Technical Capacity Assessment

# NUTRITION

## Essential Nutrition Actions (ENA) Framework within the context of HIV & AIDS


Participant's Copy
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This series of technical tools focused on nutrition was developed by John Snow, Inc., (JSI) in collaboration with Helen Keller International specifically for the New Partners Initiative Technical Assistance (NuPITA) project, a USAID-funded activity designed to strengthen the quality of program implementation and the institutional capacity of New Partner Initiative grantees.

The JSI project worked with 16 nongovernmental organizations that provide HIV services in sub-Saharan Africa. JSI provided technical assistance to the NPI grantees in HIV prevention and care services, child health, nutrition, and family planning as well as financial management and compliance with USG regulations, and organizational development through both the New Partner's Initiative Technical Assistance (NuPITA) mechanism, funded by USAID.

The New Partners Initiative Technical Assistance project was implemented by John Snow, Inc., and Initiatives, Inc.

This version of the TCA is a Participant's Copy, for the full tool please e-mail capacitydevelopment@jsi.com.

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**Technical Capacity Assessment**

# NUTRITION: 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 help an organization assess its ability to implement nutrition programs within the health sector using the ENA framework. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels (if applicable).

The Technical Capacity Assessment (TCA) tool 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 programs 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*

Each TCA tool 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 follows:

**Domain 1: Organizational Strategy**

1. Program Strategy
2. Protocols and 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. Sustainability

**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 an implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

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

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

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

Sample questions which might help the facilitator to probe further into the content areas are presented on each page.

The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

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

| 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** | | | | | | |
| Early initiation of breastfeeding within one hour of birth<br><br>Keep newborn warm and dry (skin-to-skin)<br><br>Exclusive breastfeeding during first 6 months | Complementary feeding starting at 6 months with mashed foods<br><br>Continued breastfeeding until 24 months or beyond<br><br>Increased amount of food with age<br><br>Increased feeding frequency with age<br><br>Enriched diet with variety of foods and fortified foods<br><br>Responsive feeding<br><br>Handwashing before feeding<br><br>Food hygiene | Increased frequency of breastfeeding during and after illness<br><br>Increased frequency of complementary feeding during and after illness (6-24 months)<br><br>Zinc supplementation for child with diarrhea<br><br>Vitamin A supplementation as recommended<br><br>Special care for malnourished child depending on severity<br><br>Kangaroo care for low-birth weight newborns | Diversified diet with vitamin A rich foods (ripe orange/yellow vegetables & fruits) and fortified foods<br><br>Vitamin A supplementation for woman after delivery<br><br>Vitamin A supplementation twice a year for children 6-59 months | Diversified diet with iron rich foods (dark green leafy vegetables) and fortified foods<br><br>Iron/folic acid supplementation daily during 6 months for pregnant woman (and after delivery) prevalence >40%)<br><br>De-worming for pregnant women after 1st trimester<br><br>De-worming for children12-59 months twice a year<br><br>In malaria endemic areas: sleep under impregnated treated net, and for pregnant women intermittent presumptive treatment<br><br>In non-endemic malaria areas with anemia prevalence >40%: iron/folic acid supplementation daily for children > 6 months | Iodized salt | One additional meal daily during pregnancy<br><br>Two additional meals daily during lactation<br><br>Breast health during lactation<br><br>Less workload and more rest during pregnancy |
| Child spacing and immunization<br>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** | | | | | | | |
| Support infant feeding option<br>- exclusive breastfeeding, or<br>- exclusive formula feeding<br><br>Assess 'affordable, feasible, acceptable, sustainable and safe' before counseling for commercial infant formula<br><br>Encourage exclusive breastfeeding for infants confirmed to be HIV positive<br><br>Energy intake increased by 10% if suspected HIV positive and not losing weight (**1** extra feeding daily) | Early cessation of breastfeeding when breast milk can be replaced by other milks (animal or commercial)<br><br>Energy intake increased by 10% if suspected HIV positive and not losing weight (**1** extra feeding each day)<br><br>Use fortified, blended foods, when available<br><br>Assess health and growth of child | Counsel on testing child (depends on test availability)<br><br>Immediate treatment of sickness<br><br>Diet management of nausea, vomiting and oral sores, etc.<br><br>Energy intake increased by 50-100% if losing weight (double the daily feedings<br><br>Supplementary or therapeutic feeding for moderate or severely malnourished child as per international guidelines | Supplementation at 1 recommended daily allowance with multiple micronutrients if diet not adequately diverse | See ENA for HIV negative individuals | | Energy intake increased by 10% if non symptomatic (1 extra feeding a day)<br><br>Energy intake increased by 20-30% if symptomatic or losing weight (2 extra feedings a day)<br><br>BMI for nutritional monitoring (or MUAC for pregnant women)<br><br>Breastfeeding stopped if breast problems<br><br>Dietary management of nutrition related symptoms<br><br>Importance of malaria prevention and de-worming<br><br>Counsel & refer for PMTCT and/or ART | Diversified diet<br><br>Energy intake increased by 10% in adults if non-symptomatic (1 extra meal a day)<br><br>Energy intake increased by 20-30% if symptomatic or losing weight (2 extra feedings a day)<br><br>Evaluation of interaction of nutrition and ARVs<br><br>Monitor weight/ BMI<br><br>Dietary management of nausea, vomiting and other nutrition related symptoms<br><br>Physical exercise to build muscle mass |
| **Assessment of household food security situation**<br>**Immediate treatment of all illnesses** | | | | | | | |

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the comprehensiveness of the implementation approach for ENA framework in the context of HIV&AIDS.**

| AREA 1: PROGRAM STRATEGY | | | |
|---|---|---|---|
| The organization has limited or no defined, documented ENA framework in the context of HIV&AIDS. | The organization has a defined and documented strategy to implement ENA framework in the context of HIV&AIDS which is in response to an evidence-based determination of need and audience identification. | The organization has a documented strategy to implement ENA in the context of HIV&AIDS which is in response to an evidence-based determination of need for health services and meet the minimum basic package according to national and international requirements and are comprehensive *(clients receive all necessary nutrition services either through the organization or referral linkages*). | The organization has a defined and documented strategy to implement ENA framework in the context of HIV&AIDS which is in response to an evidence-based determination of need and are tailored to individual needs and are comprehensive. It can be shared as a model with the government or to other organizations. The organization has the capacity to scale up nutrition services. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The organization and/or its implementing partners have a defined and documented strategy to implement ENA framework in the context of HIV&AIDS. Clients are able to receive all necessary services, either through the organization, partners, or through referral linkages, and the organization has capacity to scale up.* | | | |

**Area 1 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

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

| AREA 2: PROGRAM SPECIFIC PROTOCOLS, GUIDELINES/ STANDARD OPERATING PROCEDURES (SOPS)[1] | | | |
|---|---|---|---|
| The program strategy does not include guidelines, protocols or standard operating procedures (SOPs) for each HIV& AIDS contact point. | The program strategy includes guidelines, protocols, and SOPs for each ENA and for each HIV&AIDS contact point which are up-to-date and in-line with national and international guidelines and have been disseminated to staff and implementers. | The program strategy includes guidelines, protocols, and SOPs for each ENA and for each HIV&AIDS contact point which are up-to-date and in-line with national and international guidelines and are being applied in health service delivery. | The program strategy includes guidelines, protocols, and SOPs for each ENA and for each HIV&AIDS contact point which 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 model by other organizations. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The essential nutrition actions being delivered are standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.* | | | |

**Area 2 Score** ☐

[1] Standard operating procedures (SOPs) are documented processes of how the applicable guidelines and protocols fit in the organizational structure as well as a means of ensuring and verifying that they are adhered to continuously and includes means of enforcement and organizational penalties for failing to adhere. An SOP is necessary to ensuring the implementation of a quality program.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the ability to implement high-quality programs by reviewing the application of recognized standards in implementing the ENA framework in the context of HIV&AIDS.**

| AREA 3: SERVICE STANDARDS [1] | | | |
|---|---|---|---|
| There are no service standards for implementing ENA in the context of HIV&AIDS. | ENA in the context of HIV&AIDS service standards exist, but are not uniformly applied across the services provided and not all staff are aware of them. | ENA in the context of HIV&AIDS service standards exist; staff are aware of the standards and are appropriately trained to apply and monitor them. Standards are monitored but are not applied consistently. | ENA in the context of HIV&AIDS service standards exist; staff are aware of the standards and are appropriately trained to apply them; monitoring reports show they are consistently adhered to. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *A successful program includes service standards that can be used as a model for implementing ENA in the context of HIV&AIDS service quality improvement.* | | | |

**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 the support is provided consistently and to 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.) All service standards should be documented for reference.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess whether there is designated physical space that is sufficient and appropriate to deliver nutrition counseling and supplementation at the different HIV&AIDS service delivery points.**

| AREA 4: PHYSICAL SPACE | | | |
|---|---|---|---|
| Nutrition counseling and supplementation are delivered at one or no HIV&AIDS contact (OVC, HCT, PMTCT, care & support). | 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. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *There is adequate space for confidential nutrition counseling and supplementation in all the existing health contacts and during community activities.* | | | |

**Area 4 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess whether there is a process to mobilize clients for implementing ENA at each HIV&AIDS contact point.**

| AREA 5: DEMAND GENERATION[1] FOR NUTRITION SUPPORT | | | |
|---|---|---|---|
| Limited or no demand-creation strategy exists at the organization. Nutrition (ENA) is not addressed in HIV&AIDS contacts and does not reflect the intended actions, treatment, and counseling of specific age groups. | Limited demand-creation strategy exists. Nutrition is partially addressed in HIV&AIDS contacts but does not reflect the intended actions, treatment, and counseling of specific age groups. Clients are tracked but nutrition practices do not reflect the intended actions and counseling for target audiences. | A demand-creation strategy exists. Nutrition is partially addressed in HIV&AIDS contacts. Main messages exist and are linked to the target actions and counseling of 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 creation strategy is in place. Nutrition is addressed in 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. |
| **1** | **2** | **3** | **4** |
| ***Goal**: A successful demand-generation strategy addresses target population needs. It is assessed for effectiveness and generates the expected demand with the intended audiences. It is well appreciated by the community and can be replicated in other programs.* | | | |

**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.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

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

| AREA 6: PROGRAM IMPLEMENTATION | | | |
|---|---|---|---|
| Program strategy is ad hoc and only addresses one or two essential nutrition actions and uses one of two HIV&AIDS contacts to reach 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. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *Program implementation strategy can be used as a model for other programs.* | | | |

**Area 6 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the role of community involvement in program development and implementation.**

| 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 strategy includes community participation and there are regular opportunities for the community to participate in activities—including setting priorities for interventions and defining channels for nutrition/HIV&AIDS services including mobilizing target beneficiaries. | The 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 services, and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization. | The 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 services, and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *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.* | | | |

**Area 7 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the organization's ability to ensure comprehensive provision of nutrition services to their clients through referral systems.**

| AREA 8: REFERRAL SYSTEMS | | | |
|---|---|---|---|
| Some referrals are being made but there is no referral strategy for ENA in the context of HIV&AIDS. | There is a referral strategy that is part of an approach that provides for ENA in the context of HIV&AIDS services not offered by the organization. The referral strategy is being implemented, though not uniformly. | There is a referral strategy that is part of an approach that provides for ENA in the context of HIV&AIDS services not offered by the organization. The referral strategy is implemented uniformly throughout the organizations activities. | There is a referral strategy that provides for services not offered by the organization. The referral strategy is implemented uniformly throughout ENA in the context of HIV&AIDS implementation. There is a mechanism to verify whether the referred clients received the service. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The organization is able to cover all the components of ENA in the context of HIV&AIDS and related services through referrals. Clients are referred for services, there is a formal referral arrangement with other providers and organizations that receive referrals. Referral documentation is available and captures all the referred clients who access services. The organization is able to cover all the components of ENA in the context of HIV&AIDS and related services.* | | | |

**Area 8 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the relevance and effectiveness of trainings conducted by the organization.**

| AREA 9: TRAINING APPROACH | | | |
|---|---|---|---|
| There are some trainings being conducted by the organization but there is no process to generate training needs. | The process to generate training needs, adapt training tools, and monitor achievements is designed to meet overall project objectives. There is a training plan and appropriate training curricula in line with national and international guidelines. | Trainings are based on training needs assessments and include support supervision training. The training curricula are used by all staff throughout the ENA program, according to the project training plan. | 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 update the project training plan. Trained people apply the skills acquired from the trainings and are able to coach and mentor others. There is a regular and functional support supervision structure in place. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *Training and skills development plans are used as a resource internally and can be used by other organizations implementing similar programs.* | | | |

**Area 9 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

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

| AREA 10: SUPERVISION | | | |
|---|---|---|---|
| There is limited or no supervisory structure for ENA implementation within HIV&AIDS services. | A supervisory structure and process exists for ENA activities that include regular (monthly) supervisory visits to service providers. | A supervisory structure and process exists for ENA implementation within HIV&AIDS contacts that includes regular (monthly) supervisory visits to providers. Tools are available for supervisors, and supervisory visits take place on or close to a planned schedule. | A supervisory structure and process exists for ENA activities that includes monthly supervisory visits to providers. Tools are available for supervisors, and supervisory visits take place on or close to a planned schedule and feedback is being given to service providers. Feedback and recommendations from supervision are used to improve services. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *Supervisors make regularly planned visits to service providers using a standardized supervisory tool. The supervision process and plan can be used as a resource for other HIV&AIDS programs implementing ENA activities.* | | | |

**Area 10 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

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

| **AREA 11: LEADERSHIP**[1] | | | |
|---|---|---|---|
| Has limited or no identified leadership or committed members at site. | Has clear leadership at each level of implementation and among partners with some knowledge of ENA program management and is running some ENA activities in the context of HIV&AIDS. | Has clear and committed leadership at the organization with good experience and clear vision in providing ENA services. However, the leaders need some assistance to set up and lead good systems for ENA services in the context of HIV&AIDS. | Has strong leadership with full understanding of ENA programming 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. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *Has strong leadership with full understanding of ENA activities in the context of HIV&AIDS that is able to keep up with the issues, can credibly represent the organization at the local and international levels, and can train other teams to expand ENA services within HIV programs*. | | | |

**Examples of ENA leadership roles:**

- Sitting on national coordination bodies
- Providing ENA technical guidance in implementing ENA at multiple levels, contacts & channels
- Having appropriate training and supervision experience in ENA

**Area 11 Score** ☐

[1] A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in ENA, while an "experienced leader" is both fully committed and familiar with ENA issues (including planning, evidence of involving other stakeholders, linking with public/private sectors, etc.)

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess whether organizational activities can be implemented in the long-term beyond the life of specific projects.**

| AREA 12: SUSTAINABILITY | | | |
|---|---|---|---|
| The organization has no explicit sustainability plan is in place for its ENA activities. | The organization has identified the requirements for ensuring ENA activities over time. | The organization's activities reflect the emphasis on sustainability and a plan is being carried out. | The organization's activities fully reflect the emphasis on a sustainability plan being implemented. Organization leadership is able to identify areas for further consideration in the long-term in consultation with the target communities. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The organization has a clear vision for promoting sustainability that is reflected in all its activities. The organization's sustainability approach offers a model that can be replicated.* | | | |

**Area 12 score** ☐

**Total Domain 1 Points** ☐

**Domain 1 Score (Points/12)** ☐

## DOMAIN 2: SUPPLIES MANAGEMENT

**Objective: To assess the capacity to continuously plan and provide the supplies required to meet planned ENA implementation in the context of HIV&AIDS.**

| AREA 1: PROCUREMENT PLANNING[1] | | | |
|---|---|---|---|
| There is limited or no needs assessment or procurement plan for the supplies and equipment required for ENA in the context of HIV& AIDS program implementation. | There is a documented reliable system for procuring and managing supplies which conforms to national guidelines for ENA in the context of HIV& AIDS program implementation. | There is an effective quality assurance process in place for product availability at appropriate contacts. Decisions about the procurements are consistently made based on analysis of data gathered and monitored through the system. | All sites have a supply chain management system that fully ensures supply continuity. Tools and processes are regularly reviewed and updated and the logistics system can be used as a resource by other organizations. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The inventory and supply chain management system used is comprehensive and ensures continued services with no stockouts.* | | | |

**Area 1 Score** ☐

## DOMAIN 2: SUPPLIES MANAGEMENT

**Objective: To assess the capacity to properly store and efficiently utilize supplies and avoid stockouts.**

| AREA 2: COMMODITY STORAGE AND UTILIZATION | | | |
|---|---|---|---|
| There is limited or no designated area for storage of procured commodities. | Documented good storage standards for ENA supplies exists and there is a storage area that meets safety standards. | Users are aware of the good storage standards for ENA supplies, collect data about the quality of storage, and monitor and utilize the results to ensure standards are met. | There is a good inventory and logistics management system in place; tools and processes are regularly revised and updated; the system can be used as a resource by other organizations |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The site has an elaborate supplies and logistics management system and best practices that can be used as resource or training center.* | | | |

**Area 2 Score** ☐

**Total Domain 2 Points** ☐

**Domain 2 Score (Points/2)** ☐

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

**Objective: To assess the capacity to collect and manage data accurately and ensure sharing with staff and key stakeholders.**

| AREA 1: DATA COLLECTION | | | |
|---|---|---|---|
| There are no documented procedures to guide data collection at various levels. | There are documented procedures to guide data collection at the various levels, including appropriate tools. Some information collected does not inform program implementation and is not used for either donor reporting. Data collection procedures adhere to confidentiality. | Data collection tools have been standardized with national/international indicators and service delivery points. The staff and community involved in data collection have been adequately trained and are supervised in the use of the tools. The organization collects only relevant data. | There is a documented and fully functional procedure for data collection and analysis (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools and resulting data. Tools and procedures have been reviewed to capture information required for reporting (e.g., appropriate indicators). |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The organization's data collection approach offers a model which can be replicated.* | | | |

**Area 1 Score** ☐

[1] Various levels refers to household, community, sub-county, district, regional, and head office levels.

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

**Objective: To assess the capacity to maintain quality of data collected.**

| **AREA 2: QUALITY ASSURANCE AND DATA FOR PROGRAM IMPROVEMENT** | | | |
|---|---|---|---|
| There is no quality assurance strategy (data not used for program improvement). | There is a quality assurance strategy (using data for program improvement) but it is not consistently applied. | There is a quality assurance strategy (using data for program improvement) that is consistently applied across all contact points, but no analysis is done to initiate actions or to make decisions. | There is a quality assurance strategy (using data for program improvement) for collecting information that is consistently applied across all contact points, is analyzed, and used to refine interventions. The quality assurance strategy is regularly reviewed and can be shared as a model resource for other organizations. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The organization has established a quality management system and identified quality assurance indicators for routine assessment. Can serve as a model for other programs.* | | | |

**Area 2 Score** ☐

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

**Objective: To assess if data is used to inform decision-making processes**

| 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 in assessing progress and decision-making. | There is a process for comparing achievements against goals and past progress that result in plans to modify interventions as needed. | The organization follows a procedure of tracking achievements and taking corrective actions against plans. | The current implementation, referral, community outreach, and supervision reflect greater effectiveness arising from use of data for decision making. The approach is updated and can be shared as a model/resource. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The data collected and analyzed within the organization is provided to stakeholders and partners.* | | | |

**Area 3 Score** ☐

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

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

| **AREA 4: FEEDBACK & SHARING** | | | |
|---|---|---|---|
| The data collected and reports made are not shared extensively outside or within the organization or there is limited sharing but without any documented plan. | The organization shares data and reports with relevant staff and stakeholders and information is shared, but not according to any documented plan. | There is a plan to share data and reports with relevant staff and stakeholders. Data collected and reports made are shared and the organization solicits feedback from stakeholders. | There is a plan and data and reports are shared with relevant staff and stakeholders. The organization solicits feedback from stakeholders. Feedback is used to influence program direction and delivery. |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and international measures and best practices and lessons are shared with other practitioners.* | | | |

**Area 4 Score** ☐

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

**Objective: To assess if the organization has a functional MIS system.**

| AREA 5: MANAGEMENT INFORMATION SYSTEM (MIS)[1] | | | |
|---|---|---|---|
| The organization does not have a simple and reliable management information system (MIS) to track indicators | There is an MIS but it does not have data quality (indicators to achieve results) and validation checks (manual and/or electronic). | There is an MIS with built-in data quality and validation checks, and which captures all activities implemented by the organization. | There is an MIS within 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). |
| **1** | **2** | **3** | **4** |
| ***Goal:*** *The functional MIS has adequate data quality and validation checks. There is a backup plan, which is adhered to. The system has built-in capacity for most specialized data retrievals.* | | | |

**Area 5 Score** ☐

[1] Management information system (MIS) refers to a system of collecting, processing, storing, and disseminating data in the form of information needed to inform management of program decision making. It is a documented report of the activities that were planned and executed. MIS also incorporates data quality assurance mechanisms, and the data collected should be used for decision-making.

**Total Domain 3 Points** ☐

**Domain 3 Score (Points/5)** ☐

**TECHNICAL RESOURCES**

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

- Adequate nutrition for PLHIV 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


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