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Technical Capacity Assessment HIV Counseling and Testing (HCT) Services

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

May 2012

The New Partners Initiative Technical Assistance (NuPITA) project is funded by the United States Agency for International Development (USAID) and implemented by John Snow, Inc. and Initiatives Inc., contract GHS-I-00-07-00002-00.

This document is made possible by the generous support of the American people through USAID. The contents are the responsibility of John Snow, Inc. and do not necessarily reflect the views of USAID or the United States Government.

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NuPITA
John Snow, Inc.
44 Farnsworth Street
Boston, MA 02210-1211
Phone: 617.482.9485
www.jsi.com

Technical Capacity Assessment (TCA) for HCT Services¹

Goal:

The goal of this tool is to assist HIV counseling and testing (HCT) programs in assessing the critical elements for effective program implementation, determining degree of progress achieved over time and identifying those elements that need strengthening or further development.

Purpose:

The purpose of this tool is to assess an organization's ability to implement HCT programs in the specific technical areas by looking at personnel, documents and systems in place at the organizational and implementing partner levels. While the discussions will include and may focus on implementation of a particular project say NPI, this is not an explicit objective of this assessment.

The Technical Capacity Assessment (TCA) builds on the strengths of the Organizational Capacity Assessment (OCA) designed to measure overall capacity of the organization. This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality HCT programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on HCT 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 18 areas for assessment, as follows:

Domain 1: Organizational strategy

1. Program Approach
2. Guidelines/SOPs
3. Utilization of Service Standards
4. Physical Space
5. Demand Generation
6. Program Implementation Community Involvement
7. Volunteer Capacity and Support
8. Referral Systems
9. Skills Building
10. Supportive Supervision
11. Leadership

Domain 2: Supplies Management

1. Procurement Planning
2. Commodity Storage and Utilization

Domain 3: Management Information Systems

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

¹ The assessment can be conducted at the onset of an HCT intervention and annually during the lifecycle of the activity

Objective: To assess the comprehensiveness of the implementation approach for HCT services at the organization and its implementing partners.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I: Program Approach					
Program Approach/ Strategy	The organization and/or its implementing partners has limited or no defined, documented HIV counseling and testing (HCT) approach/ strategy.	The organization and/or its implementing partners have a defined and documented HCT 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 HCT strategy that is in response to an evidence-based determination of need, services meet the minimum basic package according to the national and/or international requirements and are comprehensive (clients are able to receive all necessary HCT services either through the organization or linkages).	The organization has a defined and documented HCT strategy that is in response to an evidence-based determination of need, services are tailored to individual needs and are comprehensive (clients are able to receive all necessary HCT services either through the organization or linkages). The organization has an accreditation process that is government-certified. The organization has the capacity to scale-up HCT services.	The organization's approach to HCT can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Are there any HCT services being delivered at the moment?
 - o *[These may include counseling, patient bleeding, lab tests, post-test clubs & other PSS activities, referral for other services, etc.]*
2. Do the HCT services offered represent an appropriate response to evidence-based need of a defined audience?
 - o *[In operationalizing the HCT approach the organization should; use an evidence-based approach to selecting targeted clients (based on primary or secondary data); look at determinants of HCT services utilization (social/cultural norms, environmental factors, risk perception, stigma, etc.); use a process for setting clear HCT targets; use a process for appropriately segmenting the target audiences (e.g., according to age, gender, MARPs categorization).]*
3. Do the services provided meet the minimum basic package as defined in the national and/or international requirements, including provider-initiated counseling and testing (PICT), routine testing and counseling, couple counseling and testing, and specific efforts directed and infants, children, and adolescents?
4. Is there a framework for referring HCT clients for services not offered by the program or its partners?
5. Does the organization have capacity to scale up?
 - o *[Capacity refers to e.g. resources, technical know-how, etc., while scale up is in terms of geographical coverage and comprehensiveness of services offered, including expanding catchment to ANC, TB services, immunization services, child illness management programs, community-based HCT.]*

Area I Score: _____

Objective: To determine the availability of the organizational specific guidelines and standards .

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 2: Organizational specific Guidelines and SOPs					
Organizational Specific Protocols, Guidelines/ Standard Operating Procedures¹	The organizational approach/strategy does not include guidelines, protocols, or SOPs for HCT.	The organizational approach/strategy includes guidelines, protocols, and SOPs for HCT that are up-to-date and in line with national and international guidelines.	The organizational approach/strategy includes guidelines, protocols, and SOPs for HCT that are up-to-date and in line with national and international guidelines and have been disseminated to staff and implementing partners as appropriate.	The organizational approach/strategy includes guidelines, protocols, and SOPs for HCT that are up-to-date and in line with national and international guidelines and have been disseminated to staff and implementing partners as appropriate. HCT services are being delivered in a standardized manner across all service delivery points according to documented guidelines/SOPs.	The organization's guidelines/SOPs on HCT care can serve as models for other organizations implementing HCT services.
	1	2	3	4	

Probing questions:

1. Does the program approach or strategy include guidelines, protocols, and standard operating procedures for HCT activities?
2. Does the program approach or strategy include guidelines and protocols that are up-to-date and in line with national and international guidelines?
3. Have the SOPs been disseminated to staff and implementing partners?
4. Are the guidelines and protocols being applied at the all HCT service delivery points?
5. Are there measures in place to ensure adherence to SOPs?
6. How do you monitor application of the standards?
7. Do the implementers have standards checklist for reference in day-to-day activities?
8. Can the organization's SOPs be used as a resource by other organizations?

Area 2 Score: _____

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

Objective: To assess the organization's ability to implement high quality programs by applying set standards for HCT service delivery.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3: Utilization of service standards					
Utilization of Service Standards¹	The organization has no standards for HCT services.	HCT service standards exist, but are not uniformly applied across the organization and its implementing partners.	HCT service standards exist and are applied uniformly across the organization and its implementing partners. Staff are aware of these standards and are trained to apply them. The standards are monitored but interventions are not improved upon when non-adherence is observed.	HCT service standards exist and are applied uniformly across all service delivery points. The standards are monitored regularly and are consistently adhered to. Interventions are improved upon when non-adherence is observed.	The organization's approach to applying standards in delivering HCT services can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Does the organization have documented HCT service standards in place?
2. Are the service standards in line with national guidelines and the broader evidence-base for service standards?
3. Have staff and implementing partners been oriented to the service standards?
4. Are implementing partners applying and following the service standards?
5. Is there a standards checklist that implementing partners and volunteers can apply in their daily work?
6. Does support supervision include checking for adherence to service standards?

Area 3 Score: _____

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

Objective: To assess whether there is designated physical space that is sufficient and appropriate for delivery of quality HCT at the different service delivery points.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4 : Physical space					
Physical Space	There is limited or no designated place for HCT where applicable.	The designated space for delivering HCT is sufficient for providing specific HCT services, but not appropriately utilized to accord clients the highest quality of service.	The designated space is appropriate for HCT service delivery and is appropriately utilized. Available space caters to client confidentiality issues.	The space requirements in the next one year are known and adequately planned to cater to the organization's expansion of HCT services.	The organization's space provisions for delivering HCT services can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Is there a designated space for each of the aspects of HCT service delivery (welcoming reception area, counseling rooms, lab facilities, outreach facilities, etc.) that provide the necessary levels of privacy, where applicable?
 - o *[Any gazetted room(s), shelter, tents, etc.??]*
2. Is the space sufficient for providing specific HCT services?
3. Is the available space sufficient to address the confidentiality issues (visual and audio confidentiality) of the clients?
4. Is there a plan to meet client space needs in mobile service delivery, including confidentiality?

Area 4 Score: _____

Objective: To assess whether there is a deliberate process by the organization and its implementing partners to mobilize clients for HCT activities.

DOMAIN I: ORGANIZATIONAL STRATEGY

Area 5: Demand Generation

Demand Generation¹	Limited or no demand-generation strategy exists at the organization or its implementing partners. Target audiences are not segmented. Clients are tracked but do not reflect the intended audiences.	Limited demand-generation strategy exists. Target audiences are loosely segmented. Main messages exist but do not link to the intended audiences. Clients are tracked but do not reflect the intended audiences.	A demand-generation strategy exists. Target audiences are loosely segmented. Main messages exist and are linked to the target audiences. Clients are tracked to ensure that the targeted segments are accessing services, but interventions remain unchanged over time.	A clearly defined demand-generation strategy is in place. The demand generation strategy has been used effectively and has been successful in reaching the intended audience. Target audiences have been segmented. Main messages clearly relate to these target segments. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	There is a demand-generation strategy in place that addresses the target population's needs. The organization's demand-generation strategy for delivering HCT services can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Is there an organizational strategy to mobilize clients/beneficiaries?
2. Do the messages that exist link to the intended audiences?
3. Are clients tracked to ensure that the targeted segments are accessing services, and do interventions respond to changing needs over time?
4. Has an assessment been done to determine the impact of the demand generation interventions with the intended audience?
5. Are interventions revised and updated to reflect changing needs of the target audiences?
6. Is the mobilization able to generate demand for those in most need? How?

Area 5 Score: _____

¹ An effective demand-generation strategy for HCT services should be able to target and reach those most in need of an HIV test or at risk of contracting HIV, increase demand for HCT services, and be sensitive to age, gender, and culture variations of the target audiences.

Objective: To establish the effectiveness of the process used to deliver HCT services to clients.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 6: Program Implementation					
Program Implementation	HCT services are implemented on an ad hoc basis and only one or two HCT approaches for reaching the target clients are employed.	Implementation of HCT services is based on a plan and uses multiple approaches to reach the target clients (e.g., static HCT clinics, mobile HCT clinics, home-to-home HCT, couple CT).	Implementation of HCT services is based on a plan and uses multiple approaches to reach the target audience (e.g., static HCT clinics, mobile HCT clinics, home-to-home HCT, couple CT) and uses periodic reviews to ensure that the approaches are up to date and relevant to the context and realities.	Program HCT strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static HCT clinics, mobile HCT clinics, home to home HCT, couple CT, etc.) and the implementers have supporting materials to do their work (e.g., testing protocols, test kits, counseling cards, referral guides), and uses periodic reviews to ensure that the materials are up to date and relevant to the context and realities.	The organization's approach to implementing HCT services can be used as a model for other organizations implementing HCT services.
	1	2	3	4	

Probing questions

1. Do you use multiple HCT approaches in your programs (e.g., PITC, static HCT clinics, mobile HCT clinics, home to home HCT, couple CT) to reach the target audience?
2. Do your HCT Approaches seek to address the needs of the different categories of the target clients (individual, family, group, community, and workplace, regional, national, young and old, infants and adolescents, women and men)?
3. Do you conduct periodic reviews of your HCT approaches and materials to ensure they are up to date and relevant to the context and realities?
4. Do field implementers, including volunteers, need supporting materials to do their work?
5. Are materials and tools (e.g., testing protocols, test kits, counseling cards, referral guides) available to implementers to support HCT activities?
6. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the outcomes of the different HCT interventions?

Area 6 Score: _____

Objective: To assess the level of community involvement in implementation HCT services implemented by the organization.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 7: Community Involvement					
Community Involvement¹	There are limited or no opportunities for the community to participate in HCT activities implemented by the organization or its implementing partners.	The organization's strategy or approach includes community participation and there are regular opportunities for the community to participate in HCT activities, including setting of priorities for intervention, defining channels for HCT service delivery, and mobilizing target beneficiaries.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HCT activities, including setting of priorities for interventions, defining channels for HCT service delivery and mobilizing target beneficiaries, and there is a strategy for the community to receive feedback from the organization.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HCT activities, including setting of priorities for interventions, defining channels for HCT service delivery, and mobilizing target beneficiaries. The activities reflect the needs of the community as much as possible. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community. The community participates in most HCT activities.	There are community-based structures to support the HCT activities implemented by the organization and its implementing partners that can be used as a resource for other organizations.
	1	2	3	4	

Probing questions:

1. Does the program approach include community participation and are there fora where the organization meets with the community to set priorities for intervention?
 - o *[This can be confirmed by looking at the minutes or any documented evidence of meetings.]*
2. Is the community involved in HCT activities? How?
3. Does the program approach allow for input and feedback from the community?
4. Is there a framework where the organization accounts to the community for the HCT activities?
5. Are there copies of community meeting minutes?

Area 7 Score: _____

¹ Communities can refer to fora like village health committees, community volunteers, community leaders, faith-based associations, networks for people living with HIV, post-test clubs, etc.

Objective: To assess the organization's ability to maintain a resourceful pool of volunteers in implementing HCT services.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 8: Volunteer Capacity and Support System					
Volunteer Capacity and Support System	The organization has done no analysis of its volunteer capacity in terms of skill mix in relation to HCT 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, including processes to support volunteer morale and address the psychosocial needs of volunteers. 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.	The organization's approach to supporting volunteers and addressing their capacity can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Has the organization done an analysis of its volunteer skill mix, capacities, and constraints?
2. Has the organization solicited the input of its volunteers on the design of activities (in terms of their capacities and constraints), and taken this into account when designing the project?
3. Is there a volunteer-retention strategy in place?
4. Does the organization offer support to its volunteers (moral support, psychosocial support)?
 - a. *[This could be in the form of volunteer support groups, for example.]*
5. Is there a low volunteer turnover rate? What is the annual/periodic attrition rate registered?

Area 8 Score: _____

¹ For those who work directly with OVC and their families, this is often referred to as 'care for the caregiver'.

Objective: To assess the organization's ability to ensure comprehensive provision of HCT services to their clients through development of referral systems.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 9: Referral Systems					
Referral Systems¹	The organization does not deliver all HCT services itself nor is there an active referral/link system by which the target populations are referred for and linked to services. <i>*Note that organizations are not necessarily expected to deliver all services, but should, as much as possible, make them available through referral).</i>	There are no clear referral/link guidelines in place. The organization has undertaken initial activities, such as mapping other service providers and creating a list of organizations/providers/facilities providing related or complementary services.	There are clear referral/linkage guidelines in place, referrals are being made, and there is a formal referral/linkage partnership with other service providers. Documentation of referrals is available can capture all the referred clients who seek and receive services.	There is an operational referral/linkage system in place. Referrals are tracked and reported, and linkages made are meaningful and acted upon by the target populations. The organization is able to monitor and evaluate the extent to which the network is achieving its intended objectives and meeting clients' needs.	The organization's approach to referrals/linkages for HCT services can serve as a model for other organizations implementing similar activities.
	1	2	3	4	

Probing questions:

1. Is there a comprehensive referral/linkages strategy in place? Is it implemented uniformly across the organization's HCT activities?
 - o *[Look for referral notes, client return forms, list of other providers, MOUs with other organizations and programs including public and private entities, etc. that show existence of a referral/linkages relationship.]*
2. Are referrals being for services not provided by this organization? Are links being made between organizations?
3. Is there a list of all the organizations providing HCT and related services in the same catchment areas?
 - o *[Check for a list of other organizations providing related services in the project area.]*
4. Have partners and staff been trained on how to make effective referrals?
5. Is there documentation of referred clients?
6. Is there means of verifying whether services were received by referred clients?
 - o *[This may include a feedback loop to track referrals, documentation of referrals.]*
7. Are there periodic meetings of network providers?
8. Do you monitor and evaluate the extent to which the system is meeting its objectives and clients' needs?

Area 9 Score: _____

¹ Referral is a process by which clients' needs for care and support are assessed and clients helped to access services. Referral systems offer opportunities for delivering comprehensive support to clients. Identifying and coordinating multi-sectoral responses is important to make certain that all core interventions are available for individuals in need of HCT services outside the purview of individual organizations.

Objective: To assess the relevance and effectiveness of internal skills-building processes

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 10: Internal skills-building					
Internal Skills-Building	There are no organization-specific skills building/professional development activities being conducted for staff.	There are some internal skills building activities being conducted but on an inconsistent basis.	Internal skills-building activities are based on needs 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 needs 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. A documented skills building plan is in place. Refresher trainings are offered as needed. The skills-building plan is updated regularly.	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.
	1	2	3	4	

Probing questions:

1. Are there any organizational specific skills building activities being conducted?
2. Are there structured skills needs assessment tools?
3. Are the skills building activities carried out based on a needs assessment? Are appropriate curricula used?
4. Is there a mechanism to evaluate the relevancy and effectiveness of the skills building activities conducted?
 - o [Check for availability of support supervision guide.]

Area 10 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area II: Supportive supervision					
Support Supervision¹	There is limited or no supervisory structure for HCT activities.	A supervisory structure and process exists for HCT activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for HCT 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 HCT 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.	The organization's supportive supervision plan can be used as a model for other HCT programs.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place for HCT activities?
2. How often is support supervision undertaken? Are the supervision visits taking place according to a schedule?
3. Are there supervisory tools to be used during support supervision?
4. Is feedback given to implementers after supervision visits?

Area II 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.

Objective: To determine the capacity of leadership for HCT service delivery within the organization and its implementing partners¹.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I2: Leadership					
Leadership²	Has limited or no identified project leadership or committed members at site or at the implementing partner(s).	Has clear project leadership at each level of implementation and among partners with some knowledge of HCT program management and is running some HCT activities.	Has clear and committed project leadership at the organization and its partners, with good experience and clear vision in providing HCT services. However, the leaders need some assistance to set up and lead systems for HCT services delivery.	Has strong leadership with full understanding of HCT issues and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand HCT services.	The HCT leadership team can credibly represent the organization at the local and international levels. The organization's HCT leadership approach can serve as a model for other organizations that implement HCT activities.
	1	2	3	4	

Probing questions:

1. Is there an identified project leader or leadership team within the organization and its partners who is responsible for providing overall technical direction in HCT programs?
2. Does the identified leader(s) at the organization and implementing partners have the technical expertise and experience managing HCT programs/services?
3. Does the leadership at the organization and implementing partners need assistance in setting up HCT programs?
4. Is the leader(ship) at the organization engaged in capacity building for HCT programs with all implementing partners?

Area I2 Score: _____

Total Domain I Score: _____

Domain Score (Total Organizational Strategy Points / I2): _____

¹ A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in PMTCT, while an “experienced leader” is both fully committed and familiar with PMTCT issues.

² Examples of HCT leadership roles

- Leader sits on national coordination bodies
- Provides technical guidance for HCT
- Has appropriate training
- Mentors and coaches junior staff

Objective: To assess the capacity of the organization and its implementing partners to continuously plan and provide adequate supplies required to meet the planned HCT targets.

DOMAIN 2: SUPPLIES MANAGEMENT					
Area 1: Procurement Planning					
Procurement Planning	There is limited or no procurement plan to meet the planned HCT program needs and the items to be procured or ordered from central stores are planned effectively.	There is a reliable system for procurement and management of HCT supplies that conforms to national and donor-specific 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 HCT program and ensures supply continuity with no reported stock-outs.	The inventory and supply chain management system used by the organization is comprehensive for continued services and can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Does the organization receive any supplies from the government through the national supply chain? Which?
2. Is there a long-term plan to link to the government system?
3. Does the organization procure any HCT supplies? Which ones?
4. How does the organization obtain HCT supplies it does not procure or receive through the government?¹
5. Does the organization have a procurement plan to meet the planned HCT program needs?
 - o [This should detail what, when, and how the items are to be procured during the workplan period to meet client and project needs.]
6. Does the organization have a reliable system for procurement and management of HCT supplies?
 - o [There should be a clear system that provides for fair forecasting and minimizes chances of stock-outs.]
7. Does the organization have a well articulated procurement plan that conforms to national and donor-specific guidelines?
 - o [There should be a system that buffers against non-compliance to donor requirements.]
8. Does the organization have a quality assurance process for product availability and certification?
 - o [What methods are used to ensure that only high-quality supplies are procured?]
9. Does the organization have a supply chain system in place that accommodates the specific requirements of HCT services and ensures supply continuity?

Area 1 Score: ____

¹ For this question, the facilitator should obtain a list (or have the organization list) the HCT supplies used and where they are obtained.

Objective: To assess the capacity of the organization and its implementing partners to properly store and efficiently utilize supplies and avoid stock-outs.

DOMAIN 2: SUPPLIES MANAGEMENT

Area 2: Commodity storage					
Commodity Storage and Utilization	There is limited or no designated area for storage of procured commodities.	There is a storage area sufficient for HCT supplies procured that meets safety standards.	There is a system for HCT commodity management and stationary 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.	The organization has an elaborate supplies and logistics management system and best practices that can serve as a model for other organizations that provide HCT services.
	1	2	3	4	

Probing questions:

1. What HCT supplies are procured by the organization?
2. Does the organization have a designated storage area for HCT supplies?
3. Is the area appropriate for the storage of HCT supplies and does it meet safety standards? *(At minimum, the storage area should be lockable, not damp, free from rodents and insects.)*
4. Is there a system and stationary for proper storage and management of the HCT commodities? *(Framework refers to control and documentation of items movements; includes the stock and bin cards, authorization, and other control stationary regularly used by staff. HCT items include HCT cards, reagents, laboratory consumables, etc.)*
5. Does the organization have an inventory management procedure that takes care of fair forecasting?

Area 2 Score: _____

Total Supplies Management points: _____

Domain Score (Total Supplies Management and Quality Assurance / 2): _____

Objective: To assess organizational capacity to collect and manage data accurately.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area I: Data Collection					
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 specific donor reporting requirements (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform other organization activity implementation.	Data-collection tools have been standardized to collect 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 adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's data-collection approach offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Is there is a documented data collection procedure¹ to guide data collection at various levels?
2. Are there tools for collecting data at the various levels²?
3. Are there mechanisms in place to avoid double counting (for example, unique client identification)³?
4. Have the tools been reviewed to capture information required for specific donor indicators?
5. Does the organization have standardized tools across sub-partners and service delivery points?
6. Have staff been trained in the use of the tools?
7. Does the organization have documented procedures for data transmission (data-flow plan) to and from various levels?

Area I Score: _____

¹A list of operational definitions of what is being counted for each indicator (e.g., what constitutes a person receiving a service). All groups delivering the same services use standardized or compatible data-collection forms. Within all groups delivering the services, there are designated staff responsible (i.e., it is in his/her job description) for the review and validation of aggregated numbers prior to submission to the next level.

² 'Various levels' refer to household, community, sub-county, district, regional, and head office level.

³ The reporting system avoids double counting within each group delivering services (e.g., when an individual receiving identical or related services from the same group is improperly counted more than once) and across groups delivering similar services (e.g. when an individual receiving identical or related services from different groups is improperly counted more than once). For example, an OVC receiving school-related expenses and/or nutritional support from different groups.

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

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area 2: Data Quality Assurance and Improvement

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.	The organization's approach to data quality assurance and improvement offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Has the organization identified the need for and the requirements for having data quality assurance processes in place?
2. Has the organization identified a strategy to address gaps and/or weaknesses in data? ('Gaps' refer to inadequate data or a missing link between data and the decisions to be taken, e.g. decision to procure consumables.)
3. Has the organization been able to address gaps in and/or weaknesses in the data, and does the organization have the capacity for data management tasks? (Tasks may include Excel format conversions, data cleaning, data aggregation, and analysis.)
4. Has the organization identified a feedback mechanism (including all stakeholders) and a system to routinely assess quality in critical areas of service delivery?

Organization has:	Yes	No	N/A	Comments
M&E plan with clearly specified roles and responsibilities				
SOPs for data collection, tracking clients' records, and data storage				
SOPs for conducting data quality assessments, data validation, and cleaning				
SOPs for data aggregation and analysis				
SOPs for ensuring data security				
Trained staff 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				
Standardized tools across projects				
A clear data flow plan (with clear timelines for submission of data and provision of feedback)				
Data collection tools that are updated to cater for 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				

Area 2 Score: _____

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

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area 3: Data Use for Decision Making					
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.	The organization's approach to data for decision making offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Does the organization have historical (or baseline) data against which reports can be compared to help in decision making?
2. Does the organization have a process for comparison of achievement against goals and past progress that result in plans to modify action or approach/tools? *(There should be a mechanism of triangulation of data sources for comparison.)*
3. Do the organization's management and staff follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention?
4. Does the organization's current approach to implementation or the referral, community, or demand generation activities reflect greater effectiveness arising from data used for decision making?

Area 3 Score: _____

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

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area 4: Feedback and Sharing					
Feedback and Sharing	The data collected and reports made by the organization and/or its implementing partners are not shared outside the organization, or are shared in an irregular manner.	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 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.	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.	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.
	1	2	3	4	

Probing questions:

1. Has the organization shared data collected and reports made outside the organization?
2. Does the organization have a clear plan by which it regularly shares information outside the organization?
3. Does the organization solicit feedback from the stakeholders with whom it shares the information?
4. Does the organization have examples of external organizations referring to this organization's reports or changing their plans of implementation due to information shared by the organization?

Area 4 Score: _____

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

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area 5: Management Information Systems					
Management Information Systems (MISs)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.	The organization's MIS can be used as a model by other organizations.
	1	2	3	4	

Probing questions:

1. Does the organization have a MIS to track clients/beneficiaries? Is it functional?
2. Is this system well understood by the relevant staff and management, and are they able to accurately use the system?
3. Can the system generate reports?
4. Does the system have built-in data quality and validation² checks (manual and electronic)?
5. Does the organization have a system for preventing unauthorized access?
6. Does the organization have a documented and functional back-up procedure (computerized or manual)?

Area 5 Score: _____

Total Domain 2 points: _____

Domain 2 Score (Total Points / 5): _____

¹ Management information system (MIS) refers to a planned system 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 that data is being reported.