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Technical Capacity Assessment

Essential Nutrition Actions Framework in the Context of HIV & AIDS

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

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Technical Capacity Assessment (TCA) for Essential Nutrition Actions Framework in the Context of HIV & AIDS

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 context of HIV & AIDS 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 in the context of HIV/AIDS" 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.

The TCAs for nutrition were developed in collaboration with Helen Keller International

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 interrelation between nutrition and HIV and AIDS is recognized and includes:

- Adequate nutrition for PLWHA to enhance immunity, maintain weight, and better adhere to anti-retroviral treatment.
- Support optimal choice and practices of infant feeding
- Adequate nutrition for HIV positive pregnant and lactating women

Additional information of current guidelines can be found at:

http://www.fantaproject.org/downloads/preservice/preservice_training_Mar09.pdf

http://www.fantaproject.org/downloads/pdfs/SARA_Nutrition&HIVbrief.pdf

<http://www.who.int/nutrition/topics/en/>

http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html

<http://www.avert.org/hiv-breastfeeding.htm>

Optimal breastfeeding (< 6 months)	Adequate complementary to breastfeeding (6-23 months)	Nutritional care of sick & malnourished children	Control of vitamin A deficiency	Control of anemia	Control of iodine deficiency disorders	Women's nutrition during pregnancy and lactation
Essential nutrition actions for HIV-negative or unknown status pregnant/lactating women and their children						
<ul style="list-style-type: none"> √ Early initiation of breastfeeding within one hour of birth √ Keep newborn warm and dry (skin-to-skin) √ Exclusive breastfeeding during first 6 months 	<ul style="list-style-type: none"> √ Complementary feeding starting at 6 months with mashed foods √ Continued breastfeeding until 24 months or beyond √ Increased amount of food with age √ Increased feeding frequency with age √ Enriched diet with variety of foods and fortified foods √ Responsive feeding √ Hand washing before feeding √ Food hygiene 	<ul style="list-style-type: none"> √ Increased frequency of breastfeeding during and after illness √ Increased frequency of complementary feeding during and after illness (6-24 months) √ Zinc supplementation for child with diarrhea √ Vitamin A supplementation as recommended √ Special care for malnourished child depending on severity √ Kangaroo care for low-birth weight newborns 	<ul style="list-style-type: none"> √ Diversified diet with vitamin A rich foods (ripe orange/yellow vegetables & fruits) and fortified foods √ Vitamin A supplementation for woman after delivery √ Vitamin A supplementation twice a year for children 6-59 months 	<ul style="list-style-type: none"> √ Diversified diet with iron rich foods (dark green leafy vegetables) and fortified foods √ Iron/folic acid supplementation daily during 6 months for pregnant woman (and after delivery) prevalence >40% √ De-worming for pregnant women after 1st trimester √ De-worming for children 12-59 months twice a year √ In malaria endemic areas: sleep under impregnated treated net, and for pregnant women intermittent presumptive treatment √ In non-endemic malaria areas with anemia prevalence >40%: iron/folic acid supplementation daily for children > 6 months 	<ul style="list-style-type: none"> √ Iodized salt 	<ul style="list-style-type: none"> √ One additional meal daily during pregnancy √ Two additional meals daily during lactation √ Breast health during lactation √ Less workload and more rest during pregnancy
<ul style="list-style-type: none"> √ Child spacing and immunization √ Cleaning water & sanitation 						

Optimal breastfeeding (< 6months)	Adequate complementary to breastfeeding (6-23 months)	Nutritional care of sick & malnourished child	Control of vitamin A and other micronutrient deficiencies	Control of anemia	Control of iodine deficiency disorders	Women's nutrition during pregnancy and lactation	Adult's health
Additional essential nutrition actions for HIV-positive adults, pregnant/lactating women, and their children							
<ul style="list-style-type: none"> √ Support infant feeding option - exclusive breastfeeding or - exclusive formula feeding √ Assess 'affordable, feasible, acceptable, sustainable and safe' before counseling for commercial infant formula √ Encourage exclusive breastfeeding for infants confirmed to be HIV positive √ Energy intake increased by 10% if suspected HIV positive and <u>not losing weight</u> (1 extra feeding daily) 	<ul style="list-style-type: none"> √ Early cessation of breastfeeding when breast milk can be replaced by other milks (animal or commercial) √ Energy intake increased by 10% if suspected HIV positive and <u>not losing weight</u> (1 extra feeding each day) √ Use fortified, blended foods, when available √ Assess health and growth of child 	<ul style="list-style-type: none"> √ Counsel on testing child (depends on test availability) √ Immediate treatment of sickness √ Diet management of nausea, vomiting and oral sores, etc. √ Energy intake increased by 50-100% <u>if losing weight</u> (double the daily feedings) √ Supplementary or therapeutic feeding for moderate or severely malnourished child as per international guidelines 	<ul style="list-style-type: none"> √ Supplementation at 1 recommended daily allowance with multiple micronutrients if diet not adequately diverse 	<ul style="list-style-type: none"> √ See ENA for HIV negative individuals 	<ul style="list-style-type: none"> √ Energy intake increased by 10% if non symptomatic (1 extra feeding a day) √ Energy intake increased by 20-30% if symptomatic or <u>losing weight</u> (2 extra feedings a day) √ BMI for nutritional monitoring (or MUAC for pregnant women) √ Breastfeeding stopped if breast problems √ Dietary management of nutrition related symptoms √ Importance of malaria prevention and de-worming √ Counsel & refer for PMTCT and/or ART 	<ul style="list-style-type: none"> √ Diversified diet √ Energy intake increased by 10% in adults if non-symptomatic (1 extra meal a day) √ Energy intake increased by 20-30% if symptomatic <u>or losing weight</u> (2 extra feedings a day) √ Evaluation of interaction of nutrition and ARVs √ Monitor weight/ BMI √ Dietary management of nausea, vomiting and other nutrition related symptoms √ Physical exercise to build muscle mass 	
<ul style="list-style-type: none"> √ Assessment of household food security situation √ Immediate treatment of all illnesses 							

Objective: To assess the comprehensiveness of the organization in implementing the ENA framework in the context of HIV & AIDS.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I					
Program strategy	The organization has limited or no defined, documented strategy to implement the ENA framework in the context of HIV & AIDS.	The organization has a defined and documented strategy to implement the ENA framework in the context of HIV&AIDS that is in response to an evidence-based determination of need and audience identification.	The organization has a defined and documented strategy to implement the ENA framework in the context of HIV & AIDS that is in response to an evidence-based determination of need of the health services 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).	The organization has a defined and documented strategy to implement the ENA framework in the context of HIV & AIDS that is in response to an evidence-based determination of need of the health services 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.	The organization has a defined and documented strategy to implement the ENA framework in the context of HIV & AIDS. Clients are able to receive all nutrition services either through the organization, partners, or referral linkages. The organization has an accreditation process for its facilities and the organization has capacity to scale up.
	1	2	3	4	

Probing questions:

1. Where the organization (and implementing partners) is working, are there any relevant essential nutrition actions at any HIV & AIDS contacts being delivered?
 - o *[These may include one or more of the 7 essential nutrition actions and refer to the existing HIV & AIDS contacts within the health system and include supplementation, counseling, and nutrition assessment when appropriate, and referral to other services]*
2. Do the nutrition services offered at HIV & AIDS contact points represent an appropriate response to evidence-based needs of a defined audience? (What is the defined audience?)
 - o *[In implementing the ENA framework in the context of HIV and AIDS, 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, OVC, HCT, community interventions, PMTCT, food per prescription, etc.); uses a process for setting clear nutrition targets (including improved feeding and nutrition practices); and uses a process for appropriately segmenting the target audiences (e.g. according to age, gender, nutrition status.)]*
3. Do the services provided meet the minimum basic package as defined in national and international requirements?
4. Is there a system for referring clients for services not offered by the organization?
5. 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 I Score: _____

Objective: To determine the ability of the organization to adhere to national and international standards.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 2					
Program Protocols, Guidelines, and Standard Operating Procedures¹ (SOPs)	The organizational strategy does not include guidelines, protocols, or SOPs for each essential nutrition action and for each HIV & AIDS contact point.	The organizational strategy includes guidelines, protocols and SOPs for each ENA and each HIV & AIDS contact point that are up-to-date and in line with national and international standards and have been disseminated to staff and implementers.	The organizational strategy includes guidelines, protocols, and SOPs for each ENA and each HIV & AIDS contact point that are up-to-date and in line with national and international guidelines and are being applied in health service delivery.	The organizational strategy includes guidelines, protocols and SOPs for each ENA and HIV & AIDS contact point that are up-to-date and in line with national and international guidelines and are being applied in health service delivery. The strategy can be used as a resource by other organizations.	The essential nutrition actions being delivered are standardized across all service delivery points and the model can be used as a resource by other programs.
	1	2	3	4	

Probing questions:

1. Does the strategy include guidelines, protocols, and standard operating procedures for each of ENA (infant & young child feeding, women's nutrition, control of micronutrients); for each HIV & AIDS contact point of the health systems (ante-natal care, PMTCT, delivery, post-natal care; family planning, HCT, OVC, food per prescription, etc.); and for behavior change communications techniques and channels?
2. Does the strategy include guidelines and protocols that are up-to-date and in line with national/international guidelines? Have they been disseminated to staff and implementers?
3. Are the guidelines and protocols being applied at all of the HIV & AIDS contacts of the health service delivery?
4. Are there measures in place to ensure adherence to SOPs? How do you monitor application of quality standards?
5. Do the implementers have standards checklists to guide their day-to-day activities?
6. Can the organization's SOPs be used as a resource by other organizations?

Area 2 Score: _____

¹ SOPs 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. These 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 in the context of HIV&AIDS

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3					
Service Standards¹	The organization has no service standards in implementing ENA in the context of HIV & AIDS.	Standards exist to implement ENA in the context of HIV & AIDS but are not uniformly applied across the organization services provided and not all staff are aware of them.	Standards exist to implement ENA in the context of HIV & AIDS; staff are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but not applied consistently.	Standards exist to implement ENA in the context of HIV & AIDS; staff are aware of these standards and appropriately trained to apply them, and monitoring reports show they are consistently adhered to.	Service standards can be used as a resource for quality improvement to implement ENA in the context of HIV & AIDS.
	1	2	3	4	

Probing questions:

1. Do you have documented service standards in place (or are relevant essential nutrition actions addressed in all of the existing relevant HIV & AIDS 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 understand, 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 support supervision include checking for adherence to service standards?

Area 3 Score: _____

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 if there is designated physical space that is sufficient and appropriate for delivering nutrition counseling and supplementation at the different HIV & AIDS service delivery points.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4					
Physical Space	Nutrition counseling and supplementation are delivered at one or no HIV & AIDS contacts.	Nutrition counseling and supplementation are delivered at a multiple number of HIV & AIDS contacts, but not at community level.	Nutrition counseling and supplementation are delivered at a multiple number of HIV & AIDS contacts and are included in community programs.	Nutrition counseling and supplementation are delivered at a multiple number of HIV & AIDS contacts and are included in community programs. There are no missed opportunities to deliver nutrition support.	There is a documented, defined, and adequate space for delivering nutrition counseling and supplementation in all the existing health contacts and during community activities.
	1	2	3	4	

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) and HIV contacts (OVC, HCT, PMTCT, care & support) available for the provision of ENA through 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 or at community level?

Area 4 Score: _____

Objective: To assess if there is a deliberate process by the organization to mobilize clients for implementing ENA at each HIV & AIDS contact point.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand Generation¹ for Nutrition Support	Limited or no demand-generation strategy exists at the organization. Nutrition (ENA) is not addressed at HIV & AIDS contacts and does not reflect the intended actions and counseling for specific age groups.	Limited demand-generation strategy exists. Nutrition is partially addressed at HIV & AIDS contacts but does not reflect intended actions and counseling for specific age groups. Main messages exist but do not link to the intended audiences. Clients are tracked but nutrition practices do not reflect the intended actions and counseling for specific age groups.	A demand-generation strategy exists. Nutrition is partially addressed at HIV & AIDS contacts. Main messages exist and are linked to the target actions and counseling for specific age groups. Clients are tracked to ensure that specific age groups are accessing services, but interventions remain unchanged over time.	A clearly defined demand-generation strategy is in place. ENA is addressed at each HIV & AIDS 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 are revised and updated to reflect changing needs of the target audiences.	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.
	1	2	3	4	

Probing questions:

1. Is there an organizational strategy to identify clients/beneficiaries and ensure that they seek or are reached with services (health workers, community workers, communities, families, mothers)?
2. Are messages linked to the intended age groups and are clients reached by appropriate nutritional services, messages, and counseling? (Do women receive iron/folic acid supplementation during PMTCT/ante-natal care visits? Is counseling on IYCF in the context of HIV & AIDS given to mothers when a child is brought to the health clinic? Do clients receive counseling on the food per prescription?)
3. Are clients tracked to ensure that the targeted age groups are accessing nutrition services, and do interventions respond to changing needs over time?
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 (actions and counseling) of specific age groups?
5. Is the mobilization able to generate demand for those in most need? How?

Area 5 Score: _____

¹ An effective demand-generation strategy should be able to target and reach those most in need or at risk, increase demand for nutrition and HIV & AIDS services, and be sensitive to age, gender, and culture.

Objective: To establish the effectiveness of the process used to deliver ENA at each HIV & AIDS contact with clients.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 6					
Program Implementation	Program strategy is ad hoc and addresses only one or two essential nutrition actions and uses one or two HIV & AIDS contacts to reach the target clients.	Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple HIV & AIDS contacts to reach the target clients (e.g., PMTCT/ANC, delivery, post-natal/FP, OVC, HCT, FPP, GMP, IMNCI), including community level (outreach, CCM, etc.)	Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple HIV & AIDS contacts to reach the target clients. Periodic reviews ensure that the approaches are up-to-date and relevant to the context and realities.	Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple HIV & AIDS contacts to reach target clients. Implementers have supporting materials to do their work (e.g., counseling cards, referral guides), and use periodic reviews to ensure that the materials are up-to-date and relevant to context and reality.	Project implementation strategy can be used as a model for other projects.
	1	2	3	4	

Probing questions:

1. Does the organization address all seven essential nutrition actions and use multiple contacts to reach the target clients (e.g., PMTCT/ANC, delivery, post-natal/FP, OVC, HCT, FPP, GMP, IMNCI), including the community level (outreach, CCM, etc.)?
2. Does the organization seek to reach individuals as well as families, groups, communities, workplaces, and regional, national [what]?
3. Does the organization conduct periodic reviews during the implementation of the ENA framework at HIV & AIDS contacts, including coverage?
4. Do field implementers, including volunteers, receive necessary supporting materials to do their work? Are materials reviewed to ensure they are up-to-date and relevant to context and reality?
5. Are materials and tools (e.g., counseling cards, referral guides) available to implementers to support activities at health facility and community levels?
6. 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 level of community involvement in project development and implementation.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 7					
Community Involvement	The organization's strategy includes community participation but there are limited or no opportunities for the community to participate in activities.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in activities, including setting priorities for intervention, defining channels for nutrition/HIV & AIDS service delivery, and mobilizing target beneficiaries.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in nutrition/HIV & AIDS activities, including setting of priorities for interventions, defining channels for service delivery and mobilizing target beneficiaries, and there is a strategy for the community to receive feedback from the organization.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in nutrition/HIV & AIDS activities, including setting priorities for interventions, defining channels for HIV & AIDS service delivery, and mobilizing target beneficiaries, and there is a strategy for the community to receive feedback from the organization and the organization is accountable to the community.	The community participates in most nutrition/HIV & AIDS activities and the activities reflect the needs of the community as much as possible. There are community-based structures to support the activities that can be used as a resource for other programs.
	1	2	3	4	

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?
 - o *[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 implementing the ENA framework in the context of HIV & AIDS 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 nutrition activities?
5. Are there copies of community meeting minutes available for review?

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	Some referrals are made but there is no referral system in place in the organization's ENA in the context of HIV & AIDS.	There is a referral strategy that is part of the organization's ENA in the context of HIV & AIDS that provides for services not offered by the organization. The referral strategy is being implemented, though not uniformly.	There is a referral strategy that is part of the organization's ENA in the context of HIV & AIDS that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's activities.	There is a referral strategy that is part of the organization's ENA in the context of HIV & AIDS that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's activities. There is a mechanism to verify whether the referred clients received the service.	Clients are referred for services and there is a formal referral arrangement with the other providers. Referral documentation is available and able to capture all referred clients who accessed the services. The organization is able to cover all components of ENA in the context of HIV & AIDS and related services.
	1	2	3	4	

Probing questions:

1. Are any referrals to complementary services being made and is the referral also implemented by all of the organization's ENA implementing partners (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?
 - o *[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. Are there means of verifying whether clients received services to which they were referred?
 - o *[Is there documentation of 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 I: ORGANIZATIONAL STRATEGY					
Area 9					
Training Approach	There are some trainings being conducted by the organization but there is no process for generating training needs or measuring quality.	There are several trainings being conducted by the organization and there is a process to generate training needs that meet overall project objectives.	Trainings conducted by the organization are based on needs assessments and include support supervision training. There is a project training plan and appropriate training curriculums are used and/or adapted.	Trainings are based on needs assessment and include support supervision training. Appropriate curriculums are used, there is a mechanism to evaluate the relevance and effectiveness of trainings conducted and to update the project training plan. Trained people apply the skills to coach and mentor others. There is a regular and functional support supervision structure in place.	The organization has training and skills development plans that can be used as a model by other organizations implementing similar programs.
	1	2	3	4	

Probing questions:

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

Area 9 Score: _____

Objective: To establish the effectiveness of the supervision structure for ENA in the context of HIV&AIDS.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 10					
Supervision	There is limited or no supervisory structure for ENA implementation at HIV & AIDS contacts.	A supervisory structure and process exists for ENA in HIV & AIDS supervision that includes regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for ENA implementation at HIV & AIDS contacts that includes regular (monthly) supervisory visits to implementers and supervisory tools. Supervisory visits take place on or close to schedule.	A supervisory structure and process exists for ENA implementation in HIV & AIDS contacts that includes regular (monthly) supervisory visits to implementers and supervisory tools. Supervisory visits are taking place on or close to schedule and feedback is being given to implementers.	Project's supervision plan can be used as a resource for ENA implementation at HIV & AIDS contacts.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place 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 supervisory visits take place according to a schedule?
4. Do you have standardized tools supervisors can use during supportive supervision visits?
5. Is feedback given to implementers after supervisory visits?

Area 10 Score: _____

Objective: To determine organizational leadership in promotion of wider adoption of ENA in the context of HIV & AIDS.

DOMAIN I ORGANIZATIONAL STRATEGY					
Area II					
Leadership I	Has limited or no identified project leadership or committed members at site 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 in the context of HIV & AIDS.	Has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing ENA programming activities in the context of HIV & AIDS. However, the leaders need some assistance to set up and lead systems for ENA services delivery.	Has strong leadership with full understanding of ENA programming activities in the context of HIV & AIDS 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 within HIV programs.	Has strong leadership with full understanding of ENA programming activities in the context of HIV & AIDS. Is able to keep up with the issues, can credibly represent the organization at local and international levels, and can train other teams to expand ENA services within HIV programs.
	1	2	3	4	

Examples of ENA leadership roles

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

Probing questions:

1. Is there an identified project leader or leadership team within the organization who is responsible for providing overall technical and programmatic direction in ENA implementation in the context of HIV & AIDS, both within the and outside the organization?
2. Do the identified leader(s) have appropriate technical expertise and experience managing ENA programs/services in the context of HIV & AIDS?
3. Does the organizational leader advocate for the ENA approach in meetings and committees with government and other partners?
4. Does the leadership at the organization and implementing partners need assistance setting up ENA programs in the context of HIV & AIDS?
5. Is the leader(ship) at the organization engaged in capacity-building for ENA programs with all partners?

Area II Score: _____

Total Domain I Score: _____

Domain Score (Total Organizational Strategy points / II): _____

1 A committed leader is dedicated to the program and program improvement. An “experienced leader” is both fully committed to and familiar with the issues..

Objective: To assess the capacity of the organization to manage supplies required to meet planned ENA implementation in the context of HIV & AIDS.

DOMAIN 2: SUPPLIES MANAGEMENT					
Area I					
Procurement Planning	There is limited or no procurement/needs assessment/plan of the supplies and equipment for implementing ENA in the context of HIV & AIDS.	There is a reliable system for procurement and management of supplies that conforms to national guidelines for implementing ENA in the context of HIV & AIDS.	There is a quality-assurance process for ensuring timely replenishment of supplies and assuring the quality of these supplies to appropriate contacts.	The site is implementing a robust supply-chain management system to ensure supply continuity and quality.	The inventory and supply-chain management system used by the organization is comprehensive for continued services with no stock-out.
	1	2	3	4	

Probing questions:

1. Does the organization receive any supplies (RUTF, vitamin A capsules, iron/folic acid tablets, zinc tablets, fortified complementary foods, scales, MUAC, etc.), from the government through the national supply chain? Which? Is there a long-term plan to link to the government system?
2. Does the organization procure any of these items? Which ones? How does the organization obtain items that it does not procure or receive through the government?¹
3. Does each program site have a procurement plan to meet planned program needs?

4. Does each site have a reliable system for procurement and management of supplies and does it conform to national guidelines?
 - o *[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 system in place that accommodates the specific requirements of items related to implementing ENA in the context of HIV & AIDS that ensures supply continuity?

Area I Score: ____

¹ For this question, 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					
Area 2					
Commodity Storage and Utilization	There is limited or no designated area for storage of procured commodities.	There is a storage area sufficient for ENA supplies procured that meets safety standards.	There is a system for ENA commodity management and a register to track usage.	There is a good inventory and logistics management system in place that takes care of fair forecasting.	The site has an elaborate supplies and logistics management system and best practices that can be used as a model and/or training center.
	1	2	3	4	

Probing questions:

1. What supplies are procured 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.]
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 items movements; includes the stock and bin cards, authorization, and other control stationery regularly used by staff.]
5. Does the site have an inventory-management procedure (e.g. bin cards) that takes care of 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

Area I					
Data Collection-Process and Outcome Indicators	The organization has no documented procedures to guide data collection at various levels.	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.	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.	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 trained and are supervised in use of the tools and resulting data.	The organization's data collection approach offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Does the organization have tools for collecting data at the various levels¹? 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 I 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

Area 2					
Quality Assurance and Data for Program Improvement	Organization has no quality-assurance strategy (using data for program improvement).	Organization has quality-assurance strategy (using data for program improvement), but it is not consistently applied.	Organization has quality-assurance strategy (using data for program improvement) that is consistently applied at all contact points, but no analysis is done to initiate actions.	Organization has quality assurance (using data for program improvement) for collecting information that is consistently applied across all contact points, analyzed, and used to refine interventions.	Organization has established a quality-management system and identified quality-assurance indicators for routine assessment. Can serve as a model for other programs.
	1	2	3	4	

Probing questions:

1. Has the organization identified a strategy to address gaps in data?
 - o [*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 it have the capacity for data management tasks?
 - o [*Tasks like Excel format conversions, data cleaning, aggregation, and analysis.*]
3. Has the organization identified a feedback mechanism and system to routinely assess quality in critical areas of service delivery?

Area 2 Score: _____

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

Area 3					
Data Use to Assess Impacts and Program Outcomes (Decision Making)	Organization has limited or no reference (or baseline) data against which reports can be compared to help assess progress and decision making.	The organization has a process for comparison of achievements against goals and past progress that result in plans to modify interventions as needed.	The organization follows a procedure of time-bound tracking achievements and corrective actions against plans in all the interventions.	The organization's current implementation, referral, community outreach, and supervision reflect greater effectiveness arising from use of data for decision making.	The data collected and analyzed within the organization is provided to stakeholders and partners to provide comprehensive nutrition supports to external partners, and is modified accordingly.
	1	2	3	4	

Probing questions:

1. Is there a baseline report or other reference data against which reports can be compared to help assess impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress? Are those results used 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. Do the organization's current approach to implementation and the referral, community, and 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					
Feedback and Sharing	The data collected and reports made by the organization are not shared externally.	The organization plans to share data and reports with relevant staff and stakeholders and share this information, but not according to any documented plan.	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.	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.	The data and findings of the organization are recognized in national reports and relevant journals. The data is available for comparison to national and international measures and best practices, and lessons are shared with other practitioners.
	1	2	3	4	

Probing questions:

1. Has the organization shared data collected and reports outside the organization (e.g. MOH, others donors, key implementers)?
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 and periodic reports made available to outside parties by way of success stories?
4. Does the organization have examples of other organizations referring to their 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					
Management Information Systems (MISs)¹	The organization does not have a simple reliable management information system to track indicators.	The organization has an MIS that does not have data-quality indicators to achieve results or validation checks (manual or electronic).	The organization has an MIS with data quality and validation checks that captures all activities implemented by the organization.	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).	The functional MIS has adequate data quality & validation checks. The backup plan is adhered to. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	

Probing questions:

1. Does the organization have a management information system to track activities and beneficiaries? This is the combination of all 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?

Area 5 Score: _____

Total Domain 3 points: _____

Domain 3 Score (Total Points/5): _____

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.