Technical Capacity Assessment

# HIV Care and Support

**JSI**

This series of technical capacity assessment tools was developed by John Snow, Inc., (JSI) specifically for the New Partners Initiative Technical Assistance (NuPITA) project, a USAID-funded activity designed to strengthen the quality of program implementation and the institutional capacity of New Partner Initiative grantees.

The JSI project worked with 16 nongovernmental organizations that provide HIV services in sub-Saharan Africa. JSI provided technical assistance to the NPI grantees in HIV prevention and care services, child health, nutrition, and family planning as well as financial management and compliance with USG regulations, and organizational development through the New Partner's Initiative Technical Assistance mechanism, funded by USAID.

The New Partners Initiative Technical Assistance  project was implemented by John Snow, Inc., and Initiatives, Inc.

This version of the TCA is a Participant's Copy, for the full tool please e-mail [capacitydevelopment@jsi.com](mailto:capacitydevelopment@jsi.com).

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**Technical Capacity Assessment**

# HIV CARE AND SUPPORT

**Goal:**

The goal of this tool is to assist HIV care and support programs in assessing the critical elements for effective program implementation, and identifying those elements that need strengthening or further development.

**Purpose:**

The purpose of this tool is to help an organization assess its ability to implement HIV care and support programs in the specific technical areas. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels (if applicable).

The Technical Capacity Assessment (TCA) tool builds on the strengths of the Organizational Capacity Assessment (OCA), designed to measure overall capacity of organizations funded by President's Emergency Plan for AIDS Relief (PEPFAR) under the New Partners Initiative (NPI). This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality HIV care and support services, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on HIV issues.

The TCA tool assesses technical capacity in three domains – Organizational Strategy, Supplies Management, and Management Information Systems. Each domain has a number of areas, for a total of 22 areas for assessment, as follows.

**Domain 1: Organizational Strategy**

1.  Program Approach
2.  Guidelines/Standard Operating Procedures (SOPs)
3.  Utilization of Service Standards
4.  Selection of Beneficiaries
5.  Stigma and Discrimination Protocols
6.  Physical Space
7.  Demand Generation
8.  Volunteer Capacity and Support Systems
9.  Community Involvement
10. Referral Systems
11. Internal Skills Building
12. Leadership
13. Sustainability
14. Supportive Supervision
15. Program Implementation

**Domain 2: Supplies Management**

1.  Procurement Planning
2.  Commodity Storage and Utilization

**Domain 3: Management Information Systems**

1.  Data Collection
2.  Data Quality Assurance and Improvement
3.  Data Use for Decision Making
4.  Feedback and Sharing
5.  Management Information Systems

## USING THE TCA TOOLS

These Technical Capacity Assessment tools are designed to enable organizational learning, foster team sharing, and encourage reflective self-assessment within organizations.

Recognizing that organizational development is a process, the use of the TCA tool results in concrete action plans to provide organizations with a clear organizational development road map. The TCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

The TCA is an interactive self-assessment process that should bring together staff from all departments at an implementing organization, both at headquarters and in the field, for the two- to three-day assessment.

Not intended to be a scientific method, the value of the TCA is in its collaborative, self-assessment process. The framework offers organizations a chance to reflect on their current status against recognized best practices. Lively discussions are also an opportunity for management, administration, and program staff to learn how each functions, strengthening the team and reinforcing the inter-relatedness of the TCA domains and areas.

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4.

The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page.

The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

The ability to identify areas to be addressed will strengthen the organization and in subsequent years, enable it to view improvements and note where progress is still needed.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To determine the soundness of the care and support (C&S) programs delivered by the organization.**

| AREA 1: PROGRAM APPROACH | | | |
|---|---|---|---|
| The organization and/or its implementing partners has limited or no defined, documented C&S approach/ strategy. | The organization and/or its implementing partners have a defined and documented C&S strategy that is in response to an evidence-based determination of need and audience identification. | The organization and/or its implementing partners have a defined and documented C&S strategy that is in response to an evidence-based determination of need. The C&S services meet the minimum basic package according to the national and/or PEPFAR requirements and are comprehensive (clients are able to receive all necessary C&S services either through the organization or linkages). | The organization has a defined and documented C&S strategy that integrates services more broadly with MNCH services Services are tailored to individual needs and are comprehensive. The organization has the capacity to scale up C&S services. |
| 1 | 2 | 3 | 4 |
| *Goal: The organization's C&S approach can be used as a model for other programs. It covers a full range of HIV treatment, care and support services. .* | | | |

**Area 1 Score** [ ]

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To determine the availability of organizational specific guidelines/standard operating procedures.**

| AREA 2: GUIDELINES AND STANDARD OPERATING PROCEDURES [1] | | | |
|---|---|---|---|
| There are no project specific guidelines/ SOPs in place for C&S service delivery. | There are up-to-date guidelines/SOPs in place which are in line with international and national guidelines. | There are up-to-date guidelines/SOPs in place in line with international and national guidelines. The guidelines/SOPs have been interpreted and disseminated to staff, implementers and relevant stakeholders (as appropriate). | There are guidelines/SOPs in place which are up to date and in line with donor and national guidelines. The guidelines/SOPs have been interpreted and disseminated to relevant stakeholders (as appropriate). C&S services are being delivered in a standardized manner across all service delivery points according to documented guidelines/SOPs. |
| 1 | 2 | 3 | 4 |
| *Goal: The service being delivered is standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.* | | | |

**Area 2 Score** ☐

[1]Organizational-specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the organization implements HIV care and support activities. This could be an adaption of national and international guidelines.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To assess the organization's ability to implement high-quality interventions by adhering to set C&S service standards.**

| AREA 3: UTILIZATION OF SERVICE STANDARDS[1] | | | |
|---|---|---|---|
| The organization has no service standards in place for its C&S activities. | C&S service standards exist, but are not uniformly applied across activities. Not all staff are aware of them. | C&S service standards exist and are applied uniformly across the activities. Staff are aware of these standards and trained to apply them. Standards are monitored but interventions are not improved upon when non adherence to the standards is observed. | C&S service standards exist and are applied uniformly and regularly across activities. Staff and implementers (including volunteers) are aware of these standards and are trained to apply and monitor them. The standards are consistently and comprehensively adhered to. Standards are monitored and interventions are improved upon when non-adherence to the standards is observed. |
| 1 | 2 | 3 | 4 |
| *Goal: The organization's approach to observing set service standards while implementing C&S services can serve as a model for other organizations.* | | | |

**Area 3 Score** ☐

[1]A standard is an agreed upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidence-based. Standards define the minimum level of support to be provided and help ensure that support is provided consistently and at a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation, and sustainability (Quality Assurance Project, USAID). Project service standards should be documented for reference.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

## Objective: To assess the process by which the organization selects its C&S beneficiaries (targeting).

| AREA 4: SELECTION OF BENEFICIARIES/TARGETING | | | |
|---|---|---|---|
| There are no organizational guidelines on the selection of beneficiaries. | There are clear guidelines on the selection of beneficiaries which take into account reaching the most vulnerable clients and households. The organization has considered different strategies for selecting beneficiaries.[1] | There are clear guidelines for beneficiary selection that take into account reaching the most vulnerable clients and households. Different targeting options are considered for different technical aspects of the program. Beneficiary selection is transparent and community-driven. Efforts are made to reach especially vulnerable clients (tunder 5 years of age, pregnant, co-diagnosed with TB, most materially needy, in ill health, etc). | Targeting and the selection of beneficiaries make efforts to avoid stigmatizing C & S clients and their families (takes into account a 'do no harm' philosophy[2]). The organization is successful at reaching the most vulnerable with services. |
| 1 | 2 | 3 | 4 |
| *Goal:* *The organization's approach to selection of beneficiaries/targeting can serve as a model for other organizations.* | | | |

**Area 4 Score** ☐

[1]For example, different methods of targeting include: 1) developing a targeting survey based on community criteria for risk; 2) using modes of transmission data; 3) using local surveys (understanding that relying upon these lists alone may not give the most accurate picture).

[2]A 'do no harm' approach works to ensure that all interventions prioritize the best interests of individuals affected and their families, and make efforts to diminish any unintended negative consequences as a result of project activity. This perspective should be applied starting with the project design stage, through implementation, monitoring and evaluation.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

## Objective: To ascertain if the organization works to minimize furthering stigma/discrimination in its C&S activities.

**AREA 5: STIGMA AND DISCRIMINATION PROTOCOLS[1]**

| The organization has done no analysis which looks at the impact of its planned/ implemented activities on increasing stigma/ discrimination, and on how to put in place safeguards to minimize these impacts. | The organization has considered how to avoid increasing stigma and discrimination as a result of its activities and has relevant protocols in place to ensure activities do no harm. The organization does not do this during the design stage but after activities have already started. | The organization's activities take into account stigma and discrimination reduction measures, starting from the design stage onwards. The organization continues to evaluate its potential role in furthering stigma and discrimination (and addresses any concerns). The organization has consulted with relevant community members on this issue. | There is evidence/ observations that the organization has avoided furthering stigmatization/discrimination of beneficiaries in its activities. The organization continually re-assesses the impact of its programming on those who may potentially be stigmatized or discriminated against. |
|---|---|---|---|
| **1** | **2** | **3** | **4** |

*Goal: The organization's approach to addressing the impact of its interventions on the way the target individuals and their families are considered by the wider community, can serve as a model for other organizations.*

**Area 5 Score** ☐

[1] Stigma is based on beliefs. A person is 'stigmatized' when another person thinks negatively of him/her because of something s/he has experienced or because s/he belongs to a particular group. Discrimination occurs when actions are taken (or not taken) on the basis of a stigmatizing belief. At times, C&S programs inadvertently further stigma and discrimination against people affected by HIV and their families. For example, this may occur when programs offer support to only individuals living with HIV in a household or a community where all members are equally vulnerable, or using branded tools e.g., motorcycles, uniforms, cars, etc., when visiting families, which makes the whole community conclude that these individuals have HIV. In some communities this will not be the case, but an analysis of such issues is a critical component to a strong C&S program.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To determine whether the organization provides services in a physical environment that conforms to national and international minimum standards.**

| AREA 6: PHYSICAL SPACE | | | |
|---|---|---|---|
| There is limited or no designated space for C&S services that conforms to national standards and/or international standards. | There is sufficient space for providing specific C&S services. | The available space for C&S services is sufficient to address the confidentiality issues of the clients where required. | The organization has documented and defined minimum standards for the types of spaces required for different C&S services, has strategies to ensure these are adhered to and are using them. There is a plan to meet client space needs in the community/ mobile service delivery, including confidentiality. |
| 1 | 2 | 3 | 4 |
| *Goal: The organization's approach to managing space needs for C&S services can serve as a model for other organizations that are implementing similar activities.* | | | |

**Area 6 Score** ☐

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To determine the process which the organization employs in attracting users to services provided.**

| **AREA 7: DEMAND GENERATION** | | | |
|---|---|---|---|
| There is limited or no organizational process to mobilize clients/ beneficiaries. | The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects. | The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects. The process to mobilize clients covers all C&S services provided by the site/program. | The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects. The process to mobilize clients covers all C&S services provided by the site/ program. There has been assessment carried out to determine the impact of the mobilization process. |
| **1** | **2** | **3** | **4** |
| *Goal: There is a client mobilization strategy in place which addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand. This is appreciated by the community and can be replicated in other programs.* | | | |

**Area 7 Score** ☐

**DOMAIN 2: ORGANIZATIONAL STRATEGY**

**Objective: To assess the organization's ability to maintain a resourceful pool of volunteers.**

| AREA 8: VOLUNTEER CAPACITY AND SUPPORT SYSTEMS | | | |
|---|---|---|---|
| The organization has done no analysis of its volunteer capacity in terms skill mix in relation to C&S service delivery. | The organization has solicited the input of its volunteers in terms of their skills, capacities and constraints, and taken them into account when designing/ implementing activities. However there is no volunteer retention strategy in place. | The organization's approach takes into account an analysis of volunteer skills, workload capacities and constraints. A volunteer retention strategy is in place that includes processes to support volunteer morale and address their psychosocial needs.[1] | The organization's approach reflects a realistic assessment of volunteer skills, capacities, and constraints. A functioning volunteer retention strategy is in place and the organization has a low volunteer turnover rate. The organization regularly consults with its volunteers to remain informed about their constraints and concerns. |
| **1** | **2** | **3** | **4** |
| *Goal:* The organization's approach to supporting volunteers and addressing their capacity can serve as a model for other organizations. | | | |

**Area 8 Score** [ ]

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[1]For those who work directly with C&S and their families, this is often referred to as 'care for the caregiver'.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To determine the extent to which the organization engages the target community in decision making regarding the services provided.**

| AREA 9: COMMUNITY INVOLVEMENT | | | |
|---|---|---|---|
| There is little or no interface with the target community. The C&S issues being addressed may not necessarily be priorities for the community. | There are fora for the target community (including those regularly in contact with potential beneficiaries) to participate in activities, including designing mutually agreed upon intervention priorities/goals and the transparent selection of beneficiaries (as appropriate). | There are fora for the target community to co-plan and participate in activities on an ongoing basis. There are village/ grassroots structures formed or in place to support the C&S services. | The target community participates in organization's activities on an ongoing basis (as appropriate). The organization receives regular input and feedback from the community that it is able to take into account when implementing activities. Activities reflect the needs of the target community as much as possible. |
| 1 | 2 | 3 | 4 |
| *Goal: The community participates in most C&S activities and the activities reflect the needs of this community as much as possible. There is effective and well documented referral of clients to and from the primary target community. There are structures within the targeted community to support the C&S services that can be used as a resource for other programs.* | | | |

**Area 9 Score** [ ]

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To establish how the organization links with other service providers for its clients.**

| AREA 10: REFERRAL SYSTEMS | | | |
|---|---|---|---|
| The organization does not deliver all services itself nor is there an active referral/linkages system by which C&S and their families are referred for and linked to services. (Note that organizations are not necessarily expected to deliver all services, but are expected, as far as possible, to have them available through referral and linkage.) | There are no clear referral/linkages guidelines in place. The organization has undertaken some initial activities toward the goal of establishing a referral/linkages system, such as the mapping of other service providers, and the creation of a list of organizations/ facilities/providers that/who offer related or complementary services. | There are clear referral/ linkages guidelines in place and referrals are being made. There is a formal referral/ linkage partnership with other service providers. Documentation of referrals is available and able to capture all referred clients who sought and received services. | There is an operational referral/ linkages system. Referrals are tracked and reported, and linkages are meaningful and acted upon by C&S and their families. The organization is able to monitor and evaluate the extent to which the referral/linkages network is achieving its intended objectives and meeting all clients' needs. |
| 1 | 2 | 3 | 4 |

*Goal:* Clients are referred for services, there is a formal referral arrangement with the other providers and organization receives referral. Referral documentation is available and able to capture all the referred clients who accessed the services. The organization is able to cover all components of C&S and related services, both directly and through effective referrals.

**Area 10 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

**Objective: To assess the relevancy and effectiveness of internal skills building conducted by the organization.**

| AREA 11: INTERNAL SKILLS BUILDING | | | |
|---|---|---|---|
| There are no organization-specific skills-building/ professional development activities conducted for staff. | There are some internal skills building activities conducted but on an inconsistent basis. | Internal skills-building activities are based on assessments of gaps/skills needed to implement project activities, as well as areas of interest of staff. Appropriate, technically sound curricula are used and/or adapted. | Internal skills building activities are based on gaps/ skills needed to implement project activities and on areas of interest of staff. Appropriate, technically sound curricula are used and/or adapted. A documented skills-building plan is in place. Refresher trainings are offered as needed. The skills-building plan is updated regularly. |
| 1 | 2 | 3 | 4 |

*Goal:* *The organization has a high-quality staff training and skills development process. The organization's staff development approach offers a model that can be replicated.*

**Area 11 Score** ☐

## DOMAIN 1: ORGANIZATIONAL STRATEGY

## Objective: To determine the capacity of leadership for the C&S interventions.

| AREA 12: LEADERSHIP | | | |
|---|---|---|---|
| The organization has no identified committed C&S portfolio leadership.[1] | The organization has identified leadership who are responsible for C&S program management at most levels of implementation. Leadership has basic knowledge of C&S issues. | The organization has committed leadership with good experience and clear vision in providing C&S services at each level of implementation. Leadership needs some assistance to set up and lead strong systems for C&S service delivery. | The organization has committed leadership with full understanding of C&S issues that is able to provide strategic thinking and direction. Leadership is engaged in establishing, strengthening, and expanding C&S services, as well as coaching and mentoring staff. |
| 1 | 2 | 3 | 4 |
| *Goal: Has strong leadership with full understanding of C&S issues, has a clear team and is able to train other teams to expand C&S access points.* | | | |

**Area 12 Score** ☐

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To assess whether organizational activities can be implemented in the long-term beyond the life of specific projects.**

| AREA 13: SUSTAINABILITY[1] | | | |
|---|---|---|---|
| The organization has no explicit sustainability plan in place for its C&S activities. | The organization has identified the requirements for ensuring C&S care activities over time. | The organization's activities reflect the emphasis on sustainability is being carried out. | The organization's activities fully reflect the emphasis on sustainability is being implemented. Organization leadership is able to identify areas for further consideration in the long-term in consultation with the target communities. |
| 1 | 2 | 3 | 4 |
| *Goal: The organization has a clear vision for promoting sustainability that is reflected in all its activities. The organization's sustainability approach offers a model that can be replicated.* | | | |

**Area 13 score** ☐

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[1] Caring for individuals and families directly affected by HIV and AIDS requires long-term effort. The process of building the long-term sustainability for care and support interventions requires planning for continuity of service delivery to and by the community.

## DOMAIN 1: ORGANIZATIONAL STRATEGY

## Objective: To establish the effectiveness of the supportive supervision structure.

| AREA 14: SUPPORTIVE SUPERVISION[1] | | | |
|---|---|---|---|
| There is limited or no supervisory structure for care and support activities. | A supervisory structure and process exists for care and support activities that include regular (monthly) supervisory visits to implementers. | A supervisory structure and process exists for care and support activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule. | A supervisory structure and process exists for care and support activities that includes regular (monthly) supervisory visits to implementers and supervisory tools; supervisory visits are taking place on or close to schedule and feedback is being given to implementers. |
| 1 | 2 | 3 | 4 |
| *Goal:* The organization's supportive supervision plan can be used as a model for other care and support programs. | | | |

**Area 14 Score** ☐

[1]Support supervision is a process through which employees who are interested in increasing their skills receive constructive and useful feedback, set goals for their professional growth and development plans to improve their performance so that they meet the defined standards of the organization.

**DOMAIN 1: ORGANIZATIONAL STRATEGY**

**Objective: To establish the effectiveness of the process used to deliver care and support services to clients.**

| AREA 15:  PROGRAM IMPLEMENTATION | | | |
|---|---|---|---|
| Care and support services are implemented on an ad hoc basis and only one or two care and support approaches for reaching the target clients are employed. | Implementation of care and support services is based on a plan and uses multiple approaches to reach the target clients. | Implementation of  care and support services is based on a plan and uses multiple approaches to reach the  target audience and uses periodic reviews to ensure that the approaches are up to date and relevant to the context and realities. | Program care and support strategy is based on a plan and uses multiple approaches to reach the target audience and the implementers have supporting materials to do their work and uses periodic reviews to ensure that the materials are up to date and relevant to the context and realities. |
| 1 | 2 | 3 | 4 |
| *Goal:* The organization's approach to implementing care and support services can be used as a model for other organizations implementing care and support services. | | | |

**Area 15 Score** ☐

**Total Domain 1 Points** ☐
**Domain 1 Score (Points/15)** ☐

**DOMAIN 2: SUPPLIES MANAGEMENT**

**Objective: To assess the robustness of the organization's procurement system.**

| AREA 1: PROCUREMENT PLANNING | | | |
|---|---|---|---|
| There is a limited or no procurement plan to meet the planned C&S program needs and ensure that procurement for items to be obtained from central stores is planned effectively. | There is a reliable system for procurement and management of C&S supplies that conforms to USG guidelines. | There is a reliable system for procurement and management of C&S supplies that conforms to USG guidelines. There is a quality-assurance process for product availability and certification. | The organization has a supply-chain management system that accommodates the specific requirements of the C&S services provided and ensures supply continuity. |
| 1 | 2 | 3 | 4 |
| *Goal: The inventory and supply-chain management system used by the organization is comprehensive for continued services with no stock-out.* | | | |

**Area 1 Score** [ ]

**DOMAIN 2: SUPPLIES MANAGEMENT**

**Objective: To determine the appropriateness of the supplies handling system of the organization.**

| AREA 2: COMMODITY STORAGE AND UTILIZATION | | | |
|---|---|---|---|
| There is limited or no designated area for storage of procured commodities. | There is a storage area sufficient for C&S supplies procured that meets safety standards. | There is a storage area sufficient for C&S supplies procured that meets safety standards. There is a system for C&S commodity management and stationery to track authorized usage and disposal and other practices. | There is a storage area sufficient for C&S supplies procured that meets safety standards. There is a system for C&S commodity management and stationery to track authorized usage and disposal and other practices. There is a good inventory and logistics management system in place that takes care of fair forecasting.   There have been no reported stock outs in the past 3 months. |
| 1 | 2 | 3 | 4 |

*Goal:* The organization has an elaborate supplies and logistics management system and best practices; it can be used as a resource or training center.

Area 2 Score ☐

Total Domain 2 Points ☐

Domain 2 Score (Points/2) ☐

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE & IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK & SHARING, AND DATA USE FOR DECISION MAKING**

**Objective: To assess organizational capacity to collect and manage data accurately and ensure sharing with staff and key stakeholders.**

| AREA 1: DATA COLLECTION | | | |
|---|---|---|---|
| The organization has no documented procedures to guide data collection at various levels. | The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e., appropriate indicators). Some information the organization collects is not used for donor reporting or to inform program implementation. Data collection procedures adhere to concerns for confidentiality. | Data collection tools have been standardized to collect PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data. | The organization has a documented and fully functional procedure for data transmission (data-flow plan). Staff and community involved in data collection have been trained and supervised in use of the tools. Sub-partners collect and submit data as required. |
| 1 | 2 | 3 | 4 |
| *Goal:* The organization's data collection approach offers a model that can be replicated. | | | |

**Area 1 Score** ☐

## DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE & IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK & SHARING, AND DATA USE FOR DECISION MAKING

**Objective: To assess the capacity of the organization to maintain quality of collected data.**

| AREA 2: DATA QUALITY ASSURANCE AND IMPROVEMENT | | | |
|---|---|---|---|
| The organization has not identified the need for having data quality assurance processes in place. | The organization has identified the need for data quality assurance processes, as well as the requirements for such a system. The organization has a nascent data quality assurance process in place. | The organization has an effective data quality assurance process in place and is able to identify and address gaps and/or weaknesses in data. | The organization has an effective data quality assurance process in place, and has identified a feedback mechanism to routinely assess quality in critical areas of service delivery. The feedback mechanism is known by relevant project staff. |
| 1 | 2 | 3 | 4 |
| *Goal:* The organization has established a data quality-management system that can serve as a resource for other programs. | | | |

**Area 2 Score** ☐

| Organization has | Yes | No | N/A | Comments |
|---|---|---|---|---|
| M&E plan with clearly specified M&E roles and responsibilities | | | | |
| SOPs for data collection, tracking clients' records, and data storage | | | | |
| SOPs for conducting data quality assessments, validation, and cleaning | | | | |
| SOPs for aggregation and analysis of data | | | | |
| SOPs for ensuring data security | | | | |
| Staff trained on all the relevant SOPs | | | | |
| SOPs displayed and accessible for easy reference by all relevant staff | | | | |
| A mechanism to ensure unique client identification across sites, services, and longitudinally | | | | |
| Tools standardized across projects | | | | |
| A clear data-flow plan (with clear timelines for submission of data and provision of feedback) | | | | |
| Data collection tools that updated to capture variations in indicator requirements | | | | |
| Data-quality assessments to assess reliability, validity, and accuracy of collected data | | | | |
| Data review processes to ensure feedback for quality improvement | | | | |

## DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE & IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK & SHARING, AND DATA USE FOR DECISION-MAKING

**Objective: To assess if data is used to inform decision-making processes within the organization.**

| AREA 3: DATA USE FOR DECISION MAKING | | | |
|---|---|---|---|
| The organization and/or its implementing partners have limited or no historical (or baseline) data against which current data can be compared to help in decision making. | The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress. | The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress that result in plans to modify action or approach/tools. The organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention. | The organization and/or its implementing partners' current approach to implementation and/or the referral, community or demand generation activities carried out reflect greater effectiveness. Data is shared with stakeholders and partners. |
| 1 | 2 | 3 | 4 |

*Goal: The organization's approach to data for decision making offers a model that can be replicated.*

**Area 3 Score** ☐

## DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE & IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK & SHARING, AND DATA USE FOR DECISION MAKING

**Objective: To determine whether the organization networks and shares information with relevant stakeholders.**

| AREA 4: FEEDBACK & SHARING | | | |
|---|---|---|---|
| The data collected and reports written by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan. | The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders. | The organization and/or its implementing partners share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. | The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and regularly share this information. The organization solicits feedback from stakeholders. Program information is also shared with outside parties via documentation such as success stories and newsletters. |
| 1 | 2 | 3 | 4 |
| *Goal:* *The organization's approach and success with sharing information and soliciting feedback from stakeholders and interested parties can serve as a model for other organizations.* | | | |

**Area 4 Score** ☐

**DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE & IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK & SHARING, AND DATA USE FOR DECISION MAKING**

**Objective: To assess the capacity of the organization to maintain quality of collected data.**

| AREA 5:  MANAGEMENT INFORMATION SYSTEM (MIS)[1] | | | |
|---|---|---|---|
| The organization does not have a functional MIS to track data generated from various activities. | The organization has a simple MIS system that has built-in data quality and validation checks (manual and electronic). | The organization has an MIS system with built-in data quality and validation checks, and capacity for most specialized data retrievals. This system is used and understood by the relevant staff and management. | The organization has an MIS system with built-in data quality and validation checks, and the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual) and there is a sufficient system for preventing unauthorized access. This system is used and understood by the relevant staff and management, and produces the needed information. |
| **1** | **2** | **3** | **4** |
| *Goal:* The organization's MIS can be used as a model by other organizations. | | | |

**Area 5 Score** [ ]

**Total Domain 2 Points** [ ]

**Domain 2 Score (Points/5)** [ ]

[1]Management information systems (MIS) refer to planned systems of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management. In a way it is a documented report of the activities that were planned and executed. It also incorporates data quality assurance mechanisms, and should be utilized to provide data for decision making.

[2]There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification). At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports. All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is reported.

**TECHNICAL RESOURCES**

http://www.pepfar.gov/documents/organization/171303.pdf


http://www.who.int/hiv/pub/posters/iaspost_htc/en/index.html


http://www.who.int/hiv/pub/guidelines/arv2013/download/en/

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