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# Technical Capacity Assessment Early Childhood Development (ECD) Services

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

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**Goal:** The goal of this tool is to assist OVC programs in assessing the critical elements for effective Early Childhood Development (ECD) program implementation.

**Purpose:** The purpose of this tool is to assess an organization's ability to implement ECD programs for children affected by HIV, by looking at personnel, documents and systems in place at the organizational and implementing partner levels. While the discussions will include and may focus on implementation of the NPI project, this is not an explicit objective of this assessment.

**The Technical Capacity Assessment (TCA)** builds on the strengths of the Organizational Capacity Assessment (OCA) designed to measure overall capacity of organizations funded by The President's Emergency Plan for AIDS Relief (PEPFAR)<sup>i</sup> 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 ECD programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on OVC issues. The TCA tool assesses technical capacity in four domains – *organizational strategy, program management, data management/management information systems, and technical strategy.*

While the tool was designed to address ECD generally, it can be adapted to be specific for those that support ECD *center-based programming, or household-based programming.* It is recommended that any program interested in using this tool review it before running the process, to determine which elements are useful for its particular ECD focus. Under some domains, we have indicated that certain probing questions are relevant only to either center-based, or household-based.

#### Definitions:

- **Early childhood development** refers to "the processes by which [infants and young] children grow and thrive, physically,

socially, emotionally, and cognitively, during this time period" (U.N. Children's Fund [UNICEF]). Early childhood generally refers to children between birth and the official start of formal schooling. Researchers and organizations also often include the early primary school years—ages six to eight—because of the importance for children of the transition into primary school. Research shows that intervening during the early years are among the most cost-effective approaches for improving outcomes for vulnerable and at-risk children. Increasingly robust scientific evidence highlights the critical importance, for better or worse, of ECD on outcomes for children. The benefits of early intervention for all children are far-reaching and lead to reduced instances of stunting, heart disease, and mental illness; increased school attendance; improved social and gender equality; and enhanced prospects for income generation throughout life.<sup>1</sup>

- **Center-based ECD programs** “are sometimes called crèches, nursery schools, daycares, preschools, children’s centers, and kindergartens. The center could be a stand-alone, designated school building, community building, religious structure (e.g., church, mosque, or pagoda), or even a spot under a tree. Ownership, financing, and management of the center can be from the government, community, nonprofit organizations, private businesses, or religious institutions. A common element of all center-based ECD programs is that they take place in a group setting where children interact with their peers and attempts are made to provide nutrition, education, and stimulation in an integrated manner.”<sup>2</sup>
- **Household-based ECD programs** “generally refer to care provided in the child’s home. In these scenarios, trained outreach workers or mentors provide parents or caregivers with basic skills and knowledge in child development so that evidence-based approaches and age-appropriate activities can

<sup>1</sup> AIDSTAR-One. 2011. *Early Childhood Development for Orphans and Vulnerable Children: Key Considerations*. Arlington, VA: USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

<sup>2</sup> Ibid

be incorporated into traditional childrearing and cultural practices and beliefs. These programs build the capacity of at least one parent or caregiver to interact with their children in a way that fosters language development, exploration, and learning. The outreach workers or mentors help parents or caregivers access services such as immunization, health care, caregiver support groups, and income-generating activities.”<sup>1</sup>

Each domain has a number of areas, with a total of 4 assessment areas:

### **Domain 1: Organizational Strategy**

1. Program Approach
2. Continuum of Care
3. Selection of Beneficiaries/Targeting
4. Community Involvement (Planning)
5. Quality Improvement

### **Domain 2: Program Management**

1. Human Resources Management
2. Planning and Coordination
3. Supervision
4. Leadership
5. Sustainability

### **Domain 3: Data Management and Management Information Systems**

1. Data Collection
2. Data Quality Assurance and Improvement
3. Data Use for Decision Making
4. Feedback and Sharing
5. Management Information Systems

### **Domain 4: Technical Strategy**

1. Teachers/Workers/Staff
2. Age and Developmental Approach
3. Health Services
4. Psychosocial Support
5. Child Protection
6. Food and Nutrition Support
7. Caregiver Engagement
8. Caregiver Support
9. Equity and Access
10. Retention and Transition
11. Physical Space Environment (Healthy, Safe, Hygienic)
12. Demand and Awareness
13. Policy/Advocacy

*Note: some areas may not be applicable to all organizations or programs.*

<sup>1</sup> Messner, Lyn, and Marcy Levy. 2012. Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

## 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.

**Objective: To assess the organization's overall approach to ECD.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area I</b>					
<b>Program Approach</b>	The organization has a limited or no defined, documented ECD approach/strategy.	The organization has a loosely defined program approach/strategy, but it is not based on a determination of need in the community and is not documented. The approach is in line with national standards on ECD.	The organization has a defined program approach/strategy that responds to a determination of need in the community and addresses at least three of the following: the overall approach to be implemented, priority populations to be reached, services to be provided, geographic coverage to be achieved and mechanisms for community involvement. The approach is in line with national standards on ECD.	The organization follows a well-defined and documented program approach/strategy that responds to a determination of need in the community and addresses the overall approach to be implemented, priority populations to be reached, services to be provided, geographic coverage to be achieved and mechanisms for community involvement. The approach is in line with national standards on ECD.	The organization's program approach to ECD offers a model which can be replicated and can serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Please describe your organization's overall approach or strategy to ECD.
  - *[What are you trying to achieve through the ECD program—and how?]*
2. Have you conducted a determination of need (needs assessment) for ECD in the community?
  - *[For example, consultations with community leaders and community member, etc.]*
3. Is the ECD approach in line with national standards on ECD? Are any training materials used in accordance with national curricula?
4. Does your approach/strategy to ECD respond to specific community needs you have identified?
5. Which priority ages are you trying to reach? Are your services center or home based?
6. What ECD information and/or services do you provide? Are there any new services you are preparing to provide?
7. What is your geographic coverage? Are you preparing to reach into new areas?
8. What mechanisms exist to involve the community in your ECD work?

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

**Objective: To assess the extent to which the organization has adapted a continuum of care approach.**

<b>DOMAIN 1: ORGANIZATIONAL STRATEGY</b>					
<b>Area 2</b>					
<b>Continuum of Care Approach</b>	The organization's ECD approach is stand-alone and not developed within a continuum of care framework.	The ECD approach considers some elements of the continuum of care, but is not well linked to complementary programs (ie, PMTCT and pediatric care, nutrition, MNCH).	The ECD approach considers some elements of the continuum of care, and is linked to complementary programs (ie, PMTCT and pediatric care, nutrition, MNCH).	The ECD approach fully offers a continuum of care approach, and provides a continuum of care from pregnancy to school entry in community- and home-based settings.	The organization's integrated approach to ECD along the continuum of care offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is the ECD program operating independently or is it linked to existing programs?
2. Does the program consider the life stages of the mother/child pair, from pregnancy to school entry?

**Did you know?** → ECD programs that begin early by identifying pregnant women through PMTCT programs and continue with “mom-baby pairs” to school entry can serve as an excellent community- or household-based platform for achieving multiple maternal/child health (MCH) goals. ECD programs should consistently collaborate with PMTCT and pediatric care as well as nutrition and MCH colleagues to establish programs that provide a continuum of care from pregnancy to school entry in community- and home-based settings.

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

**Objective: To assess the process by which the project selects its OVC beneficiaries (targeting).**

<b>DOMAIN 1: ORGANIZATIONAL STRATEGY</b>					
<b>Area 3</b>					
<b>Selection of Beneficiaries/ Targeting</b>	There are no organizational guidelines on the selection of beneficiaries for the ECD program.	There are clear guidelines on the selection of beneficiaries which take into account reaching the most vulnerable young children. The organization has considered different strategies for selecting beneficiaries <sup>4</sup> .	There are clear guidelines for beneficiary selection that take into account reaching the most vulnerable. Beneficiary selection is transparent and community-driven. Efforts are made to reach especially vulnerable young children (disabled, girl children, HIV-infected young children).	Targeting and the selection of beneficiaries make efforts to avoid stigmatizing children and their families (takes into account a 'do no harm' philosophy <sup>5</sup> ). The organization is successful at reaching the most vulnerable young children with services.	The organization's approach to the selection of beneficiaries/targeting can serve as a model for other organizations.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What was the process by which the organization determined the selection of beneficiaries for its ECD program?
2. Are there documented guidelines for selecting beneficiaries included either in the SOPs or separately? Are different options considered in selecting beneficiaries, e.g., a survey based on community criteria for vulnerability, use of poverty indicators, use of local lists of OVC households, equity strategy, cluster strategy, vulnerability score, participatory weighting?
3. Is there an OVC selection and verification tool used to identify ECD project beneficiaries?
4. Is the community involved in selection of beneficiaries for its ECD programs?
5. Has the selection process been transparent?
6. Does the targeting and selection process make efforts to avoid stigmatizing OVC and their families, and identify the most vulnerable young children / households?

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

<sup>4</sup> For example, different methods of targeting are: 1) developing a targeting survey based on community criteria for vulnerability; 2) using poverty indicators; 3) using local lists of OVC households (with consideration that relying on these lists alone could reinforce stigma against these households); 4) using an 'equity' strategy whereby each village in the area has the same number of identified households; 5) using a 'cluster' strategy where villages with most vulnerable households are the focus of the work; 6) using a 'scoring' strategy where children with the highest levels of vulnerability (vulnerability 'scores') are enrolled, regardless of village (source: Speak for the Child Case Study: Kenya, August 2003).

<sup>5</sup> A 'do no harm' approach works to ensure that all interventions prioritize the best interests of the OVC and their families, and make efforts to diminish any unintended negative consequences as a result of project activity. This perspective should be applied starting with the project design stage, through implementation, monitoring and evaluation.

**Objective: To determine the extent to which the organization's ECD programming reflects community needs and values.**

**DOMAIN I: ORGANIZATIONAL STRATEGY**

**Area 4**

<b>Community Involvement</b>	The organization has limited or no opportunities for the community to participate in the organization's ECD activities.	The organization informs the community about its work but has limited or no feedback from the community in shaping program activities.	The organization seeks community involvement and feedback in shaping program activities. It informs the community about its work.	The organization involves community members in setting the organization's program approach, seeks community involvement and feedback in shaping program activities, and involves volunteers in program activities. It informs the community about its work.	The organization's community involvement activities offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What opportunities are there for community members to be involved in the organization's work on ECD?
2. Do you inform the community about the organization's work (its services) on ECD?
  - o *[For example, through information and education activities, meetings with community groups, posters or banners, mass media, etc.]*
3. Do you seek community members' involvement and feedback in shaping the organization's program activities?
  - o *[For example, through consultative meetings, focus group discussions or interviews with community members such as village health committees, women's groups, etc.]*
  - o *[How are local authorities, community leaders engaged in the program?]*
4. Are there any volunteers involved in your ECD program activities? If they are volunteers they are not paid for their work.
  - o *[This refers to volunteer involvement in carrying out activities, such as information and education, advocacy, community outreach, fundraising, etc. Members of the board of directors are not considered volunteers for these purposes.]*
5. Is there community participation in shaping the organization's overall ECD program approach/strategy?
  - o *[Core elements of the approach/strategy are: priority populations to be reached, services to be provided and geographic coverage.]*
  - o *[At a minimum, the organization should involve its board of directors in developing the program approach/strategy.]*
  - o *[Is there a parent-teacher association or similar structure in place?]*

**Did You Know?** → Communities lay the foundation for children's well-being and provide a social setting where children grow, develop, and thrive. Engaging volunteers, other community members, and such groups as parent-teacher associations has proven successful for ensuring effective management of ECD centers; for example, community volunteers may be involved in activities such as rotational cooking, painting, and upkeep of the center.

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

**Objective: To assess the level of the organization's ongoing quality improvement activities.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 5</b>					
<b>Quality Improvement</b>	The organization rarely or never monitors its ECD program and has few or no explicit quality improvement activities.	The organization monitors its ECD program to improve technical performance. It assesses performance against standards and guidelines and addresses any gaps or weaknesses.	The organization monitors its ECD program to improve technical performance and/or make its program more responsive to clients and the community. It assesses performance against standards and guidelines, includes an analysis of gaps or weaknesses, and has an action planning process to address those gaps or weaknesses.	The organization has an explicit approach to monitoring and improving its ECD program to improve technical performance and/or make its program more responsive to the community. It assesses performance against standards and guidelines, includes an analysis of gaps or weaknesses, and has an action planning process to address those gaps or weaknesses. Staff, and volunteers where applicable, regularly use this system to assess and improve quality and refine program interventions.	The organization's approach to quality improvement offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization monitor its ECD program to see if services meet the expected standards and guidelines?
  - o *[Standards and guidelines may be program specific or national.]*
2. Are any problems, weaknesses or gaps in performance that are identified addressed and solved?
  - o *[Problems, weaknesses or gaps are areas where performance is not up to standard.]*
3. Does the organization solicit feedback from the community, to assess their level of satisfaction with the organization's services/ activities?
4. Are issues or problems identified by clients and the community considered and addressed?
5. Are there processes in place that involve relevant staff, and volunteers where applicable, in identifying the causes of problems, developing and planning solutions, and working on problems until they are solved?
6. Are such processes used in the organization on a regular basis to assess and improve quality?

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

**Total Domain I Points:** \_\_\_\_\_

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

**Objective: To assess whether the organization’s staff—and volunteers where applicable—are qualified to carry out the program approach.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area I</b>					
<b>Human Resources</b>	The organization has limited or no procedures in place to ensure that staff, and volunteers where applicable, who provide support for the ECD program are qualified for their work.	The organization has documents (manuals, job descriptions, job advertisements or other) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions.	The organization has documents (manuals, job descriptions, job advertisements or other) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions. There is a system to periodically monitor the performance of staff and volunteers and address any issues noted.	The organization has documents (manuals, job descriptions, job advertisements or other) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions. There is a system to periodically monitor the performance of staff and volunteers and address any issues noted. There is a mechanism to provide periodic continuing education/training to staff and volunteers to ensure that they are up-to-date with the latest evidence.	The organization’s approach to ensuring qualified staff and volunteers offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. How does the organization ensure that staff who conduct program activities are qualified to do their jobs?
  - o *["Qualified" refers to education, training and experience.]*
  - o *[If the organization provides clinical services, be sure to ask about the qualifications and experience of clinicians.]*
2. How about volunteers? Are there qualifications to determine if they are suited to the tasks you want them to undertake?
3. Are these qualifications for different positions documented?
4. What procedures are in place to train or orient staff to new positions?
5. Are there procedures to orient volunteers, too?
6. Are there procedures to periodically monitor the performance of all staff members?
7. Are any issues/problems identified during such monitoring usually addressed?
  - o *[Probe to see if they are addressed in ways that support staff members in improving their performance—rather than in negative, punitive ways.]*
8. Does this same monitoring system extend to volunteers, too?
9. Is there a mechanism to help staff, and volunteers where applicable, stay up-to-date with the latest evidence/information to do their jobs effectively?
  - o *[For example, through professional journals, short in-house trainings, outside conferences or training courses, etc.]*

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

**Objective: To assess the organization's systems to implement the program approach effectively.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>						
<b>Area 2</b>						
<b>Planning and Coordination</b>	The organization operates informally with little or no link between activities and the overall ECD program approach, between activities and budget, and between different program components.	The organization has an annual workplan that lists key activities for all program areas. There is a budget to support the workplan.	The organization has an annual workplan that supports its overall approach on ECD and lists key activities for all program areas, timelines for each activity and the individuals/ teams/departments responsible for them. There is a budget to support the workplan. The workplan and budget are developed with active involvement of relevant program staff.	The organization has an annual workplan that supports its overall approach on ECD and lists key activities for all program areas, timelines for each activity and the individuals/teams/departments responsible for them. There is a budget to support the workplan. The workplan and budget are developed with active involvement of relevant program staff. There are mechanisms to ensure communication and coordination between staff responsible for different program activities.	The organization's approach to planning and coordination offers a model that can be replicated and serve as a resource for other programs.	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>		

**Probing questions:**

1. Does the organization have an annual workplan that lists the major activities to be conducted during the year?
2. Does the workplan specify when during the year each activity will be conducted? Is it clear who (which individuals/teams/ departments) is responsible for each activity?
3. Are there clear links between the content of the annual workplan and achieving the organization's overall program approach/strategy on ECD?
4. Does the organization have a detailed annual budget?
5. Which staff are involved in developing the workplan and budget?
  - o *[Staff who actually lead and implement program activities should play the major role. Management should support them, but not actually develop the plan and budget.]*
6. Are there mechanisms to ensure communication and coordination between staff responsible for different program areas (e.g. ECD, other OVC program elements, BCC, and training)?

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

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

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 3</b>					
<b>Supportive Supervision</b>	The organization has a limited or no supervision plan/system in place for the ECD program.	Supervision is carried out from time to time using supervision tools, but it is not always supportive and there is no documentation or follow-up.	A plan exists for supportive supervision, including supervision tools and supervisory responsibilities. Most or all supervisors are trained. Most supervision is supportive.	A clear plan exists for supportive supervision, including supervision tools and supervisory responsibilities. Most or all supervisors are trained. Findings are documented, discussed with supervisees and management, and followed-up. Supervision is supportive and almost always is carried out according to established timelines and other guidelines.	The organization's supervision system offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a supervision plan or system in place for ECD activities?
2. Is it clear who is responsible for supervising whom?
3. How often is supervision carried out? Is there a schedule that is followed?
4. Are there supervision tools (e.g. checklists with clear performance expectations) to guide the supervisor?
5. Is feedback given to supervisees after the supervision visit?
  - o *[If feedback in given, probe to find out if it is supportive—see below.]*
  - o *[Supportive supervision involves a discussion between the supervisor and supervisee rather than a lecture from the supervisor about how to do things right. It doesn't criticize or blame the supervisee. It results in a clear and specific plan to improve the supervisee's performance.]*
6. Have all supervisors been trained in how to use the supervision tools and how to conduct supportive supervision?
7. Is the organization's management informed of the results of the supervision?
8. Are the results of supervisory visits documented?
9. Do supervisors usually follow-up with supervisees to assess progress on plans made to improve performance?

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

**Objective: To determine the capacity of the organization's management to lead in the area of ECD.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 4</b>					
<b>Leader-ship</b>	The organization has no identified and committed leadership for its ECD program.	The organization has identified leadership with a commitment to ECD. The leadership is engaged in <i>two</i> of the following: strengthening and expanding the organization's ECD program; coaching and mentoring staff, and volunteers where applicable; using data to inform decision-making in the organization; and/or advocating for ECD in the community.	The organization has strong and committed leadership with sufficient understanding of ECD issues to provide strategic thinking and direction. The leadership is engaged in <i>three</i> of the following: strengthening and expanding the organization's ECD program; coaching and mentoring staff and volunteers; using data to inform decision-making in the organization; and/or advocating strongly for ECD in the community.	The organization has strong and committed leadership with sufficient understanding of ECD issues to provide strategic thinking and direction. The leadership is engaged in strengthening and expanding the organization's ECD program; coaching and mentoring staff and volunteers; using data to inform decision-making in the organization; and advocating for ECD in the community.	The organization's leadership offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Who leads the organization's ECD program?
  - o *[This can be one person or a small leadership team.]*
2. How committed is the leader(ship) to ECD issues?
3. What expertise and experience on ECD does the leader(ship) bring to the organization?
4. Does the leader(ship) provide strategic direction on ECD for the organization?
  - o *[Strategic leadership involves helping the organization define an overall program approach/strategy for its ECD program and develop realistic plans to use its resources to achieve the program approach/strategy.]*
5. Is the leadership involved in strengthening and expanding the organization's ECD program?
6. Is it involved in coaching and mentoring staff, and volunteers where applicable, to improve their performance?
7. Does the leader(ship) use data to inform decision-making in the organization?
  - o *[For example, using data to look at progress relative to the workplan, to evaluate the effectiveness of program activities, to determine new program directions, etc.]*
8. Is the leader(ship) engaged in strengthening and expanding ECD information and services outside the organization?
  - o *[For example, sitting on coordination/leadership bodies, making presentations at conferences, communicating with journalists, policy makers, community leaders, etc.]*

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

**Objective: To assess whether the organization's ECD program is sustainable.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 5</b>					
<b>Sustainability</b>	The organization is taking little or no action to ensure support for its ECD work in the future.	The organization has a general idea about how it could support its work as current funding streams change or end.	The organization has begun to define at least two clear approaches to support its work as current funding streams change or end.	The organization is implementing a well-defined plan to support its work as current funding streams change or end.	The organization's approach to sustainability offers a model which can be replicated and can serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have some ideas about funding sources that could potentially support its work in the future?
  - o *[For example, ideas to extend current funding, about new donors, government grants or contracts, charging fees for the organization's services, support from business, a community fundraising event, etc.]*
2. Have you explored any ideas in some detail? Is there a clear plan you could implement quickly to seek support for the organization's work in the future?
  - o *[Having a clear plan means knowing which specific source(s) of funding will be pursued, having a good understanding of the funding source(s)' requirements, knowing which aspects of the organization's program will be presented for funding, and having discussed these plans with the Board of Directors.]*
  - o *[There should be at least two potential funding sources.]*
3. Are you already implementing a plan to extend current funding or get new funding? Or maybe you recently obtained new or additional funding?
4. Have you considered the institutional capacity needs to be built to ensure that programs continue to operate once funding has ended?
5. What systemic actions are necessary to promote sustainability?

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

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

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

**Objective: To assess organizational capacity to collect and manage data accurately.**

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area I</b>					
<b>Data Collection</b>	The organization has limited or no documented procedures to guide ECD data collection at the various levels# and service delivery points.	The organization has basic procedures to guide ECD data collection at the various levels and service delivery points, including appropriate forms. Some information the organization collects is not used for either donor reporting or to inform program implementation. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client.	The organization has documented procedures to guide ECD data collection at the various levels and service delivery points, including appropriate forms. Data collection tools are standardized across service delivery points. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client. Staff and volunteers 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 well documented and fully functional procedures to guide ECD data collection at the various levels and service delivery points, including appropriate forms. Data collection tools are standardized across service delivery points. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client. Staff and volunteers involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data and uses the data to inform program implementation as well as for donor reporting.	The organization's data collection approach offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

#"Various levels" refers to household, community, sub-county, district, regional and head office level.

**Probing questions:**

1. Does the organization have documented procedures, including appropriate forms, to collect ECD-related data at the various levels and service delivery points?
2. Is the organization collecting ECD information related to child status, caregiver status, and caregiving environment? Is the information collected in line with the specific ECD outcomes the program aims to influence?
3. Has the organization standardized the forms across service delivery points?
4. Do the data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client?
5. Is all the information collected used in some way (for example, for donor reporting or to inform program implementation)?
6. Has the staff been trained in use of the forms and are they supervised?

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

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

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area 2</b>					
<b>Data Quality Assurance and Improvement</b>	The organization has limited or no data quality assurance and improvement process in place for ECD programming.	The organization has a basic data quality assurance and improvement process in place for ECD programming but it is not consistently applied.	The organization has a documented data quality assurance and improvement process in place for ECD programming that is consistently applied, including a mechanism for explicitly addressing gaps in data.	The organization has a well documented and fully functional data quality assurance and improvement process in place for ECD programming that is consistently applied, including a mechanism for explicitly addressing gaps in data. The organization has the capacity for data management tasks. The organization has a feedback mechanism and a system to routinely assess quality in critical areas of service delivery. The feedback mechanism is known by relevant project staff.	The organization's data quality assurance and improvement process offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have a documented data quality assurance and improvement process as related to its ECD information?
2. Is there an explicit mechanism for addressing gaps in data?
  - o *[Gaps refer to inadequate data or the missing link between data and decisions to be taken e.g. decision to procure contraceptives.]*
3. Does the organization have the capacity for data management tasks?
  - o *[Tasks like Excel format conversions, data cleaning, data aggregation and analysis.]*
4. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery?
5. Are all relevant staff aware of this mechanism?

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

**Objective: To assess the capacity of the organization to use data for decision making.**

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area 3</b>					
<b>Data Use for Decision Making</b>	The organization has very limited or no historical or baseline data against which current data on ECD programming can be compared to help in decision making. Workplan progress is not monitored and not monitored against the budget.	The organization has a process for the comparison of achievement against goals and past progress that can result in plans to modify ECD strategies, actions, approaches, and tools, but it is not consistently applied. Workplan progress is rarely monitored and rarely or never monitored against the budget.	The organization has a process for the comparison of ECD program achievement against goals and past progress that can result in plans to modify strategies, actions, approaches, and tools. Management and staff follow a procedure of time-bound corrective action and track achievements against plans in all areas. Workplan progress is occasionally monitored and occasionally monitored against the budget.	The organization has a process for the comparison of ECD program achievement against goals and past progress that results in plans to modify strategies, actions, approaches and tools that is consistently applied. Management and staff follow a procedure of time-bound corrective action and track achievements against plans in all areas. The organization's current approach to program implementation (for example, referral systems or training activities) reflects greater effectiveness and ongoing program improvements arising from data used for decision making. Workplan progress is monitored and monitored against the budget at regular, defined intervals. Management reviews the cost effectiveness of activities from time to time.	The organization's process for using data for decision making for its ECD programming offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have historical (or baseline) data against which current data can be compared to help in decision making for ECD programming?
2. Is workplan progress on ECD activities regularly monitored? Is it also monitored against the budget?
3. Does the organization have a process for the comparison of ECD program achievement against goals and past progress that could result in plans to modify strategies, actions, approaches, and tools?
  - o *[There should be a mechanism of triangulation of data sources for comparison.]*
4. Do the organization's management and staff follow a procedure of time-bound corrective action and track achievements against plans?
5. Does the organization's current approach to ECD implementation (for example, referral systems or training activities) reflect greater effectiveness and ongoing program improvements arising from data used for decision making?
6. Is there an occasional review of progress towards achieving the organization's overall ECD strategies and goals?
7. Does management review the cost of ECD activities from time to time to see if funds are being used effectively?

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

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

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area 4</b>					
<b>Feedback and Sharing</b>	The organization does not have an explicit process for sharing ECD-related data and reports with relevant staff and stakeholders or it does share data and reports intermittently, but not according to any explicit plan or process.	The organization has an explicit process for sharing ECD-related data and reports with relevant staff and stakeholders, but it is not consistently applied.	The organization has an explicit process for sharing ECD-related data and reports with relevant staff and stakeholders and does this consistently. The organization solicits feedback from staff and stakeholders.	The organization has an explicit process for sharing ECD-related data and reports with relevant staff and stakeholders and does this consistently. The organization solicits feedback from staff and stakeholders and shares this feedback widely. Best practices and lessons learned are shared with other practitioners. Examples exist of external organizations referring to or referencing the organization's data and reports and/or changing their implementation plans due to information shared by the organization.	The organization's process for sharing ECD-related data and reports with relevant staff and stakeholders offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have a process for sharing data and reports with relevant staff and stakeholders?
2. Does the organization solicit feedback from staff and stakeholders?
3. What is done with the feedback?
4. Are best practices and lessons learned shared with other practitioners?
5. Does the organization have examples of external organizations referring to or referencing the organization's data and reports and/or changing their implementation plans due to information shared by the organization?

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

**Objective: To asses if the organization has a functional management information system (MIS).**

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area 5</b>					
<b>Management Information Systems (MIS)#</b>	The organization has a very limited or no MIS to track project/ program data, including clients/ beneficiaries.	The organization has an MIS to track project/program data, including clients/ beneficiaries, with built-in data quality and validation checks.	The organization has an MIS to track project/ program data, including clients/beneficiaries, with built-in data quality and validation checks, and the capacity for most specialized data retrievals.	The organization has a fully functioning MIS to track project/program data, including clients/beneficiaries, 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 and there is an adequate system for preventing unauthorized access.	The functional MIS offers a model which can be replicated and can serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

# Management information systems (MIS) refers to planned systems 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.

**Probing questions:**

1. Does the organization have a MIS to track project/program data, including clients/ beneficiaries?
2. Does the system have built-in data quality and validation<sup>6</sup> checks (manual and electronic)?
3. Does the system have the capacity for most specialized data retrievals?
4. Does the organization have a system for preventing unauthorized access?
5. Does the organization have a documented and functional back-up procedure (computerized or manual)?
6. Can the MIS produce reports?

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

**Total Domain 3 points:** \_\_\_\_\_

**Domain 3 Score (Total Points/5):** \_\_\_\_\_

<sup>6</sup> There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification). At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports. All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is being reported.

**Objective: To assess the extent to which the organization ECD staff possess the understanding and practical skills to deliver effective ECD programs.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area I</b>					
<b>ECD Teachers/Workers/Staff</b>	The program has placed little to no emphasis on training and/or recruiting ECD-trained teachers/workers/staff. Few resources have been invested in the training and support of its ECD teachers/workers/staff in best ECD practices.	ECD teachers/workers/staff receive pre-service training on the approach/curricula to be delivered as well as working with children. The program makes efforts to hire ECD teachers/workers/staff who are previously trained and demonstrably committed to ECD.	ECD teachers/workers/staff receive both pre-service and in-service training on the approach/curricula to be delivered as well as working with children. There are acceptable financial rewards for teachers and high levels of retention. The program makes efforts to hire ECD teachers/workers/staff who are previously trained and demonstrably committed to ECD.	ECD teachers/workers/staff receive both pre-service and in-service participatory training on the approach/curricula to be delivered as well as appropriate caregiving skills. Training is in response to demonstrated need. There are acceptable financial rewards for ECD teachers/workers/staff and high levels of retention. There exist opportunities for professional growth and networking. ECD teacher/worker/staff assessment protocol is in place and utilized. The program makes efforts to hire ECD teachers/workers/staff who are previously trained and demonstrably committed to ECD.	The organization's work with its ECD teachers/workers/staff offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What selection criteria/requirements does the organization use to make hiring decisions for ECD teachers/workers/staff?
2. Does the organization provide any type of pre-service training for ECD staff?
3. Does the organization provide any type of refresher/in-service training to the ECD teachers/workers/staff? Please describe the nature of this training.
  - *[How is this delivered? How often? Is it a requirement for staff to participate?]*
4. What mechanisms are in place to assess ECD teacher/worker/staff performance?
  - *[How often is performance reviewed?]*
  - *[How does the organization handle strong/poor performance?]*
  - *[Is corrective action taken for non/poor performing teachers?]*
5. Are staff volunteers or do they receive compensation?
6. How does the organization determine teacher/worker/staff compensation?
7. Please describe some of the strengths of the current ECD teacher/worker/staff skills? Weaknesses? What skills need improvement?

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

**Objective: To assess the extent to which the organization delivers interventions that are age-appropriate and effectively address physical, socio-emotional, and cognitive development needs.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 2</b>					
<b>Age and Developmental Approach</b>	The program's ECD approach is general and not in line with age and developmental requirements.	The program offers an age- and developmentally-appropriate approach that addresses HIV and nurtures children's physical, cognitive, language, and socio-emotional growth.	The program offers an age- and developmentally-appropriate approach that addresses HIV and nurtures children's physical, cognitive, language, and socio-emotional health. ECD teachers/workers/staff help and interact with children and show them affection, interest, and respect. The program offers children safe and creative play time.	The program offers an age- and developmentally-appropriate curricula that addresses HIV and nurtures children's physical, cognitive, language, and socio-emotional developmental needs. ECD teachers/workers/staff help and interact with children and show them affection, interest, and respect. The approach (curricula) emphasizes verbal expression using child play, interaction, exploration, and discovery; and uses culturally relevant materials and incorporates child-centered activities.	The organization's approach (curricula) offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. When designing your program's approach (curricula), did you take into account considerations of age and developmental requirements?
  - [For center-based: are children divided into different classes based on age/development level?]
  - [For center-based: is the curricula interdisciplinary? What areas/concepts are included in the curricula?]
2. Does the approach (curricula) work to address aspects of the child's physical, cognitive, language, and socio-emotional growth?
  - [If yes, please describe how these aspects are addressed.]
3. How would you characterize the program staff's interaction with children? What techniques and strategies are used?
  - [Can you provide some examples of how teachers tailor their approaches to be responsive to children's needs and circumstances?] [Note these may differ based on factors such as sex, age, ability/disability, orphanhood, or HIV status]
4. Please describe whether the approach (curricula) emphasizes verbal expression. Are play, interaction, exploration, and discovery part of the program? If so, please describe how.
5. Does the program use culturally relevant materials?
  - [Please describe these materials. How are they used?]

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

**Objective: To assess the extent to which the organization offers children access to health services, either directly or through linkages and referrals.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 3</b>					
<b>Health (Referrals and Linkages)</b>	The ECD program offers little or no elements of an integrated approach that meet the child's various physical health needs.	The ECD program offers some elements of an integrated approach that meet the child's various physical health needs, including treatment of common illnesses, and vaccinations. The program offers some linkages between its program and health facilities/providers.	The ECD program offers multiple elements of an integrated approach that meet the child's various physical health needs, including treatment of common illnesses, vaccinations, HIV care and treatment (including antiretroviral adherence for positive children). The program has strong linkages between its program and health facilities/providers.	The ECD program offers a comprehensive, integrated approach that meet the child's various physical health needs, including treatment of common illnesses, vaccinations, HIV care and treatment (including antiretroviral adherence for positive children). The program has formal linkages between its program and health facilities/providers and is able to make referrals for health services and has procedures in place to follow-up of on referrals.. The program keeps children's medical records on file (e.g., vaccination history).	The ECD program's health components offers a model that can be replicated and serve as a resource for other programs
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the program/organization offer direct/in-house health services to children? If so, please describe.
  - [Does the program offer curative services? Preventative services?]
  - [Are these health services undertaken as part of the standard program?]
  - [How often are they provided? Who on staff provides these services?]
2. What type of health activities are undertaken specifically for HIV-positive children?
3. Does the organization have linkages between health facilities or other health providers in the community? Please describe.
  - [How are children/families linked to outside health services]
  - [What are the nature of these services]
  - [Is there an MoU in place with specific health providers/facilities?]
4. Please describe the process used to make referrals to health services.
  - [Is follow-up conducted? Do you have procedures in place for follow-up? Please describe.]
5. Do ECD teachers/workers/staff receive training on making referrals to health care providers?

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

**Objective: To assess the extent to which the organization offers children access to psychosocial support.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 4</b>					
<b>Psychosocial Support (Referrals and Linkages)</b>	The ECD program offers few elements of an integrated approach that addresses age-appropriate psychosocial support needs of children.	The ECD program offers few elements of an integrated approach that addresses the age-appropriate psychosocial support needs of children (either directly or via linkages with organizations providing psychosocial support for children).	The ECD program offers some elements of an integrated approach that that addresses the age-appropriate psychosocial support needs of children (either directly or via linkages with organizations providing psychosocial support for children).	The ECD program offers multiple elements of an integrated approach that addresses the age-appropriate psychosocial support needs of children (either directly or via linkages with organizations providing psychosocial support for children).	The ECD program's psychosocial support components offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the program/organization offer direct/in-house psychosocial support services to children? If so, please describe.
  - o [How often are they provided? Who on staff provides these services?]
2. Are teachers/staff trained to recognize children who may be facing psychosocial challenges (ie, those exhibiting signs of trauma, bereavement, toxic stress?)
3. Does the organization have linkages to any external psychosocial support services? Please describe.
  - o [How are children/families linked to outside psychosocial support services]
  - o [What are the nature of these services]
  - o [Is there an MoU in place with specific providers/facilities/groups?]
4. Please describe the process used to make referrals to health services.
  - o [Is follow-up conducted? Do you have procedures in place for follow-up? Please describe.]

**Did you know?** → Age-appropriate psychosocial support that readies the child for primary school; enhances and supplements a child's psychosocial need for love, attachment, consistency, normalcy, and a sense of their history and family; and integrates them into their community.

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

**Objective: To assess the extent to which the organization offers children child protection services, either directly or through linkages and referrals.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 5</b>					
<b>Child Protection (Referrals and Linkages)</b>	The ECD program offers little to no elements of an integrated approach that addresses child safeguarding and protection.	The ECD program offers few elements of an integrated approach that addresses child safeguarding and protection. The program builds ECD teacher/worker competence in child protection to understand and address physical and sexual abuse and neglect as well as stigma.	The ECD program offers some elements of an integrated approach that addresses child safeguarding and protection. The program builds ECD teacher/worker competence in child protection to understand and address physical and sexual abuse and neglect as well as stigma. Staff are able to identify and appropriately intervene in cases of child abuse, exploitation, neglect, and violence, and/or make referrals for specialized care and psychosocial support, as well as legal services if necessary.	The ECD program offers multiple elements of an integrated approach that addresses child safeguarding and protection. The program builds ECD teacher/worker competence in child protection to understand and address physical and sexual abuse and neglect as well as stigma. Staff are able to identify and appropriately intervene in cases of child abuse, exploitation, neglect, and violence, and/or make referrals for specialized legal care and psychosocial support, and legal services if necessary. Staff are able to monitor and follow-up in the home setting. A child protection/safeguarding policy and/or code of conduct is in place. For centers, formal relationships exist with paralegals and/or district services.	The ECD program's child protection component offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is the organization aware of child protection issues? What are some important child protection issues in your community?
2. Does the organization have in place procedures for reporting cases of neglect and abuse? Does the organization have a child protection/safeguarding policy in place? If yes, are staff aware of and understand this policy?
  - o *[Please describe how staff are held accountable to the child protection policy.]*
3. Does the organization have linkages with legal services in the community? Please describe.
4. How does the organization/staff identify children that are experiencing abuse, exploitation, neglect and/or violence?
5. Does the organization have a policy/formal procedure/strategy in place for referring these children?
6. Please describe how follow-up is conducted on cases identified and/or referred?

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

**Objective: To assess the extent to which the organization offers children food and nutrition services, either directly or through linkages and referrals.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 6</b>					
<b>Food and Nutrition Support (Referrals and Linkages)</b>	The ECD program offers few elements of an integrated approach that addresses the food and nutrition support needs of children.	The ECD program offers some elements of an integrated approach that addresses the food and nutrition needs of children (either directly, or via linkages with organizations providing food and nutrition support for children).	The ECD program offers few elements of an integrated approach that that addresses the food and nutrition needs of children (either directly, or via linkages with organizations providing food and nutrition support for children). For home-based care, home visitors assess children's nutritional status/growth.	The ECD program offers multiple elements of an integrated approach that addresses the food and nutrition needs of children (either directly, or via linkages with organizations providing food and nutrition support for children). The program conducts nutritional assessments or tracks children's growth. Program managers are aware of food balancing techniques and food provided is in line with these standards.	The ECD program's food and nutrition support components offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What types of food and nutrition activities does the program undertake directly as part of its standard program?
2. Does the program receive any donated food resources?
3. Please describe any linkages the program has to any outside food and nutrition activities/program/organizations?
4. Does the program track children's growth/nutritional status? Does the program have in place a strategy/approach for immediate handling of cases of severely malnourished children that enter the program?
5. Does the program provide any training, resource materials and/or counseling to caregivers on food and nutrition (i.e., food balancing, food intake, etc.)?
6. (Home-based) What type of training do home visitors receive in food and nutrition?

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

**Objective: To assess the extent to which the organization involves and engages parents and caregivers in the development of young children.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 7</b>					
<b>Caregiver Engagement</b>	The program has little to no engagement with caregivers <i>vis a vis</i> their interactions with children.	The program engages caregivers, and includes education and/or training on at least two of the following: 1) The specific development needs of young children; 2) How parents/caregivers can engage positively with their young children; 3) How they can provide loving and nurturing care and stimulation for their young children; and 4) How they can address the general health, socio-emotional, nutrition, and protection needs of their children. <sup>7</sup>	The program engages caregivers, and includes education and/or training on at least three of the following: 1) The specific development needs of young children; 2) How parents/caregivers can engage positively with their young children; 3) How they can provide loving and nurturing care and stimulation for their young children; and 4) How they can address the general health, psychosocial, nutrition and socio-emotional needs of their children. There are opportunities for caregivers to practice these skills with children. For center-based, the program holds regular parent/caregiver meetings.	The program engages caregivers, and includes education and/or training on at least three of the following: 1) The specific development needs of young children; 2) How parents/caregivers can engage positively with their young children; 3) How they can provide loving and nurturing care and stimulation for their young children; and 4) How they can address the general health, psychosocial, nutrition and socio-emotional needs of their children. There are opportunities for caregivers to practice these skills with children. Efforts are also undertaken to specifically engage fathers. The program identifies households that need parenting interventions and providers or refers for specialized support. For center-based, the program holds regular parent/caregiver meetings.	The program's work with caregivers offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the program provide any type of education or training to parents and caregivers? What is the approach for delivering this education and/or training? Further probe:
  - a. Does the program engage parents and caregivers around the development needs of children?
  - b. Does the program engage parents and caregivers around engaging with children?
  - c. Does the program engage parents and caregivers around provision of care and stimulation for children?
2. (Center-based) Does the program hold regular meetings parent/caregiver meetings? If so, how often? What is the nature/format of these meetings?

<sup>7</sup> From the Essential Package. Save the Children and CARE.

3. Does the program make an effort to engage fathers in the care and support of their young children? Please describe.
4. (Center-based) Are parents and caregivers involved in the functioning of the center? If so, please describe how.
5. Does the program provide guidance and/or training to ECD teachers/workers/staff on engaging parents/caregivers.
6. Does the program have a protocol or strategy in place if/when it identifies a household that needs further parenting interventions? Are all staff familiar with this protocol or strategy?

*[Please describe a recent incidence in the past 3 months in which a staff member identified a household in further need of parenting interventions. What was done with/for this family?]*

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

**Objective: To assess the extent to which the organization provides support to help meet the needs of parents and caregivers.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 8</b>					
<b>Caregiver Support</b>	The program does little to no work to support the needs of caregivers.	The program has minimal components to help meet the needs of caregivers (improve access to health services, offer economic opportunities, address poor living conditions, provide interventions for stress, etc.).	The program has some components to help meet the needs of caregivers (improve access to health services, offer economic opportunities, address poor living conditions, provide interventions for stress, etc.).	The program has well-developed components to help meet the needs of caregivers (improve access to health services, offer economic opportunities, address poor living conditions, provide interventions for stress, etc.). The program has links with other service providers in the community and refers caregivers for external services where available.	The program's work with caregivers offers a model that can be replicated and serve as a resource for other programs
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

- I. Does the program offer any type of services to meet the needs of parents and caregivers? Please describe the nature and approach for delivering these services.
  - o Does the program offer health services to caregivers?
  - o Are any efforts undertaken to help caregivers infected with HIV?
  - o Does the program have any mechanism for linking pregnant mothers with services to help prevent transmission of HIV to children?
  - o Does the program provide any type of intervention to ensure socio-economic security, either directly or through linking to other programs, to caregivers?
  - o Does the program have any activities in place to support caregivers emotional needs (for instance, parent support groups)?

**Did You Know?** → Providing support to help caregivers meet their own needs is an important component of ECD. Caregiver's attention may be occupied by caring for a child living with HIV; they themselves may be living with HIV and unwell; they may be coping with severe poverty; they may suffer from mental health issues or depression triggered by illness or loss; or they may be living with toxic stress themselves.

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

**Objective: To assess the extent to which the organization's ECD program is accessible and provides equitable instruction to all children.**

<b>DOMAIN 4: TECHNICAL CAPACITY</b>					
<b>Area 9</b>					
<b>Equity and Access</b>	The program has no mechanisms in place to accommodate the diverse learning needs of a range of children.	The organization has some mechanisms in place to accommodate the diverse learning needs of a range of children.	The organization has mechanisms in place to ensure access to a range of children. Children receive equal attention regardless of their physical or social characteristics (e.g., gender, race, color, religion, whether they have a disability, serostatus, etc.). ECD teachers/workers/staff understand and adhere to good practice to avoid stigma/discrimination.	The organization has strong mechanisms in place to accommodate the diverse learning needs of a range of children. Children receive equal attention regardless of their physical or social characteristics (e.g., gender, race, color, religion, whether they have a disability, serostatus etc.). ECD teachers/workers/staff understand and adhere to good practice to avoid stigma/discrimination. A fee structure is in place that guarantees access to the most vulnerable families.	The organization's ECD approach can serve as a model for other organizations.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions**

1. What application procedures does the program employ in the selection of children into the program?
2. What is the gender breakdown of the child population accessing the program?
3. Does the organization serve children with disabilities?
  - o *[Does the organization offer specialized support to children with physical, learning, emotional or other disabilities?]*
  - o *[Does the program make referrals to specialized care for children with disabilities?]*
4. Does the organization serve HIV+ children?
  - o *[Do these children receive any additional support? For instance, support in accessing and maintaining diverse and nutritious diets and healthy lifestyles?]*
5. Does the organization train ECD teachers/staff/workers about stigma and discrimination?
6. Does the program incorporate age-appropriate stigma/discrimination messages into lessons?
7. What is the fee structure of the program?
  - o *[If there are fees, is any financial support offered to children from the poorest families?]*

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

**Objective: To assess the extent of the organization's efforts to ensure that children are retained in school and are assisted in transitioning to primary school.**

Area 10					
DOMAIN 4: TECHNICAL CAPACITY					
<b>Retention and Transition</b>	The organization has no clear retention strategy in place for its children. The organization is not involved in supporting transition to primary school.	The organization pays some attention to retaining children in the program, but no strategy exists to help children transition into formal school.	The organization has a strategy in place to address retention of children in the program. Follow-up is made with households of enrolled children who do not attend. Efforts are made to help transition children into formal school.	The organization has a strategy in place to address retention of children in the program. Follow-up is made with households of enrolled children who do not attend. Children's readiness for primary school is assessed and efforts made to help transition children.	The organization's ECD approach can serve as a model for other organizations.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. (For center-based) Does the organization have a plan in place to retain children in the program?  
*[(For center-based) Describe what happens when the organization finds a child regularly not attending the program]*
2. (For center-based) Does the organization have an approach for transitioning children to primary school?
3. (For home-based) Do home visitors work with caregivers to encourage or help them to enroll their children in formal school?
4. Does the organization track whether or not children move on to primary school? How about beyond the first year of primary school?
  - *[Ask to look at where this information is maintained]*
  - *[Can you tell me the number of children from last year's graduating class who are currently enrolled in primary school? Boys? Girls?]*
5. Does the program provide any additional services to help children access primary school?

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

**Objective: To assess the extent to which the organization's physical space creates a safe learning environment that is conducive to children's growth and development.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area II</b>					
<b>Physical Space Environment (Healthy, Safe, Hygienic) (for center-based programs)</b>	The program has inadequate physical space for its activities.	The program has sufficient physical space for its activities. Teacher/staff to child ratios are higher than recommended by national guidelines (if available), or as per observations of program staff.	The program has sufficient physical space for its activities. Teacher/staff to child ratios are adequate. The program has no additional space in which to expand. Sanitation and cooking facilities and drinking water are clean.	The program has sufficient physical space for its activities. Teacher/staff to child ratios are adequate. The program has additional space in which to expand if it were to cater for more children. Sanitation and cooking facilities and drinking water are clean. Emergency procedures are in place.	The organization's set-up can serve as a model for other organizations.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What is the child to teacher ratio in your program?
2. How many children are in each class? Do they share a room or have their own space? (Ask to observe the classrooms with children in them to determine if there is adequate space)
3. How does the program access water? (Probe to see if clean drinking water is available for children and staff.)
4. (Observation) May I please take a look at your toilet facilities? How often are they cleaned? How do you monitor their cleanliness?
5. (Observation) May I please take a look at your cooking facilities (if appropriate)? How often is this area cleaned? How do you monitor the cleanliness?
6. Does the program have emergency procedures in place for accidents?

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

**Objective: To assess the extent to which the organization reaches out to the community to conduct demand creation and promote awareness of ECD.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 12</b>					
<b>Demand and Awareness</b>	The program does little to no work to create demand for ECD services, or raise awareness of the importance of ECD.	The program does some work to create demand for ECD services, or raise awareness of the importance of ECD.	The program does work to create demand for ECD services, or raise awareness of the importance of ECD. As a result of the program's work, there is a demonstrated increased demand for ECD services.	The program does work to create demand for ECD services, or raise awareness of the importance of ECD. As a result of the program's work, there is a demonstrated increased demand for ECD services as well as community attention paid to ECD.	The program's work to create demand and raise awareness of ECD offers a model that can be replicated and serve as a resource for other programs
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What do people in the surrounding community know about ECD?
2. How do you think that ECD services are perceived by the surrounding community?
3. How do people in the community learn about this ECD program? Does the organization undertake any demand creation activities?
4. How has demand for the ECD service evolved since the inception of the program?
  - o *[Probe to see if the number of applications has increased. If so, find out what the perceived reason for this is.]*
5. Besides this program, what other ECD activities are ongoing in the community?

**Area 12 Score:** \_\_\_\_\_

**Objective: To assess the extent to which the organization engages with policy makers to advance the ECD needs of young children.**

<b>DOMAIN 4: TECHNICAL STRATEGY</b>					
<b>Area 13</b>					
<b>Policy/ Advocacy</b>	The organization's leadership (staff and/or volunteer) does not engage with policy makers about ECD issues.	The organization's leadership (staff and/or volunteer) informs policy makers about the organization's ECD activities.	The organization's leadership (staff and/or volunteer) informs policy makers about ECD issues and the priority needs of the population.	The organization's leadership (staff and/or volunteer) informs policy makers about ECD issues and the priority needs of the population, encouraging them to adopt/support policies (laws, regulations, budgets, etc.) that advance the ECD needs of the population.	The organization's advocacy for ECD offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization—either staff or volunteers—communicate with policy makers about ECD?
  - *[Policy makers are senior government officials who can influence laws, regulations, government budgets, etc.]*
2. Are these communications about the work of the organization on ECD? Or about ECD in general?
3. Do these communications also concern the ECD needs of the population?
  - *[Examples of the ECD needs of the population might be to have ECD centers, national ECD curricula and standards, etc.]*
4. Does the organization encourage policy makers to address some of the ECD needs of the population by actually adopting or amending laws, regulations or policies?

**Area 13 Score:** \_\_\_\_\_

**Total Domain 3 points:** \_\_\_\_\_

**Domain 3 Score (Total Points / 13):** \_\_\_\_\_