**\*** developed based on Valid International CTC Field Manual, Sphere Standards 2011, FANTA CMAM Training Guide 2008, Generic Guidelines and Job Aids for CMAM, FANTA, November, 2010

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| **PBAS #:** | **National Office:** | **Programme site or ADP:** | **District/Region:** |
| **Name of Person Completing the Tool:** | **Title:** | **E-mail:** | **Date of Assessment (mm/dd/yyyy):** |
| **Length of program 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 (e.g. facility)  ADP  District/Regional  National** | |

Instructions on how to determine IQA score:

The CMAM IQA tool requires **direct observation** of programme sites (e.g. SC, OTP, SFP). Be sure to plan site visits on days when SC/OTP/SFP activities are taking place. It is recommended to assess at least 1 SC (if applicable) and 2OTP/SFP sites. Selection of sites should be based on the following: catchment, accessibility, type of health facility, with the aim to capture a variation. Please use one Excel calculator per site. If Essential Elements #1 and #2 are non-applicable when assessing a SC, click on the Essential Element and select 'N/A.' When assessing an OTP/SFP, click on Essential Element #3 and select 'N/A'. This removes the non-applicable EE(s) from the IQA scoring.

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.

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| **Essential Element** | **Check the box  for those that are present in the model.** | **IQA** |
| **Essential Element 1: Outpatient Management of Severe Acute Malnutrition is according to national /international CMAM protocols** | **Outpatient SAM management is in accordance with protocols**  Adequate staffing in place: 1-CMAM trained team leader (nurse or medical assistant), 2-measurers  Sugar water is provided for children who are waiting for admission  Registration numbers assigned correctly and written on all documents  Registers (or individual child records) are completed correctly  Oedema is tested for and grade of bilateral pitting oedema measured accurately  MUAC measured accurately to 0.1 cm  Weight measured accurately to nearest 0.1 kg (not applicable for MUAC only protocols)  Height measured accurately to 0.1 cm (not applicable for MUAC only protocols)  WFH classification done correctly (not applicable for MUAC only protocols)  Medical history recorded accurately  Physical examination performed and recorded accurately  Admission is according to correct criteria  Child’s appetite is tested using RUTF, upon admission and during outpatient care follow-up sessions.  Handwashing is completed prior to appetite test  Routine medication given according to protocol and recorded accurately  Amount of RUTF needed is correctly calculated  Ration cards completed correctly (if applicable)  Appropriate education given to mothers/caregivers  Follow-up medicines given according to protocol and recorded accurately  Adequate RUTF protection ration provided (if applicable)  Slow responders are identified according to the definition for outpatient care, home visits and communicated to Community Outreach Workers  Beneficiaries discharged according to protocol |  |
| **Essential Element 2: Management of Moderate Acute Malnutrition (MAM) is according to national/international CMAM protocol** | **MAM management is in accordance with protocols**  Adequate staffing in place: 1-CMAM trained team leader (nurse or medical assistant), 2-measurers  Registration numbers assigned correctly and written on all documents (registers or individual child cards)  Registers (or individual child records) are completed correctly  Physical examination performed and recorded accurately  MUAC measured accurately to nearest 0.1 cm  Weight measured accurately to nearest 0.1 kg (not applicable for MUAC only protocols)  Height measured accurately to nearest 0.1 cm (not applicable for MUAC only protocols)  WFH classification done correctly (not applicable for MUAC only protocols)  Admission is according to correct  Routine medication given according to protocol and recorded accurately criteria  Ration provided meets the nutritional requirements for supplementary feeding  Appropriate education given to mothers/caregivers  Ration cards completed correctly (if applicable)  Beneficiaries discharged according to protocol |  |
| **Essential Element 3: Inpatient Care is provided according to national /international CMAM protocols** | **Inpatient care provided in accordance to protocol**  Adequate number of health care providers (staff) present: 1 trained nurse or medical officer per 24 hr shift  Registration numbers assigned correctly and written on all documents  Registers (or individual child records) are completed correctly  Grade of bilateral pitting oedema measured accurately  MUAC measured accurately to 0.1 cm  Weight measured accurately to nearest 0.1 kg (not applicable to MUAC-only protocols)  Height measured accurately to nearest 0.1 cm (not applicable to MUAC-only protocols)  WFH classification done correctly (not applicable to MUAC-only protocols)  Admission is according to correct criteria and recorded.  Medical history recorded accurately  Physical examination performed and recorded accurately  Beneficiaries discharged according to protocol and referral notes/cards issued and recorded.  **Food Preparation**  Therapeutic milk ingredients available and correct recipe used  Ingredients are stored appropriately and discarded at appropriate times.  Therapeutic milk containers and utensils are kept clean  Therapeutic food (RUTF) is available and used for rehabilitation phase (if applicable)  Kitchen staff (or those preparing feeds) wash hands with soap before preparing food.  Recipes for F75 and F100 are followed exactly (appropriate changes are made when some of the ingredients are missing) (if applicable)  Ingredients are thoroughly mixed (and cooked, if necessary)  Food is served at an appropriate temperature.  Leftover food is discarded promptly.  **Mothers/caregivers rations (if applicable)**  Mothers/caregivers are provided with adequate and appropriate food rations  Mothers/caregivers are provided with adequate and appropriate space, utensils and fuel to prepare their food.  **Ward Procedures: Feeding**  Sufficient staffing is in place (one feeding assistant/10 inpatients)  Correct feeds are served in the correct amounts.  Feeds are given at the prescribed times and frequencies, including on nights and weekends  Children are held and encouraged to eat (never left alone to feed)  Children are fed with a cup (never a bottle)  Food intake (and any vomiting/diarrhoea) is recorded correctly after each feed.  Leftovers feeds are recorded accurately.  Amounts of F75 are kept the same throughout the initial phase, even if weight is lost.  After stabilization phase, the amount of F100 is given freely and increased as the child gains weight, or if applicable, RUTF is used for rehabilitation phase  Child is transitioned from F75/F100 to RUTF prior to transfer to outpatient therapeutic program  Mothers are encouraged and supported to breastfeed before feeding  Supplementary suckling approaches are used to support relactation (where applicable)  **Ward Procedures: Warming**  Blankets are provided and children kept covered at night.  Safe measures are used for re-warming children (e.g. kangaroo method)  Temperatures are taken regularly and recorded correctly (min 2x/day, morning and evening)  **Ward Procedures: Weighing**  Scales are functioning correctly.  Scales are standardised weekly.  Children are weighed about one hour before a feed (to the extent possible)  Staff always adjust the scale to zero before weighing.  Children are weighed without clothes.  Staff always correctly read the weight to the nearest division of the scale.  Staff immediately record weights to the nearest division of the scale and record on the child’s treatment card  Weights are correctly plotted on the weight chart.  **Giving Antibiotics, Medications, Supplements**  Antibiotics are given as prescribed (correct dose at correct time).  When antibiotics are given, staff immediately make a notation on the treatment card.  Micronutrients (vitamin A and iron) are provided in accordance with national protocol, and recorded on treatment card  Deworming tablets are given upon discharge and recorded  **Dehydration and Fluid management**  Dehydration in severely malnourished children is correctly diagnosed  Dehydration is correctly managed based on the protocols  ReSoMal is correctly administered as per protocol with close supervision.  **Hygiene: Hand Washing**  Adequate working hand washing facilities are available in the ward.  Staff consistently wash hands thoroughly with soap.  Staff wash hands before handling food and medication.  Staff wash hands between each patient.  **Hygiene: Mothers’ Cleanliness**  Mothers/caregiver have access to adequate places to bathe.  Mothers/caregivers consistently wash hands with soap before feeding, after using the toilet or changing diapers.  **Hygiene: Bedding And Laundry**  Beddings are changed every day or when soiled/wet.  Soiled diapers, towels and rags, etc. are stored in bag, then washed or disposed of properly.  Mothers/caregivers have access to adequate places to do laundry.  Mosquito nets are hung properly and used (if applicable)  **Hygiene: General Maintenance**  Ward floors are swept and cleaned regularly.  Trash is disposed of properly.  The ward is free as possible of insects and rodents.  **Hygiene: Dishwashing**  Dishes and other utensils are washed after each meal, with soap.  **Ward Environment**  Mothers and caregivers have adequate places to sit and sleep.  Mothers/caregivers are taught/encouraged to be involved in care.  Children as they recover, are stimulated and encouraged to move and play.  **Hygiene: Toys**  The available toys are washable and easily disinfected. |  |
| **Essential Element 4: Community Outreach Activities are coordinated and delivered** | **Coordination Of Community Outreach**  Each health facility has someone designated as responsible for managing/coordinating community outreach efforts (Outreach Coordinator)  Responsibilities of outreach worker (case-finder) are clearly defined, including level of effort.  Regular meetings occur with outreach workers and health facility staff (e.g. designated outreach coordinator).  Regular outreach sessions are occurring  **Case-Finding**  Case-finding activities are on-going and are appropriate.  **Referrals**  Mechanisms are in place to ensure children referred from one program to another are enrolled as per the referral protocols.  Referral mechanism functioning to refer cases from health facility to program  Referral mechanism functioning to refer cases from community to program  **Home Visits**  Absentees and children who defaulted are followed up reliably with home visits  Slow responders are identified and followed up with home visits  Monitoring system for home visits is functioning e.g. records filled in correctly  Mother/caregiver referred for additional care or services if appropriate |  |
| **Essential Element 5 : Stock is appropriately managed** | Sufficient stock is available - RUTF, RUSF (or supplementary food), medicines  Stock is appropriately stored – clean, secure  Stock records are completed and up to date |  |
| **Essential Element 6:**  **Monitoring and reporting system is functioning. Monitoring reports are reviewed regularly to inform program implementation.** | Tally sheets, reporting sheets completed correctly  Monitoring reports are regularly reviewed to inform program implementation  WV CMAM DB in use  WV CMAM DB is up to date |  |
| **Essential Element 7: Treatment sites are accessible to the population.** | More than 90% of the target population is within less than one day’s return walk (including treatment time) of a program site |  |
| **Essential Element 8:**  **Program Coverage is > 50% for rural areas, > 70% of urban areas and > 90% in camp settings.** | Program Coverage (the proportion of those requiring treatment who actually receive it) is > 50% for rural areas, > 70% of urban areas and > 90% in camp settings.  N/A – assessment of coverage not available |  |
| **Essential Element 9:**  **IYCF issues are addressed within the program.** | IYCF components are included in particular protecting, supporting and promoting breastfeeding. |  |
| **Essential Element 10: Programme is linked to other services addressing the immediate and underlying causes of acute malnutrition (primarily health services, food security, WASH)** | links to WASH  links to Food Security and Livelihoods  links to Health services |  |
| **Essential Element 11:**  **Outpatient Therapeutic Program performance outcomes meet or exceed the Sphere Standards** | % of exits recovered, meets or exceed sphere standards (>75%)  % of exits died, meets or exceed sphere standards (<10%)  % of exits defaulted, meets or exceeds sphere standards (<15%) |  |
| **Essential Elements 12: Stabilization Centre performance outcomes meet or exceed Sphere Standards** | Average length of stay is between 4-7 days  Referrals to hospital are <10% |  |
| **Essential Element 13*:* Supplementary Feeding Program outcomes performance meet or exceed the sphere standards** | % of exits recovered, meets or exceed sphere standards (>75%)  % of exits died, meets or exceed sphere standards (<3%)  % of exits defaulted, meets or exceeds sphere standards (<15%) |  |
| **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.

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