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Technical Capacity Assessment Expanded Program on Immunization (EPI)

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

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Technical Capacity Assessment (TCA) for Expanded program on Immunization

Goal:

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

Purpose:

The purpose of this tool is to help an organization assess its ability to implement child health programs—in particular, Expanded Program on Immunization. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels (if applicable).

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

The TCA for child health programs includes:

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

The TCA tool assesses technical capacity in three domains – Organizational Strategy, Supplies Management, and Management Information Systems. Each domain has a number of areas, for a total of 18 areas for assessment, as follows

Domain 1: Organizational strategy

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

Domain 2: Supplies Management

1. Procurement Planning
2. Commodity Storage and Utilization

Domain 3: Management Information Systems

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

USING THE TCA TOOLS

These Technical Capacity Assessment tools are designed to enable organizational learning, foster team sharing, and encourage reflective self-assessment within organizations.

Recognizing that organizational development is a process, the use of the TCA tool results in concrete action plans to provide organizations with a clear organizational development road map. The TCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

The TCA is an interactive self-assessment process that should bring together staff from all departments at implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

Not intended to be a scientific method, the value of the TCA is in its collaborative, self-assessment process. The framework offers organizations a chance to reflect on their current status against recognized best practices. Lively discussions are also an opportunity for management, administration, and program staff to learn how each functions, strengthening the team and reinforcing the inter-relatedness of the TCA domains and areas.

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4.

The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page. The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

The ability to identify areas to be addressed will strengthen the organization and in subsequent years, enable it to view improvement and note where progress is still needed.

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

Technical resources:

Immunization Essentials English http://pdf.usaid.gov/pdf_docs/PNACU960.pdf

Periodic Intensification on Routine Immunization (PIRI) http://www.immunizationbasics.jsi.com/Docs/PIRImonograph_Feb09.pdf

Reaching Every District (RED)

Strategy http://www.who.int/immunization_delivery/systems_policy/red/en/index.html

Guidelines http://www.who.int/immunization_delivery/systems_policy/AFRO-RED_Aug2008.pdf

IMMUNIZATION basics SnapShots

[Issue 9: Working with Communities to Strengthen Immunization \(June 2009\)](#)

[Issue 8: Cold Chain and Logistics Management: An Essential Part of Safe and Effective Vaccination Programs \(July 2008\)](#)

[Issue 5: More juice from the squeeze: Linking immunization services with other health interventions \(April 2007\)](#)

[Issue 2: Coverage Confusion! Trying to Make Sense of It \(Feb. 2006\)](#)

Training for Mid-level Managers (MLM), Module 2: Partnering with Communities WHO, 2009.

http://www.who.int/immunization_delivery/systems_policy/MLM_module2.pdf

IMMUNIZATION basics http://www.immunizationbasics.jsi.com/Resources_General.htm

The Measles Initiative <http://www.measlesinitiative.org/>

The Global Polio Eradication Initiative <http://www.polioeradication.org/>

Communications Initiative <http://www.comminit.com/>

WHO's study on the Epidemiology of the Unimmunized Child

http://www.who.int/immunization/sage/ImmBasics_Epid_unimm_Final_v2.pdf

The GAVI Alliance Civil Society Task Team's Call to Action http://www.gavialliance.org/resources/CSO_call_to_action.pdf

Objective: To assess the comprehensiveness of the organization in supporting EPI implementation.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I					
Program strategy	The organization has limited or no defined, documented strategy to support EPI implementation.	The organization has a defined and documented strategy to support EPI implementation, which is in response to an evidence-based determination of need and audience identification.	The organization has a defined and documented strategy to support EPI implementation, which is in response to an evidence-based determination of need of the health services and meets the minimum basic package according to national and international requirements and is comprehensive (clients are able to receive all necessary EPI services either through the organization or its sub-contractors or through referral linkages).	The organization has a defined and documented strategy to support EPI implementation; it is in response to an evidence-based determination of need of the health services, is tailored to individual needs and is comprehensive. The organization has an accreditation process that is government certified. The organization has the capacity to increase EPI coverage.	The organization has a defined and documented strategy to support EPI implementation. Clients (women and children) are able to receive all vaccinations services, either through the organization or through referral links; the organization has an accreditation process for its facilities and has capacity to increase immunization coverage.
	1	2	3	4	

Probing questions:

1. Where the organization (and implementer partners) is working, are there any EPI services being delivered (health facilities and outreaches) at the moment? Are these routine immunization services or only for campaigns?
 - o [These may include one or more level of implementation such as health facilities, outreach services, or campaigns. If the organization is only providing services during campaigns or supplemental immunization activities (e.g. polio NIDs, measles SIAs), then this differentiation should be clear upfront]
 - o [This may include new vaccines, safe disposal of syringes, immunization in HIV/AIDS context, etc.]
 - o [These may include one or more strategies such as RED (reach every district strategy)]
2. Do the EPI services offered in the health system represent an appropriate response to evidence-based need of a defined audience? (What is the defined audience?)
 - o [In supporting EPI services the organization uses an evidence-based approach to selecting targeted clients (based on primary or secondary data, and standard EPI protocols); looks at determinants of services utilization (social/cultural norms, access to health services, community interventions such as outreaches, community case management, community-based nutrition programs, etc.); uses a process to set clear immunization targets (for women and children); uses a process for appropriately segmenting the target audiences (e.g., according to age, gender, immunization status.)
3. Do the services provided meet the minimum basic package as defined in national and international requirements?
4. Is there a system for referring clients for services not offered by the organization or its sub-contractors?
5. Are government-approved vaccines and supplies available and accessible for the organization to use to ensure implementation as planned?
6. Does the organization have capacity to increase EPI coverage?
 - o [Capacity refers to resources, technical know-how, etc.; 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 I: ORGANIZATIONAL STRATEGY					
Area 2					
Program protocols, Guidelines, and Standard Operating Procedures¹ (SOPs)	The organization does not have guidelines, protocols, or SOPs that support national EPI policy and cMYPs (comprehensive multi-year plans) or annual microplans.	The organization has guidelines, protocols and SOPs that support national EPI policy and cMYPs and annual microplans. They 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 that support national EPI policy and cMYPs and annual microplans. They 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. They are up-to-date and in line with national and international guidelines and are being applied in health service delivery. The EPI services being delivered are standardized across all service delivery points by all sub-contractors.	The organization's SOPs can be used as a model by other programs.
	1	2	3	4	

Probing questions:

1. Does the strategy include guidelines, protocols and standard operating procedures in supporting national EPI policy and cMYPs (comprehensive multi-year plans) and annual microplans?
2. Does the strategy include 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 to each contact for immunization 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 checklists 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 supporting EPI implementation.

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

Probing questions:

1. Do you have documented service standards in place (or are relevant EPI services in place at each of the existing relevant health contacts for delivery? e.g. microplans, RED strategy, GAVI plans)
2. Are the service standards in line with national guidelines and linked with microplans at various levels?
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 to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation, and sustainability (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.

QUESTIONNAIRE ON NGO INVOLVEMENT IN IMMUNIZATION?

For routine immunization services at fixed or outreach sites (NOT for polio national immunization days), does your NGO:

Circle: Y (yes) or N (no)

- | | | |
|---|---|---|
| - Organize and directly immunize NGO immunization sessions at fixed or outreach sites? | Y | N |
| - Advocate with government for delivery of immunization services? | Y | N |
| - Coordinate with government health facilities about schedule of outreach services? | Y | N |
| - Mobilize community to attend <u>government</u> immunization sessions (fixed, outreach)? | Y | N |
| - Announce visit of immunization teams (“town-criers”, flags)? | Y | N |
| - Maintain/update community-held registers (lists) of newborns? | Y | N |
| - Use community-held registers (lists) to record each child’s immunizations? | Y | N |
| - Use registers (lists) to identify defaulters to reduce drop-out? | Y | N |
| - Target/educate individual community members to get their children immunized? | Y | N |
| - Publicly recognize parents of children who complete immunizations? | Y | N |
| - Monitor immunization coverage in geographic catchment areas (community, parish)? | Y | N |
| - Provide in-kind or financial support for <u>government</u> immunization (transport, lodging, meals)? | Y | N |
| - Provide other technical support for government immunization (cold chain/logistics)? | Y | N |
| - Discuss immunization program and progress with village councils? | Y | N |
| - Describe other involvement: | | |
| ----- | | |
| -For immunization campaigns (polio, measles, etc.): does your PVO participate in any way? (Please describe). | Y | N |

Objective: To assess whether there is designated physical space that is sufficient and appropriate for delivery of fixed and outreach services EPI at the different service delivery points.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4					
Physical Space	There is limited or no designated place within the facility for EPI, and/or outreach activities are not done (where applicable).	The designated space within the facility for delivering EPI is sufficient for providing effective services, and outreach activities are planned.	The space is appropriate and available for EPI. Outreach activities are conducted as planned to allow optimal coverage of target population.	Facility space is available and appropriate and outreach activities in the next year are known and carried out as planned.	There is a documented defined and adequate space and outreach for EPI services delivery. Plans are in place to allow optimal coverage as program continues to expand.
	1	2	3	4	

Probing questions:

1. Is EPI support only available in one or few health contacts?
2. Are vaccination services provided at the facility and how frequently?
3. Are outreach services provided? If so, how many outreach sites and what is the distance to these sites?
4. Is there a facility catchment area map that includes outreach sites and distances?
5. How frequently are outreach services provided? Are they held as planned? If not, what is done to make up for missed outreach?
6. Is EPI outreach well-supported at community level? How?
7. What are the missed opportunities in current contacts at the health facilities and at community level?

Area 4 Score: _____

Objective: To assess whether there is a deliberate process by the organization to mobilize clients in supporting EPI implementation.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand Generation¹	Limited or no strategy for generating and sustaining demand exists at the organization. EPI is not addressed in health contacts and does not reflect the intended audience.	Limited strategy exists for generating and sustaining demand. Target audiences are loosely segmented. Main messages exist but do not link to the intended audiences, and do not address actions and counseling at specific age groups.	A strategy for generating and sustaining demand exists. EPI is partially addressed in health contacts. Main messages are linked to the target actions and counseling at specific age groups. Clients are tracked to ensure that specific age groups are accessing services, but interventions remain unchanged over time.	A strategy for generating and sustaining demand is in place. EPI is addressed in all health contacts. Main messages clearly relate to the intended actions and counseling at specific age groups. Clients are tracked to ensure that specific age groups are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	There is a demand generation strategy in place that addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is appreciated by the community and can be replicated in other programs.
	1	2	3	4	

Probing questions:

1. Is there an organizational strategy to mobilize clients/beneficiaries (*health workers, community workers, communities, families, mothers*) for fixed services? For outreach?
2. Is there a strategy in place and being followed for identifying target age groups and individuals eligible for vaccination?
3. Is there a system for identifying and tracking vaccination defaulters (i.e. those who have started but not completed their schedule)?
4. Do the messages that exist link to the intended age groups and do the clients tracked receive counseling and all antigens for which they are eligible? (Do women receive TT or are referred to receive TT during ante-natal care? Are sick children referred and receive all vaccines for which they are eligible?)
5. Do EPI interventions respond to changing needs over time?
6. Has an assessment been done to determine the impact of the demand generation interventions with the intended audience and are interventions revised and updated to reflect the immunization needs of specific age groups?
7. Is the mobilization able to generate demand for those in most need? How?

Area 5 Score: _____

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

Objective: To establish the effectiveness of the process used to deliver EPI across contacts of the health services to clients.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 6					
Program Implementation	Program strategy is ad hoc and passive and addresses only clients coming to the health facilities.	Program strategy is based on a plan, EPI is actively addressed and uses multiple contacts to reach the target clients (e.g., health facility, and referral system from all health contacts – IMCI, (i)CCM, etc.).	Program strategy is based on a plan, EPI is actively addressed and uses multiple contacts to reach the target clients (e.g., health facility, and referral system from all health contacts), including community-level (outreach, tracking system, referral system from other programs such as (i)CCM, etc.).	Program strategy is based on a plan, EPI is actively addressed and uses multiple contacts to reach the target clients (e.g., health facility, and referral system from all health contacts), including community-level (outreach, tracking system, referral system from other programs such as (i)CCM, etc.), and uses periodic reviews to ensure that materials are up-to-date and relevant to the context and realities.	Project implementation strategy can be used as a model for other projects.
	1	2	3	4	

Probing questions:

1. Do you actively identify and track women and children to complete their immunization and do you use multiple contacts to reach the target clients (e.g., ANC, delivery, post natal/FP, immunization, GMP, IMNCl), including community-level (outreach, (i)CCM) to reach the target audience?
2. Do you seek to inform and involve different categories and location points of the target clients (individual, family, group, community, and workplace, markets, regional, national)?
3. Do you conduct periodic reviews of EPI activities and status, including coverage? Are the materials reviewed up-to-date and relevant to the context and realities?
4. Do field implementers, including volunteers, need supporting materials to do their work? Are vaccination registers available and completed correctly? Are vaccination cards (or integrated child health cards that include immunization) available, used, and properly completed?
5. Are materials and tools (e.g., counseling cards, referral guides) available to implementers to support activities at health facility and community levels?
6. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the outcomes of the different interventions?

Area 6 Score: _____

Objective: To assess the organizations' understanding of the role of community involvement in project development, implementation and the level of community involvement in project implementation.

DOMAINI: ORGANIZATIONAL STRATEGY					
Area 7					
Community Involvement	The organization's strategy includes community participation but there are limited or no opportunities for the community to participate in activities.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in activities, including setting of priorities for interventions, defining channels for EPI service delivery and mobilizing target beneficiaries.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in EPI activities including setting of priorities for interventions, defining channels for service delivery and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in EPI activities, including setting of priorities for interventions, defining channels for EPI 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 EPI 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?
 - o *[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 supporting EPI implementation, including community mobilization? How? (e.g. Does the community assist with outreach? Advocacy efforts?)
3. Does the program strategy allow input and feedback from the community?
4. Are there copies of community meeting minutes?

Area 7 Score: _____

Objective: To assess the organization's ability to ensure comprehensive delivery of EPI support to their clients through development of referral systems (the organization does not provide vaccination services but refers eligible clients to the location where they can receive vaccination).

DOMAIN: ORGANIZATIONAL STRATEGY

Area 8					
Referral Systems	Some referrals are made but there is no referral system in place in the organization's support to EPI.	There is a referral strategy that is part of the organization's support to EPI that provides services not offered by the organization. The referral strategy is being implemented, though not uniformly.	There is a referral strategy that is part of the organization's support to EPI that provides services not offered by the organization. The referral strategy is being implemented uniformly at all contact points.	There is a referral strategy that is part of the organization's support to EPI that provides services not offered by the organization. The referral strategy is being implemented uniformly at all contact points. There is a mechanism to verify whether the referred clients received the service.	Clients are referred for services, there is a formal referral arrangement with other providers, and the organization receives referrals. Referral documentation is available and able to capture all referred clients who accessed the services. The organization is able to cover all the components of EPI-related services.
	1	2	3	4	

Probing questions:

1. Are there any referrals being done at the moment and is the referral strategy part of the organization's EPI support?
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 linked with the available EPI service so that referrals are tracked? 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: ORGANIZATIONAL STRATEGY					
Area 9					
Training Approach	There are some trainings being conducted by the organization but there is no process to generate training needs.	There are several trainings being conducted by the organization and there is a process to generate training needs that meet overall project objectives.	Trainings are based on training needs assessments and include support supervision training. There is a project training plan and appropriate training curriculums are used and/or adapted.	Trainings are based on needs assessment and include support supervision training and appropriate curriculums are used, there is a mechanism to evaluate the relevance and effectiveness of trainings conducted, and update the project training plan. Trained people apply the skills acquired from the trainings and are able to coach and mentor others. There is a regular and functional support supervision structure in place.	The organization has training and skills development plans that can be used as a model for other organizations implementing similar programs.
	1	2	3	4	

Probing questions:

1. Are any project-specific EPI trainings being conducted? Do they include training in service delivery, storage and disposal of vaccine vials and injection equipment, use of jobs aids and/or other support materials that appropriate staff (including supervisors, record-keeping, and data) use?
2. Is there a process to generate training needs?
3. Are the trainings based on training needs assessment? Are appropriate curricula used?
4. Do those trained apply the skills acquired from the trainings and are able to coach and mentor others?
5. Are the trainings linked with other EPI activities and partner training (e.g. government, WHO, UNICEF, GAVI)?
6. Is there a regular and functional support supervision structure in place?

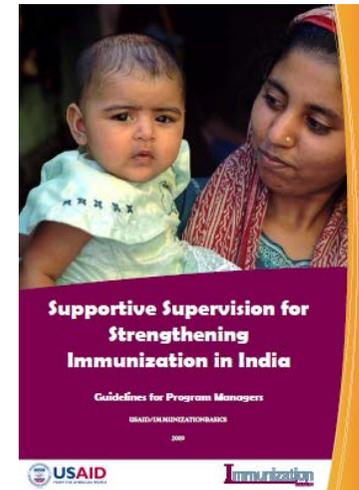
Area 9 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 10					
Supervision	There is limited or no supervisory structure for EPI implementation.	A supervisory structure and process exists for EPI implementation and includes regular (monthly or quarterly) supervisory visits to implementers.	A supervisory structure and process exists for EPI implementation and includes regular supervisory visits to implementers. Supervisory tools are available and visits are taking place on or close to schedule.	A supervisory structure and process exists for EPI implementation and includes regular supervisory visits to implementers, tools are available, visits are taking place on or close to schedule, and written feedback is given to implementers.	Project's supervision plan can be used as a model for EPI implementation.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place for EPI implementation?
2. How often is supportive supervision undertaken? Do supervision visits take place according to a schedule?
3. Do you have standardized tools supervisors can use during support supervision visits?
4. Is written feedback given to implementers after supervision visits?
5. Do follow-up supervision visits address points and corrective actions raised in previous supervision?
6. Are adequate funds and logistics available for supervision to be conducted as planned?



Area 10 Score: _____

Objective: To determine the capacity of leadership for EPI service delivery within the organization and its sub-contractors.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area II					
Leadership¹	Has limited or no identified project leadership or committed members on site and/or at the implementing partner(s).	Has clear project leadership at each level of implementation and among partners, who have some knowledge of EPI program management and run some EPI activities.	Has clear and committed project leadership with good experience and clear vision at the organization and with its partners in providing EPI services. However, the leaders need some assistance to set up and lead good systems for EPI services delivery.	Has strong leadership with full understanding of EPI issues and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to ensure quality and expand EPI services.	Has strong leadership with full understanding of and is able to keep up with EPI issues, can credibly represent the organization at the local and international levels, and can train other teams to expand EPI services.
	1	2	3	4	

Examples of EPI Leadership Roles

- Leader sits on national and/or regional/district (as applicable) coordination bodies
- Provides technical guidance for HCT
- 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 direction in HCT programs?
2. Do the identified leader(s) have appropriate technical expertise and experience managing EPI programs/services?
3. Does leadership at the organization and sub-contractor need assistance to implement, monitor, and assess EPI service delivery and quality?
4. Is the leader(ship) at the organization engaged in capacity-building for HCT programs with all partners?

Area II Score: _____

Total Domain I Score: _____

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

¹ A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in EPI. Is there a supervisory structure in place for ENA implementation within the health sector, with an “experienced leader” who is both fully committed 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 support to EPI.

DOMAIN 2: SUPPLIES MANAGEMENT					
Area I					
Procurement Planning	There is limited or no procurement/needs assessment plan of the supplies and equipment for implementing EPI.	There is a reliable system for procurement and management of supplies that conforms to national guidelines for implementing EPI.	There is a quality assurance process for product availability at appropriate contacts.	The site has a supply chain management system that ensures supply continuity.	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 or its sub-contractors receive any supplies (vaccines and equipment, etc.) from the government through the national supply chain? Which? Is there a long-term plan to link into the government system?
2. Does the organization procure any of these items? Which ones? How does the organization obtain them if it does not procure or receive through the government?¹ If vaccines are supplied by the government, how do they arrive at the facility and with what frequency?
3. Does the site have a procurement plan to meet the planned program needs?
 - o *[This should detail what, when, and how the items are to be procured during the workplan period so as to meet client and project needs.]*
4. Does the site have a reliable system for procurement and management of supplies and does it conform to national guidelines?
 - o *[There should be a clear system that provides for fair forecasting and minimizes chances for stock-outs.]*
 - o *[There should be a clear system that monitors the cold chain and vaccine expiration dates]*
5. Does the site have a storage and stock management system in place that accommodates the specific requirements of items related to implement EPI and ensures supply continuity and quality?

Area I Score: ____

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

Objective: To assess the capacity of the organization and its sub-contractors to properly store and efficiently utilize supplies and avoid stock-outs.

DOMAIN 2: SUPPLIES MANAGEMENT					
Area 2					
Commodity Storage and Utilization	There is limited or no designated area for storage of vaccines or procured commodities.	There is a storage area sufficient for vaccines and EPI supplies procured that meets safety standards.	There is a system for vaccines and EPI commodity management and a register to track usage.	There is a working refrigerator and good inventory and logistics management system in place that takes care of fair forecasting.	The site has an elaborate supplies and logistics management system and best practices that can be used as resources or training center.
	1	2	3	4	

Probing questions:

1. What storage supplies, including cold chain, are procured by the organization?
2. Does the site have a designated storage area for dry-store supplies, including equipment for outreach activities? Does the facility have a working fridge (or other cold chain equipment) that corresponds with government equipment norms? Is the fridge functioning properly? Is the temperature monitored and written on a chart daily? Are spare parts available? Are cool boxes available?
3. Is the storage area appropriate for the storage of supplies and does it meet safety standards?
 - o *[At a minimum, the storage area should be lockable, not damp, and free from rodents and insects.]*
4. Is there a system and stock management records for proper storage and management of the commodities, including for each antigen and all diluents and injection equipment?
 - o *[Framework refers to controls and documentations of items movements; includes the stock and bin cards, authorization, and other stock records internally and regularly used by staff.]*
5. Does the site have inventory management procedure that takes care of fair forecasting?

Area 2 Score: _____

Total Supplies Management Points: _____

Domain Score (Total Supplies Management and Quality Assurance / 2): _____

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

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

Area I					
Data Collection Process and Outcome Indicators	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. 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 adequately trained and 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 treated, referred, etc.)?
2. Have the tools been reviewed to capture information required for pediatric HIV indicators in the target communities?
3. Has the organization standardized tools across service delivery points?
4. Does the organization have a documented data collection procedure to guide data collection at various levels?
5. Has all staff been trained in the use of the tools?
6. Does the organization have documented and functional procedures for data? Are there mechanisms in place to avoid double-counting 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 that is consistently applied across all contact points, but no analysis is done to initiate actions.	Organization has quality assurance for collecting information that is consistently applied across all contact points, is analyzed, and used to refine interventions.	The organization has established a quality management system and identified quality assurance indicators for routine assessment. Can serve as a model for other programs.
	1	2	3	4	

Probing questions:

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

Area 2 Score: _____

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

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

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 organizations' 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 in providing 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 report or other reference data against which reports can be compared to help assess impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress 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-generating 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 written by the organization are not shared outside the organization.	The organization has a plan to share data and reports with relevant staff and stakeholders, but not according to any documented plan.	Data collected and reports written are shared and the organization solicits feedback from stakeholders.	The organization shares data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. The feedback is used to influence program direction and delivery.	The data and findings of the organization are recognized in national reports and relevant journals. The data is 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 collected and reports written outside the organization (e.g. MOH, others donors, key implementers)?
2. Does the organization's M&E team use data collection and analysis to inform other members of the implementation team and the partner community, if relevant?
3. Does the organization provide feedback on data collected and findings to all stakeholders, and are summarized, periodic reports made available to outside parties via success stories?
4. Does the organization have examples of external organizations referring to this organization's reports or changing their plans of implementation because of information shared by the organization?

Area 4 Score: _____

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

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

Area 5

Management Information Systems(MISs)¹	The organization does not have a simple and reliable management information system to track indicators.	The organization has an MIS but does not have data quality indicators to achieve results or validation checks (manual & 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 the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual).	The functional MIS has adequate data quality & validation checks. The back-up 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 areas 1 through 4 above that unifies all elements into a cohesive electronic system that all project staff and management can access.
2. How is the data checked for accuracy? Does the system have built-in data quality and validation checks (manual and electronic)?
3. Does the organization have a documented and functional back-up procedure (computerized or manual)?
4. Can the system generate reports?

Area 5 Score: _____

Total Domain 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.