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Technical Capacity Assessment Sexual and Other Behavioral Risk Prevention

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

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Goal:

The goal of this tool is to assist sexual transmission and other behavioral risk prevention 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 assess an organization's ability to implement sexual transmission and other behavioral risk prevention programs in the specific technical areas by looking at personnel, documents and systems in place at the organizational and implementing partner levels.

The assessment has been revised to address considerations put forward by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Guidance for the Prevention of Sexually Transmitted HIV Infection (August 2011). Questions have added to collect information regarding an organization's understanding of the four "knows" (e.g., know your epidemic, know your context, know your response, know your cost) as well as how well programs and interventions contribute to at least one critical expected result of prevention programs. The tool specifically focuses on how users are:

- 1) Increasing knowledge of HIV status among PLHIV and their partners,
- 2) Reducing risk of HIV transmission among PLHIV and their partners; and/or
- 3) Reducing HIV acquisition among people at risk for HIV infection.

While the discussions will include and may focus on implementation of the NPI project, 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 organizations funded by The 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 sexual and other behavioral risk prevention programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on prevention issues.

The TCA tool assesses technical capacity in two domains – organizational strategy and management information systems. Each domain has a number of areas, for a total of 15 areas for assessment, as follows:

Domain 1: Organizational strategy

1. Program Approach
2. Guidelines/SOPs
3. Utilization of Service Standards
4. Selection of target clients
5. Demand Generation
6. Program Implementation
7. Volunteer Capacity and Support Systems
8. Community Involvement
9. Referral Systems
10. Internal Skills Building

11. Supportive Supervision
12. Leadership
13. Sustainability

Domain 2: Management Information Systems

1. Data Collection
2. Data Quality Assurance and Improvement
3. Data for Decision Making
4. Feedback and Sharing
5. MIS

Objective: To assess the comprehensiveness of the implementation approach of sexual and other behavioral risk prevention activities implemented by the organization and its implementing partners.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I : Program Approach					
Program Approach and Strategy		The organization and/or its implementing partners have a defined and documented HIV prevention 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 HIV prevention strategy that responds to an evidence-based determination of need. Prevention services are tailored to individual needs and are comprehensive (clients are able to receive all necessary prevention services either through the organization or linkages).	The organization has a defined and documented HIV prevention strategy that responds to an evidence-based determination of need. Prevention services are tailored to individual needs and are comprehensive. The organization has the capacity to scale up HIV prevention services. The prevention approach is well costed.	The organization’s prevention approach can be used as a model for other programs. It covers both behavioral risk factors and biomedical approaches.
	1	2	3	4	

Probing questions:

- 1.** Are any prevention activities being carried out by the organization or its partners at the moment?
 - i. Biomedical (condoms, voluntary medical male circumcision, HIV testing and counseling, diagnosis and treatment of sexually transmitted infections, ART (PEP, PrEP, treatment as prevention).
 - ii. Behavioral interventions (stand-alone efforts that minimize sexual risk and/or increase protection such as mass media, community efforts, interpersonal communication that target multiple partnerships, intergenerational sex, age of sexual debut, and/or alcohol and substance abuse; efforts to optimize biomedical prevention by increasing demand for services and/or improving adherence use).
 - iii. Structural support (legal and policy reform, stigma and discrimination reduction, gender inequality and gender-based violence reduction, economic empowerment, and education). Programs can focus on one of these three areas or offer a combination of interventions in two or more of the three primary areas.
- 2.** Do the prevention activities being carried out by the organization or its partners represent an appropriate response to evidence-based need of a defined audience?
 - o *[In operationalizing the prevention approach the organization should use an evidence-based approach to selecting beneficiaries (based on primary or secondary data); look at determinants of behavior (social/cultural norms, environmental factors, risk perception, stigma, etc.); use a process for setting clear behavioral targets; use a process for appropriately segmenting the target audiences.]*

3. Is the prevention approach sensitive to the dynamics of the local epidemic and the national HIV prevention strategy?
4. Are the costs for implementing the strategy well articulated?
5. Do the proposed activities target any most at-risk populations (e.g. sex workers, men who have sex with men, people who use drugs), people living with HIV and/or youth?
6. Is there a framework for referring prevention clients for services not offered by the project?
7. Does the project appropriately develop prevention messages or use messages developed by a reliable source?
8. Does the approach cover all aspects of biomedical (including but not limited to voluntary medical male circumcision (VMMC), STI management, use of ARVs for prevention purposes, HCT and behavior risk factors (including condom use and risk-mitigation factors like delayed sex, reductions in multiple concurrent partnerships, intergenerational sex, transactional sex, and alcohol use)?
9. Does the approach make reference to structural issues like policy and legal structures, gender issues including gender-based violence (GBV), stigma and discrimination, poverty, literacy, etc?
10. Does the approach have interventions exclusively targeting key populations like people living with HIV, people involved in transactional sex, sex workers, men who have sex with men, people who inject drugs, people in uniforms, pregnant women, blood donors, in the respective community?
11. Does the organization have the capacity to scale up?
 - o *[Capacity refers to resources, technical know-how, etc., while scale up is in terms of geographical coverage and comprehensiveness of services offered.]*

Area I Score: _____

Objective: To determine the ability of the organization and implementing partners to adhere to national and international standards.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 2: Guidelines and Standard Operating Procedures					
Program-Specific Guidelines/Standard Operating Procedures (SOPs)¹	There are no project specific guidelines/SOPs in place for HIV prevention.	The organizational approach/strategy includes guidelines/SOPs for HIV prevention that are up-to-date and in line with national and PEPFAR guidelines.	The organizational approach/strategy includes guidelines/SOPs for HIV prevention that are up-to-date and in line with national and PEPFAR guidelines, have been interpreted and disseminated to staff, implementers and relevant stakeholders (as appropriate).	The organizational approach/strategy includes guidelines/SOPs for HIV prevention that are up-to-date and in line with national and PEPFAR guidelines, have been interpreted and disseminated to staff, implementers, and relevant stakeholders (as appropriate) and are being applied in HIV prevention activities.	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.
	1	2	3	4	

Probing questions:

1. Does the organizational approach or strategy include guidelines, protocols and standard operating procedures for prevention activities?
2. Are these guidelines and protocols up to date and in line with national guidelines? Have these been disseminated to staff and implementers?
3. Are the guidelines and protocols being applied in all prevention activities?
4. What measures are in place to ensure adherence to SOPs? How does the organization monitor application of quality standards?
5. Do implementers have a standards checklist for reference in day to day activities?
6. Can the project SOPs be used as a resource by other organizations?

Area 2 Score: _____

¹ Project-specific guidelines/standard operating procedures (SOPs) refer to written procedures of how a project operates.

Objective: To assess the organization's ability to implement high quality interventions by adhering to set HIV prevention service standards.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3: Utilization of Service Standards					
Utilization of Service Standards¹	The organization has no service standards in place for its HIV-prevention activities.	HIV prevention service standards exist, but are not uniformly applied across activities. Not all staff are aware of them.	HIV prevention 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 is observed.	HIV prevention 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 is observed.	The organization's approach to observing set service standards while implementing HIV prevention activities can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Are there documented HIV prevention service standards in place?
2. Are the service standards in line with national guidelines?
3. Have staff and project implementers been oriented to the standards?
4. Do project implementers apply and follow the service standards?
5. Is there a standards checklist that project implementers 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, 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.

Objective: To assess the process by which the organization selects its target clients.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4: Target Clients					
Selection of Clients	There are no organizational guidelines on the selection of clients.	There are clear guidelines on the selection of target clients to reach the most at-risk populations. The organization has considered different strategies for identifying potential clients. ¹	There are clear guidelines for client selection to reach the most at-risk communities and individuals. Different targeting options are considered for different technical aspects of the program. Client targeting is informed by current data.	Targeting and the selection of clients make efforts to promote preventive behaviors among the target clients.	The organization's approach to identifying clients can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. What was the process by which the organization determined the selection of clients?
2. Are documented guidelines for selecting beneficiaries included either in the SOPs or separately? Are different options considered in selecting beneficiaries, e.g., a survey based on community criteria for vulnerability, use of surveys, and modes of transmission data?
3. Is client selection criteria used to prioritize activities?
4. Is the community involved in selecting priority activities?
5. Has the selection process been informed by the most-recent data on particular populations?
6. Does the targeting and selection process make efforts to promote positive behavior patterns among the target clients?

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).

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand-Generation for HIV-Prevention Services ¹	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 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. 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 the changing needs of the target audiences.	There is a demand-generation strategy in place that addresses the target population's needs. The strategy is comprehensive and covers all the elements of combination prevention (biomedical, behavioral, and structural). The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is appreciated by the community and can be replicated in other programs.
	1	2	3	4	

Probing questions:

1. Is there an organizational strategy to mobilize clients/beneficiaries?
2. Do messages link to the intended audiences and do clients tracked reflect 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 made to determine the impact of the demand-generation interventions with the intended audience, and are interventions revised and updated to reflect changing needs of the target audiences?
5. Is the mobilization able to generate demand for those targeted by the organization? How?

Area 5 Score: _____

¹ An effective demand-generation strategy should be able to target and reach those most in need or at risk, increase demand for HIV prevention services, and be sensitive to age, gender, and culture.

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 6					
Program Implementation	The program's communication strategy (e.g. behavioral interventions) is ad hoc and uses only one or two channels for reaching the target audiences.	The program's behavioral interventions are based on a plan and use multiple channels (interpersonal communication, mass media, community approaches) to reach the target audience and appropriate messages tied to specific behaviors.	The program's behavioral interventions are based on a plan and use multiple channels to reach the target audience) and uses periodic reviews to ensure that materials are up-to-date and relevant to the context and realities.	The program's behavioral interventions are based on a plan and use multiple channels to reach the target audience. Implementers have supporting materials to do their work (e.g., manuals, activity guides, flipcharts, Q cards, counseling cards, drama scripts), and the organization uses periodic reviews to ensure that materials are up-to-date and relevant to the context and realities.	The program implementation strategy can be used as a resource for other HIV-prevention projects.
	1	2	3	4	

Probing questions:

1. Has the program developed behavior interventions to minimize sexual risk of HIV transmission?
2. Has the program developed behavior interventions that optimize use of biomedical interventions?
3. Do you use multiple communication channels in your programs (e.g., interpersonal communication, group approaches, mass media) to reach the target audience?
4. Do communication interventions seek to influence different levels (individual, family, group, community, and workplace, regional, national)?
5. Are the materials pre-tested to ensure that they are appropriate for the target audiences?
6. Do the materials target specific high-risk behaviors such as multiple partnerships, intergenerational and transactional sex, age of sexual debut, and alcohol use?
7. Do you conduct periodic reviews of your communication approaches and materials to ensure they are up-to-date and relevant to the context and realities?
8. Do SBCC implementers, including volunteers, need supporting materials to do their work? Are IEC materials (e.g., manuals, activity guides, flipcharts, Q cards, counseling cards, drama scripts) used to support communication interventions?
 - o [SBCC/IEC materials appropriate for group and individual levels should be used to generate discussion for behavior change.]
9. Are the materials used for passive knowledge (message) transfer or are they used to generate discussion?
10. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the behavioral outcomes of SBCC interventions?

Area 6 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 7: 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 HIV-prevention service delivery.	The organization has solicited input on volunteers' 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.
		2	3	4	

Probing questions:

1. Has the organization analyzed its volunteer skill mix, capacities, and constraints?
2. Has the organization solicited input from 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, psychosocial)?
 - 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 7 Score: _____

¹ For those who work directly with most-at-risk populations, this is often referred to as 'care for the caregiver'.

Objective: To assess organizational understanding of the role of community involvement in project development and implementation, and the level of community involvement in project implementation.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 8					
Community Involvement	The organization's strategy or approach includes community participation but there are limited or no opportunities for the community to participate in HIV-prevention activities.		The organization's approach includes community participation and there are regular opportunities for the community to participate in HIV prevention activities, including setting priorities for interventions, defining channels for prevention messages, informing messages and materials, and identifying target beneficiaries. 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 HIV prevention activities. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community.	There are community-based structures to support prevention activities and the project can be used as a resource for other programs.
	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 prevention activities?
3. Does the program approach allow for input and feedback from the community?
4. Is there a framework that makes the organization accountable to the community for the prevention interventions?
5. Are there copies of community meeting minutes?

Area 8 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 9					
Referral Systems	Some referrals are being made by the organization and/or implementing partners but there is no referral strategy in the organization's HIV-prevention approach.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented, though not uniformly.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's HIV-prevention activities.	There is a referral strategy that is part of the organization's approach to provide services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's HIV prevention activities. There is a mechanism to verify that the referred clients received the service.	Clients are referred for services not currently provided by the organization, so as to generate a wider scope and scale of services. There is a formal referral arrangement with other providers and the organization receives referrals. Documentation is available and can capture all referred clients who accessed the services. The organization covers all components of prevention and related services through referrals and linkages.
	1	2	3	4	

Probing questions:

1. Are any referrals being made and is the referral strategy part of the organization's HIV-prevention approach?
2. Are the referrals aimed to taking prevention interventions to scale and increasing scope to cover services not currently provided by the organization?
3. Have referrals to other providers been made for services not provided by this organization?
 - o *[Look for referral notes, client return forms, list of other providers, etc. that show existence of a referral relationship.]*
4. Do you have a directory of services and organizations within a defined catchment area?
5. Is the referral strategy being implemented uniformly throughout the organization's HIV-prevention activities? Is there a standardized referral form?
6. Are there periodic meetings of network providers?
7. Is there a means of verifying whether services were received?
 - o *[Is there documentation of clients referred to provide data on who received services?]*
8. Do you monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?

Area 9 Score: _____

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

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 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.		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.
			3	4	

2

Probing questions:

1. Are any organization-specific skills-building activities 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 supportive supervision structure.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area II					
Supportive Supervision		A supervisory structure and process exists for prevention activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for prevention 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 prevention activities that include 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 project's supervision plan can be used as a resource for other prevention programs.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place for HIV prevention?
2. How often is support supervision undertaken? Are the supervision visits taking place according to a schedule?
3. Are supervisory tools used during support supervision?
4. Is feedback given to implementers after supervision visits?
5. Is supervision taken as an integral part of program delivery?
6. Is support supervision taken positively by both the supervisors and supervisees?

Area II Score: _____

Objective: To determine the capacity of leadership for HIV-prevention service delivery within the organization and its implementing partners.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 12					
Leadership	The organization has limited or no identified HIV-prevention project leadership onsite or among the implementing partner(s).		The organization has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing prevention services. However, the leaders need some assistance to set up and lead good systems for prevention services delivery.	The organization has strong leadership with full understanding of prevention 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 HIV-prevention services.	The organization has committed leadership with full understanding of HIV prevention issues and is able to keep up with issues in the field, can credibly represent the organization at local and international levels, and can train other teams to expand prevention services.
	1	2	3	4	

Examples of HIV prevention leadership roles:

- Sitting on national, regional, or district coordination bodies
- Providing technical guidance for HIV prevention to junior staff
- Possession of appropriate training in HIV prevention
- Participation in thematic HIV-prevention strategies work groups

Probing questions:

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

Area 12 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I3: Sustainability					
Sustainability¹	The organization has no explicit sustainability plan or exit strategies in place for its HIV-prevention activities.	The organization has identified the requirements for ensuring HIV prevention activities over time, including an exit strategy.	The organization's activities reflect the emphasis on sustainability, and the exit plan is being carried out.	The organization's activities fully reflect the emphasis on sustainability and an exit plan is being implemented. Leadership is able to identify areas for further consideration in the long-term in consultation with target communities.	The organization has a clear vision for promoting sustainability and this is reflected in all its activities. The organization's sustainability approach offers a model that can be replicated.
				4	

Probing questions:

1. What efforts are being undertaken to ensure that services to most at-risk populations continue beyond the life of the individual project?
2. Does the organization have a sustainability plan for its activities beyond specific project life cycles?
3. Which sustainability approaches are being implemented by the organization?
4. Is the organization involved in strengthening networks and coordination?

Area I3 Score: _____

Total Domain I points : _____

Domain I Score (Total Points / I3): _____

¹ The need for HIV-prevention interventions will remain as long as the HIV epidemic persists. The process of building sustainable HIV- prevention activities requires planning for this reality and for the continuity of service delivery to and by the community.

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

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

Area I					
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 PEPFAR data as required.	The organization's data collection approach offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Does the organization have tools for collecting data at the various levels¹?
2. Do the tools capture information required for PEPFAR indicators?
3. Has the organization standardized tools across sub partners and service delivery points?
4. Does the organization have a documented data-collection procedure² to guide data collection at various levels?
5. Are there mechanisms to avoid double counting (for example, unique client identification)?³
6. Have staff been trained to use the tools?
7. Does the organization have documented and functional procedures for data transmission (data-flow plan) to and from various levels?

Area I Score: _____

¹ 'Various levels' refers to household, community, sub-county, district, regional, and head office level.

² There is a 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 their job description) for the review and validation of aggregated numbers prior to submission to the next 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].

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					
	The organization and/or its implementing partners have no data quality-assurance strategy for prevention programs.	The organization and/or its implementing partners have a data quality-assurance strategy for prevention programs but it is not consistently applied.	The organization and/or its implementing partners have a data quality-assurance strategy for prevention programs that is consistently applied across all HIV-prevention projects.	The organization and/or its implementing partners have a data quality-assurance strategy for prevention programs that is consistently applied across all HIV prevention projects and is used to refine HIV-prevention interventions.	The organization has established a data quality-management system that can serve as a resource for other programs.
	1	2	3	4	

Probing questions:

1. Has the organization identified a strategy to address gaps in data?
 - [Gaps refer to inadequate data or missing links between data and decisions to be taken e.g. decision to procure consumables.]
2. Has the organization been able to address gaps in data and does the organization have the capacity for data management tasks?
 - [Tasks like Excel format conversions, data cleaning, aggregation, and analysis.]
3. 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 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				

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						
	Organization and/or its implementing partners have limited or no historical (or baseline) data against which reports 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 that result in plans to modify action or approach/tools.	The management and staff of 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 the referral, community, or demand-generation activities reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization and/or its implementing partners is provided to stakeholders and partners in providing comprehensive HIV care, and external partners' plans are modified with reference to data collected and reported by this organization.	
	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, approach, or tools?
 - o *[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 and 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					
	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 share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders.	The organization and/or its implementing share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. Summarized period reports are made available to outside parties in the form of success stories.	The data and findings of the organization are recognized in national reports and relevant journals. The data is available for comparison to national and PEPFAR measures, and best practices and lessons are shared with other practitioners.
	1	2	3	4	

Probing questions:

1. Has the organization shared data and reports outside the organization?
2. Does the organization use data collection and analysis to inform non-data members of the implementation team and the partner community, if relevant?
3. Does the organization provide feedback on data collected and findings to all stakeholders, and are summarized periodic reports made available to outside parties by way of success stories?
4. Does the organization have examples of external organizations referring to their reports or changing plans of implementation due to information shared by the organization?

Area 4 Score: _____

Objective: To assess if the organization has a functional MIS.

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

Area 5					
Management Information Systems (MISs)¹	The organization has a simple management information system to track project/program data.		The organization has an MIS with built-in data quality and validation checks, and capacity for most specialized data retrievals.	The organization has an MIS 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.	The organization has a good MIS with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the back-up plan is adhered to. There is evidence of data back-up activities. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	

Probing questions:

1. Does the organization have a management information system to track clients/beneficiaries?
2. Does the system have built-in data quality and validation² checks (manual and electronic)?
3. Does the organization have a system for preventing unauthorized access?
4. Does the organization have a documented and functional back-up procedure (computerized or manual)?
5. Can the system generate reports?

Area 5 Score: _____

Total 2 Domain points : _____

Domain 2 Score (Total 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.