Career stagnation – remained in the same position for a long period • Lack of training opportunities and scholarship • Lack of recognition of best performing facilities	• Nutrition capacity in the county is extremely limited, and not up to date. In order to change this situation there is an urgent need to start now taking short, medium and long-term measures to fix this. • conduct OJT/ CME to update nutrition workforce on new policies /guidelines • Support trainings / seminars for nutrition workforce/ nutritionists to enhance their competency • There is a need to create "on the job training" for the sub county and Hospital level nutrition officers to ensure they are up to date with current programming interventions • Need for continuous capacity assessment to enhance capacity development • Lobby for more nutritionists as per norms and standards at all levels periodically • Regular feedback through the established channels of communication within the nutrition department • Improve staff working environment /staff motivation			

		• Continued collaboration with partners to enhance nutrition capacity			

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
Community Capacity			12). Develop and implement technical staff motivation/ retention scheme	CEC	End of 2017/18
			13). Conduct a refresher trainings for CHVs in the existing CUs	Community Strategy focal officer	Dec 2017
			14). Advocate for increased number of CUs	Community Strategy focal officer/CEC	Dec 2017/18

	• Difficulty in accessing equipment for performing some activities • No specific place to get tools and equipment. CHVs used to get from county council before devolution • Religious beliefs and cultural beliefs that hinder appropriate; miracle church and one faith church refuse drugs • Lack of reporting tools and anthropometric equipment. Some CHVs have only MUAC tapes • Negative attitude towards health services, on the part of the communities • No motivation-transport allowance, Lack of drinking water during activities and other incentives • Some CHVs feel they waste their time since CHV work is purely volunteer • High expectations from community members whenever CHVs provide education. E.g. asking for free nets • Referral clients **expect** to receive free health services but the challenge arises when services are unavailable e.g they are				

Thematic area	Challenges	Recommendations	Action points	Person responsible	Timeline
	sent to buy drugs or be referred to yet another facility. • Sometimes the CHVs have to spend their money to take a client to the hospital due to poverty • Don't have first aid kits which will assist the community at night • Some of the staff (facility health) have poor relationship with CHV's				

ANNEXES

Annex 1: Desk Review

DESK REVIEW

County: ……..

Date of interview: ……..

Enumerator Name: ……..

Enumerator Number: ……..

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

2. Incomplete,

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

……..

……...

INSTRUCTIONS

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

Time started: ……

1. Desk Review on various planning documents

Documents	**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 and Investment Plan (CIDIP) *2013 - 2017*			
County Health Sector Strategic Plan (CHSSP)			
County Nutrition Action Plan (CNAP)			
Annual Performance and Review Plans for the last financial year (2015/2016) (APRP/CIHAWP)			
Scheme of service for Nutritionist and dietician			
Human resource for health Norms and standards guidelines for the health sector (2014-2018)			
KHSSP – Kenya Health sector strategic and investment plan 2013 to 2017			
National Food and Nutrition Security Policy			
Kenya Nutrition advocacy , communication and social mobilization strategy 2016 – 2020			
Kenya Health Policy 2012 – 2030			

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

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

	Reporting rates			Remarks
	1st Month --------	2nd Month --------	3rd Month ……..	
Nutrition Monthly reporting(MOH 713)				
Vaccines and immunization (MOH 710)				
Nutrition commodities report (734)				
Nutrition Service summary report (733)				
Community health extension worker summary (MOH 515)				
School deworming for albendazole (MOH 517)				

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

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

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

Additional Question

Distribution of nutritionists per Sub County

Time stopped: …….

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

County: ……..

Date of interview: ……

Enumerator Name: ……..

Enumerator Number: ……

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

2. a) Incomplete,

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

……

……

INSTRUCTIONS

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

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

Time started: ……..

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

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

2. In your opinion, what measures can be taken/ recommendations to improve the health system in this county? *(probe for recommendation for each of the health systems pillar – service delivery, nutrition workforce, supplies, information, financing, leadership and governance)*
3. Partnerships (*Probe: who are the partners, relationship with the partners? Do you feel they are assisting in addressing the County priorities)*
4. Pertaining nutrition, what is your general comment and view.
5. What are the strategies in place, to improve nutrition status of the County?
6. Are there any bills related to nutrition that have been developed/ being developed in your county within this electoral period?

For the bills that have been passed, how are they being implemented? Feedback mechanisms in place

(*Note taker to state clearly those developed and those under development*)

Time Stopped: ……

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

County: ……..

Date of interview: ……

Enumerator Name: ……..

Enumerator Number: ……..……

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

2. Incomplete,

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

……
……

INSTRUCTIONS

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

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

Time started: ……..

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).*

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

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

Time stopped: ……

KEY INFORMANT INTERVIEW: HUMAN RESOURCE FOR HEALTH (HRH)

County: ……..

Date of interview: ……

Enumerator Name: ……..

Enumerator Number: ……

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

2. a) Incomplete,

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

……

……

INSTRUCTIONS

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

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

Time started: ……

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: …….

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

County: ……..

Date of interview: ……

Enumerator Name: ……..

Enumerator Number: ……

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

2. a) Incomplete,

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

……

……

INSTRUCTIONS

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

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

Time started: ……

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

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

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

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

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

4. a) Are the following policies being implemented?
   I. Human resource for health Norms and standards guidelines for the health sector
   Yes – 1 No – 0
   II. Scheme of service for Nutritionist and dietician
   Yes – 1 No – 0

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

   III. Human resource for health Norms and standards guidelines for the health sector
   IV. Scheme of service for Nutritionist and dietician

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

   If yes specify the type of sessions attended

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

   b) If No, Why? *(Tick all that apply)*
   i. Lack of technical expertise……
   ii. Lack of finances……..…
   iii. Others, Specify……

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

7. What informs budget allocation for the health sector activities?
8. Does the county have a budget line for nutrition activities? Yes-1 No-0
9. *(Use the table below to complete the following)*
   a) In the last 3 financial year, what was the total budget for health (In Kenya shillings)?
   b) What was the nutrition budget allocation?
   c) What was the total nutrition budget Utilization?

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

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

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

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

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

Nutrition in Renal Diseases								
Nutrition in Diabetes Management								
Nutrition in Cancer Management								
Nutrition in HIV								
Enteral Nutrition								
Parenteral Nutrition								
Nutrition in Surgery								

12. a) Is there an annual procurement plan that includes nutrition commodities Yes- 1 No -0
    b) Do you assess stock outs? Yes-1 No-0

    c) If yes, which tool do you use to assess stock outs?
    i. Logistics Management Information System (LMIS)
    ii. Others, specify:

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

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

14. Which tool is used for support supervision?
    i. MOH integrated support supervision….

    ii. Others, specify ……

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

16. a) How many nutritionists are there in this county? b) How have the nutritionists been distributed in the county?

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

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

_____

17. Fill out the table below:

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

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

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

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. Number of trainings conducted in the last 2.5 years	D. Was there participation of pre service lecturers/ tutors in this training? Yes-1,No-0
District Health information Software (HIS)				
Nutrition in HIV (specific to nutrition cadre)				
Parenteral Nutrition				
Enteral Nutrition				
Data management				
Nutrition in critical care(specific to nutrition cadre)				
Nutrition in surgical care				
Senior Management Course				
Supervisory skills				
Strategic leadership and development program				
Coordination, linkages and networking				
Advocacy and communication				
Commodity management training				
Others, Specify……				

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. Number of trainings conducted in the last 2.5 years	D. Was there participation of pre service lecturers/ tutors in this training? Yes-1,No-0
……				

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

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

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

21. a) Does your County have a training committee? Yes-1 No-0
b) If Yes who are the members of committee,

c) How often are the meetings held?

d) How are the training needs identified and prioritized?

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

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

b) If No why?

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

Level	**Tick all that apply**
County executive/County assembly and CHMT	1. Cabinet meetings 2. County Health committee meetings 3. County Assembly departmental briefs 4. Others (specify)
County Health Management Team (CHMT) and Sub-County Health Management Team (SCHMT)	1. Health Stakeholders forums 2. CNTFs 3. CHMT meetings

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

24. Information on Nutrition guidelines

Protocols/guidelines	Have you been sensitized on the following guidelines Yes-1 No-0	Have the guidelines been disseminated within the County Yes-1 No-0	Are the following guidelines available in the County? Yes-1 No-0
Maternal Infant and Young Child Nutrition (MIYCN) policy statement			
Integrated Management of Acute Malnutrition (IMAM) guidelines			
MIYCN Guideline			
Vitamin A Schedules			
Iron and Folic Acid supplementation (IFAS) policy schedule			
Deworming Schedule			

Micronutrient Powders (MNPs) operational guide			
Clinical and dietetics guidelines/Manual			
Diabetes Guideline			
Cancer guideline			
Diabetes register			
Others, Specify……			

Time stopped: …….

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

County: ……..

Date of interview: ……

What is your responsibility in this county: ……

Enumerator Name: ……

Enumerator Number: ……..……

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

2. a) Incomplete,

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

……

INSTRUCTIONS

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

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

Time started: ……

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

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

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

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

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

3. a) Is there financial support for operational cost (internet, printing, airtime) related to nutrition data collection and transmission? regularly - 2 Sometimes - 1 No= 0
   b) If yes, where does the support come from? *(List all sources)*
4. How do you ensure feedback of nutrition information (between-Health records department to health workers)?

Time stopped: …….

KII: COUNTY PHARMACIST/ COUNTY NUTRITION OFFICER

County: ……..

Date of interview: ……..……

Enumerator Name: …….

Enumerator Number: ……..……

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

2. a) Incomplete,

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

INSTRUCTIONS

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

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

Time started: …….

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

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

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

Time Stopped: ……

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

County: ……..

Date of interview: ……..

Enumerator Name: ……..

Enumerator Number: ……..

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

2. a) Incomplete

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

……

……

INSTRUCTIONS

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

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

Time started: ……..

Question	***Response***					
1. What is the number of Community Units (CUs) recommended based on the population in this county? *(check and record source of information)*						
2. What is the total number of Wards in this county?						
3. What is the current number of CUs formed?						
4. a) What is the current Number of CUs that are functional? *(A functional CU has the following characteristics: monthly reporting, holding meetings as scheduled, have dialogue days, right number of CHVs, has a committee, supplies and tools available)*						
b) What is the number of Wards covered with at least one functional C.Us						
c) What is the current number of CHEWS/ CHAs						
d. How many CHEWS/ CHAs are performing community work (according to CHS)						
e) What is the current number of CHVs						
5. What is the current number of CHEWs/ CHAs trained on community nutrition module						
6. What is the current number of CHVs trained on community Nutrition module						
7. What is the reporting rate for MOH 515 in this county *(Look at trends in the last 6 months (source of data: DHIS, CSFP)*	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**
8. What is the level of County Government investment's in the Community Health Strategy, as per below table over the last 1 financial year (2015/2016)?						

Support to CHS	***Yes – 1, No - 0***
CHEWs/ CHAs monthly Salaries	
Trainings-CHS basic module	
Other Trainings: Specify…….	
Monthly allowance to CHVs	
Means of Transport to CHVs to facilitate implementation of activities (bicycles, motorbikes, cash)	

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

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

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

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

Local radio stations /Local media	

Question	*Response*
Community dialogues forums	
Public forums/barazas	
County stakeholders forum	
Others (Specify)	

Time Stopped: ……

KEY INFORMANT INTERVIEW; HEALTH FACILITY IN-CHARGE

County: ……..... Sub county: ….……..
Health Facility Name: ……..……..
Health Facility code: …….. Date of interview: ……..……..
Supervisors Name: ……
Interviewer Name: …… Interviewer Number: ……..……
Note taker Name: ……..…….. Note taker Number: ……..
Assessment results (*Circle one*): 1.Completed

2. a) Incomplete

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

INSTRUCTIONS

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

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

Time started: ……..

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

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

2. What is your cadre? ……

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

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

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

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

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

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

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

5. Does the facility offer the following services?

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

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

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

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

Yes-1 No-0

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

(c) How many CUs are Functional? ……

(d) If **no** in 6 (a) Why ?

……

……

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

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

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

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

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

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

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

9. a. Does the facility provide inpatient services (*if **yes**, proceed to b, if **no** skip to Q10*)?
Yes-1 No-0
b. If yes, is there an inpatient feeding committee (or catering committee) in place
Yes-1 No-0
c. If no (***to b***), probe why

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

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

11. a. Do you conduct performance appraisal? Yes-1 No-0
b. Have you been sensitized on performance appraisal? Yes-1 No-0

Observe the Following:

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

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

Variable	Check for:				Remarks
Standard Treatment Protocols and Policy Guidelines	**Protocols/guidelines**	**Available Yes =1 No =0**	**In Use Yes=1 No =0 *(Probe)***		
	Maternal Infant and Young Child Nutrition (MIYCN)policy statement				
	Integrated Management of Acute Malnutrition (IMAM) guidelines				
	MIYCN Guideline				
	Vitamin A Schedules				
	Iron and Folic Acid supplementation (IFAS) policy schedule				
	Deworming Schedule				
	Micronutrient Powders (MNPs) operational guide				
	Clinical and dietetics guidelines/Manual				
	Diabetes Guideline				
	Cancer guideline				
	Reporting Tools	**Available Yes-1 No-0**	**In use Yes-1 No-0**		
	Child Welfare Clinic (CWC) Registers – MoH511				
	Maternity registers – MoH 333				
	Antenatal Care Register – MoH 405				
	Nutrition monthly report - MOH 713				

Variable	Check for:				Remarks
	CHANIS tally sheet - MOH 704				
	Integrated programme summary report form: Reproductive & Child health, Medical & Rehabilitative Services.- MOH 711				
	Immunization and Vitamin A reporting tool - MOH 710				
	Immunization and Vitamin A tally sheets - MOH 702				
	Consumption Data Report and Request (CDRR) for nutrition commodities – MoH 734B				
	Permanent Immunization Register -MOH 510				
	Maternal & Child Health (MCH) Booklet				
	Diabetes register				
	Counseling Cards	**Available Yes-1 No-0**	**In use Yes-1 No-0**		
	Maternal and Child health Counseling cards				
	Iron and Folic Acid (IFAS) Counseling card				
	Maternal Infant and Young Child Nutrition Counseling Card				
	Integrated Management of Acute Malnutrition (IMAM) counseling card				
	HIV/AIDS Nutrition Counseling card				
	High impact Nutrition intervention Counseling card				
	WHO growth chart				

Variable	Check for:				Remarks
	Equipment	**Availability Yes-1 No-0**	**How many available (Numbers)**	**How many are Functional**	
ICT Equipment	Computers				
	Printers				
	Scanners				
	Photocopier				
	Internet				
	Mobile phones (owned by the health facility)				
	Tablets (owned by the health facility)				
Anthropometry equipment	Adult weighing scale				
	Child weighing scale				
	Adult height measuring equipment (procured)				
	Adult height measuring equipment-improvised				
	Child height board/ infantometer				
	Adult MUAC tape				
	Child MUAC tape				
Availability of a room that is designated	Present Yes-1 No-0				

Variable	Check for:				Remarks
for a nutritionist *(answer this in facilities that have a nutritionist)*					
What is the source of water in the health facility	Piped water-1 Harvested rain water-2 Bore hole-3 Others, Specify: ……				
Availability of hand washing facilities that are accessible to staff and clients/ patients	Container with a tap Yes-1 No-0 Running Water Yes-1 No-0 Soap Yes-1 No-0				
Availability of latrine/ toilet	Yes-1 No-0				
Presence of **Suggestion Box** as part of feedback mechanism and public participation at the	Present Yes-1 No-0				

Variable	Check for:				Remarks
community level					
If suggestion box is available, When was it last opened	Within the past one month-1 Past quarter-2 Past six months-3 Past one year-4 More than a year-5 Never-6				
If suggestion box is available, Observe if a complement and complaints book is available?	Yes-1 No-0				

Final Remarks from the respondent:

……
……
……
……
……
……
……
……
……

Time stopped: ……

FGD GUIDE – CHMT

County: ……..

Date of interview: ……

Name of FGD site: ……

INSTRUCTIONS

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

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

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

Can I start now?

Time started: ……

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

Can I start now?

Time started: …….

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

Time Stopped: ……..

FGD GUIDE – NUTRITIONISTS

County: ……..

Date of interview: ……

Name of FGD site: ……

INSTRUCTIONS

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

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

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

Can I start now?

Time started: …….

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

Time Stopped: ……..……

FOCUSED GROUP DISCUSSION GUIDE – COMMUNITY HEALTH VOLUNTEERS

Name of the County: ……..

Name of Link Facility: ……..

Name of Community Unit: ……..

Name of FGD site: ……

Date of interview: ……

INSTRUCTIONS

Good morning/ afternoon……..

Introductions: ……

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

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

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

Can I start now?

Time started: ……

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. How would you rate your ability to perform nutrition services in terms of skills, competency and empowerment? Any gaps, or inadequacies?
3. Did you undergo CHV induction training? *Probe on what was covered in the induction module*
4. Since induction have you received any other nutrition trainings? If yes, probe for specific trainings (e.g. *MIYCN, Nutrition screening, IFAS training, hygiene and sanitation, kitchen gardening etc*)
5. What community support groups exist in your area that discus health and nutrition matters?
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 (*kuwezesha*) communities to demand for health and nutrition services? (*community entry process*, *community recognition, buy-in, for community knowledge and use of existing or new services*)
9. Is there a functional referral system (community to health facility and health facility to community) *(Probe for referral process, types of nutrition referral cases, feedback from the health facilities to the CHVs)*
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: …….

SUPPORTED BY: