



# Year 2 Organizational Capacity Assessment PMTCT Services

**Facilitator's Copy** 





#### 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 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 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

#### **Domain 2: Management Information System**

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

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

DOMAIN 1	DOCANITZATIO	NAI CTDATECY			
	JKGANIZATIO	NAL STRATEGY			
Area 1	_	_	•		
Program	The	The organization	The organization and/or its	The organization has a	The organization and/or
Approach/	organisation	and/or its	implementing partners have a	defined and documented	its implementing
Strategy	and/or its	implementing	defined and documented	PMTCT strategy which is	partners have a defined
	implementing	partners have a	PMTCT strategy which is in	in response to an evidence	and documented
	partners has	defined and	response to an evidence based	based determination of	PMTCT strategy.
	limited or no	documented PMTCT	determination of need and the	need and PMTCT services	PMTCT clients are able to
	defined,	strategy which is in	PMTCT services meet the	are tailored to individual	receive all necessary
	documented	response to an	minimum basic package	needs and are	services, either through
	<b>PMTCT</b>	evidence based	according to the National	comprehensive (clients are	the organization, partners
	approach/	determination of	and/or PEPFAR requirements	able to receive all necessary	or through linkages, and
	strategy.	need and audience	and are comprehensive (clients	PMTCT services either	the organization has
		identification.	are able to receive all necessary	through the organisation or	capacity to scale up.
			PMTCT services either through	linkages). The organization	
			the organisation or linkages).	has the capacity to scale up	
				PMTCT services.	
	1	2	3	4	

- 1. Which PMTCT services being delivered by the organisation at the moment
  - [e.g., CT for PMTCT, counseling on breast feeding, ART for PMTCT, family planning services]?
- 2. 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.]
- 3. Do the services provided meet the minimum basic package according to National and/or PEPFAR requirements?
- **4.** Does the organization have capacity to scale up?
  - [Capacity refers to e.g. resources, technical know-how, etc., while Scale up is in terms of geographical coverage and comprehensiveness of services offered.]

A rea	1 Score:	
AICA	I DUULE.	

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

<b>DOMAIN 1: ORGA</b>	NIZATIONAL S	STRATEGY			
Area 2					
Program Specific Guidelines/ Standard Operating Procedures <sup>1</sup>		includes guidelines/SOPs for	strategy includes guidelines 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.	which are up to date and in line with national and PEPFAR guidelines and are being applied in	standardized across all
	1	2	3	4	

- 1. Does the program approach or strategy include guidelines or SOPs for PMTCT activities?
- 2. Does the program approach or strategy include guidelines or SOPs which are up to date and in line with National Guidelines?
- **3.** Are the guidelines or SOPs being applied in the PMTCT activities?
- **4.** Are there measures in place to ensure adherence to SOPs? How do you monitor application of quality standards?
- **5.** Do the implementers have a standards checklist for reference in day to day activities?
- **6.** Can the strategy be used as a resource by other organizations?

Area	2 Score:	
INICA	a Deure.	

<sup>&</sup>lt;sup>1</sup> Project specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the project operates.

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

<b>DOMAIN 1: ORGA</b>	NIZATIONAL S'	TRATEGY			
Area 3					
Service Standards <sup>1</sup>	organization has no service standards for	PMTCT service standards exist, but are not uniformly applied across the project and not all staff are aware of them.	PMTCT 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.	are aware of these standards and appropriately trained	The organization's PMTCT service standards can be used as a resource for PMTCT service quality improvement.
	1	2	3	4	

- 1. Are there documented PMTCT service standards in place?
- 2. Have staff and project implementers been oriented on the standards?
- **3.** Do project implementers apply and follow the service standards?
- 4. Is there a standards checklist that project implementers and volunteers can apply in their daily work?
- 5. Does support supervision include checking for adherence to service standards?

Area	3	Score:	
Aita	J	DCOLC.	

<sup>&</sup>lt;sup>1</sup> 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.

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	ORGANIZATION	ORGANIZATIONAL STRATEGY			
Area 4					
Physical Space	no designated	The designated space for delivering PMTCT services is sufficient for this purpose.	available space is appropriate for PMTCT and this space caters for the confidentiality issues	delivery space requirements for 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 the program continues to expand.
	1	2	3	4	

- 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 audial confidentiality) of the clients?
- **4.** Is there a plan to meet client space needs in mobile service delivery including confidentiality?

Area 4 Scor	e:
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Objective: To assess whether there is a deliberate process by the organisation and its implementing partners to mobilize clients for PMTCT activities.

DOMAIN 1: O	DOMAIN 1: ORGANIZATIONAL STRATEGY				
Area 5					
Demand Generation <sup>1</sup>	strategy exists at the organization and/or its implementing partners. Target audiences are not segmented. Clients	audiences are loosely segmented. Main messages exist but do not link to the intended audiences.	strategy exists. Target audiences are loosely segmented. Main messages exist and are linked to the target	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	place which addresses the target population
	not reflect the intended audiences.	intended audiences.	but interventions remain unchanged over time.	changing needs of the target audiences.	with the intended audience. This is well appreciated by the community and can be replicated in other programs.
	1	2	3	4	1 6

- 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:	
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<sup>&</sup>lt;sup>1</sup> An effective demand generation strategy should be able to target and reach those most in need or at risk, increase demand for PMTCT services, and be sensitive to age, gender and culture.

Objective: To assess the level of community involvement in project activities.

DOMAIN 1:	DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 6						
Community Involvement	strategy or approach includes community participation but there are limited or no opportunities for the community to participate in	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	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	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. There is a strategy for the community to receive feedback from the organization and the	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	
	activities.			8	a resource for other	
	1	2	3	4	programs.	

- 1. Does the program approach include community participation and are there for 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.]
- **2.** Is the community involved in PMTCT activities? How?
- 3. Does the program approach allow for input and feedback from the community?
- **4.** Is there a framework where the organization accounts to the community for the PMTCT activities?
- **5.** 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: ORGA	NIZATIONAL STE	RATEGY			
Area 7					
Referral Systems	Some referrals	There is a referral	There is a referral	There is a referral strategy	Clients are referred for
	are being done by	strategy that is	strategy that is part	that is part of the	services, there is a
	the organisation	part of the	of the	organization's approach that	formal referral
	and/or	organization's			arrangement with the
	implementing	approach that	approach that	offered by the organisation.	other providers and
	partners but there	provides for	provides for	The referral strategy is being	organization receives
	is no referral	services not offered	services not offered	implemented uniformly	referrals. Referral
	strategy in the	by the	· ·		documentation is
	organization's	organisation. The	The referral	PMTCT activities. There is a	available and able to
	<b>PMTCT</b>	referral strategy is		mechanism to verify whether	capture all the referred
	approach.	being implemented	implemented	the referred clients received	clients who accessed the
		$\mathcal{C}$	uniformly through-	the service.	services. The
		uniformly.	out the		organization is able to
			organization's		cover all the
			PMTCT activities.		components of PMTCT
	1	2	3	4	and related services.

- 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.** Does the organization monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?

Area 7	Score:	
AICa /	DCOIC.	

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

DOMAIN 1: O	RGANIZATIONAL S	TRATEGY			
Area 8					
Training Approach	There are some trainings being	There are several trainings being	Trainings done by the	Trainings done by the organization are based on	The organization and/or its implementing
<b>Арргоас</b> п	conducted by the organization and/or its implementing partners but there is no	conducted by the organization and/or its implementing partners and there is a process to generate training needs that meet overall	implementing	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.	partners have training and skills development plans that can be used as a resource for other organizations implementing similar programs.
	1	2	3	4	

- **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 a training needs assessment? Are appropriate curricula used?
- **4.** Do those trained apply the skills acquired from the trainings and are they able to coach and mentor others?
- **5.** Is there a regular and functional support supervision structure in place?

Area	8	Score:	
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Objective: To establish the effectiveness of the PMTCT supervision structure.

<b>DOMAIN 1:</b>	ORGANIZATIONA	AL STRATEGY			
Area 9					
	structure for PMTCT activities.	structure and process exists for PMTCT activities that include regular (monthly)	and process exists for PMTCT activities that includes regular (monthly) supervisory visits to implementers and supervisory tools, and supervisory visits	activities that includes	The organization's project supervision plan can used as a resource for other PMTCT programs.
	1	2	3	4	

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

DOMAIN 1: (					
Area 10					
Leadership <sup>1</sup>		leadership at each level of implementation and among partners with some knowledge of PMTCT program management and is running some PMTCT activities.	project leadership at the organization and its partners with good	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.	is able to keep up with the issues, can credibly represent the organization at the local and international levels and can train other
	1	2	3		teams to expand PMTCT services.

#### **Examples of PMTCT leadership roles:**

- Sitting on national coordination bodies
- Has appropriate training
- 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?

<b>Area 10 Score:</b>	-
Total Domain 1 Points:	_
Domain 1 Score (Points/10):	_

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<sup>&</sup>lt;sup>1</sup> A committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal experience in PMTCT, while an "experienced leader" is both fully committed and familiar with PMTCT issues.

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	has no documented procedures to guide data collection at various levels.	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	staff and community involved in data collection have been adequately trained and supervised	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	The organization's Data Collection approach offers a model which can be replicated.
			in the use of the tools. The organization collects only relevant data.	submit PEPFAR data as required.	
	1	2	3	4	

- 1. Does the organization have tools for collecting data at the various levels<sup>1</sup>?
- 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 procedure<sup>2</sup> to guide data collection at various levels?
- 5. Are there mechanisms in place to avoid double counting (for example, Unique Client Identification)<sup>3</sup>
- **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 S	core:
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<sup>&</sup>lt;sup>1</sup> Various levels refers to household, community, sub county, district, regional and head office level.

<sup>&</sup>lt;sup>2</sup> There is a list of operational definitions of what is being counted for each indicator (e.g., what constitutes a person receiving a service), All groups delivering the same services use standardized or compatible data-collection forms. Within all groups delivering the services, there are designated staff responsible for the review and validation of aggregated numbers prior to submission to the next level (i.e., it is in their job description).

<sup>&</sup>lt;sup>3</sup> The reporting system avoids double counting within each group delivering services [e.g., when an individual receiving identical or related services from the same group is improperly counted more than once] and across groups delivering similar services [e.g. when an individual receiving identical or related services from different groups is improperly counted more than once].

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

DOMAIN 2: Da	ta Collection, Quality Ass	surance and Improvement, N	Management Information System, 1	Feedback and sharing , and Use for dec	cision making
Area 2					
Improvement	its implementing partners has not identified requirements for having data quality	have identified requirements for data quality assurance and have	The organization and/or its implementing partners have a quality assurance strategy for PMTCT programs in place and is able to address gaps in data.	PMTCT projects and is used to	The organization has established a quality management system and identified quality indicators for routine assessment. This can serve as a resource for other programs.
	1	2	3	4	

- 1. 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.]
- 2. Has the organization been able to address gaps in data and does the organization have the capacity for data management tasks?
  - [Tasks like Excel format conversions, data cleaning, data aggregation and analysis.]
- 3. Has the organization identified a feedback mechanism (including all stakeholders) and a system to routinely assess quality in critical areas of service delivery?

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

DOMAIN 2: Domaking	ata Collection, Qual	ity Assurance and 1	Improvement, Management Inf	ormation System, Feedback a	nd sharing , and Use for decision
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 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.	implementing partners' current approach to implementation or the referral, community or demand generation activities reflect greater effectiveness arising from	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	

- 1. Does the organization have historical (or baseline) data against which reports can be compared to help in decision making?
- **2.** Does the organization have a process for comparison of achievement against goals and past progress that results in plans to modify action or approach/ tools?
  - [There should be a mechanism of triangulation of data sources for comparison.]
- **3.** Do the organization's management and staff follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention?
- **4.** Does the organization's current approach to implementation or the referral, community or demand generation activities reflect greater effectiveness arising from data used for decision making?

Area 3	Score:	
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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	The data collected	The organization	The organization	The organization and/or	The data and findings of the
Sharing	and reports made	and/or its	and/or its	its implementing	organization are recognized in
	by the	implementing	implementing partners	partners have a plan to	national reports and relevant
	organization	partners have a plan	have a plan to share	share data and reports	journals. The data is applicable for
	and/or its	to share data and	data and reports with	with relevant staff and	comparison to national and PEPFAR
	implementing	reports with relevant	relevant staff and	stakeholders and shares	measures and best practices and
	partners are	staff and stakeholders	stakeholders and share	this information. The	lessons are shared with other
	shared outside	and shares this	this information. Data	organization solicits	practitioners
	the organization,	information.	collected and reports	feedback from	
	but not according		made are shared and	stakeholders.	
	to any		the organization	Summarized and period	
	documented		solicits feedback from	reports are also made to	
	plan.		stakeholders.	outside parties by way of	

#### **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?

success stories.

**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?

3

**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	e:

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

DOMAIN 2: Data Collection, Quality Assurance and Improvement, Evaluation, Management Information System, Feedback and sharing, and Use for decision making

Area 5					
Management	The	The	The organization	The organization has an MIS system	Has a good MIS system with
Information	organization	organization has	has an MIS	with built-in data quality and	adequate data quality &
Systems	has a simple	an MIS system	system with built-	validation checks, and the capacity	validation checks. There is a
$(MIS)^1$	Management	which has built-	in data quality	for most specialized data retrievals.	sufficient system for
	Information	in data quality	and validation	The system has a documented and	preventing unauthorized
	System to	& validation	checks, and	functional back-up procedure	access and the backup plan is
	track project/	checks (manual	capacity for most	(computerized or manual) and there	adhered to. There is evidence
	program data.	& electronic).	specialized data	is a sufficient system for preventing	of data backup activities. The
			retrievals.	unauthorized access.	system has built-in capacity
					for most specialized data
					retrievals.
	1 4	•	2	_	1

- 1. Does the organization have a Management Information System to track clients/ beneficiaries?
- 2. Does the system have built-in data quality & validation<sup>2</sup> 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)	

<sup>&</sup>lt;sup>1</sup> Management Information System (MIS) refers to 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.

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