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# **Technical Capacity Assessment**

## **CHILD HEALTH**

### **Integrated Community Case Management**

#### **Facilitator's Copy**

**New Partners Initiative Technical Assistance (NuPITA) Project**

**June 2011**

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## **Technical Capacity Assessment (TCA) for Integrated Community Case Management ((i)CCM)**

### **Goal:**

The goal of this tool is to assist child health programs in assessing the critical elements for effective program implementation, 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 child health programs—in particular, Integrated Community Case Management. 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 child health programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on (i)CCM.

The TCA for child health programs includes:

- Expanded Program on Immunization (EPI)
- Integrated Management of Newborn & Childhood Illnesses (IMNCI)
- Pediatric & HIV
- Integrated Community Case Management ((i)CCM)

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 18 areas for assessment, as follows:

### **Domain 1: Organizational strategy**

1. Program Approach
2. Guidelines/SOPs
3. Service Standards
4. Physical Space
5. Demand Generation
6. Program Implementation
7. Community Involvement
8. Referral Systems
9. Training Approach
10. Supervision
11. Leadership

### **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.

## Integrated Community Case Management [(i)CCM]

### I) What is this delivery strategy?

Community case management is an inexpensive yet cost-effective service delivery strategy in which low-skilled volunteers or paid health workers provide preventative knowledge and frontline treatments (diarrhea, pneumonia, malaria, acute malnutrition) to fellow community members.

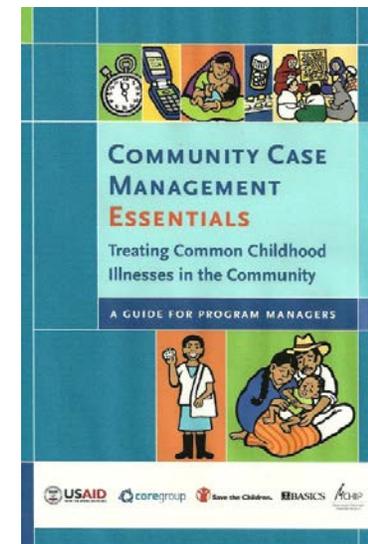
### II) Why is this delivery strategy needed?

This strategy encourages both disease prevention and early treatment of symptoms, which reverses the trend of patients seeking medical attention from more formal outlets at advanced stages of disease.

- *The OCA for child health were developed with the assistance of JSI staff (Katherine Farnsworth, Dyness Kasungami, Serge Raharison, and Lora Shrimp)*

### Technical resources:

The CORE Group's website site: <http://www.coregroup.org/ccm>



The Global CCM Task Force: <http://www.ccmcentral.com/SitePages/Master%20Toolkit.aspx> (still under construction)

**Objective: To assess the comprehensiveness of the implementation approach for (i)CCM services at the organization.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area I</b>					
<b>Program Strategy</b>	The organization has limited or no defined, documented (i)CCM strategy.	The organization have a defined and documented (i)CCM strategy where the (i)CCM services meet the minimum basic package according to the national and international requirements and are comprehensive	The organization effectively utilize the (i)CCM strategy to determine the needs, to design, to implement and to monitor its program: clients are able to receive all necessary (i)CCM services either through the organization or referral linkages.	The (i)CCM strategy or its implementation plan is periodically reviewed and updated, according to changing environment; it can be shared as a model to the government or to other organizations. The organization has the capacity to scale up (i)CCM services.	The organization have a defined and documented (i)CCM strategy. (i)CCM 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.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Which (i)CCM services being delivered by the organization at the moment
  - o [e.g., management of diarrhea, pneumonia, malaria, malnutrition, is it an integrated package (i)CCM) or does it target selected childhood illnesses.?
2. Do the (i)CCM services offered represent an appropriate response to evidence based need of a defined audience?
  - a. [In implementing the (i)CCM the organization uses an evidence-based approach to selecting targeted clients (based on primary or secondary data, and international recommendations); looks at determinants of services utilization (social/cultural norms, access to health services, community interventions such as outreach, community case management, community based nutrition programs, etc.); uses a process for setting clear targets(including management of diarrhea, pneumonia and malaria and possibly identification of acute malnutrition improved feeding and nutrition practices; appropriately segmenting the target audiences (e.g., according to age, gender, nutritional status.)]
3. Do the services provided meet the minimum basic package according to the national and or international requirements?
4. Is there a system for referring clients for services not offered by the organization?
5. Does the organization have capacity to scale up?
  - o [Capacity refers to e.g. resources, technical know-how, etc., while scale-up is in terms of geographical coverage and comprehensiveness of services offered.]

**Area I Score:** \_\_\_\_\_

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

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 2</b>					
<b>Program Specific Protocols, Guidelines/ Standard Operating Procedures<sup>1</sup></b>	The program strategy does not include or includes only limited guidelines, protocols or SOPs for (i)CCM.	The program approach/ strategy includes guidelines, protocols and SOPs for (i)CCM which are up to date and in line with national and international guidelines.	The program strategy includes guidelines, protocols and SOPs for (i)CCM which are up to date and in line with national and international guidelines, adapted to the context in the field and are being applied in (i)CCM service delivery.	The program strategy includes guidelines, protocols and SOPs for (i)CCM which are up to date and in line with national and international guidelines and are being applied in (i)CCM service delivery; were periodically reviewed, updated and can be used as a resource by other organizations.	The service being delivered is standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the program strategy include guidelines, protocols and standard operating procedures for (i)CCM activities?
2. Does the program strategy include guidelines and protocols which are up to date and in line with national guidelines?
3. Are the guidelines and protocols being applied in the (i)CCM activities?
4. Are there measures in place to ensure adherence to SOPs? How do you monitor application of quality standards?
5. Do the implementers have a standards checklist for reference in day to day activities?
6. Can the strategy be used as a resource by other organizations?

**Area 2 Score: \_\_\_\_\_**

<sup>1</sup>SOPs are documented processes of how the applicable guidelines and protocols fit in the organizational structure as well as means of ensuring and verifying that they adhered to continuously and includes means of enforcement and organizational penalties for failing to adhere. These determine the quality of the program being implemented.

**Objective: To assess the organization's ability to implement high-quality programs by reviewing the application of recognized standards in (i)CCM service delivery.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 3</b>					
<b>Service Standards<sup>1</sup></b>	The organization has no or has only limited service standards for (i)CCM.	(i)CCM service standards exist and are measurable and in line with national and international guidelines; but are not uniformly applied across organizational services provided and not all staff are aware of them.	(i)CCM service standards exist; they are measurable, in line with national and international guidelines; staff are aware of and appropriately trained to apply and monitor them. Standards are monitored and applied consistently.	(i)CCM service standards exist; staff are aware of and appropriately trained to apply them; monitoring reports show they are consistently adhered to and regularly use them to improve the quality of (i)CCM services delivered by the organization and/or its implementing partners.	Service standards can be used as a resource for (i)CCM service quality improvement.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Are there documented (i)CCM service standards in place?
2. Are the service standards in line with national guidelines?
3. Have staff and project implementers been oriented on the standards?
4. Do project implementers apply and follow the service standards?
5. Is there a standards checklist that project implementers and volunteers can apply in their daily work?
6. Does support supervision include checking for adherence to service standards?

**Area 3 Score:** \_\_\_\_\_

<sup>1</sup> 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). Project service standards should be documented for reference.

**Objective: To assess whether there is designated physical space that is sufficient and appropriate for delivery of (i)CCM.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 4</b>					
<b>Physical Space</b>	There is limited or no designated place for (i)CCM where applicable.	The designated space for delivering (i)CCM is sufficient for providing specific (i)CCM services.	The space is appropriate for (i)CCM. Available space are maintained and consistently used for service delivery	The space requirements in the next year are known and planned.	There is a documented defined and adequate space for (i)CCM services delivery. Plans are in place to meet (i)CCM space needs as program continues to expand.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a designated space for (i)CCM services delivery where applicable?
2. Is the space sufficient for providing specific (i)CCM services?
3. Is the available space sufficient to address the client confidentiality (visual and audio)?

**Area 4 Score:** \_\_\_\_\_

**Objective: To assess whether there is a deliberate process by the organization to mobilize clients for (i)CCM activities.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 5</b>					
<b>Demand Generation<sup>1</sup></b>	Limited or no demand-generation strategy exists at the organization. (i)CCM does not reflect the intended actions and counseling of specific illnesses.	A demand-generation strategy exists. (i)CCM reflects the intended actions and counseling of specific illnesses. Main messages exist and are linked to target audiences.	A demand-generation strategy exists. (i)CCM reflects the intended actions and counseling of specific illnesses. Main messages exist and are linked to target audiences. Staff and volunteers are aware of the strategy and effectively utilizes adequate tools and job-aids to transmit (i)CCM messages.	A clearly defined demand-creation strategy is in place. (i)CCM reflects the intended actions and counseling of specific illnesses. Main messages exist and are linked to target audiences. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences. Demand creation strategy is periodically reviewed, updated, and can be used as a resource by other organizations.	There is a demand-generation strategy in place that addresses the target population's needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is appreciated by the community and can be replicated in other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there an organizational strategy to generate demand for (i)CCM services among clients/beneficiaries (health workers, community workers, communities, families, mothers)?
2. Do the key messages link to the audiences of appropriate age groups and are the clients tracked to assess their receipt and acceptance of relevant actions and counseling?
3. Has an assessment been done to determine the impact of the demand generation interventions with the intended audience and are interventions revised and updated to reflect the needs of specific age groups?
4. Is the strategy able to generate demand for those in most need? How?

**Area 5 Score:** \_\_\_\_\_

<sup>1</sup> An effective demand-generation strategy should be able to target and reach those most in need or at risk, increase demand for (i)CCM services, and be sensitive to age, gender, and culture.

**Objective: To establish the effectiveness of the process used to deliver (i)CCM to sick clients.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 6</b>					
<b>Program Implementation</b>	Program implementation strategy is ad hoc, and does not address strengthening the three pillars of the health system (capacity building, health system strengthening, and community mobilization).	Program implementation strategy is based on a documented plan, fully addresses the three pillars and all (i)CCM targeted illnesses.	Program implementation process effectively in line with the documented strategy based on a plan, fully addresses the three pillars and all illnesses. The practical approaches are relevant to the context and realities.	Program strategy is based on a plan, fully addresses the three pillars and all illnesses and uses periodic reviews to ensure that the materials are consistently up to date and relevant to the context and realities. Program implementation model can be used as a resource by other organizations.	Project implementation strategy can be used as a resource for other projects.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Do (i)CCM strategy include the three pillars: capacity building of health personnel, strengthening health services, and mobilizing the community to reach the target audience?
2. Do you seek to address different categories of the target clients (individual, family, group and community, regional, national)?
3. Do you conduct periodic reviews of (i)CCM, including coverage/are the materials reviewed to be up to date and relevant to the context and realities?
4. Do field implementers, including volunteers, need supporting materials to do their work?
5. Are materials and tools (e.g., counseling cards, referral guides) available to implementers to support activities at health facility and community levels?
6. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the outcomes of the different interventions?

**Area 6 Score:** \_\_\_\_\_

**Objective: To assess whether the organization understands of the role of community involvement in project development, implementation, and the level of community involvement in project implementation.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 7</b>					
<b>Community Involvement</b>	There are limited or no opportunities for the community to participate in (i)CCM activities.	The organization's strategy includes community participation and opportunities for the community to participate in (i)CCM activities are part of the program design. These include setting of priorities for interventions, defining channels for (i)CCM services including prevention and mobilizing target beneficiaries.	The organization's strategy includes community participation and there effectively are regular opportunities for the community to participate in (i)CCM activities, including setting priorities for interventions, and defining channels for (i)CCM service, including prevention and mobilizing target beneficiaries.	The organization's strategy includes community participation and there effectively are regular opportunities for the community to participate in (i)CCM activities, including setting priorities for interventions and defining channels for (i)CCM services including prevention 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. The community approach can be used as a resource by other organizations.	The community participates in most (i)CCM activities and the activities reflect the needs of the community as much as possible. There are community-based structures to support the (i)CCM activities that can be used as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the program approach include community participation and are there fora where the organization meets with the community to set priorities for intervention?
  - o *[Communities can refer to fora like village health committees, community volunteers, faith-based associations, networks for people living with HIV, post-test clubs, etc. This can be confirmed by looking at the minutes or any documented evidence of meetings.]*
2. Which members of the community are involved in (i)CCM activities? How?
3. Does the program approach allow for input and feedback from the community?
4. Is there a framework where the organization accounts to the community for the (i)CCM activities?
5. Are there copies of community meeting minutes?

**Area 7 Score:** \_\_\_\_\_

**Objective: To assess the organization's ability to ensure comprehensive provision of (i)CCM services to their clients through the development of referral systems.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 8</b>					
<b>Referral Systems</b>	Some referrals are made but there is no referral strategy in the (i)CCM implementation.	There is a documented referral strategy that is part of the organization's approach and provides services not offered by the organization. The implementation of the referral strategy is limited.	There is a documented referral strategy that is part of the organization's approach and provides services not offered by the organization. The referral strategy is being implemented and monitored uniformly throughout the organization's (i)CCM implementation.	There is a documented referral strategy that is part of the organization's approach and provides services not offered by the organization. The referral strategy is being implemented uniformly and monitored throughout the organization's (i)CCM implementation. There is a mechanism to verify whether the referred clients received the service and the data are utilized to improve the system. The referral system can be used as a resource by other organizations.	Clients are referred for services, there is a formal referral arrangement with the other providers and organization receives referrals. Referral documentation is available and able to capture all referred clients who accessed the services. The organization is able to cover all the components of (i)CCM and related services.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Are there any referrals being done at the moment and is the referral strategy part of the organization's (i)CCM implementation?
2. Have referrals been made to other providers for services not provided by this organization?
  - o *[Look for referral notes, client return forms, list of other providers, etc. that show existence of a referral relationship.]*
3. Is there a directory of services and organizations within a defined catchment area?
  - o *[Identify tertiary level of care for referrals, and their access.]*
4. Is the referral strategy being implemented uniformly throughout the organization's (i)CCM implementation? Is there a standardized referral form?
5. Are there periodic meetings of network providers?
6. Is there means of verifying whether services were received?
  - o *[Is there documentation on clients referred to provide information on whether referral services were accessed?]*
7. Do you monitor and evaluate the extent to which the referral network is achieving its objectives and meeting clients' needs?

**Area 8 Score:** \_\_\_\_\_

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

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 9</b>					
<b>Training Approach</b>	There are some trainings being conducted by the organization but there is no process to generate training needs.	The process to generate training needs, develop training tools and monitor achievements are designed to meet overall project objectives. There is a training plan and appropriate training curricula in line with national and international guidelines.	Trainings done by the organization are based on training needs assessments and include support supervision training. The training curricula are used by all staff throughout the organization's (i)CCM program, according to the project training plan.	Trainings done are based on needs assessment and include support supervision training and 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. The training approach can be used as a resource by other organizations.	The organization has training and skills development plans that can be used as a resource for other organizations implementing similar programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Are there any project-specific (i)CCM trainings being conducted?
2. Is there a process to generate training needs? And quality of training?
3. Are the trainings done based on training needs assessment? Are appropriate curricula used?
4. Is there a process for assessing if those trained are able to apply the skills acquired from the trainings and to coach and mentor others?
5. Are there a strategy and a structure in place to follow trainees after the training?

**Area 9 Score:** \_\_\_\_\_

**Objective: To establish the effectiveness of the (i)CCM supervision structure.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 10</b>					
<b>Supervision</b>	There is limited or no supervisory structure for (i)CCM activities.	A supervisory structure and process exists for (i)CCM activities that include regular (monthly) supervisory visits to (i)CCM service providers with use of adequate supervision tools	A supervisory structure and process exists and are used by all staff throughout the organization's (i)CCM program. It includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule.	A supervisory structure and process exists for (i)CCM activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule and feedback is being given to service providers. Feedbacks and recommendations from supervision are utilized to improve the services. Tools and processes are regularly revised and updated and the supervision system can be used as a resource by other organizations.	Projects supervision plan can be used as a resource for other (i)CCM programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a supervisory structure in place for (i)CCM activities?
2. Is the supervision supportive, i.e., does it include:
  - a. observation of performance and comparison to standards;
  - b. provision of corrective and supportive feedback on performance;
  - c. discussion with clients;
  - d. provision of technical updates or guidelines;
  - e. onsite training;
  - f. use of data and client input to identify opportunities for improvement;
  - g. joint problem solving; follow-up on previously identified problems.
3. How often is supportive supervision undertaken? Do supervision visits take place according to a schedule?
4. Do you have standardized tools supervisors can use during support supervision visits?
5. Is feedback given to implementers after supervision visits?

**Area 10 Score:** \_\_\_\_\_

**Objective: To determine the capacity of leadership for (i)CCM services within the organization.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area II</b>					
<b>Leadership<sup>1</sup></b>	The organization has limited or no identified project leadership or committed members at site.	The organization has clear project leadership at each level of implementation and among partners with some knowledge of (i)CCM program management and is running some limited (i)CCM activities.	The organization has clear and committed project leadership with good experience and clear vision at the organization. However, the leaders need some assistance to set up and lead good systems for (i)CCM services.	The organization has strong leadership with full understanding of (i)CCM issues 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 (i)CCM services.	The organization has strong leadership with full understanding of (i)CCM issues 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 (i)CCM services.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Examples of (i)CCM leadership roles**

- Leader sits on national coordination bodies
- Provides technical guidance for the essential nutrition actions
- Mentors and coaches junior staff

**Probing questions:**

1. Is there an identified project leader or leadership team within the organization and its partners who is responsible for providing overall technical and programmatic direction in (i)CCM implementation?
2. Do the identified leader(s) have appropriate technical expertise and experience managing (i)CCM programs/services?
3. Is the leadership at the organization capable of providing assistance in setting up (i)CCM programs?
4. Is the leader(ship) at the organization engaged in capacity building for (i)CCM programs partners?

**Area II Score:** \_\_\_\_\_

**Total Domain I points:** \_\_\_\_\_

**Domain I Score (Points/II):** \_\_\_\_\_

<sup>1</sup> A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in (i)CCM, while an “experienced leader” is both fully committed to and familiar with (i)CCM issues.

**Objective: To assess the capacity of the organization to continuously plan and provide the supplies required to meet the planned (i)CCM implementation.**

<b>DOMAIN 2: SUPPLIES MANAGEMENT</b>					
<b>Area I</b>					
<b>Procurement Planning</b>	There is limited or no procurement/needs assessment/plan of the supplies and equipment for implementing (i)CCM.	There is a documented reliable system for procurement and management of supplies that conforms to national guidelines for implementing (i)CCM.	There is a quality assurance process effectively in place for product availability at appropriate contacts. Decisions about procurements are made based on analysis of data gathered and monitored through the system.	All (i)CCM sites have a supply chain management system that fully ensures supply continuity. Tools and processes are regularly revised and updated and the logistics system can be used as a resource by other organizations.	The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock-out.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization or its implementing partners receive any supplies (ORS, zinc tablets, cotrimoxazole, ampicilline, vitamin A capsules, sulphadoxine-pyrimethamine, MUAC, etc.) from the government through the national supply chain? Which? Is there a long-term plan to link into the government system?
2. Does the organization procure any of these items? Which ones? How does the organization obtain them if it does not procure or receive through the government?<sup>1</sup>
3. Does the site have a procurement plan to meet the planned program needs?
  - o *[This should detail what, when, and how the items are to be procured during the workplan period so as to meet client and project needs.]*
4. Does the site have a reliable system for procurement and management of supplies and does it conform to national guidelines?
  - o *[There should be a clear system that provides for fair forecasting and minimizes chances for stock outs.]*
5. Does the site have a supply chain management system in place that accommodates the specific requirements of items related to implement (i)CCM and ensures supply continuity?

**Area I Score: \_\_\_\_**

<sup>1</sup> For this question, the facilitator should obtain a list (or have the organization list out) the (i)CCM supplies used and where they are obtained.

**Objective: To assess the capacity of the organization to properly store and utilize supplies and avoid stock-outs.**

<b>DOMAIN 2: SUPPLIES MANAGEMENT</b>					
<b>Area 2</b>					
<b>Commodity Storage and Utilization</b>	There is limited or no designated area for storage of procured commodities.	Documented good storage standards for (i)CCM supplies exists and there is a storage area that meets safety standards throughout the program.	Users are aware of the good storage standards for (i)CCM supplies, collect data about the quality of storage, and utilize them to ensure that 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	The site has an elaborate supplies and logistics management system and best practices that can be used as resource or training center.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What supplies are stored by the organization?
2. Does the site have a designated storage area for supplies?
3. Is the storage area appropriate for the storage of supplies and does it meet safety standards? *[At minimum, the storage area should be lockable, not damp, and free from rodents and insects.]*
4. Is there an inventory and related documentation system to guide proper storage and management of the commodities? *[Framework refers to controls and documentation of movement of items; includes the stock and bin cards, authorization and other control records internally and regularly used by staff.]*
5. Does the site have inventory management procedures (e.g. bin cards) that ensure fair forecasting?

**Area 2 Score:** \_\_\_\_\_

**Total Supplies Management points:** \_\_\_\_\_

**Domain Score (Total Supplies Management and Quality Assurance / 2):** \_\_\_\_\_

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

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

<b>Area I</b>					
<b>Data Collection</b>	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Some information the organization is collecting is not used for either donor reporting or to inform program implementation. Data collection procedures adhere to concerns for confidentiality.	Data collection tools have been standardized with national/international indicators across sub-partners and service delivery points. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has a documented and fully functional procedure for data collection and analysis (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools and resulting data. Tools and procedures have been reviewed to capture information required for (i)CCM reporting (i.e., appropriate indicators).	The organization's data collection approach offers a model which can be replicated.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have tools for collecting data at the various levels<sup>1</sup>? Process indicators (training, supervision, meeting, etc.) and outcomes (children treated by illness and referred, etc.)
2. Have the tools been reviewed to capture information required for reporting on appropriate (i)CCM indicators in the target communities?
3. Has the organization standardized tools across service delivery points?
4. Does the organization have a documented data collection procedure to guide data collection at various levels?
5. Has all staff been trained in the use of the tools?
6. Does the organization have documented and functional procedures for data transmission (data-flow plan) to and from various levels?

**Area I Score:** \_\_\_\_\_

<sup>1</sup> 'Various levels' refers to household, community, sub-county, district, regional, and head office levels.

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

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

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

**Probing questions**

1. Has the organization identified a strategy to address gaps in data?
  - o [Gaps refer to inadequate data or the missing link between data and the decisions to be taken e.g. decision to procure consumables.]
2. Has the organization been able to address gaps in data and does the organization have the capacity for data management tasks?
  - o [Tasks like Excel format conversions, data cleaning, data aggregation and analysis.]
3. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery?

**Area 2 Score:** \_\_\_\_\_

**Objective: To assess if data is used to inform decision-making processes within the organization.**

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

<b>Area 3</b>					
<b>Data Use to Assess Impacts and Program Outcomes (Decision Making)</b>	Organization has limited or no reference (or baseline) data against which reports can be compared to help in assess progress and decision making.	The organization has a process for comparison of achievements against goals and past progress that result in plans to modify interventions as needed.	The organization follows a procedure of time-bound tracking achievements, and corrective actions against plans in all the interventions.	The organizations' 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 share as a model/resource.	The data collected and analyzed within the organization is provided to stakeholders and partners in providing comprehensive (i)CCM supports of external partners, are modified with reference to data collected and reported.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a baseline or other reference data against which reports can be compared to help in assessing impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress those results in plans to modify interventions as needed.
3. Do the organization's management and staff follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention?
4. Does the organization's current approach to implementation or the referral, community or demand generation activities reflect greater effectiveness arising from data used for decision making?

**Area 3 Score:** \_\_\_\_\_

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

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

<b>Area 4</b>					
<b>Feedback and Sharing</b>	The data collected and reports made by the organization are not shared outside the organization, or there is limited sharing without any documentation.	The organization has a plan to share data and reports with relevant staff and stakeholders, but not according to any documented plan.	The organization has a plan to share data and reports with relevant staff and stakeholders. Data collected and reports made are shared and the organization solicits feedback from stakeholders.	The organization has a plan to share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. The feedback is used to influence program direction and delivery.	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.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Has the organization shared data collected and reports written outside the organization (e.g. MOH, others donors, key implementers.)
2. Does the organization's M&E team use data collection and analysis to inform other members of the implementation team and the partner community, if relevant?
3. Does the organization provide feedback on data collected and findings to all stakeholders, and are summarized periodic reports made to outside parties by way of success stories?
4. Does the organization have examples of external organizations referring to this organization's reports or changing their plans of implementation due to information shared by the organization?

**Area 4 Score:** \_\_\_\_\_

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

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

<b>Area 5</b>					
<b>Management Information Systems (MIS)<sup>1</sup></b>	The organization does not have a simple or reliable MIS to track indicators.	The organization has an MIS system that does not have data quality (indicators to achieve results), or validation checks (manual & electronic).	The organization has an MIS system with data quality and validation checks that captures all activities implemented by the organization.	The organization has an MIS system with built-in data quality and validation checks, and the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual).	The functional MIS has adequate data quality & validation checks. There is the backup plan is adhered to. The system has built-in capacity for most specialized data retrievals.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have a management information system to track activities and beneficiaries? This is the combination of areas 1 to 4 above that unifies all elements into one cohesive, electronic system that all project staff and management have access to.
2. Does the system have in-built data quality and validation checks (manual and electronic)?
3. Does the organization have a documented and functional back-up procedure (computerized or manual)?
4. Can the system generate reports?

**Area 5 Score:** \_\_\_\_\_

**Total Domain 2 points:** \_\_\_\_\_

**Domain 2 Score (Total Points/5):** \_\_\_\_\_

<sup>1</sup> Management information system (MIS) refers to a planned system of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management. In a way it is a documented report of the activities that were planned and executed. It also incorporates data quality assurance mechanisms, and should be utilized to provide data for decision making.