

NACS Supportive Supervision Checklist

NUTRITION ASSESSMENT, COUNSELLING, AND SUPPORT (NACS) HEALTH FACILITY SUPPORTIVE SUPERVISION FORM

Name of facility: _____

Date of visit: _____

Name of supervisor: _____

Area		Yes	No	Action needed or taken
Administration				
1.	At least two staff have been trained in NACS.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	The District Nutritionist routinely visits the facility to supervise NACS implementation.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	The District Nutritionist provides the facility with written feedback on the supervision visits with actions needed.	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment and Materials				
4.	The facility has at least one functioning scale for children .	<input type="checkbox"/>	<input type="checkbox"/>	
5.	The facility has at least one functioning scale for adults .	<input type="checkbox"/>	<input type="checkbox"/>	
6.	The facility has at least one functioning height/length board .	<input type="checkbox"/>	<input type="checkbox"/>	
7.	The facility has at least one functioning stadiometer (height measure).	<input type="checkbox"/>	<input type="checkbox"/>	
8.	The facility has enough MUAC tapes for children .	<input type="checkbox"/>	<input type="checkbox"/>	
9.	The facility has enough MUAC tapes for adults .	<input type="checkbox"/>	<input type="checkbox"/>	
10.	The facility has at least one weight-for-height z-score (WHZ) chart .	<input type="checkbox"/>	<input type="checkbox"/>	
11.	The facility has at least one MUAC chart to classify nutritional status.	<input type="checkbox"/>	<input type="checkbox"/>	
12.	The facility has at least one body mass index (BMI) chart or wheel .	<input type="checkbox"/>	<input type="checkbox"/>	
13.	The facility has at least one BMI-for-age chart .	<input type="checkbox"/>	<input type="checkbox"/>	
14.	The facility has forms for recording dietary intake .	<input type="checkbox"/>	<input type="checkbox"/>	
15.	The facility has nutrition counselling job aids .	<input type="checkbox"/>	<input type="checkbox"/>	
16.	The facility has equipment to demonstrate preparation of fortified-blended food (pan, utensils, bowls).	<input type="checkbox"/>	<input type="checkbox"/>	
17.	The facility has NACS guidelines and job aids accessible to all staff.	<input type="checkbox"/>	<input type="checkbox"/>	

Area		Yes	No	Action needed or taken
18.	The facility has a register to record client nutrition information.	<input type="checkbox"/>	<input type="checkbox"/>	
19.	The facility has specialized food product prescription forms.	<input type="checkbox"/>	<input type="checkbox"/>	
20.	The facility has referral forms.	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition Assessment and Classification				
21.	The provider assessed clients for bilateral pitting oedema correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
22.	The provider recorded information on bilateral pitting oedema correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
23.	The provider measured and recorded length or height correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
24.	The provider made sure the weighing scale was calibrated to zero.	<input type="checkbox"/>	<input type="checkbox"/>	
25.	The provider measured and recorded weight correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
26.	The provider found and recorded WHZ correctly for children under 5.	<input type="checkbox"/>	<input type="checkbox"/>	
27.	The provider found and recorded BMI correctly for non-pregnant/non-post-partum adults.	<input type="checkbox"/>	<input type="checkbox"/>	
28.	The provider found and recorded BMI-for-age correctly for children 5–14.	<input type="checkbox"/>	<input type="checkbox"/>	
29.	The provider measured and recorded MUAC correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
30.	The provider used only MUAC to determine the nutritional status of pregnant/post-partum women.	<input type="checkbox"/>	<input type="checkbox"/>	
31.	The provider assessed for medical complications that affect nutritional status.	<input type="checkbox"/>	<input type="checkbox"/>	
32.	The provider classified and recorded the client's nutritional status correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
33.	The provider asked the client whether he/she ate foods from each of the food groups in the past 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	
34.	The provider showed the client pictures of the food groups to collect dietary information.	<input type="checkbox"/>	<input type="checkbox"/>	
35.	The provider gave clients with SAM an appetite test to decide whether they should be referred for inpatient treatment or managed at home.	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition Counseling				
36.	The provider showed interest in what the client was saying.	<input type="checkbox"/>	<input type="checkbox"/>	
37.	The provider used job aids effectively when counseling.	<input type="checkbox"/>	<input type="checkbox"/>	
38.	The provider counseled on dietary quantity and diversity .	<input type="checkbox"/>	<input type="checkbox"/>	
39.	If the client was pregnant, the provider counseled on preparation for breastfeeding (e.g., on breast care, ongoing breast feeding support)	<input type="checkbox"/>	<input type="checkbox"/>	

Area		Yes	No	Action needed or taken
40.	If the client was a new mother, the provider counseled her to initiate breastfeeding within 1 hour of delivery and breastfeed exclusively for the first 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	
41.	If the client had an infant under 6 months, the provider counseled her to introduce appropriate complementary foods at the age of 6 months and continue breastfeeding for up to 2 years and beyond while feeding appropriate complementary foods.	<input type="checkbox"/>	<input type="checkbox"/>	
42.	If the client was an HIV-positive mother, the provider counseled her to breastfeed for up to 12 months while taking ARVs, introduce complementary feeding at 6 months, and stop breastfeeding gradually over 1 month.	<input type="checkbox"/>	<input type="checkbox"/>	
43.	The provider counseled on the importance of WASH.	<input type="checkbox"/>	<input type="checkbox"/>	
44.	The provider counseled on symptoms that affect diet.	<input type="checkbox"/>	<input type="checkbox"/>	
45.	The provider asked some open-ended questions.	<input type="checkbox"/>	<input type="checkbox"/>	
46.	The provider praised the client's positive nutrition practices.	<input type="checkbox"/>	<input type="checkbox"/>	
47.	The provider responded to the client's concerns.	<input type="checkbox"/>	<input type="checkbox"/>	
48.	The provider checked whether the client understood the important information.	<input type="checkbox"/>	<input type="checkbox"/>	
49.	The provider suggested one or two affordable and feasible options to address the client's nutrition problem.	<input type="checkbox"/>	<input type="checkbox"/>	
50.	The provider made and recorded a follow-up appointment with the client.	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition Support				
51.	The provider counseled every client who qualified for specialized food products on entry and exit criteria, purpose, preparation, consumption and storage of the product.	<input type="checkbox"/>	<input type="checkbox"/>	
52.	The provider counseled every client that qualified for specialized food products that the products are not suitable for infants under 6 months old.	<input type="checkbox"/>	<input type="checkbox"/>	
53.	The provider counseled every client that was prescribed supplementary food that it is medicine and should not be shared with others because the client will not recover from acute malnutrition.	<input type="checkbox"/>	<input type="checkbox"/>	
54.	The provider prescribed enough of the specialized food products to last until the next visit , following national guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	
55.	The facility has adequate storage space for specialized food products.	<input type="checkbox"/>	<input type="checkbox"/>	
56.	The facility records the quantity of specialized food products prescribed each day.	<input type="checkbox"/>	<input type="checkbox"/>	
57.	The facility maintains stock cards on specialized food products.	<input type="checkbox"/>	<input type="checkbox"/>	

Area		Yes	No	Action needed or taken
58.	The facility orders specialized food products and other commodities according to stock card records.	<input type="checkbox"/>	<input type="checkbox"/>	
59.	The facility uses “first to expire, first out” procedures and stock management.	<input type="checkbox"/>	<input type="checkbox"/>	
60.	No specialized food products in stock had expired.	<input type="checkbox"/>	<input type="checkbox"/>	
Referrals				
61.	The provider referred the client to economic strengthening, livelihood and food security (ES/L/FS) support.	<input type="checkbox"/>	<input type="checkbox"/>	
62.	If the client’s HIV status was unknown, the provider referred him or her to HIV testing and counseling.	<input type="checkbox"/>	<input type="checkbox"/>	
63.	If the client was HIV positive and not on treatment, the provider referred him or her for ART eligibility assessment.	<input type="checkbox"/>	<input type="checkbox"/>	
64.	The facility has a list of community-based services to which to refer clients.	<input type="checkbox"/>	<input type="checkbox"/>	
65.	The facility documents completed referrals.	<input type="checkbox"/>	<input type="checkbox"/>	
66.	The facility uses a standardized NACS referral form.	<input type="checkbox"/>	<input type="checkbox"/>	
67.	The facility records referrals in client records.	<input type="checkbox"/>	<input type="checkbox"/>	
68.	The facility reviews referral data to ensure that linkages were successful.	<input type="checkbox"/>	<input type="checkbox"/>	
69.	The facility has a way to follow up clients who do not return for scheduled visits.	<input type="checkbox"/>	<input type="checkbox"/>	
70.	The facility has written documentation of referrals from the community.	<input type="checkbox"/>	<input type="checkbox"/>	
NACS Data Management				
71.	<i>Review the nutrition register. At least 50% of the clients had their nutritional status recorded.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
72.	<i>Review 10 client cards. At least 50% of the cards include documentation of nutrition assessment at the last visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
73.	The providers understand the data collection forms and use them consistently.	<input type="checkbox"/>	<input type="checkbox"/>	
74.	The facility reported NACS data by the last reporting deadline.	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of health facility representative: _____