

**iCCM Institutionalization Assessment Tool**

Element	Key Question	ILLUSTRATIVE DESCRIPTIONS OF PHASE					
		Awareness (1)	Experimentation (2)	Expansion (3)	Consolidation (4)	Maturity (5)	
CORE VALUES	Core Values	<b>Are beliefs and values of key stakeholders sufficiently aligned in support of iCCM?</b>	Some key stakeholders recognize the potential of iCCM to address a need or issue they care about, but how beliefs and values of stakeholders relate to support for iCCM is largely unknown.	How the beliefs and values of key stakeholders relate to support of iCCM and where conflicting views exist is increasingly known, and a growing number recognize alignment of iCCM with their core values.	Conflicting views between key stakeholders are increasingly resolved; core values that support iCCM are increasingly sensitized with relevant MoH staff at all levels of the health system.	Conflicting views between key stakeholders are sufficiently resolved. Core values that support iCCM are increasingly integrated and expressed in the way relevant government officials, Ministry of Health staff, and other stakeholders make decisions at all levels of the health system.	Core values that support iCCM are fully embedded into the way relevant government officials, MoH staff and other key stakeholders do business and continue to perpetuate support and improvements in the implementation of iCCM at all levels of the health system.
LEADERSHIP & GOVERNANCE	Leadership	<b>Is there iCCM leadership at strategic and management levels?</b>	Some leaders within government are interested in exploring the viability of the iCCM approach within their health system context.	There is one or more leading champion(s) at senior levels of government, but broad support not yet realized.	There are prominent champions at the political and technical levels of government as well as key stakeholders actively advocating for support for iCCM.	Leaders across government support the institutionalization of iCCM; national health system staff feel accountable for iCCM and provide leadership for iCCM activities.	iCCM is supported throughout the health system at all levels; national health system staff feel ownership of results and empowered to make improvements in collaboration with others.
	Planning	<b>Has the MOH included iCCM in national and subnational plans?</b>	Discussions held on the potential piloting of iCCM.	Plans for piloting of iCCM are developed and implemented.	iCCM is included in the subnational health plan where it is implemented, or it is in the national health plan, but only for part of the country.	iCCM is included in national health plans for delivery of services across the country.	iCCM is included in national health plans for delivery of services across the country; plans are routinely reviewed and updated to improve delivery of services.
	Coordination	<b>Is iCCM a regular topic of discussion with the appropriate national and sub-national coordinating bodies?</b>	No temporary or permanent structure, person or process to coordinate in place.	Temporary structure, person or process responsible to coordinate in place.	Temporary or permanent structure, person, or process with authority, resources, and information to coordinate in place.	Structure, person, or process firmly established within the broader Ministry of Health with authority, resources, and information to coordinate in place.	Effective coordination system with authority, resources and information to coordinate firmly established or no longer needed.
	Standards & Information	<b>Are implementation standards and reporting systems for iCCM in place?</b>	Discussions held on need for new indicators and/or data collection and reporting forms.	A pilot and/or readiness assessment conducted to test appropriate indicators and/or reporting forms.	Appropriate indicators used in some but not all geographic areas and/or indicators measured but not reported through the regular reporting chain.	The national health Information system includes appropriate iCCM indicators, which are reported regularly and often used for decision-making.	The national health information system includes and regularly reports iCCM indicators, which are routinely used for decision-making.

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POLICY	Policy	<b>Do policies, strategies and implementation guidance for iCCM exist?</b>	No national policies, strategies or technical guidance explicitly refers to iCCM.	Implementation guidelines for iCCM exist, but national policies, standards and regulations are not in place.	iCCM is included in one or more major policy and strategy documents; national implementation guidelines, standards and regulations are increasingly put in place.	iCCM is included across multiple policy and strategy documents; national implementation guidance, standards and regulations are in place.	iCCM is included across all relevant policy and strategy documents; national implementation guidance, standards and regulations are in place, routinely applied and improved.
RESOURCES: Financing	Financing Sources	<b>Does the government fund iCCM services?</b>	There is no routine funding available for iCCM services from government sources or external partners; discussions are underway on merit of investment.	External partner(s) and/or government funds the costs associated with pilot activities covering a small geographic area.	External partner(s) and/or government fund the expansion of iCCM services; a formal investment case might be developed to advance discussion of the merit of investment.	The government funds a portion of the costs of iCCM services and external support is increasingly coordinated to ensure continuity; merit of investment is increasingly acknowledged across government.	Government funds a large portion of iCCM services and any ongoing external support is coordinated to ensure continuity; merit of investment is understood and consistently demonstrated across relevant government institutions.
	Costing & Budgeting	<b>Does the government include iCCM services in its costing and budgeting processes?</b>	There are no data on iCCM intervention costs to inform budgeting and planning and it is not clear who is responsible to generate such data.	Some data on iCCM intervention costs exist, but they are questionable quality and/or outdated.	Recent data on iCCM intervention costs are available, but they are of questionable quality and/or inadequate for budgeting at scale.	Recent data of reasonable quality on iCCM intervention costs are available, but they are not routinely used to inform costing and budgeting.	Cost data of good quality are periodically updated and used to inform planning and budgeting, and there is an institutional mandate within MOH to lead work on costing.
	Financing Mechanisms	<b>Is there a national health financing strategy and financing mechanisms that include iCCM services?</b>	There is no health financing strategy in place, no institution responsible for financing of iCCM, and financing mechanisms for iCCM are fragmented.	There is no health financing strategy in place, financing mechanisms are fragmented, but there is an institution responsible for financing of iCCM.	There is a health financing strategy in place, financing mechanisms are better managed and coordinated, but iCCM is not sufficiently prioritized.	There is a health financing strategy in place, financing mechanisms are better managed and coordinated, and iCCM is more prioritized.	There is a health financing strategy in place that considers iCCM financing, and appropriate financing mechanisms are used and regularly evaluated.
	Tracking Finances	<b>Does the government have the capacity to generate health spending data of good quality on a regular basis?</b>	There are no data on expenditure for iCCM interventions.	There are data on iCCM expenditure, but the data are not systematically produced.	There are reliable data on iCCM expenditure, but production is ad-hoc without a clear institutional mandate.	There are reliable data on iCCM expenditure more recent than 3 years; data are used increasingly systematically to inform decision-making around budgeting and monitoring.	There is a solid understanding of why resource tracking is important, there are recent and reliable data on iCCM expenditure, and data are systematically used to inform decision-making.

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<b>RESOURCES: Human</b>	<b>Recognition</b> Is a particular CHW recognized for their role in providing iCCM services within the national health system?	No CHW(s) are authorized to provide iCCM services and recognized for their role within the national health system.	Particular CHW(s) are authorized to provide iCCM services on a pilot basis and/or at small geographic scale; role and status of the CHW(s) within the national health system might still be unclear.	Particular CHW(s) are authorized to provide iCCM services across the country; role and status of the CHW(s) within the national health system is increasingly clarified.	Particular CHW(s) are authorized to deliver iCCM services across the country; their role and status within the national health system is recognized and increasingly reinforced through supervision and performance management.	Particular CHW(s) are authorized to deliver iCCM services across the country; their role and status within the national health system is recognized and continually reinforced through supervision and performance management.
	<b>Rationalization</b> How are CHWs delivering iCCM services recruited and distributed across the country?	Various CHWs providing a variety of services exist across the country. There is no standard practice for recruitment. Distribution of CHWs across the country is largely unknown.	Defined processes for CHW recruitment are developed and applied in some areas of the country. Distribution of CHWs across the country is increasingly known and optimization considered.	Standard processes for CHW recruitment are defined and increasingly applied across the country. Government led processes to rationalize CHW distribution are underway.	Standard processes for CHW recruitment are applied across the country and periodically reviewed for improvement. Distribution of CHWs across the country is known and managed for increasing optimization.	Standard processes for CHW recruitment are routinely applied across the country and a stable distribution of CHWs is maintained.
	<b>Compensation</b> Are CHWs delivering iCCM services provided compensation commensurate with the job demands, complexity, number of hours, training and roles that they undertake?	CHWs providing iCCM services receive no consistent financial and/or non-financial compensation; discussions are underway to consider compensation options.	Various models of compensation are trialed on a pilot basis and/or at small geographic scale, often exclusively with external donor and implementation partner support; discussion of compensation options continue.	CHWs providing iCCM services receive some consistent financial and non-financial compensation, primarily with external donor and implementation partner support; discussion of compensation options continues with consideration of harmonization and government adoption.	Government has harmonized partner support of financial and non-financial compensation for CHW(s) providing iCCM services; compensation is increasingly provided on a consistent basis and increasingly commensurate with the CHW's job demands, complexity, number of hours, training and roles.	Financial and non-financial compensation is commensurate with the CHW's job demands, complexity, number of hours, training and roles; it is provided on a routine, consistent basis and managed through government systems.
<b>RESOURCES: Supplies</b>	<b>Equipment &amp; Supplies</b> Does the MOH purchase and distribute the necessary iCCM products in sufficient quantities as part of its national supply chain system?	Equipment, supplies and other materials needed for CHWs to deliver iCCM services are not known; discussions are underway to define supply needs.	Various packages of equipment, supplies and other materials are provided to CHWs delivering iCCM services on a pilot and/or small geographic scale, often through project-based procurement systems and supply chains managed by implementing partners with external donor support.	Appropriate equipment, supplies and other materials available in several geographical areas, but procurement and/or logistics often managed by external partners; equipment, supplies and other materials often differ based on implementing partner and external donor support; insufficient supplies and stock-outs are common.	Appropriate equipment, supplies and other materials are consistently provided at scale; external donor and implementing partner support coordinated and harmonized; increasingly integrated and managed through government procurement and supply chain systems.	Procurement and logistics for appropriate equipment, supplies and other materials fully integrated into government procurement and supply chain systems, including forecasting, procurement, distribution and monitoring; insufficient supplies and stock-outs are rare.