

Nutrition Service Delivery Assessment Tool for National Referral, Regional Referral, and General Hospitals

September 2015

**Acknowledgements**

The Nutrition Service Delivery Assessment (NSDA) Tool for hospitals is guided by the *Integrated Management of Acute Malnutrition Guidelines* (2015), *Nutrition Assessment, Counselling and Support* (2015), *Infant and Young Child Feeding Policy Guidelines* (2012), *Maternal Nutrition Guidelines* (2011), *Nutrition Care and Support for People Living with HIV Guidelines* (2005) as well as the *Integrated Guidelines on Antiretroviral Therapy, Prevention of Mother to Child Transmission of HIV, and Infant and Young Child Feeding* (2010).

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The Ministry of Health appreciates all who have not been mentioned by name but who contributed to the process of development of this NSDA tool.

Sincere appreciation goes to the health facility management who enhanced and will continue to enhance learning during the pre-testing and use of the tool to improve nutrition service delivery.



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# Introduction

To reach required Ministry of Health standards, nutrition services in health facilities need strengthening. Accordingly, a comprehensive assessment is needed to provide a bench mark to improve the quality of nutrition services.

The Nutrition Service Delivery Assessment (NSDA) Tool is specifically designed to assess the status and monitor the quality of implementation for nutrition services in health facilities. The NSDA tool helps generate evidence to inform decisions related to planning for improving nutrition service delivery within the health system.

# Overall Objective of the NSDA Tool

The main objective of this assessment is to generate reliable information on the current status and functioning of the health facility in providing nutrition care and support services. This information will be used to inform plans aimed at enhancing capacity and improving the quality of nutrition service delivery in Uganda’s health facilities.

# Specific Objectives

* To assess human resource capacity to deliver nutrition services in health facilities
* To determine the availability of nutrition services in the health facility
* To ascertain the existence and functionality of the facility-community linkages
* To assess availability and functionality of quality improvement projects for nutrition
* To assess the availability of nutrition equipment, materials, supplies, and adequacy   
  of storage
* To assess the management and use of nutrition data in health facilities

# Implementation Protocol

The district and health facilities should have prior information about the assessment from the Ministry of Health (i.e., at least a week before the assessment date). On arrival in the district, the assessment team leader should report to the District Health Officer to brief him/her on the purpose of the assessment. The District Health Officer should introduce the assessment team to the health facility in charges. While at the health facility, the team leader and his/her team should:

* + Introduce the purpose of the assessment exercise
  + Administer the assessment tool accordingly
  + Request to physically check for the availability of tools/equipment
  + Ensure the tool is filled completely and accurately
  + Fill in a summary of healthy facility findings in the form at the end of the tool
  + Debrief the health facility manager
  + Write one narrative summary report for the team
  + Submit hard copies of the filled-in questionnaires to the team leader
  + Submit your electronic summary report to the team leader and accountability report to the activity coordinator

# Tool Structure

The tool is divided into 11 sections that enable assessment of the status of nutrition service delivery in the health facilities. At the end of each section is a table that classifies observed performance in the health facility. The questions cover the core areas of nutrition service delivery as follows:

**A. General health facility information.** This section seeks to establish general information about the health facility and implementation of nutrition services. It is meant to be answered by the health facility manager.

**B. Human resources trained in nutrition and quality improvement.** This section seeks to determine the number of health facility staff by cadre that have undergone critical nutrition in-service training designed by the Ministry of Health. This section is answered by the health facility manager or the person in charge of personnel. The health facility manager may choose to assemble heads of departments in one room to respond to the questions in this section.

**C. Provision of nutrition services.** This section assesses the different nutrition services offered to clients in the health facility in priority departments/clinics. It should be answered by nutrition service providers.

**D. Community linkages.** This section determines the facility-community linkages necessary for the continuum of nutrition care beyond the health facility. It should be answered by the health facility manager or the person in charge of community health service.

**E. Quality improvement.** This section seeks to identify to what extent nutrition has been integrated in quality improvement efforts in a health facility. This section should be answered by the health facility quality improvement team leader/team member.

**F. Materials and supplies.** This section examines the availability of current nutrition guidelines, job aids, and education and communication materials that are available for service providers and clients. The section should be answered by a health facility manager/health facility staff.

**G. Requirements specific to the Nutrition Unit.**This section assesses the availability of key nutrition supplies in an established nutrition unit. The unit in charge or the facility nutritionist should respond to questions in his section.

**H. Facility nutrition equipment.** This section examines the availability, functionality, and maintenance of key nutrition equipment at the health facility in priority departments/clinics. It should be answered by health facility staff and observations should be made by the assessor.

**I. Store management.**Thissection assesses critical store management practices in relation to nutrition commodities, medicines, and other supplies. Assessors will observe the store management practices and verify records.

**J. Logistics management of nutrition commodities*.*** This section assesses the adequacy of mechanisms used to maintain a steady supply of nutrition commodities. It should be answered by the person responsible for logistics in the health facility.

**K. Monitoring and evaluation for nutrition.** This section checks the key monitoring and evaluation practices in the health facility. This will be answered by the person responsible for records/health management information system focal person.

# Who Uses the Tool?

The NSDA tool is designed for use by planners, policy makers, programme managers, implementing partners in nutrition, and service providers.

# How to Use/Administer the Tool

The NSDA tool is a flexible tool that can be used in its entirety or, alternatively, selected sections can be used for specific purposes or priority groups. The NSDA tool should be implemented by an assessor through an interactive assessment process, observations, and verification of records. This will involve staff from all departments/clinics offering nutrition services.

The assessor will meet different service providers according to the different sections in the tool to determine how the health facility stands in offering of nutrition services in relation to the Ministry of Health standard. The assessor will ask probing closed- and open-ended questions to encourage discussion, and take note of the service provider’s responses as well as comments.

After the assessment, the assessor should debrief the health facility manager about the exercise highlighting areas of strength, weaknesses in performance, and recommendations.

# When to Use the Tool?

The tool should be used in all health facilities to establish initial benchmarks (i.e., baseline status) of the quality of nutrition service delivery. The ideal timing of subsequent assessments should be every 6 months, however, as a bare minimum should be conducted annually. These follow-up assessments should focus on monitoring the changes in gaps/weaknesses of core nutrition service delivery areas (i.e., human resources, community linkages, quality improvement, materials and supplies, etc.) identified previously.

# Dissemination and Application of Findings

The Ministry of Health shall debrief relevant stakeholders on the findings and thereafter forge a way forward on the implications of the findings.

****Facility code |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MINISTRY OF HEALTH

NUTRITION SERVICE DELIVERY ASSESSMENT TOOL FOR NATIONAL REFERRAL, REGIONAL REFERRAL, AND GENERAL HOSPITALS

DISTRICT: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSESSMENT DATE: \_\_\_\_/\_\_\_\_/ \_\_\_\_\_

Day Month Year

ASSESSOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKED BY TEAM LEADER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH FACILITY STAFF MET**

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| --- | --- | --- | --- | --- |
| SNO. | NAME | CADRE | TELEPHONE | EMAIL |
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# A. General Health Facility Information

To be answered by the health facility manager or his/her appointee(s). Circle the coding corresponding to the correct/observed response. Observe and verify records accordingly.

| No. | Question and filters | Response | Coding |  |
| --- | --- | --- | --- | --- |
| A01 | Level of health facility | National Hospital  Regional Hospital  General Hospital | 1  2  3 |  |
| A02 | Health facility ownership | Government  Private not for profit (PNFP)  Private for profit (PFP) | 1  2  3 |  |
| A03 | Does the health facility offer nutrition services? | Yes  No | 1  2 |  |
| A04 | Does the health facility have a designated nutritionist? | Yes (Skip to A08)  No | 1  2 |  |
| A05 | Does the health facility have a person in charge of nutrition? | Yes  No (Skip to A08) | 1  2 |  |
| A06 | What is the cadre of the person in charge of nutrition services in the health facility? | Cadre (specify)----------------------------------- | |  |
| A07 | Has the person in charge of nutrition services received any in-service training in nutrition in the past two years? | Yes  No | 1  2 |  |
| A08 | Does the health facility have an established quality improvement (QI) team? | Yes  No (Skip to A13) | 1  2 |  |
| A09 | What is the composition of the health facility QI team? (Tick all that apply) | Facility manager  Heads of department/units  Nutritionists  CSO representative  Community representative  Other (specify)…………… | 1  2  3  4  5  6 |  |
| A10 | Does the health facility have a QI work plan and budget? (Verify) | Yes  No | 1  2 |  |
| A11 | Is the QI team functional (i.e., meets monthly and minutes are available)? | Yes  No | 1  2 |  |
| A12 | Does the health facility leadership actively participate in the monthly QI meetings? | Yes  No | 1  2 |  |
| A13 | Does the health facility have a continuous professional development (CPD)/continuous medical education (CME) schedule? | Yes  No (Skip to A15) | 1  2 |  |
| A14 | Are nutrition topics included in the CPD/CME schedule? | Yes  No | 1  2 |  |
| A15 | Is nutrition integrated in the health facility work plan and budget? | Yes  No | 1  2 |  |
| A16 | Do you get regular (at least once per quarter) integrated support supervision that includes nutrition from the national/regional or district? (Verify with records) | Yes  No (skip to A18) | 1  2 |  |
| A17 | Do you get regular feedback from the support supervision teams? (Verify with records) | Yes  No | 1  2 |  |
| A18 | Does the health facility have an updated (bi-annual) equipment inventory? (HMIS 092) | Yes  No | 1  2 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Capacity to Offer Nutrition Services (A. General Health Facility Information)

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Fair | Good | Excellent |
| If:  A03 (nutrition services) = No | Must have:  A03 (nutrition services) = Yes | Must have:  A03 (nutrition services) = Yes  **AND at least 2 'Yes' from below:**   * A04 (nutritionist) = Yes or  A05 (in charge of nutrition) = Yes * A10 (QI team) = Yes * A11 (QI team functional) = Yes | Must have:   * A03 (nutrition services) = Yes * A04 (nutritionist) or  A05 (in charge of nutrition) = Yes   **AND at least 2 'Yes' from below:**   * A10 (QI team) = Yes * A11 (QI team functional) = Yes * A12 (QI leadership) = Yes * A13 (CPD/CME schedule with nutrition) = Yes * A15 (budget and work plan) = Yes * A18 (equipment inventory) = Yes |

# B. Human Resources Trained in Nutrition and Quality Improvement

To be answered by the health facility manager or the person in charge of personnel at the health facility. Write the number as required.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Cadre of health workers | No. available at facility | No. of cadre trained in each of the relevant topic areas (below) in the last 2 years\* | | | | | | CommentS |
| IMAM | IYCF | NACS | BFHI | GMP | QI |
| B01 | Paediatrician |  |  |  |  |  |  |  |  |
| B02 | OB/GYN |  |  |  |  |  |  |  |  |
| B03 | Medical officers |  |  |  |  |  |  |  |  |
| B04 | Nutritionist |  |  |  |  |  |  |  |  |
| B05 | Clinical officers |  |  |  |  |  |  |  |  |
| B06 | Medical social workers |  |  |  |  |  |  |  |  |
| B07 | Nurses |  |  |  |  |  |  |  |  |
| B08 | Midwives |  |  |  |  |  |  |  |  |
| B09 | Nursing assistants |  |  |  |  |  |  |  |  |

\* IMAM = Integrated Management of Acute Malnutrition

IYCF = Infant and Young Child Feeding

NACS = Nutrition Assessment, Counselling, and Support

BFHI = Baby-Friendly Hospital Initiative

GMP = Growth Monitoring and Promotion

QI = Quality Improvement

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Capacity to Offer Nutrition Services (B. Human Resources)

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Fair | Good | Excellent |
| **If:**  No nutritionist  **OR**  Nutritionist not trained in at least two of the following: IYCF, IMAM, or NACS | **Must have:**  Available nutritionist  trained in at least two of the following: IYCF, IMAM, and NACS | **Must have:**  Available nutritionist  trained in at least two of the following: IYCF, IMAM, and NACS  **AND**  30% of available nurses have been trained in IMAM | **Must have:**  Available nutritionist  trained in at least two of the following: IYCF, IMAM, and NACS  **AND**  50% of available nurses have been trained in IMAM    **AND**  30% of available midwives trained in IYCF/NACS |

# C. Provision of Nutrition Services

To be answered by nutrition services providers. Indicate whether the following nutrition services are being provided at this health facility. Observe and verify with records as routinely required where applicable. For this section, write codes: 1 if answer is ‘Yes’ and 2 if answer is ‘No’.

| No. | Nutrition Services | Departments/Clinics[[1]](#footnote-2) | | | | | | | | Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nutrition Unit  /Corner | OPD  0–4 yrs | OPD  5 yrs & above | YCC | Outpatient ANC | PNC [[2]](#footnote-3) | ART | TB |
| Nutrition assessment | | | | | | | | | | |
| C01 | Taking mid-upper arm circumference (MUAC) correctly and accurately |  |  |  |  |  |  |  |  |  |
| C02 | Age of client recorded |  |  |  |  |  |  |  |  |  |
| C03 | Taking height/length correctly and accurately |  |  |  |  |  |  |  |  |  |
| C04 | Taking weight correctly and accurately |  |  |  |  |  |  |  |  |  |
| C05 | Plotting of the child health card correctly and accurately |  |  |  |  |  |  |  |  |  |
| C06 | Interpretation of growth curves to the mother |  |  |  |  |  |  |  |  |  |
| C07 | Checking for oedema correctly |  |  |  |  |  |  |  |  |  |
| C08 | Checking for pallor (i.e., pale palms and inner eyelids) |  |  |  |  |  |  |  |  |  |
| C09 | Haemoglobin estimation |  |  |  |  |  |  |  |  |  |
| C10 | Taking dietary history |  |  |  |  |  |  |  |  |  |
| C11 | Categorization of nutrition status |  |  |  |  |  |  |  |  |  |
| Nutrition education, counselling, and support | | | | | | | | | | |
| C12 | Infant and young child feeding and support |  |  |  |  |  |  |  |  |  |
| C13 | Maternal nutrition counselling |  |  |  |  |  |  |  |  |  |
| C14 | Counselling  for malnourished clients |  |  |  |  |  |  |  |  |  |
| C15 | Health and nutrition education on various health and nutrition topics *(Check for documentation of talks)* |  |  |  |  |  |  |  |  |  |
| C16 | Conduct food demonstration sessions |  |  |  |  |  |  |  |  |  |
| C17 | Does the department provide therapeutic foods?[[3]](#footnote-4) *(Note the type of therapeutic foods given in the comments section)* |  |  |  |  |  |  |  |  |  |
| C18 | Does the department provide supplementary foods?[[4]](#footnote-5) *(Note the type of supplementary foods given in the comments section)* |  |  |  |  |  |  |  |  |  |
| Micronutrient supplementation | | | | | | | | | | |
| C19 | Vitamin A supplementation |  |  |  |  |  |  |  |  |  |
| C20 | Iron-folic acid supplementation |  |  |  |  |  |  |  |  |  |
| Other services | | | | | | | | | | |
| C21 | Mebendazole/ albendazole[[5]](#footnote-6) administration |  |  |  |  |  |  |  |  |  |
| C22 | Referral of malnourished patients for further management/ support |  |  |  |  |  |  |  |  |  |
| C23 | Health facility follow-up of young children and malnourished patients, e.g., they are given follow-up appointments *(Review records)* |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total the number of nutrition services available per department/clinic (add up the number of answers coded as 1 for Yes) | | | | | | | | | | |
|  |  | Nutrition Unit  /Corner | OPD  0–4 yrs | OPD  5 yrs & above | YCC | Outpatient ANC | PNC | ART | TB |  |
|  | Total Number |  |  |  |  |  |  |  |  |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Capacity to Offer Nutrition Services (C. Provision of Nutrition Services)

**HOW TO:**

**Step 1:** Total the number of nutrition services available per department/clinic (referring to the last row in the table above).

**Step 2:** Refer to the table below titled ‘For Rating of Each Available Department/Clinic’. Use this table to classify (tick) each available department/clinics performance as either Poor/Fair/Good/Excellent.

**Step 3:** Use the last row titled ‘TOTAL# (Poor/Fair/Good/Excellent)’ to sum the total classifications (ticks) under each category (Poor/Fair/Good/Excellent).

**For Rating of Each Available Department/Clinic**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departments/Clinics** | **Poor** | **Fair** | **Good** | **Excellent** |
| Nutrition Unit/Corner | Less than 6 | 7 to 11 | 12 to 18 | More than 18 |
| OPD (0–4 yrs) | Less than 5 | 5 to 10 | 11 to 15 | More than 15 |
| OPD (5+ yrs) | Less than 5 | 5 to 10 | 11 to 15 | More than 15 |
| YCC | Less than 5 | 5 to 10 | 11 to 15 | More than 15 |
| ANC | Less than 4 | 4 to 8 | 9 to 14 | More than 14 |
| Maternity/PNC | Less than 5 | 5 to 10 | 11 to 15 | More than 15 |
| ART | Less than 6 | 7 to 11 | 12 to 18 | More than 18 |
| TB | Less than 6 | 7 to 11 | 12 to 18 | More than 18 |
| **TOTAL # (Poor/Fair/Good/Excellent)** |  |  |  |  |

# D. Community Linkages

To be answered by health facility manager or his/her appointee(s). Circle the **coding** corresponding to the correct/observedresponse.

| No. | Question | Response | Coding | Comments |
| --- | --- | --- | --- | --- |
| D01 | Do all of the following departments/clinics—nutrition unit, ART, and TB—have links with community-based health workers or volunteers? | Yes  No | 1  2 |  |
| D02 | Do all of the following departments/clinics—nutrition unit, ART, and TB—receive clients referred from the community for nutrition services? (Probe for referral slips) | Yes  No | 1  2 |  |
| D03 | What kinds of community structures exist to support continuum of nutrition care and support in the following departments/clinics: nutrition unit, ART, and TB? (Tick all that apply) | Village health teams  Vaccinators  Expert clients  Family support groups  Other groups  Specify……….… | 1  2  3  4  5 |  |
| D04 | Is there a mechanism for periodical support of these groups in D03 by the health facility? | Yes  No (Skip to E01) | 1  2 |  |
| D05 | What support mechanisms exist? (Tick all that apply) | Supervision  Training/mentorship  Other  Specify………… | 1  2  3 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Capacity to Offer Nutrition Services (D. Community Linkages) | | | |
| Poor | Fair | Good | Excellent |
| **If:** D01 (links with community-based health worker/ volunteer) = No | **Either:**  D01 (links with community-based health worker/ volunteer) = Yes  **OR**  D02 (referrals) = Yes | **Must have:**   * D01 (links with community-based health worker/ volunteer) = Yes * D02 (referrals) = Yes   **AND**  D03 (community structures) = 2 or more | **Must have:**   * D01 (links with community-based health worker/ volunteer) = Yes * D02 (referrals) = Yes * D03 (community structures) = 2 or more   **AND**  D04 (mechanism) = Yes |

# E. Quality Improvement (QI)

To be answered by health facility QI team leader/team member for health facilities with QI. Circle the coding corresponding to the correct/observed response.

| No. | Questions and filters | Response | Coding | CommentS |
| --- | --- | --- | --- | --- |
| E01 | Does the health facility have a nutrition work improvement team? | Yes  No | 1  2 (Skip to E05 as appropriate) |  |
| E02 | Is the nutrition work improvement team functional (i.e., meets frequently and has record of minutes)? | Yes  No | 1  2 |  |
| E03 | Does the team have nutrition QI projects? *(If yes, probe and verify this information)* | Yes  No | 1  2 |  |
| E04 | Does the health facility have up-to-date QI documentation journals for the nutrition QI projects above? | Yes  No | 1  2 |  |
| E05 | Does the health facility have a QI mentorship schedule? | Yes  No | 1  2 (Skip to E07 as appropriate) |  |
| E06 | Is nutrition included in the QI mentorship schedule? *(Look at the schedule)* | Yes  No | 1  2 |  |
| E07 | Did the health facility receive QI mentorship/coaching in the last three months? | Yes  No | 1  2 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Capacity to Offer Nutrition Services (E. Quality Improvement)

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Fair | Good | Excellent |
| **If:**  E01  (improvement team) = No | **Must have:**  E01  (improvement team) = Yes | **Must have:**   * E01 (improvement team) = Yes * E02 (improvement team functional) = Yes   **AND at least 1 'Yes' from below:**   * E03 (nutrition QI projects) = Yes * E04 (journals) = Yes * E05 (QI mentorship) = Yes * E07 (QI mentorship receipt) = Yes | **Must have:**   * E01 (improvement team) = Yes * E02 (improvement team functional) = Yes * E03 (nutrition QI) = Yes   **AND at least 2 'Yes' from below:**   * E04 (journals) = Yes * E06 (nutrition in mentorship schedule) * E07 (QI mentorship receipt) = Yes |

# F. Materials and Supplies

For this section, circle the coding corresponding to the correct/observed response. The assessor should verify availability.

| No. | Questions and filters | Response | Coding | CommentS |
| --- | --- | --- | --- | --- |
| Current guidelines/guides/standards.[[6]](#footnote-7) To be answered by the health facility manager or his/her appointee(s). | | | | |
| F1 | Service Delivery Standards for the Health Sector | Yes  No | 1  2 |  |
| F2 | Uganda Clinical Guidelines | Yes  No | 1  2 |  |
| F3 | Nutrition Care and Support for People Living with HIV/AIDS in Uganda: Guidelines for Service Providers | Yes  No | 1  2 |  |
| F4 | Integrated Management of Acute Malnutrition (IMAM) Guidelines | Yes  No | 1  2 |  |
| F5 | Maternal Nutrition Guidelines | Yes  No | 1  2 |  |
| F6 | Comprehensive Micronutrient Guidelines | Yes  No | 1  2 |  |
| F7 | Growth Monitoring and Promotion Guide | Yes  No | 1  2 |  |
| F8 | Positive Deviance Hearth Guide | Yes  No | 1  2 |  |
| F9 | Non-Communicable Diseases Guidelines (screening guidelines, physical activity guidelines, nutrition guidelines, drug and substance abuse) | Yes  No | 1  2 |  |
| F10 | Infant and Young Child Feeding Policy Guidelines | Yes  No | 1  2 |  |
| F11 | Attaining the Baby Friendly Status: Role of Health Workers in Implementing the 16 Steps to Successful Infant Feeding, Promoting, Supporting and Protecting Breastfeeding through the Baby-Friendly Health Initiative (BFHI) | Yes  No | 1  2 |  |
| F12 | The Integrated National Guidelines on Antiretroviral Therapy, Prevention of Mother-to-Child Transmission of HIV and Infant & Young Child Feeding | Yes  No | 1  2 |  |
| Counselling cards/job aids. To be answered by health workers providing nutrition services. | | | | |
| F13 | Infant and Young Child Feeding National Counselling Cards for Health Workers | Yes  No | 1  2 |  |
| F14 | Question and Answer Guide: Infant and Young Child Feeding with a Special Focus on HIV/AIDS: Reference Tools for Counsellors | Yes  No | 1  2 |  |
| F15 | Nutrition for PLHIV/AIDS Counselling Cards | Yes  No | 1  2 |  |
| F16 | Nutrition for PLHIV Booklet | Yes  No | 1  2 |  |
| F17 | Nutrition Care and Support for PLHIV: Health Facility Job Aids | Yes  No | 1  2 |  |
| F18 | Availability of food demonstration kits and job aids (A box with food teaching aids: food dummies, dolls, utensils, counselling cards, display table, etc.) | Yes  No | 1  2 |  |
| F19 | Demonstration garden | Yes  No | 1  2 |  |
| F20 | Local audio visual/media materials on nutrition | Yes  No | 1  2 |  |
| Additional job aids for facilities with nutrition therapeutic care and supplementary feeding programmes. Ignore items F21–F32 when assessing health facilities that do not offer nutrition therapeutic care and do not provide food supplements but indicate as such in the comments section. | | | | |
| F21 | Integrated nutrition register | Yes  No | 1  2 |  |
| F22 | Outpatient/inpatient therapeutic care quarterly report form available? *(Comment on their use)* | Yes  No | 1  2 |  |
| F23 | F75 reference card | Yes  No | 1  2 |  |
| F24 | F100 reference card | Yes  No | 1  2 |  |
| F25 | Ready-to-use therapeutic food (RUTF) appetite test reference card | Yes  No | 1  2 |  |
| F26 | RUTF dosing reference card | Yes  No | 1  2 |  |
| F27 | 24-hour feed intake charts | Yes  No | 1  2 |  |
| F28 | Criteria for admission of malnourished clients | Yes  No | 1  2 |  |
| F29 | Criteria for discharge of malnourished clients | Yes  No | 1  2 |  |
| F30 | Chart showing correct way of taking MUAC measurement | Yes  No | 1  2 |  |
| F31 | Critical care pathway (clinical monitoring form) | Yes  No | 1  2 |  |
| F32 | Supplementary feeding programme job aids | Yes  No | 1  2 |  |
| Verify whether nutrition education materials for clients (brochures, flyers, or posters) are available on the topics listed below. | | | | |
| F33 | Infant and young child feeding | Yes  No | 1  2 |  |
| F34 | Micronutrient deficiencies (iron, vitamin A, iodine, and zinc) | Yes  No | 1  2 |  |
| F35 | Child immunization schedule | Yes  No | 1  2 |  |
| F36 | General nutrition (e.g., food groups, balanced diet) | Yes  No | 1  2 |  |
| F37 | Nutrition for PLHIV/TB | Yes  No | 1  2 |  |
| F38 | Water, sanitation, and hygiene | Yes  No | 1  2 |  |
| F39 | Maternal nutrition (nutrition in pregnancy and lactation) | Yes  No | 1  2 |  |
| Nutrition status indicator reference charts/growth monitoring and promotion charts | | | | |
| F40 | BMI-for-age z-score chart for children from 5–19 years (coloured) | Yes  No | 1  2 |  |
| F41 | BMI cut-offs for adults | Yes  No | 1  2 |  |
| F42 | Weight-for-height z-score tables for children under 5 years | Yes  No | 1  2 |  |
| F43 | MUAC-for-age tables | Yes  No | 1  2 |  |
| F44 | Weight-for-age tables/child health growth charts | Yes  No | 1  2 |  |
| F45 | Height-for-age tables | Yes  No | 1  2 |  |
| F46 | Mother-child passport/child health card available | Yes  No | 1  2 |  |
| Other tools | | | | |
| F47 | Dispensing log available | Yes  No | 1  2 |  |
| F48 | Requisition and issue voucher available | Yes  No | 1  2 |  |
| F49 | Referral forms available? (Comment on their use) | Yes  No | 1  2 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Capacity to Offer Nutrition Services (F. Materials and Supplies)

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Fair | Good | Excellent |
| **Facilities without nutrition therapeutic care:**  \* Less than 11 of all listed materials and supplies  **Facilities with nutrition therapeutic care:**  \* Less than 19 of all listed materials and supplies | **Facilities without nutrition therapeutic care:**  \* Less than 19 (more than 11) of all listed materials and supplies  **Facilities with nutrition therapeutic care:**  \* Less than 29 (more than 19) of all listed materials and supplies | **Facilities without nutrition therapeutic care:**  \* Less than 27 (more than 19) of all listed materials and supplies  **Facilities with nutrition therapeutic care:**  \* Less than 39 (more than 29) of all listed materials and supplies | **Facilities without nutrition therapeutic care:**  \* More than 27 of all listed materials and supplies  **Facilities with nutrition therapeutic care:**  \* More than 39 of all listed materials and supplies |

# G. Requirements Specific to the Nutrition Unit

To be answered by the nutrition unit in charge/nutritionist at the health unit. For this section, circle the coding corresponding to the correct/observed response. The assessor should verify availability.

| No. | Questions and filters | Response | Coding | CommentS |
| --- | --- | --- | --- | --- |
| Kitchen equipment/supplies | | | | |
| G01 | Kitchen | Yes  No | 1  2 |  |
| G02 | Utensils (feeding cups, saucers, spoons, plates, forks, bowls, sieves, sauce pans) | Yes  No | 1  2 |  |
| G03 | Dietary scale able to weigh 5 g | Yes  No | 1  2 |  |
| G04 | Manual whisks or electric blender | Yes  No | 1  2 |  |
| G05 | Large containers for mixing/cooking food for the ward | Yes  No | 1  2 |  |
| G06 | Tiffin or saucepans | Yes  No | 1  2 |  |
| G07 | Source of fuel (gas, charcoal, firewood, electricity) | Yes  No | 1  2 |  |
| G08 | Measuring cylinders (or suitable utensils for measuring ingredients and left overs) | Yes  No | 1  2 |  |
| G09 | Jugs (1 litre and 2 litres) | Yes  No | 1  2 |  |
| Ingredients for making F75 and F100 | | | | |
| G10 | Dried skimmed milk, whole dried milk, fresh whole milk or long-life milk | Yes  No | 1  2 |  |
| G11 | Sugar | Yes  No | 1  2 |  |
| G12 | Cereal flour | Yes  No | 1  2 |  |
| G13 | Vegetable oil | Yes  No | 1  2 |  |
| G14 | Safe water supply/drinking water | Yes  No | 1  2 |  |
| Other requirements | | | | |
| G15 | Locally available foods (for teaching/use in transition to home foods) | Yes  No | 1  2 |  |
| G16 | Waste disposal facilities | Yes  No | 1  2 |  |
| G17 | Soap for handwashing (liquid or bar) | Yes  No | 1  2 |  |
| G18 | Running water | Yes  No | 1  2 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Capacity to Offer Nutrition Services (G. Nutrition Unit Requirements) | | | |
| Poor | Fair | Good | Excellent |
| **If ‘Yes’ to only 1 of the below:**   * G03 (scales) * G09 (jugs) * G14 (drinking water) * G07 (fuel) * G17 (soap) | **If ‘Yes’ to 2 to 3 of the below:**   * G03 (scales) * G09 (jugs) * G14 (drinking water) * G07 (fuel) * G17 (soap)   **AND**  At least three other requirements specific to the nutrition unit | **If ‘Yes’ to 4 of the below:**   * G03 (scales) * G09 (jugs) * G14 (drinking water) * G07 (fuel) * G17 (soap)   **AND**  At least five other requirements specific to the nutrition unit | **If ‘Yes’ to more than 4 of the below:**   * G03 (scales) * G09 (jugs) * G14 (drinking water) * G07 (fuel) * G17 (soap)   **AND**  At least seven other requirements specific to the nutrition unit |

# H. Facility Nutrition Equipment

To be answered by nutrition services providers and observation made by the assessor. For each question and filters, refer to the response format row in order to either write coded responses (1 = Yes if the item is available and 2 = No if the item is not available) OR to specify appropriate numeric values. Note, that cells highlighted in grey should not be filled in. The assessor should verify availability of equipment.

| NO. | QUESTION AND FILTERS | RESPONSE FORMAT (FOR ROW) | DEPARTMENTS/CLINICS | | | | | | | | | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nutrition Unit/ Corner | OPD 0–4 yrs | OPD 5 yrs & above | YCC | Outpatient ANC | PNC | ART | TB | |
| H01 | Adult weighing scales available | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H02 | Number of adult weighing scales functioning | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H03 | Baby weighing scales available[[7]](#footnote-8) | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H04 | Number of baby weighing scales in good working condition | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H05 | Child weighing scales available[[8]](#footnote-9) | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H06 | Number ofchild weighing scales in good working condition | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H07 | Observe for calibration of weighing scales before weighing | YES=1  NO=2 |  |  |  |  |  |  |  |  | |  |
| H08 | Does the health facility have a schedule for standardization and service of equipment? | YES=1  NO=2 (skip to H10) |  |  |  |  |  |  |  |  | |  |
| H09 | Have the weighing scales been standardized as scheduled? | YES=1  NO=2 |  |  |  |  |  |  |  |  | |  |
| H10 | Infantometers available (infant length meter) | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H11 | Number of infantometers in good working condition | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H12 | Number of height tapes/length/ height boards available | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H13 | Number of height tapes/length/ height boards that are in good working condition | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H14 | Number of  MUAC tapes (colour-coded) for specific age groups available and in good working condition (one packet for each age group) | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | 6 to 59 months | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | 5 < 10 years | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | 10 < 15 years | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | 15 < 18 years | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | Adults 18 years and above | *(specify number)* |  |  |  |  |  |  |  |  | |  |
|  | Pregnant and lactating women with infants less than 6 months | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H15 | Number of functional blood pressure machines available and accurate | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H16 | Number of functional glucometers with matching glucose sticks available  (consult the laboratory where applicable) | *(specify number)* |  |  |  |  |  |  |  |  | |  |
| H17 | Does the health facility (lab) have functional equipment for estimating Hb? (consult the laboratory where applicable) | Yes=1  No=2 |  |  |  |  |  |  |  |  | |  |
| Total the number of nutrition equipment available per department/clinic (i.e., count all columns that have either a 1 = Yes OR a numeric value greater than 0) | | | | | | | | | | | | |
|  |  | | Nutrition Unit/ Corner | OPD  0–4 yrs | OPD  5 yrs & above | YCC | Outpatient ANC | PNC | ART | TB |  | |
|  | **Total Number** | |  |  |  |  |  |  |  |  |  | |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Capacity to Offer Nutrition Services (H. Facility Nutrition Equipment)

**HOW TO:**

**Step 1:** Total the number of nutrition equipment available per department/clinic (referring to the last row in the table above).

**Step 2:** Refer to the table below titled ‘For Rating of Each Available Department/Clinic’. Use this table to classify (tick) each available department/clinics performance as either Poor/Fair/Good/Excellent.

**Step 3:** Use the last row titled ‘TOTAL# (Poor/Fair/Good/Excellent)’ to sum the total classifications (ticks) under each category (Poor/Fair/Good/Excellent).

**For Rating of Each Available Department/Clinic**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departments/Clinics** | **Poor** | **Fair** | **Good** | **Excellent** |
| Nutrition Unit/Corner | Less than 6 | 6 to 11 | 12 to 18 | More than 18 |
| OPD (0-4 yrs) | Less than 3 | 3 to 6 | 7 to 10 | More than 10 |
| OPD (5+ yrs) | Less than 4 | 4 to 7 | 8 to 11 | More than 11 |
| YCC | Less than 4 | 4 to 6 | 7 to 10 | More than 10 |
| Outpatient ANC | Less than 2 | 2 to 4 | 5 to 7 | More than 7 |
| PNC | Less than 5 | 5 to 11 | 12 to 17 | More than 17 |
| ART | Less than 5 | 5 to 11 | 12 to 17 | More than 17 |
| TB | Less than 5 | 5 to 11 | 12 to 17 | More than 17 |
| **TOTAL # (Poor/Fair/Good/Excellent)** |  |  |  |  |

# I. Store Management

To be observed and records checked by assessor. All national and regional referral hospitals should be assessed and graded as they are expected to have nutrition commodities by default. District hospitals will be assessed or graded based on whether they stock nutrition commodities or not. Write codes 1 = YES and 2 = NO.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Question and Filters | Commodities and Supplies | | CommentS |
| Nutrition commodities[[9]](#footnote-10) | Drug and other supplies |
| I01 | The storage room is clean and dry. |  |  |  |
| I02 | Ventilation is adequate. |  |  |  |
| I03 | Lighting is adequate. |  |  |  |
| I04 | The storage area is free from vermin. |  |  |  |
| I05 | Are order forms used to request commodities and supplies? |  |  |  |
| I06 | Stock cards are used to account for commodities and supplies. |  |  |  |
| I07 | Stock cards for commodities and supplies are updated at the time of visit. |  |  |  |
| I08 | Nutrition commodities and supplies are managed within the general health facility store. |  |  |  |
| I09 | Therapeutic and/or supplementary foods available in store in the past two years. |  |  |  |
| I10 | Is there a current stock-out of any of the therapeutic and/or supplementary foods? If yes, specify. |  |  |  |
| I11 | Commodities and supplies are stored according to FEFO/FIFO (first expiry, first out/first in, first out) procedures. |  |  |  |
| I12 | Commodities and supplies are protected from sunlight throughout the day. |  |  |  |
| I13 | Commodities and supplies are stored on pallets or shelves and away from walls to protect them from dampness. |  |  |  |
| I14 | Are any packets/tins/cartons of commodities and supplies expired? |  |  |  |
| I15 | Are any packets/tin/cartons of commodities and supplies damaged? (e.g., leaking, dented, broken seal)? |  |  |  |
| I16 | Damaged or expired commodities and supplies are stored separately from usable stock. |  |  |  |
| I17 | Is the dispensing of nutrition commodities through the dispensing area that is used to dispense other medicines? |  |  |  |
| Total the number of commodities and supplies (i.e., all columns marked with a 1 for Yes) | | | | |
| **Total Number** | |  |  |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Capacity to Offer Nutrition Services (I. Store Management) | | | |
| Poor | Fair | Good | Excellent |
| ***(Facilities without nutrition commodities)***  Look at: Drugs & other supplies column:  \* Less than 4 of all listed store management requirements fulfilled  ***(Facilities with nutrition commodities)***  Look at: Nutrition commodities column:  \* Less than 6 of all listed store management requirements fulfilled | ***(Facilities without nutrition commodities)***  Look at: Drugs & other supplies column:  \* 4 to 6 of all  listed store management requirements fulfilled  ***(Facilities with nutrition commodities)***  Look at: Nutrition commodities column:  \* 6 to 12 of all listed store management requirements fulfilled | ***(Facilities without nutrition commodities)***  Look at: Drugs & other supplies column:  \* 7 to 9 all listed store management requirements fulfilled  ***(Facilities with nutrition commodities)***  Look at: Nutrition commodities column:  \* 13 to 15 all listed store management requirements fulfilled | ***(Facilities without nutrition commodities)***  Look at: Drugs & other supplies column:  \*More than 9 of all listed store management requirements fulfilled  ***(Facilities with nutrition commodities)***  Look at: Nutrition commodities column:  \* More than 15 of all listed store management requirements fulfilled |

# J. Logistics Management for Nutrition Commodities

To be filled in by the person responsible for logistics in the health facility that stocks nutrition commodities. For this section, circle the coding corresponding to the correct/observed response.

*(Skip this section if the health facility does not stock nutrition commodities)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Questions and Filters | Response | Coding | CommentS |
| J01 | Do you determine the quantities of therapeutic and/or supplementary foods required in your facility by EITHER calculating maximum stock quantity minus stock on hand OR compare number of clients with stock on hand? | Yes  No | 1  2 |  |
| J02 | Do you place your orders for therapeutic and/or supplementary foods by filling out and submitting order forms? | Yes  No | 1  2 |  |
| J03 | Does the health facility place orders for therapeutic and/or supplementary foods every two months? | Yes  No | 1  2 |  |

**Any other comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Capacity to Offer Nutrition Services (J. Logistics Management for Nutrition Commodities) | | | |
| Poor | Fair | Good | Excellent | |
| If all responses are code 2 or NO (i.e., none of the requirements are fulfilled) | If there is only one code 1 or YES response (i.e., only one of the requirements is fulfilled) | If there are two code 1 or YES responses (i.e., two of the requirements are fulfilled) | All responses are coded 1 for YES. | |

# K. Monitoring and Evaluation for Nutrition

To be answered by the person in charge of records/health management information system (HMIS). For this section, circle the coding corresponding to the correct/observed response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Question and filters | Response | Coding | CommentS |
| K01 | Does the health facility have a designated person for HMIS data? | Yes  No | 1  2 |  |
| K02 | Do you register and report clients receiving nutrition services? | Yes  No | 1  2 |  |
| K03 | Does the health facility collect data on nutrition? | Yes  No | 1  2 |  |
| K04 | Does the health facility HMIS person compile data on nutrition? | Yes  No | 1  2 |  |
| K05 | Does the health facility analyse and display data on nutrition? | Yes  No | 1  2 |  |

## Capacity to Offer Nutrition Services (K. Monitoring and Evaluation for Nutrition)

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Fair | Good | Excellent |
| **If:**  K02 (register/report) = No | **Must have:**   * K02 (register/ report) = Yes * K03 (collect data on nutrition)  = Yes | **Must have:**   * K02 (register/report) = Yes * K03 (collect data on nutrition) = Yes   **AND at least 1 ' Yes' below**   * K01 (designated HIMS person) = Yes * K04 (compilation)  = Yes | **Must have:**   * K02 (register/report) = Yes * K03 (collect data on nutrition) = Yes   **AND at least 2 'Yes' below**   * K01 (designated HIMS person) = Yes * K04 (compilation) = Yes * K05 (analyse and display data) = Yes |

# Summary of Classification per Capacity Area

Use the table below to enter the classification of each capacity area. If a health facility lacks a nutrition unit (section G) and does not stock nutrition commodities (section J), write N/A in classification categories under those capacity areas in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Capacity Area** | **Capacity to Offer Nutrition Services** | | | |
| **Poor** | **Fair** | **Good** | **Excellent** |
| A. Health Facility |  |  |  |  |
| B. Human Resources |  |  |  |  |
| C. Provision of Services |  |  |  |  |
| Nutrition Unit/Corner |  |  |  |  |
| OPD (0-4 yrs) |  |  |  |  |
| OPD (5 yrs & above) |  |  |  |  |
| YCC |  |  |  |  |
| Outpatient ANC |  |  |  |  |
| PNC |  |  |  |  |
| ART |  |  |  |  |
| TB |  |  |  |  |
| D. Community Linkage |  |  |  |  |
| E. Quality Improvement |  |  |  |  |
| F. Materials and Supplies |  |  |  |  |
| G. Nutrition Unit Requirements |  |  |  |  |
| H. Facility Nutrition Equipment |  |  |  |  |
| Nutrition Unit/Corner |  |  |  |  |
| OPD (0-4 yrs) |  |  |  |  |
| OPD (5 yrs & above) |  |  |  |  |
| YCC |  |  |  |  |
| Outpatient ANC |  |  |  |  |
| PNC |  |  |  |  |
| ART |  |  |  |  |
| TB |  |  |  |  |
| I. Store Management |  |  |  |  |
| J. Logistics Management for Nutrition Commodities[[10]](#footnote-11) |  |  |  |  |
| K. Monitoring and Evaluation |  |  |  |  |
| **TOTAL #** |  |  |  |  |

# Summary of Key Findings

For each capacity area, identify the strengths, weaknesses/gaps, and recommendations. To be filled in by the Assessor.

| FOCUS AREA | STRENGTH | WEAKNESS/GAP | RECOMMENDATIONS |
| --- | --- | --- | --- |
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# Action Plan Matrix for the Health Facility

Based on the identified weaknesses/gaps, develop an action plan for addressing the gaps. (To be filled in by the health facility manager and nutrition staff.)

Health Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Weakness | Activity/Recommendation | Responsible Person | Timing | Means of Verification |
| --- | --- | --- | --- | --- |
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1. OPD = outpatient department; YCC = young children clinic; ANC = antenatal care; PNC = postnatal care; ART = antiretroviral therapy; TB = tuberculosis [↑](#footnote-ref-2)
2. For PNC, refer to services related to the mother and child soon after delivery. [↑](#footnote-ref-3)
3. Therapeutic foods may include F75, F100, Plumpy’Nut, RUTAFA. [↑](#footnote-ref-4)
4. Supplementary foods may include corn-soya blend, fortified blended foods, high energy biscuits, or super cereal. [↑](#footnote-ref-5)
5. Albendazole is not recommended during pregnancy. [↑](#footnote-ref-6)
6. The assessor should be aware of the current guidelines, guides, and standards. [↑](#footnote-ref-7)
7. Baby weighing scales weigh up to 10 kg. [↑](#footnote-ref-8)
8. Child weighing scales weigh up to 25 kg. [↑](#footnote-ref-9)
9. Nutrition commodities include therapeutic foods and supplementary foods. [↑](#footnote-ref-10)
10. Only fill for facilities that stock nutrition commodities. [↑](#footnote-ref-11)