

Technical Capacity Assessment

NUTRITION

Essential Nutrition Action (ENA) Framework within the Health System



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, financial management and compliance with USG regulations, and organizational development through both the New Partner's Initiative Technical Assistance (NuPITA) mechanism, funded by USAID.

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

The TCA tools for nutrition were developed by Agnes Guyon, in collaboration with Jennifer Nielsen, Helen Keller International. The TCA tools were then edited by Penelope Riseborough, Jane Phelan, and Anne Gildea.

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Technical Capacity Assessment

NUTRITION: Essential Nutrition Actions Framework within the Health System

Goal:

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

Purpose:

The purpose of this tool is to 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*

The 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 20 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. Behavior Change Communication
13. 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 implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

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

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

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

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

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

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

The 7 Essential Nutrition Actions: Background

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

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

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

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

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

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

<http://www.slideshare.net/COREGroup1/quinn-ena-1>

<http://www.slideshare.net/COREGroup1/quinn-ena-2>

<http://www.slideshare.net/COREGroup1/quinn-ena-3>

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						
<p>Early initiation of breastfeeding within one hour of birth</p> <p>Keep newborn warm and dry (skin-to-skin)</p> <p>Exclusive breastfeeding during first 6 months</p>	<p>Complementary feeding starting at 6 months with mashed foods</p> <p>Continued breastfeeding until 24 months or beyond</p> <p>Increased amount of food with age</p> <p>Increased feeding frequency with age</p> <p>Enriched diet with variety of foods and fortified foods</p> <p>Responsive feeding</p> <p>Handwashing before feeding</p> <p>Food hygiene</p>	<p>Increased frequency of breastfeeding during and after illness</p> <p>Increased frequency of complementary feeding during and after illness (6-24 months)</p> <p>Zinc supplementation for child with diarrhea</p> <p>Vitamin A supplementation as recommended</p> <p>Special care for malnourished child depending on severity</p> <p>Kangaroo care for low-birth weight newborns</p>	<p>Diversified diet with vitamin A rich foods (ripe orange/yellow vegetables & fruits) and fortified foods</p> <p>Vitamin A supplementation for woman after delivery</p> <p>Vitamin A supplementation twice a year for children 6-59 months</p>	<p>Diversified diet with iron rich foods (dark green leafy vegetables) and fortified foods</p> <p>Iron/folic acid supplementation daily during 6 months for pregnant woman (and after delivery) prevalence >40%)</p> <p>De-worming for pregnant women after 1st trimester</p> <p>De-worming for children 12-59 months twice a year</p> <p>In malaria endemic areas: sleep under impregnated treated net, and for pregnant women intermittent presumptive treatment</p> <p>In non-endemic malaria areas with anemia prevalence >40%: iron/folic acid supplementation daily for children > 6 months</p>	<p>Iodized salt</p>	<p>One additional meal daily during pregnancy</p> <p>Two additional meals daily during lactation</p> <p>Breast health during lactation</p> <p>Less workload and more rest during pregnancy</p>
<p>Child spacing and immunization</p> <p>Cleaning water & sanitation</p>						

DOMAIN 1: ORGANIZATIONAL STRATEGY

Objective: To assess the comprehensiveness of the implementation approach for ENA within the health system.

AREA 1: PROGRAM STRATEGY			
The organization has limited or no defined, documented ENA framework within the health system .	The organization has a defined and documented strategy to implement ENA framework within the health system which is in response to an evidence-based determination of need and audience identification.	The organization has a documented strategy to implement ENA framework 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 (<i>clients are able to receive all necessary nutrition services either through the organization or referral linkages</i>).	The organization has a documented strategy to implement ENA framework 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 within the health system . 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 nutrition action and contact point.	The program strategy includes guidelines, protocols, and SOPs for each ENA and contact point that 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 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 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: <i>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.</i>			

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 into health services.

AREA 3: SERVICE STANDARDS ¹			
There are no service standards for implementing ENA in the health system.	ENA service standards exist, but are not uniformly applied across the services provided and not all staff are aware of them.	ENA 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 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 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 service delivery points.

AREA 4: PHYSICAL SPACE			
Nutrition counseling and supplementation are delivered alone or sporadically and only focus on GMP (growth, monitoring & promotion) contact.	Nutrition counseling and supplementation are delivered at a multiple number of health contacts, but not at community level.	Nutrition counseling and supplementation are delivered at a multiple number of health contacts and are included in community programs.	Nutrition counseling and supplementation are delivered at a multiple number of health contacts and are included in community programs. There are no missed opportunities to deliver nutrition support.
1	2	3	4
Goal: <i>There is adequate space for confidential nutrition counseling and supplementation in all the existing health contacts and during community activities.</i>			

Area 4
Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 5: DEMAND GENERATION¹ FOR NUTRITION SUPPORT			
Limited or no demand-creation strategy exists at the organization. Nutrition (ENA) is not addressed in health 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 health 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 health 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 health contact. Main messages clearly relate to the intended actions and counseling at specific age groups. Clients are tracked to ensure that specific age groups are accessing services. Interventions 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 health 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 health system 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 health contacts to reach target clients.	Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple contacts to reach the target clients (e.g., PMTCT/ANC, delivery, post-natal/FP, OVC, HCT, FPP, immunization, GMP, IMNCI), including community level (outreach, CCM, etc.)	Program strategy is based on a plan, all essential nutrition actions are addressed and use multiple 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 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 service delivery including mobilizing target beneficiaries.	The strategy includes community participation and there are regular opportunities for the community to participate in nutrition 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 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 and the organization is accountable to the community.
1	2	3	4
Goal: <i>The community participates in most nutrition 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.</i>			

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 services.	There is a referral strategy that is part of an approach that provides for ENA 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 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 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 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 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 supervision structure.**

AREA 10: SUPERVISION			
There is limited or no supervisory structure for ENA implementation within the health system.	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 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 groups implementing ENA activities.			

 Area 10
 Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

Objective: To determine the capacity of leadership in the delivery of ENA at all contact points by the organization.

AREA 11: LEADERSHIP¹			
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.	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 service delivery.	Has strong leadership with full understanding of ENA programming and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand ENA services.
1	2	3	4
Goal: Has strong leadership with full understanding of ENA programming that is able to keep up with the issues, can credibly represent the organization at the local and international levels, and can train other teams to expand ENA services.			

Examples of ENA leadership roles:

- Sitting on national coordination bodies
- Providing technical guidance for the essential nutrition actions
- 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.)

Objective: To assess whether there is a designated BCC strategy that is sufficient and appropriate for delivery of ENA at each health service delivery point.

AREA 12: BEHAVIOR CHANGE COMMUNICATION (BCC)			
There is limited or no BCC strategy including into the design of the program.	There is a BCC strategy but it is not uniformly or is only partially applied across the project, and not all staff are aware of it.	There is a BCC strategy (advocacy and communication such as mass media, IEC materials, and personal communication); it is based on formative research, is applied at various levels and reaches more than one delivery channel.	There is a BCC strategy clearly based on formative research done in the country; it is comprehensive and implemented through many channels using multiple opportunities. The BCC strategy is embraced by external partners.
1	2	3	4
Goal: The BCC strategy to implement the ENA framework is developed, implemented across all service delivery points by all partners, and is used as a model by other programs.			

Area 12 Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 13: SUSTAINABILITY			
The organization has no explicit sustainability plan 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 13
score**

Total Domain 1 Points

**Domain 1 Score
(Points/13)**

DOMAIN 2: SUPPLIES MANAGEMENT

Objective: To assess the capacity to continuously plan and provide the supplies required to meet planned ENA implementation.

AREA 1: PROCUREMENT PLANNING¹			
There is limited or no needs assessment or procurement plan for the supplies and equipment required for ENA program implementation.	There is a documented reliable system for procuring and managing supplies which conforms to national guidelines for ENA 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

¹ Facilitator should obtain a list (or have the organization list out) the ENA supplies used and where they are obtained.

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: <i>The organization's data collection approach offers a model which can be replicated.</i>			

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 (data is used 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: <i>The data collected and analyzed within the organization is provided to stakeholders and partners.</i>			

Area 3
Score

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

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 & 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

Implementing an integrated nutrition package at scale in Madagascar: The Essential Nutrition Actions framework in Madagascar Guyon AB,
<http://www.ncbi.nlm.nih.gov/pubmed/19927603>.

Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition. World Health organization. 2013

http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/index.html

<http://www.news-medical.net/news/20130606/WHO-issues-24-Essential-Nutrition-Actions-to-prevent-undernutrition-and-overweight.aspx>



John Snow, Inc.

John Snow, Inc.
44 Farnsworth St
Boston, MA 02478
617-482-9485
www.jsi.com