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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.

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| **Essential Element** | **Check the box  for those that are present in the model.** | **IQA** |
| 1. **Actively involves the community throughout the process.** | Ministry of Health (MoH) staff, including district health office and/or health centre staff, were:  oriented in PD/Hearth.    part of mobilising the community;  part of training the selected PD/Hearth volunteers within the community; and  Community members, including community leaders and village health committee (VHC), were mobilised to:  participate in implementation of PD/Hearth (situation analysis activities).  The community leaders and/or VHC provided support in:  organising weighing sessions,  identifying or selecting volunteers,  conducting parts of the situation analysis and/or PDIs, and/or  participate in monitoring implementation/results (attend 1-2 days of Hearth sessions).  An orientation session to PD/Hearth was given to community members, including:  community members,  community leaders and/or  VHC members (if exists).  Feedback sessions on results from weighing and PDI were given to:  caregivers who took their child(ren) to be weighed and/or  other community members.  Feedback session on the results of the PD/Hearth programming in the community were given to:  community stakeholders (including mothers, fathers, and/or grandmothers),  VHC (if exists) and/or  community leaders.  Discussion with various community stakeholders, VHC and/or community leaders on how policies/structures can change to support child nutrition.  Discussion with integration of PD/Hearth with other programmes/sectors working in the same community. |  |
| 2. **Uses regular growth monitoring to identify malnourished children and to monitor participants who have graduated.** | Monthly growth monitoring is functional and present in community.  Counselling is included in growth monitoring sessions.  Children who participate in PD/Hearth are attending the monthly growth monitoring sessions.  Caregivers take their children under five to the monthly growth monitoring sessions.  New cases of malnourished children are referred to the PD/Hearth programme. Children are referred to local health facility if the case is severe or if the child is sick. |  |
| **3. Followed all 10 key steps of PDH implementation prior to conducting the first Hearth session in the community** (including a situation analysis and PDI for every community or one PDI for every 10-40km radius if neighbouring communities are similar in context) | All 10 key steps of PDH implementation is followed prior to conducting the first Hearth session  A nutrition assessment is conducted with all children 6-36 months to check for the feasibility of PDH  A situation analysis, including: wealth ranking, nutrition assessment, Focus Group Discussions with mothers, fathers and grandmothers, Community mapping, transect walk, seasonal calendar and market survey is conducted in every community  A PDI is conducted in every community or one PDI for every 10-40km radius **ONLY IF** neighbouring communities are similar in context  The PD practices and foods were included in the Hearth messages and Hearth menus  Nutrition technical support is provided in the process of the situation analysis and PDI, so that the PD practices and foods identified are beneficial for child nutrition |  |
| 4. **Prior to sessions, deworm all children and provide immunisations and micronutrients.** | ADP partnered with the MoH to ensure all children in the community were dewormed and updated in their immunisations prior to the 1st Day of Hearth.  Vitamin A capsules were given if needed prior to the 1st Day of Hearth.  Anaemia was identified and treatment initiated. (optional)  Illnesses, like malaria, were treated before the hearth sessions.  Children are referred to the Health Centre if child falls sick during Hearth session. |  |
| **5. Volunteer training was conducted for Hearth implementation.** | Hearth volunteers are selected by the caregivers and/or community leaders of the community  Hearth volunteers are trained prior to start of hearth sessions using PDH volunteer training manual.  Volunteers are trained in weighing and/or MUAC measuring techniques, 6 Key Hearth Messages, 2-3 menus and  Volunteers practice cooking the menus, monitoring forms, and graduation criteria prior to the 1st day of Hearth |  |
| **6. Use community volunteers to conduct Hearth sessions and follow-up home visits.** | Hearth volunteers were trained prior to start of hearth sessions.  Hearth volunteers conduct follow-up visits at least once every one to two days for the first two weeks after the hearth sessions.  Hearth volunteers continue follow-up visits the first year after hearth (two years if possible).  Supervisors attended the training of volunteers prior to hearth sessions.  Supervisors overlook volunteers, collect monitoring data from hearth volunteers, and provide support to volunteers if office supplies or refresher trainings needed. |  |

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| **7.** **Design 2-3 Hearth menus based on locally available and affordable foods (especially including PD foods if possible).** | The market survey was completed with community members, including VHC members, and/or Hearth volunteers.  PD foods were identified during the PDIs and included in the menu.  Foods included in Hearth menus are locally affordable and available.  Technical support is provided when designing and calculating the nutrient-dense menus.  **8 requirements of Hearth menu is met for the Hearth meals:**  Meets all nutrient requirements to ensure rapid recuperation  PD foods are identified through the PDI and included in menu  Foods in Hearth menu are locally affordable, culturally acceptable, and seasonably available/accessible  The consistency of the Hearth meal is not watery (does not run easily off the spoon like water)  Does not include bulky or chunky ingredients for children  A snack is included in the meal  Volume of the meal is 250-300g, including a snack  Menu is low in cost  2-3 menus are designed for every community or for every 10-40km radius **ONLY IF** neighbouring communities are similar in food availability and affordability  Replacement ingredients/foods are identified so the information is shared during Hearth (considering seasonal availability of nutrient rich foods) |  |
| **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:** | | |