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# **Technical Capacity Assessment CHILD HEALTH Integrated Management of Newborn & Childhood Illnesses (IMNCI)**

**Facilitator's Copy**

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

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## **Technical Capacity Assessment (TCA) for Integrated Management of Newborn & Childhood Illnesses (IMNCI)**

### **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, IMNCI. 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 IMNCI issues.

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.

*The TCAs for Child Health were developed with the assistance of JSI staff (Katherine Farnsworth, Dyness Kasungami, Serge Raharison and Lora Shrimp)*

## Technical Resources

WHO introduction page

[http://www.who.int/child\\_adolescent\\_health/topics/prevention\\_care/child/imci/en/index.html](http://www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en/index.html)

Video on IMNCI

<http://www.youtube.com/watch?v=mAeGrPI5FtQ>

Opportunities for Africa's Newborns – Chapter III

[http://www.who.int/pmnch/media/publications/aonsectionIII\\_5.pdf](http://www.who.int/pmnch/media/publications/aonsectionIII_5.pdf)

**Objective: To assess the comprehensiveness of the implementation approach for IMNCI 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 IMNCI strategy.	The organization has a defined and documented IMNCI strategy that is in response to an evidence-based determination of need and audience identification.	The organization has a defined and documented IMNCI strategy that is in response to an evidence-based determination of need. IMNCI services meet the minimum basic package according to national and international requirements and are comprehensive (clients are able to receive all necessary IMNCI services either through the organization or through referral linkages).	The organization has a defined and documented IMNCI strategy that it can be shared with the government or other organizations. The organization has the capacity to scale-up IMNCI services.	The organization and/or its implementing partners have a defined and documented IMNCI strategy. IMNCI 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 IMNCI services being delivered by the organization at the moment?
  - o [e.g., care of sick newborn, management of diarrhea, pneumonia, malaria, malnutrition, counseling on breast feeding and complementary feeding, prevention of diarrhea, pneumonia and malaria, family planning services]?
2. Are the IMNCI services in response to evidence-based need of a defined audience?
  - a. [In implementing IMNCI, 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 meet the minimum basic package according to national and international requirements?
4. 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 1: 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 guidelines, protocols, or SOPs for IMNCI.	The program strategy includes guidelines, protocols, and SOPs for IMNCI that are up-to-date and in line with national and international guidelines.	The program strategy includes guidelines, protocols, and SOPs for IMNCI that are up-to-date, in line with national and international guidelines, and applied in IMNCI service delivery.	The program strategy includes guidelines, protocols, and SOPs for IMNCI that are up to date and in line with national and international guidelines, and applied in IMNCI service delivery. The strategy can be used as a model 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 IMNCI activities?
2. Does the program strategy include guidelines and protocols that are up-to-date and in line with national guidelines?
3. Are the guidelines and protocols being applied in the IMNCI 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 applicable guidelines and protocols fit in an organizational structure. They are a means of ensuring and verifying continuous adherence and include means of enforcement and organizational penalties for failing to do so. They also 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 IMNCI service delivery.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 3</b>					
<b>Service Standards<sup>1</sup></b>	The organization has no service standards for IMNCI.	IMNCI service standards exist, but they are not uniformly applied across the organization services provided and not all staff are aware of them.	IMNCI service standards exist; staffs are aware of and appropriately trained to apply and monitor them. Standards are monitored but not applied consistently.	IMNCI service standards exist; staff are aware of and appropriately trained to apply them; monitoring reports show they are consistently adhered to.	Service standards can be used as a model for IMNCI service quality improvement.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Do you have documented IMNCI service standards in place?
2. Are the service standards in line with national guidelines?
3. Have staff and project implementers been oriented to 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 at 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 IMNCI.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 4</b>					
<b>Physical Space</b>	There is limited or no designated place for IMNCI services where applicable.	The designated space for delivering IMNCI is sufficient for providing specific IMNCI services.	The space is appropriate for IMNCI. Available space ensures confidentiality in client counseling and observation.	The space requirements for the next one year are known and planned.	There is a documented defined and adequate space for IMNCI services delivery. Plans are in place to meet IMNCI 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 IMNCI services delivery where applicable, including an ORT corner?
2. Is the space sufficient for providing specific IMNCI services?
3. Is the available space sufficient for the confidentiality issues and observation of the clients?

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

**Objective: To assess whether there is a deliberate process by the organization and its implementing partners to mobilize clients for IMNCI activities.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 5</b>					
<b>Demand Generation</b> <sup>1</sup>	Limited or no demand-generation strategy exists at the organization. IMNCI does not reflect the intended actions, treatment, or counseling of specific illnesses.	Limited demand-generation strategy exists. IMNCI reflects the intended actions, treatment, and counseling of specific illnesses in a segmented manner. Main messages exist but do not link to the intended audiences.	A demand-generation strategy exists. IMNCI reflects the intended actions, treatment, and counseling of specific illnesses. Main messages exist and are linked to the target audiences. Clients are tracked to ensure that the targeted segments are accessing services, but interventions remain unchanged over time.	A clearly defined demand-generation strategy is in place. IMNCI reflects the intended actions, treatment, and counseling of specific illnesses. Main messages exist and are linked to the target audiences. Clients are tracked to ensure that targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	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 mobilize clients/beneficiaries?
2. Do the messages link to the intended illnesses and do the clients tracked reflect the intended audiences?
3. Are clients tracked to ensure that the targeted segments are accessing services, and do interventions respond to changing needs over time?
4. 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 changing needs of the target audiences?
5. Is the mobilization 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 IMNCI services, and be sensitive to age, gender, and culture.

**Objective: To establish the effectiveness of the process used to deliver IMNCI to sick clients.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 6</b>					
<b>Program Implementation</b>	Program 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 strategy is based on a plan that fully addresses the three pillars and all child and newborn illnesses.	Program strategy is based on a plan that fully addresses the three pillars and all child and newborn illnesses. The plan uses periodic reviews to ensure that the approaches are up-to-date and relevant to the context and realities.	Program strategy is based on a plan that fully addresses the three pillars and all child and newborn illnesses. The plan uses periodic reviews to ensure that the materials are up-to-date and relevant to the context and realities. Qualitative research methods measure intervention outcomes.	Project implementation strategy can be used as a model for other projects.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the IMNCI strategy include the three pillars: capacity-building of health personnel; strengthening health services; and mobilizing the community?
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 IMNCI, 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., algorithms, 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 the organization understanding 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>	The organization's strategy includes community participation but there are limited or no opportunities for the community to participate in IMNCI activities.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in IMNCI activities, including setting priorities for interventions and defining channels for IMNCI services including prevention and mobilizing target beneficiaries.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in IMNCI activities. There is a strategy for the community to receive feedback from the organization.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in IMNCI activities. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community.	The community participates in most IMNCI activities and the activities reflect the needs of the community as much as possible. There are community-based structures to support the IMNCI activities that can be used as a model 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 *[This may include village health committees, community volunteers, faith-based associations, networks for people living with HIV, post-test clubs, etc. Existence can be confirmed by looking at the minutes or any documented evidence of meetings.]*
2. Is the community involved in IMNCI 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 IMNCI activities?
5. Are there copies of community meeting minutes?

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

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

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 8</b>					
<b>Referral Systems</b>	Some referrals are made by the organization but there is no referral strategy in the IMNCI implementation.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented, though not uniformly.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization. There is a mechanism to verify that the referred clients received the service.	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 services. The organization is able to cover all components of IMNCI and related services.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Are there any referrals being made at the moment and is the referral strategy part of the organization's IMNCI 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 IMNCI 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 of 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 intended 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, adapt 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 conducted 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 IMNCI program, according to the project training plan.	Trainings are based on needs assessment and include support supervision training and appropriate curriculums are used, there is a mechanism to evaluate their relevance and effectiveness and to update the project training plan. Trained people apply skills acquired 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 any project specific-trainings being conducted?
2. Is there a process to generate training needs?
3. Are the trainings based on a needs assessment? Are appropriate curricula used?
4. Do those trained apply the skills acquired to coach and mentor others?
5. Is there a regular and functional support-supervision structure in place?

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

**Objective: To establish the effectiveness of the IMNCI supervision structure.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area I0</b>					
<b>Supervision</b>	There is limited or no supervisory structure for IMNCI activities.	A supervisory structure and process exists for IMNCI activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for IMNCI activities and includes tools and regular (monthly) supervisory visits to implementers. Visits are taking place on or close to schedule.	A supervisory structure and process exists for IMNCI activities and includes tools and regular (monthly) supervisory visits to implementers. Visits are taking place on or close to schedule and feedback is being given to implementers.	Projects supervision plan can be used as a resource for other IMNCI programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a supervisory structure in place for IMNCI activities?
2. How often is support supervision undertaken? Do supervision visits take place according to a schedule?
3. Do you have standardized tools supervisors can use during support supervision visits?
4. Is feedback given to implementers after supervision visits?

**Area I0 Score: \_\_\_\_\_**

**Objective: To determine the capacity of leadership for IMNCI services within the organization.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area II</b>					
<b>Leadership<sup>1</sup></b>	Has limited or no identified project leadership or committed members on site.	Has clear project leadership at each level of implementation and among partners. Leaders have with some knowledge of IMNCI program management and run some IMNCI activities.	Has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing IMNCI services. However, the leaders need some assistance to set up and lead good systems for IMNCI services delivery.	Has strong leadership with full understanding of IMNCI 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 IMNCI services.	Has strong leadership with full understanding of IMNCI issues and keeps up with them; can credibly represent the organization at the local and international level, and can train other teams to expand IMNCI services.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Examples of IMNCI leadership roles:**

- Sitting on national coordination bodies
- Providing technical guidance for IMNCI to junior staff
- Possession of appropriate training and supervision in IMNCI

**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 direction in IMNCI programs, including prevention?
2. Do the identified leader(s) have appropriate technical expertise and experience managing IMNCI programs/services?
3. Does the leadership at the organization and implementing partners need assistance setting up IMNCI programs?
4. Is the leader(ship) at the organization engaged in capacity building for IMNCI programs with all implementing 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 IMNCI, while an “experienced leader” is both fully committed to and familiar with IMNCI issues.

**Objective: To assess the capacity of the organization to continuously plan and provide the supplies required to meet IMNCI 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 IMNCI implementation.	There is a documented reliable system for procurement and management of supplies that conforms to national guidelines for IMNCI implementation.	There is a quality-assurance process in place for product availability at appropriate contacts. Decision about procurement are consistently based on analysis of data gathered and monitored through the system.	All IMNCI sites have a supply-chain management system that 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, ampicillin, vitamin A capsules, sulphadoxine-pyrimethamine, MUAC, etc.) from the government through the national supply chain? Is there a long-term plan to link to 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 program needs?  
*[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 of stock-outs.]*
5. Does the site have a supply chain management system in place that accommodates specific requirements of items related to implement IMNCI and ensures supply continuity?

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

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

**Objective: To assess the capacity of the organization to properly store and efficiently 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 storage standards for IMNCI supplies exist and there is a storage area that meets safety standards throughout the program.	Users are aware of the good-storage standards for IMNCI supplies, collect data about the quality of storage, and monitor use to ensure standards are met.	There is an inventory and logistics management system in place; tools and processes are regularly revised and updated, and 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 meets safety standards? *[At minimum, the storage area should be lockable, not damp, 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 documentations 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**

Area I					
<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 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 trained and supervised in use of the tools and resulting data. Tools and procedures have been reviewed to capture information required for IMNCI reporting (i.e., appropriate indicators).	The organization's data collection approach offers a model that 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 IMNCI 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 that is consistently applied across all contact points, but no analysis is done to initiate actions.	Organization has quality assurance 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. These 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 missing links between data, and decisions to be taken, e.g. to procure consumables.]
2. Has the organization been able to address gaps in data, and does it have the capacity for data management tasks?
  - o [Tasks like Excel format conversions, data cleaning, aggregation, and analysis.]
3. Has the organization identified a feedback mechanism and 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 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 interventions.	The organization's current implementation, referral, community outreach, and supervision reflect greater effectiveness 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 to provide comprehensive IMNCI supports to external partners, and 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 report or other reference data against which reports can be compared to help assess impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress? Are those results reflected in plans to modify interventions?
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. Do the organization's current approach to implementation and the referral, community, and demand-generation activities reflect greater effectiveness arising from using data in decision making?

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

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

<b>DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING</b>					
<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 shares data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders.	The organization shares 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 available 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 (MOH, others donors, key implementers, etc.)?
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? Are summarized and periodic reports made to outside parties by way of success stories?
4. Does the organization have examples of external organizations referring to their reports or changing plans of implementation as a result of 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**

Area 5					
<b>Management Information Systems (MISs)<sup>1</sup></b>	The organization does not have a simple, reliable management information system to track indicators.	The organization has an MIS system that does not have data quality indicators to achieve results or validation checks (manual or 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 functional back-up procedure (computerized or manual).	The functional MIS has data quality and validation checks. The back-up plan is adhered to, and 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 all of areas (1 through 4 above) that unifies all elements into a cohesive, electronic system that all project staff and management can access.
2. How is the data checked for accuracy? Does the system have built-in data quality & validation checks (manual & 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.