



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

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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Dr. Jane Ruth Aceng
DIRECTOR GENERAL HEALTH SERVICES

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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. This section 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.

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	

NO.	QUESTION AND FILTERS	RESPONSE	CODING	
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 <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<p>If:</p> <p>A03 (nutrition services) = No</p>	<p>Must have:</p> <p>A03 (nutrition services) = Yes</p>	<p>Must have:</p> <p>A03 (nutrition services) = Yes</p> <p>AND at least 2 'Yes' from below:</p> <p><input type="checkbox"/> A04 (nutritionist) = Yes or A05 (in charge of nutrition) = Yes</p> <p><input type="checkbox"/> A10 (QI team) = Yes</p> <p><input type="checkbox"/> A11 (QI team functional) = Yes</p>	<p>Must have:</p> <p><input type="checkbox"/> A03 (nutrition services) = Yes</p> <p><input type="checkbox"/> A04 (nutritionist) or A05 (in charge of nutrition) = Yes</p> <p>AND at least 2 'Yes' from below:</p> <p><input type="checkbox"/> A10 (QI team) = Yes</p> <p><input type="checkbox"/> A11 (QI team functional) = Yes</p> <p><input type="checkbox"/> A12 (QI leadership) = Yes</p> <p><input type="checkbox"/> A13 (CPD/CME schedule with nutrition) = Yes</p> <p><input type="checkbox"/> A15 (budget and work plan) = Yes</p> <p><input type="checkbox"/> A18 (equipment inventory) = Yes</p>

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)

<p>Poor <input type="checkbox"/></p> <p>If: No nutritionist</p> <p>OR</p> <p>Nutritionist not trained in at least two of the following: IYCF, IMAM, or NACS</p>	<p>Fair <input type="checkbox"/></p> <p>Must have:</p> <p>Available nutritionist trained in at least two of the following: IYCF, IMAM, and NACS</p>	<p>Good <input type="checkbox"/></p> <p>Must have:</p> <p>Available nutritionist trained in at least two of the following: IYCF, IMAM, and NACS</p> <p>AND</p> <p>30% of available nurses have been trained in IMAM</p>	<p>Excellent <input type="checkbox"/></p> <p>Must have:</p> <p>Available nutritionist trained in at least two of the following: IYCF, IMAM, and NACS</p> <p>AND</p> <p>50% of available nurses have been trained in IMAM</p> <p>AND</p> <p>30% of available midwives trained in IYCF/NACS</p>
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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								COMMENTS
		Nutrition Unit /Corner	OPD 0-4 yrs	OPD 5 yrs & above	YCC	Outpatient ANC	PNC ²	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									

¹ OPD = outpatient department; YCC = young children clinic; ANC = antenatal care; PNC = postnatal care; ART = antiretroviral therapy; TB = tuberculosis

² For PNC, refer to services related to the mother and child soon after delivery.

NO.	NUTRITION SERVICES	DEPARTMENTS/CLINICS ¹								COMMENTS
		Nutrition Unit /Corner	OPD 0-4 yrs	OPD 5 yrs & above	YCC	Outpatient ANC	PNC ²	ART	TB	
C15	Health and nutrition education on various health and nutrition topics (<i>Check for documentation of talks</i>)									
C16	Conduct food demonstration sessions									
C17	Does the department provide therapeutic foods? ³ (<i>Note the type of therapeutic foods given in the comments section</i>)									
C18	Does the department provide supplementary foods? ⁴ (<i>Note the type of supplementary foods given in the comments section</i>)									
Micronutrient supplementation										
C19	Vitamin A supplementation									
C20	Iron-folic acid supplementation									
Other services										
C21	Mebendazole/ albendazole ⁵ 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 (<i>Review records</i>)									

³ Therapeutic foods may include F75, F100, Plumpy'Nut, RUTAFa.

⁴ Supplementary foods may include corn-soya blend, fortified blended foods, high energy biscuits, or super cereal.

⁵ Albendazole is not recommended during pregnancy.

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 <input type="checkbox"/>	7 to 11 <input type="checkbox"/>	12 to 18 <input type="checkbox"/>	More than 18 <input type="checkbox"/>
OPD (0-4 yrs)	Less than 5 <input type="checkbox"/>	5 to 10 <input type="checkbox"/>	11 to 15 <input type="checkbox"/>	More than 15 <input type="checkbox"/>
OPD (5+ yrs)	Less than 5 <input type="checkbox"/>	5 to 10 <input type="checkbox"/>	11 to 15 <input type="checkbox"/>	More than 15 <input type="checkbox"/>
YCC	Less than 5 <input type="checkbox"/>	5 to 10 <input type="checkbox"/>	11 to 15 <input type="checkbox"/>	More than 15 <input type="checkbox"/>
ANC	Less than 4 <input type="checkbox"/>	4 to 8 <input type="checkbox"/>	9 to 14 <input type="checkbox"/>	More than 14 <input type="checkbox"/>
Maternity/PNC	Less than 5 <input type="checkbox"/>	5 to 10 <input type="checkbox"/>	11 to 15 <input type="checkbox"/>	More than 15 <input type="checkbox"/>
ART	Less than 6 <input type="checkbox"/>	7 to 11 <input type="checkbox"/>	12 to 18 <input type="checkbox"/>	More than 18 <input type="checkbox"/>
TB	Less than 6 <input type="checkbox"/>	7 to 11 <input type="checkbox"/>	12 to 18 <input type="checkbox"/>	More than 18 <input type="checkbox"/>
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/observed response.

NO.	QUESTION	RESPONSE	CODING	COMMENTS
D01	Do <u>all</u> 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 <u>all</u> 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)

<p>Poor <input type="checkbox"/></p> <p>If: D01 (links with community-based health worker/volunteer) = No</p>	<p>Fair <input type="checkbox"/></p> <p>Either: D01 (links with community-based health worker/volunteer) = Yes OR D02 (referrals) = Yes</p>	<p>Good <input type="checkbox"/></p> <p>Must have:</p> <p><input type="checkbox"/> D01 (links with community-based health worker/volunteer) = Yes <input type="checkbox"/> D02 (referrals) = Yes</p> <p>AND D03 (community structures) = 2 or more</p>	<p>Excellent <input type="checkbox"/></p> <p>Must have:</p> <p><input type="checkbox"/> D01 (links with community-based health worker/volunteer) = Yes <input type="checkbox"/> D02 (referrals) = Yes <input type="checkbox"/> D03 (community structures) = 2 or more</p> <p>AND D04 (mechanism) = Yes</p>
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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? <i>(If yes, probe and verify this information)</i>	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? <i>(Look at the schedule)</i>	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)

<p>Poor <input type="checkbox"/></p> <p>If:</p> <p>E01 (improvement team) = No</p>	<p>Fair <input type="checkbox"/></p> <p>Must have:</p> <p>E01 (improvement team) = Yes</p>	<p>Good <input type="checkbox"/></p> <p>Must have:</p> <p><input type="checkbox"/> E01 (improvement team) = Yes</p> <p><input type="checkbox"/> E02 (improvement team functional) = Yes</p> <p>AND at least 1 'Yes' from below:</p> <p><input type="checkbox"/> E03 (nutrition QI projects) = Yes</p> <p><input type="checkbox"/> E04 (journals) = Yes</p> <p><input type="checkbox"/> E05 (QI mentorship) = Yes</p> <p><input type="checkbox"/> E07 (QI mentorship receipt) = Yes</p>	<p>Excellent <input type="checkbox"/></p> <p>Must have:</p> <p><input type="checkbox"/> E01 (improvement team) = Yes</p> <p><input type="checkbox"/> E02 (improvement team functional) = Yes</p> <p><input type="checkbox"/> E03 (nutrition QI) = Yes</p> <p>AND at least 2 'Yes' from below:</p> <p><input type="checkbox"/> E04 (journals) = Yes</p> <p><input type="checkbox"/> E06 (nutrition in mentorship schedule)</p> <p><input type="checkbox"/> E07 (QI mentorship receipt) = Yes</p>
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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 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	1	

⁶ The assessor should be aware of the current guidelines, guides, and standards.

NO.	QUESTIONS AND FILTERS	RESPONSE	CODING	COMMENTS
		No	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? (<i>Comment on their use</i>)	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	1	

NO.	QUESTIONS AND FILTERS	RESPONSE	CODING	COMMENTS
		No	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 <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<p>Facilities without nutrition therapeutic care:</p> <p>* Less than 11 of all listed materials and supplies</p> <p>Facilities with nutrition therapeutic care:</p> <p>* Less than 19 of all listed materials and supplies</p>	<p>Facilities without nutrition therapeutic care:</p> <p>* Less than 19 (more than 11) of all listed materials and supplies</p> <p>Facilities with nutrition therapeutic care:</p> <p>* Less than 29 (more than 19) of all listed materials and supplies</p>	<p>Facilities without nutrition therapeutic care:</p> <p>* Less than 27 (more than 19) of all listed materials and supplies</p> <p>Facilities with nutrition therapeutic care:</p> <p>* Less than 39 (more than 29) of all listed materials and supplies</p>	<p>Facilities without nutrition therapeutic care:</p> <p>* More than 27 of all listed materials and supplies</p> <p>Facilities with nutrition therapeutic care:</p> <p>* More than 39 of all listed materials and supplies</p>

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	

NO.	QUESTIONS AND FILTERS	RESPONSE	CODING	COMMENTS
G18	Running water	Yes No	1 2	

Any other comments:

Capacity to Offer Nutrition Services (G. Nutrition Unit Requirements)

Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<p>If 'Yes' to only 1 of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> G03 (scales) <input type="checkbox"/> G09 (jugs) <input type="checkbox"/> G14 (drinking water) <input type="checkbox"/> G07 (fuel) <input type="checkbox"/> G17 (soap) 	<p>If 'Yes' to 2 to 3 of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> G03 (scales) <input type="checkbox"/> G09 (jugs) <input type="checkbox"/> G14 (drinking water) <input type="checkbox"/> G07 (fuel) <input type="checkbox"/> G17 (soap) <p>AND</p> <p>At least three other requirements specific to the nutrition unit</p>	<p>If 'Yes' to 4 of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> G03 (scales) <input type="checkbox"/> G09 (jugs) <input type="checkbox"/> G14 (drinking water) <input type="checkbox"/> G07 (fuel) <input type="checkbox"/> G17 (soap) <p>AND</p> <p>At least five other requirements specific to the nutrition unit</p>	<p>If 'Yes' to more than 4 of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> G03 (scales) <input type="checkbox"/> G09 (jugs) <input type="checkbox"/> G14 (drinking water) <input type="checkbox"/> G07 (fuel) <input type="checkbox"/> G17 (soap) <p>AND</p> <p>At least seven other requirements specific to the nutrition unit</p>

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	<i>(specify number)</i>									
H02	Number of adult weighing scales functioning	<i>(specify number)</i>									
H03	Baby weighing scales available ⁷	<i>(specify number)</i>									
H04	Number of baby weighing scales in good working condition	<i>(specify number)</i>									
H05	Child weighing scales available ⁸	<i>(specify number)</i>									
H06	Number of child weighing scales in good working condition	<i>(specify number)</i>									
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)	<i>(specify number)</i>									

⁷ Baby weighing scales weigh up to 10 kg.

⁸ Child weighing scales weigh up to 25 kg.

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	
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)									

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	
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 <input type="checkbox"/>	6 to 11 <input type="checkbox"/>	12 to 18 <input type="checkbox"/>	More than 18 <input type="checkbox"/>
OPD (0-4 yrs)	Less than 3 <input type="checkbox"/>	3 to 6 <input type="checkbox"/>	7 to 10 <input type="checkbox"/>	More than 10 <input type="checkbox"/>
OPD (5+ yrs)	Less than 4 <input type="checkbox"/>	4 to 7 <input type="checkbox"/>	8 to 11 <input type="checkbox"/>	More than 11 <input type="checkbox"/>
YCC	Less than 4 <input type="checkbox"/>	4 to 6 <input type="checkbox"/>	7 to 10 <input type="checkbox"/>	More than 10 <input type="checkbox"/>
Outpatient ANC	Less than 2 <input type="checkbox"/>	2 to 4 <input type="checkbox"/>	5 to 7 <input type="checkbox"/>	More than 7 <input type="checkbox"/>
PNC	Less than 5 <input type="checkbox"/>	5 to 11 <input type="checkbox"/>	12 to 17 <input type="checkbox"/>	More than 17 <input type="checkbox"/>
ART	Less than 5 <input type="checkbox"/>	5 to 11 <input type="checkbox"/>	12 to 17 <input type="checkbox"/>	More than 17 <input type="checkbox"/>
TB	Less than 5 <input type="checkbox"/>	5 to 11 <input type="checkbox"/>	12 to 17 <input type="checkbox"/>	More than 17 <input type="checkbox"/>
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	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				

⁹ Nutrition commodities include therapeutic foods and supplementary foods.

Any other comments:

Capacity to Offer Nutrition Services (I. Store Management)

Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<p><i>(Facilities without nutrition commodities)</i></p> <p>Look at: Drugs & other supplies column:</p> <p>* Less than 4 of all listed store management requirements fulfilled</p>	<p><i>(Facilities without nutrition commodities)</i></p> <p>Look at: Drugs & other supplies column:</p> <p>* 4 to 6 of all listed store management requirements fulfilled</p>	<p><i>(Facilities without nutrition commodities)</i></p> <p>Look at: Drugs & other supplies column:</p> <p>* 7 to 9 all listed store management requirements fulfilled</p>	<p><i>(Facilities without nutrition commodities)</i></p> <p>Look at: Drugs & other supplies column:</p> <p>* More than 9 of all listed store management requirements fulfilled</p>
<p><i>(Facilities with nutrition commodities)</i></p> <p>Look at: Nutrition commodities column:</p> <p>* Less than 6 of all listed store management requirements fulfilled</p>	<p><i>(Facilities with nutrition commodities)</i></p> <p>Look at: Nutrition commodities column:</p> <p>* 6 to 12 of all listed store management requirements fulfilled</p>	<p><i>(Facilities with nutrition commodities)</i></p> <p>Look at: Nutrition commodities column:</p> <p>* 13 to 15 all listed store management requirements fulfilled</p>	<p><i>(Facilities with nutrition commodities)</i></p> <p>Look at: Nutrition commodities column:</p> <p>* More than 15 of all listed store management requirements fulfilled</p>

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)

<p>Poor <input type="checkbox"/></p> <p>If all responses are code 2 or NO (i.e., none of the requirements are fulfilled)</p>	<p>Fair <input type="checkbox"/></p> <p>If there is only one code 1 or YES response (i.e., only one of the requirements is fulfilled)</p>	<p>Good <input type="checkbox"/></p> <p>If there are two code 1 or YES responses (i.e., two of the requirements are fulfilled)</p>	<p>Excellent <input type="checkbox"/></p> <p>All responses are coded 1 for YES.</p>
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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 <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<p>If:</p> <p>K02 (register/report) = No</p>	<p>Must have:</p> <p><input type="checkbox"/> K02 (register/report) = Yes</p> <p><input type="checkbox"/> K03 (collect data on nutrition) = Yes</p>	<p>Must have:</p> <p><input type="checkbox"/> K02 (register/report) = Yes</p> <p><input type="checkbox"/> K03 (collect data on nutrition) = Yes</p> <p>AND at least 1 'Yes' below</p> <p><input type="checkbox"/> K01 (designated HIMS person) = Yes</p> <p><input type="checkbox"/> K04 (compilation) = Yes</p>	<p>Must have:</p> <p><input type="checkbox"/> K02 (register/report) = Yes</p> <p><input type="checkbox"/> K03 (collect data on nutrition) = Yes</p> <p>AND at least 2 'Yes' below</p> <p><input type="checkbox"/> K01 (designated HIMS person) = Yes</p> <p><input type="checkbox"/> K04 (compilation) = Yes</p> <p><input type="checkbox"/> K05 (analyse and display data) = Yes</p>

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				
K. Monitoring and Evaluation				
TOTAL #				

¹⁰ Only fill for facilities that stock nutrition commodities.

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

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

