Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support

A User's Guide

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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Introduction

The Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support (REF-NACS) is a generic tool that helps gather information on the capacity of health facilities to implement NACS for pregnant women, children, and people living with HIV (PLHIV). The U.S. Agency for International Development (USAID)-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project developed this tool, in collaboration with the other USAID-funded (FANTA, LIFT, and ASSIST) projects, to assist countries in strengthening NACS services provided through the health system. This tool and user's guide benefit from the collective experiences of these projects in strengthening NACS services in more than a dozen countries.

Malnutrition affects the health, social, and economic development of many countries (UNICEF 2012a). Poor nutrition contributes to a compromised immune response and a greater susceptibility to disease, while infections increase energy requirements and can cause poor absorption of nutrients, anorexia, and susceptibility to malnutrition (Victora et al. 2008; Black et al. 2008). Emerging evidence suggests that this relationship extends well beyond childhood—malnourished children appear to be more susceptible to diet-related chronic disease later in life (Black et al. 2013; Adair et al. 2013). A malnourished mother is more likely to deliver an under-nourished infant who is more likely to become an undernourished adult. There is growing evidence about the importance of both nutrition-specific and nutrition-sensitive[1] interventions to break this cycle of malnutrition (Ruel et al. 2013).

For people living with diseases such as the human immunodeficiency virus (HIV) or tuberculosis (TB), the impact of malnutrition can be even more profound. These illnesses increase energy requirements while causing or aggravating malnutrition by reducing appetite and nutrient absorption and utilization, accelerating the cycle of poor health (de Pee et al. 2010). Malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system, increasing susceptibility to opportunistic infections, and reducing the effectiveness of treatment. Over the past decade, strengthening nutrition interventions as part of health service delivery has been increasingly recognized as imperative for the prevention and treatment of malnutrition for all, especially for pregnant and lactating women, infants and young children and people living with diseases such as HIV and TB (Bhutta et al. 2008; Bryce et al. 2008). Nutrition-specific interventions, such as nutrition assessment and counseling and treatment of moderate and severe acute malnutrition, are important components in managing the impact of these illnesses (Bhutta et al. 2008).

The REF-NACS tool is designed to stimulate discussions, facilitate an analytic process, and develop a prioritized plan for strengthening NACS services. The results from a REF-NACS will help government policy-makers, donors, program managers, service providers, and even clients:

- Understand current services provided and human resource capacity to implement quality NACS services;
- Identify gaps in services provided;
- Identify weaknesses in the health system for implementing a continuum of comprehensive NACS services; and

[1] According to Ruel et al. (2013), nutrition-specific interventions "address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases" while nutrition-sensitive interventions or programs "address the underlying determinants of fetal and child nutrition and development— food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions."

- Prioritize interventions and identify actions to strengthen NACS-related programming.

Assessment tools are often used to ensure that minimum standards of service provision are maintained. REF-NACS can determine whether the minimum elements required to implement the NACS approach are in place, help identify gaps in service delivery, and highlight priorities for integrating and improving NACS services. It is also designed to inform program planning for NACS, REF-NACS can be used to look across categories of health facilities and to establish an overview of how capabilities and services might vary within the country's health system.

REF-NACS can be used prior to implementation or during program implementation. It is designed to identify gaps, prioritize solutions, strengthen existing programs or services, design new programs or services, or take a program to scale. It can be implemented in a sample of health facilities or in all health facilities where a particular program is intending to work and is easy to administer with a modest budget. However, it can be easily modified to establish a more in depth baseline of service delivery within an individual health facility.

The present document includes: i) a background section describing the NACS approach; ii) indicators measured by the tool; iii) steps for using the tool; and iv) the tool itself.

Section 1: Nutrition Assessment, Counseling, and Support

The nutrition assessment, counseling, and support (NACS) approach is a framework for integrating nutrition interventions across the continuum of care from the clinic to the community to the household. It is a client-centered model that "strengthens the capacity of facility- and community-based health care providers to deliver nutrition-specific interventions while linking clients to nutrition-sensitive interventions" (FANTA 2012). The NACS approach harmonizes nutrition services, protocols, and the comparative advantages of organizations and government entities in providing optimal nutritional care. Strong linkages between health facility and support services are critical to foster referrals and holistic management of malnutrition (FANTA 2012; CORE Group 2012).

While the NACS approach was first developed to integrate nutrition into HIV care and treatment, it is increasingly recognized as a promising mechanism to strengthen the continuum of care for all nutrition services. The approach can be used to integrate or strengthen both prevention and treatment of malnutrition at facility and community levels. Specifically, the NACS approach facilitates the delivery of an integrated package of high-impact services for maternal, infant, and young child nutrition (MIYCN) and people living with HIV or TB. Strengthening NACS can contribute to strengthening overall health systems to improve quality of care, access to and uptake of services, the continuum of care, health policy, and human resource planning.

A. Assessment

Good nutrition care starts with good assessment (measurement and classification) of nutritional status. Nutrition assessment is a critical first step in improving and maintaining nutritional status. It involves gathering and interpreting information from anthropometric, biochemical, clinical, dietary, and food security assessment in order to identify people with moderate or severe malnutrition (Tumilowicz 2010). Individual nutritional status is classified according to anthropometric cut-offs standardized for different age groups, and clinical assessments.

B. Counseling

The results of nutrition assessment inform the development of action plans with clients to improve nutritional status. Action plans can then guide nutrition counseling, an interactive process between a client and a trained nutrition counselor to prioritize actions to improve nutritional status, understand barriers to nutrition behavior change, and identify feasible solutions to overcome those barriers. Counseling messages conveyed during health facility visits should be repeated at contact points at both facility and community levels, guided by counseling materials based on formative research.[2] For nutrition counseling to be successful, it is as important to get the information messages right as to use appropriate counseling skills. Creating an environment of trust and respect is likely to support the "achievability" of counseling messages designed to foster behavior change (American Dietetic Association 2004).

[2] See the Essential Nutrition Action Framework (Guyon and Quinn 2011), UNICEF's The Community Infant and Young Child Feeding Counseling Package (UNICEF 2012a), FANTA's HIV/AIDS: A Guide for Nutritional Care and Support (FANTA 2004).

C. Support

Nutrition support can include treatment of malnutrition, micronutrient supplementation, and provision of insecticide-treated nets (ITN) and point of use water purification products. For many clients, chronic food and economic insecurity affects the wellbeing of entire households. Specialized food products, micronutrients, nutrition counseling, and disease prevention and treatment cannot resolve the problem of insufficient food access, availability, and utilization. These issues make clients who have recovered from malnutrition vulnerable to relapse. A critical element of the support component of NACS is therefore linking clients with other services provided by the health, agriculture, food security, social protection, education, and rural development sectors through a system of bidirectional referrals.

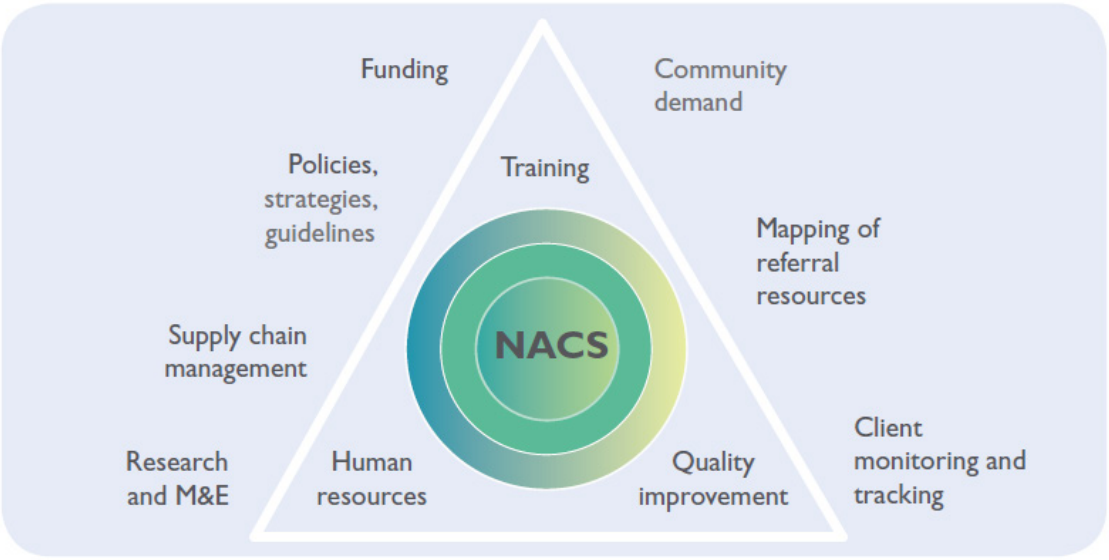
D. Enabling environment for NACS

The NACS approach requires an enabling environment to support nutrition interventions across the continuum of care and ensure services are implemented based on best available evidence and in a sustainable manner at both facility and community levels (**Figure 1**) (Islam 2007). This enabling environment includes systems (policies, governance, funding, mechanisms for service implementation, organizational networks and referral pathways, physical conditions, and human resources.)[3]

Supportive supervision and quality improvement (QI) are essential for improving the efficiency and effectiveness of health care delivery. According to a report from the USAID-funded Quality Assurance Project, the QI process "identifies where gaps exist between services actually provided and expectations for services… QI is based on principles of quality management that focus on the client, systems and processes, teamwork, and the use of data" (Massoud 2001). Through the process, teams of health workers identify and test changes to improve health care. Applying QI in the implementation of NACS services is an important strategy to solve operational problems and support the scale-up of NACS interventions, especially where solutions can be further tested and/or applied by a large number of sites. The NACS approach strengthens the broader health system by building technical capacity that can be applied to other nutrition interventions, identifying referral pathways, establishing protocols for supervision and commodity management, improving client flow within health services, and improving data management (FANTA 2012).

[3] Funding and community demand are not within the scope of NACS health facility assessments.

Figure 1: Systems and environment to enable NACS



Source: FANTA. 2012. "Defining Nutrition Assessment, Counseling, and Support (NACS). Technical Note No.13." Washington, DC: FHI 360.

Section 2: Structure of the REF-NACS Tool

The indicators measured through this rapid evaluation tool are presented in **Table 1**, organized by the components of NACS. The table also includes operational definitions as well as the building blocks of service delivery measured. These are based on the building blocks of health systems described by the World Health Organization (WHO 2010)—(A) leadership and governance, (B) human resources, (C) medical products and technologies, (D) health information systems, (E) financing, (F) service delivery, and (G) nutrition outcomes.

The indicators are measured through interviews with facility or unit managers[4], review of data reports and registers, and observations of client-provider interactions. Some may decide to interview health providers directly for several of these indicators; however, such a tool has not been prioritized in the REF-NACS.

This tool does not attempt to cover all aspects of nutrition and HIV services in a country, nor does it delve into all aspects of the quality of care provided. Data gathered using this tool can be used to assess and routinely monitor the ability of health facilities to provide NACS services.

Table 1: REF-NACS indicators

Indicator		REF-NACS measurement method	Building block
Nutrition assessment			
1	Percent of facilities adequately equipped for measuring height, weight, and mid-upper arm circumference (MUAC)	**Data Source: Interview of facility manager** Numerator: Number of facility managers who confirm that the facility has… - At least one functioning scale for adults and MUAC tape for adults in the prenatal unit; - At least one functioning scale for children, length board, height measure, and MUAC tape for children in the pediatric unit; and - At least one functioning scale for children, functioning scale for adults, length board, height measure, and MUAC tapes for adults and children in the HIV unit Denominator: Number of facilities sampled/visited. **Note:** This will need to be revised depending on the structure of the health facility.	C

[4] Throughout the list of indicators and the tools presented below we have referred to health facilities. However, in many cases it may be preferable to interview unit or department managers and report on the services each provides separately.

	Indicator	REF-NACS measurement method	Building block
2	Percent of clients of the health facility who were nutritionally assessed via anthropometric measurement[5] (during a specified period), by client type	**Data Source 1: Register review or EMR** This data source is an option where registers or the electronic medical records (EMR) contain anthropometric measures. If an EMR system is in place, this indicator could be reported for all clients rather than a sample. Numerator: Number of clients sampled from the health facility registers with the appropriate anthropometric measurements recorded in the facility register as follows: - MUAC for pregnant women; - Age, height, and weight for children; and - Age, height, and weight for non-pregnant adults. Denominator: Number of registered clients sampled. **Data Source 2: Observation** Numerator: Number of observed clients whose nutritional status is accurately[6] (based on observer's professional opinion) assessed by the provider as follows: - Measured (or reviewed in client chart) MUAC for pregnant women; - Asked age, checked for edema, and measured (or reviewed in client chart) height and weight for children; and - Assessed for edema and measured (or reviewed in client chart) height and weight for non-pregnant adults. Denominator: Number of clients observed in the facility. **Note:** This will need to be revised according to government protocol. Checking for edema is also important, but it is rarely included in facility registers. Therefore, this can be cross-checked through observation.	F
3	Percent of clients of the health facility who were nutritionally assessed and correctly classified[7] (during specified period), by client type	**Data Source 1: Register review or EMR** This data source is an option where registers or the EMR contain anthropometric measures and classification. If an EMR system is in place, this indicator could be reported for all clients rather than a sample. Numerator: Number of registered clients sampled with the correct nutritional classification recorded, based on the data collection team reviewing anthropometrics recorded in the register to determine if the recorded classification was	F

[5] Appropriate anthropometric measurements (e.g., height, weight, MUAC) should be defined according to country protocols.

[6] Anthropometric measurements need to be taken accurately in order to ensure accurate results. A job aid should be provided to observers to ensure that their expectations are in line with the training that is provided to health workers with regard to weighing and measuring client's weight, height, and MUAC.

[7] Nutritional status should be classified according to country protocol, e.g., using weight-for-height z-score (WHZ) for children, body mass index (BMI) for non-pregnant adults, and MUAC for pregnant/post-partum women.

Indicator		REF-NACS measurement method	Building block
		correct. Denominator: Number of clients sampled from the health facility registers whose anthropometric measurements and nutritional status was recorded. **Data Source 2: Observation** Numerator: Number of (observed) clients during which time the provider correctly classified the nutritional status of the client, based on the data collection team reviewing anthropometrics taken by the provider to determine if the provider's classification was correct. Denominator: Number of clients observed in the facility whose anthropometric measurements and nutritional status was recorded by the provider (indicator 2).	
4	Percent of clients of the health facility who were nutritionally assessed and found to be clinically undernourished (during specified period), by client type	**Data Source 1: Register review or EMR** This data source is an option where registers or the EMR contain anthropometric measures and classification. If an EMR system is in place, this indicator could be reported for all clients rather than a sample. Numerator: Number of registered clients sampled who were reported to be clinically undernourished and/or with the appropriate anthropometric measurements for the data collection team to determine clinical undernourishment. Denominator: Number of clients sampled from the health facility registers whose nutritional status was recorded. **Data Source 2: Observation** Numerator: Number of observed client-provider interactions during which time the provider correctly classified the client as clinically undernourished. Denominator: Number of clients observed in the facility. **Note:** Determination of clinical undernourishment should be done according to government protocol. How nutritional status is calculated and classified should be made explicit in the study protocol, tools, and final reporting of findings.	G
Nutrition counseling			
5	Percent of facilities that report providing group counseling or education on nutrition	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report providing group counseling or education on nutrition topics. Denominator: Number of facilities sampled/visited. **Note:** If desired in the country context, this indicator could also be measured through observation of group counseling or nutrition education.	F

	Indicator	REF-NACS measurement method	Building block
6	Percent of facilities that report providing individual (one-on-one) nutrition counseling	**Data Source 1: Interview of facility manager** Numerator: Number of facility managers who report providing individual (one-on-one) counseling on nutrition topics to clients. Denominator: Number of facilities sampled/visited. **Data Source 2: Observation of client-provider interactions** Numerator: Number of facilities where a specified percentage of client-provider interactions observed involved the provision of nutrition counseling. Denominator: Number of facilities sampled/visited and client-provider interactions were observed.	F
7	Percent of clients of the health facility nutritionally assessed and counseled	**Data source: Observation of client-provider interactions** Numerator: Number of observed clients during which time the provider assessed nutritional status (as defined above) and also counseled the client on nutrition. For the purposes of this rapid assessment, nutrition counseling is defined as the provision/communication of any information related to nutrition. This can be provided through group nutrition education and/or individual counseling. Denominator: Number of clients observed in the facility. **Note:** If anthropometric measurements and nutrition counseling are both recorded on the register or in the EMR system, this could also be measured through a review of registers or the EMR.	F

	Indicator	REF-NACS measurement method	Building block
Nutrition support services			
8	Percent of facilities with the appropriate space to store specialized food products and related commodities[8]	**Data Source: Interview of facility manager (observation of storage facilities)** Numerator: Number of facilities with appropriate space to store specialized food products and related commodities. Appropriate space is defined based on the following criteria: • Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes); • Current space and organization is sufficient for existing products; and • Cartons and products are in good condition, not crushed, damaged, or wet due to mishandling. Denominator: Number of facilities visited.	A
9	Percent of facilities that report providing/ prescribing therapeutic and/or supplementary food to undernourished clients	**Data Source 1: Interview of facility manager** Numerator: Number of facility managers who report providing/prescribing therapeutic and/or supplementary food. Denominator: Number of facilities visited. **Data Source 2: Observation of client-provider interactions** Numerator: Number of facilities where a specified percentage of undernourished clients were provided with or prescribed therapeutic and/or supplementary food during the observed client-provider interactions. Denominator: Number of facilities where client-provider interactions were observed. **Note:** A list of therapeutic and supplementary food will need to be finalized in each country. An alternative data source for this indicator could be register review, report review, and/or record/chart review; however, such information may not always be recorded.	F
10	Percent of facilities that use/have stock records for all priority nutrition products	**Data Source: Interview of facility manager (observation of storage facilities)** Numerator: Number of facilities with a stock card for each priority nutrition product (e.g., RUTF, RUSF, sprinkles, iron folate) that has been updated in the previous week. Denominator: Number of facilities visited. **Note:** A list of priority nutrition products will need to be finalized in each country.	A

[8] This and the following three measurement points assume that stocks are stored and managed in one location for all units of the facility.

	Indicator	REF-NACS measurement method	Building block
11	Percent of facilities without any stock out of priority nutrition products during a specified reporting period	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report no stock-outs for each priority nutrition product (e.g., RUTF, RUSF, sprinkles, iron folate) during a specified reporting period. Denominator: Number of facilities sampled/visited. **Note:** A list of priority nutrition products will need to be finalized in each country.	C
12	Percent of clinically undernourished clients who received therapeutic or supplementary food, by client type	**Data Source 1: Register review or review of EMR** This is possible only if register or EMR contains nutritional classification and/or a unique identification system that corresponds with the unique identification systems used in unit responsible for providing therapeutic and/or supplementary food. If an EMR system is in place, this indicator could be reported for all clients rather than a sample. Numerator: Number of registered clients of the health facility sampled who are clinically undernourished clients and received therapeutic or supplementary food. Denominator: Number of clients sampled from the health facility registers with the nutritional status classification of undernourished recorded OR anthropometric measurements that the data collection team determines to be undernourished. **Data Source 2: Observation** Numerator: Number of observed clinically undernourished clients that received therapeutic or supplementary food. Denominator: Number of clients observed in the facility that were found to be clinically undernourished by the provider (see indicator 5). **Note:** This will need to be revised according to government protocol. How nutritional classification determined (whether recorded in the register or determined by the data collection team based on anthropometric measurements) should be made explicit in any final reporting of findings.	F
13	**If the country has a community health worker cadre,** percent of facilities that engage community workers/ volunteers in and/or outside facilities for the provision of nutrition services	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report engaging community workers/volunteers in and/or outside facilities for the provision of nutrition services. Denominator: Number of facilities sampled/visited.	B

	Indicator	REF-NACS measurement method	Building block
14	**If part of national strategy,** percent of facilities that refer clients to any other facility and/or community-based services	**Data Source: Interview of facility manager** Numerator: Number of facility managers who refer clients to any other facility and/or community-based services. Community-based support services might include: • Economic and livelihoods development (e.g. business development, vocational training, etc.) • Food security support • HIV counseling and testing • Home care • PLHIV client treatment support (e.g. reminding to take medications, following up with clients using therapeutic foods) • Social support for PLHIV • Community based nutrition screening/monitoring • Social support for mothers (e.g. breastfeeding support groups) These services may be provided by government or non-governmental programs, projects, or organizations. Denominator: Number of facilities sampled/visited.	F
15	**If part of national strategy,** percent of facilities that receive clients from community workers/ volunteers or other government or NGO social services	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report receiving clients referred by community workers/ volunteers or other government or NGO social services. Denominator: Number of facilities sampled/visited.	F
Cross-cutting enabling environment			
16	Percent of providers in the health facility who provide nutrition services and have been trained to provide nutrition services	**Data Source: Interview of facility manager** Numerator: Number of staff in the facility that provides nutrition services that have been trained to provide nutrition services. Denominator: Number of staff in the facility that provides nutrition services. **Note:** Depending on the methodology selected, this could be disaggregated by type of training (pre-service vs. in-service) and timing of the training (e.g., within the past 3 years).	B
17	Percent of facilities routinely recording priority nutrition information	**Data Source 1: Register review or review of EMR** The specific nutrition information recorded will need to be determined in country. The tools presented here allow for assessing the recording of nutritional assessment in facility registers and is dependent on the format of facility registers and their use/distribution. If an EMR system is in place, this indicator could be based on all clients rather than a sample.	D

	Indicator	REF-NACS measurement method	Building block
		Additionally, if desired, individual client cards could be reviewed to assess this indicator. Numerator: Number of facilities visited with a specified percentage of register entries with appropriate measures of nutrition services recorded. Denominator: Number of facilities sampled/visited.	
18	**If part of national strategy,** percent of facilities with QI teams and/or staff responsible for improving the quality of services provided	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report having a group or committee whose goal is to improve the quality of services provided that has met at least [NUMBER OF TIMES, per national guidelines] in the last year. Denominator: Number of facilities sampled/visited.	B
19	Ratio of providers who provide nutrition services to clients in each facility	**Data Source: Interview of facility manager including report review** CHECK: The client load is the monthly load calculated based on data from reports from the previous 3 months. Current staffing who provide nutrition services is determined based on findings from the facility manager interview. Calculate average monthly client load received by the facility per staff. **Note:** Based on this, percent of facilities with a specified ratio determined in-country might also be reported.	B
20	Percent of units/facilities that mentor or coach health providers on the delivery of nutrition services	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report mentoring or coaching health providers on the delivery of nutrition services was provided at least [NUMBER OF TIMES, per national guidelines] in the last year. Denominator: Number of facilities sampled/visited.	B
21	Percent of facilities with regular supervision of nutrition service providers	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report that nutrition service providers were supervised at least [NUMBER OF TIMES, per national guidelines] in the past year. Denominator: Number of facilities sampled/visited.	B
22	Percent of facilities that provide health providers with feedback based on supervision visits	**Data Source: Interview of facility manager** Numerator: Number of facility managers who report providing health providers with feedback based on supervision visits. Denominator: Number of facilities sampled/visited.	B

Section 3: Steps for Using the Tool

The following steps are recommended for using the tool:

1. **Select a coordinator** to manage the desk review as well as data collection and management. Ideally, the coordinator should have a background in health or social sciences and experience in nutrition and HIV service delivery. S/he may be from the government or from a nongovernmental implementing agency. The coordinator mobilizes necessary resources and leadership to adapt the tool, collect and analyze the data, and promote use of the findings to strengthen programming for facility-level NACS at the facility-level.
2. **Engage key stakeholders** early and throughout data collection. Stakeholders include representatives from USAID, the ministry of health and other ministries, and organizations providing support services. This broad representation will help ensure greater ownership and use of the results. The coordinator meets with these stakeholders to discuss issues related to NACS service delivery and record the results. A group of selected stakeholders supports and/or contributes to the desk review, finalization of objectives, and adaptation of the methods and tools.
3. **Conduct a desk review** of national nutrition priorities, programs, policies, and strategies for integrating nutrition into health services, program QI systems, nutrition indicators included in health information systems at each level of aggregation, typical client/service flow, nutrition training for various cadres from the government and nongovernmental sector, training eligibility, job descriptions for cadres responsible for nutrition services, and staff rotation policies and turnover. This desk review guides adaptation of the method and tools.
4. **Finalize objectives and adapt methods and tools** for the country or program context. Clarify the specific objectives of key stakeholders with regard to the REF-NACS to ensure that the methods, tools, questions, and results will meet their needs. Likewise, the reason for conducting the REF-NACS may vary from country to country. Therefore, the objectives and methods must be agreed upon early on in the process.

   The sampling methodology will vary and depend on the objectives and the program scope of work as well as the availability of time and funding. Some programs may wish to use the tool to build rapport with facility staff. In such a case, program staff may wish to visit or assess all targeted health facilities. Others may wish to use the results primarily for national planning by the ministry of health, a USAID Mission, or other donor. In that case, a sample of facilities would be more appropriate. The sample size will depend on geographic scope and types of health facilities of interest.

   An important consideration is the data source or method of collecting each indicator. This tool calls for interviewing facility and/or unit managers, observing client-provider interactions, and reviewing registers and/or collecting EMR system reports. However, a program may opt to incorporate interviews with healthcare providers and/or clients. Depending on needs, a program might also wish to add open-ended questions as probes to the more rapid closed-ended questions included herein. Similarly, questions may need to be added, adjusted or deleted based on the country context, including national guidelines and protocols for the provision of NACS services. Of particular note are the nutrition products and the types or cadres of health providers that provide nutrition services, and the structure of larger health facilities.

   The process of adaptation can be done at the national or subnational level, depending on the objectives, using the following steps:

- Review the list of priority indicators (see Table 1). Add, remove, or revise (e.g., references to health facility types, cadres of health workers, and/or units of the health facility) indicators so that they correspond with the country-specific objectives for conducting the REF-NACS.
- Revise the data collection tool to correspond with indicator adaptions and ensure that the tool is properly formatted and translated.

5. **Form and train the data collection team.** The team should have an appropriate number of members per region (e.g., district, state, or department). Team members will most likely be assigned to cover the targeted health facilities in pairs. This number will vary depending on the number of health facilities to assess as well as time and budget constraints. The more team members, the greater the risk of low inter-rater reliability (the degree of agreement among raters or, in this case, observers). This is discussed further below.

   Team members should have skills and expertise in health facility services, nutrition assessment, counseling, and/or supervision. In addition, the coordinator will need to ensure that the team members understand the assessment objectives and methodology, which includes information about its purpose, process, implementation, results, and use of results.

   Each regional team should have a supervisor to oversee data collection on a day-to-day basis in that location. The district team coordinator will work with health facility heads to develop and implement facility-level activities that include reviewing tools, identifying key informants, and observing client-provider interactions.

6. **Pre-test adapted tool**. It is recommended to plan and pre-test the tool in a health facility that is not included in the assessment methodology. Following the pre-test, the tool should be adapted to improve its accuracy and consistency and then pre-tested once more. Finally, particularly for observations, it is important to test inter-rater reliability by having two or more data collectors observe and record findings from the same client-provider interaction and then compare and discuss results to agree on coding strategies and ratings. Based on the findings, the assessment coordinator may need to revise the tool.

7. **Conduct the rapid assessment** of selected health facilities, interviewing facility managers, reviewing available documents (policies, protocols, guidelines, and job aids), observing client-provider interactions and the warehouse, and reviewing registers and other data reports available. The assessment coordinator should devise country-specific plans to ensure the quality and consistency of data collected. This may entail regular review of data collected and/or observation of data collection. In addition, depending on the qualifications of the interviewers, systems could be put in place to provide immediate feedback to health facilities at the time of the assessment.

8. **Analyze data and compile report and presentation.** The coordinator supervises the input of data from the provider and client interviews, analyzes the data, and writes a report of the findings, highlighting strengths, gaps, and next steps. Data should be presented to address the needs of the target audience and in such a manner that makes the key lessons learned easily understood. Short briefs with graphs and tables are often useful for this. All health facilities visited during the assessment should be provided with, at minimum, a report of the findings.

9. **Review findings and decide on next steps.** Use of the findings is essential. Following data analysis, the assessment team arranges a follow-up meeting with stakeholders to review the findings and plan next steps. These may include further disseminating the findings, adjusting or developing new training programs, and designing ongoing data collection plans. Ideally, findings should be discussed with all health facilities visited.

Section 4: The Tool

The tool is composed of five modules. The first is completed by interviewing the health facility manager. The second is completed with permission from the facility manager based on the review of registers in each unit of the health facility. Similarly, the third is based on review of routine reports submitted by the facility in the previous three months, and the fourth is primarily based on observation in the health facility warehouse or storage room for nutrition supplies (e.g., specialized food products, micronutrient supplements). The fifth is intended to be administered at least 20 times as a guided observation.

MODULE 1. INTERVIEW WITH THE HEALTH FACILITY MANAGER

THE INFORMATION IN Q001-007 SHOULD BE PRE-FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE INTERVIEW.

IF THIS TOOL IS BEING USED FOR THE ENTIRE FACILITY, ENTER '99' FOR THE UNIT CODE (Q002).

FACILITY INFORMATION

001	NAME OF FACILITY_____	FACILITY CODE..... ☐☐
002	UNIT CODE.....	☐☐
003	DISTRICT_____	DISTRICT CODE..... ☐☐
004	SUB-COUNTY_____	SUB-COUNTY CODE..... ☐☐
005	TYPE OF FACILITY_____	TYPE OF FACILITY CODE..... ☐☐

INTERVIEW INFORMATION

006	DATE.....Day ☐☐	Month ☐☐ Year ☐☐☐☐
007	INTERVIEWER NAME_____	INTERVIEWER CODE..... ☐☐

Consent

READ TO THE RESPONDENT: Hello. My name is [OBSERVER NAME]. I am here on behalf of [IMPLEMENTING AGENCY]. I am part of a team conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of nutrition services. Your facility was selected to participate in this study. I would like to ask you several questions about the types of services regularly provided in [FACILITY NAME].

Information from this interview is confidential. Neither your name nor that of any other health worker respondents participating in this study will be recorded. However, there is a small chance that some of the respondents may be identified later.

The information acquired during this interview may be used by the MOH or other organization to improve services, or for research on health services.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study. Do you have any questions for me?

Do I have your permission to proceed?

_____ ☐☐ ☐☐ ☐☐☐☐

Interviewer's signature Day Month Year

(Indicates informed consent was provided)

008	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE RESPONDENT.	YES ..... 1 NO 2	→END

HEALTH FACILITY CHARACTERISTICS

I would like to begin the interview by asking you about the overall facility organization and availability of services.

101	Who is the managing authority of this health facility?	Government ..... 1 NGO ..... 2 Faith-based (NGO) ..... 3 Private for profit ..... 4 Private not for profit ..... 5 Other (SPECIFY) 6
102	What is the estimated population to be covered by the facility? In other words, what is the catchment population? IF THE RESPONDENT DOES NOT KNOW, RECORD '8888888' IN THE BOXES PROVIDED.	POPULATION ..... ☐☐☐☐☐☐☐

NUTRITION SERVICES			
Now I am interested in knowing more about the nutrition services provided in this facility.			
103	Does this facility provide group counseling or education on nutrition? IF YES, ASK: Could you describe the format and content of the group counseling or education provided? IF NO, ASK: Why not? _____ _____	YES ..... 1 NO ..... 2 DON'T KNOW 8	
104	Does this facility counsel clients individually on nutrition? IF YES, ASK: Could you describe the format and content of the individual counseling provided? IF NO, ASK: Why not? _____ _____	YES ..... 1 NO ..... 2 DON'T KNOW 8	
105	Does this facility engage community workers/volunteers in and/or outside facilities as part of the care system? IF YES, ASK: How? IF NO, ASK: Why not? _____ _____	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →109 →109
106	Do the community workers/volunteers provide nutrition services? IF YES, ASK: Could you describe the services provided? IF NO, ASK: Why not? _____ _____	YES ..... 1 NO ..... 2 DON'T KNOW 8	
107	Do community workers/volunteers or other government or NGO social services refer clients to this facility? IF YES, ASK: When or why? IF NO, ASK: Why not?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

	_____ _____		
108	Does this facility have a system for referring clients to any other facility and/or community-based services? Community-based support services might include: • Economic and livelihoods development (e.g. business development, vocational training, etc.) • Food security support • HIV counseling and testing • Home care • PLHIV client treatment support (e.g. reminding to take ARVs, following up with clients using therapeutic foods) • Social support for PLHIV • Community based nutrition screening/monitoring • Social support for mothers (e.g. breastfeeding support groups) These services may be provided by government or nongovernmental programs, projects, or organizations. IF YES, ASK: Could you please explain the system? IF NO, ASK: Why not? _____ _____	YES ..... 1 NO ..... 2 DON'T KNOW 8	

EQUIPMENT AND TOOLS FOR ASSESSMENT OF NUTRITION STATUS			
Now I would like to ask you questions about the equipment and tools available in your facility for providing nutrition services.			
109_1	Is an **infant/pediatric scale** available in your facility? If YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED .....1 YES, SHARED.....2 NO .....3 N/A 9	 → 110_1 → 110_1
109_2	How many are in working condition? RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS LESS THAN 10, YOU SHOULD FILL IN LEADING ZEROES. FOR EXAMPLE, A RESPONSE OF '7' SHOULD BE RECORDED '07' IN TWO BOXES. RECORD '88' IF NOT KNOWN.	☐☐	

109_3	RECORD THE DAY, MONTH, AND YEAR OF THE LAST CALIBRATION IF UNKNOWN, RECORD '88' OR '8888' IN THE BOXES PROVIDED.	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐☐☐	
110_1	Is an **adult weighing scale** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 3 N/A 9	 → 111_1 → 111_1
110_2	How many are in working condition? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '88' IF NOT KNOWN.	☐☐	
110_3	RECORD THE DAY, MONTH, AND YEAR OF THE LAST CALIBRATION IF UNKNOWN, RECORD '88' OR '8888' IN THE BOXES PROVIDED.	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐☐☐	
111_1	Is a **length board** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 3 N/A 9	 →112_1 →112_1
111_2	How many are available? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '88' IF NOT KNOWN.	☐☐	
112_1	Is a **stadiometer (for adults)** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 3 N/A 9	 → 113_1 → 113_1
112_2	How many are in working condition?? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '88' IF NOT KNOWN.	☐☐	
113_1	Is a **MUAC tape for children** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 0 N/A 9	 → 114_1 → 114_1

113_2	How many are available? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '88' IF NOT KNOWN.	☐☐☐	
114_1	Is a **MUAC tape for adults** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 3 N/A 8	 → 115_1 → 115_1
114_2	How many are available? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '888' IF NOT KNOWN.	☐☐☐	
115_1	Is a **MUAC tape for pregnant and lactating women** available in your facility? IF YES, ASK: Is it assigned to this facility or shared with another facility?	YES, ASSIGNED ..... 1 YES, SHARED..... 2 NO ..... 3 N/A 8	 → 116_1 → 116_1
115_2	How many are available? RECORD THE NUMBER IN THE SPACE PROVIDED. FILL IN LEADING ZEROES AS NECESSARY. RECORD '888' IF NOT KNOWN.	☐☐☐	

PROTOCOLS AND IEC MATERIALS			
Now I am going to ask you about various national guidelines, protocols, and flyers available at this facility. I would like to see as many of these as I can.			
READ THE NAME OF EACH GUIDELINE/PROTOCOL LISTED. RECORD WHETHER THE SPECIFIC VERSION OF THE GUIDELINE/ PROTOCOL IS OBSERVED, REPORTED BUT NOT SEEN, NOT AVAILABLE, OR IF THE RESPONDENT DOES NOT KNOW. IF YES, OBSERVED OR NOT, ASK THE RESPONDNET IF IT BEING USED. IF YES, ASK HOW AND IF NOT, ASK WHY NOT. [NOTE: FOR EACH DOCUMENT IT WILL BE IMPORTANT TO DETERMINE THE YEAR OF THE MOST RECENT VERSION OR THE VERSION THAT FACILITIES ARE EXPECTED TO HAVE.]			
116_1	Do you have the [DATE] **Baby-Friendly Hospital Initiative (BFHI) Guidelines**? IF YES, ASK: Can I see a copy of it?	YES, OBSERVED..... 1 YES, NOT OBSERVED ..... 2 NO..... 3 DON'T KNOW..... 8	 → 117_1 → 117_1

116_2	Is it being implemented or used in this facility?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
116_3	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
117_1	Do you have the [DATE] **Infant and Young Child Feeding (IYCF) Policy**? IF YES, ASK: Can I see a copy of it?	YES, OBSERVED ..... 1 YES, NOT OBSERVED ..... 2 NO ..... 3 DON'T KNOW 8	 → 118_1 → 118_1
117_2	Is it being implemented or used in this facility?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
117_3	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
118_1	Do you have [DATE] **child health cards**? IF YES, ASK: Can I see a copy of it?	YES, OBSERVED ..... 1 YES, NOT OBSERVED ..... 2 NO ..... 3 DON'T KNOW 8	 → 119_1 → 119_1
118_2	Are they being used in this facility?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
118_3	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
119_1	Do you have the [DATE] **Integrated Management of Acute Malnutrition (IMAM) Guidelines**? IF YES, ASK: Can I see a copy of it?	YES, OBSERVED ..... 1 YES, NOT OBSERVED ..... 2 NO ..... 3 DON'T KNOW 8	 → 120_1 → 120_1
119_2	Is it being implemented or used in this facility?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

119_3	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
120_1	Do you have the [DATE] **Nutrition Care and Support for PLHIV Guidelines**? IF YES, ASK: Can I see a copy of it?	YES, OBSERVED..... 1 YES, NOT OBSERVED..... 2 NO..... 3 DON'T KNOW..... 8	 → 121 → 121
120_2	Is it being implemented or used in this facility?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
120_3	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
121	Are there any other tools and/or guidelines being implemented or used for nutrition services available in this facility? Can I see a copy of these?	YES, OBSERVED..... 1 YES, NOT OBSERVED..... 2 NO, ... 3 DON'T KNOW..... 8	 → 201 → 201
122_1	RECORD TITLE: _____ _____ RECORD YEAR: ☐☐☐☐ IF YEAR IS UNKNOWN, RECORD '9999' IN THE SPACE PROVIDED.	YES, OBSERVED..... 1 YES, NOT OBSERVED..... 2 NO,..... 3 DON'T KNOW..... 8	
122_2	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____	
123_1	RECORD TITLE: _____ _____ RECORD YEAR: ☐☐☐☐ IF YEAR IS UNKNOWN, RECORD '9999' IN THE SPACE PROVIDED.	YES, OBSERVED..... 1 YES, NOT OBSERVED..... 2 NO,..... 3 DON'T KNOW..... 8	

123_2	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____
124_1	RECORD TITLE: _____ _____ RECORD YEAR: ☐☐☐☐ IF YEAR IS UNKNOWN, RECORD '9999' IN THE SPACE PROVIDED.	OBSERVED ..... 1 NOT OBSERVED..... 2
124_2	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____

HUMAN RESOURCES

Now I am interested in asking you questions about human resources and human resource management.

125	First, I would like to ask you about the number of each type/cadre of health worker at this facility. I am only interested in health workers who are employed by this health facility. This does not include volunteers or seconded staff. A. READ THE PROVIDER TYPE (CADRE), THEN ASK: How many [PROVIDER TYPE] are assigned to the [UNIT NAME] unit? RECORD THE NUMBER OF PROVIDERS IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'. B. NEXT ASK: Does [PROVIDER TYPE] usually provide nutrition services in this facility? EXPLAIN: By nutrition services, I mean assessment of nutritional status, nutrition counseling, nutrition support, and/or referral to nutrition support services. RECORD THE NUMBER OF PROVIDERS THAT USUALLY PROVIDE NUTRITION SERVICES IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'. C. FINALLY, ASK: Has [PROVIDER TYPE] been trained to provide nutrition services in this facility? EXPLAIN: By training, I mean pre-service or in-service training. RECORD THE NUMBER OF PROVIDERS THAT HAVE BEEN TRAINED IN PROVIDING NUTRITION SERVICES IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'. Note: Revise provider types/cadres and units as well as the type of training as appropriate for the country context and evaluation objectives.

Provider Type / Cadre		A. How many [PROVIDER TYPE] are assigned to the [UNIT NAME] unit?			B. How many [PROVIDER TYPE] usually provide nutrition services in the [UNIT NAME] unit?			C. How many [PROVIDER TYPE] have been trained in the past three years to provide nutrition services in the [UNIT NAME] unit?		
		[UNIT NAME]			[UNIT NAME]			[UNIT NAME]		
		(a) ANC	(c) PEDIATRIC	(d) HIV/TB	(a) ANC	(c) PEDIATRIC	(d) HIV/TB	(a) ANC	(c) PEDIATRIC	(d) HIV/TB
125_1	PEDIATRICIAN									
125_2	OB/GYN									
125_3	GENERAL PHYSICIAN									
125_4	MEDICAL OFFICER									
125_5	NURSE									
125_6	MIDWIFE									
125_7	NURSING ASSISTANT, AID, AUXILLIARY									
125_8	NUTRITIONIST									
125_9	HEALTH EDUCATOR / SOCIAL WORKER / COUNSELOR									

COMMENTS ON WHY CERTAIN CADRES DO NOT PROVIDE NUTRITION SERVICES:

MENTORING / COACHING			
Now I would like to ask you about mentoring or coaching conducted in this facility.			
126	Are health workers ever mentored/coached on the provision of nutrition services at this facility?	YES .....1 NO.....2 DON'T KNOW..... 8	
	IF YES, ASK: Could you describe the mentoring/coaching provided? IF NO, ASK: Why not?		

SUPERVISION & FEEDBACK			
Next, I would like to ask you about any supervision of health providers that is conducted in this facility.			
127	Are nutrition service providers in this facility ever supervised?	YES .....1 NO.....2 DON'T KNOW..... 8	 →130 →130
	IF YES, ASK: Could you describe the supervisory visits? IF NO, ASK: Why not?		
128	How many times in the past year have nutrition service providers in this facility been supervised?	NEVER.....0 ONCE .....1 2-3 TIMES.....2 4-5 TIMES.....3 ≥ 6 TIMES.....4 DON'T KNOW.....8	
129	Is feedback (either positive or negative) provided to nutrition service providers based on the supervision?	YES .....1 NO.....2 DON'T KNOW.....8	

QUALITY IMPROVEMENT			
Now I would like to understand any systems in place to improve the quality of care in this facility. This will involve asking to see records and documentation.			
130	Does the facility have a quality improvement (QI) team or committee responsible for improving the quality of services provided?	YES.....1 NO.....2 DON'T KNOW.....8	 →201 →201
	IF YES, ASK: Could you describe this team/committee? Who participates? What does it do? IF NO, ASK: Why not? _____ _____ _____		
131	How many times in the past year has this team or committee met?	NEVER.....0 ONCE.....1 2-3 TIMES.....2 4-5 TIMES.....3 ≥ 6 TIMES.....4 DON'T KNOW.....8	→201
132	How many times in the past year have staff discussed the quality of **nutrition** services provided?	NEVER.....0 ONCE.....1 2-3 TIMES.....2 4-5 TIMES.....3 ≥ 6 TIMES.....4 DON'T KNOW.....8	

MODULE 2. REGISTER REVIEW

TO COMPLETE THIS FORM, ASK THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REGISTERS IN THE PRENATAL, PEDIATRIC, AND HIV UNITS OF THE FACILITY.

PEDIATRIC UNIT

201	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this facility. Would it be possible for me to do this?	YES..... 1 NO, NOT AVAILABLE..... 2 NO, REFUSED 3	 → 203 → 203
202	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. RECORD THE TOTAL NUMBER OF ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. AN ENTRY IS DEFINED AS A ROW WITH A CLIENT'S NAME AND IDENTIFICATION RECORDED.		☐☐

DEPENDING ON THE LINES PER PAGE IN THE REGISTER, ADD OR REMOVE LINES FROM THE TABLE BELOW.

RECORD THE INFORMATION AVAILABLE FOR EACH ENTRY IN THE REGISTER.

IN ORDER TO COMPLETE THIS REVIEW IT MAY BE NECESSARY TO ALSO VISIT THE MALNUTRITION UNIT, WHERE THERAPEUTIC AND/OR SUPPLEMENTARY FOOD IS PROVIDED, TO ATTEMPT TO OBTAIN ANY INFORMATION WHICH IS NOT AVAILABLE IN REGISTERS.

IF ANY OF THE ITEMS IS NOT INCLUDED IN THE ACTUAL REGISTER, CROSS OUT THE ENTIRE COLUMN BELOW.

IF THE ITEM IS IN THE REGISTER, BUT NO INFORMATION IS PROVIDED FOR THE PARTICULAR CLIENT, RECORD "NA" FOR "NOT AVAILABLE" IN THE SPACE PROVIDED.

UNIQUE ID	AGE (IN MONTHS IF < 5 YEARS)	AGE (IN YEARS IF ≥ 5 YEARS)	GENDER 1= MALE 2= FEMALE	HEIGHT (IN METERS)	WEIGHT (IN KG)	MUAC (IN CM)	THERAPEUTIC OR SUPPLEMENTARY FOOD PROVIDED 1= YES 2= NO

ANC/PRENATAL UNIT FOR PREGNANT WOMEN			
TO COMPLETE THIS FORM, ASK THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REGISTERS IN THE PRENATAL, PEDIATRIC, AND HIV UNITS OF THE FACILITY.			
203	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this facility. Would it be possible for me to do this?	YES ..... 1 NO, NOT AVAILABLE ..... 2 NO, REFUSED 3	 → 205 → 205
204	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. RECORD THE TOTAL NUMBER OF ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. AN ENTRY IS DEFINED AS A ROW WITH A CLIENT'S NAME AND IDENTIFICATION RECORDED.		☐☐

RECORD THE INFORMATION AVAILABLE FOR EACH ENTRY IN THE REGISTER.

IN ORDER TO COMPLETE THIS REVIEW IT MAY BE NECESSARY TO ALSO VISIT THE MALNUTRITION UNIT, WHERE THERAPEUTIC AND/OR SUPPLEMENTARY FOOD IS PROVIDED, TO ATTEMPT TO OBTAIN ANY INFORMATION WHICH IS NOT AVAILABLE IN REGISTERS.

IF ANY OF THE ITEMS IS NOT INCLUDED IN THE ACTUAL REGISTER, CROSS OUT THE ENTIRE COLUMN BELOW.

IF THE ITEM IS IN THE REGISTER, BUT NO INFORMATION IS PROVIDED FOR THE PARTICULAR CLIENT, RECORD "NA" FOR "NOT AVAILABLE" IN THE SPACE PROVIDED.

UNIQUE ID	AGE (IN YEARS)	MUAC (IN CM)	THERAPEUTIC OR SUPPLEMENTARY FOOD PROVIDED 1= YES 2= NO	

HIV UNIT			
TO COMPLETE THIS FORM, ASK THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REGISTERS IN THE PRENATAL, PEDIATRIC, AND HIV UNITS OF THE FACILITY.			
205	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this facility. Would it be possible for me to do this?	YES.....1 NO, NOT AVAILABLE.....2 NO, REFUSED.....3	 → 301 → 301
206	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. RECORD THE TOTAL NUMBER OF ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. AN ENTRY IS DEFINED AS A ROW WITH A CLIENT'S NAME AND IDENTIFICATION RECORDED.		☐☐
RECORD THE INFORMATION AVAILABLE FOR EACH ENTRY IN THE REGISTER. IN ORDER TO COMPLETE THIS REVIEW IT MAY BE NECESSARY TO ALSO VISIT THE MALNUTRITION UNIT, WHERE THERAPEUTIC AND/OR SUPPLEMENTARY FOOD IS PROVIDED, TO ATTEMPT TO OBTAIN ANY INFORMATION WHICH IS NOT AVAILABLE IN REGISTERS.			

IF ANY OF THE ITEMS IS NOT INCLUDED IN THE ACTUAL REGISTER, CROSS OUT THE ENTIRE COLUMN BELOW.

IF THE ITEM IS IN THE REGISTER, BUT NO INFORMATION IS PROVIDED FOR THE PARTICULAR CLIENT, RECORD "NA" FOR "NOT AVAILABLE" IN THE SPACE PROVIDED.

UNIQUE ID	AGE (IN MONTHS IF < 5 YEARS)	AGE (IN YEARS IF ≥ 5 YEARS)	GENDER 1= MALE 2= FEMALE 3= PREGNANT WOMAN	HEIGHT (IN METERS)	WEIGHT (IN KG)	MUAC (IN CM)	THERAPEUTIC OR SUPPLEMENTARY FOOD PROVIDED 1= YES 2= NO

MODULE 3. DATA REPORT REVIEW

TO COMPLETE THIS FORM, THE DATA COLLECTOR ASKS THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REPORTS FROM THE PREVIOUS 3 MONTHS.

[THE NAMES OF THE REPORTS SHOULD BE PROVIDED TO INTERVIEWERS AND THE TOOL SHOULD BE ADAPTED ACCORDINGLY, PREFERRABLY BEFORE THE ASSESSMENT BEGINS. ADDITIONALLY, THE NAMES OF THE THREE PREVIOUS MONTHS SHOULD ALSO BE INSERTED INTO THIS TOOL IN ADVANCE.]

301	Now I would like to review the facility reports on routine data collected to get a sense of services provided and the numbers of clients reached with these services. Would it be possible for me to review the reports from this facility from the past 3 months?	YES.....1 NO, NOT AVAILABLE....2 NO, REFUSED.....3	 → 401 → 401

REVIEW THE REPORTS PROVIDED. FOR EACH OF THE FOLLOWING INDICATORS, RECORD THE FOLLOWING INFORMATION:

COLUMN 'A': CIRCLE THE CODE CORRESPONDING WITH THE REPORT WHERE DATA ON THE INDICATOR WAS FOUND.

COLUMNS 'B' – 'D': RECORD IN THE BOXES PROVIDED THE NUMBER FOR EACH ITEM FOR EACH OF THE PREVIOUS THREE MONTHS. IF NOT INCLUDED IN REPORT, ENTER 99999.

302	INDICATOR	A. REPORT WHERE INDICATOR IS REPORTED	B. NUMBER REPORTED IN [MONTH 1]	C. NUMBER REPORTED IN [MONTH 2]	D. NUMBER REPORTED IN [MONTH 3]
302_1	Number of visits to the ANC clinic	HMIS REPORT .....1 RUTF DISTRIBUTION REPORT.....2 DRY RATION DISTRIBUTION REPORT.....3 OTHER.....4 SPECIFY: _____ _____ NOT REPORTED.....7 DON'T KNOW 8	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
302_2	Number of children who visit the pediatric unit NOTE: This will need to be adapted to country context. This	HMIS REPORT .....1 RUTF DISTRIBUTION REPORT.....2 DRY RATION DISTRIBUTION REPORT.....3 OTHER.....4 SPECIFY: _____	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐

	should capture all clients who you hope would receive nutrition services.	_____ NOT REPORTED.....7 DON'T KNOW 8			
302_3	Number of visits to the HIV unit	HMIS REPORT .....1 RUTF DISTRIBUTION REPORT.....2 DRY RATION DISTRIBUTION REPORT.....3 OTHER.....4 SPECIFY: _____ _____ NOT REPORTED.....7 DON'T KNOW 8	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐

MODULE 4. WAREHOUSE INTERVIEW AND OBSERVATION			
Now I would like to ask you about the availability of various supplies at this facility. I am interested in knowing about selected products you have in stock today and observing the general storage conditions.			
401	Could you take me to the warehouse or room/building where nutrition products or supplies (e.g., specialized food products and micronutrient supplements) are stored?	YES .....1 NO.....2	→ END
OBSERVE THE FOLLOWING ASPECTS OF THE WAREHOUSE OR ROOM/BUILDING WHERE NUTRITION PRODUCTS OR SUPPLIES ARE STORED.			
402	STOREROOM IS MAINTAINED IN GOOD CONDITION (CLEAN, ALL TRASH REMOVED, STURDY SHELVES, ORGANIZED BOXES).	YES.....1 NO 2	
	COMMENTS: _____ _____		
403	CURRENT SPACE AND ORGANIZATION IS SUFFICIENT FOR EXISTING PRODUCTS.	YES.....1 NO 2	
	COMMENTS: _____ _____		
404	CARTONS AND PRODUCTS ARE IN GOOD CONDITION, NOT CRUSHED, WET, OR OTHERWISE DAMAGED DUE TO MISHANDLING.	YES.....1 NO 2	
	COMMENTS: _____ _____		

NOW EXPLAIN: I am specifically interested in knowing the stock status of nutrition drugs/supplements for the period of [TIME PERIOD]; and today_____, the day of the interview.

A. ASK: Is [PRODUCT] managed (typically stocked) at this facility? CIRCLE THE CODE "1" FOR "YES", "2" FOR "NO", OR "8" FOR "DON'T KNOW".

FOR ALL PRODUCTS MANAGED AT THE FACILITY, ASK TO SEE THE STOCK CARD, ASK EACH QUESTION AND REVIEW STOCK CARDS AS INDICATED BELOW.

B. REVIEW THE STOCK CARD. CIRCLE THE CODE "1" IF THERE IS AN ENTRY FROM A SPECIFIED REPORTING PERIOD DETERMINED IN COUNTRY, "2" IF THERE IS NO SUCH ENTRY, OR "9" IF THERE IS NO STOCK CARD.

C. REVIEW THE STOCK CARD OR STOCK. CIRCLE THE CODE "1" IF THERE IS STOCK ON HAND (ANY QUANTITY), "2" IF THERE IS NONE, OR "9" IF THERE IS NO STOCK CARD.

D. ASK: Has the facility had a stock-out of [PRODUCT] during the [SPECIFIED REPORTING PERIOD]? CIRCLE THE CODE "1" FOR "YES", "2" FOR "NO", OR "8" FOR "DON'T KNOW".

Product	A. Is [PRODUCT] managed at this facility?	B. OBSERVE: IS THERE AN ENTRY IN THE STOCK CARD FROM [SPECIFIED REPORTING PERIOD]?	C. REVIEW STOCK CARD: IS STOCK OF [PRODUCT] ON HAND?	D. Have you had any stock-out of [PRODUCT] in the [SPECIFIED REPORTING PERIOD]?
405. Folic Acid	YES.....1 NO.....2 → Q406 DK.....8 → Q406	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
406. Iron	YES.....1 NO.....2 → Q407 DK.....8 → Q407	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
407. Iron-folate tablets	YES.....1 NO.....2 → Q408 DK.....8 → Q408	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8

Product	YES.....1 NO.....2 → Q409 DK.....8 → Q409	B. OBSERVE: IS THERE AN ENTRY IN THE STOCK CARD FROM [SPECIFIED REPORTING PERIOD]?	C. REVIEW STOCK CARD: IS STOCK OF [PRODUCT] ON HAND?	D. Have you had any stock-out of [PRODUCT] in the [SPECIFIED REPORTING PERIOD]?
408. Vitamin A		YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
409. Multivitamins	YES.....1 NO.....2 → Q410 DK.....8 → Q410	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
410. Albendazole	YES.....1 NO.....2 → Q411 DK.....8 → Q411	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
411. Mebendazole	YES.....1 NO.....2 → Q412 DK.....8 → Q412	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
412. IPT for malaria	YES.....1 NO.....2 → Q413 DK.....8 → Q413	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
413. RUTF F-75	YES.....1 NO.....2 → Q414 DK.....8 → Q414	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8

Product	YES.....1 NO.....2 → Q415 DK.....8 → Q415	B. OBSERVE: IS THERE AN ENTRY IN THE STOCK CARD FROM [SPECIFIED REPORTING PERIOD]?	C. REVIEW STOCK CARD: IS STOCK OF [PRODUCT] ON HAND?	D. Have you had any stock-out of [PRODUCT] in the [SPECIFIED REPORTING PERIOD]?
414. RUTF F-100		YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
415. RUSF	YES.....1 NO.....2 → Q416 DK.....8 → Q416	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8
416. Dry rations (food)	YES.....1 NO.....2 → Q417 DK.....8 → Q417	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 NO, STOCK CARD.....9	YES.....1 NO.....2 DK.....8

MODULE 5: OBSERVATION OF INTERACTION BETWEEN PROVIDER AND CLIENT/CAREGIVER OF CHILD

THIS TOOL IS USED TO CONDUCT A SPECIFIED NUMBER[9] OF OBSERVATIONS IN EACH FACILITY. CONSENT MUST BE OBTAINED FROM THE PROVIDER AND THE CLIENT.

Q501-511 SHOULD BE PRE-FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE OBSERVATION.

FACILITY INFORMATION

501	NAME OF FACILITY _____	FACILITY CODE	☐☐
502	NAME OF UNIT _____	UNIT COD	☐☐
503	DISTRICT _____	DISTRICT CODE	☐☐
504	SUB-COUNTY _____	SUB-COUNTY CODE	☐☐
505	TYPE OF FACILITY _____	TYPE OF FACILITY CODE	☐☐

PROVIDER INFORMATION

506	PROVIDER TYPE CODE	☐☐
507	SEX OF PROVIDER (1=MALE; 2=FEMALE)	☐

OBSERVATION INFORMATION

508	DATE	Day	☐☐	Month	☐☐	Year ☐☐☐☐
509	OBSERVER NAME _____	OBSERVER CODE	☐☐			

Codes for Provider Types:

PEDIATRICIAN	1	MIDWIFE	6
OB/GYN	2	NURSING ASSISTANT, AID, AUXILLIARY	7
GENERAL PHYSICIAN	3	NUTRITIONIST	8
MEDICAL OFFICER	4	HEALTH EDUCATOR / SOCIAL WORKER / COUNSELOR	9
NURSE	5	COMMUNITY HEALTH AGENT	10

[9] Please refer to the user's guide (forthcoming) for information on numbers and types of clients and providers to observe.

INFORMED CONSENT

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THE PROVIDER KNOWS YOU ARE NOT THERE TO EVALUATE HIM OR HER AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO THE PROVIDER: Hello. My name is [OBSERVER NAME]. I am here on behalf of the [AGENCY/PROJECT]. I am part of a team conducting a study of health facilities in [COUNTY] with the goal of finding ways to improve the delivery of nutrition services.

You are being asked to take part in this study because of the work you do at this health facility. I would like to observe your next consultation with a client under the age of two years and his/her caretaker in order to better understand services provided in this facility. The study involves minimal possibilities for risk, stress and discomfort given the questions and observations in the assessment relate to your routine daily activities. The results from this study and this observation will provide valuable information for the SPRING project to better help this facility improve nutrition services.

Your participation in the study is voluntary, and will not have bearing on your employment. If you decide to participate, information from this observation will be confidential. Neither your name nor the name of your client(s) will be recorded. The information acquired during this observation may be used by the MOH or other organization to improve services, or for research on health services. However, your identity and any information about you will remain completely confidential and will not be shared with your supervisor(s) or others. If the results of this study are published, you will not be identified nor named in any reports.

If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind me observing your consultation. Do you have any questions for me? Do I have your permission to be present at this consultation? You can withdraw from the study at any time you feel like and will receive no penalties.

_____ ☐☐ ☐☐ ☐☐☐☐

Interviewer's signature Day Month Year

(Indicates respondent's informed consent was provided)

510	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES.....1 NO.....2	→END

READ TO THE CLIENT OR CAREGIVER (IF CHILD): Hello, I am [OBSERVER NAME]. I am here on behalf of the AGENCY/PROJECT, I am part of a team conducting a study of health facilities in Haiti.

You are being asked to take part in this study because [YOU ARE/YOUR CHILD IS] a patient of health worker(s) who will be observed by the research team at this facility. The research team is interested in observing how health workers provide services at this facility. This will involve the researcher(s) being with you during your visit today to observe how health worker(s) provide services. With your consent, the research team will observe and take notes on the health worker(s) as they provide services to your child and you at this clinic. The research team will also record from your child's records or ask you about your child's age, nutritional status, and HIV status as well as you current feeding practices and the reason and type of today's visit. This information will help us better understand what is observed today. Although information from this study may be provided to researchers for analysis, neither your name nor the date of services will be provided in any shared data. [YOUR/YOUR CHILD'S] identity and any information about [YOU/YOUR CHILD] will remain completely confidential.
The study involves minimal possibilities for risk, stress, and discomfort given the observations in the assessment relate to the health worker. The results from this study and this observation will provide valuable information for the SPRING project to better help this facility improve nutrition services.

Your participation in the study is voluntary, and will not have bearing on the services you receive. We are not evaluating the health worker observed today or the facility.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave, please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

_____ ☐☐ ☐☐ ☐☐☐☐

Interviewer's signature Day Month Year

(Indicates respondent's willingness to participate)

511	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CAREGIVER OF THE CHILD UNDER TWO.	YES.....1 NO.....2	 →END

OBSERVATION CHECKLIST							
OBSERVE THE ACTIONS OF THE PROVIDER AND HIS/HER INTERACTIONS WITH THE CLIENT (OR THE CAREGIVER OF THE CLIENT WHEN THE CLIENT IS A CHILD). FOR EACH OBSERVATION POINT, CIRCLE: • 2 IF "YES", YOU OBSERVED IT AND IT WAS DONE WELL AND COMPLETELY; • 1 IF "YES", YOU OBSERVED IT AND IT WAS DONE POORLY, INCORRECTLY, OR ONLY PARTIALLY; • 0 IF "NO", THE PROVIDER DID NOT PERFORM THE ACTION; • 8 FOR "DON'T KNOW" IF YOU WERE UNABLE TO OBSERVE THE ENTIRE ACTION; OR • 9 IF IT IS "NOT APPLICABLE (NA)". NOTE THAT THIS OPTIONAL RESPONSE SHOULD ONLY BE USED WHERE THE CODE IS PROVIDED AND THE CELL IS NOT SHADED.							
NO.	**ACTION**	**YES, DONE WELL (2)**	**YES, DONE POORLY, INCORRECTLY, OR PARTIALLY (1)**	**NOT DONE (0)**	**DK (8)**	**NA (9)**	**COMMENTS**
ASSESSMENT							
512	RECORD SEX OF THE CLIENT HERE.	MALE .....1 FEMALE.....2					
GENERAL WELL BEING							
513	Did the health worker ask the client (or client's caregiver) what his/her purpose for the visit?	2	1	0	8		
514	RECORD THE PURPOSE HERE. IF NEEDED, REVIEW THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION.	_____ _____					
515	Did the health worker confirm age of the client or review age recorded elsewhere in facility?	2	1	0	8		
516	RECORD THE CLIENT'S DATE OF BIRTH HERE. THIS MAY REQUIRE LOOKING AT THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION.	DAY ..... ☐☐ MONTH ..... ☐☐ YEAR ..... ☐☐☐☐ NOT AVAILABLE..... 999					
517	RECORD THE CLIENT'S AGE HERE. IF NEEDED, REVIEW THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION. CIRCLE THE CODE INDICATING IF THE AGE IS RECORDED IN MONTHS OR YEARS, THEN RECORD AGE IN THE SPACE PROVIDED. CIRCLE '999' IF THE AGE IS NOT AVAILABLE.	A. AGE IN MONTHS.....1 ☐☐ B. AGE IN YEARS.....2 ☐☐ NOT AVAILABLE..... 999					

NO.	ACTION	YES, DONE WELL (2)	YES, DONE POORLY, INCORRECTLY, OR PARTIALLY (1)	NOT DONE (0)	DK (8)	NA (9)	COMMENTS
518	Did the health worker weigh the client or review the weight measured elsewhere in facility?	2	1	0	8		
519	RECORD THE CLIENT'S WEIGHT AND UNIT OF MEASURE HERE (E.G., METERS, CENTIMETERS). THIS MAY REQUIRE LOOKING AT THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION.	WEIGHT .....☐☐☐.☐ UNIT OF MEASURE ....._____ NOT AVAILABLE..... 999					
520	Did the health worker measure the height or length of the client or review the height/ length measured elsewhere in facility?	2	1	0	8		
521	RECORD CLIENT'S HEIGHT AND UNIT OF MEASURE HERE (E.G., KILOGRAMS, POUNDS). IF NEEDED, REVIEW THE CLIENT CHART OR PROVIDER'S NOTES AFTER THE CONSULTATION.	HEIGHT .....☐☐☐.☐ UNIT OF MEASURE ....._____ NOT AVAILABLE..... 999					
522	Did the health worker measure the MUAC of the client or review the MUAC measured elsewhere in facility?	2	1	0	8		
523	RECORD THE CLIENT'S MUAC AND UNIT OF MEASURE HERE (E.G., CENTIMETERES). IF NEEDED, REVIEW THE CLIENT CHART OR PROVIDER'S NOTES AFTER THE CONSULTATION.	MUAC.....☐☐☐.☐ UNIT OF MEASURE ....._____ NOT AVAILABLE..... 999					
524	Did the health worker classify nutritional status or review classification done elsewhere in facility?	2	1	0	8		

NO.	ACTION	YES, DONE WELL (2)	YES, DONE POORLY, INCORRECTLY, OR PARTIALLY (1)	NOT DONE (0)	DK (8)	NA (9)	COMMENTS
525	CIRCLE THE CODE CORRESPONDING WITH THE PROVIDER'S CLASSIFICATION OF THE CLIENT'S NUTRITIONAL STATUS. IF NEEDED, REVIEW THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION.	SEVERELY MALNOURISHED ..... 1 MODERATELY MALNOURISHED ..... 2 NORMAL ..... 3 OVERWEIGHT ..... 4 OBESE ..... 5 OTHER ..... 6 SPECIFY: _____ NOT CLASSIFIED 9					
526	Did the health worker screen the client for anemia (pale palms or inner eyelids) or review results of screening done elsewhere in facility?	2	1	0	8		
527	**If client is NOT pregnant,** did the health worker check for bilateral pitting edema?	2	1	0	8	9	
528	**If HIV status is unknown,** did the health worker ask the client (or client's caregiver) about his/her HIV status?	2	1	0	8	9	
529	CIRCLE THE CODE CORRESPONDING WITH THE CLIENT'S HIV STATUS. IF NEEDED, REVIEW THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION.	HIV POSITIVE ..... 1 HIV NEGATIVE ..... 2 NOT PROVIDED ..... 8 UNKNOWN 9					
530	**If client is pregnant,** did the health worker ask the client about her gestational age?	2	1	0	8	9	
531	**IF THE CLIENT IS PREGNANT,** RECORD THE CLIENT'S GESTATIONAL AGE IN MONTHS. IF NEEDED, REVIEW THE CLIENT CHART OR THE PROVIDER'S NOTES AFTER THE CONSULTATION. ENTER '99' IF UNKNOWN.	GESTATIONAL AGE (MONTHS).... ☐☐					

NO.	ACTION	YES, DONE WELL (2)	YES, DONE POORLY, INCORRECTLY, OR PARTIALLY (1)	NOT DONE (0)	DK (8)	NA (9)	COMMENTS
532	**If client is pregnant and not currently taking IFA,** did the health worker provide/prescribe IFA?	2	1	0	8	9	
533	**If the client is severely malnourished,** did the health worker conduct an appetite test?	2	1	0	8	9	
534	**If the client is severely malnourished,** did the health worker provide/prescribe RUTF?	2	1	0	8	9	
535	**If the client is severely malnourished,** did the health worker provide/prescribe RUSF?	2	1	0	8	9	
536	**If the client is severely malnourished,** did the health worker provide/prescribe dry food rations?	2	1	0	8	9	
537	Did the health worker provide/communicate any information on nutrition (feeding/eating practices)?	2	1	0	8		
538	Did the health worker refer the client to community-based nutrition support services?	2	1	0	8		
539	Did the health worker refer the client to community-based health worker?	2	1	0	8		
COMMENTS/NOTES, IF ANY:							

References

Adair, Linda S, Caroline HD Fall, Clive Osmond, Aryeh D Stein, Reynaldo Martorell, Manuel Ramirez-Zea, Harshpal Singh Sachdev, et al. 2013. "Associations of Linear Growth and Relative Weight Gain During Early Life with Adult Health and Human Capital in Countries of Low and Middle Income: Findings from Five Birth Cohort Studies." *The Lancet* 382 (9891) (August): 525–534. doi:10.1016/S0140-6736(13)60103-8.

American Dietetic Association 2004. "Position of the American Dietetic Association and Dietitians of Canada: Nutrition Intervention in the Care of Persons with Human Immunodeficiency Virus Infection." *Journal of the American Dietetic Association* 104 (9) (September): 1425–1441. doi:10.1016/j.jada.2004.07.012.

Bhutta, Zulfiqar A, Tahmeed Ahmed, Robert E Black, Simon Cousens, Kathryn Dewey, Elsa Giugliani, Batool A Haider, et al. 2008. "What Works? Interventions for Maternal and Child Undernutrition and Survival." *The Lancet* 371 (9610) (February): 417–440. doi:10.1016/S0140-6736(07)61693-6.

Black, Robert E, Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, Majid Ezzati, et al. 2013. "Maternal and Child Undernutrition and Overweight in Low-income and Middle-income Countries." *The Lancet* 382 (9890) (August): 427–451. doi:10.1016/S0140-6736(13)60937-X.

Black, Robert E, Lindsay H Allen, Zulfiqar A Bhutta, Laura E Caulfield, Mercedes de Onis, Majid Ezzati, Colin Mathers, and Juan Rivera. 2008. "Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences." *The Lancet* 371 (9608) (January): 243–260. doi:10.1016/S0140-6736(07)61690-0.

Bryce, Jennifer, Denise Coitinho, Ian Darnton-Hill, David Pelletier, and Per Pinstrup-Andersen. 2008. "Maternal and Child Undernutrition: Effective Action at National Level." *The Lancet* 371 (9611) (February): 510–526. doi:10.1016/S0140-6736(07)61694-8.

CORE Group. *Getting the Knack of NACS: SOTA Meeting on Nutrition, Assessment, Counseling and Support (NACS), 22-23 February 2012, Washington D.C. Meeting Report*. Washington, D.C.: CORE Group, 2012.

De Pee, Saskia; Semba, Richard D. 2010. "Role of nutrition in HIV infection: Review of evidence for more effective programming in resource-limited settings." *Food and Nutrition Bulletin* 31 (Supplement 4) (December): 313S-344S (32).

FANTA. 2013. *Nutrition Assessment, Counseling, and Support (NACS): A User's Guide*. Washington, D.C.: FHI 360. Available at: http://www.fantaproject.org/tools/NACS-users-guide-modules-nutrition-assessment-counseling-support.

FANTA. 2012. "Defining Nutrition Assessment, Counseling, and Support (NACS). Technical Note No.13." Washington, DC: FHI 360.

Guyon, AB and Quinn, VJ. 2011. "Booklet on Key Essential Nutrition Action (ENA) Messages." Core Group, Washington, D.C. Available at: http://www.coregroup.org/our-technical-work/working-groups/nutrition.

Guyon, AB and Quinn, VJ. *Essential Nutrition Actions Framework Training Guide for Community Volunteers*. Core Group, Washington, D.C., January 2011

Islam, M. 2007. Health Systems Assessment Approach: A How-To Manual. Submitted to the U.S. Agency for International Development in collaboration with Health Systems 20/20, Partners for Health

Reformplus, Quality Assurance Project, and Rational Pharmaceutical Management Plus. Arlington, VA: Management Sciences for Health.

Massoud, R., K.Askov, J. Reinke, L. M. Franco,T. Bornstein, E. Knebel, and C. MacAulay. 2001. *A Modern Paradigm for Improving Healthcare Quality*. QA Monograph Series 1(1) Bethesda, MD: Published for the U.S.Agency for International Development (USAID) by the Quality Assurance Project.

Ruel, Marie T, and Harold Alderman. 2013. "Nutrition-sensitive Interventions and Programmes: How Can They Help to Accelerate Progress in Improving Maternal and Child Nutrition?" *The Lancet* 382 (9891) (August): 536–551. doi:10.1016/S0140-6736(13)60843-0.

Tumilowicz, Alison. 2010. *Guide to Screening for Food and Nutrition Services among Adolescents and Adults Living with HIV*. Washington, DC: FHI 360.

UNICEF, World Health Organization, The World Bank. UNICEF-WHO-World Bank Joint Child Malnutrition Estimates. (UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2012). http://www.who.int/nutgrowthdb/jme_unicef_who_wb.pdf.

UNICEF. 2012a. *The Community Infant and Young Child Feeding Counseling Package: Key Messages Booklet.*

UNICEF. 2012b. *The Community Infant and Young Child Feeding Counseling Package: Participant Materials.*

UNICEF. 2013. "Improving Child Nutrition: The achievable imperative for global progress." Available at: http://www.unicef.org/publications/files/Nutrition_Report_final_lo_res_8_April.pdf

USAID | DELIVER PROJECT, Task Order 1. 2008. *Logistics Indicators Assessment Tool (LIAT).* Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

Victora, Cesar G, Linda Adair, Caroline Fall, Pedro C Hallal, Reynaldo Martorell, Linda Richter, and Harshpal Singh Sachdev. 2008. "Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital." *The Lancet* 371 (9609) (January): 340–357. doi:10.1016/S0140-6736(07)61692-4.

WHO. "Technical Seminar—Anaemia, Nutritional Status, and Vitamin A Supplementation." Available at: http://www.who.int/maternal_child_adolescent/documents/pdfs/cah_01_10_ts_malnutrition.pdf

WHO. 2008. "Manual for the health care of children in humanitarian emergencies." Available at: http://whqlibdoc.who.int/publications/2008/9789241596879_eng.pdf.

WHO. 2010. "Key components of a well functioning health system." Available at: http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf.

WHO. 2013. "Essential Nutrition Actions: Improving maternal, newborn, infant and young child health and nutrition." Available at: http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550_eng.pdf

World Bank 2013. "Improving Nutrition through Multisectoral Approaches."