

Building Capacity in Information Management for HIV and AIDS Programs

A Compendium of Tools

March 2017

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TR-17-164



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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TR-17-164

ISBN: 978-1-9433-6440-4



ACKNOWLEDGMENTS

The authors—Alison Ellis (an independent consultant) and Scott D. McKeown (of the USAID- and PEPFAR-funded MEASURE Evaluation/Management Sciences for Health)—wish to thank the United States Agency for International Development and the United States President’s Emergency Plan for AIDS Relief for their support of this publication. We thank Stephen Sapirie (formerly of MEASURE Evaluation/Management Sciences for Health; now retired) and Esther Were (MEASURE Evaluation/Management Sciences for Health) for their help in conceptualizing this document and researching its contents.

We also thank Dee Reid for editorial support and Gwendolyn Stinger for design and formatting; both are with MEASURE Evaluation/University of North Carolina at Chapel Hill.

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ABBREVIATIONS

ART	antiretroviral therapy
CBO	community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CLPIR	Community-Level Program Information Reporting for HIV/AIDS Programs
CSO	civil society organization
DDIU	data demand and information use
DQA	data quality assessment
DVT	data verification and improvement tool
FBO	faith-based organization
Global Fund	Global Fund to Fights AIDS, Tuberculosis, and Malaria
HBC	home-based care
HIS	health information system(s)
HMIS	health management information system(s)
HSA	health systems assessment
HSS	health systems strengthening
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MECAT	monitoring and evaluation capacity assessment tools
MER	monitoring, evaluation, and reporting
MERG	Monitoring and Evaluation Reference Group
MLE	Measurement, Learning, and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
MSM	men who have sex with men
N/A	not applicable
NACP	National AIDS Control Program
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PRISM	performance of routine information system management
RDQA	routine data quality assessment
RHIS	routine health information system(s)
RSAM	referral systems assessment and monitoring
SI	strategic information
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

This compendium—funded by the United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR)—is a guide to nearly 50 tools and other development-oriented materials, such as training curricula and web-based toolkits. It is designed to build the capacity of HIV programs in information management: specifically HIV programs’ health information systems (HIS) and monitoring and evaluation (M&E) systems. The compendium provides access to free, readily available resources for HIV and AIDS programs in developing countries, supporting USAID’s goal of an AIDS-free generation and PEPFAR’s effort to achieve the global 90-90-90 goals: 90 percent of people with HIV diagnosed, 90 percent of those diagnosed on ART, and 90 percent of those on ART virally suppressed by 2020.

All materials are available online in English; many are also published in other languages. They have been selected for inclusion because they are self-guided, thus requiring little or no outside assistance for application.

The USAID- and PEPFAR-funded MEASURE Evaluation focuses considerable attention on capacity and capacity-building across its results areas. Capacity is the ability of managers, staff, organizational units, and programs to carry out defined responsibilities and functions; one set of these responsibilities and functions encompasses HIS and other data used for M&E (Calderón, 1997). MEASURE Evaluation works at three levels—individual, organization, and system—to assess and address specific capacity gaps and needs in these areas.

National and donor investment in HIV prevention, treatment, and care programs worldwide has yielded important gains over the past three decades. In the early years of the response to HIV and AIDS, interventions were undertaken with varying degrees of national involvement in program planning, direction, and ownership of the activities. Donors often led the process while host country governments worked to establish the necessary technical, programmatic, and financial base to eventually take over the national response. Although the development of national- and local-level management capacity to address the epidemic was always included in the design of key technical and programmatic interventions, it often had to take a back seat to the imperative to get things done quickly. To support the worldwide effort, attention was given to establishing global guidelines, structures, and processes (such as the “Three Ones” key principles¹), which countries were then expected to adopt and implement.

To address the HIV epidemic rapidly, much of the early programmatic emphasis was on the provision of testing, services, and medicines. As the response to the epidemic matured, more attention (donor and national) began to be placed on the allied, enabling components of the health system that are required to support and sustain disease control efforts, and the skills and capacities needed by national programs to deliver services and to ensure that programs function well now and going forward. Standardized, good-quality information is essential to account for financial and technical assistance, and to determine whether progress is being made. This is even more important when resources are strained.

¹ In 2004, “donors, developing countries and UN agencies agreed to three core principles—known as the ‘Three Ones’—to better coordinate the scale up of national AIDS responses. The ‘Three Ones’ principles are: one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad based multi-sector mandate; and one agreed country-level monitoring and evaluation system.” Source: World Health Organization, retrieved from <http://www.who.int/3by5/newsitem9/en/>

The ability of host countries to manage an effective response became more critical as efforts multiplied. Many different approaches, materials, and tools designed to build HIS and M&E management capacity were developed by various multilateral and bilateral programs, and by national initiatives. Despite notable successes in coordinating and harmonizing HIV strategies and interventions, today one can find multiple, and sometimes competing, data management and M&E development efforts in the same country.

The challenge for a country to manage an HIS that can properly capture timely, complete, and good-quality data has become more difficult. This is because donors need increasing amounts of data on a wide range of HIV programs and services to demonstrate to their constituents that progress is being made and that continued funding is justified. External funding and technical assistance have included investment in building and strengthening HIS and M&E capacity, which are essential for effective program performance and for the documentation of achievements. However, international funding for HIV programs in developing countries has begun to decrease; this trend is projected to continue, and perhaps accelerate in some regions and countries. What will the impact of this decrease in international donor funding be? Local capacity to manage HIS and M&E functions is essential, so that countries can produce accurate, timely, and complete data to plan, implement, monitor, and evaluate program activities.

This compendium gathers tools and other materials that have been designed and implemented to improve capacity to manage HIS and M&E for HIV programs.

Who Will Benefit from Using the Compendium?

The tools and materials presented in this compendium will be useful to the following audiences:

- Central and subnational-level managers of information management systems in the public sector (ministries of health, national AIDS control programs), nongovernmental organizations (NGOs), community-based organizations (CBOs), and the private sector
- Donors and technical assistance agencies working to strengthen and expand HIV programs and services
- Service providers at the facility level

How Did We Choose the Materials?

We gathered information from the websites of 25 donor and international technical assistance agencies that support the implementation of HIV programs in developing countries (see Appendix).

We assessed and selected the materials in this compendium based on the extent to which they met the following criteria:

- Deals with HIS and M&E of health services, ideally focusing on HIV programs and services. Directly or indirectly enables the user to build capacity to manage HIS and M&E systems through its application and use of results
- Allows participation by country staff in its application and use/ownership of results, as opposed to application and implementation of results solely by nonlocal experts
- Provides good procedural guidance and clear formats
- Has been applied in developing countries

- Is available in English, and ideally, in at least one other language

The compendium does not include materials that were designed for use by personnel of a specific donor agency or implementing partner, or those that only list health or HIV-related program indicators. It also omits articles published in peer-reviewed journals and communication materials prepared by a donor or implementing organization that describe a country-specific example of an effort to strengthen the management of HIS and M&E systems. Such materials can increase user knowledge, but they are not specifically designed to build the capacity of an individual or organization to manage HIS and M&E systems.

How Is the Compendium Organized?

The compendium is organized in two parts:

Part I. Crosswalk of Compendium Resources: This chart offers general information on each material, such as whether it was specifically designed to build capacity in information management for HIV programs and services, and whether it has been applied in multiple countries. It also shows target users, expected outcomes, and availability in languages other than English.

Part II. Descriptions of Toolkits and Other Resources: Each material is described individually, using a standard template showing title, source, citation, URL, summary description, management practices addressed, HIV strategy or services addressed, sources of data, target users, expected outcomes, languages, and where applied. At the end of each description, the following checklist of key selection criteria is given; for each material, a checkmark denotes criteria that are fulfilled.

Checklist of Key Selection Criteria

Designed to build management capacity in information management for HIV programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

The Crosswalk summary chart and the individual descriptions are organized by category, with each resource assigned to one of the following five categories, based on its primary purpose:

- Websites and Toolkits
- Training Issues and Training Curricula
- Planning Tools
- HIS Assessment Tools
- M&E Tools

Within each category, the materials are organized so that the ones addressing HIS and/or M&E systems at the broadest level are presented first, followed by resources that address specific functions of the systems or key populations.

This compendium can help users select materials that will best address their goals, needs, and priorities in information management for HIV programs and services while building management capacity in this critical area. Comments about this compendium and recommendations for additional materials are welcome, and may be e-mailed to measure@unc.edu.

KEY TERMS AND CONCEPTS FOR MANAGING, MANAGEMENT CAPACITY, AND INFORMATION MANAGEMENT

We reviewed materials considered for this compendium according to whether they were designed, documented, and implemented so that management practices are explicit and understandable, thereby allowing users to acquire or strengthen management capacity. We adhered to the following definitions of key terms and concepts (Galer, Vriesendorp, & Ellis, 2005):

- **Managing.** This means organizing the internal parts of an organization to implement systems and coordinate resources to produce reliable performance.
- **Managing practices.** When organizations manage well, they do the following:
 - Plan how to achieve results by assigning resources, accountabilities, and timelines.
 - Organize people, structures, systems, and processes to carry out the plan.
 - Implement activities efficiently, effectively, and responsively to achieve desired results.
 - Monitor and evaluate achievements and results against plans, and continuously update information and use feedback to adjust plans, structures, systems, and processes for future results.
- **Management systems.** These systems are the structures, processes, and procedures that managers develop to facilitate work. Managers use systems to organize tasks and track their progress in performing tasks. As an organization matures, it can improve these systems to strengthen its performance.

The materials in this compendium strengthen two key management systems:

1. **Information management.** Data collection, analysis, and use can show progress in meeting organizational objectives. Analysis of data and the causes of not reaching objectives can help a manager make midcourse corrections so that organizational goals can be achieved.
2. **Monitoring and evaluation.** This is an essential system for checking that planned activities are completed and for analyzing whether work results in the achievement of objectives. Evaluation helps determine whether an organization is “doing the right things” to align staff and make a lasting and positive impact on health, rather than just “doing things right.” Institutionalizing evaluation practices across the organization is important to support change and learning. A well-functioning M&E system enables an organization to share knowledge on best practices and sustain program and organizational improvements.

KEY PRINCIPLES FOR IMPROVING INFORMATION MANAGEMENT

No management system can be strengthened if people are left out of the process. Strengthening HIS and M&E systems requires working with the individuals who record, transfer, analyze, communicate, and use data and information to manage services. The following key principles for improving information management (Management Sciences for Health, 2010) are reflected in the materials included in this compendium:

- **Understand health service functions and responsibilities.** The strength of the health information system depends on how well each service and responsibility is fulfilled. This requires a clear understanding of the functions and responsibilities of each health service, program, level of operations, and sector (public, private, community, civil society organization [CSO], or NGO) involved in delivering health services.
- **Focus on improving health and health services.** Any change to health recording and reporting should be made to improve the performance of health services. It is important to seek ways to meet information needs at higher levels of the health system without asking managers and providers to record and report data not used at the service delivery level.
- **Strengthen existing systems whenever possible.** It can be tempting to completely redesign systems and integrate parallel, program-specific reporting systems. However, the time, money, and disruption costs usually outweigh the potential benefits. A better alternative is to set standards for data formats and coding that facilitate the exchange of data between separate systems.
- **Ensure national ownership.** All activities to develop or improve an information system should be carried out by in-country working groups, and managed by national staff. Involve both information systems staff and managers, and service providers who are the primary users of information. If an external consultant is necessary, this person should assume a facilitating role that allows local personnel to develop their own system. Active participants will understand and own the methods and instruments in the system they develop, thus improving their ability to maintain it.
- **Build the skills of health personnel.** These skills include the recording, reporting, transmission, processing, presentation, analysis, and interpretation of data, and the use of data for decision making. How to use and maintain computer systems can also be taught. The recommended approach for building these skills is “learning by doing” through:
 - In-service workshops in which health service staff and data managers work together to solve real problems using real data
 - Involvement of national personnel to plan and carry out studies, and design system changes
 - Consensus building to clarify roles and responsibilities

Part I.

Crosswalk of Compendium Resources: Summary Chart

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Websites and Toolkits						
Measuring Success Toolkit: Using Data for Health Program Planning, Monitoring, and Evaluation	Measurement, Learning, and Evaluation Project	Yes	Program managers at all levels of the health system; M&E practitioners	Increased knowledge; strengthened M&E practices and system	No	Yes*
Health Facility and Community Data Toolkit	World Health Organization (WHO)/USAID/ University of Oslo	No†	National and facility-based program managers in the public sector	Strengthened facility-based information systems	No	Yes‡
The Global Fund's Approach to Monitoring and Evaluation	Global Fund	Yes	National policymakers and program managers; donor-supported agencies and projects	Elements of a data system; program and investment planning; system and service assessments, including data and service quality assessments; population and facility surveys	Yes	Yes*

* Website available to users worldwide

† Not specific to the HIV and AIDS context, but generalizable

‡ Paper-based toolkit available to users worldwide

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Training Issues and Training Curricula						
Standards for a Competency-Based Approach to Monitoring and Evaluation Curricula and Trainings	Joint United Nations Programme on HIV/AIDS (UNAIDS)	Yes	Individuals in M&E leadership positions in the public sector (such as the Ministry of Health [MOH]) at national and subnational levels, and in Global Fund grants. M&E advisors from international organizations, in NGOs and CSOs. Individuals at training institutions, universities, and colleges working to integrate HIV M&E in public health and medical curricula, and at organizations developing courses on HIV M&E.	Increased knowledge; self-assessment of M&E leadership competencies; M&E curriculum/training standards assessment tool	No	?*
Promising Practices to Build Human Resources Capacity in HIV Strategic Information	The Capacity Project, IntraHealth International	Yes	Individuals involved in developing or strengthening M&E systems and other strategic information-related activities, and in solving identified workforce gaps at the national, subnational, or service delivery levels. Staff from international organizations and development partners.	Increased knowledge; examples for possible inclusion in country-level plans to strengthen the M&E workforce	No	?*
M&E Fundamentals: A Self-Guided Minicourse	MEASURE Evaluation Also available as a course through the Global Health Learning Center	No†	Individuals from public, private, and NGO sectors at all levels of the health system	Increased knowledge	Yes	Yes*
M&E Frameworks for HIV/AIDS Programs	Global Health Learning Center	Yes	Strategic information generalists, M&E professionals, program managers, and public health professionals working at national and subnational levels	Increased knowledge	Yes	Yes*
Monitoring HIV/AIDS Programs	FHI 360	Yes	Implementing partner staff; FHI 360 staff	Increased knowledge	Yes	Yes

* Website available to users worldwide

** Information not provided

† Not specific to the HIV and AIDS context, but generalizable

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Data Demand and Use: An Introduction to Concepts and Tools	MEASURE Evaluation	No†	Health professionals, policy makers, and other key health decision makers; M&E specialists, data clerks, and researchers	Increased knowledge	No	Yes*
Data Quality	Global Health Learning Center	Yes	Individuals from the public, private, and NGO sectors at all levels of the health system	Increased knowledge	Yes	Yes*
Data Use for Program Managers	Global Health Learning Center	Yes	Individuals from the public, private, and NGO sectors at all levels of the health system	Increased knowledge	Yes	Yes*
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men Who Have Sex with Men, and Transgender People. Vol. 1: National and Subnational Levels. Vol. 2: Service Delivery Level	MEASURE Evaluation Materials are also available as online courses through the Global Health Learning Center	Yes	Stakeholders and groups working to improve these programs at national, subnational, and service delivery levels: country managers of HIV programs (government); country directors of national NGOs; M&E focal persons in surveillance units; donor agencies; global agencies (such as UN agencies, Global Fund, World Bank); networks, NGOs, civil society groups, and other organizations representing these populations	Various outcomes related to planning and M&E	No	Yes*
The PLACE Course (Priorities for Local AIDS Control Efforts), and associated manual	MEASURE Evaluation	Yes	Program managers at all levels	Indicators and action plans specifying where to focus prevention programs	No	Yes
Routine Health Information Systems: A Curriculum on Basic Concepts and Practice	MEASURE Evaluation	No†	Policymakers and managers; RHIS staff at national, intermediate, and facility levels; care providers and health technicians; students in health sciences and practice	Increased knowledge; improved performance of RHIS	Yes (forthcoming)	Yes

* Website available to users worldwide

† Not specific to the HIV and AIDS context, but generalizable

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Planning Tools						
Preparing National HIV/AIDS Strategies and Action Plans: Lessons of Experience	The World Bank/UNAIDS	Yes	Public sector national-level actors	National strategy; annual action plan, operational plan, or work plan	Yes	Yes
A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations	UNAIDS	Yes	Program managers in government, international organizations, NGOs, and CSOs involved in planning and implementing M&E of programs and projects for key populations at national and subnational levels	Increased knowledge; improved program management	No	?*
Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations: 2016 Update	WHO	Yes	Program managers and service providers at all levels of the health system	Increased knowledge (guidelines serve as a reference)	No	Yes
Standards for Integration of HIV/AIDS Information Systems into Routine Health Information Systems	MEASURE Evaluation	Yes	National-level RHIS managers	Increased knowledge	No	?*
Seven Steps to Use Routine Information to Improve HIV/AIDS Programs: A Guide for HIV/AIDS Program Managers and Providers	MEASURE Evaluation	Yes	Public and NGO sector personnel at the subnational level, such as NGO managers, MOH district and provincial health officers, strategic information officers, M&E officers, and health providers (doctors, nurses, pharmacists, and community outreach workers)	Improved program management and implementation (worksheets are provided for each of the seven steps to data demand and information use)	Yes	?*

* Information not provided

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
HIS Assessment Tools						
Performance of Routine Information Systems Management (PRISM) Tools	MEASURE Evaluation	No [†]	Measure Evaluation representatives; host-country decision makers, such as program managers and other key stakeholders; designated RHIS program manager; RHIS specialists or consultants	An action plan to address the recommendations and identified issues, weaknesses, and problems, or to build on identified strengths of the RHIS	Yes	Yes
Assessing the National Health Information System: An Assessment Tool	WHO	No [†]	Individuals at central statistics office, MOH, other ministries and governmental agencies (such as planning and civil registration), institutes of public health and universities, donors, United Nations organizations, representatives of key NGOs and CSOs	Assessment report leading to the development of a comprehensive strategic plan for strengthening the national HIS	No	?*
The Health System Assessment Approach: A How-To Manual	Health Systems 20/20	No [†]	Individuals at MOH and other ministries, coordinating bodies, professional associations, NGOs and CSOs, private sector providers, academic and research organizations, and donors	Assessment report and stakeholder workshop to validate findings, identify priorities, and discuss recommendations; approach for governments to create strategic plans, identify needed policy reforms, and create improved health financing plans and other system improvements; donors and development partners inform strategies and the design of health system strengthening programs, and act as a gauge to help monitor health system improvements over time	No	Yes
Routine Data Quality Assessment: User Manual and Materials	MEASURE Evaluation	No [†]	Individuals at national-level M&E unit, intermediate aggregation levels (such as region and district), and service delivery points	Action plans to improve the quality of data collected and the system that produces them	Yes	Yes

† Not specific to the HIV and AIDS context, but generalizable

** Information not provided

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Guidelines for Data Management Standards in Routine Health Information Systems	MEASURE Evaluation	No†	Clinical practitioners, facility managers, and national-level system managers	Strengthened RHIS	No	Yes
Participatory Data Verification and Improvement Tool: Framework and Operational Guide for Implementation	FHI 360	No†	Program team, implementing partner, and CBO/site staff	Quality improvement plan to address factors directly affecting data quality	No	Yes
Participatory Monitoring and Evaluation System Assessment Tool: Framework and Operational Guide for Implementation	FHI 360	No†	Program staff and M&E staff	Quality improvement plans to strengthen the M&E system	No	Yes
Community-Level Program Information Reporting for HIV/AIDS Programs	MEASURE Evaluation	Yes	Country stakeholders at all levels: public sector, NGO/CBOs, donors, multilateral organizations, and implementing partners	Improved data quality, ownership, harmony, and sustainability of monitoring and reporting systems	No	Yes

† Not specific to the HIV and AIDS context, but generalizable

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
M&E Tools						
Organizing Framework for a Functional National HIV Monitoring and Evaluation System 12 Components Monitoring and Evaluation System Strengthening Tool 12 Components Monitoring and Evaluation System Assessment: Guidelines to Support Preparation, Implementation, and Follow-Up Activities	UNAIDS	Yes	Individuals/organizations participating in the assessment of the national M&E system: M&E unit of the National AIDS Control Program (NACP), other national-level agencies involved in HIV programs/services, CSOs, and private sector	Dashboards summarizing the ratings for each of the 12 components of the national HIV M&E system; a summary of action points to address findings for each of the 12 components	No	Yes
Monitoring and Evaluation Capacity Assessment Tools (MECAT)	MEASURE Evaluation PIMA Project	No†	Health personnel in M&E at management and service delivery levels	Capacity-strengthening program, improved collection and use of quality information, and expanded availability of in-country capacity to meet the human resource needs of M&E health professionals	No	No, only Kenya to date
A Guide to M&E of Capacity-Building Interventions in the Health Sector in Developing Countries	MEASURE Evaluation	No†	Health planners and evaluators	Increased understanding of the concepts of capacity and capacity building design; a capacity-building M&E plan	No	?*

† Not specific to the HIV and AIDS context, but generalizable

** Information not provided

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Guidance on Capacity Building for HIV Monitoring and Evaluation	UNAIDS	Yes	National M&E managers; national AIDS program managers; members of the national HIV M&E technical working group; subnational HIV program staff and service delivery staff with M&E responsibilities; staff from agencies/ organizations involved in HIV M&E support	Increased knowledge; capacity building plan and strategies for its implementation and its M&E	No	?**
An Introduction to Indicators	UNAIDS	Yes	Program managers at all levels of the health system; public, private, and NGO sectors	Increased knowledge	No	?**
Indicator Standards: Operational Guidelines for Selecting Indicators for the HIV Response	UNAIDS	Yes	National-level personnel responsible for developing new indicators or selecting or reviewing existing indicators for assessing responses to HIV and AIDS; useful for multilateral and bilateral agencies, national M&E specialists, and program/project managers	Increased knowledge; harmonized indicators	No	Yes
Building Monitoring, Evaluation and Reporting Systems for HIV/AIDS Programs	Pact	Yes	NGOs	Increased knowledge about M&E and reporting (MER); worksheets for self-assessment and planning for MER system	No	Yes
A Checklist for Building Organizational Evaluation Capacity	Boris B. Volkov and Jean A. King	No†	Organizational leadership	Assessment of internal and external factors that need to be addressed to build organizational evaluation capacity	No	?**
SCORE ME Documents	MEASURE Evaluation	No†	M&E unit and M&E professionals in public and NGO sectors	Improvement plan for organizational development and/ or individual development in M&E based on self-assessment outcomes	Yes	Yes

† Not specific to the HIV and AIDS context, but generalizable

** Information not provided

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Monitoring and Evaluation Systems Strengthening Tool	MEASURE Evaluation	No†	Can be used at the national level, within groups of projects, individual projects, or organizations that want to assess M&E data collection and reporting systems, and to implement action plans for strengthening M&E	Action plan	Yes	Yes
Guide to Conducting Programme Reviews for the Health Sector Response to HIV	WHO	Yes	National HIV program managers and officers responsible for planning and monitoring in health ministries; other government, NGO, private sector, and international partners involved in planning, implementing, and funding HIV programs at various levels in the health system	Program review report (such as annual review, mid- or end-term review, thematic review) and dissemination plan	No	?*
Tools for Data Demand and Use in the Health Sector	MEASURE Evaluation	No†	All levels of public, private, and NGO sectors	Assessments and action plans	No	?*
Data Demand and Information Use in the Health Sector: Strategies and Tools	MEASURE Evaluation	No†	Stakeholders, policymakers, and M&E practitioners	Improved information use at the district, facility, and community level; promotion of evidence-informed decision making; and improved performance of M&E	No	?*
Child, Caregiver, and Household Well-Being Survey Tools for Orphans and Vulnerable Children Programs: Protocol Template	MEASURE Evaluation	Yes, in programs for orphans and vulnerable children (OVC)	Local and international investigators and other research stakeholders, such as program managers, donors, and local government and international research partners and program managers	Strengthened research protocol for implementing the PEPFAR OVC Survey Tools	No	?*

† Not specific to the HIV and AIDS context, but generalizable

** Information not provided

Title	Source	Builds Management Capacity in Information Management for HIV and AIDS Programs and Services?	Target User Group(s)	Expected Outcome(s)	Available in Language(s) Other Than English?	Applied in Multiple Countries?
Child, Caregiver, and Household Well-Being Survey Tools for Orphans and Vulnerable Children Programs	MEASURE Evaluation	Yes, OVC programs	Investigators, program staff, or policy makers of OVC programs in the public, NGO, and private sectors	Data collected can be used to support program planning and management	Yes	Yes
Evaluating HIV/AIDS Prevention Projects: A Manual for Nongovernmental Organizations	MEASURE Evaluation	Yes	NGO staff responsible for M&E	Increased knowledge	Yes	No
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for People Who Inject Drugs	UNAIDS	Yes, programs for people who inject drugs	National and subnational program managers; focal points at national and subnational levels responsible for M&E of the HIV response; managers and staff responsible for facility- or community-based services; people managing or implementing M&E of services for this population; people who inject drugs and their interest groups; organizations, and donor agencies that fund HIV programs	Improved availability, timeliness, and quality of data for decision making in HIV programs for people who inject drugs	No	？**
Referral Systems Assessment and Monitoring Toolkit	MEASURE Evaluation	Yes	Those involved in coordinating efforts to strengthen referral systems, such as health workers and managers of health service delivery; doctors and senior medical officers, case managers, program and service managers, M&E staff, project directors, and designated knowledgeable staff members of implementing partners	Assessment of the structure and functioning of referral systems; improved performance of referral systems	No	Yes

** Information not provided

Part II:

Description of Toolkits and Other Resources

Chapter 1: Websites and Toolkits

Category: Toolkit

Measuring Success Toolkit: Using Data for Health Program Planning, Monitoring, and Evaluation

Source (Organization/Author): Measurement, Learning, and Evaluation (MLE) Project for the Urban Reproductive Health Initiative

Citation: MLE. (Last updated August 2016). *Measuring Success Toolkit*. Chapel Hill, NC: Carolina Population Center.

Link: <https://www.urbanreproductivehealth.org/toolkits/measuring-success>

Summary Description: This toolkit provides guidance on how to use data to plan a health program and measure its success through monitoring and evaluation (M&E). It also offers links to important M&E resources. This kit includes basic introductions to tools and a glossary of planning, monitoring, and evaluation terms.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: Selected resources focus on HIV and AIDS

Sources of Data: Surveys, interviews, focus groups, service environment data, and population-level data

Target User Group(s): Program managers at all levels of the health system; M&E practitioners

Expected Outcome: Increased knowledge; strengthened M&E practices and system

Language(s): English

Where Applied: Website available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	N/A

Health Facility and Community Data Toolkit

Source (Organization/Author): World Health Organization (WHO), United States Agency for International Development (USAID), and University of Oslo

Citation: World Health Organization (WHO), United States Agency for International Development (USAID), & University of Oslo. (2014). *Health facility and community data toolkit*. Geneva, Switzerland: WHO.

Link: http://www.who.int/healthinfo/facility_information_systems/Facility_Community_Data_Toolkit_final.pdf?ua=1

Summary Description: This resource provides an overview of best practices, innovations, tools, and methods designed to help countries strengthen components of a health facility information system. The materials address the key components of a country health facility information system: governance (an overarching component), data collection and management, data quality and analysis, and data dissemination and use. Each section includes key action steps and examples of available tools and resources (several are described in this compendium). A checklist of key items and attributes is designed to facilitate monitoring of progress toward defined standards (also available as a separate spreadsheet). The checklist should be completed through a collaborative process involving all stakeholders, including data producers and data users.

Resources in the toolkit are organized as follows:

- **Governance:**
 - Institutional and policy framework
- **Data standards:**
 - Data architecture framework
 - Human resources and capacities
- **Data collection and management:**
 - Patient-level monitoring with unique identifiers
 - Web-based facility reporting systems
 - Community-based service data
 - Facility-based data on mortality and causes of death
 - Monitoring quality of care with facility data
- **Data quality and analysis:**
 - Health facility assessments
 - Data quality assessment and verification
 - Synthesis of data in analytical reports of progress and performance
- **Data dissemination and use:**
 - Data sharing and transparency
 - Data interpretation, visualization, and dissemination
 - Data use for decision making

This toolkit is the product of a technical consultation on monitoring results with health facility information systems organized by WHO in collaboration with USAID and the University of Oslo in June 2014.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Individual record systems (such as electronic medical records), facility records, and community-based records

Target User Group(s): National and facility-based program managers in the public sector

Expected Outcome: Strengthened facility-based information systems for the purposes of managing patient care, epidemiological surveillance, monitoring of intervention-specific programs, quality assessments, and detecting and reporting epidemic outbreaks

Language(s): English

Where Applied: Web-based toolkit available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	N/A

The Global Fund’s Approach to Monitoring and Evaluation

Source (Organization/Author): The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund)

Citation: The Global Fund. *Monitoring and Evaluation* webpage, retrieved November 2016.

Link: <http://www.theglobalfund.org/en/me/>

Summary Description: This is the Global Fund’s website describing its approach to, and requirements for, monitoring and evaluation (M&E) of its programs. The information is designed for implementers of Global Fund grants. The Global Fund’s approach to M&E focuses on performance-based funding, centered on the assessment of results against time-bound targets. The Global Fund supports three principles: simplify reporting, support data systems, and strengthen data use. It focuses on a consistent set of national indicators for HIV, tuberculosis (TB), and malaria that are used by its partners and the overall health system. The website provides the following guidance materials for use by grant implementers: summary lists of core indicators, indicator guidance sheets, Global Fund measurement guidance, and M&E framework for Global Fund grants with insufficient coverage indicators. The M&E processes are designed to be led by the government and supported by national institutions. They are closely linked to the national health planning and review process.

The Global Fund’s M&E approach consists of 30 training methods and tools designed to assess important subsystems, such as routine reporting, health management, and information surveys; population surveys; routine civil registration and vital statistics systems; administrative and financial data sources; analytical capacity reviews and a Capacity Assessment Tool; an M&E plan, a costed work plan, and data and service quality assessments. In addition, e-learning courses are provided.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: All routine and special health, population, service, and resource data

Target User Group(s): National policymakers and program managers; donor-supported agencies and projects

Expected Outcome: Many elements of a data system; program and investment planning; system and service assessments, including data and service quality assessments; population and facility surveys

Language(s): English, French, and Spanish; some materials are provided in German, Portuguese, Russian, and various Asian languages

Where Applied: All developing countries seeking Global Fund support against HIV, TB, and malaria

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Chapter 2: Training Issues and Training Curricula

Category: Training issues

Standards for a Competency-Based Approach to Monitoring and Evaluation Curricula and Trainings

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)

Citation: Joint United Nations Programme for HIV/AIDS (UNAIDS). (2010). *Standards for a competency-based approach to monitoring and evaluation curricula and trainings*. Geneva, Switzerland: UNAIDS.

Link: http://www.unaids.org/sites/default/files/sub_landing/files/13_8_MERG_Standards_Comptency-based_ME_CurriculaTrainings.pdf

Summary Description: This document addresses human capacity building as part of M&E system strengthening. It provides standards for capacity building in M&E through human resource training. It addresses: the essential technical and managerial competencies for those in M&E leadership positions, and standards for the development and implementation of M&E curricula/trainings to improve competencies.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: Self-assessment by M&E leadership; developers and users of M&E curricula/trainings

Target User Group(s): Individuals working in M&E leadership positions, such as those responsible for M&E of the HIV response (located in the national AIDS coordinating authority, the MOH, and other government departments); those responsible for M&E of national HIV prevention, treatment, care, and support programs; those in charge of M&E for Global Fund grants (principle recipients and subrecipients); resident M&E advisors from international organizations (UNAIDS, WHO, USAID, CDC, and MEASURE Evaluation) whose specific role is to support the national AIDS coordinating authority (or equivalent) in the establishment and maintenance of the national HIV M&E system; and M&E leaders at subnational levels of government and in major NGOs and CSOs involved in the HIV response. Organizations developing and providing M&E curricula/trainings, such as training institutions, universities, and colleges who are working to integrate HIV M&E in public health and medical curricula and organizations developing courses on HIV M&E.

Expected Outcome: Increased knowledge; self-assessment of M&E leadership competencies; and M&E curriculum/training standards assessment tool

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Promising Practices to Build Human Resources Capacity in HIV Strategic Information

Source (Organization/Author): The Capacity Project/ Wanda Jaskiewicz and others

Citation: Jaskiewicz, W., Fitzgerald, L., Fogarty, L., Huber, A., Peersman, G., Schalk-Zaitsev, S., . . . Yank, S. (2009). *Promising practices to build human resources capacity in HIV strategic information*. Chapel Hill, NC: The Capacity Project, IntraHealth International.

Link: https://www.intrahealth.org/files/media/promising-practices-to-build-human-resources-capacity-in-hiv-strategic-information/prom_pract_building_HR_in_HIV.pdf

Summary Description: The United States President’s Emergency Plan for AIDS Relief (PEPFAR) monitoring and evaluation (M&E) technical working group asked the Capacity Project to identify and document promising practices to plan, develop, and support national human resources in HIV-related strategic information (SI) and M&E. This document adds to global M&E system strengthening guidance by compiling examples of promising approaches from various countries. It is designed to help national M&E systems ensure strategic information for HIV and AIDS programming. This document presents descriptions of 36 promising methods. They cover the core components of SI (M&E, surveys and surveillance, and health management information systems with geographical information systems).

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): Those involved in developing or strengthening M&E systems and other SI-related activities and in solving identified workforce gaps at the national, subnational, and service delivery levels, such as those in government responsible for developing multiyear strategic M&E plans and annual work plans; U.S. government country teams and staff of other development partners and international organizations supporting SI and national M&E system strengthening; and technical advisors from local, regional, and international organizations called upon by governments to strengthen current M&E systems and other SI activities

Expected outcome: Increased knowledge; examples for possible inclusion in country-level plans to strengthen the M&E workforce

Language(s): English

Where applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

M&E Fundamentals: A Self-Guided Minicourse

Source (Organization/Author): Nina Frankel and Anastasia Gage

Citation: Frankel, N., & Gage, A. (2007; revised 2016). *M&E fundamentals: A self-guided minicourse*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-07-20-en>

This resource is also available as a two-hour course on the Global Health Learning Center website at <https://www.globalhealthlearning.org/course/m-e-fundamentals>.

Summary Description: Monitoring and evaluation (M&E) are essential components of any intervention, project, or program. This minicourse covers the basics of program M&E in the context of population, health, and nutrition programs. It defines common terms and discusses why M&E is important for program management. By the end of this course, the learner will be able to do the following:

- Identify the basic purposes and scope of M&E
- Differentiate between monitoring functions and evaluation functions
- Describe the functions of an M&E plan
- Identify the main components of an M&E plan
- Identify and differentiate among conceptual frameworks, results frameworks, and logic models
- Describe how frameworks are used for M&E planning
- Identify criteria for the selection of indicators
- Describe how indicators are linked to frameworks
- Identify types of data sources
- Describe how information can be used for decision making

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: N/A

Target User Group(s): People from public, private, and nongovernmental organization sectors at all levels of the health system

Expected Outcome: Increased knowledge

Language(s): English, French, Portuguese, Spanish, and Vietnamese

Where Applied: Web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	√
Applied in multiple countries	√

M&E Frameworks for HIV/AIDS Programs

Source (Organization/Author): Global Health Learning Center

Citation: Global Health Learning Center. (2010). *M&E frameworks for HIV/AIDS programs*. Washington, DC: U.S. Agency for International Development.

Link: <https://www.globalhealthlearning.org/course/m-e-frameworks-hiv-aids-programs>

Summary Description: Good-quality HIV and AIDS prevention, care, and treatment programs depend on the availability of individuals and organizations with appropriate M&E experience and skills and adequate infrastructure and resources. Developing M&E frameworks is an integral step in the development of M&E plans. This two-hour online course will strengthen the learner’s understanding of how to develop an M&E framework that can be used to organize and implement components of an M&E system. By the end of this course, learners will be able to do the following:

- Define common M&E terms
- Describe how M&E fits in a broader public health context
- Describe three different approaches to developing an M&E framework
- Describe why using an M&E framework is important
- Develop an M&E framework
- Describe the main components of frameworks
- Describe the steps to develop and implement an M&E framework

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): Strategic information generalists, M&E professionals, program managers, and public health professionals working at national and subnational levels

Expected Outcome: Increased knowledge

Language(s): English, French, Portuguese, and Spanish

Where Applied: Information not provided; web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Monitoring HIV and AIDS Programs

Source (Organization/Author): FHI 360

Citation: Implementing AIDS Prevention and Care (IMPACT) Project. (2004). *Monitoring HIV/AIDS programs*. Durham, NC: FHI 360.

Link: <https://www.fhi360.org/resource/monitoring-hivaids-programs>

Summary Description: This monitoring and evaluation (M&E) training course is intended for use in training both FHI 360 country program staff and implementing partner staff, with the overall goal of building and enhancing the skills required to conduct and carry out good-quality M&E activities. By using this modular M&E training package, participants will be able to do the following:

- Distinguish among process-, outcome-, and impact-level evaluations
- Explain the different M&E conceptual approaches and frameworks
- Identify key stakeholders in program M&E
- Identify methods for overcoming barriers to effective M&E
- Identify appropriate indicators for each technical area
- Design systems to manage and use data and provide feedback to appropriate staff
- Apply general M&E concepts and methods to specific technical areas (home-based care, sexually transmitted infections, behavior change communication, voluntary counselling and testing, OVC, PMTCT, and clinical care) and to overall program management
- Design country/site-specific monitoring flow process based on organizational structure (single country office, field office, or regional office)
- Design and implement a monitoring and evaluation work plan for a country/site program, taking into consideration donor requirements

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): Implementing partner staff; FHI 360 staff

Expected Outcome: Increased knowledge

Language(s): English (2004), Arabic (2007), French (2007), and Spanish (2007)

Where Applied: Pilot tested in Thailand and Zambia prior to publication (2004)

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	√
Applied in multiple countries	√

Data Demand and Use: An Introduction to Concepts and Tools

Source (Organization/Author): MEASURE Evaluation/Tara Nutley, Elizabeth Snyder, and Nicole Judice

Citation: Nutley, T., Snyder, E., and Judice, N. (2012; revised 2015). *Data demand and use: An introduction to concepts and tools*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-12-54>

Summary Description: Significant human and financial resources have been invested worldwide in the collection of population-, facility-, and community-based data. However, this information is often not used by key stakeholders to effectively inform policy and programmatic decision making. As a result, many health programs fail to fully link evidence to decisions. These programs may suffer from a decreased ability to respond to the priority needs of the populations they serve. Many factors can undermine evidence-based decision making. Some factors relate to how information flows to decision makers, and to how they make their decisions. Other factors relate to the context in which information is collected and decisions are made. Still other factors relate to organizational infrastructure and technical capacity of those who generate and use data.

This three-hour training course aims to provide the conceptual basis for data-informed decision making in an organization or program, or at the national, state, or district levels of government. The course introduces several tools created by MEASURE Evaluation to facilitate the use of data in decision making.

The specific learning objective of the course is to improve the understanding of:

- The role of data in decision making
- The context of decision making
- The determinants of data use
- The importance of data sharing and feedback

Prior to taking this course, it is advised to complete the M&E Fundamentals Minicourse, available on the MEASURE Evaluation website at <https://www.measureevaluation.org/resources/publications/ms-07-20-en>.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: N/A

Target User Group(s): Health professionals, policymakers, and other key health decision makers who are in the position to use data to inform the design, implementation, monitoring, and improvement of health programs. M&E specialists, data clerks, and researchers who acquire, analyze, and prepare health data for distribution to users.

Expected Outcome: Increased knowledge

Language(s): English

Where Applied: Information not provided; web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

Data Quality

Source (Organization/Author): Global Health Learning Center

Citation: Global Health Learning Center. (2010). *Data quality*. Washington, DC: United States Agency for International Development.

Link: <https://www.globalhealthlearning.org/course/data-quality>

Summary Description: High-quality data are needed to inform, monitor, and manage HIV and AIDS programs. This course helps participants understand what data quality is, why it is important, and what programs can do to improve it. After completing this two-hour introductory course on data quality, learners will be able to do the following

- Define why data are important to programs
- Describe “data quality”
- List the seven dimensions of data quality
- Identify the different types of double counting that impact data quality and strategies that can be used to avoid double-counting

Management Practices Addressed: Monitoring and evaluation

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): People from the public, private, and nongovernmental organization sectors at all levels of the health system

Expected Outcome: Increased knowledge

Language(s): English, French, Portuguese, and Spanish

Where Applied: Information not provided; web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Resource applied in multiple countries	

Data Use for Program Managers

Source (Organization/Author): Global Health Learning Center

Citation: Global Health Learning Center. (2011). *Data use for program managers*. Washington, DC: United States Agency for International Development.

Link: <https://www.globalhealthlearning.org/course/data-use-program-managers>

Summary Description: This two-hour online course is designed to promote data use for evidence-informed HIV and AIDS program planning and improvement. By the end of the course, learners will understand concepts and approaches to facilitate data use in HIV and AIDS programming. They should be able to:

- Understand the concepts of using data for program management
- Describe the process of how to prepare and plan for data use
- Understand how data can be applied to decision making and program planning
- Explain how to synthesize and communicate data to answer key priority questions
- List ways in which data have been used

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): People from the public, private, and nongovernmental organization sectors at all levels of the health system

Expected Outcome: Increased knowledge

Language(s): English, French, Portuguese, and Spanish

Where Applied: Information not provided; web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	

Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men Who Have Sex with Men, and Transgender People: Volumes 1 and 2

Source (Organization/Author): MEASURE Evaluation/Sharon Weir and others

Citation: Weir S., Sabim, K., Abdul-Quader, A., Au, M., Bok, L., Butler, J., . . . Traore, C. (2013). *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people*. Vol. 1, for National and Subnational Levels, and Vol. 2, for Service Delivery Providers. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Links: Volume 1 for national and subnational levels: <https://www.measureevaluation.org/resources/publications/ms-11-49a>

Volume 2 for service providers: <https://www.measureevaluation.org/resources/publications/ms-11-49b>

These materials are also available as online courses on the Global Health Learning Center website:

Volume 1: <https://www.globalhealthlearning.org/course/m-e-guidelines-sex-workers-men-who-have-sex-men-transgender>

Volume 2: https://www.globalhealthlearning.org/course/m-e-guidelines-sex-workers-men-who-have-sex-men-transgender-0_s

Summary Description: The guidelines and related online training course address the unique monitoring and evaluation (M&E) needs of settings where HIV affects men who have sex with men (MSM), sex workers, and transgender people. These two volumes provide operational guidance at three levels (national, subnational, and service delivery) to strengthen M&E of HIV programs for these key populations. The guidelines apply to countries with low-level, concentrated, and generalized HIV epidemics.

Each volume of the guidelines is presented in four parts:

1. Introduction to the guidelines
2. Overview of key concepts, including the “8-Step Public Health Questions Model”
3. Information and resources for each step, such as:
 - Rationale for why the step is important
 - Flowchart of key questions, methods, and data use
 - Overview on how to answer key questions and use data
 - Methods, tools, and products
4. Appendices providing tools, a glossary of terms, and reference materials

Each of the two volumes includes a 2.5-hour course. At the end of the course, learners will be able to do the following tasks associated with work at their level (national, subnational, or service delivery):

- Describe the “8 Step Public Health Questions Model”
- Obtain information necessary for planning an intervention response and setting targets
- Explain how to implement a system to monitor program activities
- Describe how to evaluate whether prevention programs at their level are effective in reducing rates of HIV transmission in key populations

- Use the checklist to self-assess available data and resources mentioned in the guidelines
- Know where to look for further information or technical assistance

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Programs for sex workers, MSM, and transgender people

Sources of Data: Program data; national and subnational survey data for these key populations; national and subnational strategic plans and action plans; lists of key indicators

Target User Group(s): Stakeholders and groups working to improve HIV programs for sex workers, MSM, and transgender populations

Volume 1 (National or Subnational Levels): For stakeholders and groups working to improve HIV programs for sex workers, MSM, and transgender people, such as:

- Country managers of HIV program (government)
- Country directors of national NGOs
- M&E focal persons
- Monitoring units
- Donor agencies
- Global agencies (such as UN agencies, Global Fund, and World Bank)

Volume 2 (Service Delivery): For stakeholders and groups working to improve services for sex workers, MSM, and transgender populations, such as:

- Networks and organizations representing the key populations
- Service delivery providers at the local level
- Nongovernmental organizations and other civil society groups working at the local level

Expected Outcome: Clear priorities for services, indicators, targets, methods, monitoring, and community engagement

Language(s): English

Where Applied: Pilot-tested in Jamaica

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

The PLACE Course (Priorities for Local AIDS Control Efforts) and Associated Manual

Source (Organization/Author): MEASURE Evaluation/Sharon Weir and others

Citation: Weir, S.S., Tate, J., Hileman, S.B., Khan, M., Jackson, E., Johnston, A., & Herman, C. (2005). *The PLACE Course (Priorities for Local AIDS Control Efforts): A manual for implementing the PLACE method*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/training/online-courses-and-resources/non-certificate-courses-and-mini-tutorials/the-place-method/the-place-course>

Summary Description: Priorities for Local AIDS Control Efforts (PLACE) is a method that addresses the need for rapidly available information to strategically target and monitor local HIV prevention activities. It serves as a rapid assessment tool to monitor and improve HIV prevention program coverage in areas where HIV transmission is most likely to occur. The PLACE course and manual are designed for local program managers who want to know where to target resources to prevent new infections. These materials show how to use the method to systematically identify gaps in current prevention programs, enhance their local use of findings to improve program delivery, and monitor program coverage over time with easy-to-understand indicators and coverage maps. Although PLACE findings can be used to inform several HIV activities, the focus is on monitoring behavior and program coverage.

The PLACE method can be used without extensive involvement of outside technical experts. It can be applied using a spreadsheet program, a word-processing program, and Epi Info. The course and manual provide new, useful, and timely information for intervention monitoring. The method includes local participatory feedback and dissemination workshops to ensure that results are used to tailor local interventions.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Condom distribution, peer health education, voluntary counseling and testing, treatment of sexually transmitted infections, TB control, and harm reduction for those injecting drugs

Sources of Data: Community interviews

Target User Group(s): Program managers at all levels

Expected Outcome: Indicators and action plans that specify where to focus prevention programs in order to reach people most likely to acquire and transmit HIV

Language(s): English

Where Applied: 15 countries (as of 2005)

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	√

Routine Health Information Systems: A Curriculum on Basic Concepts and Practice

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2017). Routine health information systems: A curriculum on basic concepts and practice. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

Summary Description: The purpose of this curriculum is to enhance the capacity of health program managers in low- and middle-income countries to conceptualize, design, develop, govern, and manage a routine health information system (RHIS), and use the information the system generates to improve public health practice and service delivery. The course was developed by MEASURE Evaluation in collaboration with the World Health Organization; the Free University of Brussels/European Agency for Development and Health (AEDES); the University of Oslo, in Norway; the National Institute of Public Health (INSP), in Mexico; the University of Queensland, in Australia; and the Public Health Foundation of India. It consists of the following resources:

- Routine Health Information Systems: A Curriculum on Basic Concepts and Practice: Syllabus, which is available in PDF and Word formats, here: <https://www.measureevaluation.org/resources/publications/sr-16-135a>
- Routine Health Information Systems: A Curriculum on Basic Concepts and Practice: Facilitators' Guide, which is available in PDF and Word formats, here: <https://www.measureevaluation.org/resources/publications/sr-16-135b>
- RHIS Curriculum Modules (PowerPoints, handouts, and exercises), which are available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum-modules>

The curriculum's 10 modules cover the following topics: health systems and health information systems; indicators and data collection and reporting; guidelines for data management standards in RHIS; RHIS data quality; RHIS data analysis; RHIS data demand and use; RHIS governance and management of resources; information and communication technology for RHIS; RHIS performance assessment; and RHIS design and reform.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of data: N/A

Target User Group(s): Policymakers and managers; RHIS staff at national, intermediate, and facility levels; care providers and health technicians; and students in health sciences and practice

Expected Outcome: Increased knowledge; improved performance of RHIS

Language(s): English and French (forthcoming)

Where Applied: Web-based course available to users worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	
Available in a language other than English	√
Applied in multiple countries	√

Chapter 3: Planning Tools

Category: Planning tools

Preparing National HIV/AIDS Strategies and Action Plans: Lessons of Experience

Source (Organization/Author): World Bank and Joint United Nations Programme on HIV/AIDS (UNAIDS)

Citation: Brown, J., & De Beyer, J. (2007). *Preparing national HIV/AIDS strategies and action plans: Lessons of experience*. Washington, DC: World Bank and Joint United Nations Programme on HIV/AIDS, AIDS Strategy and Action Plan Program (ASAP).

Link: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1151090631807/2693180-1151090665111/StrategyPracticeNoteFinal19October07.pdf>

Summary Description: This paper seeks to help countries strengthen their HIV and AIDS strategies and action plans by learning from others' experiences. The paper draws on detailed discussions of Swaziland's experience and recent reviews of new draft strategies from 15 other countries. The principles and lessons are broadly relevant across all continents for high- and low- prevalence countries and countries with generalized, concentrated, and mixed epidemics.

Management Practices Addressed: Planning

HIV Strategy or Services Addressed: National HIV strategy and action plan

Sources of Data: Surveillance data, service statistics, and data from community consultations

Target User Group(s): National level actors in the public sector

Expected Outcome: National strategy, and annual action plan/operational plan/work plan

Language(s): English, French, and Spanish

Where Applied: Swaziland and 15 other countries used as case studies to extract lessons learned

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	√
Applied in multiple countries	√

A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)

Citation: Joint United Nations Programme on HIV/AIDS (UNAIDS. (2007). *A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations*. Geneva, Switzerland: UNAIDS.

Link: http://www.unaids.org/sites/default/files/media_asset/jc1519_framework_for_me_en_0.pdf

Summary Description: The organizing framework described in this document is intended for national and subnational program managers and others involved in planning and implementing programs; monitoring and evaluation (M&E); and using data and information for policy development and program improvement. The framework includes methods and tools that can be applied at national and subnational levels. Interventions for key populations (sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners) are often implemented on a subnational basis, because such populations are not uniformly spread across a country. They are often concentrated in large cities, border areas, and towns with large migrant or tourist populations. Because interventions are planned and implemented at the local level, M&E efforts should also occur at local and national levels.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: HIV prevention for key populations

Sources of Data: N/A

Target User Group(s): Governments, international organizations, nongovernmental organizations, and other members of civil society; program managers and others involved in planning and implementing M&E of programs and projects for key populations at both national and subnational levels

Expected Outcome: Increased knowledge and improved program management

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations

Source (Organization/Author): World Health Organization (WHO)

Citation: World Health Organization (WHO). (2016; Update). *Consolidated guidelines on HIV prevention, diagnosis, treatment, and care for key populations*. Geneva, Switzerland: WHO.

Link: <http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

Summary Description: In these new consolidated guidelines on HIV prevention, diagnosis, treatment, and care for key populations, WHO brings together all existing guidance, and updates recommendations relevant to five key populations: men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people. These guidelines aim to: provide a comprehensive package of evidence-based HIV-related recommendations for all key populations; increase awareness of their needs; improve access, coverage, and use of effective and acceptable services; and catalyze greater national and global commitment to adequate funding and services.

Chapter 7 provides guidance on prioritizing and planning services, monitoring and evaluation (M&E), target setting, indicators, and costing tools.

Management Practices Addressed: Planning, implementation, and M&E

HIV Strategy or Services Addressed: HIV prevention, diagnosis, treatment, and care for five key populations

Sources of Data: National surveillance data; demographic surveys; and programmatic data

Target User Group(s): Program managers and service providers at all levels of the health system

Expected Outcome: Increased knowledge; reference use; improved planning, M&E, and use of indicators

Language(s): English

Where Applied: Guidelines for worldwide use

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Standards for Integration of HIV/AIDS Information Systems into Routine Health Information Systems

Source (Organization/Author): David Boone and Suzanne Cloutier

Citation: Boone, D., & Cloutier, S. (2015). *Standards for integration of HIV/AIDS information systems into routine health information systems*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-15-103>

Summary Description: Unprecedented levels of funding have been made available over the past decade for disease control and prevention through PEPFAR and the Global Fund. Increased funding has been accompanied by increased scrutiny by donors who have a desire to know the return on their investments. Disease-specific information systems have been developed in response to donor reporting requirements, and to track progress against ambitious objectives for disease control and prevention. The disease-specific systems create parallel or vertical data flows separate from established national routine health information systems (RHIS) that may not offer performance commensurate to the information needs of donors. This guide describes approaches and standards for integration of vertical information systems with RHIS. It uses HIV and AIDS information systems as examples of best practices for achieving integration with RHIS. (These practices can also be applied to most diseases or program-specific information systems.) The guide presents general aspects of information system integration, followed by the case of HIV and AIDS integration. It explains the concept of interoperability as a method for achieving the goals of integration, and provides generic models and country examples of different types of integration.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): National-level RHIS managers

Expected Outcome: Increased knowledge

Language(s): English

Where Applied: Information not provided; document includes case studies

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Seven Steps to Use Routine Information to Improve HIV/AIDS Programs: A Guide for HIV/AIDS Program Managers and Providers

Source (Organization/Author): Nicole R. Judice

Citation: Judice, N.R. (2009). *Seven steps to use routine information to improve HIV/AIDS programs: A guide for HIV/AIDS program managers and providers*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-09-38>

Summary Description: This document presents concrete steps and illustrative examples that can be used to facilitate the use of routine information as a part of decision-making processes guiding program design, management, and service provision in the health sector. The seven steps address how to: link questions of interest to program managers and data providers; analyze, graph, and interpret data; and continue to monitor key indicators to inform improvements.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation (M&E)

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: Routine data sources (such as patient registers); nonroutine data sources (such as the Demographic and Health Survey and AIDS Indicator Survey)

Target User Group(s): People who make or advocate changes in programs related to HIV and AIDS at the subnational level: nongovernmental organization managers, health ministry district and provincial health officers, strategic information and M&E officers, and health providers, such as doctors, nurses, pharmacists, and community outreach workers. A participatory approach that involves data users and data producers can help ensure that program and service improvements are eventually implemented, and that expertise from across the program and facility are included.

Expected Outcome: Improved program management and implementation; worksheets are provided for each of the seven steps

Language(s): English, Spanish

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	

Chapter 4: HIS Assessment Tools

Category: HIS assessment

Performance of Routine Information Systems Management (PRISM) Tools

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2011). *Performance of routine information systems management (PRISM) tools*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-11-46-d>

Summary Description: This is a user guide for four primary tools associated with the PRISM framework: Routine Health Information System (RHIS) Performance Diagnostic Tool, RHIS Overview and Facility/Office Checklist, Organizational and Behavioral Questionnaire, and RHIS Management Assessment Tool. These tools enable an RHIS improvement team to: assess the system's performance; identify technical, behavioral, and organizational determinants of its performance; design and prioritize interventions to improve performance; and monitor and evaluate data quality and use over time.

The guide offers step-by-step instructions to understand the rationale for the questions associated with the tools, and how to use them in the field. It provides information about the uses of each tool, its strengths and weaknesses, and when to use it alone or in combination with other tools. The guide provides instructions on sampling methods to use in the field.

The guide also includes the Performance of Routine Information System Management (PRISM) Data Entry and Analysis Tool, and instructions for its use in data collection and analysis. The PRISM process encourages stakeholders at all levels to think strategically and holistically about the value of each role and component of the RHIS, and to adopt a sense of ownership in improving the elements within their span of control. The PRISM tools can be self-administered by an organization or facilitated by an external consultant.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: PRISM tools use various data sources and methods to collect information: self-administered questionnaires; observations; reviews of documents, office records, and RHIS feedback reports; and information technology review.

Target User Group(s): Measure Evaluation representatives; host-country decision makers, such as program managers and other key stakeholders; designated RHIS program manager; and RHIS specialists or consultants

Expected Outcome: An action plan to address the recommendations and identified issues, weaknesses, and problems, and to build on identified strengths of the RHIS

Language(s): English, French, and Spanish

Where Applied: Uganda, Cote D'Ivoire, China, Pakistan, and Mexico (as of 2011 publication date)

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	√
Applied in multiple countries	√

Assessing the National Health Information System: An Assessment Tool, Version 4.00

Source (Organization/Author): World Health Organization

Citation: World Health Organization (WHO). (2008). *Assessing the national health information system: An assessment tool*, Version 4.00. Geneva, Switzerland: WHO.

Link: <http://apps.who.int/iris/handle/10665/43932?mode=full>

Summary Description: This Health Metrics Network (HMN) tool assesses the strengths and weaknesses of the elements and operations of a national health information system (HIS). The assessment process engages all stakeholders in the HIS, moving them towards a shared vision of a more coherent, integrated, efficient, and useful system. The gap between the existing system and this new vision can be an important stimulus for moving to the next stage of planning for national HIS reform.

The manual describes the steps involved in a first baseline assessment of the HIS and its resources, data, data management, data quality, and information dissemination and use. For each item included in the assessment tool, a range of possible scenarios is provided allowing for objective and quantitative rating. The highest score (3) is given for a scenario considered *highly adequate* compared to the gold standard as defined by the HMN Framework. The lowest score (0) is given when the situation is regarded as *not adequate* in terms of meeting the gold standard. The total score for each category is aggregated and compared against the maximum possible score to yield a percentage rating.

Management Practices Addressed: Planning, organizing, and monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Workshop participants and consultation of key documents

Target User Group(s): A broad range of stakeholders, such as central statistics office, health ministry, other ministries and governmental agencies (such as planning and civil registration), institutes of public health and universities, donors, United Nations organizations, nongovernmental organizations, and civil society organizations

Expected Outcome: Assessment report leading to the development of a comprehensive strategic plan for strengthening the national HIS

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

The Health System Assessment Approach: A How-To Manual, Version 2.0

Source (Organization/Author): Health Systems 20/20

Citation: Health Systems 20/20. (2012). *The health system assessment approach: A how-to manual*, Version 2.0. Bethesda, MD: Health System Assessment Resource Center.

Link: <http://healthsystemassessment.org/health-system-assessment-approach-a-how-to-manual/>

Summary Description: This resource is the result of a collaboration among development partners: Health Systems 20/20, Partners for Health Reformplus (PHRplus), the Quality Assurance Project (QAP), and Rational Pharmaceutical Management (RPM) Plus. The Health Systems Assessment (HSA) approach examines multiple system components, synthesizes the data compiled, and guides users in transforming findings into specific strategies that policy makers and program managers can apply to strengthen their country's health system. The tool leads a small (3–4 person) team through a rapid, user-friendly, and comprehensive health system assessment involving the following steps: planning the assessment, gathering data, synthesizing findings, generating recommendations, organizing a stakeholder workshop to discuss findings and plan future actions, and preparing the assessment report. Ideally the team should include three technical experts in addition to the team leader, an assessment coordinator (who may be one of the technical experts), and a local (in-country) logistics coordinator. At least one of the technical team members should have private health sector experience.

The HSA Approach is organized around technical modules that guide data collection on the six health system functions: 1) leadership and governance, 2) health financing, 3) service delivery, 4) human resources, 5) medical products, vaccines, and technologies, and 6) the health information system. Use of all technical modules produces a comprehensive assessment. However, if a country's needs are more focused, the assessment can use selected modules. A mandatory core module provides background information on the country's health system. The HIS module reviews: current operational HIS components; resources, policies, and regulations supporting the HIS; data availability, collection, and quality; and analysis and use of health information for health systems management and policy making.

The manual is organized according to the HSA approach process, with four main sections:

- 1. Introduction:** Describes the HSA approach and how the manual is organized.
- 2. Conducting the Assessment:** Provides a detailed description of each of the five steps in the assessment process. Each module provides adaptable templates, country examples, lessons learned, and references to tools.
- 3. Guidance on Assessing Health System Building Blocks:** Describes the indicators that can be used to assess each of the health system building blocks. This section also includes country stories and templates.
- 4. Appendices:** Provide bibliography and supplementary materials organized according to manual sections and modules.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: The HSA approach can be used to analyze the entire health system or particular aspects of the system. It can be tailored to specific initiatives or diseases, such as HIV and AIDS, TB, and malaria.

Sources of Data: Background documents on the health system; interview questionnaires and key informant interviews at national and subnational levels; field visits to health facilities; and consultation of standard international indicators

Target User Group(s): Health ministry and other ministries; coordinating bodies; professional associations; nongovernmental organizations and civil society organizations; private-sector providers; academic and research organizations; and donors

Expected Outcome: The expected outputs are twofold: 1) an assessment report with key findings for each health system function, highlighting strengths, cross-cutting weaknesses that limit performance, and recommendations for priority system strengthening interventions; and 2) a stakeholder workshop to validate findings, identify priorities, and discuss recommendations. The HSA approach has been used by governments to create strategic plans, identify needed policy reforms, and create improved health financing plans. Donors and development partners have used the findings to inform strategies, inform the design of health system strengthening (HSS) programs, and to help monitor health system improvements over time.

Language(s): English

Where Applied: The original tool was developed in 2007 and updated in 2012 based on lessons learned from its application in 25 countries.

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Routine Data Quality Assessment: User Manual and Materials

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2015). *Routine data quality assessment: User manual*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link:

User Manual: <https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools/rdqa-guidelines-2015>

Materials: RDQA Excel workbook, curriculum, and case study materials <https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools>

Summary Description: Strong systems for capturing health program data are essential to tracking progress and supporting data-driven decisions as part of the Sustainable Development Goals. The data quality assessment (DQA) tools were originally developed as part of global efforts to combat AIDS, malaria, and tuberculosis (TB). National programs and donor-funded projects are implementing ambitious plans to reduce the burden of disease in countries worldwide. Measuring the success and improving the management of these initiatives require strong monitoring and evaluation (M&E) systems that produce good-quality data related to program implementation. The Data Quality Audit Tool uses priority indicators from HIV and AIDS, TB, and malaria programs, and is normally applied with the assistance of outside experts. However, experience in implementing the DQA revealed the need for a capacity-building, self-assessment version.

The MEASURE Evaluation project, World Health Organization, U.S. President's Emergency Plan for AIDS Relief, and the Global Fund worked together to develop the Routine Data Quality Assessment (RDQA) Tool. This package provides a how-to manual and related materials for using this tool.

The RDQA Tool was designed to build capacity for improving data quality, and permit self-assessment of health program data quality. The tool has been applied in multiple settings and countries, with individual health programs and country health management information systems. Three objectives can be achieved by applying the RDQA Tool: 1) rapidly verify the quality of reported data for key indicators at selected sites, and the ability of data management systems to collect, manage, and report quality data; 2) implement corrective measures with action plans for strengthening the data management and reporting system, and improving data quality; and 3) monitor capacity improvements and performance of the data management and reporting system to produce quality data.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Depending on the scope of the assessment: service delivery sites, district and regional aggregation sites, and national M&E unit

Target User Group(s): Parts 1 and 2 of the RDQA Tool can be implemented at any level of the data management and reporting system: M&E Unit, intermediate aggregation levels (region and district), and/or service delivery points.

Expected Outcome: Action plans to improve the quality of data collected and the system that produces them

Language(s): English, French, Portuguese, and Spanish

Where Applied: This tool benefited from feedback at workshops and meetings in Ghana, Nigeria, Senegal, South Africa, Switzerland, the United States, and Vietnam.

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Guidelines for Data Management Standards in Routine Health Information Systems

Source (Organization/Author): MEASURE Evaluation/Arthur Heywood and David Boone

Citation: Heywood, A., & Boone, D. (2015). *Guidelines for data management standards in routine health information systems*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-15-99>

Summary Description: The regular use of reliable information from a well-designed routine health information system (RHIS) is indispensable for ensuring and sustaining improvements in health system performance. Using reliable RHIS information is important for improving health outcomes, tackling disparities, enhancing efficiency, and fostering innovation. This document proposes standards on data management for RHIS, based on the results of an expert workshop held in Johannesburg, South Africa in May 2012. The RHIS is a subsystem of the HIS, devoted to routine reporting of health sector service statistics for management, planning, and evaluation. These guidelines are based on field experiences and case studies from all over the world, and are considered standards or best practices.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Population data, facility-level data (such as registers and tally sheets)

Target User Group(s): Clinical practitioners, facility managers, and national-level system managers

Expected Outcome: Strengthened RHIS. The most visible outcome of a successful information culture is that information is in demand, valued as an important resource, and used at all levels to improve service delivery to clients and to strengthen facility management and management of systems at that level.

Language(s): English.

Where Applied: Informed by field experiences worldwide

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Participatory Data Verification and Improvement Tool

Source (Organization/Author): Francis Okello and others

Citation: Okello, F., Kitungulu, B., Kabore, I., Adhikary, R., Merrigan, M., Lew, K., & Etheredge, G. (2013). *Participatory data verification and improvement tool: Framework and operational guide for implementation*. Durham, NC: FHI 360.

Link: <https://www.fhi360.org/resource/participatory-data-verification-and-improvement-tool>

Summary Description: This is a generic tool developed as a diagnostic exercise for programs and projects to implement at all levels. It provides a framework and operational guidance to assess and improve program or project data. The exercise will help to determine the accuracy of reported data, conduct root cause analysis, and develop a quality improvement plan to address factors directly affecting data quality. The tool is termed “participatory” to highlight the need for the various actors involved in data collection and reporting systems to work together to identify and address root causes affecting data quality across all levels. This tool facilitates a problem-solving process focused on the accuracy (validity) of routinely reported data. With regular use, stakeholders can confidently use routinely collected data to plan and strengthen policies and programs.

Management Practices Addressed: Monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Service delivery site registers, client intake forms, reporting and summarizing data collections forms, and other secondary source documents

Target User Group(s): Programs and projects operating at all levels of the health system. The tool is intended to be used in a participatory process, involving the program team, implementing partner, and community-based organization/site staff in coordination, planning, and assessment.

Expected Outcome: Quality improvement plan to address factors directly affecting data quality

Language(s): English

Where Applied: Pilot-tested in Botswana, Ghana, and Mozambique

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Participatory Monitoring and Evaluation System Assessment Tool

Source (Organization/Author): Mike Merrigan and others

Citation: Merrigan, M., Adhikary, R., Lew, K., Davidson Averill, E.M., Etheredge, G., Okello, F., . . . Kabore, E. (2013). *Participatory monitoring and evaluation system assessment tool: Framework and operational guide for implementation*. Durham, NC: FHI 360.

Link: <https://www.fhi360.org/resource/participatory-monitoring-and-evaluation-system-assessment-tool>

Summary Description: The purpose of this assessment tool is to strengthen the quality of monitoring and evaluation (M&E) systems. The tool has been designed to achieve the following aims:

- Provide a comprehensive overview of the functionality, strengths, and weaknesses of a program/project M&E system, and chart a course for its future development
- Promote alignment among program/project, national, regional, and global data needs
- Build capacity in M&E systems analysis and improvement
- Promote ongoing M&E systems development and evolution within a common framework of standards
- Identify human resource and capacity-building needs for a well-functioning M&E system
- Help to develop specific quality improvement plans to strengthen the M&E system

This tool is a facilitated self-assessment, using a standards-based checklist that provides a means to objectively verify the extent to which each standard is met. It can be used with FHI 360's Participatory Data Verification and Improvement Tool (2013) to guide the data verification domain.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Program or project documents (procedures and protocols) and service delivery site registers and other documents

Target User Group(s): Program staff and M&E staff

Expected Outcome: Quality improvement plans to strengthen the M&E system

Language(s): English

Where applied: Pilot-tested in Ethiopia, Ghana, Kenya, and Mozambique

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	√

Community-Level Program Information Reporting for HIV/AIDS Programs

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2010). *Community-level program information reporting for HIV/AIDS programs*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina

Link: <https://www.measureevaluation.org/resources/tools/hiv-aids/clpir/clpir.html>

Summary Description: This guide addresses how to improve information systems for community-level HIV and AIDS programs. Such systems are essential for effective program management and decision making at all levels. The contents focus on three program areas: HIV prevention, home-based care (HBC), and orphans and vulnerable children (OVC). An introduction gives an overview of the community-level program information reporting (CLPIR) system, with an example of its use. Four modules provide the following resources and methods:

Module 1. Illustrative Program Indicators, Data Collection Tools, and Indicator Reference Sheets

Module 2. Rapid Situation and Needs Assessment: A simple, participatory method to understand the environment in which community-level information systems operate, determine a desired situation, identify gaps, and define an action plan. The assessment can be applied at national or subnational levels.

Module 3. Indicator Harmonization: A process for generating a core set of national indicators, definitions, and reporting tools to support routine reporting of program-level information from community-level HIV and AIDS programs and service providers to the subnational and national levels.

Module 4. Information Rollout: Step-by-step guidance on how to develop an information system to capture community-level data and introduce this process to program-level stakeholders through participatory workshops. The process involves a planning stage, a four-day workshop to engage service delivery organizations to identify their information needs and develop program-specific indicators, and a one-day workshop to train participants on program-specific data collection tools.

The CLPIR system is a work in progress that continues to evolve based on users' experiences. The current version has been shaped by stakeholder input, field testing, and lessons learned from community-level HIV programs and information systems in five countries.

Management Practices Addressed: Planning, organizing, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: Prevention, HBC, OVC, and integrated or family-centered programs specific to HIV and AIDS programs

Sources of Data: Generic data collection

Target User Group(s): Country stakeholders at multiple levels, such as community organizations, national or subnational level stakeholders, donors, host country governments, multilateral organizations, and implementing organizations (nongovernmental organizations, faith-based organizations, and community-based organizations)

Expected Outcome: Improved data quality, fostered ownership, and secure long-term sustainability for harmonized monitoring and reporting systems

Language(s): English

Where Applied: Community level programs in Kenya, Tanzania, Nigeria, Zambia, and the United States

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Chapter 5: Monitoring and Evaluation Tools

Category: M&E tools

Organizing Framework for a Functional National HIV Monitoring and Evaluation System, with 12 Components Strengthening Tool and Assessment Guidelines (Three-Part Package)

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)/Monitoring and Evaluation Reference Group (MERG)

Citations:

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). (2008). *Organizing framework for a functional national HIV monitoring and evaluation system*. Geneva, Switzerland: UNAIDS.
2. Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009). *12 components monitoring and evaluation system strengthening tool*. Geneva, Switzerland: UNAIDS.
3. Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009). *12 components monitoring and evaluation system assessment: Guidelines to support preparation, implementation, and follow-up activities*. Geneva, Switzerland: UNAIDS.

Links:

1. http://www.unaids.org/sites/default/files/sub_landing/files/20080430_JC1769_Organizing_Framework_Functional_v2_en.pdf
2. http://www.unaids.org/sites/default/files/sub_landing/files/2_MERG_Strengthening_Tool_12_Components_ME_System.pdf
3. http://www.unaids.org/sites/default/files/sub_landing/files/1_MERG_Assessment_12_Components_ME_System.pdf

Summary Description: The three resources are presented as a package.

1. **Organizing Framework.** This document is based on the World Bank publication, *Eleven Components of a Fully Functional HIV M&E System* (Görgens-Albino & Nzima, 2006). Key concepts from other documents are also included, particularly from the U.S. Government publication, *Building National HIV/AIDS Monitoring and Evaluation Capacity* (Office of the Global AIDS Coordinator, 2007).

This resource introduces the organizing framework and provides a description of the main components of a functional national HIV monitoring and evaluation (M&E) system; and performance objectives for each component against which to assess progress in establishing such a system. The framework is useful for defining a shared vision for the M&E system, developing national strategies to build system capacity, and monitoring system performance over time. The tool aims to promote country ownership, collaboration, integration, and harmonization of the system through the costed work plan led by the host country. The work plan is expected to be developed bearing in mind key activities that can be implemented to improve the system.

The two companion guidelines described below were developed by UNAIDS/MERG as part of this package.

2. **12 Components Strengthening Tool:** This tool can be used to assess how well each of the components is functioning. It is designed to identify strengths and weaknesses in the national HIV M&E system and the prioritization of system strengthening activities in an action plan.
3. **12 Components Assessment Guidelines:** This resource provides instructions on how to apply the

system strengthening tool and conduct the assessment. The guidelines are helpful for preparation and implementation of the assessment of the national HIV M&E system. They include key steps to take after the assessment to conduct M&E system strengthening activities.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: Workshop participants from public, private, and nongovernmental organization sectors; policies and other key documents (such as national HIV strategic plan and national HIS strategic plan)

Target User Group(s): Individuals, organizations, and stakeholders participating in the assessment of the national M&E system, such as M&E unit or focal point of the National AIDS Coordinating Authority (or equivalent) or a national M&E technical working group; health ministry, other relevant national ministries, national umbrella organizations working in HIV programs; decentralized government agencies with responsibility for HIV programs; civil society and private sector organizations that implement HIV services in a community setting and/or through health facilities; bilateral and multilateral agencies with responsibilities for in-country HIV M&E support.

Expected Outcome: Several dashboards summarizing the ratings for each of the 12 components of the national HIV M&E system, and a Summary of Action Points to address findings for each of the 12 components.

Language(s): English

Where Applied: Pilot-tested in Guatemala, Moldova, and Zanzibar

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

Monitoring and Evaluation Capacity Assessment Tools (MECAT)

Source (Organization/Author): MEASURE Evaluation PIMA

Citation: MEASURE Evaluation. *Baseline assessments*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina. Several MECAT baseline assessment reports of individual health programs in Kenya are available on the MEASURE Evaluation website at the link below.

Link: <https://www.measureevaluation.org/pima/baseline-assessments>

Summary Description: MEASURE Evaluation PIMA, the USAID-funded Associate Award in Kenya, developed this set of tools based on the 12 components approach that the Joint United Nations Programme on HIV/AIDS (UNAIDS) uses for monitoring and evaluation (M&E) systems strengthening (UNAIDS, 2010). The MECAT package was designed to capture the various dimensions of M&E capacity (organizational, technical, and behavioral), and to provide an overall approach to data collection during an assessment. The toolkit has three components:

- 1. MECAT Group Assessment Tool.** The approach captures data in 12 capacity areas: organizational capacity; human capacity in M&E; partnership and governance; national M&E plan; annual costed M&E work plan; advocacy, communication, culture, and behavior; routine monitoring; surveys and surveillance; national and subnational databases; supervision and auditing; evaluation and research; and data demand and use. For each of the 12 capacity areas, the assessment involves questions that focus on four dimensions: status, quality, technical autonomy, and financial autonomy. The results of the four dimensions are rated on a 10-point scale. MEASURE Evaluation administered the group assessment tool to respondents in a workshop format, and a team of experienced moderators facilitated. The final score for each question was arrived at through group consensus, as facilitated by the moderator of each session.
- 2. MECAT Individual Assessment.** MEASURE Evaluation developed this individual capacity self-assessment tool following UNAIDS guidelines for M&E competencies for M&E personnel (UNAIDS, 2010). The tool assesses key competencies and skills in: monitoring and evaluation leadership; data collection and management; evaluation competencies; data analysis, dissemination and use; and general management competencies. The tool was sent electronically to participants for completion and return to the facilitator. Scoring for each statement in the tool was on a scale of 0 to 5, where participants rated their own levels of competency. Participants summarized their key strengths and weaknesses and listed concrete actions to be taken, such as short-term or long-term training, on-the-job or off-the-job training, and other capacity-building approaches, with a timeline for achieving improvements.
- 3. MECAT Key Informant and Stakeholder Interview Guides.** MEASURE Evaluation developed one guide for informants and the other for stakeholders. They focused on the 12 capacity areas that were assessed using the group assessment tool. The interviews were designed to generate further insights into issues that affect an organization's M&E performance, based on interviewees' views and opinions.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Quantitative data using customized tools to collect information at group and individual levels, and qualitative data using key informant interviews, supplemented by a desk review of documents

Target User Group(s): Health personnel in M&E at both management and service delivery levels

Expected Outcome: A capacity-strengthening program for an organization; improved collection and use of quality information by the organization; and expanded availability of in-country capacity to meet the human resource needs of M&E health professionals

Language(s): English

Where applied: Kenya

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	
Provides good procedural guidance and clear formats	
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries

Source (Organization/Author): MEASURE Evaluation/Anne LaFond and Lisanne Brown

Citation: LaFond, A., & Brown, L. (2003). *A guide to monitoring and evaluation of capacity-building interventions in the health sector in developing countries*. (Manual Series, No. 7). Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-03-07>

Summary Description: This resource is designed to help health planners and evaluators to: gain a clear understanding of the concepts of capacity and capacity building; critically evaluate the strengths and limitations of current approaches to capacity measurement; and design a capacity-building monitoring and evaluation (M&E) plan that outlines a systematic approach to measuring capacity and assessing the results of capacity-building interventions in the health sector. The authors consulted practitioners, reviewed the state of the art of capacity measurement, capacity-building measurement tools, and indicators, and explored four different capacity measurement experiences. They drew on lessons learned about capacity-building M&E in other sectors, such as agriculture and housing, and about new evaluation approaches designed to support learning in development programming.

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Data sources regarding capacity at all levels, such as national health policy records, national data collection efforts, routine health service records and reports, personnel records, community-based surveys, and social marketing surveys

Target User Group(s): Health planners and evaluators

Expected Outcome: Increased understanding of the concepts of capacity and capacity-building design, and an M&E plan that outlines a systematic approach to measuring capacity and assessing the results of capacity-building interventions in the health sector

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Guidance on Capacity Building for HIV Monitoring and Evaluation

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS), Monitoring and Evaluation Reference Group (MERG)

Citation: Joint United Nations Programme on HIV/AIDS (UNAIDS), Monitoring and Evaluation Reference Group (MERG). (2010). *Guidance on capacity building for HIV monitoring and evaluation*. Geneva, Switzerland: UNAIDS, MERG.

Link: http://aidsmerg.org/wp-content/uploads/2015/11/4_MERG_Guidance_HIV_ME_Capacity_Building1.pdf

Summary Description: This guidance is based on the 2008 *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (referenced on page 57 in this compendium). This 2010 *Guidance on Capacity Building for HIV M&E* provides practical advice for national AIDS programs that are planning and implementing capacity-building activities as part of their effort to develop a unified and effective national HIV monitoring and evaluation (M&E) system. The guidance is relevant to the wide range of people and organizations involved in a national HIV M&E system. It is intended to accomplish the following aims:

- Enable stakeholders to reach a shared understanding of the overall goal of M&E capacity building: improved performance of the national HIV M&E system
- Offer strategies and interventions for achieving M&E capacity-building results, using a systems approach
- Promote the development and implementation of complementary and coordinated actions to build capacity, using standards that are adapted to local objectives
- Provide basic steps for monitoring M&E capacity building and the performance of the national HIV M&E system

The contents provide the following information:

- Basic concepts related to M&E capacity building
- Planning for capacity building, addressing how to develop a costed plan, who should be involved, how to use results of assessments, and how the plan complements the national M&E plan and costed plan
- Strategies and interventions at the individual, organizational, and system levels for addressing capacity gaps in each of the 12 components of a national HIV M&E system
- Recommendations for monitoring M&E capacity building and the performance of the national HIV M&E system over time

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): National M&E managers; national AIDS program managers; national HIV M&E technical working group; subnational HIV program staff and service delivery staff with M&E responsibilities; staff from agencies and organizations involved in HIV M&E support

Expected Outcome: Increased knowledge; capacity building plan and strategies for its implementation and M&E

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

An Introduction to Indicators

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)/David Hales and others

Citation: Hales, D., Peersman, G., Rugg, D., & Kiwango, E. (2010). *An introduction to indicators*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS.

Link: <http://aidsmerg.org/wp-content/uploads/2015/10/2-Intro-to-Indicators-MEF-web.pdf>

Summary Description: This publication introduces the basic information required to understand the components and use of indicators in the monitoring and evaluation of the AIDS epidemic and response. The “Fundamentals” section focuses on essential background information: What are indicators? Why are they useful? When should they be used? How should they be used?

The “Tools and Techniques” section provides practical information on the actual use of indicators in monitoring the AIDS epidemic, and addresses critical topics, such as indicator standards, data collection, and data analysis.

Management Practices Addressed: Monitoring and evaluation

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): Program managers at all levels of the health system; public, private, and nongovernmental organization sectors

Expected Outcome: Increased knowledge

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Indicator Standards: Operational Guidelines for Selecting Indicators for the HIV Response

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)

Citation: Joint United Nations Programme on HIV/AIDS (UNAIDS). (2010). *Indicator standards: Operational guidelines for selecting indicators for the HIV response*. Geneva, Switzerland: UNAIDS.

Link: http://aidsmerg.org/wp-content/uploads/2015/11/3_MERG_Indicator_Standards.pdf

Summary Description: These operational guidelines provide detailed information on how to use a tool to assess the extent to which indicators intended for use in response to HIV and AIDS meet international standards. In recent years, there has been greater emphasis on monitoring and evaluating the HIV epidemic and responses to it. This has contributed to a proliferation of indicators that are not harmonized with each other. This can make it difficult to accurately track the epidemic and the response at global and national levels. Such proliferation has resulted in an increased reporting burden at the national level. Consequently, the UNAIDS Monitoring and Evaluation Reference Group (MERG) launched an initiative to harmonize appropriate indicators, improve their quality, and reduce their quantity, for assessing responses to HIV and AIDS. The main aim of this initiative is to ensure that indicators provide decision makers and key stakeholders at national and subnational levels with useful, feasible, and relevant information to help them effectively manage and implement their country's response to the epidemic. Indicator selection is not an end in itself. Rather, indicators should be selected based on whether they can demonstrate clearly whether desired results have been achieved.

To achieve its objectives, MERG has agreed to a set of indicator standards and has developed a tool to assess the extent to which these standards are applied to different indicators in various settings. This should make it easier to develop and revise indicators that are relevant, useful, and feasible.

Management Practices Addressed: Monitoring and evaluation

HIV Strategy or Services Addressed: Relevant to all HIV strategies and services

Sources of Data: N/A

Target User Group(s): Anyone at the national level who needs to develop new indicators, or to select or review existing indicators, for assessing responses to HIV and AIDS. The guidelines may be useful to multilateral and bilateral agencies, national M&E specialists, and program/project managers.

Expected Outcome: Increased knowledge; harmonized indicators

Language(s): English

Where Applied: Senegal; also used by the U.S. President's Emergency Plan for AIDS Relief, the World Health Organization, the Global Fund, and other international organizations

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	√

Building Monitoring, Evaluation, and Reporting Systems for HIV/AIDS Programs

Source (Organization/Author): Pact/K. Lynn McCoy, Patricia Njeri Ngari, and Edwin E. Krumpe

Citation: McCoy, K.L., Ngari, P.N., & Krumpe, E.E. (2005). *Building monitoring, evaluation, and reporting systems for HIV/AIDS programs*. Washington, DC: Pact.

Link: https://www.k4health.org/sites/default/files/building_mer_systems%5B1%5D.pdf

Summary Description: This workbook presents monitoring, evaluation, and reporting (MER) in its most basic and usable form. It is geared to local nongovernmental organizations (NGOs) that lack full-time MER staff, and that experience high staff turnover and limited financial and human resources. Such organizations tend to report that MER is time-consuming, expensive, and may be more important externally than internally. This workbook provides materials to help organizations construct a quality system that is straightforward, affordable, efficient, and, most important, useful to the management and operations of the organization itself. The workbook avoids technical jargon and excessive design, focusing instead on basic principles of monitoring and evaluation (M&E) to maintain an institutional memory, and ensure reliable and valid data collection and evaluation.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: All HIV strategies and services

Sources of Data: NGO self-assessment

Target User Group(s): NGOs

Expected Outcome: Increased knowledge about MER; worksheets for self-assessment and planning for an MER system

Language(s): English

Where Applied: Based on Pact’s global experience

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

A Checklist for Building Organizational Evaluation Capacity

Source (Organization/Author): Boris B. Volkov and Jean A. King

Citation: Volkov, B.B., & King, J.A. (2007). *A checklist for building organizational evaluation capacity*.

Link: <https://www.wmich.edu/sites/default/files/attachments/u350/2014/organizatiionevalcapacity.pdf>

Summary Description: This checklist provides guidelines for incorporating evaluation routinely in the life of an organization. Developed from case study data and an extensive literature review, the checklist may be a resource for stakeholders in organizations seeking to increase their long-term capacity to conduct and use program evaluations in daily activities.

Management Practices Addressed: Monitoring and evaluation

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: N/A

Target User Group(s): Organizational leadership

Expected Outcome: Assessment of internal and external factors that need to be addressed to build organizational evaluation capacity

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

SCORE ME Documents

Source (Organization/Author): MEASURE Evaluation/Jack Hazerjian

Citation: Hazerjian, J. (2012–2013). SCORE ME documents. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina. Retrieved from <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents>

Links:

- SCORE ME Organizational M&E Capacity Job Aid: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-organizational-m-e-capacity-job-aid/view>
- SCORE ME Organizational M&E Capacity Self-Assessment: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-organizational-m-e-capacity-self-assessment/view>
- SCORE ME Organizational M&E Capacity Self-Improvement Plan: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-organizational-m-e-capacity-self-improvement-plan/view>
- SCORE ME Individual M&E Capacity Job Aid: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-individual-m-e-capacity-job-aid/view>
- SCORE ME Individual M&E Capacity Self-Assessment: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-individual-m-e-capacity-self-assessment/view>
- SCORE ME Individual M&E Capacity Self-Improvement Plan: <https://www.measureevaluation.org/our-work/capacity-building/score-me-documents/score-me-individual-m-e-capacity-self-improvement-plan/view>

Summary Description:

These six SCORE ME documents provide self-administered tools to assess organizational and individual monitoring and evaluation (M&E) capacity. The tools were developed by MEASURE Evaluation for use by M&E departments or units of government agencies and nongovernmental organizations (NGOs) to periodically appraise their capacity to carry out their functions.

The three documents containing tools for organizational use have eight sections (A–H) that focus on M&E-related responsibilities within each section:

- A. Strategic Plan
- B. Budgets, Financial Processes, and Systems in Support of M&E Activities
- C. Implementation Plan and Implementation Processes and Systems in Support of M&E Activities
- D. Processes and Systems for Documenting and Reporting on Work Activities and Results in Support of M&E Activities, Part 1
- E. Processes and Systems for Documenting and Reporting on Work Activities and Results in Support of M&E Activities, Part 2
- F. M&E of Facility Maintenance and Physical Assets Management
- G. Staff Management and Development in Support of M&E Activities
- H. Processes for Continuous Quality Improvement

Each section covers a set of conditions related to M&E performance against which the organization rates itself according to a five-level grading format and based on the existence of written documentation (“available evidence”) as proof of meeting the condition. The assessment of fulfillment in M&E performance for each element

is left to the organization itself, since the whole approach is based on self-reporting. Likewise, the strength of evidentiary proof is left to be determined by the organization, which may decide that conditions have been met, even if written documentation is insufficient.

The intent behind the five-level grading format is to provide a simple metric by which changed or sustained performance can be tracked over time. It is not expected that any organization will achieve perfect “5” scores across all eight sections. Also, the scope of the assessment of M&E functions is wide-ranging, so that an organization can prioritize on which sections to focus on first. Users of this self-assessment tool are encouraged to make adjustments that suit the needs and aims of their organization.

The three documents for administration at the individual level contain similar tools. They assess the capacity of M&E staff across three elements: (1) M&E professional practice, (2) M&E staff management and development, and (3) reading internal and external environments to support M&E of health programs. The capacity of each individual is judged against a set of conditions, and the assessment yields an action plan to address deficiencies over time.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Organizational documents

Target User Group(s): M&E departments or units, and M&E professionals in government agencies and NGOs

Expected Outcome: Improvement plan for organizational development and/or individual development in M&E based on self-assessment outcomes

Language(s): English and French

Where Applied: Ethiopia (organizational self-assessment) and Malawi (individual self-assessment)

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Monitoring and Evaluation Systems Strengthening Tool

Source (Organization/Author): MEASURE Evaluation/Karen Hardee

Citation: Hardee, K. (2007). *Monitoring and Evaluation Systems Strengthening Tool*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-07-18>

Summary Description: This tool was designed to assess data collection, reporting, and management systems to measure indicators of program and project success. It addresses the monitoring and evaluation (M&E) plan and systems that need to be in place to collect and channel data for aggregation into relevant indicators for program management and reporting. The tool was developed to enhance understanding of the system through which data are generated, aggregated, and reported in order to assess their quality. It contains three checklists that programs or projects can use to: assess their M&E plans, take stock of the capabilities of management units to manage data related to the implementation of the program/project(s), and assess the data collection and reporting systems for each program area.

This tool has been endorsed by the U.S. President’s Emergency Plan for AIDS Relief, the Global Fund, the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the World Bank, Health Metrics Network, and Roll Back Malaria. It is compatible with other M&E capacity assessment and improvement tools, such as the *Health Metrics Network (HMN) Assessment Tool*, the *Building National HIV/AIDS Monitoring and Evaluation Capacity Tool*, the *Performance of Routine Information Systems Management (PRISM) Framework Tools*, and the *National M&E Road Maps*.

Management Practices Addressed: Planning and M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: National and organizational-level source documents; data-management procedures of the management unit, terms of reference and job descriptions of M&E-related staff, and M&E training plans; templates of data collection and reporting forms (for all interventions); progress reports; and completed questionnaires

Target User Group(s): National-level group or individual projects, organizations, and stakeholders seeking to assess M&E data collection and reporting systems, and to implement action plans for strengthening M&E

Expected Outcome: Action plan that enables appropriate follow-up measures to strengthen M&E

Language(s): English and French

Where Applied: Pilot-tested in Rwanda, Russia, Chile, Niger, Congo (Brazzaville), Bangladesh, and China

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Guide to Conducting Programme Reviews for the Health Sector Response to HIV

Source (Organization/Author): World Health Organization (WHO)

Citation: World Health Organization (WHO). (2013). *Guide to conducting programme reviews for the health sector response to HIV*. Geneva, Switzerland: WHO.

Link: <http://www.who.int/hiv/pub/toolkits/hiv-response-guide/en/>

Summary Description: The purpose of this two-part guide is to assist countries in planning and managing HIV program reviews to assess and improve performance. (This document complements WHO's *Planning Guide for the Health Sector Response to HIV/AIDS* [WHO, 2011]). The first part of this guide describes the principles and processes for reviewing programs. It gives background information on program reviews, and highlights their purpose and scope. It also outlines the main steps in conducting program reviews: preparation and planning; collecting information; analysis and synthesis; and dissemination and use. The second part contains checklists of key review questions in the main HIV intervention areas. These questions can be adapted to various contexts. The questions can also help in developing data collection tools (such as questionnaires and observation checklists).

Management Practices Addressed: Monitoring and evaluation, planning, implementation, and organizing

HIV Strategy or Services Addressed: Covers all HIV intervention areas, key populations, and cross-cutting systems (such as human resources, strategic information, and financing)

Sources of Data: Management records; routine health reporting; surveillance; population surveys; operational research and other studies; and additional information collected during the review through interviews, site visits, and other consultative processes

Target User Group(s): National HIV program managers and officers responsible for planning and monitoring in health ministries; and other government, nongovernmental organization, private sector, and international partners involved in planning, implementing, and funding HIV programs at various levels of the health system

Expected Outcome: Program review report (such as an annual review, mid- or end-term review, or thematic review) and dissemination plan; oversight body or steering committee; terms of reference; and review team

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

Tools for Data Demand and Use in the Health Sector

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2011). *Tools for data demand and use in the health sector*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-11-46>

Summary Description: This document is Part 4 of a four-part series on strategies and tools for data demand and use in the health sector.

- Part 1 provides a conceptual framework for evidence-based decision making in the public health arena. <https://www.measureevaluation.org/resources/publications/ms-06-16a>
- Part 2 provides detailed strategies and tools for taking concrete next steps in implementing data-demand-and-use activities. <https://www.measureevaluation.org/resources/publications/ms-06-16b>
- Part 3 demonstrates how strengthened demand for and use of data can improve the delivery of health services and the policies that support them. (<https://www.measureevaluation.org/resources/publications/sr-08-44>)

This document, Part 4, provides specific tools that can be applied to facilitate data use. Every context is different and may require a different type of intervention or combination of interventions to facilitate data use. Capacity-building efforts, and other strategies, may also need to be applied. The combination of capacity building, data-demand-and-use tools, and other approaches, ensures that health professionals have a broader menu of interventions that can improve data use in the contexts in which they work.

This guide offers the following tools, which can be used independently or in combination with others: Assessment of Constraints to Data Use; Information Use Map; Framework for Linking Data with Action; Stakeholder Engagement; and Performance of Routine Information System Management (PRISM) Tools.

These core data-demand-and-use tools have been developed to help promote evidence-based decision making and to improve the performance of monitoring and evaluation (M&E) data systems. These same resources are also provided in a pocket manual, which is available at: <https://www.measureevaluation.org/resources/publications/ms-11-47>.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Various

Target User Group(s): All levels of the public, private, and nongovernmental organization sectors

Expected Outcome: Assessments and action plans

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

Data Demand and Information Use in the Health Sector: Strategies and Tools

Source (Organization/Author): MEASURE Evaluation/Karen Foreit and others

Citation: Foreit, K., Moreland, S., & LaFond, A. (2006). *Data demand and information use in the health sector: Strategies and tools*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-06-16b>

Summary Description: Data demand and information use (DDIU or DDU) is a strategy to identify opportunities and constraints associated with effective data collection, analysis, availability, and use. This strategy begins with an assessment that helps stakeholders, policy makers, and M&E practitioners determine points of entry for DDIU interventions. Once specific needs are identified, DDIU core tools can be used to stimulate data demand and capacity building, and enhance evidence-based decision making.

Management Practices Addressed: M&E

HIV Strategy or Services Addressed: Not specific to the HIV and AIDS context, but generalizable

Sources of Data: Various

Target User Group(s): Stakeholders, policy makers, and M&E practitioners

Expected Outcome: Improved information use at the district, facility, or community level; promotion of evidence-based decision making; and improved performance of M&E

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for "learning-by-doing" rather than "classroom training"	√
Available in a language other than English	
Applied in multiple countries	

Child, Caregiver, and Household Well-Being Survey Tools for Orphans and Vulnerable Children Programs: Protocol Template

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2013) *Child, caregiver, and household well-being survey tools for orphans and vulnerable children programs: Protocol template*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-13-79>

Summary Description: A protocol is a guidance document for all stakeholders to use throughout a study period, serving as a reminder of the agreed-upon strategy and timeline. This protocol template was designed specifically to guide and improve surveys, and the usability of data from them, for addressing the needs of orphans and vulnerable children (OVC). Following a protocol template should enable discussion and agreement on important matters, such as the implementation strategy and child protection issues. This process can improve the study design, enable matching of resources to objectives, and ultimately improve the usability of the data generated from the study.

Management Practices Addressed: Planning, implementing, and monitoring and evaluation

HIV Strategy or Services Addressed: OVC programs

Sources of Data: Not applicable

Target User Group(s): Local and international investigators, and other research stakeholders, such as program managers, donors, and local government and international research partners and program managers

Expected Outcome: Strengthened research protocol for implementing the OVC Survey Tools of the U.S. President’s Emergency Plan for AIDS Relief

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Child, Caregiver, and Household Well-Being Survey Tools for Orphans and Vulnerable Children Programs

Source (Organization/Author): MEASURE Evaluation/Jenifer Chapman and others

Citation: Chapman, J., Foreit, K., Hickmann, M., & Parker, L. (2013, revised 2015). *Child, caregiver, and household well-being survey tools for orphans and vulnerable children programs*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-13-62>

Summary Description: To achieve impact and ensure standards, orphans and vulnerable children (OVC) programs collect diverse information. These programs require information: to identify children and households needing assistance (targeting), to prioritize and attend to the needs of a particular child (case management), to ensure that programs are being implemented as planned and on schedule (monitoring), and to plan program activities and evaluate their impact on improving children's well-being. These activities require different pieces of information, collected in different ways and by different people. Information collected for one purpose is often inapplicable for another purpose. This set of survey tools responds to distinct information needs related to program planning and evaluation and, in the context of OVC programming, aims to standardize measures and processes for assessing child, caregiver, and household well-being at the population level.

The purpose of these data collection tools is:

- To enable and standardize the production of data about population-level child and caregiver well-being beyond what is available from routine surveys
- To produce actionable data to inform programs and enable mid-course corrections
- To enable comparative assessments of child and caregiver well-being and household economic status across a diverse set of interventions and geographical regions

Management Practices Addressed: Planning, organizing, and implementing monitoring and evaluation

HIV Strategy or Services Addressed: OVC programs

Sources of Data: Administration of questionnaires to caregivers and children

Target User Group(s): Investigators, program staff, and policy makers of OVC programs in the public, nongovernmental organization, and private sectors

Expected Outcome: Data collected by these survey tools can be used to support program planning and management

Language(s): English and French

Where Applied: Case studies are included in the manual from experiences in Nigeria and Zambia.

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	√

Evaluating HIV/AIDS Prevention Projects: A Manual for Nongovernmental Organizations

Source (Organization/Author): MEASURE Evaluation/Jane T. Bertrand and Manuel Solis

Citation: Bertrand, J.T., & Solis, M. (2004). *Evaluating HIV/AIDS prevention projects: A manual for nongovernmental organizations*. MEASURE Evaluation Manual Series, No. 10. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-04-10>

Summary Description: This manual is designed to demystify the evaluation process, especially for nongovernmental organization (NGO) staff who are not specialized in evaluation techniques. The manual guides users in designing and implementing evaluations of HIV prevention projects.

Management Practices Addressed: Monitoring and evaluation (M&E)

HIV Strategy or Services Addressed: HIV prevention projects

Sources of Data: Service statistics, interviews, and focus groups

Target User Group(s): NGO staff responsible for M&E

Expected Outcome: Increased knowledge

Language(s): English and Spanish

Where Applied: Guatemala

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	√
Applied in multiple countries	

Operational Guidelines for Monitoring and Evaluation of HIV Programmes for People Who Inject Drugs (Three-Part Package)

Source (Organization/Author): Joint United Nations Programme on HIV/AIDS (UNAIDS)

Citation: Joint United Nations Programme on HIV/AIDS (UNAIDS). (2011). *Operational guidelines for monitoring and evaluation of HIV programmes for people who inject drugs*. Geneva, Switzerland: UNAIDS.

This package contains three parts:

- Monitoring and evaluation (M&E) at the national and subnational levels
- M&E at the service delivery level
- Tools, annexes, glossary, and references

Link: <https://www.measureevaluation.org/resources/tools/hiv-aids/operational-guidelines-for-m-e-of-hiv-programmes-for-people-who-inject-drugs>

Summary description: This three-part package provides guidelines and tools that address the unique M&E needs of settings where HIV affects people who inject drugs. The guidelines apply to countries with low-level, concentrated, and generalized HIV epidemics. The guidelines assume three levels of M&E that require coordination: national, subnational, and service delivery. They complement the *Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men Who Have Sex with Men, and Transgender People* (referenced in this compendium on page 36).

The objectives of these guidelines are as follows:

- Recommend appropriate data collection methods
- Outline methods to improve HIV prevention programming
- Offer adaptable tools for local contexts
- Describe examples of data collection from field experiences
- Provide links to additional resources

The guidelines can be used to:

- Review existing M&E data about people who inject drugs, and the policies and programs that aim to reduce HIV transmission in this key population
- Improve involvement of people who inject drugs in program planning and M&E
- Prioritize the use of M&E activities that provide data for program improvement
- Improve procedures for data quality assurance and for the timely sharing of relevant data among national, subnational, and service delivery levels
- Analyze, interpret, and act on data for program improvement

The current version of the guidelines is the culmination of more than two years of work by a team initially brought together as a technical working group of the UNAIDS Monitoring and Evaluation Reference Group. This consultation version is being distributed widely for review.

Management Practices Addressed: Planning, organizing, implementing, and M&E

HIV Strategy or Services Addressed: Programs for people who inject drugs

Sources of Data: Existing M&E data about people who inject drugs available at national, subnational, and service delivery levels

Target User Group(s): National and subnational program managers; focal points at the national and subnational levels responsible for M&E of the HIV response; managers and staff responsible for facility- or community-based services; people managing or implementing M&E of services for people who inject drugs; people who inject drugs and their interest groups; organizations and donor agencies that fund HIV programs

Expected Outcome: Improved availability, timeliness, and quality of data for decision making in HIV programs for people who inject drugs

Language(s): English

Where Applied: Information not provided

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	

Referral Systems Assessment and Monitoring Toolkit

Source (Organization/Author): MEASURE Evaluation

Citation: MEASURE Evaluation. (2013). *Referral systems assessment and monitoring toolkit*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Link: <https://www.measureevaluation.org/resources/publications/ms-13-60>

Summary Description: This toolkit is designed to provide program managers with the guidance and skills needed to assess and monitor referral systems effectively. It assures that:

- Underlying processes function properly
- Providers link clients to the services they need
- Clients are able to access a comprehensive package of health care and related services

Management Practices Addressed: Monitoring and evaluation (M&E)

HIV Strategy or Services Addressed: Referral systems for any HIV and AIDS services

Sources of Data: Document review, interviews, client referral forms, referral registers, referral reporting forms, and client satisfaction surveys

Target User Group(s): Individuals who coordinate efforts to strengthen referral systems, such as health workers and managers who work to improve the delivery of health services in their jurisdictions, doctors and senior medical officers, case managers, program and service managers, M&E staff, and project directors; and designated knowledgeable staff members of implementing partners

Expected Outcome: Assessment of the structure and functioning of referral systems; improved performance of referral systems

Language(s): English

Where Applied: Pilot-tested in Kenya and Thailand

Checklist of Key Selection Criteria:

Designed to build management capacity in information management for HIV and AIDS programs and services	√
Shows evidence of peer or external review, or modification by others	√
Requires no or minimal outside assistance for application	√
Provides good procedural guidance and clear formats	√
Designed primarily for “learning-by-doing” rather than “classroom training”	√
Available in a language other than English	
Applied in multiple countries	√

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APPENDIX. WEBSITES CONSULTED

Abt Associates: <http://www.abtassociates.com/>

Agence Française de Développement (AFD): <http://www.afd.fr/home>

Carolina Population Center, the University of North Carolina at Chapel Hill: <http://www.cpc.unc.edu/>

Danida: <http://um.dk/en/danida-en/>

Die Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ): <https://www.giz.de/en>

Department for International Development (DFID): <https://www.gov.uk/government/organisations/department-for-international-development>

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF): <http://www.pedaids.org/>

European Union (EU): https://europa.eu/european-union/index_en

FHI 360: <https://www.fhi360.org/>

Global Fund to Fight AIDS, Tuberculosis, and Malaria: <https://www.theglobalfund.org/en/>

Global Health Learning Center: <https://www.globalhealthlearning.org/>

ICF International: <https://www.icf.com/>

IntraHealth International: <https://www.intrahealth.org/>

Joint United Nations Programme on HIV/AIDS (UNAIDS), Monitoring and Evaluation Reference Group (MERG): <http://aidsmerg.org/>

John Snow, Inc. (JSI): <http://www.jsi.com/JSIInternet/>

Management Sciences for Health (MSH): <http://www.msh.org/>

MEASURE Evaluation: www.measureevaluation.org

Palladium: <http://thepalladiumgroup.com/>

Tulane University: <https://tulane.edu/>

United States Agency for International Development (USAID): <https://www.usaid.gov/>

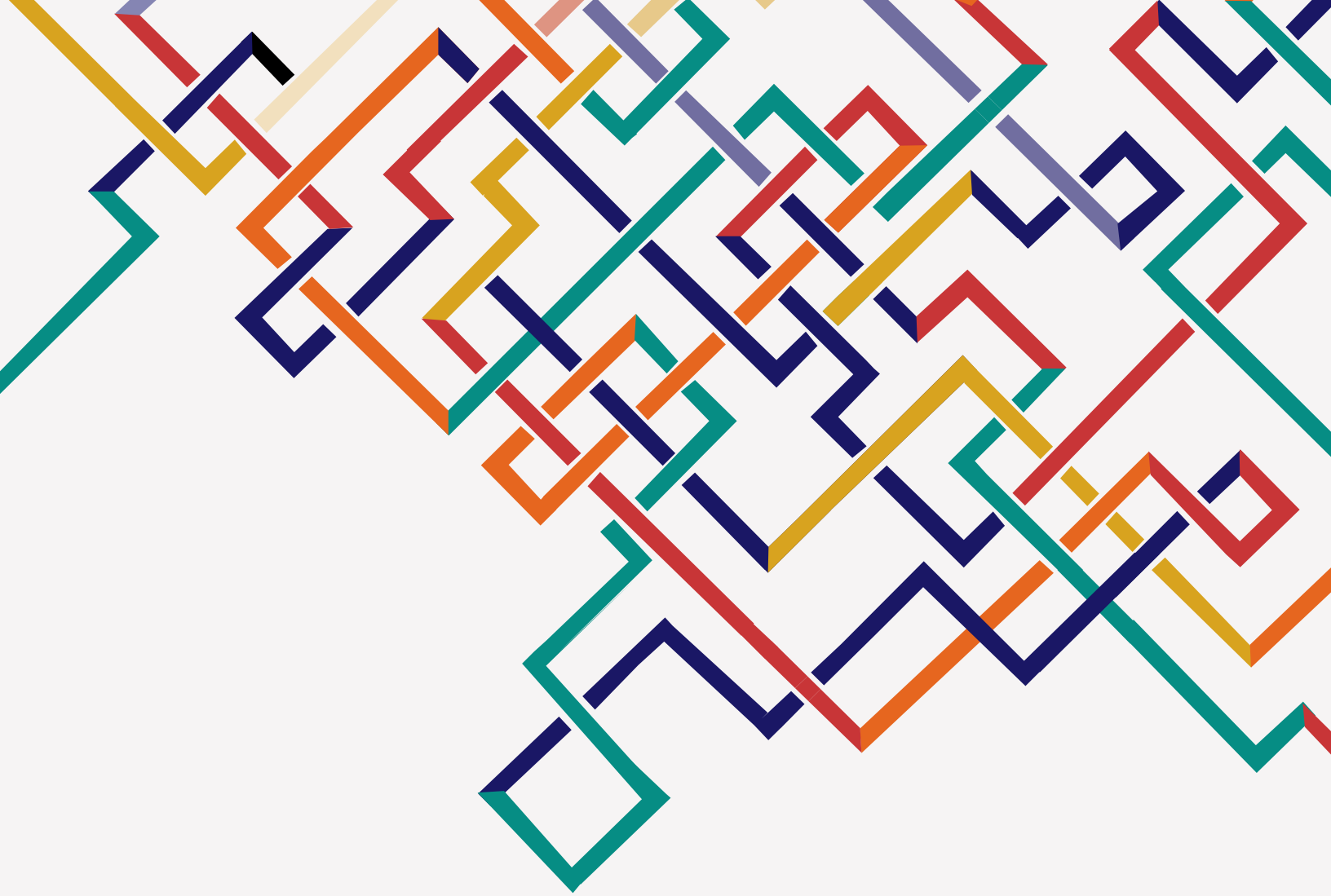
United States Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>

United States President's Emergency Plan for AIDS Relief (PEPFAR): <https://www.pepfar.gov/about/>

World Bank: <http://www.worldbank.org/>

World Health Organization (WHO): <http://www.who.int/en/>

WHO/Health Metrics Network (HMN): <http://www.who.int/en/>



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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TR-17-164

