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Technical Capacity Assessment Prevention of Mother to Child Transmission (PMTCT) Services

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

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Technical Capacity Assessment (TCA) for PMTCT Services¹

Goal:

The goal of this tool is to assist PMTCT² programs in assessing the critical elements for effective program implementation, determining level of progress over time, and identifying those elements that need strengthening or further development.

Purpose:

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

¹ The assessment can be conducted at the onset of PMTCT interventions and annually during the lifecycle of the activity.

² In most communities faced with generalized HIV epidemics, mother-to-child contributes the second-highest number of new infections, after unprotected sexual encounters between individuals of different sero-status. Among other factors, this is attributable to the fact that the majority of people living with HIV in the world are women.

The Technical Capacity Assessment (TCA) should build on the strengths of the Organizational Capacity Assessment (OCA) designed to measure overall capacity of organizations. This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality PMTCT programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on PMTCT 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. Physical Space
5. Demand Generation
6. Community Involvement
7. Referral Systems
8. Training Approach
9. Supervision
10. Leadership

Domain 2: Management Information Systems

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

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

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

Probing questions:

1. Which PMTCT services are being delivered by the organization at the moment (e.g., CT for PMTCT, counseling on breast feeding and other feeding options, ART for PMTCT, family planning services)?
2. Do the PMTCT services offered represent an appropriate response to evidence-based need of a defined audience?
 - o *[In implementing the PMTCT approach the organization should use an evidence-based approach to selecting targeted clients (based on primary or secondary data); look at determinants of PMTCT services utilization (social/cultural norms, environmental factors, risk perception, stigma, etc.); and use a process for setting clear targets. Check if they are aware of the national priorities and if they are at hand.]*
3. Do the services provided meet the minimum basic package according to national and/or PEPFAR 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 availability of organizational specific guidelines/SOPs for implementing PMTCTC services.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 2					
Organization-Specific Guidelines/ Standard Operating Procedures¹	The program approach/ strategy does not include organization-specific guidelines or SOPs for PMTCT.	The program approach/ strategy includes organization-specific guidelines/SOPs for PMTCT that are up-to-date and in line with national and international guidelines.	The program approach/ strategy includes organization-specific guidelines and SOPs for PMTCT that are up-to-date, in line with national and international guidelines, and being applied consistently in PMTCT service delivery.	The program approach/ strategy includes organization-specific guidelines and SOPs for PMTCT that are up-to-date and in line with national and international guidelines. They are applied consistently in PMTCT service delivery. The strategy can be used as a resource by other organizations.	The guidelines are standardized across all service delivery points and can be used as a resource by other organizations.
	1	2	3	4	

Probing questions:

1. Does the program approach or strategy include guidelines or SOPs for PMTCT activities?
2. Does the program approach or strategy include guidelines or SOPs which are up to date and in line with national guidelines?
3. Are the guidelines or SOPs being applied in the PMTCT 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 resource by other organizations?

Area 2 Score: _____

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

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 3: Utilization of SOPs					
Utilization of Service Standards¹	The organization does not have service standards for PMTCT activities.	Organization-specific PMTCT service standards exist, but are not uniformly applied across the organization and not all staff are aware of them.	Organization-specific PMTCT service standards exist; staff are aware of these standards and appropriately trained to apply Standards are monitored but interventions are not improved when non-adherence is observed.	Organization-specific PMTCT service standards exist; staff are aware of these standards and appropriately trained to apply them; monitoring reports show they are consistently adhered to.	The organization's PMTCT service standards can be used as a resource for PMTCT service quality improvement by other organizations.
	1	2	3	4	

Probing questions:

1. Are there documented PMTCT service standards in place?
2. Have staff and project implementers been oriented on the standards?
3. Do project implementers apply and follow the service standards?
4. Is there a standards checklist that project implementers and volunteers can apply in their daily work?
5. 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 whether there is designated physical space that is appropriate for delivery of PMTCT at the different service delivery points ran by the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 4: Physical Space					
Physical Space	There is limited or no place for PMTCT service delivery.	The designated space for delivering PMTCT services is sufficient for the purpose.	The organization's available space is appropriate for PMTCT and the confidentiality of clients.	The organization's PMTCT service delivery space requirements are adequate for the next year. The short-term space needs are known and documented. Given its space provisions, the organization has ability to scale-up its PMTCT services.	The organization's space provisions for delivering PMTCT services can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Is there a designated space (gazetted room(s), shelter, tents, etc.) for PMTCT services delivery where applicable?
2. Is the space sufficient for providing specific PMTCT services?
3. Is the available space sufficient to address the confidentiality issues (visual and audial confidentiality) of the clients?
4. Is there a plan to meet client space and confidentiality needs in mobile service delivery?

Area 4 Score: _____

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 5					
Demand Generation ¹	Limited or no demand-generation strategy exists at the organization or its implementing partners. Target audiences are not segmented. Clients are not tracked.	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 creation 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 strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. Target audiences have been segmented. Main messages clearly relate to these target segments. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	There is a demand generation strategy in place which addresses the target population needs. This is well-appreciated by the community and can serve as a model for other organizations working on PMTCT.
	1	2	3	4	

Probing questions

1. Is there an organizational strategy to mobilize clients/beneficiaries?
2. Do the messages that exist link to the intended audiences and do the clients tracked reflect the intended audiences?
3. Are clients tracked to ensure that the targeted segments are accessing services?
4. Do interventions respond to changing needs of clients over time?
5. Has an assessment been done to determine the impact of the demand generation interventions with the intended audience?
6. Are interventions revised and updated to reflect changing needs of the target audiences?
7. 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 PMTCT services, and be sensitive to age, gender, and culture variations of the intended audiences.

Objective: To assess the level of community involvement in PMTCT activities implemented by the organization.

DOMAIN I: ORGANIZATIONAL STRATEGY

Area 6: Community Involvement					
Community Involvement¹	There are limited or no opportunities for the community to participate in PMTCT activities.	The organization's strategy or approach includes community participation and there are regular opportunities for the community to participate in PMTCT activities including setting of priorities for intervention, defining channels for PMTCT service delivery and mobilizing target beneficiaries.	The organization's approach includes community participation and there are regular opportunities for the community to participate in PMTCT activities including setting of priorities for interventions, defining channels for PMTCT 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 PMTCT activities including setting of priorities for interventions, defining channels for PMTCT 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 PMTCT activities.	There are community based structures to support the PMTCT activities. These community structures serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Does the program approach include community participation?
2. 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 with community stakeholders.]*
3. Is the community involved in PMTCT activities? How?
4. Does the program approach allow for input and feedback from the community?
5. Is there a framework where the organization accounts to the community for the PMTCT activities?
6. Are there copies of community meeting minutes?

Area 6 Score: _____

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

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

DOMAIN I: ORGANIZATIONAL STRATEGY

Area 7					
Referral Systems ¹	Some referrals are being done by the organization and/or implementing partners but there is no referral strategy in the organization's PMTCT approach.	There is a referral strategy that is part of the organization's approach to PMTCT 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 to PMTCT that provides for services not offered by the organization. The referral strategy is being implemented uniformly throughout the organization's PMTCT activities.	There is a referral strategy to provide services not offered by the organization and it is implemented uniformly throughout the organization's PMTCT activities. There is a formal referral arrangement with the other providers and organization receives referrals. There is a mechanism to verify that referred clients received the service.	Clients are referred for services not provided by the organization. Referral documentation is available and able to capture details pertaining to clients referred for outside services. The organization's approach to managing referrals for PMTCT related services can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

1. Are there any referrals being done at the moment?
 2. Is the referral strategy part of the organization's PMTCT approach?
 3. 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.]*
 4. Is there a directory of services and organizations within a defined catchment area?
 5. Is the referral strategy implemented uniformly throughout the organization's PMTCT activities? Is there a standardized referral form?
 6. Are there periodic meetings of network providers?
 7. Is there means of verifying whether services were received?
 - o *[Is there documentation on clients referred to provide information on who received the services?]*
 8. Does the organization monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?
- Area 7 Score:** _____

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

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 8					
Training Approach	There are some trainings being conducted by the organization and/or its implementing partners but there is no process to generate training needs.	There are several trainings being conducted by the organization and/or its implementing partners and there is a process to generate training needs that meet overall project objectives.	Trainings are based on needs assessments and include support supervision training. There is a project training plan and appropriate training curricula are used and/or adapted.	Trainings are based on needs assessment and include support supervision training and use of appropriate curricula. There is a mechanism to evaluate the relevance and effectiveness of trainings conducted and update the project training plan. Trained people apply the skills to coach and mentor others. There is a regular and functional support supervision structure in place.	The organization and/or its implementing partners have training and skills development plans that can be used as a model for organizations implementing similar programs.
	1	2	3	4	

Probing questions:

1. Are any project-specific trainings conducted?
2. Is there a process to generate training needs?
3. Are the trainings based on a needs assessment? Are appropriate curricula used?
4. Do those trained apply the skills to coach and mentor others?
5. Is there a regular and functional support supervision structure in place?

Area 8 Score: _____

Objective: To establish the effectiveness of the PMTCT support supervision structureⁱⁱⁱ.

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area 9: Support Supervision					
Support Supervision¹	There is limited or no supervisory structure for PMTCT activities.	A supervisory structure and process exists for PMTCT activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for PMTCT 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 PMTCT activities that includes regular (monthly) supervisory visits to implementers and supervisory tools; supervisory visits are taking place on or close to schedule and feedback is being given to implementers.	The organization's supportive supervision plan can be used as a model for other PMTCT programs.
	1	2	3	4	

Probing questions:

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

Area 9 Score: _____

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

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

DOMAIN I: ORGANIZATIONAL STRATEGY					
Area I0: Leadership					
Leadership²	Has limited or no identified project leadership or committed members at site and/or at the implementing partner(s).	Has clear project leadership at each level of implementation and among partners with some knowledge of PMTCT program management and is running some PMTCT activities.	Has clear and committed project leadership at the organization and its partners with good experience and clear vision in providing PMTCT services. However, the leaders need some assistance to set up and lead good systems for PMTCT services delivery.	Has strong leadership with full understanding of PMTCT 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 PMTCT services.	Has strong leadership with full understanding of PMTCT issues that is able to keep up with the issues, can credibly represent the organization at the local and international levels and can train other teams to expand PMTCT services.
	1	2	3	4	

Probing questions:

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

Area I0 Score: _____

Total Domain I points: _____

Domain I Score (Points/I0): _____

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

² Examples of PMTCT leadership roles:

- Sitting on national coordination bodies
- Has appropriate skills
- Providing technical guidance for PMTCT to junior staff
- Possession of appropriate training in PMTCT

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 of program implementation.	The organization has documented procedures and appropriate tools to guide data collection at various levels of program implementation. Tools have been reviewed to capture information required for specific-donor 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 procedures adhere to concerns for confidentiality and protecting the personal information of the client.	Data collection tools have been standardized to collect specific data across sub-partners and service delivery points. The organization has clearly documented data collection requirements in MOUs with sub-partners. The staff and community involved in data collection have been trained and are routinely 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). All relevant staff and community stakeholders are fully involved in data collection, have been trained, and are routinely supervised in use of the tools. Sub-partners collect and submit donor-specific data as required.	The organization's data collection approach for PMTCT activities offers a model that can be replicated by similar organizations.
	1	2	3	4	

Probing questions:

1. Does the organization have tools for collecting data at the various levels¹?
2. Have the tools been reviewed to capture information required for national and donor specific 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 in place to avoid double counting (for example, unique client identification)?³
6. Have staff been trained in the use of 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: Data Quality Assurance and Improvement					
Data Quality Assurance and Improvement	The organization has not identified the need for having data quality assurance processes in place.	The organization has identified the need for data quality assurance processes, as well as the requirements for such a system. The organization has a nascent data quality assurance process in place.	The organization has an effective data quality assurance process in place and is able to identify and address gaps and/or weaknesses in data.	The organization has an effective data quality assurance process in place, and has identified a feedback mechanism to routinely assess quality in critical areas of service delivery. The feedback mechanism is known by relevant project staff.	The organization's approach to data quality assurance and improvement offers a model that can be replicated.
	1	2	3	4	

Probing questions

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

Organization has	Yes	No	N/A	Comments
M&E plan with clearly specified M&E roles and responsibilities				
SOPs for data collection, tracking clients' records, & data storage				
SOPs for conducting data quality assessments, validation, & cleaning				
SOPs for aggregation & analysis of data				
SOPs for ensuring data security				
Staff trained on relevant SOPs				
SOPs displayed and accessible for easy reference by all relevant staff				
Mechanism to ensure unique client identification across sites, services, and longitudinally				
Standardized tools across projects				
A clear data-flow plan (with timelines for submission of data and provision of feedback)				
Data collection tools are updated to cater for variations in indicator requirements				
Data quality assessments are done to assess reliability, validity and accuracy of collected data				
Data review processes exist 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 SYSTEM, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

Area 3: Data Use for Decision Making					
Data Use for Decision Making	The organization and/or its implementing partners have limited or no historical (or baseline) data against which current data can be compared to help 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 reflect greater effectiveness. Data is shared with stakeholders and partners.	The organization's approach to data for decision making offers a model that can be replicated.
	1	2	3	4	

Probing questions:

1. Does the organization have historical (or baseline) data against which reports can be compared to help in decision making?
2. Does the organization have a process for comparing achievement against goals and past progress that result in plans to modify action or approach/ 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 or the referral, community, or demand-generation activities reflect greater effectiveness arising from data used for decision making?

Area 3 Score: _____

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

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

Area 4: Feedback and Sharing					
Feedback and Sharing	The data collected and reports written 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.	The organization and/or its implementing partners share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders.	The organization and/or its implementing partners share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. Program information is also shared with outside parties via documentation such as success stories and newsletters.	The organization's approach to and success with sharing information and soliciting feedback from stakeholders and interested parties can serve as a model for other organizations.
	1	2	3	4	

Probing questions:

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

Area 4 Score: _____

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

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

Area 5: Management Information Systems					
Management Information Systems (MISs)¹	The organization does not have a functional MIS to track data generated from various activities.	The organization has a simple MIS that has built-in data quality and validation checks (manual and electronic).	The organization has an MIS with built-in data quality and validation checks, and capacity for most specialized data retrievals. This system is used and understood by relevant staff and management.	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. This system is used and understood by the relevant staff and management, and produces the needed information.	The organizations' MIS can be used as a model by other organizations.
	1	2	3	4	

Probing questions:

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

Area 5 Score: _____

Total Domain 2 points: _____

Domain 2 Score (Total Points/5): _____

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

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

ⁱ Program Approach/Strategy

PMTCT, like other fields of HIV care, is very dynamic. New science is continuously shaping the response to preventing infections passing from mother to born or unborn babies. In 2010, WHO issued a set of new guidelines on the use of ARVs for treating pregnant women and preventing HIV infection in infants. These guidelines distinguish between use of ARVs for therapeutic purposes for the mother and prophylaxis purposes for the babies. (Available at http://www.who.int/hiv/pub/mtct/rapid_advice_mtct.pdf)

ⁱⁱ Demand Generation

Demand generation addresses the unmet need for maternal health services in form of supervised births attendants, which is very high in most developing countries: in Africa, it can be as high as 60% in some communities, while ANC coverage (at least 4 visits during pregnancy) averages about 80%. In 2010, coverage for PMTCT server averaged between 53-80% in communities with generalized epidemics. (Available at http://reliefweb.int/sites/reliefweb.int/files/resources/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf)

ⁱⁱⁱ Support Supervision

Supportive supervision uses a practical system of objective measures to foster improvements in the procedures, personal interactions, and management of primary health care. While many approaches can be used to improve the quality of services provided, supportive supervision improves services by focusing on meeting staff needs for management support, logistics, and training on technical aspects of services. The goal of supportive supervision is to promote effective delivery of services. Checklists help organize work of supervisors to make it regular and reliable. Supervisors find this approach motivating, because it helps them identify and address the highest priority problems. (Available at <http://www.msh.org/Documents/OccasionalPapers/upload/Supportive-Supervision-to-Improve-Primary-Health-Care.pdf>)