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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 element #5 is not applicable for this assessment during the implementation phase.

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| **Essential Element** | **Check the box  for those that are present in the model.** | **IQA** |
| **1. Counselling: ttC is delivered using a behaviour change methodology based on negotiation, dialogue and individual barrier analysis.** | Negotiation and dialogue steps are included  During counselling approach steps are taken to identify and discuss individual level barriers to access / adopting practice.  Stories and not just health promotion counselling cards are developed, in contexts of low literacy. |  |
| **2. Targeting: ttC is delivered through a targeted approach through individual household visits** | Home visits, and not group-based methods is used to deliver ttC |  |
| **3. Targeting: Ensure male partner/birth supporter involvement at the household and community level** | ttC aims for a minimum of 10 contacts with the woman, of which at least 3 include the involvement of a selected male partner/birth supporter  A system for measuring male/birth partner accompaniment is in place (e.g. a checkbox on home visit monitoring form to indicate the presence of male partner or birth supporter) |  |
| **4. Timing: ttC home visits and messages are timed appropriately from pregnancy to two years of life** | A minimum of 3 visits in pregnancy:  Early pregnancy phase (up to 2nd trimester) – at least one visit  Late Pregnancy (3rd trimester) – at least 2 visits  A minimum of 7 visits for the child:  First week of life (0-7 days) – at least 2 visits  Infant care phase (1-5 months) – at least 2 visits  Child care phase (6-24 months) – at least 3 visits |  |
| **5. Selected curriculum is inclusive of 7-11 messaging, is context-relevant and agreed with MOH** | Non-applicable |  |
| **6. Package of training material and job aids is complete, suitable to level and capacity of all participants** | Facilitators’ manual available to enable trainers deliver training  Manuals or job-aids available for every ttC-HV  Training package is appropriate for non-literate participants, and translations are provided |  |
| **7. Appropriate supportive supervision systems are in place and include four contacts per year** | Minimum of 4 supervision contacts per year. These contacts may be individual or in groups  Two of these contacts include COMM debriefing  At least two of these supervision contacts include observations and case reviews (spot checks)  Supervisors are undergone facilitators’ training or CHW training with an additional 2 days’ training on supervision methods |  |
| **8. ttC facilitators are trained for a minimum of 10 days, including field practicum and certification process** | Minimum 10 days’ training, including five days’ field practicum experience  Facilitators once certified should be assessed after the training to approve their standards  Only qualified trainers should carry out TOFs |  |
| **9: Training of ttC-HVs in the new ttC curricula is for at least 10 days, with field practicum, conducted by certified facilitators** | Minimum 10 days’ face-to-face training which includes field level practicum  Class size is not more than 30  Only certified facilitators to train ttC-HVs  Records of individual training progress maintained |  |
| **10. Strengthen referral and counter-referral systems** | A system of facilitated referral is in place, appropriate to ttC-HV capacity  A system is in place for conducting and recording follow up visits after referral. |  |
| **11: COMM are strengthened to support, oversee, promote ttC and ensure integration with health activities** | All COMMs receive orientation on ttC within 1-2 months of start-up of ttC, including key elements of ttC, health messages, overview of data and practical training on the CHW debriefing process  COMMs conduct ttC debriefings at least once in six months. A system to measure COMM involvement is in place  ttC-HVs have regular interaction with other health actors once in 6 months |  |
| **12. Community sensitization activities are conducted regularly and include targeting community/faith leaders and groups** | Community sensitization activities promoting ttC should take place at least once a year and involve local leaders |  |
| **13. Appropriate health systems strengthening and integration approaches are included to support ttC and MNCH** | Training and refreshers are planned at least once a year, ensuring that facility staff overseeing ttC-HVs undergo all necessary training, including HMIS and data management  All communities have at least one phone and access to ambulance services |  |
| **14. Monitoring and Evaluation standards** | ttC core indicators are collected annually per community per program  DME methods are aligned to HMIS and data flow is integrated  Data tallying and reporting is done at least once a quarter |  |
| **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. Essential element #5 is removed from the table below.

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