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Technical Capacity Assessment

Community Management of Acute Malnutrition

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

February 2011

The New Partners Initiative Technical Assistance (NuPITA) project is funded by the United States Agency for International Development (USAID) and implemented by John Snow, Inc. and Initiatives Inc., contract GHS-I-00-07-00002-00.

This document is made possible by the generous support of the American people through USAID. The contents are the responsibility of John Snow, Inc. and do not necessarily reflect the views of USAID or the United States Government.

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Technical Capacity Assessment (TCA) for Community Management of Acute Malnutrition

Goal:

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

Purpose:

The purpose of this tool is to assess an organization's ability to implement nutrition programs within the context of HIV & AIDS using the CMAM framework. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels.

The Technical Capacity Assessment (TCA) builds on the strengths of the Organizational Capacity Assessment (OCA) designed to measure overall capacity of organizations funded by President's Emergency Plan for AIDS Relief (PEPFAR) under the New Partners Initiative NPI. This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality nutrition programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on nutrition issues.

The TCA for nutrition includes:

- The Essential Nutrition Actions framework within the health system, including community level
- The Community Management of Acute Malnutrition and links with ENA
- The Essential Nutrition Actions framework in the context of HIV/AIDS

The TCA tool "Community Management of Acute Malnutrition" assesses technical capacity in three domains – organizational Strategy, supplies management, and management information systems. Each domain has a number of areas, for a total of 19 areas for assessment, as follows

Domain 1: Organizational strategy

1. Program 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
12. Behavior Change Communication

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 nutrition were developed in collaboration with Helen Keller International

Community management of acute malnutrition (CMAM) offers great potential for treating the majority of children with SAM with good appetite and no medical complications at home through decentralized outpatient care while also providing for inpatient care for those who need it: children with SAM with poor appetite and medical complications, and infants with SAM less than 6-months old. CMAM also includes community outreach for early case detection and timely referral for treatment and may include linkages to programs and services to manage moderate acute malnutrition and prevent acute malnutrition from impairing healthy growth or becoming life threatening.

Additional documents are available from the following sources.

Valid International (developed the approach and has a training manual from 2006 available on its website)

<http://www.validinternational.org>

Valid and Brixton Health have also collaborated to develop a low cost coverage survey for evaluating access and coverage in selective feeding programs: the Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) and the Simplified LQAS Evaluation of Access and Coverage (SLEAC).

FANTA2 project. <http://www.fantaproject.org/cmam/training.shtml>. A significant gap remains between need and capacity for management of severe acute malnutrition (SAM) in children. This is despite clear advances in the development and implementation of international and national protocols for the management of SAM, as well as guidelines and training for inpatient care of severely acutely malnourished children. The *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* aims to address this gap by increasing knowledge of and building practical skills to implement CMAM in both emergency and non-emergency contexts. The training guide is designed for health care managers and health care providers who manage, supervise, and implement CMAM. This includes health care providers who are involved in health outreach activities, as well as MOH officials at the national, regional, and district levels, health and nutrition program managers of NGOs, and United Nations technical staff.

The Sphere Project (<http://www.shereproject.org>) an initiative promoting quality and accountability in humanitarian work which publishes a handbook on the Humanitarian Charter and Minimum Standards in Humanitarian Response (a revised version is due in April; the earlier version is available through the website. In nutrition this project sets standards for minimum acceptable coverage, recovery rates and minimum mortality and default rates for MAM and SAM programs.

The **Emergency Nutrition Network** (<http://www.enonline.net>), a website created to improve the effectiveness of emergency food and nutrition is also an important source for guidance on subjects like infant feeding in emergency, adapting the WHO growth standards and methods for detecting and referring cases of acute malnutrition.

Objective: To assess the comprehensiveness of the organization in implementing CMAM

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I					
Program Strategy	The organization has limited or no defined documented strategy to implement CMAM.	The organization has a defined and documented strategy to provide CMAM in response to an evidence-based determination of needs and identification of target groups.	The organization has a defined and documented strategy to implement CMAM in response to an evidence-based determination of needs and which provides the minimum comprehensive basic package as defined by national and international protocols (clients receive all necessary nutrition services either through the organization or through referral linkages).	The organization has a defined and documented strategy to implement CMAM in response to an evidence-based determination of needs that is comprehensive and tailored to individual needs. The organization has an accreditation process that is government certified and has the capacity to scale-up CMAM services.	The organization has a defined and documented strategy to implement CMAM. Clients are able to receive all nutrition services, either through the organization or through referral linkages, the organization has an accreditation process for its facilities and has capacity to scale up.
	1	2	3	4	

Probing questions:

1. Where the organization is working, are there any CMAM services being delivered at the moment? (These may include screening for malnutrition, classification of malnutrition, out-patient treatment, stabilization center, counseling, and referral to other services.)
2. Do CMAM services represent an appropriate response to evidence based need of a defined population? What is the defined population? (In implementing CMAM the organization uses an evidence-based approach to selecting targeted clients (based on primary or secondary data, and international recommendations; looks at determinants of service utilization (social/cultural norms, access to health services, community interventions such as outreach, community case management, community based nutrition programs, etc.); and uses a process for setting clear nutrition targets (e.g., according to age, gender).)
3. Do the services provided meet the minimum basic package as defined by national and international policies and protocols?
4. Is there a system for referring clients for services not offered by the organization?
5. Does the organization have capacity to scale up? (Capacity refers to e.g. resources and technical know-how, 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.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 2					
Program Protocols, Guidelines, and Standard Operating Procedures¹ (SOP)	The organization does not have guidelines, protocols, or SOPs for CMAM	The organization has guidelines, protocols, and SOPs for CMAM that are up-to-date and in line with national and international standards and have been disseminated to staff and implementers.	The organization has guidelines, protocols, and SOPs for CMAM that are up-to-date and in line with national and international guidelines and are being applied in health service delivery.	The organization has guidelines, protocols, and SOPs for CMAM that are up-to-date and in line with national and international guidelines and are being applied in health service delivery. These tools can be used as a model/resource by other organizations.	The CMAM services being delivered are standardized across all service delivery points and the model can be used as a resource by other organizations.
	1	2	3	4	

Probing questions:

1. Does the organization have guidelines, protocols, and standard operating procedures for CMAM?
2. Does the organization have guidelines and protocols that are up-to-date and in line with national/international guidelines? Have they been disseminated to staff and implementers?
3. Are the guidelines and protocols being applied in service delivery?
4. Are there measures in place to ensure adherence to SOPs? How do you monitor application of quality standards?
5. Do the implementers have standards checklist for reference in day-to-day activities?
6. Can the organization's SOPs be used as a model by other organizations?

Area 2 Score: _____

¹SOPs 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; they include 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 implementing CMAM.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3					
Service Standards¹	The organization has no service standards in implementing CMAM.	Organizational standards exist for CMAM, but are not uniformly applied across the organizational services provided and not all staff is aware of them.	Standards exist for CMAM; staff is aware of and appropriately trained to apply and monitor them. Standards are monitored but not applied consistently.	Standards exist for CMAM; staff is aware of and appropriately trained to apply them; monitoring reports show they are consistently adhered to.	Service standards can be used as a model/resource for quality improvement to implement CMAM by other organizations.
	1	2	3	4	

Probing questions:

1. Do you have 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: _____

¹A 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 CMAM services.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4					
Physical Space	There is limited or no designated place for CMAM as applicable (out-patient and/or stabilization center)	The designated space for delivering CMAM is sufficient for providing specific services.	The space is appropriate for CMAM. Available space ensures the confidentiality issues of the clients.	The space requirements in the next one year are known and planned.	There is a documented defined and adequate space for CMAM service delivery. Plans are in place to meet all additional CMAM physical space requirements as program continues to expand.
	1	2	3	4	

Probing questions:

1. Is there a designated space for each of the aspects of CMAM services delivery (welcoming reception area, screening, appetite test, counseling rooms, etc.) that provides the necessary levels of privacy, where applicable (room(s), shelter, tents, etc.)?
2. Is the space sufficient for providing specific CMAM services?
3. Is the available space sufficient to address the confidentiality issues (visual and audio) of the clients?
4. Is there a plan to meet client space needs in mobile service delivery, including confidentiality?

Area 4 Score: _____

Objective: To assess whether there is a deliberate process by the organization to identify all existing cases of MAM & SAM and ensure they receive treatment.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand Generation (Outreach Strategy)¹	Limited or no demand-generation strategy exists in the organization. Screening for acute malnutrition and counseling to refer cases are not conducted.	Limited demand-generation strategy exists. CMAM is partially addressed, screening and treatment services are provided passively to clients who seek them, but no preventive messages are conveyed and no active strategy is in place.	A demand-generation strategy exists. CMAM is partially addressed. A strategy and messages are defined for community outreach to raise awareness of services and danger signs requiring care, but no preventive messages are conveyed and no active strategy is in place.	A clearly defined demand-generation strategy is in place. CMAM is well addressed. Main messages clearly relate to the intended actions and counseling for specific age groups. Organization has defined and is implementing a communications and outreach strategy to ensure that all at-risk clients in the catchment area are identified and reached by services, including prevention of malnutrition. Clients are tracked to ensure that specific age groups are accessing services.	There is a demand-generation strategy in place that addresses the target population's needs. The strategy has been assessed for effectiveness and all at-risk clients in the catchment area are identified and reached by services, including prevention of malnutrition. This is appreciated by the community and can be replicated in other programs.
	1	2	3	4	

Probing questions:

1. Is there an organizational strategy to identify and reach clients/beneficiaries (at-risk population, communities, families, mothers)?
2. Do the messages (about identifying danger signs and seeking diagnosis/treatment and prevention) that exist link to the intended audiences and do the clients tracked reflect the intended audiences?
3. Are clients tracked to ensure that the targeted age groups are accessing CMAM 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 to reach all at-risk populations, and are interventions revised and updated to reflect the needs of specific age groups?
5. Is the mobilization able to generate demand for those in most need? How?

Area 5 Score: _____

¹An effective demand-generation strategy should be able to target and reach those most in need or at-risk, increase demand for CMAM services, and be sensitive to age, gender, and culture.

Objective: To establish the effectiveness of the process used to deliver CMAM services to clients.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 6					
Program Implementation	CMAM program strategy is ad hoc and uses only one or two approaches for reaching the target clients.	CMAM program strategy is based on a plan and uses multiple approaches to reach the target clients (e.g., static clinics, mobile clinics, home-to-home).	CMAM program strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static clinics, mobile clinics, home-to-home), and implementers have supporting materials to do their work (e.g., MUAC, scales, drugs, RUTF, counseling cards, referral guides).	CMAM program strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static clinics, mobile clinics, home-to-home); implementers have supporting materials to do their work (e.g., MUAC, scales, drugs, RUTF, counseling cards, referral guides), and program uses periodic quantitative reviews to ensure that approaches and materials are up-to-date and relevant to the context and realities.	Project implementation strategy can be used as a model for other CMAM projects.
	1	2	3	4	

Probing questions:

1. Do you use multiple CMAM approaches in your programs (e.g., static clinics, mobile clinics, home-to-home) to reach the target audience?
2. Do your CMAM approaches address the needs of the different level of malnutrition of the target clients (individual, family, group, and community, regional, and national)?
3. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the different CMAM interventions?
4. Do field implementers, including volunteers, need supporting materials to do their work?
5. Are materials and tools (e.g., MUAC, scales, drugs, RUTF, counseling cards, referral guides), available to implementers to support CMAM activities?
6. Do you conduct periodic reviews of your CMAM approaches and materials to ensure they are up-to-date and relevant to the context and realities?

Area 6 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 7					
Community Involvement	There are limited or no opportunities for the community to participate in planning or implementation activities.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in activities, including setting priorities for intervention, defining channels for CMAM service delivery, and mobilizing target beneficiaries.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in CMAM activities, including setting priorities for interventions, defining channels for service delivery, and mobilizing target beneficiaries. There is a strategy for accommodating these suggestions and 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 nutrition/CMAM activities, including setting priorities for interventions, defining channels for CMAM service delivery 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 participates in most nutrition activities and the activities reflect the needs of the community as much as possible. There are community-based structures to support the activities that can be used as a model for other programs.
	1	2	3	4	

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? (Communities can refer to fora like village health committees, community volunteers, faith-based associations, any existing community functioning networks, etc. This can be confirmed by looking at the minutes or any documented evidence of meetings.)
2. Is the community involved in defining and/or implementing CMAM activities? How?
3. Does the program strategy allow input and feedback from the community?
4. Are there opportunities where the organization incorporates feedback or suggestions from the community into its programs for CMAM activities?
5. Are there copies of community meeting minutes?

Area 7 Score: _____

Objective: To assess the organization's ability to ensure comprehensive delivery of CMAM to their clients through development of referral systems.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 8					
Referral Systems	Some ad hoc referrals are made but there is no referral system in place in CMAM implementation.	A referral system has been defined to ensure CMAM clients receive complementary services from other organizations. The referral strategy is being implemented, though not uniformly.	There is a referral strategy that is part of the CMAM implementation that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's activities.	There is a referral strategy that is part of CMAM implementation that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's activities. There is a mechanism to verify that 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 clients who accessed the services. The organization is able to cover all the components of CMAM and related services.
	1	2	3	4	

Probing questions:

1. Are there any referrals being made at the moment and is the referral strategy part of CMAM implementation?
2. Have referrals been made to other providers for services not provided by this organization? (Look for referral notes, client return forms, list of other providers etc. that show existence of a referral relationship.)
3. Do you have a directory of services and organizations within a defined catchment area?
4. Is the referral strategy being implemented uniformly throughout CMAM activities? Is there a standardized referral form?
5. Are there periodic meetings of network providers?
6. Is there means of verifying whether services were received? (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 intended objectives and meeting clients' needs?

Area 8 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 9					
Training Approach	Training is conducted by the organization but there is no process for assessing training needs or quality.	The organization conducts several training programs and there is a process for assessing the training needs of staff and other people targeted for training.	Trainings conducted by the organization are based on training needs assessments and include supportive supervision. There are project-specific training plan(s), appropriate people are targeted for training, and appropriate training curriculums are used and/or adapted.	Trainings conducted are based on needs assessments, include supportive supervision training and systems, use appropriate curricula, and include a mechanism for evaluating the relevance and effectiveness of trainings conducted and for updating 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 organization has training and skills development plans that can be used as a resource for other organizations implementing similar programs.
	1	2	3	4	

Probing questions:

1. Are any project-specific CMAM trainings being conducted? Do they include trainings in screening for malnutrition, classification, appetite test, treatment, use of RUTF, use of jobs aids and/or other support materials for appropriate staff (including supervisors)?
2. Is there a process to assess training needs? Of which staff or partners, including community members?
3. Are the trainings based on training needs assessment? Are appropriate curricula used?
4. Do those trained apply the skills acquired to coach and mentor others?
5. Is there a strategy and a structure in place to follow trainees after the training?

Area 9 Score: _____

Objective: To establish the effectiveness of the CMAM supervision structures.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 10					
Supervision	There is limited or no supervisory structure for CMAM implementation.	A supervisory structure and process exists for CMAM implementation that includes regular (monthly) supervisory visits to implementers, but it does not happen regularly and is not standardized.	A supervisory structure and process exists for CMAM implementation that 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 CMAM implementation within the health sector that includes regular (monthly) supervisory visits to implementers and supervisory tools; visits are taking place on or close to schedule, and feedback is given to implementers to improve their skills and performance.	Project's supervision plan can be used as a resource for CMAM implementation.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place for CMAM implementation? Does it include:
 - Observation of performance and comparison to standards?
 - Provision of corrective and supportive feedback on performance?
 - Discussion with clients?
 - Provision of technical updates or guidelines?
 - Onsite training?
 - Use of data and client input to identify opportunities for improvement?
 - Joint problem solving; follow-up on previously identified problems?
2. How often is support supervision undertaken? Do supervision visits take place according to a schedule?
3. Do you have standardized tools supervisors use during support supervision visits?
4. Is constructive feedback given to implementers after supervision visits?

Area 10 Score: _____

Objective: To determine the capacity of leadership for delivery CMAM by the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area II					
Leadership¹	Organization has limited or no identified leadership or committed members at project site(s) or at implementing partner(s).	Organization has clear leadership at each level of implementation and among partners but limited knowledge of CMAM programs and approaches.	Organization has clear and committed project leadership at the organization in providing CMAM programming. However, the leaders need some assistance to set up and lead good systems for CMAM services delivery.	Organization has strong leadership with full understanding of CMAM programming and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand CMAM services.	Organization has strong leadership with full understanding of CMAM programming that is able to keep up with issues, can credibly represent the organization at the local and international levels, and can train other teams to expand CMAM services.
	1	2	3	4	

Examples of CMAM leadership roles:

- Leader sits on national coordination bodies
- Provides technical guidance on CMAM
- Provides programmatic guidance to implement CMAM at multiple levels
- Has appropriate training
- 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 CMAM implementation?
2. Do the identified leader(s) have appropriate technical expertise and experience managing CMAM programs/services?
3. Does the leadership at the organization need assistance setting up CMAM programs?
4. Is the leader(ship) at the organization engaged in capacity-building for CMAM programs partners?

Area II Score: _____

Total Domain I Score: _____

Domain Score (Total Organizational Strategy points / II): _____

¹ A committed leader is dedicated to the program and program improvement. An “experienced leader” is both fully committed to and familiar with the issues.

Objective: To assess the capacity of the organization to continuously plan and provide the supplies required to meet the planned CMAM implementation

DOMAIN 2: SUPPLIES MANAGEMENT					
Area I					
Procurement Planning	There is limited or no capacity for needs assessment/procurement of the supplies required for implementing CMAM.	There is a reliable system for procurement and management of supplies that conforms to national guidelines for implementing CMAM.	There is a quality-assurance process for ensuring timely replenishment and quality of supplies.	The site is implementing a robust supply chain management system to ensure supply continuity and quality.	The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock-out.
	1	2	3	4	

Probing questions:

1. Does the organization receive any supplies (vitamin A capsules, iron/folic acid tablets, RUTF, F100, F75, scales, MUAC, etc.) from the government through the national supply chain? Which? Is there a long-term plan to link to the government system? ¹
2. Does the organization procure any of these items? Which ones? How does the organization obtain them if it does not procure or receive from the government?
3. Does the site have a procurement plan to meet the planned program needs? (This should detail what, when, and how the items are to be procured during the workplan period 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? (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 CMAM and ensures supply continuity?

Area I Score: ____

¹ For these questions, the facilitator should obtain a list (or have the organization list) the CMAM 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.

DOMAIN 2: SUPPLY MANAGEMENT					
Area 2					
Commodity Storage and Utilization	There is limited or no designated area for storage of procured commodities.	There is a storage area sufficient for CMAM supplies procured that meets safety standards.	There is a system for CMAM commodity management and standard forms for tracking usage.	There is a good inventory and logistics management system in place that includes accurate forecasting.	The site has an elaborate supplies and logistics management system and best practices that can be used as a model or for a training center.
	1	2	3	4	

Probing questions:

1. What supplies are stored by the organization?
2. Does the site have a designated storage area for supplies (particularly RUFT)?
3. Is the storage area appropriate for the storage of supplies and does it meet safety standards? (At minimum, the storage area should be well organized, lock-protected, free from water, elements, rodents, and insects.)
4. Is there an inventory and related documentation system and forms for proper storage and management of the commodities? (Framework refers to controls and documentation of item movements; includes the stock and bin cards, authorization and other control documents regularly used by staff.)
5. Does the site have an inventory management procedure (e.g. bin cards) that takes care of accurate forecasting and pipeline?

Area 2 Score: _____

Total Supply 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					
Data Collection-Process and Outcome Indicators	The organization has no documented procedures to guide data collection.	The organization has documented procedures to guide data collection at various levels, including appropriate tools. Tools have been reviewed to capture information required for reporting (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform program implementation.	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 trained and are supervised in use of the tools and resulting data.	The organization's data collection approach offers a model that can be replicated.
	1	2	3	4	

Probing questions

1. Does the organization have tools for collecting data at the various levels?¹ Process indicators (training, supervision, meeting, etc.) and outcomes (children with acute malnutrition and types of AM enrolled into program, treated, referred, etc.)?
2. Have the tools been reviewed to capture information required for reporting CMAM activities?
3. Has the organization standardized tools across service delivery points?
4. Does the organization have a documented data collection procedure² to guide data collection at various levels?
5. Have 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: _____

¹ '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

Area 2					
Quality Assurance and Data for Program Improvement	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 at 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 at all contact points, analyzed, and used to refine interventions.	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.
	1	2	3	4	

Probing questions:

1. Has the organization developed a system for using the collected and analyzed data to improve program performance?
2. Has the organization identified a strategy to address gaps in data to ensure quality of the program?
 - o [‘Gaps’ refer to inadequate data or the missing link between data and decisions to be taken.]
3. 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, aggregation, and analysis.]
4. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery? Are results used to improved services?

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

Area 3					
Data Use to Assess Impacts and Program Outcomes (Decision Making)	Organization has limited or no reference (or baseline) data against which reports can be compared to help 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 organization's current implementation, referral, community outreach, and supervision reflect greater effectiveness arising from use of data for decision making.	The data collected and analyzed within the organization is provided to stakeholders and partners to provide comprehensive nutrition supports of external partners, and is modified with reference to data collected and reported.
	1	2	3	4	

Probing questions:

1. Is there a baseline 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 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

Area 4					
Feedback and Sharing	The data collected and reports made by the organization are not shared outside the organization.	The organization has a plan to share data and reports with relevant staff and stakeholders and share this information, but not according to any documented plan.	The organization and/or has a plan to share data and reports with relevant staff and stakeholders. Data and reports 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.
	1	2	3	4	

Probing questions:

1. Has the organization shared data and reports 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 and are summarized and periodic reports made public 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

Area 5					
Management Information Systems (MISs)¹	The organization does not have a simple, reliable management information system to track indicators.	The organization has an MIS that does not have data quality indicators to achieve results or validation checks (manual or electronic).	The organization has an MIS with data quality and validation checks that captures all activities implemented by the organization.	The organization has an MIS with built-in data quality and validation checks and 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. The backup plan is adhered to. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	

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 to 4) above, that unifies all elements into a cohesive electronic system that all project staff and management have access to.
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 3 points: _____

Domain 3 Score (Total Points/5): _____

¹ 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.