



Year 2 Organizational Capacity Assessment Sexual and Other Behavioral Risk Prevention

Facilitator's Copy



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

Objective: To assess the comprehensiveness of the implementation approach of sexual and other behavioral risk prevention activities implemented by the organization and its implementing partners.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 1					
Program Approach and Strategy	The organization and/or its implementing partners has 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 (<i>clients are able to receive all necessary prevention services either through the organization or linkages</i>).	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 (<i>clients are able to receive all necessary prevention services either through the organization or linkages</i>). 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	

Probing questions

1. Are there any prevention activities being carried out by the organization or its partners at the moment? [*Biomedical (ART, PMTCT, Male circumcision), structural (legal policy, cultural and gender), BCC interventions (ABC) and/ or combined approach.*]
2. Do the prevention activities being carried out by the organization or its partners represent an appropriate response to evidence based need of a defined audience?
 - o [*In operationalizing the prevention approach the organization should: use an evidence-based approach to selecting beneficiaries (based on primary or secondary data); look at determinants of behavior (social/cultural norms, environmental factors, risk perception, stigma, etc.); use a process for setting clear behavioral targets; use a process for appropriately segmenting the target audiences.*]
3. Is the prevention approach sensitive to the dynamics of the local epidemic and the national HIV/AIDS prevention strategy?
4. Is there a framework for referring prevention clients for services not offered by the project?
5. Does the project appropriately develop prevention messages or use messages developed by a reliable source?
6. Does the organization have the capacity to scale up?
 - o [*Capacity refers to resources, technical know-how, etc., while scale up is in terms of geographical coverage and comprehensiveness of services offered.*]

Area 1 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 2					
Program Specific Guidelines/ Standard Operating Procedures (SOP)¹	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	

Probing questions

1. Does the organizational approach or strategy include guidelines, protocols and standard operating procedures for prevention activities?
2. Are these guidelines and protocols up to date and in line with national guidelines? Have these been disseminated to staff and implementers?
3. Are the guidelines and protocols being applied in the prevention activities?
4. What measures are in place to ensure adherence to SOPs? How does the organization monitor application of quality standards?
5. Do implementers have a standards checklist for reference in day to day activities?
6. Can the project SOPs be used as a resource by other organizations?

Area 2 Score: _____

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

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

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 3					
Service Standards¹	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.
	1	2	3	4	

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: _____

¹ 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, 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 a deliberate strategy by the organization and its implementing partners to mobilize clients for prevention activities.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 4					
Demand Generation¹	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.
	1	2	3	4	

Probing questions

1. Is there an organizational strategy to mobilize clients/beneficiaries?
2. Do the messages used 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 4 Score: _____

¹ 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.

Objective: To establish the effectiveness of the process used deliver prevention services to clients.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
Area 5					
Project Implementation	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.
	1	2	3	4	

Probing questions

1. Do you use multiple communication channels in your programs (e.g., interpersonal communication, group approaches, mass media) to reach the target audience?
2. Do your communication interventions seek to influence different levels (individual, family, group, community, and workplace, regional, national)?
3. Are the materials used in the programs pre-tested to ensure that they are appropriate to the target audiences?
4. Do you conduct periodic reviews of your communication approaches and materials to ensure they are up to date and relevant to the context and realities?
5. Do SBCC implementers, including volunteers, need supporting materials to do their work? Are IEC materials (e.g., manuals, activity guides, flip charts, Q cards, counseling cards, drama scripts) used to support communication interventions?
 - o *[SBCC/IEC materials appropriate for group and individual levels should be used to generate discussion for behavior change.]*
6. Are the materials used for passive knowledge (message) transfer or are they used to generate discussion?
7. Are quantitative research methods (e.g., surveys) and qualitative research methods (focus groups, interviews, observations) used to measure the behavioral outcomes of SBCC interventions?

Area 5 Score: _____

Objective: To assess organizational understanding of the role of community involvement in project development and 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 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	

Probing Questions

1. Does the program approach include community participation and are there fora where the organization meets with the community to set priorities for intervention?
 - o *[This can be confirmed by looking at the minutes or any documented evidence of meetings.]*
2. Is the community involved in Prevention activities?
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 prevention interventions?
5. Are there copies of community meeting minutes?

Area 6 Score: _____

Objective: To assess the organization's ability to ensure comprehensive provision of HIV prevention 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 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.
	1	2	3	4	

Probing questions

1. Are there any referrals being done at the moment and is the referral strategy part of the organization's HIV prevention approach?
2. Have referrals been made to other providers for services not provided by this organization?
 - o *[Look for referral notes, client return forms, list of other providers, etc. that show existence of a referral relationship.]*
3. Do you have a directory of services and organizations within a defined catchment area?
4. Is the referral strategy being implemented uniformly throughout the organization's HIV prevention activities? Is there a standardized referral form?
5. Are there periodic meetings of network providers?
6. Is there a means of verifying whether services were received?
 - o *[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	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.	
	1	2	3	4		

Probing questions

1. Are there any project specific trainings being conducted?
2. Is there a process to generate training needs (a training needs assessment)?
3. Are appropriate curricula used?
4. Do those trained apply the skills acquired from the trainings? Are they 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 prevention project's supervision structure.

DOMAIN 1: ORGANIZATIONAL STRATEGY					
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	

Probing questions

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

Area 9 Score: _____

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

DOMAIN 1: ORGANIZATIONAL STRATEGY

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	

Examples of HIV prevention leadership roles:

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

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 prevention programs?
2. Does the identified leader(s) at the organization and implementing partners have technical expertise and experience managing prevention programs/services?
3. Does the leader(ship) at the organization and implementing partners need assistance in setting up prevention programs?
4. Is the leader(ship) at the organization engaged in capacity building for prevention programs with all implementing partners?

Area 10 Score: _____

Total Domain 1 Points _____

Domain 1 Score (Total 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	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 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	1	2	3	4	

Probing questions

1. Does the organization have tools for collecting data at the various levels¹?
2. Have the tools been reviewed to capture information required for 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 staff been trained in the use of the tools?
7. Does the organization have documented and functional procedures for data transmission (Data flow Plan) to and from various levels?

Area 1 Score: _____

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

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

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

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

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

Area 2					
Data Quality Assurance and Improvement	The organization and/or its implementing partners have no data quality 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	

Probing questions

1. Has the organization identified a strategy to address gaps in data?
 - o [Gaps refer to inadequate data or the missing link between data and the decisions to be taken 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?
 - o [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				
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 have been trained on all the relevant SOPs				
SOPs are 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 for submission of data and provision of feedback)				
Data collection tools are updated to cater for variations in indicator requirements				
Data quality assessments are done to assess reliability, validity and accuracy of collected data				
Data review processes exist to ensure feedback for quality improvement				

Area 2 Score: _____

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

DOMAIN 2: Data Collection , Quality Assurance and Improvement, Management Information System, Feedback and sharing , and Use for decision making					
Area 3					
Data Use for Decision Making	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	

Probing questions

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

Area 3 Score: _____

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

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

Area 4					
Feedback and Sharing	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	

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, Evaluation , Management Information System, Feedback and sharing , and Use for decision making

Area 5					
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 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	

Probing questions

1. Does the organization have a Management Information System to track clients/ beneficiaries?
2. Does the system have built-in 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 2 Domain Points _____

Domain 2 Score (Total Points / 5) _____

¹ 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.

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