KII-008: KEY INFORMANT INTERVIEW; COUNTY HEALTH RECORDS AND INFORMATION OFFICER (CHRIO)

County: …………………………........

Date of interview: ……………………

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

Enumerator Number: …………..……….

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?

Time started: ………………………….

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

Strategies/ Systems/ Forums	A. Do the following strategies/ systems/ forums exist in your County Yes-1 No-0	B. If Yes to A, How often (frequency) are they conducted/ implemented Monthly – 4 Quarterly – 3 Bi- Annually – 2 Annually – 1 Not Done - 0	C. If Yes to A, Is Nutrition integrated Yes-1 No-0	D. If yes to A, does it look at quality of data? Yes-1 No-0	E. 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					
County Steering Group (CSG)					
County health stakeholders forum					
Other Technical Working Groups (Specify)………………					
Management level data review					

Others, Specify …………………….					

2. How many health facilities are currently offering the following nutrition services and report on the same? *(The CNO Can support the CHRIO to provide this information)*

Service	Number of facilities offering the following nutrition services? *(Give the total number by facility ownership)*			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 and support								
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								

3. 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 702 Immunization tally sheet							
MOH 405 ANC Register							
MOH 406 Postnatal Register							

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 368 IMAM register-inpatient							
MOH 409 IMAM Registered-OTP							
MOH 410A IMAM Registered- SFP							
MOH 410 B IMAM Register-PLW							
MOH 713 Nutrition monthly/ Summary tool							
MoH 710 Immunization monthly summary tool							
MoH 515 Community Health Extension Worker Summary							
MOH 407 A Nutrition Service Register							
MOH 407 B Nutrition Service Register							
Vitamin A Monitoring chart							
MOH 733 summary tool							
MOH 734 Nutrition commodity summary tool							

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?
Tools for renal diseases							
Tools for diabetes management.							
Tools for cancer management,							
Tools enteral nutrition							
Tools for parenteral nutrition							

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

Operational Cost	Budget available Yes – 1 No - 0	If Yes, How regular Annually - 1 Quartely - 2 Monthly - 3	If Yes – List all sources of support
Internet,			
Printing,			
Airtime			

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

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Time stopped: …………………………….

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

2. a) Incomplete,

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

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