



# Community Health Systems Strengthening

Assessment Tool and Process Guide



**cmmb** *Healthier Lives Worldwide*

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# Community Health Systems Strengthening Assessment Tool and Process Guide

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To our individual and institutional donors: We are daily grateful for your support. Finally, to the mothers and children we are privileged to serve: You do so much to nurture the health and well-being of your children, and your resilience inspires us. Thank you.

## ABOUT CMMB

CMMB has been dedicated to helping the poor and those marginalized in society for more than a century. Our founder, Dr. Paluel Flagg, first cared for lepers in Haiti in the early 20th century; today we are a global organization and have never wavered in our faith-based mission of service. Despite great progress in global health, women and children in developing countries continue to be vulnerable. This motivates us to focus on improving their lives, and the lives of their communities.

**Our Vision:** A world in which every human life is valued, and health and human dignity are shared by all.

**Our Mission:** Inspired by the example of Jesus, CMMB works in partnership globally to deliver locally sustainable, quality health solutions to women, children, and their communities.

## CONTACT

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A photograph of a woman with braided hair, wearing a patterned dress, holding a baby. They are outdoors, smiling at each other. The background shows green foliage and a building.

# ABOUT CHILDREN AND MOTHERS PARTNERSHIPS



Children and Mothers Partnerships (CHAMPS) is a program to help achieve positive and durable health outcomes for mothers and children in resource-poor settings. It makes a broad, partnership-powered, long-term commitment to vulnerable communities around the world, with a strong focus on ending preventable maternal and child deaths while building the capacity of local health systems and communities.

Behind CHAMPS' theory of change is a two-level hypothesis: At a technical level, CHAMPS hypothesizes that demand for healthcare services is achieved when they are accessible and meet basic safety and quality thresholds, and that sustained demand eventually makes utilization of those services a way of life. Inputs matter to achieve each of these pillars: Access is driven by adequate human resources, infrastructure, medicines, and medical

## ABOUT CHAMPS

equipment; and sustenance of healthy behaviors is enabled by people's agency to continuously utilize those services and those behaviors. This agency is in turn built by improved skills around health (i.e., beliefs, knowledge, attitudes, self-efficacy, and basic resources to pursue health). At a strategic level, CHAMPS hypothesizes that when systems capacity (e.g., human resources, tools, and processes) are built and optimized, greater impact can be achieved. Impact takes the form of improved health knowledge, attitudes, and practices and reduced morbidity and mortality. Having demonstrated impact, CHAMPS can advocate for scale-up and sustenance by other local actors.

CHAMPS is designed to achieve three principal objectives:

- To protect children under five from and treat them for communicable diseases.
- To protect mothers and newborns from and treat them for complications of pregnancy and childbirth.
- To strengthen community resilience for health and well-being.

To achieve these objectives, CHAMPS works on two ends of healthcare—namely, on the providers' or system's end and on the users' end—while leveraging strategic partnerships and service integration at all levels.

On the system side, CHAMPS works to improve access through 1) well-equipped and empowered community health workers (CHWs), who complement and expand the reach of healthcare services, and 2) a network of adequately functional primary healthcare facilities providing quality services. Quality is achieved through mentorship, coaching, training, use of data for decision-making and accountability and increased local capacity for all of the foregoing. We focus our work on building access and service quality in all critical areas along the continuum of services for maternal, newborn, and child health (MNCH), including services relevant to Covid-19.

On the users' side, CHAMPS works to catalyze service demand, or care seeking, and adoption of healthy practices by enhancing skills (i.e., knowledge, attitudes, and practices) of mothers and caregivers of children under five and of the community at large. We strive to achieve this by empowering CHWs, healthcare workers, and community health leaders (CHLs), who work to foster and maintain healthy behaviors and norms, because resilience takes individual as well as community capacity building for the long term.

We hope you find the following pages helpful. Please do share your experience and feedback so that we can integrate your knowledge in future editions of the tool.

**YOMBO TANKOANO**

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# WHY WE NEED A TOOL TO ASSESS COMMUNITY HEALTH SYSTEM STRENGTH



Achieving long-term impact for health and well-being requires robust and reliable quality assurance systems. Through its approach to community health system strengthening (CHSS), CMMB is committed to tracking progress on process as well on health outcomes.

Although progress toward outcomes is tracked mainly through an established monitoring and evaluation framework, tools, and activities, measuring progress on system strengthening requires different qualitative tools and frameworks. Our CHSS assessment tool is designed to evaluate the extent to which an integrated comprehensive CHW service package is accessible in communities; the extent to which CHWs, CHW supervisors, community health committees (CHCs), and CHLs are empowered to respectively deliver, supervise, and manage the services; and the extent to which community health data is used to ensure service quality, evidence-based decision-making, and accountability. Accordingly, this tool aims to give voice to all the key actors and beneficiaries of the CHSS effort—caregivers, CHWs, CHW supervisors, CHCs, health facility clinical officers in-charge (FICs), CHC chairpersons, supervisors of CHW supervisors, district community health focal persons, CHAMPS team leads, and others.

Essentially, our CHSS assessment tool was designed to test and validate CHW system assessment and improvement items and modules in ways that complement the numerous existing tools already validated and used to assess and improve CHW program functionality toward achieving greater service quality. The strength assessment process for integrated community case management (iCCM) implementation helps guide programs in understanding CHW density, service coverage, and supervision quality. Along similar lines, the CHW Coverage and Capacity (C3) Tool is used to help determine appropriate human resources and to achieve rational and optimal service coverage. Another tool, the iCCM Costing Tool, provides community health program implementers, leaders, and funders with a framework to determine appropriate budgeting and financing for CHW programs at scale. Finally, the CHW assessment improvement matrix (AIM) tool, preeminent in CHW program optimization, provides a practical and ground-level framework for broadly assessing and improving CHW program functionality, with strong community leadership.

In its design and approach to community health system strengthening, CHAMPS is fully informed by local and global health programming standards, and CHSS in CHAMPS is well aligned with the principles and standards that codified many of the current and most promising CHSS programming approaches and tools, including the revised and updated CHW AIM tool. While the current tools contributed to the robust design, implementation, and quality assurance framework of CHSS in CHAMPS, a few gaps remain, especially as to 1) assessing to generate a deeper understanding of MNCH service coverage and quality; 2) assessing CHW program functionality with focus on systems capacity and sustainability; and 3) CHW program functionality and quality through greater “voice of the community.”

CHWs in CHAMPS are tasked with routinely delivering an integrated MNCH package to a catchment of between about 400 and 1,000 people, and it is important for quality improvement tools to be calibrated to generate understanding beyond a binary scale (e.g., “yes/no” or “done/not done”). And because the CHAMPS mission is to achieve the health and well-being of mothers and children (through access to quality MNCH services) while building community resilience for long-term impact (through systems capacity strengthening), it is critical that tools for programmatic assessment and improvement be specifically calibrated to measure progress in those areas. Lastly, we believe any CHSS assessment and improvement tool should be sensitive to the catalytic power of voice—especially that of the host communities—to diagnose ills, devise response, and tell stories.

To our knowledge and per our assessment of the existing tools, the capacity to generate a deeper understanding and to measure community commitment and progress remain areas of gaps; measuring them is the reason for our CHSS assessment tool. In other words, its creation was driven by our belief that assessing CHSS maturity requires a tool to tap not only into the deeper constructs of program functionality and quality of service delivery, but also into elements of local leadership and ownership, among other topics. The logistical implications for conducting a CHW program assessment and improvement certainly need to be considered in the context of nimble programs such as CHAMPS. Based on our pilot of the CHSS tool in Western Equatoria State, South Sudan; Kitui South Sub-County, Kitui County, Kenya; and Mwandia District, Western Province, Zambia, the time and logistics costs appear to be manageable.

# HOW TO USE THIS TOOL



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Conducting a CHSS assessment at least annually should be part of CHAMPS implementation and quality assurance. Ideally, the activity—which should last no more than three days—should be timed to occur in the last two weeks of the third quarter so that the learning can inform priority planning and budgeting for the following fiscal year.

To ensure successful implementation and adequate sensitivity of the tool, it is important to plan and prepare for the following key steps:

- Sampling communities and respondents.
- Selecting and training interviewers.
- Planning and conducting the assessment.
- Sharing the lessons and acting on them.



## Sampling Communities and Respondents

In CHAMPS, the catchment of a single community health committee (what we will call a “community,” below) is key impact evaluation unit in a community-focused technical approach. In initial CHSS assessment planning, project team leads should convene key local actors to discuss the assessment and determine target communities. In general, at least 10% of your project’s CHC catchments should be covered, with good representation across locations and performance levels. For example, in a project geography of 59 CHC units, the assessment team will select six representative communities linked to different PHCs, then randomly sample two to three respondent CHWs from each community; CHC representatives as well as linked FICs and CHW supervisors are automatically included. Microsoft Excel can be used to document findings. Depending on timing, it is valuable to interview at least one beneficiary household per community (having planned ahead and prepared household members for the interviews).

## Selecting and Training Interviewers

Our CHSS assessment is intended to involve key health actors outside the project team. Ideally, this team should include one or two district health community health focal persons and at least one district health information management officer, along with members of the project team: the country office programs director and M&E manager, and the project manager/coordinator, M&E officer, and program officer(s).

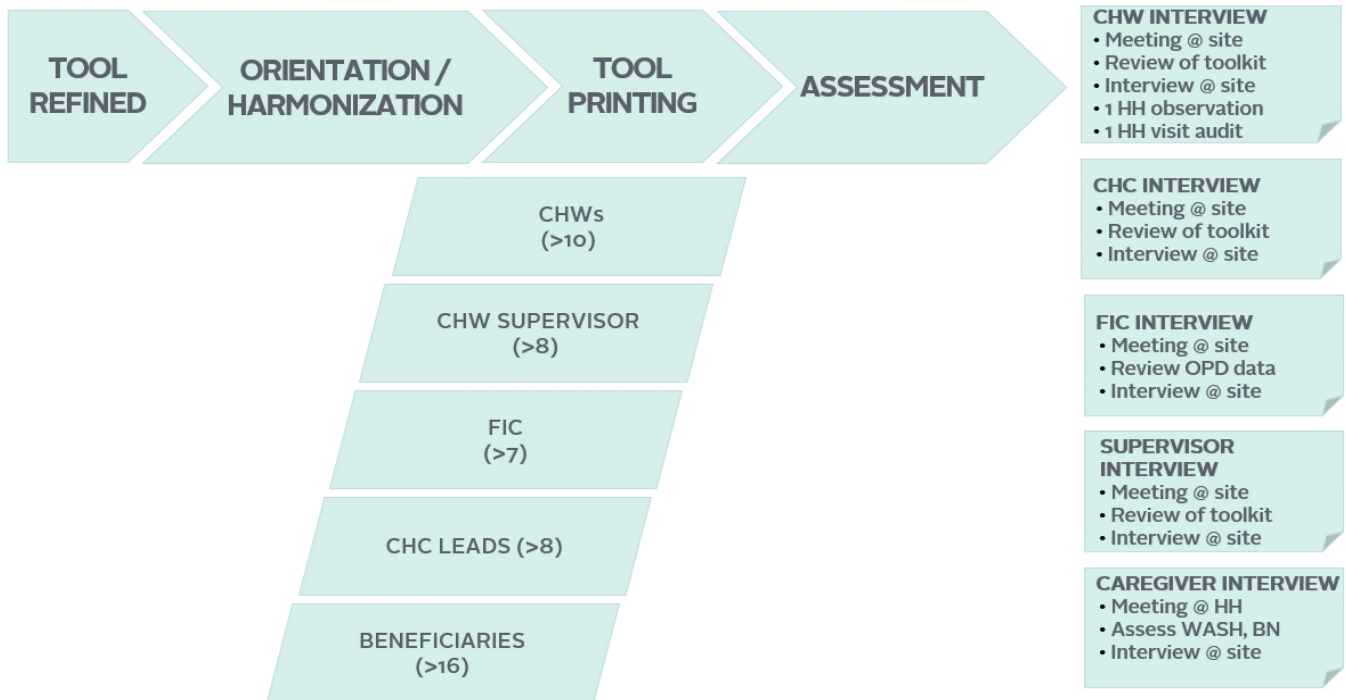
A slide deck is available to guide the orientation on the use of the assessment tool.

Please ensure that translations of tool items and response options are practiced and standardized. A half-day training prior to launching the assessment is the optimal time allocation.

## Planning and Conducting the Assessment

Involving many actors, the CHSS assessment process will affect normal project operations. Proper planning and execution are important. Success will depend heavily on respondent availability and transport logistics. After the sample has been selected, it is essential to communicate to participants clearly about the activity’s purpose and focus as well as about the details of interview date, place, and time. Do minimize respondents’ wait times, especially as this activity will recur; observe start times strictly and estimate travel time generously. Allocate between 30 and 45 minutes per interview for CHWs, about 20 minutes for supervisors.

For CMMB, as the tool has now been integrated into our proprietary LogAlto database and data visualization software, no steps are involved in printing and manual data entry. However, the day before, the assessment team does need to review the tool and ensure that it is accessible and operational offline on all the mobile devices to be used for the assessment, troubleshooting as needed. For the assessment itself, it is optimal to divide and conquer, assigning two or three interviewer teams to work simultaneously in each community. Once in their communities and at the assessment meeting point (the linked health facility is generally most convenient), each assessment team will decide on who interviews whom, when, and at which site. Although it may also be convenient to



interview caregivers who happen to be at the health facility for care at the time of the assessment, it is preferable to plan and meet respondent caregivers in their households, as the home setting offers additional insight.

## Sharing Lessons Learned (and Acting on Them)

Whether the assessment team is performing its first CHSS assessment or is expert at the process, short oral debriefs at the close of each day's assessments are a good idea. These debriefs will give participants the chance to share reflections about the exercise and the tool and about surprising new learnings. The debriefs also offer the opportunity to flag significant issues to avoid going forward.

A similar debrief should be held at the conclusion of the assessment.

The country office M&E team should then generate a report and analysis of assessment results, simplified for understanding by all actors and respondents. The results should be reported first back to the entire assessment team, next to the respondents by community, and then to external stakeholders as appropriate.

These feedback sessions allow teams to achieve at least three aims:

- Convey gratitude to respondents for their time and candor.
- Reflect back community healthcare strengths and weaknesses.
- Gather communities' proposed solutions and galvanize community members around health.

Finally, to ensure that CHSS assessment findings are acted upon, it will be necessary to work them into an action plan with a budget and a completed action table, or RACI (responsible, accountable, consulted, informed).

# COMMUNITY HEALTH SYSTEM STRENGTH ASSESSMENT TOOL



INTERVIEW CONDUCTED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMUNITY \_\_\_\_\_ LOCATION \_\_\_\_\_ LINKED FACILITY \_\_\_\_\_

CHW NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ YEARS WITH CMMB \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ YEARS WITH CMMB \_\_\_\_\_

# Community Health Worker Services Are Accessible And of Good Quality



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**CHW QUESTION 01A** In the past 12 months, what specific CHW tasks have you performed in your catchment? Please answer from the following response options.

*Interviewer → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee name performed tasks. Then prompt the interviewee for others using the CHW task list below.*

- 1 – I HAVE NOT PERFORMED THIS TASK
- 2 – I HAVE PERFORMED THIS TASK
- 9 – THIS TASK IS NOT APPLICABLE TO MY ROLE

CHW TASKS (COVERAGE)	1	2	9
a. Newborn visitation and care.			
b. Pregnant women visitation and care.			
c. Child visitation and care.			
d. Management of simple cases of childhood illness.			
e. Management of complicated cases of childhood illness.			
f. Management of other cases of illness.			
g. Immunization and administration of other preventive treatment.			
h. General household visitation.			
i. Support to HH on water, sanitation, and hygiene, and other environmental health and safety conditions			
j. Health and vital events <sup>1</sup> surveillance			
k. Community mobilization, education, and support for healthy practices.			
l. Household health data recording and reporting.			
m. Support to routine mobile health facility health outreaches.			
n. Other. (Please list.)			

<sup>1</sup> Vital events include signs of illness, immunization and nutritional status, new pregnancies, births, and deaths.

**CHW QUESTION 01B** Following up on the previous question, to what extent have you performed each of the tasks in your catchment? Please answer from the following response options.

*Interviewer* → Read the response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only those tasks that the interviewee checked as having performed under question #01A.

- 1 – I HAVE PERFORMED THE TASK IN SOME OF MY HOUSEHOLDS
- 2 – I HAVE PERFORMED THE TASK IN MOST OF MY HOUSEHOLDS
- 3 – I HAVE PERFORMED THE TASK IN ALL MY HOUSEHOLDS

CHW TASKS (COVERAGE)	1	2	3
a. Newborn visitation and care.			
b. Pregnant women visitation and care.			
c. Child visitation and care.			
d. Management of simple cases of childhood illness.			
e. Management of complicated cases of childhood illness.			
f. Management of other cases of illness.			
g. Immunization and administration of other preventive treatment.			
h. General household visitation.			
i. Support to households on water, sanitation, and hygiene, and other environmental health and safety conditions.			
j. Health and vital events <sup>2</sup> surveillance.			
k. Community mobilization, education, and support for healthy practices.			
l. Household health data recording and reporting.			
m. Support to routine mobile health facility health outreaches.			
n. Other. (Please list.)			

<sup>2</sup> Vital events include signs of illness, immunization and nutritional status, new pregnancies, births, and deaths.

**CHW QUESTION 01C** How well you have performed those tasks in your catchment? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only those tasks that the interviewee checked as having performed under question #01A.

- 1 – I HAVE PERFORMED THE TASK CORRECTLY SOMETIMES
- 2 – I HAVE PERFORMED THE TASK CORRECTLY MOST OF THE TIME
- 3 – I HAVE PERFORMED THE TASK CORRECTLY ALL OF THE TIME

CHW TASKS (QUALITY)	1	2	3
a. Newborn visitation and care.			
b. Pregnant women visitation and care.			
c. Child visitation and care.			
d. Management of simple cases of childhood illness.			
e. Management of complicated cases of childhood illness.			
f. Management of other cases of illness.			
g. Immunization and administration of other preventive treatment.			
h. General household visitation.			
i. Support to households on water, sanitation, and hygiene, and other environmental health and safety conditions.			
j. Health and vital events <sup>3</sup> surveillance.			
k. Community mobilization, education, and support for healthy practices.			
l. Household health data recording and reporting.			
m. Support to routine mobile health facility health outreaches.			
n. Other. (Please list.)			

<sup>3</sup> Vital events include signs of illness, immunization and nutritional status, new pregnancies, births, and deaths.



Community  
Health Workers  
Are Empowered





**CHW QUESTION 02** To what extent do the statements below reflect your experience as a CHW in the past 12 months? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question.

- 1 – NOT AT ALL TRUE
- 2 – TRUE SOMETIMES
- 3 – TRUE MOST OF THE TIME
- 4 – TRUE ALL THE TIME

CHW PAYMENT	1	2	3	4
a. I received a monthly payment for my work as a CHW.				
b. I received my monthly payment in cash.				
c. It has been easy to receive my monthly payments.				

**CHW QUESTION 03** To what extent were you trained on each of the CHW tasks below? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee’s response under the correct code column. One response should be chosen per question.

- 1 – I HAVE NOT BEEN TRAINED ON THIS TASK
- 2 – I HAVE BEEN PARTIALLY TRAINED ON THIS TASK
- 3 – I HAVE BEEN FULLY<sup>4</sup> TRAINED ON THIS TASK
- 9 – THIS TASK DOES NOT APPLY TO MY WORK

CHW REQUISITE KNOWLEDGE AND COMPETENCIES	1	2	3	9
a. Health status and the healthcare system in the country.				
b. CHAMPS strategy and outcomes.				
c. CHW roles and responsibilities.				
d. CHW performance indicators.				
e. Newborn visitation and care.				
f. Pregnant women visitation and care.				
g. Child visitation and care.				
h. Management of simple cases of childhood illness.				
i. Management of complicated cases of childhood illness.				
j. Management of all other cases of illness.				
k. Immunization and administration of other preventive treatment.				
l. General household visitation.				
m. Support to households on water, sanitation, and hygiene, and other environmental health and safety conditions.				
n. Health and vital events <sup>5</sup> surveillance.				
o. Community mobilization, education, and support for healthy practices.				
p. Household health data recording and reporting.				
q. Support to routine mobile health facility health outreaches.				
r. Other. (Please list.)				

<sup>4</sup> “Fully trained” indicates that the interviewee has completed a class-style training with competency tested/validated AND tasks practiced under supervision.

<sup>5</sup> Vital events include signs of illness, immunization and nutritional status, new pregnancies, births, and deaths.

**CHW QUESTION 04A** In the past 12 months, what medicines and supplies have you had in your possession for your work as a CHW? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee name the medicines and supplies that he or she has had in stock. Then, prompt the interviewee for others, using the CHW medicines and supplies list below.

- 1 – I HAVE NOT HAD THE MEDICINE/SUPPLY
- 2 – I HAVE HAD THE MEDICINE/SUPPLY
- 9 – THESE MEDICINES/SUPPLIES ARE NOT APPLICABLE TO MY ROLE

CHW MEDICINES AND SUPPLIES	1	2	9
a. ORS			
b. Zinc			
c. Malaria rapid diagnostic tests (mRDT)			
d. Coartem <sup>6</sup> or artemisinin-based combination therapies (ACT)			
e. Thermometer			
f. Respiration timer			
g. Amoxicillin or cotrimoxazole.			
h. MUAC band <sup>7</sup>			
i. Gloves			
j. Cotton			
k. Alcohol			
l. Deworming tabs			
m. Vitamin A			
n. Water purification sachets			
o. Pulse oximeter			
p. Other. (Please list.)			

<sup>6</sup> Coartem is the brand name for artemether lumefantrine tablets.

<sup>7</sup> MUAC = “mid-upper-arm circumference.”

**CHW QUESTION 04B** Following up on the previous question, how often have you had those medicines/supplies in stock? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the medicines and supplies that the interviewee checked as having in stock under question #04A. Read the interviewee only CHW medicines/supplies stated to have been in stock under question #04A.

- 1 – I HAVE ALWAYS HAD THE MEDICINE/SUPPLY
- 2 – I HAVE HAD THE MEDICINE/SUPPLY SOMETIMES (OR FEWER THAN 15 DAYS PER MONTH)
- 3 – I HAVE HAD THE MEDICINE/SUPPLY MOST OF THE TIME (OR MORE THAN 15 DAYS PER MONTH)
- 9 – THIS MEDICINE/SUPPLY IS NOT RELEVANT TO MY WORK

CHW MEDICINES AND SUPPLIES	1	2	3	9
a. ORS				
b. Zinc				
c. Malaria rapid diagnostic tests (mRDT)				
d. Coartem or artemisinin-based combination therapies (ACT)				
e. Thermometer				
f. Respiration timer				
g. Amoxicillin or cotrimoxazole.				
h. MUAC band				
i. Gloves				
j. Cotton				
k. Alcohol				
l. Deworming tabs				
m. Vitamin A.				
n. Water purification sachets.				
o. Pulse oximeter				
p. Other (Please list.)				

**CHW QUESTION 05A** In the past 12 months, what data collection and reporting tools have you had in your possession for your work? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee identify the data tools he or she has had in stock. Then, prompt the interviewee for others using the CHW data tool list below.

- 1 – I HAVE NOT HAD THIS DATA TOOL
- 2 – I HAVE HAD THIS DATA TOOL
- 9 – THIS DATA TOOL IS NOT RELEVANT TO MY ROLE

CHW DATA COLLECTION AND REPORTING TOOLS	1	2	9
a. Household and member registration (mapping) register.			
b. Integrated household visit register.			
c. Maternal death register/form.			
d. Newborn death register/form.			
e. Child death register/form.			
f. Household and member list/register.			
g. General household visit register.			
h. Pregnant women visit register.			
i. Child visit register.			
j. Newborn and mom visit register.			
k. Patient referral form.			
l. Other. (Please list.)			

**CHW QUESTION 05B** Following up on the previous question, how often have you had the above data collection tools in stock? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the data tools that the interviewee checked as having in stock under question #05A.

- 1 – I HAVE ALWAYS HAD THE DATA TOOL
- 2 – I HAVE HAD THE DATA TOOL SOMETIMES (OR FEWER THAN 15 DAYS PER MONTH)
- 3 – I HAVE HAD THE DATA TOOL MOST OF THE TIME (OR MORE THAN 15 DAYS PER MONTH)
- 9 – THIS DATA TOOL IS NOT RELEVANT TO MY WORK

CHW DATA COLLECTION AND REPORT TOOLS	1	2	3	9
a. Household and member registration (mapping) register.				
b. Integrated household visit register.				
c. Maternal death register/form.				
d. Newborn death register/form.				
e. Child death register/form.				
f. Household and member list/register.				
g. General household visit register.				
h. Pregnant women visit register.				
i. Child visit register.				
j. Newborn and mom visit register.				
k. Patient referral form.				
l. Other. (Please list.)				

**CHW QUESTION 06A** In the past 12 months, what equipment or gear have you had in stock for your work? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee name the equipment and gear they have had in stock. Then, prompt the interviewee for others using the CHW equipment and gear list below.

- 1 – I HAVE NOT HAD THE EQUIPMENT/GEAR
- 2 – I HAVE HAD THE EQUIPMENT/GEAR
- 9 – THIS EQUIPMENT/GEAR IS NOT RELEVANT TO MY ROLE

CHW EQUIPMENT AND GEAR	1	2	9
a. Bicycle			
b. Backpack			
c. Uniform			
d. Vest			
e. ID tag			
f. Medicine box			
g. Lamp or torch			
h. Raincoat			
i. Boots			
j. Mobile phone or smartphone			
k. Solar charger			
l. Other. (Please list.)			

**CHW QUESTION 06B** Following up on the previous question, how useful has each of the items of equipment or gear in your possession been to you? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the CHW equipment and gear that the interviewee checked as having in stock under question #06A.

- 1 – THE EQUIPMENT/GEAR HAS BEEN USEFUL FOR MY WORK SOMETIMES
- 2 – THE EQUIPMENT/GEAR HAS BEEN USEFUL FOR MY WORK MOST OF THE TIME
- 3 – THE EQUIPMENT/GEAR HAS ALWAYS BEEN USEFUL FOR MY WORK
- 9 – THIS EQUIPMENT/GEAR IS NOT RELEVANT TO MY WORK

CHW EQUIPMENT AND GEAR	1	2	3	9
a. Bicycle				
b. Backpack				
c. Uniform				
d. Vest				
e. ID tag				
f. Medicine box				
g. Lamp or torch				
h. Raincoat				
i. Boots				
j. Mobile phone or smartphone				
k. Solar charger				
l. Other. (Please list.)				



**CHW QUESTION 07A** In the past 12 months, what supervisory activities has your supervisor conducted with you at your site or in the community? Please answer from the following response options.

*Interviewer → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee identify the supervision activities they have had with his or her supervisor. Then, prompt the interviewee for others using the CHW supervision activity list below.*

- 1 – I HAVE NOT HAD THIS ACTIVITY WITH MY SUPERVISOR
- 2 – I HAVE HAD THIS ACTIVITY WITH MY SUPERVISOR
- 9 – THIS SUPERVISORY ACTIVITY IS NOT RELEVANT TO MY WORK

CHW SUPERVISION, COACHING, AND MENTORSHIP	1	2	9
a. Supervisory encounter(s) to collect monthly data.			
b. Supervisory encounter(s) to replenish my medical stocks.			
c. Supervisory encounter(s) to observe and coach me on the job.			
d. Supervisory encounter(s) for other reasons. (Please list.)			

**CHW QUESTION 07B** In the past 12 months, how often have you had each of these supervisory encounters? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the CHW supervision activities that the interviewee checked as having had with his or her supervisor under question #07A.

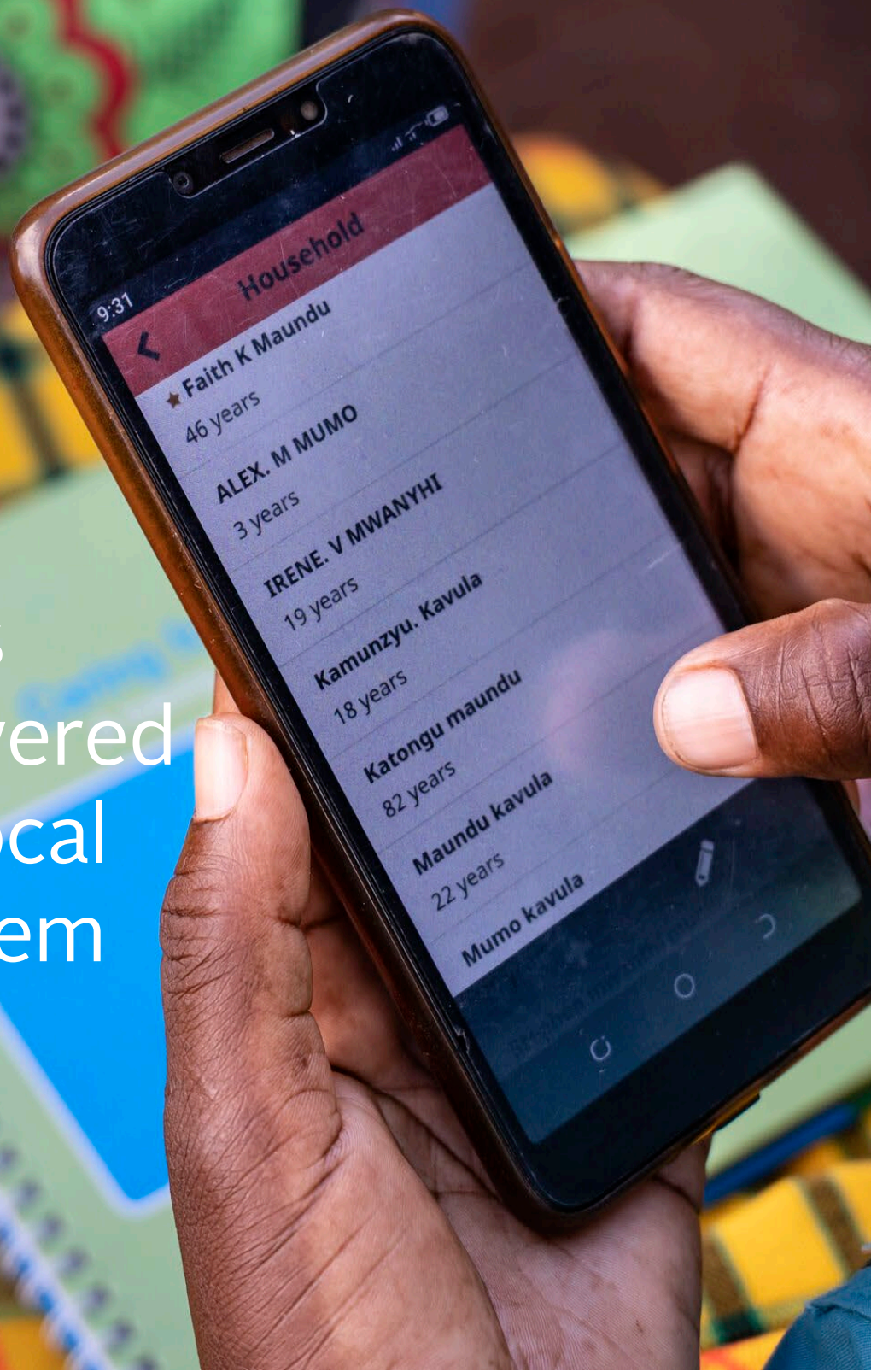
- 1 – I HAVE HAD THE SUPERVISORY ACTIVITY FEWER THAN ONCE PER MONTH
- 2 – I HAVE THE SUPERVISORY ACTIVITY ABOUT ONCE PER MONTH
- 3 – I HAVE HAD THE SUPERVISORY ACTIVITY MORE THAN ONCE PER MONTH

CHW SUPERVISION, COACHING, AND MENTORSHIP	1	2	3
a. Supervisory encounter(s) to collect monthly data.			
b. Supervisory encounter(s) to replenish my medical stocks.			
c. Supervisory encounter(s) to observe and coach me on the job.			
d. Supervisory encounter(s) for other reasons. (Please list.)			

# Supervisors Are Empowered Within A Local Health System



cmmb



9:31

## Household

★ Faith K Maundu  
46 years

ALEX. M MUMO  
3 years

IRENE. V MWANYHI  
19 years

Kamunzyu. Kavula  
18 years

Katongu maundu  
82 years

Maundu kavula  
22 years

Mumo kavula

**CHW SUPERVISOR QUESTION 01A** In the past 12 months, what specific CHW supervision tasks have you performed in your catchment? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let the interviewee name tasks performed. Then, prompt the interviewee for others using the CHW supervision tasks list below.

- 1 – I HAVE NOT PERFORMED THIS TASK
- 2 – I HAVE PERFORMED THIS TASK
- 9 – THIS TASK IS NOT RELEVANT TO MY ROLE

CHW SUPERVISOR TASKS (COVERAGE)	1	2	9
a. Overall CHW mentorship and support to ensure quality services.			
b. CHW data review, analysis, and triangulation.			
c. Household visit audit.			
d. Household visit observation.			
e. Monthly data validation and aggregation as applicable.			
f. Monthly review and data feedback (CHWs and community).			
g. Other oversight, linkage, and community health advocacy as necessary.			
h. Record and report CHW supervision data.			
e. Other. (Please list.)			

**CHW SUPERVISOR QUESTION 01B** Following up on the previous question, to what extent have you performed each of the CHW supervision tasks in your catchment? Please answer from the following response options.

*Interviewer → Read response options to the interviewee and record the interviewee’s response under the correct code column. One response should be chosen per question. Assess only those tasks that the interviewee checked as having performed under question #01A.*

- 1 – I HAVE PERFORMED THE TASK WITH SOME OF MY CHWs
- 2 – I HAVE PERFORMED THE TASK WITH MOST OF MY CHWs
- 3 – I HAVE PERFORMED THE TASK WITH ALL MY CHWs

CHW SUPERVISION TASKS (COVERAGE)	1	2	3
a. Overall CHW mentorship and support to ensure quality services.			
b. CHW data review, analysis, and triangulation.			
c. Household visit audit.			
d. Household visit observation.			
e. Monthly data validation and aggregation as applicable.			
f. Monthly review and data feedback (CHWs and community).			
g. Other oversight, linkage, and community health advocacy as necessary.			
h. Record and report CHW supervision data.			
i. Other. (Please list.)			

**CHW SUPERVISOR QUESTION 01C** Please describe how well you have performed those supervisor tasks in your catchment, answering from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only those tasks that the interviewee checked as having performed under question #01A.

- 1 – I HAVE PERFORMED THE TASK CORRECTLY SOMETIMES
- 2 – I HAVE PERFORMED THE TASK CORRECTLY MOST OF THE TIME
- 3 – I HAVE PERFORMED THE TASK CORRECTLY ALL OF THE TIME

CHW SUPERVISOR TASKS (QUALITY)	1	2	3
a. Overall CHW mentorship and support to ensure quality services			
b. CHW data review, analysis, and triangulation			
c. Household visit audit			
d. Household visit observation			
e. Monthly data validation and aggregation as applicable			
f. Monthly review and data feedback (CHWs and community)			
g. Other oversight, linkage, and community health advocacy as necessary.			
h. Record and report CHW supervision data.			
i. Other. (Please list.)			

**CHW SUPERVISOR QUESTION 02** Prior to or since becoming a CHW supervisor, to what extent were you trained on each of the CHW supervision tasks below? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee’s response under the correct code column. One response should be chosen per question.

- 1 – I HAVE NOT BEEN TRAINED ON THIS TASK OR MODULE
- 2 – I HAVE BEEN PARTIALLY TRAINED ON THIS TASK OR MODULE
- 3 – I HAVE BEEN FULLY<sup>8</sup> TRAINED ON THIS TASK OR MODULE
- 9 – THIS TASK IS NOT RELEVANT TO MY WORK OR MODULE

CHW SUPERVISOR REQUISITE KNOWLEDGE AND COMPETENCIES	1	2	3	9
a. Overview of health and the healthcare system in the country.				
b. CHAMPS strategy and outcomes.				
c. CHW roles, responsibilities, and performance indicators.				
d. CHW supervisor roles, responsibilities, and performance indicators.				
e. CMMB CHW supervision module (supervision, coaching, mentorship).				
f. Overall CHW mentorship and support to ensure quality services				
g. CHW data review, analysis, and triangulation				
h. Household visit audit				
i. Household visit observation				
j. Monthly data validation and aggregation as applicable				
k. Monthly review and data feedback (CHWs and community)				
l. Other oversight, linkage, and community health advocacy as necessary.				
m. Record and report CHW supervision data.				
n. Other. (Please list.)				

<sup>8</sup> “Fully trained” indicates that the interviewee has completed a class-style training with competency tested/validated AND tasks practiced under supervision.

**CHW SUPERVISOR QUESTION 03A** In the past 12 months, what data collection and reporting tools have you had in your possession for your work? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let interviewee name the data tools they have had in stock. Then, prompt interviewee for others using the CHW supervisor data tools list below.

- 1 – I HAVE NOT HAD THIS DATA TOOL
- 2 – I HAVE HAD THIS DATA TOOL
- 9 – THIS DATA TOOL IS NOT RELEVANT TO MY ROLE

CHW SUPERVISION DATA REGISTERS	1	2	9
a. HH and member list/register (for area CHWs).			
b. Monthly household visit tracker.			
c. CHW household visit audit form.			
d. CHW coaching form.			
e. Other. (Please list.)			



**CHW SUPERVISOR QUESTION 03B** Following up on the previous question, how often have you had the above data collection tools in stock? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the data tools that the interviewee checked as having in stock under question #03A.

- 1 – I HAVE ALWAYS HAD THE DATA TOOL
- 2 – I HAVE HAD THE DATA TOOL SOMETIMES (OR FEWER THAN 15 DAYS PER MONTH)
- 3 – I HAVE HAD THE DATA TOOL MOST OF THE TIME (OR MORE THAN 15 DAYS PER MONTH)
- 9 – THIS DATA TOOL IS NOT RELEVANT TO MY WORK

CHW SUPERVISION DATA REGISTERS	1	2	3	9
a. HH and member list/register (for area CHWs).				
b. Monthly household visit tracker.				
c. CHW household visit audit form.				
d. CHW coaching form.				
e. Other. (Please list.)				

**CHW SUPERVISOR QUESTION 04A** In the past 12 months, what equipment and gear have you had in stock for your work? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. First, let interviewee name the equipment and gear they have had in stock. Then, prompt interviewee for others using the CHW supervisor equipment and gear list below.

- 1 – I HAVE NOT HAD THE EQUIPMENT/GEAR
- 2 – I HAVE HAD THE EQUIPMENT/GEAR
- 9 – THIS EQUIPMENT/GEAR IS NOT RELEVANT TO MY ROLE

CHW SUPERVISOR EQUIPMENT AND GEAR	1	2	9
a. Bicycle.			
b. Motorbike.			
c. Mobile phone or smartphone.			
d. Tablet.			
e. Laptop or computer.			
f. Other. (Please list.)			

**CHW SUPERVISOR QUESTION 04B** Following up on the previous question, how useful has each of the equipment or gear in your possession been to you? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Assess only the CHW supervisor equipment and gear that the interviewee checked as having in stock under question #04A.

- 1 – THE EQUIPMENT/GEAR HAS BEEN USEFUL SOMETIMES
- 2 – THE EQUIPMENT/GEAR HAS BEEN USEFUL MOST OF THE TIME
- 3 – THE EQUIPMENT/GEAR HAS ALWAYS BEEN USEFUL
- 9 – THIS EQUIPMENT/GEAR IS NOT RELEVANT TO MY WORK

CHW SUPERVISOR EQUIPMENT AND GEAR	1	2	3	9
a. Bicycle.				
b. Motorbike.				
c. Mobile phone or smartphone.				
d. Tablet.				
e. Laptop or computer.				
f. Other. (Please list.)				

**CHW SUPERVISOR QUESTION 05A** In the past 12 months, what supervisory activities has your supervisor conducted with you at your site or in the community? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee and record the interviewee's response under the correct code column. One response should be chosen per question. Let the interviewee name ALL the supervision activities he or she has had with a supervisor in the table below.

- 1 – I HAVE NOT HAD THIS ACTIVITY WITH MY SUPERVISOR
- 2 – I HAVE HAD THIS ACTIVITY WITH MY SUPERVISOR
- 9 – THIS SUPERVISORY ACTIVITY IS NOT RELEVANT TO MY WORK

CHW SUPERVISOR SUPERVISION, COACHING, AND MENTORSHIP	1	2	9
a. I have had a supervisory encounter to observe and coach me on the job.			
b. I have had a supervisory encounter for other reasons. (Please list.)			

**CHW SUPERVISOR QUESTION 05B** In the past 12 months, how often have you had each of these supervisory encounters? Please answer from the following response options.

*Interviewer* → Read response options to the interviewee, and on the table below, put a check mark in the column that corresponds to the interviewee’s response. One response should be chosen per question.

- 1 – I HAVE HAD THE SUPERVISORY ACTIVITY FEWER THAN ONCE PER MONTH
- 2 – I HAVE HAD THE SUPERVISORY ACTIVITY ABOUT ONCE PER MONTH
- 3 – I HAVE HAD THE SUPERVISORY ACTIVITY MORE THAN ONCE PER MONTH

CHW SUPERVISOR SUPERVISION, COACHING, AND MENTORSHIP	1	2	3
a. I have had a supervisory encounter to observe and coach me on the job.			
b. I have had a supervisory encounter for other reasons. (Please list.)			

**FIC QUESTION 01** Below are seven statements about the linkage between community health workers’ activities in the community and this health facility. To what extent has each statement been true over the past 12 months?

*Interviewer → Read the statements below one at a time. Read response options to the interviewee, and on the table below, put a check mark in the column that corresponds to the interviewee’s response. One response should be chosen per question.*

- |                           |                       |
|---------------------------|-----------------------|
| 1 – NOT TRUE AT ALL       | 4 – TRUE ALL THE TIME |
| 2 – TRUE SOMETIMES        | 9 – DO NOT KNOW       |
| 3 – TRUE MOST OF THE TIME |                       |

CHW–HEALTH FACILITY LINKAGE ASSESSMENT	1	2	3	4	9
a. CHW names, contacts, and catchments are displayed at the health facility.					
b. Catchment CHW receive their medical supplies from this facility.					
c. CHW support community-based healthcare outreaches from this facility.					
d. CHW refer patients to this facility using a ministry of health referral slip.					
e. Clinicians in this facility give counter-referral slips to patients for CHW follow-up.					
f. CHW supervisors regularly review the facility’s data to inform household visit audits.					
g. Local transport is accessible from the community to this health facility.					



Community  
Leaders  
Are Empowered



**cmmmb**

**CHC QUESTION 01** Below are eight statements about the functioning of the community health committee for health in the community and at this health facility. To what extent has each statement been true over the past 12 months?

*Interviewer* → Read statements one at a time. Read response options to the interviewee, and on the table below, put a check mark in the column that corresponds to the interviewee’s response. One response should be chosen per question.

- 1 – NOT TRUE AT ALL
- 2 – TRUE SOMETIMES
- 3 – TRUE MOST OF THE TIME
- 4 – TRUE ALL THE TIME
- 9 – DO NOT KNOW

CHC FUNCTIONALITY ASSESSMENT	1	2	3	4	9
a. The CHC is fully constituted.					
b. The CHC includes representation of faith, women, and youth leadership groups.					
c. The CHC has been fully trained. <sup>9</sup>					
d. The CHC is provided with essential tools. <sup>10</sup>					
e. There is a financial mechanism to support CHC operations.					
f. The CHC meets at least quarterly to discuss CHW performance and health outcomes.					
g. The CHC is represented at monthly (or quarterly) CHW review meetings.					
h. The CHC participates or leads health promotion activities in the community.					

<sup>9</sup> “Fully trained” means that the CHC has been trained on all of the following: 1) roles and responsibilities; 2) orientation on CHAMPS and MNCH; 3) CHW and CHW supervisor roles and responsibilities; and 4 basic data literacy.

<sup>10</sup> “Essential tools” include all of the following: 1) committee operating tools and procedures; 2) meeting notes registers and stationery; and 3) data boards for monitoring, evaluation, and learning.





Community  
Health  
System  
Capacity  
Is Improved



cmmb

**PROJECT MANAGER QUESTION 01** To what extent are the national ministry of health and local health stakeholders taking charge, technically or programmatically, of the project catchment healthcare system?

*Interviewer* → Read CHSS areas one at a time. Read response options to the interviewee, and on the table below, put a checkmark in the column that corresponds to the interviewee’s response. One response should be chosen per question.

- 1 – NOT AT ALL LED BY THE MINISTRY OF HEALTH (MOH)
- 2 – PARTLY MOH-LED
- 3 – MOSTLY MOH-LED
- 4 –FULLY MOH-LED
- 9 – NOT APPLICABLE

COMMUNITY HEALTH SYSTEM STRENGTHENING AREAS	1	2	3	4	9
a. CHW selection and recruitment.					
b. CHW training (deployment and refresher trainings).					
c. CHW essential supplies (tools, gear, medicines).					
d. CHW remuneration.					
e. CHW supervision and on-the-job mentorship.					
f. CHW supervisor training.					
g. CHW supervisor supervision and on-the-job mentorship.					
h. NHC formation and training.					
i. NHC supervision and on-the-job mentorship.					
j. Referral transport in the community.					
k. Accountability and governance in the community.					
l. Human resources for health at all health facilities.					
m. Clinical supervision and mentorship at health facilities.					
n. Supply chain management at health facilities.					
o. Health management information systems at health facilities.					
p. Water, sanitation, and hygiene at health facilities.					
q. Accountability and governance structures at health facilities.					

**PROJECT MANAGER QUESTION 02** To what extent are the national ministry of health and local health stakeholders taking charge, financially, of the project catchment’s healthcare system?

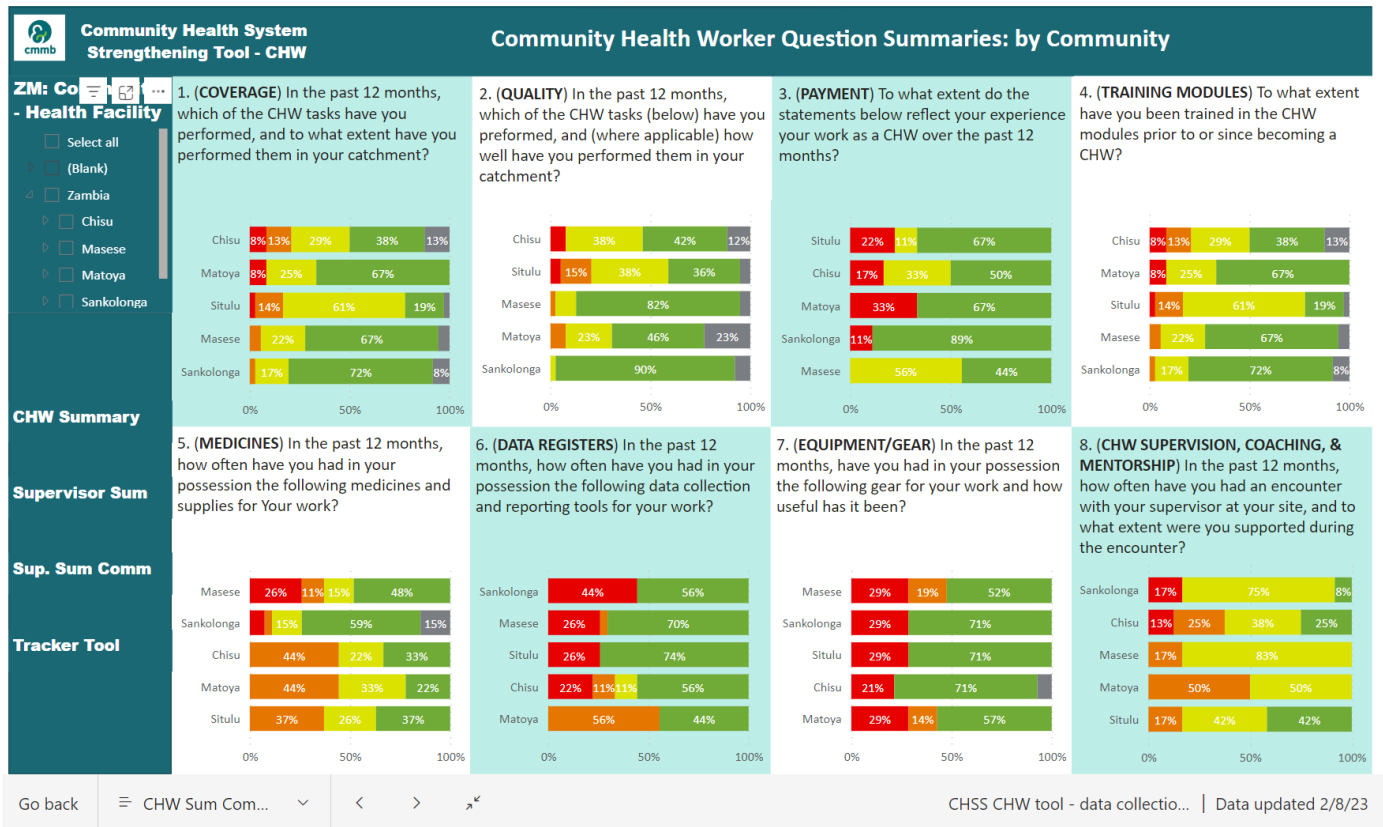
*Interviewer* → Read CHSS areas one at a time. Read response options to the interviewee, and on the table below, put a checkmark in the column that corresponds to the interviewee’s response. One response should be chosen per question.

- 1 – NOT AT ALL LED BY THE MINISTRY OF HEALTH (MOH)
- 2 – PARTLY MOH-LED
- 2 – MOSTLY MOH-LED
- 4 – FULLY MOH-LED
- 9 – NOT APPLICABLE

COMMUNITY HEALTH SYSTEM STRENGTHENING AREAS	1	2	3	4	9
a. CHW selection and recruitment.					
b. CHW training (deployment and refresher trainings).					
c. CHW essential supplies (tools, gear, medicines).					
d. CHW remuneration.					
e. CHW supervision and on-the-job mentorship.					
f. CHW supervisor training.					
g. CHW supervisor essential supplies.					
h. CHW supervisor remuneration.					
i. CHW supervisor supervision and on-the-job mentorship.					
j. CHC formation and training.					
k. NHC essential supplies.					
l. CHC supervision and on-the-job mentorship.					
m. CHC financing.					
n. Referral transport in the community.					
o. Accountability and governance in the community.					
p. Human resources for health at all health facilities.					
q. Clinical supervision and mentorship at health facilities.					
r. Supply chain at health facilities.					
s. Health management information systems at health facilities.					
t. Water, sanitation, and hygiene at health facilities.					
u. Accountability and governance structures at health facilities.					



# SAMPLE RESULTS DASHBOARD (MWANDI, OCTOBER 2022)





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## ACRONYMS AND ABBREVIATIONS

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ACT	artemisinin-based combination therapies
AIM	assessment improvement matrix
CHAMPS	Children and Mothers Partnerships
CHC	community health committee
CHSS	community health system strengthening
CHW	community health worker
CMMB	Catholic Medical Mission Board
F/U	follow-up
FIC	facility in-charge
HCW	healthcare worker
HH	household
HMIS	health management information system
iCCM	integrated community case management
ID	identification, identity
KAP	knowledge, attitudes, and practices
M&E	monitoring and evaluation
MOH	ministry of health
mRDT	malaria rapid diagnostic test
MUAC	mid-upper-arm circumference
NHC	neighborhood health committee
PHC	primary healthcare
PM	project manager
RACI	responsible, accountable, consulted, informed
WASH	water, sanitation, and hygiene