Technical Capacity Assessment

Essential Nutrition Actions Framework within the Health System

Facilitator’s Copy

New Partners Initiative Technical Assistance (NuPITA) Project

February 2011
Technical Capacity Assessment (TCA) for The Essential Nutrition Actions framework within the health system

Goal:
The goal of this tool is to assist nutrition programs in assessing the critical elements for effective program implementation using the ENA framework, and identifying those elements that need strengthening or further development.

Purpose:
The purpose of this tool is to assess an organization’s ability to implement nutrition programs within the health sector using the ENA framework. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels.

The Technical Capacity Assessment (TCA) builds on the strengths of the Organizational Capacity Assessment (OCA) designed to measure overall capacity of organizations funded by President’s Emergency Plan for AIDS Relief (PEPFAR) under the New Partners Initiative NPI. This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality nutrition programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on nutrition issues.

The TCA for nutrition includes:
- The Essential Nutrition Actions framework within the health system, including community level
- The Community Management of Acute Malnutrition and links with ENA
- The Essential Nutrition Actions framework in the context of HIV/AIDS

The TCA tool “Essential Nutrition Actions framework within the health system, including community level” assesses technical capacity in three domains – organizational Strategy, supplies management, and management information systems. Each domain has a number of areas, for a total of 19 areas for assessment, as follow

Domain 1: Organizational strategy

1. Program Approach
2. Guidelines/SOPs
3. Service Standards
4. Physical Space
5. Demand Generation
6. Program Implementation
7. Community Involvement
8. Referral Systems
9. Training Approach
10. Supervision
11. Leadership
12. Behavior Change Communication

Domain 2: Supplies Management

1. Procurement Planning
2. Commodity Storage and Utilization

Domain 3: Management Information Systems

1. Data Collection
2. Quality Assurance and Improvement
3. Data Use for Decision Making
4. Feedback and Sharing
5. Management Information Systems
USING THE TCA TOOLS

These Technical Capacity Assessment tools are designed to enable organizational learning, foster team sharing, and encourage reflective self-assessment within organizations.

Recognizing that organizational development is a process, the use of the TCA tool results in concrete action plans to provide organizations with a clear organizational development road map. The TCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

The TCA is an interactive self-assessment process that should bring together staff from all departments at implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

Not intended to be a scientific method, the value of the TCA is in its collaborative, self-assessment process. The framework offers organizations a chance to reflect on their current status against recognized best practices. Lively discussions are also an opportunity for management, administration, and program staff to learn how each functions, strengthening the team and reinforcing the inter-relatedness of the TCA domains and areas.

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4.

The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page. The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

The ability to identify areas to be addressed will strengthen the organization and in subsequent years, enable it to view improvement and note where progress is still needed.

The TCAs for nutrition were developed in collaboration with Helen Keller International
The 7 Essential Nutrition Actions: Background

The landmark *Lancet Series on Maternal and Child Undernutrition* published in early 2008 estimates that effective, targeted nutrition interventions to address maternal and child undernutrition exist and, if implemented at scale during the window of opportunity (conception and up to 24 months of age), could reduce nutrition-related mortality and disease burden by 25%. The Essential Nutrition Actions framework encompasses seven of these proven interventions (see next page) targeting this window but also represents a comprehensive strategy for reaching near universal coverage (>90%) with these interventions in order to achieve public health impact. ENA programs are implemented through health facilities and community groups.

The approach includes ensuring that key messages and services pertaining to the seven action areas are integrated into all existing health sector programs, in particular those that reach mothers and children at critical contact points (maternal health and prenatal care; delivery and neonatal care; postpartum care for mothers and infants; family planning; immunizations; well child visits (including growth monitoring, promotion and counseling); sick child visits (including integrated management of newborn & childhood illnesses and integrated community case management); and outpatient therapeutic care during community-based management of Acute Malnutrition.

The appropriate messages and services are also integrated to the greatest extent possible into programs outside the health sector (such as agriculture and food security contacts; education (pre-service, primary and secondary schools) and literacy; microcredit and livelihoods enhancement).

Implementing the ENA framework entails building partnerships with all groups supporting maternal and child health and nutrition programs so that messages are harmonized and all groups promote the same messages using the same job aids and IEC materials. Ideally partners are brought together at the regional and/or national levels to agree on these harmonized approaches and to advocate with policy leaders for the importance of nutrition to the nation’s economic as well as social development.

The CORE Group Fall meeting 2010: The Essential Nutrition Action (ENA) Framework: More than 7 actions

The objective of this session was to revive understanding of the power of the ENA framework to improve nutritional practices and outcomes during the “critical window” of pregnancy and the first two years of life and present current initiatives to build on the momentum of the Lancet Series with the scale up of this solution.

http://www.slideshare.net/COREGroup1/quinn-ena-1
http://www.slideshare.net/COREGroup1/quinn-ena-2
http://www.slideshare.net/COREGroup1/quinn-ena-3
<table>
<thead>
<tr>
<th>Optimal breastfeeding (&lt; 6 months)</th>
<th>Adequate complementary to breastfeeding (6-23 months)</th>
<th>Nutritional care of sick &amp; malnourished child</th>
<th>Control of vitamin A deficiency</th>
<th>Control of anemia</th>
<th>Control of iodine deficiency disorders</th>
<th>Women’s nutrition during pregnancy and lactation</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Early initiation of breastfeeding within one hour of birth</td>
<td>√ Complementary feeding starting at 6 months with mashed foods</td>
<td>√ Increased frequency of breastfeeding during and after illness</td>
<td>√ Diversified diet with vitamin A-rich foods (ripe orange/yellow vegetables &amp; fruits) and fortified foods</td>
<td>√ Diversified diet with iron rich foods (red meat, dark green leafy vegetables) and fortified foods</td>
<td>√ One additional meal daily during pregnancy</td>
<td>√ One additional meal daily during pregnancy</td>
</tr>
<tr>
<td>√ Keep newborn warm and dry (skin-to-skin)</td>
<td>√ Continued breastfeeding until 24 months or beyond</td>
<td>√ Increased frequency of complementary feeding during and after illness (6-24 months)</td>
<td>√ Vitamin A supplementation as recommended</td>
<td>√ Iodized salt</td>
<td>√ Two additional meals daily during lactation</td>
<td>√ Breast health during lactation</td>
</tr>
<tr>
<td>√ Exclusive breastfeeding during first 6 months</td>
<td>√ Increased amount of food with age</td>
<td>√ Zinc supplementation for child with diarrhea</td>
<td>√ Vitamin A supplementation for woman after delivery</td>
<td>√ De-worming for pregnant women after 1st trimester</td>
<td>√ Less workload and more rest during pregnancy</td>
<td>√ Breast health during lactation</td>
</tr>
<tr>
<td>√ Early initiation of breastfeeding within one hour of birth</td>
<td>√ Complementary feeding starting at 6 months with mashed foods</td>
<td>√ Vitamin A supplementation as recommended</td>
<td>√ Vitamin A supplementation twice a year for children 6-59 months</td>
<td>√ De-worming for children 12-59 months twice a year</td>
<td>√ Breast health during lactation</td>
<td>√ Less workload and more rest during pregnancy</td>
</tr>
<tr>
<td>√ Continued breastfeeding until 24 months or beyond</td>
<td>√ Increased frequency of complementary feeding during and after illness (6-24 months)</td>
<td>√ Special care for malnourished child depending on severity</td>
<td>√ Vitamin A supplementation twice a year for children 6-59 months</td>
<td>√ In malaria endemic areas: sleep under impregnated treated net, and for pregnant women intermittent presumptive treatment</td>
<td>√ De-worming for children 12-59 months twice a year</td>
<td>√ Less workload and more rest during pregnancy</td>
</tr>
<tr>
<td>√ Exclusive breastfeeding during first 6 months</td>
<td>√ Increased amount of food with age</td>
<td>√ Kangaroo care for low-birth weight newborns</td>
<td>√ Vitamin A supplementation twice a year for children 6-59 months</td>
<td>√ In non-endemic malaria areas with anemia prevalence &gt;40%: iron/folic acid supplementation daily for children &gt; 6 months</td>
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</tr>
</tbody>
</table>

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√ Child spacing and immunization
√ Cleaning water & sanitation
**Objective:** To assess the comprehensiveness of the organization in implementing the ENA framework within the health system.

### DOMAIN 1: ORGANIZATIONAL STRATEGY

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Program Strategy</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The organization has limited or no defined, documented strategy to implement the ENA framework within the health system.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The organization has a defined and documented strategy to implement the ENA framework within the health system that is in response to an evidence-based determination of needs and identification of target groups.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The organization has a defined and documented strategy to implement the ENA framework within the health system that is in response to an evidence-based determination of needs and meets the minimum basic package according to national and international requirements and is comprehensive (clients are able to receive all necessary nutrition services either through the organization or through referral linkages).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The organization has a defined and documented strategy to implement the ENA framework within the health system, which is in response to an evidence-based determination of needs and is tailored to individual needs and is comprehensive. The organization has an accreditation process that is government certified. The organization has the capacity to scale-up nutrition services within the health system.</td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Where the organization is working, are there any essential nutrition actions being delivered at any contact of the health system at the moment?
   - [These may include the one or more of the 7 essential nutrition actions and refer to the existing contacts within the health system and include supplementation, counseling, and nutrition assessment when appropriate, and referral to other services]

2. Has the organization incorporated behavior change communications techniques in any of these programs?

3. Do the nutrition services offered in the health system represent an appropriate response to evidence-based needs of a defined audience? (What is the defined audience?)
   - [In implementing the ENA framework the organization uses an evidence-based approach to selecting targeted clients (based on primary or secondary data and international recommendations); looks at determinants of services utilization (social/cultural norms, access to health services, community interventions such as outreach, community case management, community-based nutrition programs, etc.); uses a process for setting clear nutrition targets (including improved feeding and nutrition practices; appropriately segmenting the target audiences (e.g., according to age, gender, nutritional status.)]

4. Do the services provided meet the minimum basic package as defined in national and international requirements?

5. Is there a system for referring clients for services not offered by the organization?

6. Does the organization have capacity to scale up?
   - [Capacity refers to e.g. resources, technical know-how, etc., while scale-up is in terms of geographical coverage and comprehensiveness of services offered.]

**Area 1 Score:** ________
Objective: To determine the ability of the organization to adhere to national and international standards.

### Domain 1: Organizational Strategy

#### Area 2

<table>
<thead>
<tr>
<th>Program Protocols, Guidelines, and Standard Operating Procedures (SOPs)</th>
<th>The organization does not have guidelines, protocols, or SOPs for each essential nutrition action and contact point.</th>
<th>The organization has guidelines, protocols, and SOPs for each ENA and contact point that are up-to-date and in line with national and international standards and have been disseminated to staff and implementers.</th>
<th>The organization has guidelines, protocols, and SOPs for each ENA and contact point that are up-to-date and in line with national and international standards and are being applied in health service delivery.</th>
<th>The essential nutrition actions being delivered are standardized across service delivery points and the model can be used as a resource by other programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
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</tbody>
</table>

**Probing questions:**

1. Does the strategy include guidelines, protocols, and standard operating procedures for infant and young child feeding, women’s nutrition, control of micronutrients, and for each contact point of the health systems (ante-natal care, delivery, post-natal care, family planning, immunization, growth monitoring & promotion, and integrated management of newborn and child illnesses)?
2. Does the strategy include guidelines and protocols that are up-to-date and in line with national/international standards? Have they been disseminated to staff and implementers?
3. Are the guidelines and protocols being applied at each health service delivery contact point?
4. Are there measures in place to ensure adherence to SOPs? How does the organization monitor the application of quality standards?
5. Do the implementers have standards checklists for reference in day-to-day activities?
6. Can the organization’s SOPs be used as a model by other organizations?

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1SOPs are documented processes of how the applicable guidelines and protocols fit in the organizational structure as well as means of ensuring and verifying that they are adhered to continuously; they include means of enforcement and organizational penalties for failing to adhere. They determine the quality of the program being implemented.
Objective: To assess the organization's ability to implement high quality programs by reviewing the application of recognized standards in implementing ENA into health system.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 3</th>
<th>Service Standards</th>
<th>The organization has no service standards in implementing ENA in health system</th>
<th>Standards exist to implement ENA in the health system, but are not uniformly applied across the health contacts and not all staff are aware of them.</th>
<th>Standards exist to implement ENA into the health system; staff are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but not applied in consistently.</th>
<th>Standards exist to implement ENA in the health system; staff are aware of these standards and appropriately trained to apply them; monitoring reports show they are consistently adhered to.</th>
<th>Service standards can be used as a model for quality improvement to implement ENA in health system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Standards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Do you have documented service standards in place to ensure that relevant essential nutrition actions are appropriately addressed in each of the existing relevant health contacts?
2. Are the service standards in line with national guidelines?
3. Have staff and project implementers been oriented to the standards?
4. Do project implementers apply and follow the service standards?
5. Is there a standards checklist that project implementers and volunteers can apply in their daily work?
6. Does supportive supervision include checking for adherence to service standards?

**Area 3 Score: ________**

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1 A standard is an agreed-upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidenced-based. Standards define the minimum level of support to be provided and help ensure that support is provided consistently and at a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.
Objective: To assess whether there is designated physical space that is sufficient and appropriate for delivery nutrition counseling and supplementation at the different service delivery points.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 4</th>
<th>Physical Space</th>
<th>Nutrition counseling and supplementation are delivered at one or no health contacts.</th>
<th>Nutrition counseling and supplementation are delivered in a multiple number of health contacts, but not at community level.</th>
<th>Nutrition counseling and supplementation are delivered in a multiple number of health contacts, and included in community programs.</th>
<th>Nutrition counseling and supplementation are delivered in a multiple number of health contacts, and included in community programs. There are no missed opportunities to deliver nutrition support.</th>
<th>Nutrition counseling and supplementation is documented, defined, and adequately delivered in all the existing health contacts and during community activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4                                                                -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
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</tr>
</tbody>
</table>

**Probing questions:**

1. Are all health contacts (ante-natal care, delivery, post-natal care, family planning, immunization, growth monitoring & promotion, and integrated management of newborn and child illnesses) available for the provision of ENA though the life cycle?
2. Is nutrition support using the life cycle approach carried out at designated locations with adequate facilities at the community level? How (which contacts)?
3. Are there missed opportunities to address nutrition in current contacts at the health facilities and at community level?

Area 4 Score: ________
Objective: To assess whether there is a deliberate process by the organization to mobilize clients for implementing ENA at each health contact point

### Domain 1: Organizational Strategy

#### Area 5

<table>
<thead>
<tr>
<th>Demand Generation</th>
<th>Limited or no demand-generation strategy exists at the organization. Nutrition (ENA) is not addressed in health contacts, and counseling and/or supplementation are not being carried out.</th>
<th>Limited demand-generation strategy exists. Nutrition is partially addressed in health contacts. Counseling and/or supplementation are not being carried out. Main messages exist but do not link to the intended audiences and do not reflect the intended counseling or supplementation at specific age groups.</th>
<th>A demand-generation strategy exists. Nutrition is partially addressed in health contacts. Main messages exist and are linked to the target actions and counseling at specific age groups. Clients are tracked to ensure that specific age groups are accessing services, but interventions remain unchanged over time.</th>
<th>A clearly defined demand-generation strategy is in place. Nutrition (ENA) is addressed at each health contact. Main messages clearly relate to the intended actions and counseling at specific age groups. Clients are tracked to ensure that specific age groups are accessing services. Interventions follow the life cycle counseling and supplementation reflects changing needs of the target audiences.</th>
<th>There is a demand-generation strategy in place that addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is appreciated by the community and can be replicated in other programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
</tbody>
</table>

**Probing questions:**

1. Is there an organizational strategy to generate demand for nutrition services among clients/beneficiaries (health workers, community workers, communities, families, mothers)?
2. Do the key messages link to the audiences of appropriate age groups and life cycle points and are the clients tracked to assess their receipt and acceptance of relevant actions and counseling? (Do women receive iron/folic acid supplementation and nutrition counseling during ante-natal care? Is IYCF counseling given when a child is attending the health clinic?)
3. Are clients tracked to ensure that the targeted age groups are seeking appropriate nutrition services, and do interventions respond to the life cycle approach?
4. Has an assessment been done to determine the impact of the demand generation interventions with the intended audience and are interventions revised and updated to reflect the nutrition needs (supplementation and counseling) of specific age groups?
5. Is the strategy able to generate demand for those in most need? How?

**Area 5 Score:** ________

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1. An effective demand-generation strategy should be able to target and reach those most in need or at risk, increase demand for nutrition services, and be sensitive to age, gender, and culture.
**Objective:** To establish the effectiveness of the process used to deliver ENA in each contact of the health services to clients.

### DOMAIN 1: ORGANIZATIONAL STRATEGY

<table>
<thead>
<tr>
<th>Area 6</th>
<th>Program Implementation</th>
<th>Program strategy is ad hoc and addresses only one or two essential nutrition actions and uses one of two health contacts to reach the target clients.</th>
<th>Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple contacts to reach the target clients, including community level.</th>
<th>Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple contacts to reach the target clients including community level, and use periodic reviews to ensure that approaches are up-to-date and relevant to the context and realities.</th>
<th>Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple contacts to reach the target clients including community level, and the implementers have supporting materials to do their work (e.g., counseling cards, referral guides), and use periodic reviews to ensure that materials are up-to-date and relevant to the context and realities.</th>
<th>Project implementation strategy can be used as a model for other projects.</th>
</tr>
</thead>
</table>

### Probing questions:

1. Do the services offered by the organization address all seven essential nutrition actions?
2. Does the organization use multiple health contacts to reach the target clients with each ENA (ante-natal care, delivery, post-natal care, family planning, immunization, growth monitoring & promotion, and integrated management of newborn and child illnesses)?
3. Does the organization use multiple community contacts to reach the target clients with each ENA (outreach, CCM, CMAM etc.) to reach the target audience?
4. Does the organization address different categories of the target clients (individual, family, group, community, workplace, district, national)?
5. Does it conduct periodic reviews during the implementation of the ENA framework, including coverage achieved and relevance of materials to the context and realities?
6. Do field implementers, including volunteers, have the supporting materials they need to do their work?
7. Are materials and tools (e.g., counseling cards, referral guides) available to implementers to support activities at both health facility and community levels?
8. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the outcomes of the different interventions?

**Area 6 Score:** _______
Objective: To assess the organization's understanding of the role of community involvement in project development and implementation, and the level of community involvement in project implementation.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 7</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Involvement</td>
<td>The organization's strategy includes community participation but there are limited or no opportunities for the community to participate in activities.</td>
<td>The organization's strategy includes community participation and there are regular opportunities for the community to participate in activities, including setting of priorities for intervention, defining channels for nutrition service delivery, and mobilizing target beneficiaries.</td>
<td>The organization's strategy includes community participation and there are regular opportunities for the community to participate in nutrition activities, including setting of priorities for interventions, defining channels for nutrition service delivery and mobilizing target beneficiaries, and there is a strategy for the community to receive feedback from the organization.</td>
<td>The organization's strategy includes community participation and there are regular opportunities for the community to participate in nutrition activities, including setting of priorities for interventions, defining channels for nutrition service delivery and mobilizing target beneficiaries, there is a strategy for the community to receive feedback from the organization, and the organization is accountable to the community.</td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Does the program approach include community participation and are there fora where the organization meets with the community to set priorities for intervention?
   - [Such fora may include village health committees, community volunteers, faith-based associations, any existing community functioning networks, etc. This can be confirmed by looking at the minutes or any documented evidence of meetings.]

2. Is the community involved in activities to implement the ENA framework according to the life-cycle approach? How?

3. Does the program strategy allow for input and feedback from the community?

4. Are there opportunities where the organization incorporates feedback or suggestions from the community into its programs for the nutrition activities?

5. Are there copies of community meeting minutes?

**Area 7 Score:** _______
Objective: To assess the organization’s ability to ensure comprehensive delivery of nutrition support to their clients through development of referral systems.

### DOMAIN I: ORGANIZATIONAL STRATEGY

**Area 8: Referral Systems**

<table>
<thead>
<tr>
<th>Referral Systems</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some referrals are made but there is no referral system in place in the ENA implementation. There is a referral strategy that is part of the ENA implementation that provides for services not offered by the organization. The strategy is being implemented, but not uniformly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>There is a referral strategy that is part of the ENA implementation that provides for services not offered by the organization. The strategy is being implemented uniformly throughout the organization’s activities.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>There is a referral strategy that is part of the ENA implementation that provides for services not offered by the organization. The strategy is being implemented uniformly throughout the organization’s activities. There is a mechanism to verify whether the referred clients received the service.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients are referred for services, there is a formal referral arrangement with the other providers and organization receives referrals. Referral documentation is available and captures all referred clients who accessed the services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Are any referrals to complementary services being made at the moment and is the referral implemented in all of the organization’s ENA implementation (referrals for acute malnutrition, food supplementation, sick child, family planning, etc.)?
2. Have referrals been made to other providers for services not provided by this organization?
   - [Look for referral notes, client return forms, list of other providers etc. that show existence of a referral relationship.]
3. Do you have a directory of services and organizations within a defined catchment area to guide appropriate referrals?
4. Is the referral strategy implemented uniformly throughout the organization’s nutrition activities? Is there a standardized referral form?
5. Are there periodic meetings of providers working at referrals?
6. Is there means of verifying whether clients received services to which they were referred?
   - [Is there documentation on clients referred to provide information on whether referral services were accessed?]
7. Do you monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients’ needs?

---

**Area 8 Score:** ________
Objective: To assess the relevance and effectiveness of trainings conducted by the organization.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 9</th>
<th>Training Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There are some trainings being conducted by the organization but there is no process to generate training needs or quality.</td>
</tr>
<tr>
<td>2</td>
<td>There are several trainings being conducted by the organization and there is a process to generate training needs that meet overall project objectives.</td>
</tr>
<tr>
<td>3</td>
<td>Trainings done by the organization are based on training needs assessments and include support supervision training. There is a project training plan and appropriate training curriculums are used and/or adapted.</td>
</tr>
<tr>
<td>4</td>
<td>Trainings are based on needs assessment and include support supervision training, appropriate curriculums are used, and there is a mechanism to evaluate the relevance and effectiveness of trainings and to update the project training plan. Trained people apply the skills acquired to coach and mentor others. There is a regular and functional support supervision structure in place.</td>
</tr>
</tbody>
</table>

The organization has training and skills development plans that can be used as a model by organizations implementing similar programs.

**Probing questions:**

1. Are there any project-specific ENA trainings being conducted? If so, do they include training in negotiation and counseling, use of jobs aids and/or other support materials for the appropriate staff (including supervisors)?
2. Is there a process for assessing training needs? And quality of training?
3. Are the trainings based on training needs assessment? Are appropriate curricula used? Do trainings include practices such as role play and practice in the field?
4. Is there a process for assessing if those trained are able to apply the skills to coach and mentor others?
5. Is there a strategy and a structure in place to follow trainees after the training?

**Area 9 Score: ________**
Objective: To establish the effectiveness of the ENA supervision structure.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 10 Supervision</th>
<th>There is limited or no supervisory structure for ENA implementation within the health system.</th>
<th>A supervisory structure and process exists for ENA implementation within the health system and includes regular (monthly) supervisory visits to implementers.</th>
<th>A supervisory structure and process exist for ENA implementation within the health system that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule.</th>
<th>A supervisory structure and process exist for ENA implementation within the health system that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule, and feedback is being given to implementers.</th>
<th>Project’s supervision plan can be used as a resource for ENA implementation within the health system.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Is there a supervisory structure for ENA implementation within the health sector?
2. Is the supervision supportive, i.e., does it include
   - observation of performance and comparison to standards
   - provision of corrective and supportive feedback on performance
   - discussion with clients
   - provision of technical updates or guidelines
   - onsite training
   - use of data and client input to identify opportunities for improvement
   - joint problem solving; follow-up on previously identified problems
3. How often is supportive supervision undertaken? Do supervision visits take place according to a schedule?
4. Do you have standardized tools supervisors can use during support supervision visits?
5. Is feedback given to implementers after supervision visits?

**Area 10 Score:** ________
Objective: To determine the capacity of leadership in the delivery of ENA at all contact points by the organization

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

| Leadership | Has limited or no identified project leadership or committed members at site and/or among partners. | Has clear project leadership at each level of implementation and among partners with some knowledge of ENA programming and is running some ENA activities. | Has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing ENA programming. However, the leaders need some assistance to set up and lead good systems for ENA services delivery. | Has strong leadership with full understanding of ENA programming and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand ENA services. | Has strong leadership with full understanding of ENA programming that is able to keep up with the issues, can credibly represent the organization at the local and international levels, and can train other teams to expand ENA services. |
| --- | --- | --- | --- | --- |
| Area 11 Score: ________ |

**Examples of ENA leadership roles and qualifications**

- Leader sits on national coordination bodies
- Provides technical guidance for the essential nutrition actions
- Provides programmatic guidance to implement ENA at multiple levels, contacts, and or channels
- Has appropriate training
- Mentors and coaches junior staff

**Probing questions:**

1. Is there an identified project leader or leadership team within the organization and its partners who is responsible for providing overall technical and programmatic direction in ENA implementation?
2. Do the identified leader(s) have appropriate technical expertise and experience managing ENA programs/services?
3. Is the leadership at the organization capable of providing assistance in setting up ENA programs?
4. Is the leader(ship) at the organization engaged in capacity building for ENA programs partners?

**Area 11 Score: ________**

---

1 A committed leader is fully dedicated to the program and program improvement. An “experienced leader” is both fully committed to and familiar with the issues.
**Objective:** To assess whether there is designated BCC strategy that is sufficient and appropriate for delivery of ENA at each health service delivery point.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

<table>
<thead>
<tr>
<th>Area 12</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior Change Communication (BCC)</strong></td>
<td>There is limited or no BCC strategy including into the design of the program.</td>
<td>There is a BCC strategy, but is not uniformly or is only partially applied across the project, and not all staff are aware of it.</td>
<td>There is a BCC strategy (advocacy and communication such as mass media, IEC materials, and personal communication); it is based on formative research and is applied at various levels and reaches more than one delivery channel.</td>
<td>There is a BCC strategy clearly is based on formative research; it is comprehensive and implemented through many channels using multiple opportunities. The BCC strategy is embraced by external partners.</td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Is there a BCC strategy designated by the program (either as part of or in addition to the national BCC strategy) to promote the implementation of ENA at all contact points at health facilities?
2. Is there a similar BCC strategy for the community level?
   - [BCC strategy includes and is not limited to advocacy, journalists, communications, group event, festivals, etc.]
3. Is the strategy based on formative research so as to be adapted to the local context?
4. Have BCC materials been adapted to contextual information and are they consistent with national guidelines?
5. Are visual and audio materials available to all appropriate project staff? To health providers? To clients?
6. Is there a plan to distribute messages at all levels, across channels/contacts and during the life of the project?
7. Are partners harmonizing the BCC strategy?

**Area 12 Score:**

**Total Domain 1 score:**

**Domain Score (Total Organizational Strategy Points / 12):**
Objective: To assess the capacity of the organization to continuously plan and provide the supplies required to meet the planned ENA implementation within the health system.

### DOMAIN 2: SUPPLIES MANAGEMENT

**Area 1**

<table>
<thead>
<tr>
<th>Procurement Planning</th>
<th>There is limited or no procurement/needs assessment/plan of the supplies and equipment for implementing ENA within the health system.</th>
<th>There is a reliable system for procurement and management of supplies that conforms to national guidelines for implementing ENA within the health system.</th>
<th>There is a quality assurance process for ensuring timely replenishment of supplies and assuring the quality of these supplies.</th>
<th>The site is implementing a robust supply chain management system to ensure supply continuity and quality.</th>
<th>The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock-outs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Does the organization receive any supplies (vitamin A capsules, iron/folic acid tablets, zinc tablets, fortified complementary foods, scales, MUAC, etc.) from the government through the national supply chain? Which? If not, is there a long-term plan to link to the government system for such supplies?  
   [This should detail what, when, and how the items are to be procured during the workplan period so as to meet client and project needs.]

2. Does the organization procure any of these items directly? Which ones? If not, how does the organization obtain necessary supplies?

3. Does the site have a procurement plan to meet the planned program needs?

4. Does the site have a reliable system for procurement and management of supplies and does it conform to national guidelines?
   - [There should be a clear system that provides for fair forecasting and minimizes chances for stock-outs.]

5. Does the site have a supply chain management system in place that accommodates the specific requirements of items related to implementing ENA within the health system and ensures supply continuity?

---

1 For these questions, the facilitator should obtain a list (or have the organization list) the ENA supplies used and where they are obtained.
**Objective:** To assess the capacity of the organization to properly store and efficiently utilize supplies and avoid stock-outs.

### DOMAIN 2: SUPPLIES MANAGEMENT

<table>
<thead>
<tr>
<th>Area 2</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commodity Storage and Utilization</strong></td>
<td>There is limited or no designated area for storage of procured commodities.</td>
<td>There is a storage area sufficient for ENA supplies procured that meets safety standards.</td>
<td>There is a system for ENA commodity management and a register to track usage.</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Probing questions:**

1. What supplies are stored by the organization?
2. Does the site have a designated storage area for supplies?
3. Is the storage area appropriate for the storage of supplies and does it meet safety standards? (At minimum, the storage area should be lockable, not damp, free from rodents and insects, etc.)
4. Is there an inventory and related documentation system to guide proper storage and management of the commodities? (Framework refers to controls and documentations of movement of items; includes the stock and bin cards, authorization, and other control records internally and regularly used by staff.)
5. Does the site have inventory management procedures (e.g. bin cards) that ensure fair forecasting?

---

**Area 2 Score:** ________

**Total supplies Management points:** ________

**Domain Score (Total Supplies Management and Quality Assurance / 2):** ________
**Objective:** To assess organizational capacity to collect and manage data accurately and ensure sharing with staff and key stakeholders.

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING.**

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Data Collection-Process and Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The organization has no documented procedures to guide data collection at various levels.</td>
</tr>
<tr>
<td></td>
<td>The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for reporting (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform program implementation.</td>
</tr>
<tr>
<td></td>
<td>Data collection tools have been standardized with national/international indicators across sub-partners and service delivery points. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.</td>
</tr>
<tr>
<td></td>
<td>The organization has a documented and fully functional procedure for data collection and analysis (data-flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools and resulting data.</td>
</tr>
<tr>
<td></td>
<td>The organization’s data collection approach offers a model that can be replicated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

**Probing questions:**

1. Does the organization have tools for collecting data at the various levels? Process indicators (training, supervision, meeting, etc.) and outcomes (children with acute malnutrition and types of AM enrolled into program, treated, referred, etc.)?
2. Have the tools been reviewed to capture information required for reporting on feeding and nutrition practices (micronutrient supplementation) in the target communities?
3. Has the organization standardized tools across service delivery points?
4. Does the organization have a documented data collection procedure to guide data collection at various levels?
5. Has all staff been trained in the use of the tools?
6. Does the organization have documented and functional procedures for data transmission (data flow plan) to and from various levels?

**Area 1 Score:** ________

---

1. ‘Various levels’ refers to household, community, sub-county, district, regional, and head office levels.
**Objective:** To assess the capacity of the organization to maintain quality of collected data.

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING.**

<table>
<thead>
<tr>
<th>Area 2 Quality Assurance and Data for Program Improvement</th>
<th>Organization has no quality-assurance strategy (using data for program improvement).</th>
<th>Organization has quality-assurance strategy (using data for program improvement) but it is not consistently applied.</th>
<th>Organization has quality-assurance strategy that is consistently applied across all contact points, but no analysis is done to initiate actions.</th>
<th>Organization has quality-assurance strategy for collecting information. It is consistently applied across all contact points, analyzed, and used to refine interventions.</th>
<th>The organization has established a quality-management system and identified quality-assurance indicators for routine assessment. Can serve as a model for other programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 2 Score: ________</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Probing questions:**

1. Has the organization identified a strategy to address gaps in data?
   - [Gaps refer to inadequate data or missing links between data and decisions to be taken.]
2. Has the organization been able to address gaps in data and does the organization have the capacity for data-management tasks?
   - [Tasks like Excel format conversions, cleaning, aggregation, and analysis.]
3. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery?
Objective: To assess if data is used to inform decision-making processes within the organization.

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING.**

<table>
<thead>
<tr>
<th>Area 3</th>
<th>Data Use to Assess Impacts and Program Outcomes (Decision Making)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Organization has limited or no reference (or baseline) data against which reports can be compared to help in assessing progress and decision making.</td>
</tr>
<tr>
<td>2</td>
<td>The organization has a process for comparison of achievements against goals and past progress that result in plans to modify interventions as needed.</td>
</tr>
<tr>
<td>3</td>
<td>The organization follows a procedure of time-bound tracking achievements and corrective actions against plans in all the interventions.</td>
</tr>
<tr>
<td>4</td>
<td>The organization’s current implementation, referral, community outreach, and supervision reflect greater effectiveness arising from use of data for decision making.</td>
</tr>
</tbody>
</table>

The data collected and analyzed within the organization is provided to stakeholders and partners in providing comprehensive nutrition. Support to external partners is modified in reference to data collected and reported.

**Probing questions:**

1. Is there a baseline report or other reference data against which reports can be compared to help in assessing impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress? Are those results in plans to modify interventions as needed?
3. Do the organization’s management and staff follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention?
4. Does the organization’s current approach to implementation or the referral, community, or demand-generation activities reflect greater effectiveness arising from data used for decision making?

**Area 3 Score:** ____
Objective: To determine whether the organization networks and shares information with relevant stakeholders.

DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING.

Area 4

<table>
<thead>
<tr>
<th>Feedback and Sharing</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data collected and reports written by the organization are not shared outside the organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a plan to share data and reports with relevant staff and stakeholders, but not according to any documented plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a plan to share data and reports with relevant staff and stakeholders. Data collected and reports are shared and the organization solicits feedback from stakeholders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a plan to share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders, and uses it to influence program direction and delivery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and international measures, best practices, and lessons are shared with other practitioners.</td>
<td></td>
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</tbody>
</table>

Probing questions:
1. Has the organization shared data collected and reports outside the organization (e.g. MOH, others donors, key implementers, etc.)?
2. Does the organization’s M&E team use data collection and analysis to inform other members of the implementation team and the partner community, if relevant?
3. Does the organization provide feedback on data collected and findings to all stakeholders, and are summarized periodic reports made to outside parties in the form of success stories?
4. Does the organization have examples of external organizations referring to its reports, or changing their plans of implementation as a result of information shared by the organization?

Area 4 Score: _______
Objective: To assess if the organization has a functional MIS system.

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING.**

**Area 5**

<table>
<thead>
<tr>
<th>Management Information Systems (MISs)¹</th>
<th>The organization does not have a simple and reliable management information system to track indicators.</th>
<th>The organization has an MIS that does not have data quality indicators to achieve results or validation checks (manual &amp; electronic).</th>
<th>The organization has an MIS with data quality and validation checks, and which captures all activities implemented by the organization.</th>
<th>The organization has an MIS with built-in data quality and validation checks, and the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual).</th>
<th>The functional MIS has adequate data quality &amp; validation checks. The back-up plan is adhered to. The system has built-in capacity for most specialized data retrievals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Area 5 Score: ________</td>
<td></td>
</tr>
</tbody>
</table>
|                                        | **Total Domain 3 points:** ________  
|                                        | **Domain 3 Score (Total Points/5):** __________ |

**Probing questions**
1. Does the organization have a management information system to track activities and beneficiaries? This is the combination of areas 1 to 4 above that unifies all elements into a cohesive electronic system that all project staff and management have access to.
2. How is the data checked for accuracy? Does the system have built-in data quality and validation checks (manual or electronic)?
3. Does the organization have a documented and functional back-up procedure (computerized or manual)?
4. Can the system generate reports?

---

¹ Management information systems (MIS) refers to a planned system of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management. In a way it is a documented report of the activities that were planned and executed. It also incorporates data quality assurance mechanisms and should be utilized to provide data for decision making.