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Technical Capacity Assessment Pediatric HIV

Facilitator's Copy

New Partners Initiative Technical Assistances (NuPITA) Project

June 2011

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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Technical Capacity Assessment (TCA) for Pediatric HIV

Goal:

The goal of this tool is to assist child health 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 child health programs—in particular, Pediatric HIV services. This tool looks holistically at personnel, documents, and systems in place at the organizational and implementing partner levels (if applicable).

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

The TCA for child health programs includes:

- Expanded Program on Immunization (EPI)
- Integrated Management of Newborn & Childhood Illnesses (IMNCI)
- Pediatric & HIV
- Integrated Community Case Management ((i)CCM)

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. Service Standards
4. Physical Space
5. Demand Generation
6. Program Implementation
7. Community Involvement
8. Referral Systems
9. Training Approach
10. 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

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 implementing organizations, 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 improvement and note where progress is still needed.

The TCAs for Child Health were developed with the assistance of JSI staff (Katherine Farnsworth, Dyness Kasungami, Serge Raharison and Lora Shrimp)

Important websites for Pediatric HIV

1) New guidance on pediatric HIV for district-level hospital.

http://www.who.int/child_adolescent_health/documents/9789241501026/en/index.html

2) New progress and guidance on HIV diagnosis and treatment for infants and children, 20 July 2010

<http://www.who.int/hiv/pub/paediatric/Paediatricfactsheet/en/index.html>

3) Antiretroviral therapy for HIV infection in infants and children: Toward universal access.

Recommendations for a public health approach: 2010 revision

<http://www.who.int/hiv/pub/paediatric/infants2010/en/index.html>

4) Policy requirements for HIV and counseling of infants and young children in health facilities

http://www.who.int/hiv/pub/paediatric/testing_counselling/en/index.html

5) WHO recommendations on the management of diarrhoea and pneumonia in HIV-infected infants and children

http://www.who.int/child_adolescent_health/documents/9789241548083/en/index.html

Objective: To assess the comprehensiveness of the implementation approach for pediatric HIV services at the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I					
Program Strategy	The organization has no defined, documented pediatric HIV strategy.	The organization has a defined and documented pediatric HIV strategy that is in response to an evidence-based determination of need and audience identification.	The organization has a defined and documented pediatric HIV strategy that is in response to an evidence-based determination of need. Pediatric HIV services meet the minimum basic package according to national and international requirements and are comprehensive (clients are able to receive all necessary pediatric HIV services either through the organization or referral linkages).	The organization has a defined and documented pediatric HIV strategy that is in response to an evidence-based determination of need. Pediatric HIV services are tailored to individual needs and are comprehensive (clients are able to receive all necessary services either through the organization or linkages). The organization has the capacity to scale up pediatric HIV services and program can be used as model.	The organization has a defined and documented pediatric HIV strategy. Pediatric HIV clients are able to receive all necessary services, either through the organization, partners, or referral linkages, and the organization has capacity to scale the program up.
	1	2	3	4	

Probing questions:

1. What pediatric HIV services being delivered by the organization at the moment (state the comprehensive list of services considered part of the HIV pediatric package)?
 - o [e.g., HIV testing, HIV treatment and care, management of diarrhea, pneumonia, malaria, malnutrition, counseling on breast feeding and complementary feeding, prevention of diarrhea, pneumonia and malaria, family planning services]
2. Do pediatric HIV services offered represent an appropriate response to evidence-based need of a defined audience?
 - o [The organization should use an evidence-based approach to selecting targeted clients (based on primary or secondary data); look at determinants of pediatric HIV services utilization (social/cultural norms, environmental factors, risk perception, stigma, etc.); use a process for setting clear targets. Check if they are aware of the national priorities and if they are on-hand.]
3. Do the services provided meet the minimum basic package according to national and/or international requirements?
4. Does the organization have 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 to adhere to national and international standards.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 2					
Program-Specific Protocols, Guidelines/ Standard Operating Procedures¹	The program strategy does not include guidelines, protocols, or SOPs for pediatric HIV.	The program approach/strategy includes guidelines, protocols, and SOPs for pediatric HIV that are up-to-date and in line with national and international guidelines.	The program strategy includes guidelines, protocols, and SOPs for pediatric HIV that are up-to-date and in line with national and international guidelines and are being applied in service delivery.	The program strategy includes guidelines, protocols, and SOPs for pediatric HIV that are up-to-date and in line with national and international guidelines and are being applied in service delivery. The strategy can be used as a model by other organizations.	The service being delivered is standardized across all service delivery points by all sub-contractors and the model can be used by other programs.
	1	2	3	4	

Probing questions:

1. Does the program strategy include guidelines, protocols, and standard operating procedures for pediatric HIV activities?
2. Does the program strategy include guidelines and protocols that are up-to-date and in line with national guidelines?
3. Are the guidelines and protocols being applied in pediatric HIV activities?
4. Are there measures in place to ensure adherence to SOPs? How do you monitor application of quality standards?
5. Do the implementers have a standards checklist for reference in day-to-day activities?
6. Can the strategy be used as a model by other organizations?

Area 2 Score: _____

¹SOPs are documented processes of how the applicable guidelines and protocols fit in the organizational structure, as well as means of ensuring and verifying that they are adhered to continuously and include means of enforcement and organizational penalties for failing to adhere. These determine the quality of the program being implemented.

Objective: To assess the organization's ability to implement high-quality programs by reviewing the application of recognized standards in pediatric HIV service delivery.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3					
Service Standards¹ for Delivery	The organization has no service standards for pediatric HIV.	Pediatric HIV service standards exist but are not uniformly applied across the organization services provided and not all staff are aware of them.	Pediatric HIV service standards exist and staff are aware of and appropriately trained to apply and monitor them. Standards are monitored but are not applied consistently.	Pediatric HIV service standards exist; staff are aware of and appropriately trained to apply them; and monitoring reports show they are consistently adhered to.	Service standards can be used as a model for pediatric HIV service quality improvement.
	1	2	3	4	

Probing questions:

1. Do you have documented pediatric HIV 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, evidenced-based. Standards define the minimum level of support to be provided and help ensure the 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 (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.

Objective: To assess if there is designated physical space that is sufficient and appropriate for delivery of pediatric HIV.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4					
Physical Space	There is limited or no designated place for pediatric HIV services where applicable.	The designated space for delivering pediatric HIV is sufficient for providing specific services.	The space is appropriate for pediatric HIV. Available space ensures confidentiality in client counseling and observations.	The space requirements for the next year are known and planned.	There is a documented defined and adequate space for pediatric HIV services delivery. Plans are in place to meet space needs as program continues to expand.
	1	2	3	4	

Probing questions:

1. Is there a designated space for pediatric HIV services delivery (welcoming reception area, counseling rooms, lab facilities, etc.) where applicable?
2. Is the space sufficient for providing specific pediatric HIV services?
3. Is the available space sufficient to address confidentiality issues (visual and audio) of clients?

Area 4 Score: _____

Objective: To assess if the organization has a deliberate process to mobilize clients for pediatric HIV activities.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand Generation¹	Limited or no strategy for generating and sustaining demand exists at the organization. Pediatric HIV does not reflect the intended actions, treatment and counseling of specific illnesses.	Limited strategy for generating and sustaining demand exists. Pediatric HIV reflects the intended actions, treatment, and counseling of specific illnesses in a segmented manner. Main messages exist but do not link to the intended audiences.	A strategy for generating and sustaining demand exists. Pediatric HIV reflects the intended actions, treatment, and counseling of specific illnesses. Main messages exist and are linked to target audiences. Clients are tracked to ensure that the targeted segments are accessing services, but interventions remain unchanged over time.	A clear strategy for generating and sustaining demand is in place. Pediatric HIV reflects the intended actions, treatment, and counseling of specific illnesses. Main messages exist and are linked to the target audiences. 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 needs. 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 (health workers, community workers, communities, families)?
2. Do the existing messages link to the intended illnesses and do the 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 done 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 in most need? How?

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 pediatric HIV services, and be sensitive to age, gender, and culture.

Objective: To establish the effectiveness of the process used to deliver pediatric HIV services to HIV-positive children.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 6					
Program Implementation	Program pediatric HIV strategy is ad hoc and uses only one or two approaches to reach target clients.	Program pediatric HIV strategy is based on a plan and uses multiple approaches to reach the target clients (e.g., static and mobile pediatric HIV clinics, home-to-home).	Program pediatric HIV strategy is based on a plan and uses multiple approaches to reach the target, and uses periodic reviews to ensure that the approaches are up-to-date and relevant to context and realities.	Program pediatric HIV strategy is based on a plan and uses multiple approaches to reach the target audience. Implementers have supporting materials to do their work (e.g., testing and treatment protocols, test kits, drugs, counseling cards, nutrition, referral guides), and uses periodic reviews to ensure that the materials are up-to-date and relevant to context and realities.	Project implementation strategy can be used as a model for other pediatric HIV projects.
	1	2	3	4	

Probing questions:

1. Do you use multiple pediatric HIV approaches in your programs (e.g., static and mobile pediatric HIV clinics, home-to-home) to reach the target audience?
2. Do your pediatric HIV approaches address the needs of the different categories of target clients (individual, family, group, community, and workplace, regional, national)?
3. Do you conduct periodic reviews of your pediatric HIV 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, treatment protocols, drugs, counseling cards, referral guides) available to implementers to support pediatric HIV activities?
6. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure outcomes of the different pediatric HIV interventions?

Area 6 Score: _____

Objective: To assess whether the organization understands of the role of community involvement in project development and implementation, and the level of community involvement in project implementation.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 7					
Community Involvement	The organization's strategy includes community participation but there are limited or no opportunities for the community to participate in pediatric HIV activities.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in pediatric HIV activities, including setting priorities for interventions, defining channels for services including prevention, and mobilizing target beneficiaries.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in pediatric HIV activities including setting priorities for interventions, defining channels for services including prevention, and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization.	The organization's strategy includes community participation and there are regular opportunities for the community to participate in pediatric HIV activities. 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 pediatric HIV activities and the activities reflect the needs of the community as much as possible. There are community-based structures to support the pediatric HIV activities, which can be used as a model 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 *[Communities can refer to fora like village health committees, community volunteers, faith based associations, networks for people living with HIV, post-test clubs, etc. This can be confirmed by looking at the minutes or any documented evidence of meetings.]*
2. Is the community involved in pediatric HIV 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 pediatric HIV activities?
5. Are there copies of community meeting minutes?

Area 7 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 8					
Referral Systems	Some referrals are made but there is no referral strategy in pediatric HIV implementation.	There is a referral strategy that is part of the organization's approach that provides for 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 that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's pediatric HIV implementation.	There is a referral strategy that is part of the organization's approach to provide for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's pediatric HIV implementation. There is a mechanism to verify whether the referred clients received the service.	Clients are referred for services, there is a formal referral arrangement with the other providers and organization receives referrals. Referral documentation is available and able to capture all referred clients who accessed the services. The organization is able to cover all components of pediatric HIV and related services.
	1	2	3	4	

Probing questions:

1. Are there any referrals being made and is the referral strategy part of the organization's pediatric HIV implementation?
2. Have referrals been made to other providers 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.]*
3. Is there a directory of services and organizations within a defined catchment area?
 - o *[Identify tertiary level of care for referrals and their access]*
4. Is there a standardized referral form?
5. Are there periodic meetings of network providers?
6. Is there a means of verifying that services were received?
 - o *[Is there documentation of clients referred to provide information on whether referral services were accessed?]*
7. Do you monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?

Area 8 Score: _____

Objective: To assess the relevance and effectiveness of trainings conducted by the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 9					
Training Approach	There are some trainings being conducted by the organization but there is no process to generate training needs or monitor quality.	There are several trainings being conducted by the organization and there is a process to generate training needs that meet overall project objectives.	Trainings by the organization are based on needs assessments and include support supervision training. There is a project training plan and appropriate training curriculums are used and/or adapted.	Trainings are based on needs assessment and include support supervision training. Appropriate curriculums are used and there is a mechanism to evaluate the relevance and effectiveness of trainings conducted and to update the project training plan. Trained people apply skills acquired to coach and mentor others. There is a regular and functional support supervision structure in place.	The organization has training and skills development plans that can be used as a model by other organizations implementing similar programs.
	1	2	3	4	

Probing questions:

1. Are there any project-specific pediatric HIV training being conducted? If so, do they include training in negotiation and counseling, use of jobs aids and/or other support materials for the appropriate staff (including supervisors)?
2. Is there a process for assessing training needs and quality of training?
3. Are the trainings based on training needs assessment? Are appropriate curricula used? Do trainings include methods such as role play and practice in the field?
4. Is there a process for assessing if those trained are able to apply the skills acquired from the trainings and coach and mentor others?
5. Is there a strategy and a structure in place to follow trainees after the training?

Area 9 Score: _____

Objective: To establish the effectiveness of the pediatric HIV supervision structure.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I0					
Supervision	There is limited or no supervisory structure for pediatric HIV activities.	A supervisory structure and process exists for pediatric HIV activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for pediatric HIV activities that include regular (monthly) supervisory visits to implementers and supervisory tools. Supervisory visits are taking place on or close to schedule.	A supervisory structure and process exists for pediatric HIV 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.	Projects supervision plan can be used as a model for other pediatric HIV programs.
	1	2	3	4	

Probing questions:

1. Is there a supervisory structure in place for pediatric HIV activities?
2. How often is support supervision undertaken? Do supervision visits take place according to a schedule?
3. Do you have standardized tools supervisors can use during support supervision visits?
4. Is feedback given to implementers after supervision visits?
5. Is the supervision supportive, i.e., does it include:
 - Observation of performance and comparison to standards?
 - Provision of corrective and supportive feedback on performance?
 - Discussion with clients?
 - Provision of technical updates or guidelines?
 - Onsite training?
 - Use of data and client input to identify opportunities for improvement?
 - Joint problem solving; follow-up on previously identified problems?

Area I0 Score: _____

Objective: To determine the capacity of leadership for pediatric HIV services within the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area II					
Leadership¹	Has limited or no identified project leadership or committed members on site.	Has clear project leadership at each level of implementation and among partners with some knowledge of pediatric HIV program and management, and is running limited pediatric HIV.	Has clear and committed project leadership with good experience and clear vision at the organization. However, leaders need some assistance to set up and lead good systems for pediatric HIV services delivery.	Has strong leadership with full understanding of pediatric HIV 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 pediatric HIV services.	Has strong leadership with full understanding of pediatric HIV issues that is able to keep up with issues, can credibly represent the organization at local and international level, and can train other teams to expand pediatric HIV services.
	1	2	3	4	

Examples of pediatric HIV leadership roles:

- Sitting on national coordination bodies
- Providing technical guidance for pediatric HIV to junior staff
- Possession of appropriate training and supervision in pediatrics and HIV

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 pediatric HIV programs, including prevention messaging to mothers?
2. Do the identified leader(s) have appropriate technical expertise and experience managing pediatric HIV programs/services?
3. Does the leadership at the organization and sub-contractors need assistance setting up pediatric HIV programs?
4. Is the leader(ship) at the organization engaged in capacity building for pediatric HIV programs with all partners?

Area II Score: _____

Total Domain I points: _____

Domain I Score (Points/II) : _____

¹ A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in pediatric HIV, while an “experienced leader” is both fully committed to and familiar with pediatric HIV issues (including planning, evidence of involving other stakeholders, linking with public/private sectors).

Objective: To assess the capacity of the organization to continuously plan and provide the supplies required to meet the pediatric HIV services implementation.

DOMAIN 2: SUPPLIES MANAGEMENT					
Area I					
Procurement Planning	There is limited or no procurement/needs assessment/plan of the supplies and equipment for implementing pediatric HIV services.	There is a reliable system for procurement and management of supplies/drugs that conforms to national guidelines for implementing pediatric HIV services.	There is a quality-assurance process for ensuring timely replenishment of supplies and assuring the quality of these supplies appropriate contacts.	The site has a supply-chain management system that ensures supply continuity and quality.	The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock-out.
	1	2	3	4	

Probing questions:

1. Does the organization or its sub-contractors receive any supplies (HIV tests, drugs, scales, etc.) from the government through the national supply chain? Which? Is there a long-term plan to link to the government system?
2. Does the organization procure any of these items? Which ones? How does the organization obtain them if it does not procure or receive through the government?¹
3. Does the site have a procurement plan to meet the planned program needs?
 - o *[This should detail what, when, and how the items are to be procured during the workplan period so as to meet client and project needs.]*
4. Does the site have a reliable system for procurement and management of supplies, and does it conform to national guidelines?
 - o *[There should be a clear system that provides for fair forecasting and minimizes chances of stock-outs.]*
5. Does the site have a storage and stock management system in place that accommodates the specific requirements of items related to implement pediatric HIV and ensures supply continuity?

Area I Score: ____

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

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

DOMAIN 2: SUPPLIES MANAGEMENT					
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 procured pediatric HIV supplies/drugs that meets safety standards.	There is a system for pediatric HIV commodity management and a register to track usage.	There is a good inventory and logistics management system in place that takes care of fair forecasting.	The site has an elaborate supplies and logistics management system and best practices that can be used as model or for a training center.
	1	2	3	4	

Probing questions:

1. What supplies/drugs are procured by the organization?
2. Does the site have a designated storage area for supplies?
3. Is the storage area appropriate for the storage of 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 an inventory system and register/documentation for proper storage and management of the commodities? *[Framework refers to controls and documentations of item movements; includes the stock and bin cards, authorization and other control register used internally and regularly used by staff.]*
5. Does the site have 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 and ensure sharing with staff and key stakeholders.

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

Area I					
Data Collection-Process and Outcome Indicators	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures and appropriate tools to guide data collection at the various levels. Tools have been reviewed to capture information required for reporting (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform program implementation.	Data collection tools have been standardized with national/international indicators across sub-partners and service delivery points. 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 collection and analysis (data-flow plan). Staff and community involved in data collection have been trained and are supervised in use of the tools and resulting data.	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? Process indicators (training, supervision, meeting, etc.) and outcomes (children treated, referred, etc.)?
2. Have the tools been reviewed to capture information required for pediatric HIV indicators in the target communities?
3. Has the organization standardized tools across service delivery points?
4. Does the organization have a documented data-collection procedure to guide data collection at various levels?
5. Has all staff been trained in the use of the tools?
6. Does the organization have documented and functional procedures for data? Are there mechanisms in place (data-flow plan) to avoid double-counting transmission to and from various levels?

Area I Score: _____

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

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

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

Area 2					
Quality Assurance and Data for Program Improvement	Organization has no quality-assurance strategy (using data for program improvement).	Organization has quality-assurance strategy (using data for program improvement), but it is not consistently applied.	Organization has quality-assurance strategy (using data for program improvement) that is consistently applied across all contact points, but no analysis is done to initiate actions.	Organization has quality-assurance strategy for collecting information. It is consistently applied across all contact points, is analyzed, and used to refine interventions	The organization has established a quality-management system and identified quality-assurance indicators for routine assessment. Can serve as a model for other programs.
	1	2	3	4	

Probing questions:

1. Has the organization identified a strategy to address gaps in data?
 - o [*Gaps refer to inadequate data or the missing link between data and the decisions to be taken.*]
2. Has the organization been able to address gaps in data and does the organization have the capacity for data management tasks?
 - o [*Tasks like Excel format conversions, data cleaning, aggregation, and analysis.*]
3. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery?

Area 2 Score: _____

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

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

Area 3					
Data Use to Assess Impacts and Program Outcomes (Decision Making)	Organization has limited or no reference (or baseline) data against which reports can be compared to help assess progress and decision making.	The organization has a process for comparison of achievements against goals and past progress that result in plans to modify interventions as needed.	The organization follows a procedure of time-bound tracking achievements and corrective actions against plans in all the interventions.	The organization's current implementation, referral, community outreach, and supervision reflect greater effectiveness arising from use of data for decision making.	The data collected and analyzed within the organization is provided to stakeholders and partners to provide comprehensive pediatric HIV support for external partners, and is modified accordingly.
	1	2	3	4	

Probing questions:

1. Is there a baseline report or other reference data against which reports can be compared to help assess impacts/outcomes?
2. Does the organization have a process for comparison of achievement against goals and past progress? Are those results used to modify interventions as needed?
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/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 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING					
Area 4					
Feedback and Sharing	The data collected and reports written by the organization are not shared outside the organization.	The organization has a plan to share data and reports with relevant staff and stakeholders, but not according to any documented plan.	Data collected and reports made are shared and the organization solicits feedback from stakeholders.	Data collected and reports made are shared and the organization solicits feedback from stakeholders. The feedback is used to influence program direction and delivery.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and international measures and best practices and lessons are shared with other practitioners.
	1	2	3	4	

Probing questions:

1. Has the organization shared data collected and reports written outside the organization (e.g. MOH, others donors, key implementers)?
2. Does the organization's M&E team use data collection and analysis to inform other 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? Are summarized and periodic reports made available to outside parties by way of success stories?
4. Does the organization have examples of external organizations referring to this organization's 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 system.

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

Area 5

Management Information Systems (MIS)¹	The organization does not have a simple reliable management information system to track indicators.	The organization has an MIS system that does not have data-quality indicators to achieve results or validation checks (manual & electronic).	The organization has an MIS system with data quality and validation checks that captures all activities implemented by the organization.	The organization has an MIS system with built-in data quality and validation checks and capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual).	The functional MIS has adequate data quality and validation checks. The back-up plan is adhered to. 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 activities and beneficiaries? This is the combination of all of areas (1 to 4 above), that unifies all elements into a cohesive, electronic system that all project staff and management have access to.
2. How is the data checked for accuracy? Does the system have in-built data quality and validation checks (manual and electronic)?
3. Does the organization have a documented and functional back-up procedure (computerized or manual)?
4. Can the system generate reports?

Area 5 Score: _____

Total Domain 3 points: _____

Domain 3 Score (Total Points/5): _____

¹ Management information systems (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.