



Site Capacity Assessment Tool Overview and Instructions

PURPOSE

Catholic Relief Services, Futures Group and the Institute of Human Virology modified the Clinical Site Capacity Assessment (CSCA) tool developed by the Institute of Human Virology to serve as a tool for routine program monitoring and supporting the long term sustainability of its local partner health facilities.

The SCA is designed to give AIDSRelief and eventually the local partner a useful tool to assess a health facility’s overall capacity of program operations to deliver quality HIV care and treatment in a consistent and sustainable way. The SCA does not assess program outcomes; instead, it assesses the capacity of program operations. The information from the assessment is used to prioritize activities to strengthen capacity when a need is identified and/or to identify areas of excellent capacity that may be used to exemplify best practices.

This tool is designed to promote learning. Once gaps are identified, appropriate AIDSRelief and local partner experts will facilitate conversations with the health facility staff and implement more in-depth assessments. Conversations and additional assessments will enable staff to consider the root causes of problems where operations are ranked lower in order to develop strategies for improvement. Staff can also identify where operations are ranked higher so that good work can be acknowledged and reinforced. As a result, this exercise will engage staff of the health facility in a dynamic conversation about their operations and will lead to a planning exercise to address challenging areas and build on strengths. With information from this tool, AIDSRelief and local partners can also identify health facilities that are performing well in specific components to promote exchange visits between high-performance health facilities and those that are facing challenges.

The information from the assessment will enable AIDSRelief and the local partner to prioritize activities to strengthen capacity where a need is identified. This tool will tell which health facility is meeting the basic minimum level of capacity to provide quality HIV care and treatment services on a continuing basis with overall technical and management support from AIDSRelief and the local partner. The scale is a range of 1 to 5, with 3 to 5 representing the meeting standards phase.

DESIGN

The SCA is organized by 12 program components and 7 crosscutting functional areas as listed in the table below. Each component lists a set of indicators that are representative of the capacities critical for meeting minimum standards. Each indicator has sets of observable statements on a 5-point scale. Level 3 on the scale represents the minimum level of capacity required for meeting the minimum standards. A rating of level 1 represents no capacity, whereas 5 represent a highly developed capacity and a potential best practice. The use of observable statements enables the health facility staff to see what is needed to move to a higher level with respect to each indicator. The functional areas are consistent across all components, which allows for analysis of scores by program component and by functional area.

If a facility does not provide a service (Component) then a score of 1 should be chosen for each indicator within that Component. The only optional Component is “Fundraising and Advocacy”. If a Government facility is being assessed, then this Component may be listed as N/A and will be excluded from the overall average calculations. Send an email to iqsupport@futuresgroup.com for a component exception.

Components	Functional Areas
<ul style="list-style-type: none"> • Adult HIV Care • Community-based Treatment Services • Finance and Compliance • Fundraising and Advocacy • Health Care Management • Laboratory • Maternal Child HIV Care • Nursing • Pharmacy Management • Quality Improvement Program • Strategic Information • Youth HIV Services 	<ul style="list-style-type: none"> • Physical Infrastructure and Equipment • Human Resources • Planning and Budgeting • Practices/Activities • Management, Supervision, and Communication • Commodities and Supplies • Record Keeping and Reporting

USE OF THIS TOOL

The SCA is intended to be used on an annual basis by the AIDSRelief or local partner program manager responsible for health facilities. In addition, health facility staff may also use the SCA for self-assessment on an ad hoc basis. For some health facilities, particularly those undergoing significant change, a six-monthly administration of the SCA would be helpful to track the impact of change, and to identify gaps and areas that need capacity strengthening.

Preparation for the Assessment

It’s necessary for the program manager responsible for administering the SCA to have successfully completed the training module so that he/she has an in-depth understanding of the purpose of the tool and the technical content of each component, including the use of documentation, and the methodology for administering the tool, in order to accurately score each indicator.

Program managers qualified to administer the SCA, should not administer the SCA at those sites that they routinely manage in order to avoid bias in scoring.

The program manager should take the following preparatory actions:

- Develop and distribute to the health facilities an annual SCA program monitoring schedule;
- Well in advance of scheduled SCA assessment, the health facility should receive written notification of the proposed date of the visit, a list of all health facility documents they should gather in advance, and a hard copy of the SCA tool for their review prior to the visit.
- Review the tool thoroughly before the visit: review each component, indicator, and score.

Conducting the Assessment

Following are the steps for administering the SCA tool:

1. Confirm one week prior to the scheduled visit that the health facility has received the SCA tool, prepared the documents for review, and is ready for a 2 to 3 day visit to administer of the SCA tool;
2. Set up orientation meetings when you arrive at the health facility.
 - a. Describe the process to the hospital administrator, the medical director, and HIV program staff. Emphasize that the SCA is a collaborative process to help the health facility sites by gathering information to identify best practices and opportunities to further strengthen their programs.
 - b. Suggest the order in which the component interviews will be conducted, but determine the final sequence with the administration in accordance with the practicalities of staff availability, etc. The following is an example preferred sequence:
First clinical:
 - Adult HIV Care
 - Youth HIV Services
 - Nursing
 - MCHC
 - CBTSSecond specialist units:
 - Laboratory
 - Pharmacy
 - Strategic Information
 - Quality Improvement ProgramThird management:
 - Finance and Compliance
 - Fundraising and Advocacy
 - Health Care Management
3. Discuss the tool with the health facility staff and ensure that the people you need to meet with are, or will be, available during your visit. Explain the goal of the assessment and how the data collected will be used. Inform the staff when they will receive assessment results and how they will be involved in any organizational improvement efforts based on the assessment. Explain the level of confidentiality in the assessment process. And, review the assessment's components, indicators, and observable statements.
4. Scoring the components:

Step 1: Ensure that the health facility lead for each component has received and reviewed a hard copy of the respective SCA component. Read the indicator question and ask the lead for information that helps identify the observable statements that best describe the current **capacity of the health facility**.

During the interview with the component leads, assist them to understand the observable statements. Suggestions when conducting the assessment interview include:

- Read the statement and pause, allowing the lead time to think before responding
- Wait for reactions, listen carefully to what he/she have to say
- Ask indicator questions to help the lead to think and speak about the observable statements
- Clarify the lead's answers or comments when necessary
- Emphasize that the lead should analyze the health facility currently (taking into consideration the past). Thus, the tool produces a "snap shot" of the health facility at the point in time of the assessment, not of past performance
- Don't answer for the lead
- Don't rush onto the next indicator
- End the interview by asking if there are any other indicators critical for meeting the minimum standard that were not covered in the assessment
- If there are critical indicators that were not covered, mention these briefly in the notes tab.

Note issues that are important to staff, but are not directly pertinent to the review.

Tell staff that you would like to hear their issues when you can fully focus on them and schedule time after the review or over lunch to meet

Step 2: Review the health facility documentation to support the information provided by the lead. The existence of all required documents must be verified by sight. For each document, enter into the SCA spreadsheet yes/no as to whether or not it was seen, and also enter a comment including whether work needs to be done on the document;

Step 3: Conduct physical inventory of commodities, infrastructure, and observe practices;

Step 4: Make a final decision on the appropriate component scores based upon the information provided by the lead, evidence in the documents, and direct observations. For each criterion, all bullets in a given level must be satisfied in order to get the score corresponding to that level of capacity;

Enter the scores directly into the laptop in the SCA tool spreadsheet. All components with the exception of Fundraising/Advocacy (i.e. the exception being MOH health facilities only), and all indicator categories within all the other components, must be scored between 1 and 5. If a service is not provided, select "1" and enter comments into the component's notes section. Send an email to iqsupport@futuresgroup.com for a component exception.

Step 5: Use the Facility Notes tab for entering brief noteworthy insights or remarks arising from the interview with the health facility staff. Provide a comment for each instance that an indicator cannot be answered.

After the SCA, the program manager will facilitate a focus group discussion with the health facility administrator, medical director, and all key participants. The purpose of the focus group is to 1) provide feedback on the findings of the assessment, including strengths and areas for improvement. Highlight positive findings. Describe indicators that do not meet the minimum level as opportunities, not failures, 2) discuss any challenges or concerns about the SCA and how it was administered and any recommendations for improving the SCA. The focus group discussion should last no more than one hour.

Step 6: Verify that all of the score fields have been filled in for every component tab by clicking on the "Verify SCA" button in the Cover Sheet tab. Fill in any fields that have accidentally been missed. Every score field must be filled in with an answer (even if it is "NA") in order **for the score calculations to be correct.**

Post Assessment

Phase 1: Reporting

Send a preliminary report produced from the SCA database, focus group notes, and other key observations to the health facility within two weeks of the visit, so they may review the results, think about their implications, and make plans for addressing them.

Based upon health facility feedback and internal AIDSRelief/local partner review produce a final report and share it with the health facility and relevant partners

Identify best practices.

Distribute summary findings to the AIDSRelief County Management Team (CMT) in country.

Phase 2: Follow-up and Action Planning

Schedule follow-up meeting with the health facility and appropriate component experts.

Work with health facility and relevant component experts to develop action plans.

Identify and schedule component expert technical assistance needed to implement action plans.

Coordinate and monitor capacity strengthening.

Phase 3: Monitoring

1. Use SCA Dashboard to monitor health facility status relative to meeting the minimum standards and relative to all other AIDSRelief/ local partner health facilities over time.