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A Scorecard for Managing Functionality of Community Units



1. Background and Rationale for the Scorecard

The draft Health Sector Strategic Plan 2012-2017 aims to increase national coverage of community units by establishing 8000 functional Community Units (CUs). AMREF through the FHI360 led APHIAplus Nuru ya Bonde Project is scaling up implementation of the Community Strategy in Rift Valley Province by establishing new units and strengthening existing community units. The APHIAplus Nuru ya Bonde project is funded by USAID.

In early 2012, the project encountered challenges in tracking and managing functionality of the large number of community units (more than 100) that it was supporting. This is a common challenge because in many areas of the country, community units have been established, but without a common standard for moving them towards functionality. As a result, the project team (in consultation with the local DHMT, PHMT and USAID) identified fundamental ingredients necessary to attain basic functionality of community units and used these to develop a Functionality Scorecard.

The Functionality Scorecard has proven to be a valuable management tool in managing performance, resource allocation, and decision making by the APHIAplus Nuru ya Bonde project team when managing a large number of community units.



A CHEW from Elangata Wuas Community Unit in Kajiado takes former US Ambassador and Provincial Director PHS through the referral system

2. Description of the Functionality Scorecard

2.1 Requirements for Functionality

The Functionality Scorecard outlines 17 instrumental requirements for a CU to attain basic functionality. The Scorecard articulates interdependency amongst the various CU structures and elements namely: the importance of a strong resource base whether human, material or other; the community unit work force and various motivation perspectives as well as comprehensive capacity enhancement of the work force; enabling environment for all actors such as means of transport for CHWs/CHEWs; importance of embracing sound processes in selection of CHCs/CHWs; effective supportive supervision at

various levels; sustainability; a cause-effect relationship i.e. the 17 elements form a journey that each CU must walk, whereby certain steps should logically precede others. These parameters of basic functionality are categorized into three as follows:

- a) **Process indicators.** These include existence of adequate numbers of trained CHWs, CHC and CHEWs; availability of necessary equipment and an enabling environment for the workforce such as CHW kits, data tools and referral booklets, performance-based monthly stipend and bicycles/motorbikes; support supervision by the DHMT.
- b) **Performance indicators.** These include immediate outputs of a functional CU such as: action planning, reporting rate among CHWs, consistency of community dialogue and action days, CHC meetings, CHW monthly feedback meetings and existence of a sustainability initiative.
- c) **Cardinal elements of functionality.** The Functionality Scorecard distinguishes three cardinal elements without which a CU cannot be considered as functional even if it meets all other requirements. These are like the vital signs of a functional community unit:
 - (i) Proportion of CHWs in CU reporting each month above 80% in the CU
 - (ii) Community dialogue days taking place quarterly
 - (iii) Health Action Days taking place each month



PHMT, DHMTs and CHEW planning meeting for CUs in Nakuru

2.2. How to Apply the Functionality Scorecard

During the assessment, a score of one (1) is awarded when a criterion is met and zero (0) when it is not. The total score is calculated out of 17 and a percentage is obtained per CU. Based on the overall score obtained, a CU is categorized into three;

No.	Categories	Scores (per Scorecard)
1	Functional	=80% + All the 3 cardinal elements MUST be attained.
2	Semi-Functional	50% - 79%
3	Non-Functional	=49%
4	Advanced functionality	CU has achieved basic functionality, and both indicators of advanced functionality described in section 2.2 below.

2.3. Steps in Applying the Basic Functionality Scorecard

DHMT takes lead in the assessment process – from assessment design to analysis and interpretation of data, designing of actions, and review of progress.

- (i) Conduct mapping to identify the CUs to be assessed.
- (ii) Identify and orientate personnel to collect the data. The tool is easy to complete and takes approximately thirty minutes to complete with subsequent updates.
- (iii) Conduct Functionality Assessment in the selected CUs
- (iv) Enter the data into the excel template provided, conduct relevant analysis and generate reports. Templates and Illustrations are available in the CD-ROM and at www.amref.org/silo/files/community-unit-balanced_scorecard.xls
- (v) Share the data with the CHEWs, CHWs and CHC for verification and validation. Any errors or anomalies are corrected at this point.
- (vi) Prepare summary reports for each CU and the overall report for DHMT use
- (vii) Action planning: CHEWs and CHC lead dialogue on the report and prepare a plan of action for improvement with technical support from the DHMT.
- (viii) Monitoring and evaluation: The District Community Strategy Focal person is the custodian of the database. Assessment on functionality is done quarterly and the Scorecard updated to track performance of each CU.


The Basic Functionality Scorecard

County:		District:	
Name of CU:			
Link Health Facility:			
CU Catchment Population:			
Process Indicators	Yes	No	
1.Existence of trained CHEWs (2 per CU)			
2.Existence of trained CHC (7, 9, 11 or 13 based on population)			
3.Existence of trained CHWs (number of CHWs based on population density)			
4.CHWs provided with kits (contents of kit agreed upon with DHMT)			
5.All trained CHWs have MOH 513 and MOH 514 tools			
6.Availability of chalk board (MOH 516)			
7.All trained CHWs have referral booklets			
8. All reporting CHWs (using MOH 514) receiving monthly stipend of Ksh. 2000			
9.CU has means of transport for use by CHWs (at least 10 bicycles)			
10. Supervision of CU by DHMT (at least once every six months)			
Performance Indicators			
11. CU has a plan of action (check wall or file)			
12. CHCs holding quarterly meetings (check minutes in file)			
13. CHWs holding monthly feedback meetings (check minutes in file)			
14. Discuss existence of a sustainability initiative (discus with CHEW, CHC, & CHWs)			
Cardinal Elements for Basic Functionality			
15. CHW reporting rate above 80% in the CU			
16. Quarterly community dialogues taking place (check reports from the file)			
17. Health Action Days taking place each month (check reports from the file)			
Total Score out of 17			
Percentage (%) Score			
Functionality Categorization			

Key

Yes - Fulfilled (score one)

No - Not fulfilled (Score zero)

 - Cardinal Elements for Basic Functionality

Functionality Categorization

80% = Functional (F)

50-79% = Semi Functional (SF)

49% = Non-Functional (NF)

NB: The three (3) cardinal elements (15, 16, 17) MUST all be fulfilled for a for a CU with 80 score to be functional

3. How the Scorecard has been used to Influence Decision Making

3.1 Possible Decisions with the Scorecard

The Functionality Scorecard is a management tool that AMREF is using in its projects to manage progression of hundreds of community units towards basic functionality and later advanced functionality. Specifically, DHMTs and project teams are using the scorecard to enable them obtain the following information or make the following decisions: Baseline data on functionality, allowing setting of benchmarks to track the performance of community units

- Planning and setting priority actions for specific community units, ensuring that investments in each CU follow a logical sequence.
- Equity in resource allocation between districts and within CUs. For instance, the DHMT is able to direct implementing partners on where to establish new CUs, priority gaps to support within existing CUs or to CUs that need support but are not supported by any partner
- Identifying CUs that can be moved from basic functionality to advanced functionality - service delivery through provision of key skills.
- Determine the provision of performance based incentives to CHWs and other motivation and reward schemes for CHC, CHEWs and link facility
- Motivation to CHWs, CHC and CHEWs as they can clearly assess and validate their performance

3.2. What happens after a CU attains basic functionality?

Once a CU has attained basic functionality, effort shifts to moving it towards the fourth category which is advanced functionality. This is the stage in which the CU begins to deliver results. Advanced functionality is about service delivery by the CU.

Post Basic Functionality,

The CU is targeted with expert training/key skill modules such as HIV&AIDS, MNCH, TB etc based on the local epidemiology. For instance, CHWs can be trained using key skills modules on maternal and newborn health to increase demand and utilization of maternal and newborn health services such as focused antenatal care and skilled deliveries.

A CU is classified as having reached advanced functionality if in addition to basic functionality, it demonstrates the following:

- (i) CHWs in the CU have been equipped with expertise in at least two health themes e.g. (MNCH, RH, HIV, TB and WASH, etc) based on local health needs.
- (ii) The CU reports at least 2 outcome indicators.



A Nurse at Mile 46 Health Centre Receiving Clients

3.3. Results of the Scorecard from the APHIAplus Nuru ya Bonde Project

AMREF has noted significant progress in the functionality of CUs in the APHIAplus Nuru ya Bonde Project as a result of the Scorecard. The Scorecard has so far been applied to a total of 137 CUs between April and September 2012, with impressive results as illustrated in Figure 1 below.

From an assessment conducted in October 2012, the proportion of functional CUs had increased by 47% in six months, up from 4% in April 2012 to 51% in September 2012. The proportion of non-functional CUs had significantly dropped from 57% to 19%.

In addition, significant progress was noted in all the parameters particularly, in the number of CHWs reporting, number of action and dialogue days held, action plans developed and implemented as well sustainability initiatives.

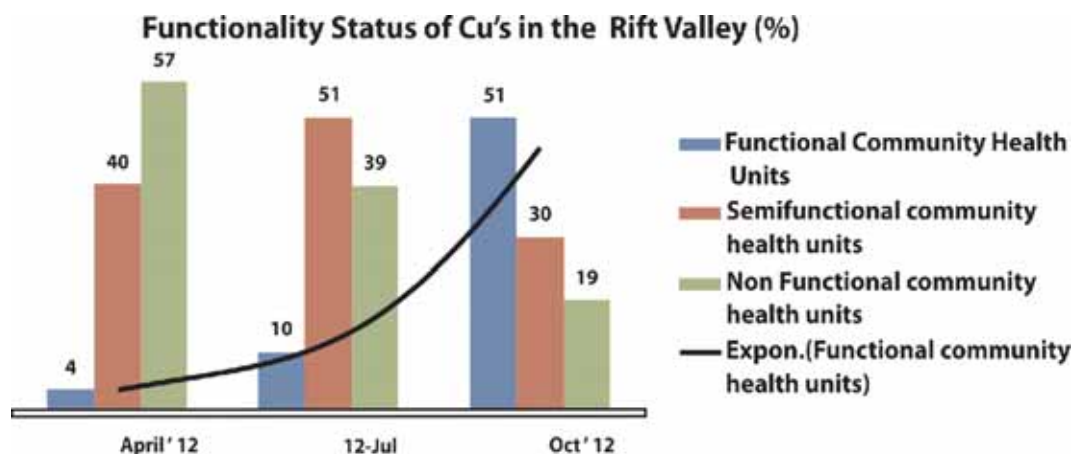


Figure 1: Functionality status of CUs in Rift Valley by October 2012

How to access the Scorecard

The CD accompanying this scorecard contains an excel template of the completed and blank Scorecard to enable replication. The Scorecard is available online at; www.amref.org/silo/files/community-unit-balanced-scorecard.xls

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