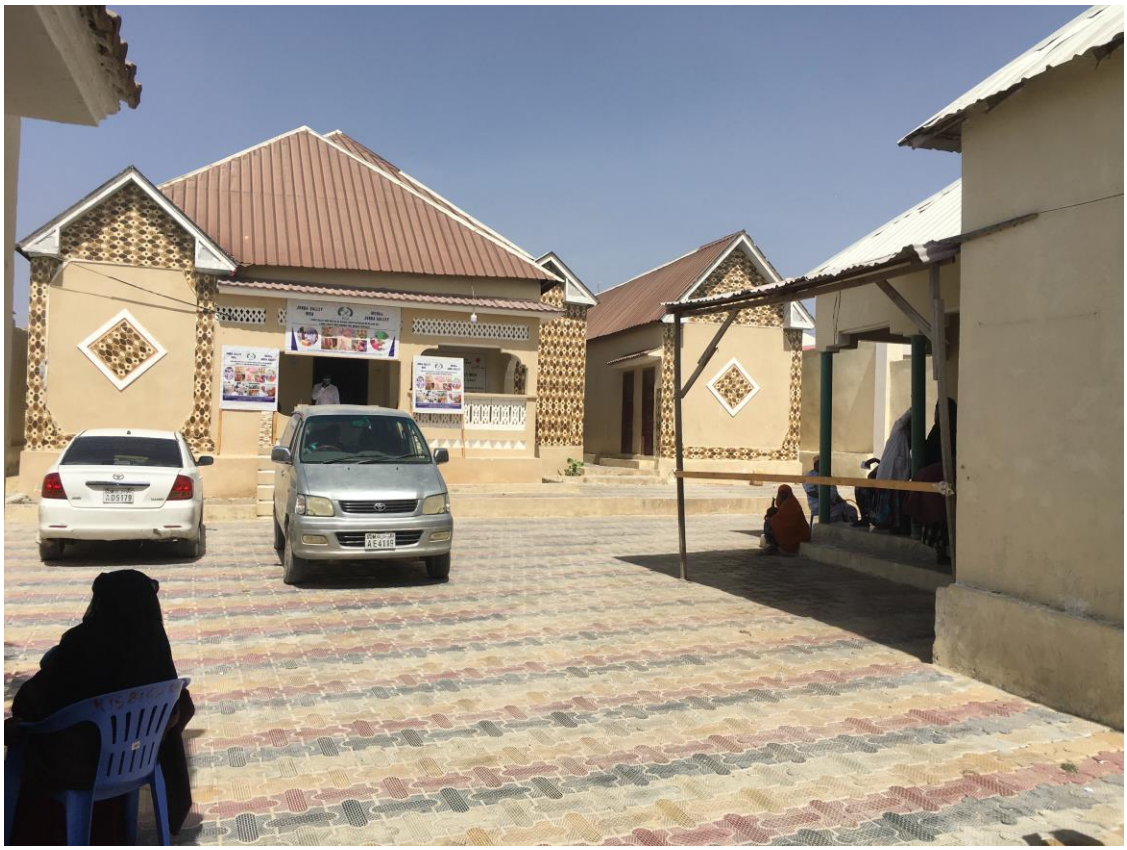
CAPACITY ASSESSMENT REPORT

PROJECT TITLE: CAPACITY STRENGTHENING FOR JVDC STAFF IN THE PREVENTION, EARLY DETECTION AND TREATMENT OF ACUTE MALNUTRITION

FIELD VISIT DATE: 24TH JANUARY 2022



ABBREVIATIONS:

ACF	Action Contre La Faim
CWW	Concern World Wife
HMIS	Health Management Information System
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition protocol
INGO	International Non-Governmental Organization
JVDC	Jubba Valley Development Center
MUAC	Mid Upper Arm Circumference
NHHP	Nutrition, Health and Hygiene promotion
OTP	Outpatient Therapeutic Program
SC	Stabilization Center
TSFP	Targeted supplementary feeding program
UN	United Nations
UNICEF	United Nations Children's Fund

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INTRODUCTION.

Under the Capacity strengthening for JVDC staff in the prevention, early detection and treatment of acute malnutrition. Action Against Hunger conducted capacity assessment for Jubba Valley Development Center (JVDC) staff in order to inform the key gaps to be focused during the training, post training monitoring and on job trainings.

METHODOLOGY:

Action Against Hunger program team conducted one day field visit to JVDC supported health facility. Focus group discussion methodology using ACF developed tool of set of questions were used to assess the capacity of JVDC staff. A total of 14 health care workers attended the FGD session. Key findings are detailed below:

CAPACITY ASSESSMENT KEY FINDING:

COORDINATION & ORGANIZATION:

- **POSITIVE OBSERVATIONS:**
  - Health facility meetings occur on monthly basis to discuss the progress, challenges, and the wayfoward.
  - On average, the health facility provides different services to a total of 50 beneficiaries for health and nutrition services with supplies received from UNICEF (medical supplies) and Muslim Aid (nutrition supplies especially TSFP)
  - 25 (9 male and 16 female) working voluntarily providing health and nutrition services at different level capacities.
  - Targeted supplementry feeding program (TSFP) for underfive and pregnant and lactating mothers is currently implemented with supplies received from Muslim Aid.
- **AREAS THAT NEED SUPPORT:**
  - Documentation, archiving of the monthly meeting need to be strengthened. As well as setting up yearly coordination calendar for the meeting.
  - Partnership (UN or INGO) is urgently needed to continue preventive and curative services to the vulnerable communities in the catchment areas.

BENEFICIARY IDENTIFICATION (SCREENING AND MEASUREMENTS):

- **POSITIVE OBSERVATIONS:**
  - Some health care workers representing 21.4% demonstrated good understanding on OTP admission criteria in line with Integrated Management of Acute Malnutrition protocol (IMAM).
  - Targeted supplementary feeding program is currently available with supplies received from Muslim Aid.
  - MUAC admission is currently used at the supported health facility by JVDC.

- SAM cases identified are referred to the nearest health facility verbally .e.g. (SC cases to Banadir hospital and OTP cases to Obsiibo Halane health facility supported by CWW).
- SECA Scale was available, functional and in use during the field visit assessment. The weight was on stable ground, calibration to zero, the child was not dressed and the eyes person reading weight is in line with the scale reading.
- MUAC measurement: some staff representing 21.4% demonstrated good capacity and carried out MUAC measurement correctly (Measurement was done from the left hand, the procedure was explained to the mother, the hand was flexed, measurement was done from tip humor to the tip of the elbow with marking the midpoint of the arm, the health care worker straighten the arm and wrap the MUAC tape and tape was not tight or loose).

- **AREAS THAT NEED SUPPORT:**
  - Weight for height measurement are currently not carried out at the supported facility due to lack of anthropometric equipment's, especially for height board and hanging scale.
  - No TSFP cards for targeted beneficiaries: A4 paper is used to document beneficiary information e.g. name, age, MUAC, etc.
  - Latest IMAM guideline protocol was not available at the site.
  - OTP/SC/TSFP admission, discharge criteria and MUAC measurement refresher training and on job training is urgently.

REGISTRATION AND REPORTING:

- **POSITIVE OBSERVATIONS:**
  - The facility use TSFP register provided by Muslim Aid but not in line with the IMAM protocol.
  - Register were filled with beneficiary information partially.
  - Routine health management information system (HMIS) is submitted on monthly basis with both nutrition and health data incorporated and data segregated in gender and type of the services provided. Additionally, the team demonstrated good capacity on how to fill the reports.
  - A4 register 200 pages is currently used at the health facility levels, where the health care workers document the screened beneficiaries' information.

- **AREAS THAT NEED SUPPORT:**
  - The facility doesn't use OTP/TSFP card due to funding gaps. Hence, not information for the beneficiaries was available expect those captured on the TSFP register available in the facility.
  - No proper logistic management information system (LMIS) in place for stock management. Rather the team use self-generated tools.
  - Improvement in the nutrition documentation.

PROVISION OF SYSTEMATIC TREATMENT:

- **POSITIVE OBSERVATIONS:**
  - Some Staff representing 21.4% demonstrated knownledge on the systematic treatment provided in the OTP and TSFP services.

- **AREAS THAT NEED SUPPORT:**
  - No documentation for systematic treatment were observed during the capacity assessment.
  - Refresher training on systematic treatment is needed.

REFERRAL PATHWAYS AND FOLLOWUP:

- **POSITIVE OBSERVATIONS:**
  - Some health care workers representing 21.4% demonstrated theoretical capacity on the complications associated with malnourished underfive children.
  - Referral slip available but not in line with the IMAM guideline.
  - Currently referral pathways are done verbally to the nearest health facilities.

- **AREAS THAT NEED SUPPORT:**
  - Theoretical and on job training on the complications associated with malnutrition is required for the JVDC staff
  - No close collaboration and coordination mechanism in place with other partners providing nutrition services. Hence, no proper referral pathways mechanism, and defaulter tracing in place. Henceforth, no followup for beneficiaries after that.

PROVISION OF HEALTH AND NUTRITION PROMOTION:

- **POSITIVE OBSERVATIONS:**
  - 3 staff currently supports the health education sessions that is conducted twice a week in the health facility.
  - Majority of the health education participants are female with a ratio of 8:2 female to male. Infant and young child feeding messages are integrated into the routine health education message delivery.
  - Nutrition, Health and Hygiene promotion (NHHP) IEC materials are available and used for the health education session.

- **AREAS THAT NEED SUPPORT:**
  - No health education plan was displayed on the health facility wall during the field visit.
  - No proper measures in place for men inclusion as change agendas. However, as part of beneficiaries waiting health service delivery, message are delivered to both men and female.

CONCLUSION:

Capacity assessment conducted by Action Against Hunger Somalia mission program team revealed that there is a lot of good practices implemented by Jubba Valley Development Center (JVDC) health workers. However, there is a lot that need to be done In order to sustain and scale high quality nutrition services in the supported facility. No integrated nutrition programming is implemented in the supported facility. Stand alone TSFP service is supported through Muslim Aid. Partnership either UN or INGO is urgently needed to provide the necessary support to the local partner. Areas that need support will inform the IMAM training and post training monitoring to be conducted.

ANNEX 1: ACTION AGAINST HUNGER CAPACITY ASSESSMENT FGD QUESTIONNAIRE.

FOCUS GROUP DISCUSSION QUESTIONS

This session shall consist of at least 8 nutrition site staff members.

1. **Coordination and organization.**

Does the nutrition facility have its own scheduled meetings for their team and how often?
How is the staff distribution by gender? How many females and males?
How is the current flow of clients?
Does the team feel its efficient enough?
-What are some of the challenges you face related to the client management and flow.
-How do you think it can be improved?
What are the services provided by the nutrition program against the basic nutrition service package?

2. **Beneficiary identification (screening and measurements)**

A. Admissions
What is the admission criteria followed by your organization for admission to the principal program run by the organization? (OTP/TSFP). Use MUAC, WFH or Both
B. Do you take weight of beneficiaries? Where do you record this weight? (Beneficiary treatment card, program register, and the ration card)
   - Explain how you take weight. Mark the key points that ensure correct weight is taken (scale is functional, on a stable ground or hanging correctly, its calibrated to zero, the child is not dressed and the eyes person reading weight is in line with the scale reading).
   - Observe the team taking Weight.
C. Do you take MUAC of beneficiaries? Where do you record this MUAC? (Beneficiary treatment card, program register, and the ration card)
- Explain how you take MUAC. Mark the key points that ensure correct MUAC is taken (the correct hand is mentioned as left, the procedure is explained to the caretaker, the hand should be flexed and take the long length of the upper arm from the tip of the humor to the tip of the elbow, calculate the mid-point of the arm, straighten the arm and wrap the MUAC tape around the mid- point while the hand is straight. Make sure the tape is not tight or loose)
- Observe the team taking MUAC.
D. Explain how you take height. Mark the key points that ensure correct height is taken (the board is placed on a flat stable place, the correct way of taking height is identified according to child's age either as lying or standing, the child should not be in a cape or shoes, the child's

occiput, shoulders, buttock, legs and heals are touching the board as expected and the eyes person reading is in line with the board reading).

3. Observe the team taking Height.

4. Registration and reporting

A. Registration
   -Do you Use registers? When are the registers filled? What do you fill in the register?
   -Check if the information in the register is sufficiently filled and note any gaps.
   -Do they use the OTP medical cards?
   -View the current treatment cards and note any gaps.

B. Proper Filling out of monthly Reports:
   -Are the monthly reports derived from the registers? Who fills them out? Can very one in the team fill in the reports correctly?
   -Look at Are they correctly fill them out:
   -Check if there is use of the Monthly Screening Form: or they use the Daily screening register.
   -Is your Data well segregated by sex?
   -Are the Monthly Stock Report done and if yes, is it from Daily Consumption Report.
   -Describe organization's stock management procedures (Storage of stocks, use of pallets, use of daily stock tracking sheet, are FIFO, FEFO rules in stock management applied).

5. Provision of systematic treatment,

Check the use of the medical drugs and the nutrition supplements.

A. Routine Medication in OTP Management:

What are the routine medications provided and used in the program you run?

Explain how these drugs are given for the different programs in terms of drug regime & *timings* for these drugs***: Check if documented.***

-Iron: not given routinely
-Measles: from 9 months
-Routine antibiotics
-Vit A: none in oedema
-Anti-Malaria: which one?
-Antihelmenthics: Albendazole

B. SFP routine drugs:

Explain how these drugs are given for the different programs in terms of drug regime & *timings* for these drugs***: Check if documented.***

- Vitamin A: when is it given
- Antihelmenthics:
- Measles
- Iron/folate:

6. Referral path ways and follow up

Have you encountered any cases needing transfer or admission into a program that is not operating at their center? How did they handle that? How do you coordinate with other partners In your area to ensure client transfer?

- Name the complications that may need you to refer to in-patient
- Do you use a referral slip
- How do you follow up to ensure the referred beneficiary reached the intended program?

- How do you handle programme defaulters (Probe on defaulter tracing mechanisms and follow up)

7. Provision of health and nutrition promotion,

Does the nutrition program have well scheduled and routinely carried out Public health Education sessions?

- How often? Who does the sessions?
- Check if the health education plan is well displayed on a wall for all staffs.
- Are there any sessions on Infant and young child feeding
- What's is the gender composition of Hygiene session participants
- Are there any measures in place to promote men participation in these sessions
- How are the Health Education sessions conducted (Probe methodology used, IEC materials available
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ANNEX 2: REFERRAL SLIP - JVDC

Somalia IMAM Referral Slip -From OTP/SFP to SC/OTP/SFP

Reg No._____ Date of Referral:_____
Organization: (From)_____ (To)_____
Referring from(OTP/SFP)_____ Referring to(SC/OTP/SFP)_____
Name of care giver:_____
Name of Child:_____ Sex:_____ Age in months:_____
District:_____ Village/IDP:_____

Fill details in the table below:

Status	Date	Weight	Height	Z score	MUAC	Oedema
Admission						
Transfer/Referral						

Drugs given	Dose	Date
Amoxycillin		
Vitamin A		
Measles Vaccination		
Albendazole		
Malaria Treatment		

Reason for Referral	Put Tick Mark(√)
Failed Appetite test	
Increase /Development of Oedema[1]	
Attained SAM Criteria	
No weight gain for 3 consecutive visits[2]	
Danger signs[3]	
Choice of the caretaker	
Other(specify)[4]	

Referred by:
Name:_____ **Mobile number**_____ **Signature:**_____

[1] All cases of +++ or Marasmus with Oedema(marasmic kwash) go directly to SC. [2] Before discharge as NR due to no weight gain for 3 consecutive visits ensure home visits have been conducted, appropriate follow up and 2nd line of treatment administered for the patient if child is not responding to 1st line of treatment. [3] Danger signs include: Uncontrolled vomiting, LRTI / Elevated respiratory rate(specific to age)or any chest in-drawing, Severe anaemia, Extensive skin infection, fitting/convulsions, apathetic or unconscious, recent history of diarrhea or vomiting and recent clinical signs of dehydration, High fever>39°C,Hypothermia <35°C. [4] If family moves away from distribution site/area before child is cured, they can be referred to another site(if this is already known)

ANNEX 3: CAPACITY ASSESSMENT PHOTOS:

Attached separately.