



KII-001: KEY INFORMANT INTERVIEW; HEALTH FACILITY IN-CHARGE

County: **Sub county:**.....**Ward:**.....
Health Facility Name:
MFL code: **Date of interview:**
Supervisor’s Name:
Interviewer’s Number:
Note taker’s Name: **Note taker’s Number:**

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*

Facility Ownership (*tick one that apply*)

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

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. (a) Is this facility linked to any Community Unit
 Yes-1 No-0

 (b) How many of these CUs are Functional?

 (c) If not functional why?
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- 4. a. Does the facility provide inpatient services? Yes-1 No-0

 b. If yes, is there an inpatient feeding committee (or catering committee) in place, (provide minutes)
 Yes-1 No-0

Table. 1 Nutrition services provision

Nutrition Services	A Does the facility offer the following services? (<i>Check for service even if there are currently no stocks</i>) Yes-1 No-0 (<i>If yes proceed to B) If no go to the next nutrition service</i>)	B If yes to A, which cadre of staff provides the service (<i>multiple response possible</i>) <i>Nutritionists- 1</i> <i>Nurses- 2</i> <i>Clinical officers – 3</i> <i>Doctors – 4</i> <i>Public Health officers – 5</i> <i>CHVs -6</i> <i>Others (Specify) - 7</i>	C If yes to A, have you done target setting for the current calendar year? (Verify) Yes-1 No-0	F If No to C, why?	G Has there been stock outs of the specific commodities in the last 6 months 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) (SFP)						
IMAM Outpatient Therapeutic Care (OTP)						
IMAM (Inpatient care)						
Food by Prescription (FBF) - Children/Adults						

Deworming <5Years						
Deworming >5 Years						
Zinc Supplementation for diarrhea treatment						
Nutrition Counselling						
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 <i>nutrition counseling, nutrition assessment etc</i>)						
Nutrition and HIV/TB (e.g nutrition counseling, NACCS)						
Nutrition in Cancer Management						
Parenteral Nutrition						
Enteral Nutrition						
Nutrition in Renal Diseases						
Nutrition in Surgery						

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

	Cadre	Total Number	Permanent	Temporary	Casuals	Volunteers	How many offering nutrition services	How many have undergone the following nutrition trainings in the last three years.				
								IMAM 5 days	MIYCN 6 days	IFAS 3 days	Routine data management 5 days	Commodity management 5 days(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											
14.	Community Health extension workers											

	Cadre	Total Number	Permanent	Temporary	Casuals	Volunteers	How many offering nutrition services	How many have undergone the following nutrition trainings in the last three years.				
								IMAM 5 days	MIYCN 6 days	IFAS 3 days	Routine data management 5 days	Commodity management 5 days(LMIS)
15	Nonprofessionals (Nurse Aid)											
16	Nonprofessionals (CHVs)											
17	Others: Specify.....											
18												

5. b) Other Nutrition related trainings undertaken for the staff (list trainings)

	Training	Number of People trained	Number of Days
1			
2			
3			
4			

5. c) How many Non-Health staff does the facility have?

	Cadres	Number	How many have been sensitized on nutrition / OJT (Note: in-service) in the last three years				
			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						

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

Meeting	A Do you Attend/ hold the following meeting <i>Yes-1</i> <i>No-0</i>	B If Yes, what is the Frequency of the meetings <i>Weekly – 1</i> <i>Twice a month - 2</i> <i>Monthly - 3</i> <i>Quarterly - 4</i> <i>Bi Annually - 5</i> <i>Annually – 6</i> <i>Other (Specify)- 7</i>	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)				

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

b Do you conduct performance appraisal.? Yes-1 No-0
Verify yes-1 No-0

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

Name of Specialized Clinic	Availability Yes-1 No-0	Is the specialized clinic integrated with nutrition
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		

9. How do you get feedback including complaints, compliments on services offered?

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10. In your view are there factors that attract health workers to take up posting in this county/ Sub County? (Probe for factors like transport, housing, salaries and allowances, quality supervision, career growth etc.)

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

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OBSERVATION CHECKLIST

1. Availability of a room that is designated for a nutritionist (*answer this in facilities that have a nutritionist*)

Yes 1 No - 0

Variable	Check for:		Remarks
Service charter	Present Yes -1 No - 0	a) Strategically located (<i>located in a position visible as one accesses the facility?</i>) Yes =1 No =0 a) Are nutrition services included in the service charter b) <i>Nutrition counseling</i> , Yes =1 No =0 b) <i>Vitamin A supplementation</i> , Yes =1 No =0 c) <i>growth monitoring, etc</i>) Yes =1 No =0 e)	
Storage of nutrition commodities; (Tick all that apply)			Remarks
	Micronutrients (VAS/IFAS/MNPs)	Therapeutic/Supplementary Foods/Sachets (RUTF/RUSF/FBP)	
Space available			
Well Ventilated			
Secure			
Has shelves, racks, cupboards			
Bin Cards/Stock Control cards			
Delivery Notes			
S11			

Variable	Check for:			Remarks
Standard Treatment Protocols and Policy Guidelines	Protocols/guidelines	Available Yes =1 No =0	In Use Yes=1 No =0 (<i>Probe</i>)	
	Maternal Infant and Young Child Nutrition (MIYCN)policy statement			
	Integrated Management of Acute Malnutrition (IMAM) guidelines			
	MIYCN operational Guidelines			
	Vitamin A Schedules			
	Iron and Folic Acid supplementation (IFAS) policy schedule			
	Deworming Schedule			
	Micronutrient Powders (MNPs) operational guide			
	Clinical and dietetics guidelines/Manual			
	Diabetes Guidelines			
	Cancer guidelines			
	Healthy Diets and Lifestyle guideline			
	Micronutrient Powders (MNPs) Policy			
	HIV toolkit			
Reporting Tools	Available Yes-1 No-0	In use Yes-1 No-0		

Variable	Check for:			Remarks
	Child Welfare Clinic (CWC) Registers – MoH511			
	Maternity registers – MoH 333			
	Antenatal Care Register – MoH 405			
	Nutrition monthly report - MOH 713			
	CHANIS tally sheet - MOH 704			
	Integrated programme summary report form: Reproductive & Child health, Medical & Rehabilitative Services.- MOH 711			
	Immunization and Vitamin A reporting tool - MOH 710			
	Immunization and Vitamin A tally sheets - MOH 702			
	Consumption Data Report and Request (CDRR) for nutrition commodities – MoH 734B			
	Permanent Immunization Register -MOH 510			
	Maternal & Child Health (MCH) Booklet			
	Diabetes register			
	Community Chalkboard (MOH 516)			
	SFP/OTP/Inpatient registers			
	MOH 733 B 2016 Revised/MOH 516			
	Counseling Cards/Monitoring charts/Job aids	Available Yes-1 No-0	In use Yes-1 No-0	

Variable	Check for:				Remarks
	Iron and Folic Acid (IFAS) Counseling card				
	Maternal Infant and Young Child Nutrition Counseling Card				
	Integrated Management of Acute Malnutrition (IMAM)				
	HIV/AIDS Nutrition Counseling card				
	High impact Nutrition Intervention Counseling card				
	WHO growth chart				
	Vitamin A Monitoring charts				
	HIV/Nutrition Toolkit				
	Equipment	Availability Yes-1 No-0	How many available (Numbers)	How many are Functional	
ICT Equipment	Computers				
	Printers				

Variable	Check for:				Remarks
	Scanners				
	Photocopier				
	Internet gadgets (Modem, Mobile Hotspot etc)				
	Mobile phones (owned by the health facility)				
	Ipads/Tablet (owned by the health facility)				
Anthropometric equipment	Adult weighing scale				
	Infant weighing scale				
	Adult height measuring equipment (procured)				
	Adult height measuring equipment-improvised				
	Child height board/ infantometer				
	Adult MUAC tape				
	Child MUAC tape				
	BMI wheels, Combo scales				
	Length mats				
	Microtoise				
Taring scales (2-in-1/mother and child scales)					

Variable	Check for:				Remarks
WATER, HYGIENE AND SANITATION					
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 accessible to the patients	Yes-1 No-0				
FEEDBACK MECHANISMS					
Presence of Suggestion Box as part of feedback mechanism and public participation at the community level	Present Yes-1 No-0				
If suggestion box is available, when was it last opened	Within the past one month-1 Past quarter-2 Past six months-3f 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 observer:

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Time stopped:

Assessment results (*tick one*):

1. Completed

2. a) Incomplete

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

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