

Annex Ib

Technical Organizational Capacity Assessment (TOCA)



Care and Support (C&S) Services

Goal:

The goal of this tool is to assist care and support programs in assessing the critical elements for effective program implementation, and identifying those elements that need strengthening or further development.

Purpose:

The purpose of this tool is to assess an organization's ability to implement care and support 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 the NPI project, this is not an explicit objective of this assessment.

The Technical Organizational Capacity Assessment (TOCA) 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 care and support programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on care and support 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 14 areas for assessment, as follows:

Domain 1: Organizational Strategy

1. Program Approach
2. Guidelines/SOPs
3. Physical Space
4. Demand Generation
5. Community Involvement
6. Referral Systems
7. Leadership

Domain 2: Supplies Management

1. Procurement Planning
2. Commodity Storage and Utilization

Domain 3: Management

Information System

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 1					
Program Approach	There are limited or no C&S services being delivered by the organization at the moment.	There are some C&S services being delivered by the organization which are in response to an evidence based determination of need and audience identification.	The organization has a framework for referring clients for C&S services not offered by the program and is able to meet most client needs.	The organization has the capacity to scale up.	C&S clients are able to receive all necessary services, either through the organization or the partner or through linkages.
	1	2	3	4	5
AREA 2					
Program Specific Guidelines/ Standard Operating Procedures ¹	There are limited or no organizational guidelines and SOPs for care and support service delivery.	Guidelines and protocols are up to date and in line with national and PEPFAR guidelines.	Guidelines and protocols are up to date and in line with national and PEPFAR guidelines. The guidelines / protocols have been interpreted and disseminated to the implementers and relevant stakeholders.	Guidelines and protocols are up to date and in line with national and PEPFAR guidelines. The guidelines / protocols have been interpreted and disseminated to the implementers and relevant stakeholders. The implementers are applying the guidelines and SOPs in service delivery.	The services being delivered are standardized across all service delivery points according to the guidelines/SOPs and the model can be used as a resource by other programs.
	1	2	3	4	5
AREA 3					
Physical Space	There is limited or no designated space for C & S services that conforms to National standards and/or international standards.	There is sufficient space for providing specific C & S services.	The available space for C&S services is sufficient to address the confidentiality issues of the clients where required.	There is a plan to meet client space needs in the community/mobile service delivery, including confidentiality.	The organization has documented and defined minimum standards for the types of spaces required for different C & S services, have strategies to ensure these are adhered to and are using them.
	1	2	3	4	5

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

AREA 4					
Demand Generation	There is limited or no organizational process to mobilize clients/beneficiaries.	The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects.	The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects. The process to mobilize clients covers all C & S services provided by the site/program.	The process to mobilize clients involves the community and the target beneficiaries are clearly defined for all projects. The process to mobilize clients covers all C & S services provided by the site/program. There has been assessment carried out to determine the impact of the mobilization process.	There is a client mobilization strategy in place which addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand. This is well appreciated by the community and can be replicated in other programs.
	1	2	3	4	5
AREA 5					
Community Involvement	There are limited or no fora where the organization meets with the community to set priorities for intervention.	The community is involved in selection of C & S clients.	The community is involved in selection of C & S clients. There is a mechanism for the C & S program to receive input from the community.	The community is involved in selection of C & S clients. There is a mechanism for the C & S program to receive input from the community. There is a framework where the organization accounts to the community for the welfare of the C & S clients.	The community participates in most C & S activities and the activities reflect the needs of this community as much as possible. There is effective and well documented referral of clients to and from the primary target community. There are structures within the targeted community to support the C & S services that can be used as a resource for other programs.
	1	2	3	4	5

AREA 6							
Referral Systems	There are limited or no referrals being done at the moment and no list of all the organizations providing C & S care and related services in the project area is available.	Mapping of other service providers has been completed and there exists a list of organizations/ providers/facilities providing related or complementary services. There are no clear referral guidelines in place.	There are clear referral guidelines in place and referrals are being made. There exists a formal referral partnership with other service providers and documentation of referrals is available and able to capture all the referred clients.	There is a referral strategy in place that is operational. Referrals made are tracked and reported. The organization is able to monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting all clients' needed services.	Clients are referred for services, there is a formal referral arrangement with the other providers and organization receives referral. Referral documentation is available and able to capture all the referred clients who accessed the services. The organization is able to cover all the components of C & S and related services, both directly and through effective referrals.	1	
		2	3	4	5		
	AREA 7						
	Leadership	Has limited or no identified leadership or committed members at site or in community.	Has clear leadership at each level of implementation with some knowledge of C & S program management and is running some C & S activities.	Has committed leadership with good experience and clear vision in providing C & S services. Leadership needs some assistance to set up and lead good systems for C & S service delivery.	Has committed leadership with full understanding of C & S issues and is able to provide strategic thinking and direction. Leadership is engaged in establishing, strengthening and expanding C & S care access points as well as coaching and mentoring staff.	Has strong leadership with full understanding of C & S issues, has a clear team and is able to train other teams to expand C & S access points.	1
			2	3	4	5	

DOMAIN 2: SUPPLIES MANAGEMENT							
AREA 1							
Procurement Planning	There is a limited or no procurement plan to meet the planned C & S program needs and ensure that procurement for items to be obtained from central stores is planned effectively.	There is a reliable system for procurement and management of C & S supplies and it conforms to USG guidelines.	There is a reliable system for procurement and management of C & S supplies and it conforms to USG 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 C & S services provided and ensures supply continuity.	The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock out.	1	
		2	3	4	5		
	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 C&S supplies procured that meets safety standards.	There is a storage area sufficient for C&S supplies procured that meets safety standards. There is a system for C&S commodity management and stationery to track authorized usage and disposal and other practices.	There is a storage area sufficient for C&S supplies procured that meets safety standards. There is a system for C&S commodity management and stationery to track authorized usage and disposal and other practices. There is a good inventory and logistics management system in place that takes care of fair forecasting.	The organization has an elaborate supplies and logistics management system and best practices; it can be used as a resource or training centre.	1
			2	3	4	5	

DOMAIN 3: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEM, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING					
AREA 1					
Procurement Planning	The organization has a limited or no documented procedure to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e., appropriate indicators). Some information the organization 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 PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has a documented and fully functional procedure for data transmission (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's data collection approach offers a model which can be replicated.
	1	2	3	4	5
	AREA 2				
Procurement Planning	The organization has not identified requirements for having data quality assurance processes in place.	The organization has identified requirements for data quality assurance and has a data quality assurance process in place.	The organization has a data quality assurance process in place and is able to address gaps in data.	The organization has a 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 has established a data quality management system and identified quality indicators for routine assessment. It can serve as a resource for other projects.
	1	2	3	4	5

AREA 3					
Data Use for Decision Making	The organization and/or its implementing partners have limited or no historical (or baseline) data against which reports can be compared to help in decision making.	The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress that results in plans to modify action or approach/ tools.	The management and staff of the organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention.	The organization and/or its implementing partners' current approach to implementation and/or the referral, community or demand generation activities carried out reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization is provided to stakeholders and partners in providing comprehensive HIV care and plans of external partners are modified with reference to data collected and reported by this organization.
	1	2	3	4	5
	AREA 4				
Feedback and Sharing	The data collected and reports made by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and 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 share this information. The organization solicits feedback from stakeholders. Summarized and period reports are also made to outside parties by way of success stories.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and PEPFAR measures and best practices and lessons are shared with other practitioners.
	1	2	3	4	5
	AREA 5				
Management Information Systems (MIS) ²	The organization has a simple Management Information System to track project/ program data.	The organization has an MIS system which has built-in data quality & validation checks (manual & electronic).	The organization has an MIS system with built-in data quality and validation checks, and capacity for most specialized data retrievals.	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.	The organization has a good MIS system with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the backup plan is adhered to. There is evidence of data backup activities. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	5

² 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.

HIV Counseling and Testing (HCT) Services

Goal:

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

Purpose:

The purpose of this tool is to assess an organization's ability to implement HCT programs in the specific technical areas by looking at personnel, documents and systems in place at the organizational and implementing partner levels. While the discussions will include and may focus on implementation of 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 HCT programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on HCT issues.

The TCA tool assesses technical capacity in three domains – organizational strategy, supplies management, and management information systems. Each domain has a number of areas, for a total of 18 areas for assessment, as follows:

Domain 1: Organizational Strategy

1. Program Approach
2. Guidelines/SOPs
3. Physical Space
4. Demand Generation
5. Community Involvement
6. Referral Systems
7. Leadership

Domain 3: Management Information System

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

Domain 2: Supplies Management

1. Procurement Planning
2. Commodity Storage and Utilization

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 1					
Program Approach/ Strategy	1	2	3	4	5
	The organization and/or its implementing partners has limited or no defined, documented HCT approach/ strategy.	The organization and/or its implementing partners have a defined and documented HCT strategy which is in response to an evidence based determination of need and audience identification.	The organization and/or its implementing partners have a defined and documented HCT strategy which is in response to an evidence based determination of need and the HCT services meet the minimum basic package according to the National and or PEPFAR requirements and are comprehensive (clients are able to receive all necessary HCT services either through the organization or linkages).	The organization has a defined and documented HCT strategy which is in response to an evidence based determination of need and HCT services are tailored to individual needs and are comprehensive (clients are able to receive all necessary HCT services either through the organization or linkages). The organization has an accreditation process that is government certified. The organization has the capacity to scale up HCT services.	The organization and/or its implementing partners have a defined and documented HCT strategy. HCT clients are able to receive all necessary services, either through the organization, partners or through linkages, the organization has an accreditation process for its facilities and the organization has capacity to scale up.
AREA 2					
Program Specific Guidelines/ Standard Operating Procedures (SOPs) ³	1	2	3	4	5
	The organizational approach/ strategy does not include guidelines, protocols or SOPs for HCT.	The organizational approach/ strategy includes guidelines, protocols and SOPs for HCT which are up to date and in line with national and PEPFAR guidelines and have been disseminated to staff and implementers.	The organizational approach/ strategy includes guidelines, protocols and SOPs for HCT which are up to date and in line with national and PEPFAR guidelines and are being applied in HCT service delivery.	The organizational approach/ strategy includes guidelines, protocols and SOPs for HCT which are up to date and in line with national and PEPFAR guidelines and are being applied in HCT service delivery. The strategy can be used as a resource by other organizations.	The service being delivered is standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.
	1	2	3	4	5

³ Project specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the project operates.

AREA 3					
Service Standards ⁴	The organization has no service standards for HCT.	HCT service standards exist, but are not uniformly applied across the project and not all staff are aware of them.	HCT service standards exist; staffs are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but are not applied in a comprehensive manner.	HCT service standards exist; staffs are aware of these standards and appropriately trained to apply them; monitoring reports show they are consistently adhered to.	Project standards can be used as a resource for HCT service quality improvement.
	1	2	3	4	5
AREA 4					
Physical Space	There is limited or no designated place for HCT services where applicable.	The designated space for delivering HCT is sufficient for this purpose.	The organization's space is appropriate for HCT service delivery. Available space caters for the confidentiality issues of the clients.	The organization's HCT service delivery space requirements for the next one year are known and planned.	There is a documented, defined and adequate space for HCT services delivery. Plans are in place to cater for HCT space needs as program continues to expand.
	1	2	3	4	5

⁴ A standard is an agreed-upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidenced-based. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.

AREA 5					
Demand Generation ⁵	1	2	3	4	5
	Limited or no demand creation strategy exists at the organization and /or it's implementing partners. Target audiences are not segmented. Clients are tracked but do not reflect the intended audiences.	Limited demand creation 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 creation strategy is in place. Target audiences have been segmented. Main messages clearly relate to these target segments. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	There is a demand generation strategy in place which addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is well appreciated by the community and can be replicated in other programs.
AREA 6					
Program Implementation	1	2	3	4	5
	The organization's HCT strategy is ad hoc and uses only one or two HCT approaches for reaching the target clients.	The organization's HCT program strategy is based on a plan and uses multiple HCT approaches to reach the target clients (e.g., static HCT clinics, mobile HCT clinics, home to home HCT, couple CT).	The organization's HCT strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static HCT clinics, mobile HCT clinics, home to home HCT, couple CT) and uses periodic reviews to ensure that the approaches are up to date and relevant to the context and realities.	The organization's HCT strategy is based on a plan and uses multiple approaches to reach the target audience (e.g., static HCT clinics, mobile HCT clinics, home to home HCT, couple CT) and the implementers have supporting materials to do their work (e.g., testing protocols, test kits, counseling cards, referral guides), and uses periodic reviews to ensure that the materials are up to date and relevant to the context and realities.	The organization's HCT implementation strategy can be used as a resource for other HCT programs.

⁴ A standard is an agreed-upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidenced-based. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.

⁵ An effective demand generation strategy should be able to target and reach those most in need or at risk, increase demand for HCT services, and be sensitive to age, gender and culture.

AREA 7					
Community Involvement	The organization's strategy or approach includes community participation but there are limited or no opportunities for the community to participate in HCT activities.	The organization's strategy or approach includes community participation and there are regular opportunities for the community to participate in HCT activities including setting of priorities for intervention, defining channels for HCT service delivery and mobilizing target beneficiaries.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HCT activities including setting of priorities for interventions, defining channels for HCT service delivery and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HCT activities including setting of priorities for interventions, defining channels for HCT service delivery and mobilizing target beneficiaries. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community.	The community participates in most HCT activities and the activities reflect the needs of the community as much as possible. There are community based structures to support the HCT activities that can be used as a resource for other programs.
	2	3	4	5	
AREA 8					
Referral Systems	Some referrals are being done by the organization and/or implementing partners but there is no referral strategy in the organization's HCT approach.	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 HCT activities.	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 HCT activities. 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 the referred clients who accessed the services. The organization is able to cover all the components of HCT and related services.
	1	2	3	4	5

AREA 9					
Training Approach	1	2	3	4	5
	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 done by the organization and/or its implementing partners are based on training needs assessments and include support supervision training. There is a project training plan and appropriate training curricula are used and/or adapted.	Trainings done are based on needs assessment and include support supervision training and appropriate curricula are used, there is a mechanism to evaluate the relevance and effectiveness of trainings conducted and update the project training plan. Trained people apply the skills acquired from the trainings and are able 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 resource for other organizations implementing similar programs.
AREA 10					
Supervision	1	2	3	4	5
	There is limited or no supervisory structure for HCT activities.	A supervisory structure and process exists for HCT activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for HCT activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule.	A supervisory structure and process exists for HCT activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule and feedback is being given to implementers.	The organization's project supervision plan can be used as a resource for other HCT programs.
	1	2	3	4	5

⁶ A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in HCT, while an “experienced leader” is both fully committed and familiar with HCT issues.

AREA 11					
Leadership ⁶	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 HCT program management and is running some HCT activities.	Has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing HCT services. However, the leaders need some assistance to set up and lead good systems for HCT services delivery.	Has strong leadership with full understanding of HCT issues and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand HCT services.	Has strong leadership with full understanding of HCT 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 HCT services.
	1	2	3	4	5
DOMAIN 2: SUPPLIES MANAGEMENT					
AREA 1					
Procurement Planning	There is limited or no procurement plan to meet the planned HCT program needs and the items to be procured or ordered from central stores are planned effectively.	There is a reliable system for procurement and management of HCT supplies which conforms to USG guidelines.	There is a reliable system for procurement and management of HCT supplies which conforms to USG guidelines. There is a quality assurance process for product availability and certification.	The organization has a supply chain management system that accommodates the specific requirements of the HCT program and ensures supply continuity.	The inventory and supply chain management system used by the organization is comprehensive for continued services with no stock out.
	1	2	3	4	5

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 HCT supplies procured that meets safety standards.	There is a storage area sufficient for HCT supplies procured that meets safety standards. There is a system for HCT commodity management and stationery to track authorized usage and disposal and other practices.	There is a storage area sufficient for HCT supplies procured that meets safety standards. There is a system for HCT commodity management and stationery to track authorized usage and disposal and other practices. There is a good inventory and logistics management system in place that takes care of fair forecasting.	The site has an elaborate supplies and logistics management system and best practices; it can be used as resource or training centre.
	1	2	3	4	5

DOMAIN 3: DATA COLLECTION , QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEM, FEEDBACK AND SHARING , AND USE FOR DECISION MAKING					
AREA 1					
Data Collection	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e. appropriate indicators). Some information the organization 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 PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has a documented and fully functional procedure for data transmission (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's data collection approach offers a model which can be replicated.
	1	2	3	4	5

AREA 2						
Data Quality Assurance and Improvement	The organization has not identified requirements for having data quality assurance processes in place.	The organization has identified requirements for data quality assurance and has a data quality assurance process in place.	The organization has a data quality assurance process in place and is able to address gaps in data.	The organization has a 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 has established a data quality management system and identified quality indicators for routine assessment. It can serve as a resource for other projects.	
	1	2	3	4	5	
	AREA 3					
	Data Use for Decision Making	The organization and/or its implementing partners have limited or no historical (or baseline) data against which reports can be compared to help in decision making.	The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress those results in plans to modify action or approach/ tools.	The management and staff of the organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention.	The organization and/or its implementing partners' current approach to implementation and/or the referral, community or demand generation activities carried out reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization is provided to stakeholders and partners in providing comprehensive HIV care and plans of external partners are modified with reference to data collected and reported by this organization.
		1	2	3	4	5

AREA 4						
Feedback and Sharing	The data collected and reports made by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and shares this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and 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 share this information. The organization solicits feedback from stakeholders. Summarized and period reports are also made to outside parties by way of success stories.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and PEPFAR measures and best practices and lessons are shared with other practitioners.	
		1	2	3	4	
						5
	AREA 5					
	Management Information Systems (MIS)	The organization has a simple Management Information System to track project/ program data.	The organization has an MIS system which has built-in data quality & validation checks (manual & electronic).	The organization has an MIS system with built-in data quality and validation checks, and capacity for most specialized data retrievals.	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.	The organization has a good MIS system with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the backup plan is adhered to. There is evidence of data backup activities. The system has built-in capacity for most specialized data retrievals.
		1	2	3	4	
						5

⁷ 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.

Orphans and Vulnerable Children (OVC) Services

Goal:

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

Purpose:

The purpose of this tool is to assess an organization's ability to implement OVC 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 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 orphans and vulnerable children (OVC) programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on OVC issues.

The TCA tool assesses technical capacity in three domains – organizational strategy, management information systems, and OVC programming technical capacity. Each domain has a number of areas, for a total of 24 areas for assessment, as follows:

Domain 1: Organizational Strategy

1. Program Approach
2. Guidelines/SOPs
3. Service Standards
4. Selection of Beneficiaries/Targeting
5. Stigma and Discrimination Protocols
6. Project Human Resources (Volunteers)
7. Community Involvement
8. Child Participation
9. Referral Systems
10. Skills Building
11. Leadership
12. Sustainability

Domain 2: Management Information System

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

Domain 3: OVC Programming Technical Capacity

1. Nutrition and Food Security Support
2. Shelter and Care Support
3. Protection/Legal Aid Support
4. General Health Support
5. Psychosocial Support
6. Education/Vocational Training Support
7. Economic Opportunity/ Strengthening Support

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 1					
Program Approach	There are no OVC services ⁸ being delivered by the organization at the moment (either directly or via linkages/referrals).	There are some OVC services being delivered (either directly or via linkages/referrals) which are in response to a clear determination of need.	OVC services (either directly or via linkages/referrals) offered cover a minimum of recommended components of comprehensive care as defined/determined by PEPFAR and/or national standards.	Services offered cover the range of services in accordance with PEPFAR and national standards (either directly or via linkages/referrals). The organization is able to tailor services to beneficiaries' individual needs. The organization has the capacity to scale up OVC service delivery while maintaining quality of services.	Due to the work of the organization, OVCs within the organization's catchment area receive high quality, comprehensive services, either through the organization itself or through linkages/referrals. The organization's Program Approach offers a model which can be replicated.
	1	2	3	4	5
AREA 2					
Project Specific Guidelines/ Standard Operating Procedures (SOPs) ⁹	There are no project specific guidelines/SOPs in place for OVC service delivery.	There are up to date guidelines/SOPs in place in line with national and PEPFAR guidelines.	There are up to date guidelines/SOPs in place in line with national and PEPFAR guidelines. The guidelines/SOPs have been interpreted and disseminated to project staff, implementers and relevant stakeholders (as appropriate).	There are guidelines/SOPs in place which are up to date and in line with national and PEPFAR guidelines. The guidelines/SOPs have been interpreted and disseminated to project implementers and relevant stakeholders (as appropriate). The implementers are fully applying the guidelines/SOPs in service delivery sites.	OVC services are being delivered in a standardized manner across all service delivery points according to documented guidelines/SOPs. The organization's project specific guidelines/SOPs offer a model which can be replicated.
	1	2	3	4	5

⁸ OVC services are defined by PEPFAR as Education, Food and Nutritional Support, Shelter and Care, Protection, Health Care, Psychosocial Support and Economic Strengthening. Programs should also take into account National OVC policies and definitions of comprehensive care when considering what services to offer beneficiaries.

⁹ Project specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the project operates.

AREA 3					
Service Standards ¹⁰	The organization has no service standards for the OVC project.	OVC service standards exist, but are not uniformly applied across the project and not all staff are aware of them.	OVC service standards exist; staff are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but are not applied in a comprehensive manner.	OVC service standards exist. Staff and implementers (including volunteers) are aware of these standards and are appropriately trained to apply them. Monitoring reports show they are consistently and comprehensively adhered to.	The Project can be used as a resource for OVC service quality improvement. The organization's Service Standards model is one which can be replicated.
	1	2	3	4	5
AREA 4					
Selection of Beneficiaries/ Targeting	There are no project guidelines on the selection of beneficiaries.	There are clear project guidelines on the selection of beneficiaries which take into account reaching the most vulnerable. The organization has considered the different options for selecting beneficiaries ¹¹ .	There are clear project guidelines for beneficiary selection that take into account reaching the most vulnerable. Different targeting options are considered and the project targeting is transparent and community-driven. Efforts are made to reach especially vulnerable children (those under 5 years of age, disabled, girl children, HIV infected and/or child-headed households).	Project targeting and the selection of beneficiaries make efforts to avoid stigmatizing OVC and their families (takes into account a 'Do No Harm' philosophy).	The project's selection process and guidelines can be used as a resource for other OVC programs.
	1	2	3	4	5

¹⁰ A standard is an agreed upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidence-based. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassion and relations, appropriateness, participation and sustainability (Quality Assurance Project, USAID). Project service standards should be documented for reference.

¹¹ For example, different methods of targeting are: 1) developing a targeting survey based on community criteria for vulnerability; 2) using poverty indicators; 3) using local lists of OVC households (with consideration that relying on these lists alone could reinforce stigma against these households); 4) using an 'equity' strategy whereby each village in the area has the same number of identified households; 5) using a 'cluster' strategy where villages with most vulnerable households are the focus of the work; 6) using a 'scoring' strategy where children with the highest levels of vulnerability (vulnerability 'scores') are enrolled, regardless of village (source: Speak for the Child Case Study: Kenya, August 2003).

AREA 5					
Stigma and Discrimination Protocols ¹²	The organization has done no analysis of how to avoid increasing stigma and discrimination as a result of its activities.	The organization has considered how to avoid increasing stigma and discrimination as a result of its activities and has relevant protocols in place. The organization has consulted with relevant community members on this issue.	The organization's project activities take into account stigma and discrimination reduction measures to avoid furthering stigma and discrimination.	There is evidence/ observations that the organization has avoided furthering stigmatization/ discrimination of beneficiaries in its activities.	The organization's Stigma and Discrimination Protocols offer a model which can be replicated.
1	2	3	4	5	
AREA 6					
Volunteer Capacity and Support	The organization has done no analysis of human resource capacity (of volunteers) in terms of OVC service delivery.	The organization has solicited the input of its volunteers in terms of their capacities and constraints, and taken this into account when designing/ implementing projects. However there is no volunteer retention strategy in place.	The organization's project design takes into account an analysis of volunteer workload capacities and constraints. A volunteer retention strategy is in place, including processes to support volunteer morale and address the psychosocial needs of volunteers.	The organization's project design reflects a realistic assessment of volunteer capacities and constraints. A functioning volunteer retention strategy is in place and the project has a low volunteer turnover rate.	The organization's approach can be used as a resource for other OVC projects working with volunteers.
1	2	3	4	5	

¹² Stigma is based on beliefs. A person is 'stigmatized' when another person thinks negatively of them because of something they have experienced or because they belong to a particular group. Discrimination occurs when actions are taken (or not taken) on the basis of a stigmatizing belief. At times OVC programs inadvertently contribute to furthering stigma and discrimination against OVC and their families, for example, by offering support to only one child in a household where all children are vulnerable (singling out a child as 'different' and leading to possible marginalization/resentment). In some communities this will not be the case, but an analysis of such issues is a critical component to a strong OVC program.

AREA 7					
Community Involvement ¹³	There is little or no interface with the community. The OVC issues being addressed are not necessarily priorities for the community.	There are fora for the community (including those regularly in contact with vulnerable children such as teachers, child welfare officers, health care workers, police, etc.) to participate in project activities, including the setting of mutually agreed upon intervention priorities/goals and the transparent selection of beneficiaries (as appropriate).	There are fora for the community to co-plan and participate in project activities on an ongoing basis. There are village/grassroots structures formed or in place to support the OVC services.	The community participates in project activities on an ongoing basis (as appropriate). The organization receives regular input and feedback from the community which it is able to take into account when implementing projects. There is a framework in place to account to the community on project progress.	The community fully participates in OVC activities (as appropriate) and the activities reflect the needs of the community as much as possible. There are community-based structures to support the OVC services that can be used as a resource for other organizations. The organization's Community Involvement component offers a model which can be replicated.
1	2	3	4	5	
AREA 8					
Child Participation ¹⁴	There are no fora for the children to participate in the design or provide feedback regarding project activities and staff have limited knowledge in child participation.	There are occasional (non-regular) fora for the children to participate in OVC project activities and staff have some knowledge on child participation.	The organization has documented procedures and guidelines on child participation. The OVC project solicits and receives input and feedback from children via regular fora and staff have knowledge and skills in child participation.	Fora for ongoing child participation exist and the OVC project receives ongoing input and feedback from children which it is able to incorporate into project activities. Child participation procedures are documented and standards in child participation exist and are used in practice.	Children participate fully in project activities and the activities reflect the needs of the children as much as possible. Lessons and best practices in child participation are documented and shared. The organization's Child Participation approach offers a model which can be replicated.
1	2	3	4	5	

¹³ Families and communities have important roles to play in raising children. PEPFAR seeks to support interventions that strengthen the capacities of families and communities to make informed decisions regarding who needs what care and how best to provide it, especially for the long term.

¹⁴ Children's participation is an informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them either directly or indirectly. Children and their families should participate, to the fullest extent of their capacities, through the entire project cycle of planning, implementing, monitoring, and evaluating. Participation increases program responsiveness in the best interests of the child and his or her families, and improves the likelihood of making a measurable difference in their lives. This is one of the rights described in the UN Convention on the Rights of the Child.

AREA 9					
Referral Systems ¹⁵	There is no referral system set up. There is no list of other organizations/ Providers/facilities providing services that OVC and their families can access.	Mapping of other service providers has been completed and there exists a list of organizations/ Providers/facilities providing related or complementary services. There are no clear referral guidelines in place.	There are clear referral guidelines in place and referrals are being made. There exists a formal referral partnership with other service providers and documentation of referrals is available and able to capture all the referred clients.	There is a referral strategy in place that is operational. Referrals made are tracked and reported. The organization is able to monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting all clients' needed services.	The organization's referral system serves as a model that can be replicated.
	1	2	3	4	5
AREA 10					
Skills Building	There are no project specific skills building activities being conducted.	There are some skills building activities being conducted and there is a process to address needs that meet overall project objectives.	Skills building activities are based on needs assessments. Appropriate, technically sound curricula are used and/or adapted. A documented skills building plan is in place.	Skill building activities include support supervision training (as appropriate). Appropriate and high quality curricula are used. There are mechanisms to evaluate the relevancy and effectiveness of the trainings. Functional support supervision structures are in place, and evidence that trainees are applying the skills acquired and are able to coach and mentor others. Refresher trainings are offered as needed. The skills building plan is updated regularly.	The organization has a high quality staff training and skills development process. The organization's Training approach offers a model which can be replicated.
	1	2	3	4	5

¹⁵ Referral systems offer opportunities for case management in delivering comprehensive support to children. Identifying and coordinating multi-sectoral responses is important to make certain that all core interventions are available for children and families in need and that children and their families have access to interventions outside the purview of PEPFAR funds.

AREA 11					
Leadership	Has no identified and committed OVC project leadership ¹⁶ .	Has identified leadership at most levels of implementation who are responsible for OVC program management; leadership has some knowledge of OVC issues.	Has committed leadership with good experience and clear vision in providing OVC services at each level of implementation. Leadership needs some assistance to set up and lead strong systems for OVC service delivery.	Has committed leadership with full understanding of OVC issues and is able to provide strategic thinking and direction. Leadership is engaged in establishing, strengthening and expanding OVC services, as well as coaching and mentoring staff.	Has committed leadership at each level of implementation with full understanding of OVC issues and is able to train other organizations in running OVC programs. The organization's leadership approach offers a model which can be replicated.
	1	2	3	4	5
AREA 12					
Sustainability ¹⁷	Project has no explicit sustainability plan and/or exit strategies in place.	The organization has identified the requirements for ensuring project sustainability.	The organization's activities reflect the emphasis on sustainability, and project leadership is able to identify areas for further consideration.	The organization's project activities fully reflect the emphasis on sustainability and/or there is an exit plan being implemented.	The organization has a clear vision for promoting sustainability and this is reflected in all its activities. Can serve as a resource for other projects.
	1	2	3	4	5

¹⁶ Regarding a 'committed leader(ship)' vs. 'experienced leader(ship)': a committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal OVC experience, while an 'experienced leader' is both fully committed and familiar with OVC issues.

¹⁷ PEPPAR's goal of building the long-term sustainability of OVC interventions requires planning for this transition and for the continuity of service delivery to and by the community.

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

AREA 1

Data Collection	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform project implementation. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the OVC and family.	Data collection tools have been standardized to collect PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has a documented and fully functional procedure for data transmission (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's Data Collection approach offers a model which can be replicated.
	1	2	3	4	5

AREA 2

Data Quality Assurance and Improvement	The organization has not identified requirements for having data quality assurance processes in place.	The organization has identified requirements for data quality assurance and has a data quality assurance process in place.	The organization has a data quality assurance process in place and is able to address gaps in data.	The organization has a 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 has established a data quality management system and identified quality indicators for routine assessment. It can serve as a resource for other projects.
	1	2	3	4	5

AREA 3						
Data Use for Decision Making	The organization and/or its implementing partners have limited or no historical (or baseline) data against which reports can be compared to help in decision making.	The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress that results in plans to modify action or approach/ tools.	The management and staff of the organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention.	The organization and/or its implementing partners' current approach to implementation and/or the referral, community or demand generation activities carried out reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization and/or its implementing partners is provided to stakeholders and partners in providing comprehensive HIV care and plans of external partners are modified with reference to data collected and reported by this organization.	
	1	2	3	4	5	
	AREA 4					
	Feedback and Sharing	The data collected and reports made by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information. The organization solicits feedback from stakeholders.	or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information. The organization solicits feedback from stakeholders. Summarized and period reports are also made to outside parties by way of success stories.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and PEPFAR measures and best practices and lessons learned are shared with other practitioners.
		1	2	3	4	5

AREA 5					
Management Information Systems (MIS) ¹⁸	The organization has a simple Management Information System to track project/ program data.	The organization has an MIS system which has built-in data quality & validation checks (manual & electronic).	The organization has an MIS system with built-in data quality and validation checks, and capacity for most specialized data retrievals.	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.	The organization has a good MIS system with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the backup plan is adhered to. There is evidence of data backup activities. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	5

DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY					
AREA 1					
Nutrition and Food Security Support	Nutrition and food security activities are implemented but ad hoc. Staff do not have knowledge and skills in nutrition and food security ¹⁹ .	Nutrition and food security activities are implemented. Food security and nutrition are reflected in organizational strategy and staff have adequate skills and knowledge in nutrition and food security.	Sufficient quantities of food are consistently available to OVC, and their households have adequate resources to obtain a sufficient quantity and quality of food for a nutritious diet that guarantees their short-term and long-term nutritional needs.	OVC households have sustainable livelihood initiatives for regular food support. OVC and their households are food secure with the required nutrition in accordance to age and circumstances.	The organization's model can be replicated by other OVC programs.
	1	2	3	4	5

¹⁸ 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.

¹⁹ Food security is defined as a situation in which “all people at all times have physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life,” (USAID Policy Determination, 1992). Three components include: food availability, food access and food utilization. Routine assessment, referral and continued monitoring for nutrition include: supplemental food support for nutritionally vulnerable children and PMTCT clients, micronutrient supplementation, nutrition counseling, promotion of optimal infant and young child feeding, services to improve food security, school and after care feeding, support to household and community gardens, support to small scale agriculture activities.

AREA 2					
Shelter and Care Support ²⁰	Some items like bedding and clothes are distributed to OVC households occasionally.	OVC and their households have access to basic domestic items like clothing, water, bedding and sanitation equipment.	Program staff have knowledge and skills in shelter and care support for OVC. Alternative foster care is provided for children without adult supervision.	Needs related to protective shelter, clothing, access to safe water and sanitation facilities are met. Efforts are made to ensure that OVC live in a secure and safe environment that does not put them at risk of injury or stigma.	The organization's approach to shelter and care support serves as a model that can be used by other OVC programs.
	1	2	3	4	5
AREA 3					
Protection/ Legal Aid support ²¹	Some protection/legal aid activities are implemented but not guided by policy frameworks.	Protection/legal aid support activities are planned and implemented but staff have limited knowledge and skills in protection/legal aid support and protection/legal aid support is not reflected in the overall organizational plan and strategy.	Protection/legal aid support is reflected in the organizational plan and strategy, protection/legal aid activities are implemented and staff have adequate knowledge and skills in protection/legal aid support. However, there are no child protection policies in place.	The organization is offering/ referring for a range of protection services. Program staff have adequate knowledge and skills in protection and legal aid support. The organization has child protection policies, procedures and guidelines. The organization has a written policy against abuse and exploitation of children, which clearly prohibits child labor and sexual activity between staff and children under 18 years of age. Children are free from physical and sexual abuse, neglect and exploitation and they are legally protected.	The organization's protection approach is a model that can be replicated by other OVC programs.
	1	2	3	4	5

²⁰ Shelter and care: The provision of basic commodities such as clothing, beddings and shelter to vulnerable children or institutions taking care of OVC.
²¹ Protection/legal aid is an immediate response to circumstances and conditions that create gross violation of the rights of children by subjecting them to risks and hazards. Protection/legal aid aims at ensuring that OVC are free from physical and sexual abuse, neglect and exploitation and that they are legally protected.

AREA 4						
General Health Support ²²	Some health support services are provided but staff do not have adequate skills in health care support.	Health support services are provided but are not comprehensive. Staff have minimal skills in health care support.	The organization's project staff have adequate skills in basic health care. Active measures are taken to meet the general health needs of children at every age level. The Project disaggregates health requirements and interventions by age groupings.	OVC supported by the organization's project are able to receive comprehensive health services enabling them to be productive and achieve their greatest potential.	The organization's health support approach serves as a model that can be replicated by other OVC programs.	
	1	2	3	4	5	
	AREA 5					
	Psychosocial Support ²³	Some psychosocial activities are implemented but unplanned.	Psychosocial support activities are planned and implemented but staff have limited knowledge and skills in psychosocial support, and psychosocial support is not reflected in the overall organizational plan and strategy.	Psychosocial support is reflected in the organizational plan and strategy. Psychosocial activities are implemented and staff have adequate knowledge and skills in psychosocial support but there are no specific support frameworks and/or tools for psychosocial activities.	Psychosocial support is reflected in the organizational plan and strategy; staff have adequate knowledge and skills in psychosocial support. The organization has specific psychosocial support frameworks, tools, and activities (e.g. memory books, succession plan, recreation, and psychosocial counseling). Lessons learned and best practices in psychosocial support are documented and shared.	The organization's psychosocial approach serves as a model that can be replicated by other OVC programs.
		1	2	3	4	5

²² Health: state of physical, mental and emotional well being that allows individuals to be productive.

²³ Psychosocial support is assistance given to OVC and their families to positively and meaningfully affect the psychological and social situation that impacts on their mental function and social behavior in relation to their families and to the society in which they live (adapted from Uganda OVC National Strategic Program Plan for Interventions).

AREA 6					
Education/ Vocational Training support ²⁴	Some education support activities are implemented but no deliberate effort is made to ensure OVC enrollment and retention in education/vocational training.	Scholastic materials, tuition and school uniforms and other needs are provided to OVC. OVC at risk of dropping out of school are provided with psychosocial support.	Special efforts are made to ensure that OVC enroll, attend and remain in school. Staff have adequate skills and knowledge in educational support for OVC.	OVC progress through school and vocational or non- formal training. Children get the stimulation they need to develop normally.	The organization's education support approach serves as a model that can be replicated by other OVC programs .
	1	2	3	4	5
AREA 7					
Economic Opportunity/ Strengthening Support ²⁵	Some income generating activities are implemented but they are not sustainable.	Income generating activities are implemented but staff do not have adequate knowledge in micro- enterprise development and management.	Program staff have adequate knowledge and skills in micro-enterprise development and management. Business development activities to promote entrepreneurship are implemented with OVCs and their households.	Basic needs of OVC and their households are met and households are linked to existing development programs. Economic activities can be sustained beyond the life of the project.	The organization's approach to economic strengthening serves as a model that can be replicated by other OVC programs.
	1	2	3	4	5

²⁴ Education: formal and informal systems of information acquisition, skills building and technical experiences that are made available during childhood but may also involve adults seeking to acquire new skills.

²⁵ Economic security is the ability and capacity of OVC and their households to sustain livelihoods over the medium- and long-term with or without short term emergency assistance.

Preventing Mother-To-Child Transmission (PMTCT) of HIV

Goal:

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

Purpose:

The purpose of this tool is to assess an organization's ability to implement 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 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 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 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. Service Standards
4. Physical Space
5. Demand Generation
6. Community Involvement
7. Referral Systems
8. Training Approach
9. Supervision
10. Leadership

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 1					
Program Approach/ Strategy	The organization and/or its implementing partners have limited or no defined, documented PMTCT approach/ strategy.	The organization and/or its implementing partners have a defined and documented PMTCT strategy which 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 which is in response to an evidence based determination of need and 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 which is in response to an evidence based determination of need and PMTCT services are tailored to individual needs and are comprehensive (clients are able to receive all necessary PMTCT services either through the organization or linkages). The organization has the capacity to scale up PMTCT services.	The organization and/or its implementing partners have a defined and documented PMTCT strategy. PMTCT clients are able to receive all necessary services, either through the organization, partners or through linkages, and the organization has capacity to scale up.
	1	2	3	4	5

Probing questions

- Which PMTCT services being delivered by the organization at the moment
 - e.g., CT for PMTCT, counseling on breast feeding, ART for PMTCT, family planning services?
- Do the PMTCT services offered represent an appropriate response to evidence based need of a defined audience?
 - In operationalizing 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.); use a process for setting clear PMTCT targets. Check if they are aware of the national priorities and if they are at hand.]
- Do the services provided meet the minimum basic package according to the National and or PEPFAR requirements?
- Does the organization have capacity to scale up?
 - Capacity refers to e.g. resources, technical know-how, etc., while Scale up is in terms of geographical coverage and comprehensiveness of services offered.

Area 1 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

AREA 2

Program Specific Protocols, Guidelines/ Standard Operating Procedures ¹	1	2	3	4	5
	The program approach/ strategy does not include guidelines, protocols or SOPs for PMTCT.	The program approach/ strategy includes guidelines, protocols and SOPs for PMTCT which are up to date and in line with national and PEPFAR guidelines.	The program approach/ strategy includes guidelines, protocols and SOPs for PMTCT which are up to date and in line with national and PEPFAR guidelines and are being applied in PMTCT service delivery.	The program approach/ strategy includes guidelines, protocols and SOPs for PMTCT which are up to date and in line with national and PEPFAR guidelines and are being applied in PMTCT service delivery. The strategy can be used as a resource by other organizations.	The service being delivered is standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.

Probing questions

1. Does the program approach or strategy include guidelines, protocols and standard operating procedures for PMTCT activities?
2. Does the program approach or strategy include guidelines and protocols which are up to date and in line with National Guidelines?
3. Are the guidelines and protocols 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: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 3					
Service Standards ¹	1	2	3	4	5
The organization has no service standards for PMTCT.	PMTCT service standards exist, but are not uniformly applied across the project and not all staff are aware of them.	PMTCT service standards exist; staffs are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but are not applied in a comprehensive manner.	PMTCT service standards exist; staffs are aware of these standards and appropriately trained to apply them; monitoring reports show they are consistently adhered to.	Project standards can be used as a resource for PMTCT service quality improvement.	

Probing questions

1. Are there documented HIV prevention service standards in place?
2. Are the service standards in line with national guidelines?
3. Have staff and project implementers been oriented on 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: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 4					
Physical Space	There is limited or no designated place for PMTCT where applicable.	The designated space for delivering a PMTCT is sufficient for providing specific PMTCT services.	The space is appropriate for PMTCT. Available space caters for the confidentiality issues of the clients.	The space requirements in the next one year are known and planned.	There is a documented defined and adequate space for PMTCT services delivery. Plans are in place to cater for PMTCT space needs as program continues to expand.
	1	2	3	4	5

Probing questions

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

Area 4 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

AREA 5

Demand Generation ¹	1	2	3	4	5
Limited or no demand creation strategy exists at the organization and /or its implementing partners. Target audiences are not segmented. Clients are tracked but do not reflect the intended audiences.	Limited demand creation 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 creation strategy is in place. Target audiences have been segmented. Main messages clearly relate to these target segments. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect changing needs of the target audiences.	There is a demand generation strategy in place which addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is well appreciated by the community and can be replicated in other programs.	

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, 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: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 6					
Community Involvement	The organization's strategy or approach includes community participation but 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, and 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 and the activities reflect the needs of the community as much as possible. There are community based structures to support the PMTCT activities that can be used as a resource for other programs.
	1	2	3	4	5

Probing questions

- Does the program approach include community participation and are there fora where the organization meets with the community to set priorities for intervention?
 - 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.
- Is the community involved in PMTCT activities? How?
- Does the program approach allow for input and feedback from the community?
- Is there a framework where the organization accounts to the community for the PMTCT activities?
- Are there copies of community meeting minutes?

Area 6 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 7					
Referral Systems	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 that provides for services not offered by the organization. The referral strategy is being implemented through 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 PMTCT activities.	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 through -out the organization's PMTCT activities. 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 the organization receives referrals. Referral documentation is available and able to capture all the referred clients who accessed the services. The organization is able to cover all the components of PMTCT and related services.
	1	2	3	4	5

Probing questions

1. Are there any referrals being done at the moment and is the referral strategy part of the organization's PMTCT approach?
2. Have referrals been made to other providers for services not provided by this organization?
 - 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?
4. Is the referral strategy being implemented uniformly throughout the organization's PMTCT activities? Is there a standardized referral form?
5. Are there periodic meetings of network providers?
6. Is there means of verifying whether services were received?
 - Is there documentation on clients referred to provide information on who received the services or not?
7. Do you monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?

Area 7 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

AREA 8

Training Approach	1	2	3	4	5
	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 done by the organization and/or its implementing partners are based on training needs assessments and include support supervision training. There is a project training plan and appropriate training curriculums are used and/or adapted.	Trainings done are based on needs assessment and include support supervision training and appropriate curriculums are used, there is a mechanism to evaluate the relevance and effectiveness of trainings conducted and update the project training plan. Trained people apply the skills acquired from the trainings and are able 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 resource for other organizations implementing similar programs.

Probing questions

1. Are there any project specific trainings being conducted?
2. Is there a process to generate training needs?
3. Are the trainings done based on training needs assessment? Are appropriate curricula used?
4. Do those trained apply the skills acquired from the trainings and are able 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 supervision structure.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 9					
Supervision	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, and 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 resource for other PMTCT programs.
	1	2	3	4	5

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: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY						
AREA 10						
Leadership ¹	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 with good experience and clear vision at the organization and its partners 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	5	

Examples of PMTCT leadership roles:

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

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 10 Score: _____

Total Domain 1 Points: _____

Domain 1 Score (Points/10) : _____

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 SYSTEM, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING					
AREA 1					
Data Collection	1	2	3	4	5
	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e., appropriate indicators). Some information the organization 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 PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has a documented and fully functional procedure for data transmission (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's Data Collection approach offers a model which can be replicated.

Probing questions

1. Does the organization have tools for collecting data at the various levels?
2. Have the tools been reviewed to capture information required for PEPFAR indicators?
3. Has the organization standardized tools across sub partners and service delivery points?
4. Does the organization have a documented Data collection procedure² to guide data collection at various levels?
5. Are there mechanisms in place to avoid double counting (for example, Unique Client Identification)³
6. Have staffs 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 1 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 2					
Quality Assurance and Improvement	Organization and/or its implementing partners have no quality assurance strategy for the Prevention programs.	Organization and/or its implementing partners have quality assurance strategy for prevention programs but it is not consistently applied.	Organization and/or its implementing partners have quality assurance strategy for prevention programs that is consistently applied across all HIV prevention projects.	Organization and/or its implementing partners have quality assurance strategy for prevention programs that is consistently applied across all HIV prevention projects and is used to refine HIV prevention interventions.	The organization has established a quality management system and identified quality indicators for routine assessment. Can serve as a resource for other programs.
	1	2	3	4	5

Probing Questions:

- Has the organization identified a strategy to address gaps in data?
 - Gaps refer to inadequate data or the missing link between data and the decisions to be taken e.g. decision to procure consumables.
- Has the organization been able to address gaps in data and does the organization have the capacity for data management tasks?
 - Tasks like Excel format conversions, data cleaning, data aggregation and analysis.
- Has the organization identified a feedback mechanism (including all stakeholders) and a system to routinely assess quality in critical areas of service delivery?

	YES	NO	N/A	COMMENTS
Organization has M&E plan with clearly specified M&E roles and responsibilities				
Clearly specified M&E roles & responsibilities				
Has SOPs for Data collection, tracking of clients' records & data storage				
Has SOPs for Conducting data quality assessments, data validation & cleaning				
Has SOPs for Aggregation & Analysis of data				
Has SOPs for Ensuring Data Security				
Staff been trained on all the relevant SOPs				
SOPs displayed and accessible for easy reference by all the relevant staff				
There is a mechanism to ensure Unique Client identification across sites, services and longitudinally				
Tools are Standardized across projects				
Clear data flow plan (with clear timelines 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 collected data				
Data review processes to ensure feedback for quality improvement				

Area 2 Score: _____

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

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEM, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING					
AREA 3					
Data Use for Decision Making	Organization and/or its implementing partners have limited or no historical (or baseline) data against which reports can be compared to help in decision making.	The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress that results in plans to modify action or approach/ tools.	The management and staff of the organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention.	The organization and/or its implementing partners' current approach to implementation or the referral, community or demand generation activities reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization and/or its implementing partners is provided to stakeholders and partners in providing comprehensive HIV care and plans of external partners are modified with reference to data collected and reported by this organization.
	1	2	3	4	5

Probing questions

- Does the organization have historical (or baseline) data against which reports can be compared to help in decision making?
- Does the organization have a process for comparison of achievement against goals and past progress those results in plans to modify action or approach/tools?
 - There should be a mechanism of triangulation of data sources for comparison.
- 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?
- 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	The data collected and reports made by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and shares this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information. Data collected and reports made are shared and 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 shares this information. The organization solicits feedback from stakeholders. Summarized and period reports are also made to outside parties by way of success stories.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and PEPFAR measures and best practices and lessons are shared with other practitioners.
	1	2	3	4	5

Probing Questions:

1. Has the organization shared data collected and reports made outside the organization?
2. Does the organization use data collection and analysis to inform non-data members of the implementation team and the partner community, if relevant?
3. Does the organization provide feedback on data collected and findings to all stakeholders and are summarized and periodic reports made 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 their 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 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEM, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING					
AREA 1					
Management Information Systems (MIS) ¹	The organization has a simple Management Information System to track project/program data.	The organization has an MIS system which has in-built data quality & validation checks (manual & electronic).	The organization has an MIS system with in-built data quality and validation checks, and capacity for most specialized data retrievals.	The organization has an MIS system within built 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.	Has a good MIS system with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the backup plan is adhered to. There is evidence of data backup activities. The system has built-in capacity for most specialized data retrievals.
	1	2	3	4	5

Probing questions

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

Area 5 Score: _____

Total Domain 2 Points: _____

Domain 2 Score (Total Points/5) : _____

Sexual and Other Behavioral Risk Prevention

Goal:

The goal of this tool is to assist sexual and other behavioral risk prevention programs in assessing the critical elements for effective program implementation, and identifying those elements that need strengthening or further development.

Purpose:

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

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

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

Domain 1: Organizational Strategy

1. Program Approach
2. Guidelines/SOPs
3. Service Standards
4. Demand Generation
5. Project Implementation
6. Community Involvement
7. Referral Systems
8. Training Approach
9. Supervision
10. Leadership

Domain 2: Management Information System

1. Program Approach
2. Guidelines/SOPs
3. Service Standards
4. Demand Generation
5. Project Implementation
6. Community Involvement
7. Referral Systems
8. Training Approach
9. Supervision
10. Leadership

DOMAIN 1: ORGANIZATIONAL STRATEGY					
AREA 1					
Program Approach and Strategy	The organization and/or its implementing partners have limited or no defined, documented HIV prevention approach/ strategy.	The organization and/or its implementing partners have a defined and documented HIV prevention strategy which is in response to an evidence based determination of need and audience identification.	The organization and/or its implementing partners have a defined and documented HIV prevention strategy which is in response to an evidence based determination of need and prevention services are tailored to individual needs and are comprehensive (clients are able to receive all necessary prevention services either through the organization or linkages).	The organization has a defined and documented HIV prevention strategy which is in response to an evidence based determination of need and prevention services are tailored to individual needs and are comprehensive (clients are able to receive all necessary prevention services either through the organization or linkages). The organization has the capacity to scale up HIV prevention services.	The organization's prevention approach can be used as a model for other prevention programs.
	1	2	3	4	5
AREA 2					
Program Specific Protocols, Guidelines/ Standard Operating Procedures ²⁶	There are no project specific guidelines/SOPs in place for HIV prevention.	The organizational approach/ strategy includes guidelines/SOPs for HIV prevention which are up to date and in line with national and PEPFAR guidelines.	The organizational approach/ strategy includes guidelines/SOPs for HIV prevention which are up to date and in line with national and PEPFAR guidelines, have been interpreted and disseminated to staff, implementers and relevant stakeholders (as appropriate).	The organizational approach/ strategy includes guidelines/SOPs for HIV prevention which are up to date and in line with national and PEPFAR guidelines, have been interpreted and disseminated to staff, implementers and relevant stakeholders (as appropriate) and are being applied in HIV prevention activities.	The service being delivered is standardized across all service delivery points by all implementing partners and the model can be used as a resource by other programs.
	1	2	3	4	5

²⁶ SOPs 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 adhered to continuously; they include means of enforcement and organizational penalties for failing to adhere. These determine the quality of the program being implemented.

AREA 3					
Service Standards ²⁷	1	2	3	4	5
The organization has no service standards for HIV prevention.		HIV prevention service standards exist, but are not uniformly applied across the project and not all staff are aware of them.	HIV prevention service standards exist; staff are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but are not applied in a comprehensive manner.	HIV prevention 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 can be used as a resource for HIV prevention service quality improvement. The organization's Service Standards model is one which can be replicated.
AREA 4					
Demand Generation ²⁸	1	2	3	4	5
Limited or no demand creation strategy exists at the organization and /or its implementing partners. Target audiences are not segmented. Clients are tracked but do not reflect the intended audiences.		A limited demand creation 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 creation strategy is in place. Target audiences have been segmented. Main messages clearly relate to these target segments. Clients are tracked to ensure that the targeted segments are accessing services. Interventions are revised and updated to reflect the changing needs of the target audiences.	There is a demand generation strategy in place which addresses the target population needs. The strategy has been assessed for effectiveness and has generated the expected demand with the intended audience. This is well appreciated by the community and can be replicated in other programs.

²⁷ A standard is an agreed-upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidenced-based. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability (source: Quality Assurance Project, USAID). Project service standards should be documented for reference.

²⁸ An effective demand generation strategy should be able to target and reach those most in need or at risk, increase demand for HIV prevention services, and be sensitive to age, gender and culture.

AREA 5					
Project Implementation	1	2	3	4	5
	The program's communication strategy is ad hoc and uses only one or two channels for reaching the target audiences.	The program communication strategy is based on a plan and uses multiple channels to reach the target audience (interpersonal communication, mass media, group approaches).	The program communication strategy is based on a plan and uses multiple channels to reach the target audience (interpersonal communication, mass media, group approaches) and uses periodic reviews to ensure that materials are up to date and relevant to the context and realities.	The program communication strategy is based on a plan and uses multiple channels to reach the target audience (interpersonal communication, mass media, group approaches), the implementers have supporting materials to do their work (e.g., manuals, activity guides, flip charts, Q cards, counseling cards, drama scripts), and the organization uses periodic reviews to ensure that materials are up to date and relevant to the context and realities.	The project implementation strategy can be used as a resource for other HIV prevention projects.
AREA 6					
Community Involvement	1	2	3	4	5
	The organization's strategy or approach includes community participation but there are limited or no opportunities for the community to participate in HIV prevention activities.	The organization's strategy or approach includes community participation and there are regular opportunities for the community to participate in HIV prevention activities, including setting of priorities for intervention, defining channels for prevention messages, informing messages and materials and identifying target beneficiaries.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HIV Prevention activities, including setting of priorities for interventions, defining channels for prevention messages, informing messages and materials and identifying target beneficiaries. There is a strategy for the community to receive feedback from the organization.	The organization's approach includes community participation and there are regular opportunities for the community to participate in HIV Prevention activities, including setting of priorities for interventions, defining channels for prevention messages, informing messages and materials and identifying target beneficiaries. There is a strategy for the community to receive feedback from the organization and the organization is accountable to the community.	There are community based structures to support the prevention activities; the project can be used as a resource for other programs.
	1	2	3	4	5

AREA 7							
Referral Systems	Some referrals are being done by the organization and/or implementing partners but there is no referral strategy in the organization's HIV prevention approach.	There is a referral strategy that is part of the organization's approach 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 HIV prevention activities.	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 HIV prevention activities. 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 the organization receives referrals. Referral documentation is available and able to capture all the referred clients who accessed the services. The organization is able to cover all the components of prevention and related services.	5	
	1	2	3	4	5		
	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 done by the organization and/or its implementing partners are based on training needs assessments and include support supervision training. There is a project training plan and appropriate training curricula are used and/or adapted.	Trainings done are based on a needs assessment and appropriate curricula are used, there is a mechanism to evaluate the relevance and effectiveness of trainings conducted and update the project training plan. Trained people apply the skills acquired from the trainings and are able to coach and mentor others. Support supervision training is included in the training regimen, and 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 resources for other organizations implementing similar programs.	5
		1	2	3	4	5	

AREA 9					
Supervision	There is limited or no supervisory structure for prevention activities.	A supervisory structure and process exists for prevention activities that include regular (monthly) supervisory visits to implementers.	A supervisory structure and process exists for prevention activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits are taking place on or close to schedule.	A supervisory structure and process exists for prevention activities that 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 project's supervision plan can be used as a resource for other prevention programs.
	1	2	3	4	5
AREA 10					
Leadership	The organization has limited or no identified HIV prevention project leadership, including among the implementing partner(s).	Has identified leadership at most levels of implementation who are responsible for HIV prevention program management; leadership has some knowledge of HIV prevention issues.	The organization has clear and committed project leadership with good experience and clear vision at the organization and its partners in providing Prevention services. However, the leaders need some assistance to set up and lead good systems for Prevention services delivery.	Has strong leadership with full understanding of prevention issues and is able to provide strategic thinking and direction. The leadership is involved in coaching and mentoring staff and is able to train other teams to expand HIV Prevention services.	Has committed leadership with full understanding of HIV Prevention issues that is able to keep up with the issues in the field, can credibly represent the organization at local and international levels and can train other teams to expand Prevention services.
	1	2	3	4	5

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

AREA 1

Data Collection	The organization has no documented procedures to guide data collection at various levels.	The organization has documented procedures to guide data collection at the various levels, including appropriate tools. Tools have been reviewed to capture information required for PEPFAR reporting (i.e., appropriate indicators). Some information the organization collects is not used for either donor reporting or to inform program implementation. Data collection procedures adhere to concerns for confidentiality.	Data collection tools have been standardized to collect PEPFAR data across sub-partners and service delivery points and adhere to standards of confidentiality. This requirement is clearly documented in MoUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization has a documented and fully functional procedure for data transmission (data flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required.	The organization's Data Collection approach offers a model which can be replicated.
	1	2	3	4	5

AREA 2

Data Quality Assurance and Improvement	The organization and/or its implementing partners have no dataquality assurance strategy for the Prevention programs.	The organization and/or its implementing partners have a data quality assurance strategy for prevention programs but it is not consistently applied.	The organization and/or its implementing partners have a data quality assurance strategy for prevention programs that is consistently applied across all HIV prevention projects.	The organization and/or its implementing partners have a data quality assurance strategy for prevention programs that is consistently applied across all HIV prevention projects and is used to refine HIV prevention interventions.	The organization has established a data quality management system and can serve as a resource for other programs.
	1	2	3	4	5

AREA 3						
Data Use for Decision Making	Organization and/or its implementing partners have limited or no historical (or baseline) data against which reports can be compared to help in decision making.	The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress that result in plans to modify action or approach/ tools.	The management and staff of the organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention.	The organization and/or its implementing partners' current approach to implementation or the referral, community or demand generation activities reflect greater effectiveness arising from data used for decision making.	The data collected and analyzed within the organization and/or its implementing partners is provided to stakeholders and partners in providing comprehensive HIV care and plans of external partners are modified with reference to data collected and reported by this organization.	
	1	2	3	4	5	
	AREA 4					
	Feedback and Sharing	The data collected and reports made by the organization and/or its implementing partners are shared outside the organization, but not according to any documented plan.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information.	The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and share this information.	The data and findings of the organization are recognized in national reports and relevant journals. The data is applicable for comparison to national and PEPFAR measures and best practices and lessons are shared with other practitioners.
		1	2	3	4	5
AREA 5						
Management Information Systems (MIS) ²⁹	The organization has a simple Management Information System to track project/ program data.	The organization has an MIS system which has built-in data quality & validation checks (manual & electronic).	The organization has an MIS system with built-in data quality and validation checks, and capacity for most specialized data retrievals.	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.	Has a good MIS system with adequate data quality & validation checks. There is a sufficient system for preventing unauthorized access and the backup plan is adhered to. There is evidence of data backup activities. The system has built-in capacity for most specialized data retrievals.	
	1	2	3	4	5	

