

Technical Capacity Assessment

HIV Testing and Counseling (HTC) Services



Participant's Copy
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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.

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Technical Capacity Assessment

HIV TESTING AND COUNSELING

Goal:

The goal of this tool is to assist HIV counseling and testing (HTC) 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 HTC 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).

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 HTC 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 three domains – organizational strategy, supplies management, and management information systems. Each domain has a number of areas, for a total of 21 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
7. Community Involvement
8. Volunteer Capacity and Support
9. Referral Systems
10. Internal Skills Building
11. Supportive Supervision
12. Leadership

13. Stigma and Discrimination

14. Sustainability

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

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 assess the comprehensiveness of the implementation approach for HTC services at the organization and its implementing partners.

AREA 1: PROGRAM APPROACH			
The organization and/or its implementing partners has limited or no defined, documented HIV testing and testing (HTC) approach/ strategy.	The organization and/or its implementing partners have a defined and documented HTC 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 HTC 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 HTC services either through the organization or linkages).	The organization has a defined and documented HTC 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 HTC 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 HTC services.
1	2	3	4
Goal: <i>The organization's approach to HTC can serve as a model for other organizations.</i>			

**Area 1
Score**

DOMAIN 1: ORGANIZATIONAL STRATEGY**Objective: To determine the availability of the organizational specific guidelines and standards.**

AREA 2: GUIDELINES & STANDARD OPERATING PROCEDURES ¹			
There are no project specific guidelines/ SOPs in place for HTC service delivery.	There are up-to-date guidelines/SOPs in place that are in line with national or international guidelines.	There are up-to-date guidelines/SOPs in place in line with international or national guidelines. The guidelines/SOPs have been interpreted and disseminated to staff, implementers, and relevant stakeholders (as appropriate).	There are guidelines/SOPs in place that are up-to-date and in line with international or national guidelines. The guidelines/SOPs have been interpreted and disseminated to relevant stakeholders (as appropriate). HTC services are being delivered in a standardized manner across all service delivery points according to documented guidelines/SOPs.
1	2	3	4
Goal: <i>The organization's guidelines/SOPs on HTC care can serve as models for other organizations implementing HTC services.</i>			

Area 2
Score

¹Organizational specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the organization implements HTC 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 programs by applying set standards for HTC service delivery.

AREA 3: UTILIZATION OF SERVICE STANDARDS¹			
The organization has no standards for HTC services.	HTC service standards exist, but are not uniformly applied across the organization and its implementing partners. Not all staff are aware of them.	HTC 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.	HTC 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.
1	2	3	4
Goal: The organization's approach to applying standards in delivering HTC services can serve as a model for other organizations.			

**Area 3
Score**

¹A 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 whether there is a designated physical space that is sufficient and appropriate for delivery of quality HTC at the different service delivery points.

AREA 4: PHYSICAL SPACE			
There is limited or no designated place for HTC where applicable.	The designated space for delivering HTC is sufficient for providing specific HTC services, but not appropriately utilized to accord clients the highest quality of service.	The designated space is appropriate for HTC 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 HTC services.
1	2	3	4
Goal: The organization's approach to identifying clients can serve as a model for other organizations.			

Area 4
Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 5: 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 intended audiences.	A 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.
1	2	3	4
Goal: There is a demand-generation strategy in place that addresses the target population's needs. The organization's demand-generation strategy for delivering HTC services can serve as a model for other organizations.			

Area 5
Score

¹An 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.

DOMAIN 1: ORGANIZATIONAL STRATEGY**Objective: To establish the effectiveness of the process used to deliver HTC services to clients.**

AREA 6: PROGRAM IMPLEMENTATION			
HTC services are implemented on an ad hoc basis and only one or two HTC approaches for reaching the target clients are employed.	Implementation of HTC services is based on a plan and uses multiple approaches to reach the target clients (e.g., static HTC clinics, mobile HTC clinics, home-to-home HTC, couple CT).	Implementation of HTC services is based on a plan and uses multiple approaches to reach the target audience (e.g., static HTC clinics, mobile HTC clinics, home-to-home HTC, couple CT) and uses periodic reviews to ensure that the approaches are up to date and relevant to the context and realities.	Program HTC strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static HTC clinics, mobile HTC clinics, home to home HTC, 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.
1	2	3	4
Goal: The organization's approach to implementing HTC services can be used as a model for other organizations implementing HTC services.			

Area 6
Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 7: COMMUNITY INVOLVEMENT¹			
There are limited or no opportunities for the community to participate in HTC 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 HTC activities, including setting of priorities for intervention, defining channels for HTC service delivery, and mobilizing target beneficiaries.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HTC activities, including setting of priorities for interventions, defining channels for HTC 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 HTC activities, including setting of priorities for interventions, defining channels for HTC 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 HTC activities.
1	2	3	4
Goal: There are community-based structures to support the HTC activities implemented by the organization and its implementing partners that can be used as a resource for other organizations.			

**Area 7
Score**

¹Communities 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.

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 8: VOLUNTEER CAPACITY AND SUPPORT SYSTEM¹			
The organization has done no analysis of its volunteer capacity in terms of skill mix in relation to HTC 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.
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

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 9: REFERRAL SYSTEMS			
The organization does not deliver all HTC 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.
1	2	3	4
Goal: The organization's approach to referrals/linkages for HTC services can serve as a model for other organizations implementing similar activities.			

Area 9
Score

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 10: 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.	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 10
Score

DOMAIN 1: ORGANIZATIONAL STRATEGY**Objective: To establish the effectiveness of the supportive supervision structure.**

AREA 11: SUPPORTIVE SUPERVISION¹			
There is limited or no supervisory structure for HTC activities.	A supervisory structure and process exists for HTC activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for HTC 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 HTC 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 HTC programs.			

**Area 11
Score**

¹Support 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 determine the capacity of leadership for HTC service delivery within the organization and its implementing partners.¹

AREA 12: LEADERSHIP			
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 HTC program management and is running some HTC activities.	Has clear and committed project leadership at the organization and its partners, with good experience and clear vision in providing HTC services. However, the leaders need some assistance to set up and lead systems for HTC services delivery.	Has strong leadership with full understanding of HTC 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 HTC services.
1	2	3	4
Goal: <i>The HTC leadership team can credibly represent the organization at the local and international levels. The organization's HTC leadership approach can serve as a model for other organizations that implement HTC activities.</i>			

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

Area 12
Score

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

Objective: To ascertain if the organization works to minimize furthering stigma/discrimination in its HTC activities.

AREA 13: STIGMA AND DISCRIMINATION PROTOCOLS¹			
The organization has done no analysis on the impact of its planned/implemented activities to decrease stigma/discrimination, and how to establish safeguards to minimize these effects.	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 onward. 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 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 be stigmatized or discriminated against.
1	2	3	4
Goal: The organization's approach to addressing the impact of its interventions on how target individuals and their families are considered by the wider community can serve as a model.			

**Area 13
Score**

¹Stigma is based on beliefs. A person is 'stigmatized' when another person thinks negatively of him/her because of something he/she has experienced or because he/she belongs to a particular group. Discrimination occurs when actions are taken (or not taken) on the basis of a stigmatizing belief.

DOMAIN 1: ORGANIZATIONAL STRATEGY

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

AREA 14: SUSTAINABILITY¹			
The organization has no explicit sustainability plan in place for its HTC activities.	The organization has identified the requirements for ensuring HTC activities over time.	The organization's activities reflect the emphasis on sustainability.	The organization's activities fully reflect the emphasis on sustainability. Leadership is able to identify areas for further consideration in the long-term in consultation with target communities.
1	2	3	4
Goal: 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.			

**Area 14
score**

Total Domain 1 Points

**Domain 1 Score
(Points/14)**

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

DOMAIN 2: SUPPLIES MANAGEMENT

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

AREA 1: PROCUREMENT PLANNING			
There is limited or no procurement plan to meet the planned HTC 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 HTC 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 HTC program and ensures supply continuity with no reported stock-outs.
1	2	3	4
Goal: <i>The organization's data collection approach offers a model which can be replicated.</i>			

**Area 1
score**

DOMAIN 2: SUPPLIES MANAGEMENT

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

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 HTC supplies procured that meets safety standards.	There is a system for HTC 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.
1	2	3	4
Goal: The organization has an elaborate supplies and logistics management system and best practices that can serve as a model for other organizations that provide HTC services.			

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.

AREA 1: DATA COLLECTION			
The organization has no documented procedures to guide data collection at various levels ¹ .	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 data as required.
1	2	3	4
Goal: <i>The organization's data-collection approach offers a model that can be replicated.</i>			

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: <i>The organization's approach to data quality assurance and improvement offers a model that can be replicated.</i>			

Questions for Discussion:

Area 2
Score

1. Have you identified the need for and the requirements for having data quality assurance processes in place?
2. Have you 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. Have you 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. Have you 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				

**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 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.
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 5 Points

Domain 3 Score (Points/5)

¹Management 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.

²There 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.who.int/hiv/pub/vct/home_based_care/en/index.html

http://www.who.int/hiv/pub/vct/htc_framework/en/index.html

<http://www.who.int/hiv/pub/guidelines/9789241501972/en/index.html>

http://www.who.int/hiv/pub/vct/WHO_HIV_11_02/en/index.html

<http://www.who.int/hiv/pub/guidelines/arv2013/clinical/testingintro/en/index7.html>



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