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| **PBAS#:** | **National Office:** | **Programme site or ADP:** | | **District/Region:** |
| **Name of Person Completing the Tool:** | **Title:** | **Type of Assessment:**  **Self-Assessment  Third Party  Mixed** | | **Date of Assessment (mm/dd/yyyy):** |
| **Length of programme implementation:**  **< 6 months  6 - 12 months  > 12 - 24 months  > 24 months** | | | **Level of Assessment (e.g. what level is this assessment being conducted):**  **Programme site  ADP  District/Regional  National** | |

Instructions on how to determine IQA score:

Beside each essential element, there is a checklist of critical components of the essential element. As you go through your assessment, check the boxes that apply to the programme. Use the CMAM IQA calculator for an automatic calculation of the IQA score. The overall IQA is the mean of individual IQA scores from all the essential elements. An overall IQA score of 1.5-2 indicates high fidelity; 1.0-1.4 indicates moderate fidelity; less than 1.0 indicates low fidelity.

Essential elements #2, #3 and #17 are non-applicable for the implementation phase of CHW programming and do not need to be assessed.

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| **Essential Element** | **Check the box  for those that are present in the model.** | **IQA** |
| **1. CHW functionality assessment is carried out prior/during project planning phase** | CHW functionality assessment conducted as part of project baseline activities (or has been conducted *at least once* by the local or district health authority within the last two years).  Health authorities engaged in design, implementation and analysis.  Results shared with CHWs, COMM, local health authorities and MoH. |  |
| **2. CHW recruitment process is community-driven, transparent and engages all existing cadres without the creation of new ones.** | Non-applicable |  |
| **3. CHW role is designed with clarity, including competencies with agreement of community, CHW, and health system.** | Non-applicable |  |
| **4. Initial CHW training is sufficient to prepare them for their role with appropriate time, trainers and practical training.** | All new training modules only introduced after basic competency-based training required by MoH is completed.  Field practical skills training during at least one day.  Programme maintains a record of trainings per individual. |  |
| **5. Ongoing training is planned to ensure necessary revision, skills-building and considering estimated attrition rates.** | Refresher training plans for at least *four days per year* throughout the project cycle.  Reselection and attrition rates are predicted at least 10%, and budgeted for 10% retraining of new volunteers per year. |  |
| **6. Equipment and supplies are available and sufficient to deliver services including medicines, supplies, and job aids.** | Existing supply chains are utilised and strengthened during project.  Stocks and job aids quality assessed at supervision at *least twice per year* |  |
| **7. CHW supervisors are trained, equipped and supported to conduct regular supportive supervision with at least four contacts per year** | Supervisors have completed basic competence training on the programme model and are selected as those with a background in the technical area of implementation.  *At least four* face-to-face contacts with supervisor per year. |  |
| **8. Supervision activities are designed and implemented to identify and resolve individual performance quality.** | Conduct supervision visits every 1 to 3 months  Supervisors are trained in supportive supervision, and conducting service delivery observations  Are well known to CHWs and communities  Have and use basic supervision tools (checklists)  Consistently meet with the community and make home visits with the CHW or provide on‐the‐job skill building  Use data/information for problem‐solving and coaching during supervision meetings  ***Activities of supervision:***  ***Case assessment:*** Home-visit/case assessment of recorded cases to ensure service quality, focusing on adverse events, referrals and follow-up (at least three cases) for quality monitoring four times per year, especially important in CCM and treatment programmes.  ***Observation of service delivery:*** home visits done with CHW, providing skills coaching through observation. At least twice, as soon as possible following training as part of practical CHW training.  ***Record review and data collection/reporting:*** Data gathered is used for problem solving and coaching, conduct at every supervision (4 times per year). |  |
| **9. Individual Performance Evaluation occurs at least annually and is designed to fairly assess work and improve quality** | At least once per year, a minimum of 4 goal indicators of programme coverage are tracked through time-series at the individual CHW level.  Community inputs are incorporated and performance is rewarded/recognised.  Is based on individual performance  Includes evaluations of service delivery and coverage or monitoring data (national/program evaluation)  Includes community feedback on CHW performance |  |
| **10. Incentives - Standards and methods for performance-based incentives are ethical, non-competitive, sustainable, and under a unified country policy** | Incentives are developed in collaboration with MoH and partners in line with local or national policies/practices.  Community involved in incentives and provides feedback on performance that is taken into consideration.  No payment for services is applied.  Incentive scheme is comparable and sustainable across all project types in the area.  Incentives in line with expectations placed on CHW in time and opportunity cost.  Incentives given are linked to performance-based assessment and not given in cases where CHW is not active.  Job tools (eg, phones, bicycles) for exclusive use of CHW and are documented and transparent. They should not be given by beneficiaries as ‘service in kind’ payment. |  |
| **11. Communities are continuously engaged in the support of CHW’s work at all levels, and kept informed.** | Community-wide meetings to discuss and sensitise on CHW initiatives should take place at least *once per year.*  COMMS/CHCs should be involved in feedback review of CHW supervision at least twice per year (CHW debriefing sessions). |  |
| **12. Referral system for emergency evacuations of cases is in place and referrals documented** | A facilitated referral system is in place and referrals and evacuations are recorded.  Post-referral follow-up visits by CHWs are conducted for all emergency evacuations.  Counter-referral system is available to the health centre for severe/chronic cases. |  |
| **13. Opportunity for advancement, growth, promotion and retirement for CHW is considered** | **The CHW program:**  Offers advancement to CHWs who perform well and who express an interest in advancement  Routinely provides training opportunities to help CHWs learn new skills and advance their roles  Has a clear, transparent and fair system to assess CHW performance and achievement for advancement purposes |  |
| **14. Documentation, Information Management is in place which is consistent, transparent and used for service improvements** | The CHW program:  Has CHWs document their visits and provide data on standardized formats and this is consistently done to a high standard  Ensures supervisors monitor quality of documents, discuss them with CHWs, and provide help when needed  Provides CHWs and communities with data summaries  Involves CHWs in data‐based problem solving  Data submitted to health facility/authority on a quarterly basis. |  |
| **15. Linkage to Health System** | The CHW program:  Is provided comprehensive support by the health system through its consistent participation in, provision of and joint monitoring of: Training, supervision, referral, equipment and supplies, incentives, CHW performance assessment, advancement opportunities, reporting, and use and sharing of data  Shares data with the health system  CHW has a direct reporting relationship to the local health facility/authorities.  CHW community management structures and district health teams should interact at least twice yearly. |  |
| **16. Programme Performance Evaluation** | CHW program performance evaluation:  Is conducted yearly and covers CHW activities  Includes CHW functionality assessment or IQA and time-series programmatic data.  Assesses CHW achievements against program indicators and outcomes  Includes an evaluation of the quality of service delivery provided by CHWs and the community and health facility staff are asked to provide feedback on CHW performance  Is summarized and CHWs are provided feedback on how they are performing  Shows that the CHW program is realizing at least 75% of its targets (up to end of most recent quarter)  **☐** Report findings summary shared at local, regional and national levels with partners. |  |
| **17. Country ownership - National level MoH partners have a direct involvement, oversight and decision-making powers over programme methodology and implementation and review processes.** | Non-applicable |  |
| **OVERALL IQA** | |  |

Instructions: Feel free to note any variances and the data source used in the IQA assessment of the essential elements. Document recommendations and next steps in the space below. (Note: Essential elements #2, #3 and #17 are removed from this table.)

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| **EE** | **Notes** | **Data source** |
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| **Recommendations and next steps:** | | |