

# **Monitoring and Evaluation Systems Strengthening Tool**

**January 2007**



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January 2007





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## Acknowledgements

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# Introduction

## 1. Why a M&E Systems Strengthening Tool?

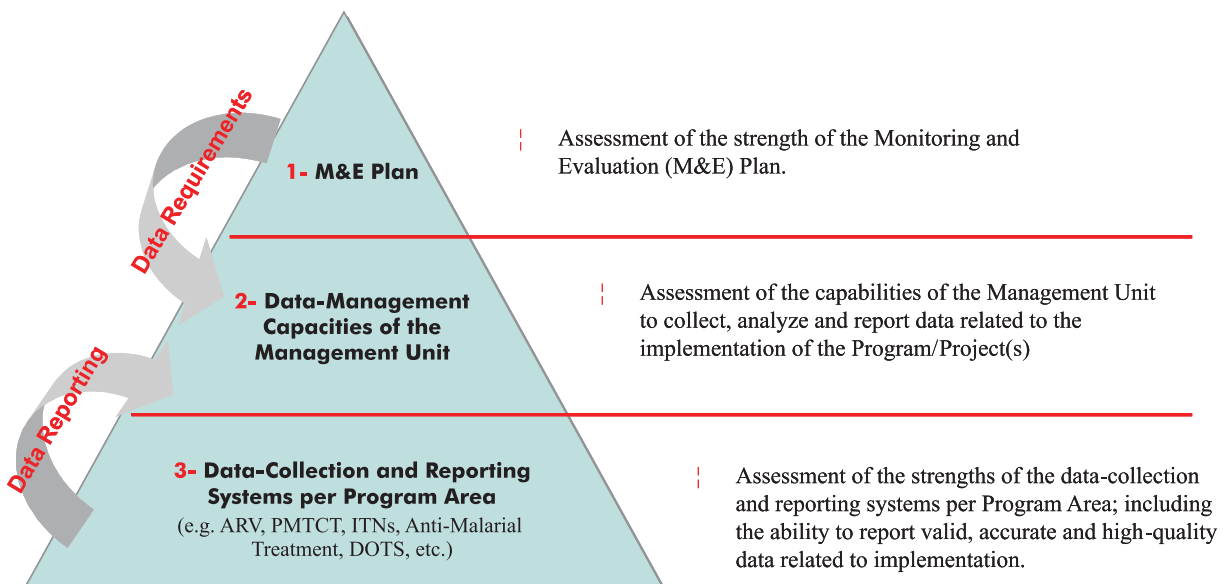
National governments and donors are working to fight many diseases, including HIV/AIDS, Tuberculosis and Malaria, and to make improvements in a number of health areas. As national Programs and associated projects to support these Programs grow, accountability for funding and results reported is becoming increasingly important. These Programs and associated projects are setting ambitious goals and objectives, the achievement of which are measured through monitoring and evaluation (M&E) indicators, such as the following:

- What is the incidence and prevalence of the disease?
- How many people are on treatment?
- How many people in specific populations have been reached by prevention activities?
- How many staff have been trained to provide services?
- How many commodities have been distributed?
- Has there been any behavior change and reduced morbidity or mortality?

How confident can national Programs and associated projects be in the quality of data available to measure indicators? Accurately measuring the success of these initiatives and improving Program management is therefore predicated on strong M&E systems that produce quality data.

In the spirit of the M&E component of the “*Three Ones*,” a number of multilateral and bilateral organizations and initiatives have collaborated to develop a tool to assess M&E Plans and Systems (see Figure 1). The **M&E Systems Strengthening Tool** is designed as a generic tool to assess the data collection, reporting and management systems to measure indicators of Program and project success. Simply put, this tool addresses primarily the M&E plan and systems that need to be in place to collect and channel data up a system for aggregation into relevant indicators for Program management and reporting.

**Figure 1. Framework.**



The **M&E Systems Strengthening Tool** is intended to be compatible with a range of other M&E capacity assessment and improvement tools, including 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*, among others.

The **M&E Systems Strengthening Tool** can be used at the national level, within groups of projects, and within individual projects or organizations that are seeking to assess M&E data collection and reporting systems, and to implement action plans for strengthening M&E. This tool was pilot-tested early in 2006 by HIV/AIDS, TB and Malaria Programs and projects across Africa, China, Latin America, Russia, and South Asia.

## 2. What are the Objectives of the M&E Systems Strengthening Tool?

The overall objective of the **M&E Systems Strengthening Tool** is to help national Programs and associated projects improve their M&E and the quality of data generated to measure success of implemented activities.

More specifically, the **M&E Systems Strengthening Tool** has been designed to:

1. *Assess the M&E Plan and capacities of the Program's/project's implementing entities;*
2. *Evaluate how the M&E activities of Programs/projects are linked and integrated within the National M&E System;*
3. *Help to develop a costed action plan to strengthen M&E systems.*

This **M&E Systems Strengthening Tool** can help all reporting entities under government Programs and donor-projects assess the strengths and weaknesses of their M&E systems, including data collection and reporting, and highlighting areas for improvement that might require additional focus, funds and/or technical assistance. The outcome of the assessment should be an action plan to enable the appropriate follow-up measures to strengthen M&E.

The completion of the **M&E Systems Strengthening Tool** and the development of an action plan should:

- ◇ Help identify M&E capacity gaps and corresponding strengthening measures, including through technical assistance (TA);
- ◇ Guide investments in M&E (to better inform the development of a M&E budget);
- ◇ Ensure that such investments contribute to the strengthening of the national systems (avoiding parallel reporting systems);
- ◇ Improve the quality of programmatic data to enhance planning and Program management.

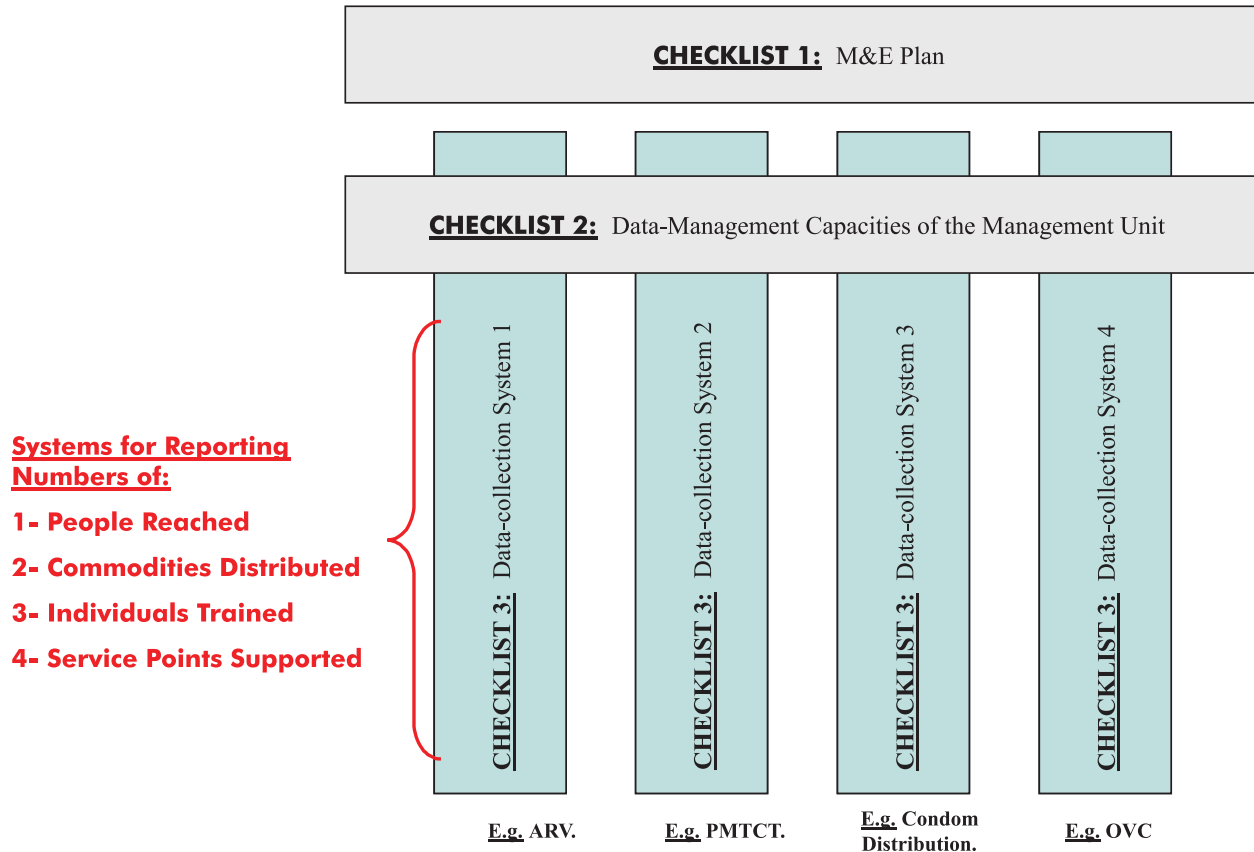
Because the **M&E Systems Strengthening Tool** is designed to promote alignment behind the M&E strategies and plans for the health sector overall, as well as those for specific disease control Programs, the country's health information system should be the main source of information for M&E, and interventions to strengthen project-related M&E should build upon and reinforce that overall system. It is therefore recommended that a broader group of stakeholders be engaged in the self-assessment, rather than just those responsible for specific projects or Programs (although the self-assessment can be used internally within an organization to assess its own M&E system related to data collection and indicator measurement). Key stakeholders include, among others, representatives of the Central Statistics Office as well as those responsible for the overall health information system of the Ministry of Health.

It is also important that the **M&E Systems Strengthening Tool** be used in the context of other efforts being undertaken to strengthen M&E systems at the country level, particularly efforts coordinated among a number of stakeholders and partners, such as a funded *M&E Roadmap*. Use of the **M&E Systems Strengthening Tool** is not intended to be a stand-alone activity. This tool can help these efforts through diagnosis of gaps in the M&E system as it relates to collecting, reporting and managing data reported on diseases and health issues. If strengthening efforts are already underway, the tool can help assess the progress of these efforts.

### 3. What is the Content of the M&E Systems Strengthening Tool?

The **M&E Systems Strengthening Tool** comprises three complementary Checklists (see Figure 2) designed to comprehensively assess both the Program and projects' abilities to collect, analyze, use and report accurate, valuable and high-quality M&E data. Programs or projects using the Checklists for self-assessment purposes should use the Excel files containing the three Checklists.

**Figure 2. Three Checklists.**





### **1. *Assessing the M&E Plan***

This Checklist looks at the goals and objectives of Programs and projects and how they relate to a country's national strategy and M&E Plan, if they exist. The Checklist assesses, for national Programs and donor-funded projects, the indicators selected, their data sources, target-setting, and availability of baselines. Special attention is given to identifying whether parallel reporting systems are being set up for donor-funded projects (i.e., outside the national reporting system). The Checklist also looks at data dissemination and transparency, as well as the confidentiality of sensitive data. Finally, the Checklist assesses the budget amount allocated to M&E.

### **2. *Assessing Data Management Capacities of the Program/Projects' Management Units***

This Checklist assesses the data management systems of the management units of national Programs or donor-funded projects. The Checklist seeks to determine if the management units possess the resources, procedures, skills, and experience necessary for M&E data management and reporting. The Checklist also assesses whether the management units provide sufficient oversight, guidance, and support to sub-reporting entities, and if feedback is provided to them on the quality of their reporting and on Program performance.

### **3. *Assessing Data Reporting Systems per Program Area***

This Checklist assesses the strengths of Programs' and projects' data-collection and reporting systems per Program area, including the ability to report valid, accurate, and high-quality data related to implementation. Most Program areas associated with the delivery of services or commodities can be grouped depending on whether they are implemented in a health facility or in the community. Some other Program areas, such as laboratory support, relate to systems strengthening. Therefore, this Checklist includes three questionnaires—one for *health facility-based activities* (e.g., ARV, PMTCT), one for *community-based activities* (e.g., BCC for TB), and one for *systems strengthening activities* (e.g. laboratory support). Within these three questionnaires, the Checklist focuses on data reporting systems that produce numbers related to: (1) people reached/served; (2) commodities distributed; (3) people trained; and (4) service points/facilities/organizations supported.

Each Checklist contains (1) a list of questions to perform the diagnosis, and (2) a template for developing a costed action plan for strengthening M&E systems. The Checklists are contained in Microsoft Excel spreadsheets, which include instructions on how to complete the Checklists and which stakeholders should be involved.

Comments on the **M&E Systems Strengthening Tool** and descriptions of experiences with its use would be welcomed by the development team and should be sent to the Data Quality Team at MEASURE Evaluation.

## GLOSSARY

<b>AIS</b>	AIDS Indicators Survey
<b>ARV</b>	Antiretroviral
<b>BSS</b>	Behavior Surveillance Survey
<b>DHS</b>	Demographic and Health Surveys
<b>HIS</b>	National Health Information System
<b>ID</b>	Identification
<b>M&amp;E</b>	Monitoring and Evaluation
<b>Management Unit</b>	Organization ultimately responsible for the Program or the projects (such as a Central Coordinating Office for the National Program, the Principal Recipient for the Global Fund, or the Prime Partners for the Emergency Plan – PEPFAR).
<b>MICS</b>	Multi Indicator Cluster Surveys
<b>MOH</b>	Ministry of Health
<b>PEPFAR</b>	U.S. President’s Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>Program-level Indicators</b>	These are the indicators that enable to track progress in the implementation of Programs or projects. These indicators are generally grouped in four categories: 1- Number of People Reached, 2- Number of Commodities Distributed, 3- Number of Individuals Trained, and 4- Number of Service Points/Facilities/Organizations Supported.
<b>SAM</b>	Service Availability Mapping
<b>SI</b>	Strategic Information
<b>SPA</b>	Service Provision Assessment
<b>Sub-Reporting Entities</b>	All organizations involved in the Program or the projects which report programmatic data to the Management Unit.
<b>UNAIDS</b>	United Nations Joint Programme on AIDS



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# **M&E Systems Strengthening Tool**

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## **Checklist to Assess Program/Projects M&E Plan**

Note: Other checklists that are part of this M&E Systems Strengthening Tool include:

- Assessing the Data Management Capacities of the Management Unit; and
  - Assessing the Data Reporting Systems per Program Area.



# A – INSTRUCTIONS – M&E PLAN

## OBJECTIVE

To assess the strength of the Monitoring and Evaluation (M&E) plan related to a Program, project or group of projects.

## CONTENT

This Checklist has five sections:

### 1- National Strategy and National M&E Plan

Is there a National Strategy related to the relevant health or disease area addressed by the Program or project(s)? Is there a National M&E Plan linked to the National Strategy?

### 2- Goals and Objectives of the Program/Project(s)

Are the goals and objectives of the Program or project(s) in line with the National Strategy and are they time bound and measurable?

### 3- M&E Indicators in the Program/Project(s)

Do indicators have clear definitions, data sources with baselines and targets? Were indicators selected in collaboration with national/international M&E partners? Is indicator data linked with the National M&E system?

### 4- Data Dissemination and Transparency

Will data from the Program or project(s) be disseminated properly and will sensitive data remain confidential?

### 5- M&E Budget

Has the Program or project allocated sufficient financial resources for M&E?

## COMPLETING THE CHECKLIST

**Save the Checklist files before use.** The Checklist files should be saved with a name that will help to easily identify the country/disease/date of completion.

**This Checklist has been designed to be flexible in terms of use by National Programs, single projects or groups of projects** (e.g., a group of Global Fund grants). If the Checklist is being used for a group of projects, it should first be completed by each project and then a consolidated version should be filled out collectively by the projects.

**At the top of the Checklist is a row to specify which M&E plan is being assessed through the Checklist.** For example, if the National Program is completing the Checklist, the National M&E Plan would be specified. Similarly, if the M&E plan relates to a donor-funded project, that M&E plan would be specified. If the M&E plans of a group of projects is being consolidated in the assessment, that should also be specified.

**The Checklist has been designed as a series of statements to which respondents answer *Yes-completely, Mostly, Partly* or *No-not at all*.** For example, the statement could be: “The frequency of data collection is stated for all indicators.” If such frequency is stated for most, but not all, indicators, the answer should be *Mostly*. In cases in which the statement is not applicable, respondents should select the answer category *N/A*.

**Some statements in the Checklist may not be relevant to National Programs.** These statements have been identified on the Checklist as *[not applicable to the National Program]*. In these cases, the National Program can skip the statement or answer *N/A* in the ANSWER box.

**In the Excel file, the appropriate answer should be selected through the “drop-down box” in the ANSWER column.** The *Yes-completely* responses will appear in green, *Mostly* and *Partly* will appear in yellow, and *No-not at all* will appear in red.

**For all answers, respondents should provide an explanation in the COMMENT box** (by typing directly in the COMMENT box in the Excel file). Using the COMMENT box will increase the usefulness of this Checklist for purposes of improving a Program or project’s M&E.

**The Checklist contains a column for REVIEW AND VERIFICATION COMMENTS.** This column is to be used if the Checklist is reviewed by a “third party,” such as the Local Fund Agent for the Global Fund or the USG SI Team under the Emergency Plan (PEPFAR).

## SUMMARY DASHBOARD

**A SUMMARY DASHBOARD of the results will be automatically generated** (based on the answers provided to the statements in the Checklist). This dashboard will display the distribution of answer categories overall and for each of the five sections. This dashboard provides a visual representation of gaps in the M&E plan.

In addition to the summary dashboard, **reviewing patterns of answers to statements in the Checklist will provide a more detailed assessment of the specific gaps** in a Program or project’s M&E Plan. This review will help respondents complete the **ACTION PLAN**.

## ACTION PLAN

**Following the Checklist is a section titled ACTION PLAN.** In this section, respondents should first identify the strengths and weaknesses of the M&E Plan based on answers provided to statements in the Checklist. Then respondents should identify planned strengthening measures and for each of these measures, specify responsibility, timeline, funding source, and technical assistance needs. Respondents should also attach a detailed budget and workplan (where appropriate).

**Finally, respondents should, based on the answers to the statements in the Checklist, provide an overall rating of the M&E Plan.** An “A” rating signifies no gaps, a “B” rating signifies minor gaps and a “C” rating signifies major gaps in the assessed M&E Plan. If the Checklist is reviewed by a “third party,” that entity will also provide its own overall assessment, in light of the answers on the Checklist and its own review and verification comments.

## SUGGESTED PARTICIPANTS

**It is recommended that a representative group of stakeholders convene to complete this Checklist.** Depending on whether the Checklist is being answered for a Program, a project, or a group of projects, it may be necessary to convene more than one group. For example, if a Program comprises a number of projects, it will be beneficial for the Checklist to first be completed by stakeholders from each project and then for another group to convene to complete a “consolidated” Checklist for the Program.

Relevant stakeholders could include National Program M&E representatives (e.g., from the MOH, Department of Statistics, etc.), national and international technical partners (e.g., UNAIDS), WHO, donor agencies, NGOs, and others, as appropriate. It will be most beneficial to include both Program managers and M&E experts together when completing the Checklist.

## B – BACKGROUND INFORMATION – M&E PLAN

<b>Country</b>	
<b>Disease or Health Area</b>	
<b>Management Unit(s)</b>	
<b>Program/Project Identification Number(s)</b>	
<b>Program/Project Start Date(s)</b>	
<b>Name of Workshop Facilitator</b>	
<b>Name of Review and Verification Entity <i>(if any)</i></b>	
<b>Completion Date</b>	
<b>Review and Verification Date <i>(if applicable)</i></b>	

<b>Participant List</b> (for completion of the Checklist to assess the Program/projects M&E Plan)	
Organization	Position

<b>Source Documents</b> (for completion of the Checklist to assess the Program/projects M&E Plan)



## C – CHECKLIST – M&E PLAN

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

Specify the Name(s) of the M&E Plan(s):

### I. National Strategy and National M&E Plan

1	There is a National Strategy to address the disease (i.e., HIV/AIDS, Tuberculosis and/or Malaria).			
	<i>If yes, please specify name of the National Strategy:</i>			
2	There is a National M&E Plan.			
3	The National M&E Plan is directly linked to the National Strategy.			

### II. Goals and Objectives of the Program/Project(s)

	The goals and objectives are ...			
4	... in line with the National Strategy. <i>[Not applicable to the National Program]</i>			
5	... time bound (i.e., there is a timeframe by when they will be achieved).			
6	... measurable (i.e., with relevant indicators).			

### III. Monitoring and Evaluation Indicators in the Program/Project(s)

#### III.1. Selection and Definitions

7	Program/project(s) worked with those responsible for development of the overall health information system in the country to design the M&E framework and plan for the Program/project(s) (e.g., <i>key representatives of the central statistics office as well as those responsible for the overall health information system of the Ministry of Health</i> ).			
8	All indicators are clearly linked to the objectives of the Program/project(s).			
9	There are indicators measuring disease trends (e.g., prevalence, incidence, mortality).			

## C – CHECKLIST – M&E PLAN

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

10	There are indicators measuring behavior change (i.e., individual adoption of health-sustaining behavior/actions).			
11	All indicators have documented definitions (including numerators and denominators, when applicable).			
12	All indicators measuring services and commodities delivered have denominator data to estimate coverage of target populations.			
When needed, denominator data can be disaggregated ...				
13	... by age group.			
14	... by sex.			
15	... by project catchment area.			
16	... by socio-economic status.			
The indicators selected to monitor and evaluate the Program/project(s) are drawn from ...				
17	... the National M&E Plan. <i>[Not applicable to the National Program]</i>			
18	... international indicator guidelines (e.g., Multi-agency M&E Toolkit-HIV/AIDS, Tuberculosis and Malaria; UNAIDS Indicator Guides; Compendium of TB Indicators).			
19	... internationally recognized survey instruments (e.g., DHS, AIS, MICS, BSS).			
<b>III.2. Data Sources</b>				
20	Technically sound data sources are identified for all indicators (e.g., Program activity monitoring, health services statistics, population-based surveys, sentinel site surveillance).			
21	The frequency of data collection is <i>stated</i> for all indicators.			
22	The frequency of data collection is <i>feasible</i> for all indicators (i.e., it will be possible to collect the data at the stated frequency).			

## C – CHECKLIST – M&E PLAN

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

23	The same data sources will be used to measure indicators throughout the lifetime of the Program/project(s) (i.e., identical measurement methodology for baseline and follow-up).			
24	The Program/project regularly makes use of data from national health information systems <i>[Not applicable to the National Program]</i> .			
25	The Program/project makes data easily accessible to overall health managers at district, provincial, and national levels.			
26	Survey results will be available to evaluate behavior change towards the end of the Program/project(s).			
27	The Program/project has worked together with those responsible for coordinating other large-scale household surveys (including, among others, the DHS or MICS) to be sure that surveys to collect data for the Program/project(s) are not duplicative.			
28	Regularly updated data on disease trends or other relevant health areas will be available during the lifetime of the Program/project(s) (e.g., prevalence, incidence, mortality).			
Data will be available to monitor...				
29	... the quality of training delivered by the Program/project(s).			
30	... the quality of services delivered by the Program/project(s).			
31	... client satisfaction with services delivered by the Program/project(s).			
32	... adherence to the treatment regimens administered under the Program/project(s).			
33	... drug resistance associated with treatments administered under the Program/project(s).			
34	A written policy exists that clearly states for how long source documents need to be retained (e.g., records, registers, tally sheets, training attendance sheets, summary reports).			

## C – CHECKLIST – M&E PLAN

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

### III.3. Baselines

35	Baseline values are available for all indicators relating to behavior change and disease trends (with date of collection and data source).			
36	... <i>If not</i> , baseline values will be available during the first 12 months of the Program/project(s).			
37	Baseline values are available for all Program-level indicators (i.e., people trained, service points, people reached/served).			

### III.4. Targets

38	Each indicator measuring disease trends or other relevant health area has at least two targets within a 5-year period (i.e., one mid-term target; one end of Program/project(s) target).			
39	Each indicator measuring behavior change has at least two targets within a 5-year period (i.e., one mid-term target; one end of Program/project(s) target).			
40	Each Program-level indicator (tracking implementation) has at least one target for each year of the Program/project(s).			
41	Targets are expressed numerically (and, in cases of percentages, numerators and denominators are specified).			
42	It is clearly stated whether or not targets include baselines (i.e., target number = baseline + increment <u>or</u> only increment).			
43	It is clearly stated whether or not targets are cumulative.			

### IV. Data Dissemination and Transparency

44	Data dissemination plans are developed and implemented (e.g., summary reports, newsletters, graphs, and maps).			
45	M&E reports related to the Program/project(s) activities are made available publicly.			
46	There are documented protocols for ensuring the confidentiality of sensitive data (e.g., names of people on ARV).			

## C – CHECKLIST – M&E PLAN

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

### V. M&E Budget

47	There is a clear budget linked to the M&E Plans of the Program/project(s).			
48	At least 7% of the budget of the Program/project(s) is spent on M&E.			
	Please specify percentage(s):			

## D – ACTION PLAN – M&E PLAN

**This section should be thoroughly completed; it will serve as the basis for the discussions on necessary improvements.**

1- Please summarize the **STRENGTHS** and **WEAKNESSES** of the Program/project M&E Plan(s)

STRENGTHS	WEAKNESSES

2- Please describe the **ACTION PLAN** for strengthening the Program/project M&E Plan(s)

ACTION PLAN					
Detailed Description of the Strengthening Measure	Responsibility	Timeline	Total Funding* (Specify amount)	Funding Source(s) (Specify funding organization and amount)	Technical Assistance (Specify type of TA and amount, if needed)

\* Please attach a detailed budget and workplan (where appropriate).

3- Please provide any **OTHER RELEVANT COMMENTS** related to the Program/project M&E Plan(s) (if any)

4- Please provide an **OVERALL ASSESSMENT RATING** of the Program/project M&E Plan(s)

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**

### REVIEW AND VERIFICATION COMMENTS (if appropriate)

A- Please provide comments on the identified **STRENGTHS** and **WEAKNESSES** of the Program/project M&E Plan(s)

B- Please provide comments on the **ACTION PLAN** (including the costing) for strengthening the Program/project M&E Plan(s)

C- Please provide any **OTHER RELEVANT COMMENTS** related to the Program/project M&E Plan(s)

D- Please provide an **OVERALL ASSESSMENT RATING** of the Program/project M&E Plan(s)

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**



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# **M&E Systems Strengthening Tool**

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## **Checklist to Assess Data Management Capacities of the Management Unit**

Note: Other checklists that are part of this M&E Systems Strengthening Tool include:

- Assessing the M&E Plan; and
- Assessing the Data Reporting Systems per Program Area.





# A – INSTRUCTIONS – MANAGEMENT UNIT

## OBJECTIVE

To assess the capabilities of the Management Unit (within the organization ultimately responsible for the Program or the projects) to collect, analyze and report data related to the implementation of the Program or the projects.

## CONTENT

This Checklist has two sections:

### 1- Data Management Processes and Resources of the Management Unit

Does the Management Unit possess the resources, procedures, skills, and experiences necessary for M&E data management and reporting? Is feedback provided to Sub-reporting Entities on the quality of their reporting and on Program performance?

### 2- Oversight of Sub-contracted Entities

Does the Management Unit provide sufficient oversight, guidance and support to Sub-reporting Entities? Are reports submitted on time, complete, and mistake free?

## COMPLETING THE CHECKLIST

**Save the Checklist files before use.** The Checklist files should be saved with a name that will help to easily identify the country/disease/date of completion.

**This Checklist has been designed to be flexible in terms of use by National Programs, single projects or groups of projects** (e.g., a group of Global Fund grants). If the Checklist is being used for a group of projects, it should first be completed by each project Management Unit and then a consolidated version could be filled out collectively by the project Management Units.

**At the top of the Checklist is a row to specify which Management Unit is being assessed through the Checklist.** For example, if the National Program is completing the Checklist, the name of the National Program Management Unit would be specified. Similarly, if the Checklist is applied to a specific project, the name of the corresponding project Management Unit would be specified. If a consolidated assessment is performed for a group of projects, the name of the different project Management Units should be specified, if they are different.

**The Checklist has been designed as a series of statements to which respondents answer *Yes-completely, Mostly, Partly* or *No-not at all*.** For example, the statement could be: “The Management Unit has written terms of reference with each Sub-reporting Entity establishing data reporting requirements and deadlines.” If the Management Unit has terms of reference with most, but not all, Sub-reporting Entities, the answer should be *Mostly*. In cases in which the statement is not applicable, respondents should select the answer category *N/A*.

**In the Excel file, the appropriate answer should be selected through the “drop-down box” in the ANSWER column.** The *Yes-completely* responses will appear in green, *Mostly* and *Partly* will appear in yellow, and *No-not at all* will appear in red.

**For all answers, respondents should provide an explanation in the COMMENT box** (by typing directly in the COMMENT box in the Excel file). Using the COMMENT box will increase the usefulness of this Checklist for purposes of improving the data management of the Program/project Management Unit(s).

**The Checklist contains a column for REVIEW AND VERIFICATION COMMENTS.** This column is to be used if the Checklist is reviewed by a “third party,” such as the Local Fund Agent for the Global Fund or the USG SI Team under the Emergency Plan (PEPFAR).

## SUMMARY DASHBOARD

**A SUMMARY DASHBOARD of the results will be automatically generated** (based on the answers provided to the statements in the Checklist). This dashboard will display the distribution of answer categories overall and for each of the two sections. This dashboard provides a visual representation of gaps for the Management Unit(s).

In addition to the summary dashboard, **reviewing patterns of answers to statements in the Checklist will provide a more detailed assessment of the specific gaps** for the Management Unit(s). This review will help respondents complete the **ACTION PLAN**.

## ACTION PLAN

**Following the Checklist is a section titled ACTION PLAN.** In this section, respondents should first identify the strengths and weaknesses of the Management Unit(s) based on answers provided to statements in the Checklist. Then respondents should identify planned strengthening measures and for each of these measures, specify responsibility, timeline, funding source, and technical assistance needs. Respondents should also attach a detailed budget and workplan (where appropriate).

**Finally, respondents should, based on the answers to the statements in the Checklist, provide an overall rating of the capacities of the Management Unit(s).** An “A” rating signifies no gaps, a “B” rating signifies minor gaps, and a “C” rating signifies major gaps in the assessed Management Unit(s). If the Checklist is reviewed by a “third party,” that entity will also provide its own overall assessment, in light of the answers on the Checklist and its own review and verification comments.

## SUGGESTED PARTICIPANTS

**It is recommended that a group of representatives from the Management Unit(s) and from the Sub-reporting Entities convene to complete this Checklist.** Depending on whether the Checklist is being answered for a Program, a project, or a group of projects, it may be necessary to convene more than one group. For example, if a Program comprises a number of projects, it will be beneficial for the Checklist to first be completed by representatives of each project and then for a wider group, including stakeholders, to convene to complete a “consolidated” Checklist for the Program.

Relevant stakeholders could include National Program M&E representatives (e.g., from the MOH, Department of Statistics, etc.), national and international technical partners (e.g., UNAIDS), WHO, donor agencies, NGOs, and others, as appropriate. It will be most beneficial to include both Program managers and M&E experts together when completing the Checklist.

## SUGGESTED SUPPORTING DOCUMENTS

- Data-management procedures of the Management Unit
- Terms of Reference with Sub-reporting Entities (showing data reporting requirements and deadlines)
- Job descriptions of M&E-related staff
- M&E Training Plans
- Templates of data-collection and reporting forms (for all interventions – e.g., ARV, PMTCT)
- Progress Reports (if available)

## B – BACKGROUND INFORMATION – MANAGEMENT UNIT

<b>Country</b>	
<b>Disease or Health Area</b>	
<b>Management Unit(s)</b>	
<b>Program/Project Identification Number(s)</b>	
<b>Program/Project Start Date(s)</b>	
<b>Name of Workshop Facilitator</b>	
<b>Name of Review and Verification Entity <i>(if any)</i></b>	
<b>Completion Date</b>	
<b>Review and Verification Date <i>(if applicable)</i></b>	

<b>Participant List</b> (for completion of the Checklist on Data Management Capacities of the Management Unit)	
Organization	Position

<b>Source Documents</b> (for completion of the Checklist on Data Management Capacities of the Management Unit)

## C – CHECKLIST – MANAGEMENT UNIT

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

**Specify the name of the Management Unit:**

I. Data Management Processes and Resources of the Management Unit				
1	The Management Unit has experience in collecting and analyzing programmatic data on a sub-national level.			
2	The Management Unit has experience in producing regular reports on Program progress and results.			
3	<i>If yes, these reports have all been produced in a timely manner.</i>			
4	The Management Unit has a documented organizational structure (e.g., an organizational chart) that clearly identifies positions that have data reporting and management responsibilities.			
5	The Management Unit has documented data management processes that enable it to meet reporting requirements (i.e., establishing responsibilities and timelines).			
6	The Management Unit possesses capabilities in M&E, strategic information, and data-systems management.			
7	<i>If yes, sufficient staff-time is devoted to M&amp;E, strategic information, and data-systems management.</i>			
8	There is a Program manager responsible for ensuring strategic use of M&E data for management decision making in Program planning.			
9	All relevant staff in the Management Unit have received training on the data management processes and tools.			
10	The Management Unit links with other data reporting systems in the country (e.g., a project receives data from the National Program or vice versa).			
11	The Management Unit has designated staff responsible for reviewing the quality of data submitted by Sub-reporting Entities.			

## C – CHECKLIST – MANAGEMENT UNIT

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
12	If the Management Unit has encountered specific data inconsistencies from Sub-reporting Entities, it can explain how these inconsistencies have been resolved.			
13	When needed, the Management Unit has a consistent and documented methodology to address missing data in submitted reports.			
14	There is a written back-up procedure for when data-entry or data-processing is computerized.			
Feedback is systematically provided to all Sub-reporting Entities on...				
15	... the quality of their reporting (i.e., completeness, timeliness and correctness).			
16	... Program performance (based on M&E data submitted).			

### II. Oversight of Sub-reporting Entities

17	The Management Unit has written terms of reference with each Sub-reporting Entity establishing data reporting requirements and deadlines.			
18	The Management Unit has identified standard <i>source documents</i> (e.g., medical record, register) and <i>reporting forms</i> for use by all reporting levels.			
The Management Unit has provided clear written instructions to each Sub-reporting Entity on ...				
19	... <i>what</i> they are supposed to report on.			
20	... <i>how</i> (e.g., in what specific format) reports are to be submitted.			
21	... <i>to whom</i> the reports should be submitted.			
22	... <i>when</i> the reports are due.			
23	At the Management Unit, reports received from Sub-reporting Entities are systematically verified for timeliness, completeness and obvious mistakes.			

## C – CHECKLIST – MANAGEMENT UNIT

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
All reports submitted by all Sub-reporting Entities are ...				
24	... <i>on time</i> (i.e., within reporting deadlines).			
25	... <i>complete</i> (i.e., all sections are completed properly).			
26	... <i>mistake-free</i> (i.e., valid).			
27	There is a written procedure in place to address late, incomplete or inaccurate reporting.			
28	The Management Unit has formally assessed the M&E capacities of Sub-reporting Entities and has identified areas for capacity building in M&E.			
29	The Management Unit provides M&E capacity-building support to Sub-reporting Entities (e.g., training, workshops, technical assistance).			
30	The Management Unit has identified training requirements (a training plan) that data-management staff must take at each level in the reporting process.			
31	All relevant staff from Sub-reporting Entities have received training on the data management processes and tools.			
32	The Management Unit has identified data quality challenges (such as double counting) and instructed data-management staff at all levels on how to address them.			
33	The Management Unit has a systematic process in place to follow up with Sub-reporting Entities on data quality issues and can provide evidence that such follow up has occurred.			
The Management Unit has a mechanism/procedure in place to periodically verify at the service/commodity delivery points (including in community settings) ...				
34	... actual availability of services/commodities (e.g., through supervisory site visits to points of service, SPA, SAM).			

## C – CHECKLIST – MANAGEMENT UNIT

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
35	... reported data (e.g., random review of medical records, registers, distribution log-sheets, participant lists).			
36	The Management Unit has a mechanism/procedure in place to periodically verify training numbers reported (e.g., random review of attendance sheets).			
37	The Management Unit can demonstrate that site visits for data verification have taken place.			



## D – ACTION PLAN – MANAGEMENT UNIT

This section should be thoroughly completed; it will serve as the basis for the discussions on necessary improvements.

1- Please summarize the **STRENGTHS** and **WEAKNESSES** of the Management Unit's Data Management Capacities

STRENGTHS	WEAKNESSES

2- Please describe the **ACTION PLAN** for strengthening the Management Unit's Data Management Capacities

ACTION PLAN					
Detailed Description of the Strengthening Measure	Responsibility	Timeline	Total Funding* (Specify amount)	Funding Source(s) (Specify funding organization and amount)	Technical Assistance (Specify type of TA and amount, if needed)

\* Please attach a detailed budget and workplan (where appropriate).

3- Please provide any **OTHER RELEVANT COMMENTS** related to the Management Unit's Data Management Capacities (if any)

4- Please provide an **OVERALL ASSESSMENT RATING** of the Management Unit's Data Management Capacities

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**

### REVIEW AND VERIFICATION COMMENTS (if appropriate)

A- Please provide comments on the identified **STRENGTHS and WEAKNESSES** of the Management Unit's Data Management Capacities

B- Please provide comments on the **ACTION PLAN** (including the costing) for strengthening the Management Unit's Data Management Capacities

C- Please provide any **OTHER RELEVANT COMMENTS** related to the Management Unit's Data Management Capacities

D- Please provide an **OVERALL ASSESSMENT RATING** of the Management Unit's Data Management Capacities

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**

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# **M&E Systems Strengthening Tool**

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## **Checklist to Assess Data Reporting Systems per Program Area**

Note: Other checklists that are part of this M&E Systems Strengthening Tool include:

- Assessing the M&E Plan; and
- Assessing the Data Management Capacities of the Management Unit.



# A – INSTRUCTIONS – DATA REPORTING SYSTEMS

## OBJECTIVE

To assess the strengths of Program/project(s) data reporting systems for each Program Area, including the ability to report valid, accurate and high-quality data related to implementation.

## CONTENT

This Checklist has four sections:

### 1- Systems for Reporting on Numbers of People Reached

Do the data collection and reporting systems enable the reporting of valid, accurate and high-quality data on numbers of People Reached through the activities of the Program or project(s)?

### 2- Systems for Reporting on Numbers of Commodities Distributed (e.g., Condoms, ITNs)

Do the data collection and reporting systems enable the reporting of valid, accurate and high-quality data on numbers of Commodities Distributed through the activities of the Program or project(s)?

### 3- Systems for Reporting on Numbers of Individuals Trained

Do the data collection and reporting systems enable the reporting of valid, accurate and high-quality data on numbers of Individuals Trained through the activities of the Program or project(s)?

### 4- Systems for Reporting on Numbers of Service Points/Facilities/Organizations Supported

Do the data collection and reporting systems enable the reporting of valid, accurate and high-quality data on numbers of Service Points/Facilities/Organizations Supported through the activities of the Program or project(s)?

Most Program Areas associated with the delivery of services or commodities can be grouped depending on whether they are implemented in a health facility or in the community. Some other Program Areas, such as laboratory support, relate to systems strengthening. Therefore, this Checklist includes three questionnaires – one for *health facility-based activities*, one for *community-based activities*, and one for *systems strengthening activities*.

**Questionnaire 1:** This questionnaire is designed for all Program Areas related to the delivery of services and/or commodities in a Health Facility (e.g., ART or PMTCT for HIV/AIDS; Malaria Prevention in Pregnancy for Malaria; DOTS for Tuberculosis).

**Questionnaire 2:** This questionnaire is designed for all Program Areas related to the delivery of services and/or commodities in a Community Setting (e.g., BCC – Community Outreach for HIV/AIDS; Home-based management of Malaria).

**Questionnaire 3:** This questionnaire is designed for all Program Areas related to System Strengthening (e.g., Human Resources/Training; Laboratory Facilities).

## COMPLETING THE CHECKLIST

**Save the Checklist files before use.** The Checklist files should be saved with a name that will help to easily identify the country/disease/date of completion.

**This Checklist has been designed to be flexible in terms of use by National Programs, single projects or groups of projects** (e.g., a group of Global Fund grants). If the Checklist is being used for a group of projects, it should first be completed by each project, and then a consolidated version should be filled out collectively by the projects.

**The respondents should:**

- **First**, identify the questionnaire that applies to each of the Program Areas implemented through the Program/project;
- **Second**, determine in each questionnaire which section(s) should be completed depending on the type of information being reported. For example, if the Program Area reports numbers of commodities distributed and numbers of individuals trained, the respondents should only complete the relevant sections of the Checklist (Section 2- *Commodities Distributed*, and 3- *People Trained*).

Typically, the following questionnaire should be completed for the following Program Areas:

PROGRAM AREA (*)		Questionnaire 1: Health facility- based activities	Questionnaire 2: Community- based activities	Questionnaire 3: Systems strength- ening activities
HIV/AIDS	Behavioral Change Communication– Community Outreach		X	
	Testing and Counseling	X	(X)	
	PMTCT	X		
	STI Diagnosis and Treatment	X		
	ART	X		
	Prophylaxis and treatment for Opportunistic Infections	X		
	Care and support for the chronically ill		X	
	Support for orphans and vulnerable children		X	
Tuberculosis	Case detection through quality-assured bacteriology	X		
	Standardized treatment with supervision and patient support	X		
	TB/HIV	X		
	MDR-TB	X		
	High-risk groups and special situations	X	(X)	
	Empower people and communities	X	(X)	

PROGRAM AREA (*)		Questionnaire 1: Health facility- based activities	Questionnaire 2: Community- based activities	Questionnaire 3: Systems strength- ening activities
<b>Malaria</b>	Insecticide-treated Nets (ITNs)	X	X	
	Malaria prevention during pregnancy	X		
	Behavioral Change Communication- Community Outreach		X	
	Prompt, effective anti-malaria treatment	X	(X)	
	Home-based management of malaria		X	
<b>Supportive Environment</b>	Laboratory			X
	Human Resources			X
	Operations Research			X

(\*) Extract from the multi-agency “Monitoring and Evaluation Toolkit – HIV/AIDS, Tuberculosis and Malaria” – Second Edition – January 2006.

**This Checklist needs to be completed for each Program Area that is being implemented by the Program or the projects.** For example, if a project is implementing Antiretroviral Treatment (ART) and Prevention of Mother-to-Child Transmission (PMTCT), the Checklist should be completed twice.

**At the top of the Checklist is a row to specify for which Program Area data reporting systems are being assessed.** In specific cases where Program Areas are combined in an intervention, such as BCC and condom distribution, a single “community-based” intervention Checklist should be completed. On the “Program Area” row of the Checklist, both Program Areas should be specified.

**The Checklist has been designed as a series of statements to which respondents answer *Yes-completely, Mostly, Partly* or *No-not at all*.** For example, the statement could be: “All service points use standardized or compatible data-collection forms.” If most, but not all, service points use standardized or compatible data-collection forms, the answer should be *Mostly*. In cases in which the statement is not applicable, respondents should select the answer category *N/A*.

**Some statements in the Checklist may not be relevant to National Programs.** These statements have been identified on the Checklist as *[not applicable to the National Program]*. In these cases, the National Program can skip the statement or answer *N/A* in the ANSWER box.

**In the Excel file, the appropriate answer should be selected through the “drop-down box” in the ANSWER column.** The *Yes-completely* responses will appear in green, *Mostly* and *Partly* will appear in yellow, and *No-not at all* will appear in red.

**For all answers, respondents should provide an explanation in the COMMENT box** (by typing directly in the COMMENT box in the Excel file). Using the COMMENT box will increase the usefulness of this Checklist for purposes of improving the data reporting systems for each Program Area.

**The Checklist contains a column for REVIEW AND VERIFICATION COMMENTS.** This column is to be used if the Checklist is reviewed by a “third party,” such as the Local Fund Agent for the Global Fund or the USG SI Team under the Emergency Plan (PEPFAR).

## SUMMARY DASHBOARD

A **SUMMARY DASHBOARD of the results will be automatically generated** (based on the answers provided to the statements in the Checklist). This dashboard will display the distribution of answer categories overall and for each of the sections. This dashboard provides a visual representation of gaps in the data reporting systems per Program Area.

In addition to the summary dashboard, **reviewing patterns of answers to statements in the Checklist will provide a more detailed assessment of the specific gaps** in the data reporting systems per Program Area. This review will help respondents complete the **ACTION PLAN**.

## ACTION PLAN

**Following the Checklist is a section titled ACTION PLAN.** In this section, respondents should first identify the strengths and weaknesses of the data reporting systems of the assessed Program Area based on answers provided to statements in the Checklist. Then respondents should identify planned strengthening measures, and for each of these measures, specify responsibility, timeline, funding source, and technical assistance needs. Respondents should also attach a detailed budget and workplan (where appropriate).

**Finally, respondents should, based on the answers to the statements in the Checklist, provide an overall rating of the data reporting systems of the Program Area.** An “A” rating signifies no gaps, a “B” rating signifies minor gaps, and a “C” rating signifies major gaps in the assessed data reporting systems of the Program Area. If the Checklist is reviewed by a “third party,” that entity will also provide its own overall assessment, in light of the answers on the Checklist and its own review and verification comments.

## SUGGESTED PARTICIPANTS

**It is recommended that all the Program managers and representatives of each implementing entity convene to complete this Checklist.** Depending on whether the Checklist is being answered for a Program, a project, or a group of projects, it will be necessary to convene more than one group. For example, if a Program comprises a number of projects, it may be beneficial for the Checklist to first be completed by representatives of each project and then for a wider group, including stakeholders, to convene to complete a “consolidated” Checklist for the Program.

Relevant stakeholders could include National Program M&E representatives (e.g., from the MOH, Department of Statistics, etc.), national and international technical partners (e.g. UNAIDS), WHO, donor agencies, NGOs, and others, as appropriate. It will be most beneficial to include both Program managers and M&E experts together when completing the Checklist.

## SUGGESTED SUPPORTING DOCUMENTS

- Data-management procedures (from service points and any other relevant administrative level)
- Job descriptions of relevant staff
- Sample of completed data-collection and reporting forms (for all interventions – e.g., ARV, PMTCT)
- List of all service delivery points/organizations
- Results of previous service delivery assessments (e.g., SAM, SPA)

## B – BACKGROUND INFORMATION – DATA REPORTING SYSTEMS

<b>Country</b>	
<b>Disease or Health Area</b>	
<b>Management Unit(s)</b>	
<b>Program/Project Identification Number(s)</b>	
<b>Program/Project Start Date(s)</b>	
<b>Name of Workshop Facilitator</b>	
<b>Name of Review and Verification Entity</b> <i>(if any)</i>	
<b>Completion Date</b>	
<b>Review and Verification Date</b> <i>(if applicable)</i>	

Participant List (for completion of the Checklist on Data Reporting Systems)	
Organization	Position

Source Documents (used for completion of the Checklist on Data Reporting Systems)



## C.1 – CHECKLIST – DATA REPORTING SYSTEMS – HEALTH FACILITIES

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

Specify the Name of the Program Area:

**This section should be completed for each Program Area related to the delivery of services and/or commodities in a Health Facility** (e.g., ART or PMTCT for HIV/AIDS; Malaria Prevention in Pregnancy for Malaria; DOTS for Tuberculosis)

I. Systems for Reporting on Numbers of People Reached			
I.1. Data Collection and Aggregation at all Service Points			
1	There is a list of operational definitions of what is being counted for each indicator (e.g., what constitutes a person on treatment, a person counseled, a person tested).		
These operational definitions meet ...			
2	... national standards.		
3	... international standards.		
4	The same operational definitions of indicators are systematically followed by all service points included in the Program/project(s).		
The reporting system avoids <u>double counting</u> ...			
5	... <i>within</i> each point of service (e.g., when an individual receiving the same service multiple times at the <u>same</u> service point is improperly counted more than once).		
6	... <i>across</i> service points (e.g., when an individual receiving the same service from different service points is improperly counted more than once).		
7	The reporting system enables the clear identification of a “drop out” or a person “lost to follow-up.”		
8	At each point of service, the responsibility for data collection is clearly assigned to the relevant staff (i.e., it is in their job description).		

## C.1 – CHECKLIST – DATA REPORTING SYSTEMS – HEALTH FACILITIES

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
9	All service points use standardized or compatible data-collection forms (e.g., medical records, registers).			
10	Clear instructions are available on how to fill out the data-collection forms.			
11	When available, the relevant national forms are used for data-collection. <i>[Not applicable to the National Program]</i>			
12	For reporting on aggregated numbers of people reached/served, all service points use standardized or compatible reporting tools/forms.			
13	Clear instructions are available on how to use the reporting tools/forms.			
14	At all service points, there are designated staff responsible for the review and validation of aggregated numbers prior to submission to the next level (i.e., it is in their job description).			
15	All source documents (e.g., medical records, registers) are available for auditing purposes.			
<b><i>1.2. Further Data Aggregation and Processing (related to people reached at service points)</i></b>				
16	Data on aggregated numbers of people reached/served are reported through a single channel of the national information systems.			
17	At all intermediate levels at which data are aggregated (e.g., Districts, Regions), there are designated staff responsible for reviewing the quality of reports submitted by lower levels (e.g., from service points)			
18	At all intermediate levels at which data are aggregated, reports received from lower levels are systematically verified for completeness and obvious mistakes.			
19	At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports.			

## C.1 – CHECKLIST – DATA REPORTING SYSTEMS – HEALTH FACILITIES

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
20	There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification).			
21	There is a written back-up procedure for when data-entry or data-processing is computerized.			
22	All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is being reported.			

### II. Systems for Reporting on Numbers of Commodities Distributed (e.g., Condoms, ITNs)

23	Distributors systematically use log sheets to record the number of commodities distributed.			
24	Distribution log sheets received from distributors are systematically verified for completeness and obvious mistakes.			
25	Mechanisms/Procedures are in place to reconcile discrepancies in distribution log sheets.			
26	Distribution numbers (from aggregated log sheets) are reconciled with the numbers from the inventory control systems (i.e., the numbers of commodities retrieved from warehouses for distribution purposes).			
27	There are quality controls in place for when data from distribution log sheets are entered into a computer (e.g., double entry, post-data entry verification).			
28	All data source documents (e.g., distribution log sheets) are available for auditing purposes.			

### III. Systems for Reporting on Numbers of Individuals Trained for Health Facility-Based Interventions

29	There is a clear definition of what constitutes training for health facility-based interventions (e.g., specific learning objectives based on needs assessment, course outline, expected knowledge to be gained).			
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## C.1 – CHECKLIST – DATA REPORTING SYSTEMS – HEALTH FACILITIES

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
This definition meets...				
30	...national standards.			
31	...international standards (e.g., technical agency or donor standards, if any).			
32	There is a mechanism/procedure in place to ensure that people counted as trained have completed the whole training.			
33	There is a mechanism/procedure in place to verify that the learning objectives have been reached (e.g., pre-post test, on-the-job observation of acquired skills).			
34	The reporting system avoids <u>double counting</u> (e.g., when an individual receiving multiple trainings in the same Program area is improperly counted more than once).			
35	At all levels at which training data are aggregated, training reports received from lower levels are systematically verified for completeness and obvious mistakes.			
36	At all levels at which training data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in training reports.			
37	All source documents (e.g., attendance sheets, course outline with learning objectives) are available for auditing purposes.			

### IV. Systems for Reporting on Numbers of Service Points Supported

38	There is a complete list of service points that is systematically updated (i.e., the name, location/address and characteristics of service points are periodically checked).			
39	The service points are identified using ID numbers that follow a national system.			

## C.1 – CHECKLIST – DATA REPORTING SYSTEMS – HEALTH FACILITIES

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
40	There is a mechanism/procedure in place to avoid double counting of service points/sites (e.g., two organizations supporting the same site in the same Program area in the same reporting period).			
41	There is a mechanism/procedure in place to track inventory levels and stock-outs at the service points.			

## C.2 – CHECKLIST – DATA REPORTING SYSTEMS – COMMUNITY SETTINGS

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

Specify the Name of the Program Area:

**This section should be completed for each Program Area related to the delivery of services and/or commodities in a Community Setting** (e.g., BCC – Community Outreach for HIV/AIDS; Home-based management of Malaria)

I. Systems for Reporting on Numbers of People Reached				
I.1. Data Collection and Aggregation in Community-Based Entities				
1	There is a list of operational definitions of what is being counted for each indicator (e.g., what constitutes a person receiving a service).			
These operational definitions meet ...				
2	... national standards.			
3	... international standards.			
4	The same operational definitions of indicators are systematically followed by all groups delivering the services through the Program/project(s).			
The reporting system avoids <u>double counting</u> ...				
5	... <i>within</i> each group delivering services (e.g., when an individual receiving identical or related services from the <u>same</u> group is improperly counted more than once. For example, an OVC receiving school-related expenses and/or nutritional support from the same group).			
6	... <i>across</i> groups delivering similar services (e.g., when an individual receiving identical or related services from <u>different</u> groups is improperly counted more than once. For example, an OVC receiving school-related expenses and/or nutritional support from different groups).			

## C.2 – CHECKLIST – DATA REPORTING SYSTEMS – COMMUNITY SETTINGS

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
7	Within each group delivering the services, the responsibility for data-collection is clearly assigned to the relevant staff (i.e., it is in their job description).			
8	All groups delivering the same services use standardized or compatible data-collection forms.			
9	Clear instructions are available on how to fill out the data-collection forms.			
10	When available, the relevant national forms are used for data-collection. <i>[Not applicable to the National Program]</i>			
11	For reporting on aggregated numbers of people reached/served, all groups delivering the services use standardized or compatible reporting tools/forms.			
12	Clear instructions are available on how to use the reporting tools/forms.			
13	Within all groups delivering the services, there are designated staff responsible for the review and validation of aggregated numbers prior to submission to the next level (i.e., it is in their job description).			
14	All source documents (e.g., forms) are available for auditing purposes.			
<b><i>I.2. Further Data Aggregation and Processing (related to people reached through community-based services)</i></b>				
15	At all intermediate levels at which data are aggregated (e.g., Districts, Regions), there are designated staff responsible for reviewing the quality of reports submitted by lower levels (e.g., from service points).			
16	At all intermediate levels at which data are aggregated, reports received from lower levels are systematically verified for completeness and obvious mistakes.			
17	At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports.			

## C.2 – CHECKLIST – DATA REPORTING SYSTEMS – COMMUNITY SETTINGS

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
18	There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification).			
19	There is a written back-up procedure for when data-entry or data-processing is computerized.			
20	All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is being reported.			

### II. Systems for Reporting on Numbers of Commodities Distributed (e.g., Condoms, ITNs)

21	Distributors systematically use log sheets to record the number of commodities distributed (i.e., to commercial and community sites).			
22	Distribution log sheets received from distributors are systematically verified for completeness and obvious mistakes.			
23	Mechanisms/Procedures are in place to reconcile discrepancies in distribution log sheets.			
24	Distribution numbers (from aggregated log sheets) are reconciled with the numbers from the inventory control systems (i.e., the numbers of commodities retrieved from warehouses for distribution purposes).			
25	There are quality controls in place for when data from distribution log sheets are entered into a computer (e.g., double entry, post-data entry verification).			
26	All data source documents (e.g., distribution log sheets) are available for auditing purposes.			
27	There is a complete list of points of distribution/sale that is systematically updated (i.e., the name, location/address and characteristics of points are periodically checked).			
28	Stock-outs at points of distribution/sale are regularly monitored and reported.			



## C.2 – CHECKLIST – DATA REPORTING SYSTEMS – COMMUNITY SETTINGS

		ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
		Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	
<b>III. Systems for Reporting on Numbers of Individuals Trained for Community-Based Interventions</b>				
29	There is a clear definition of what constitutes training for community-based interventions (e.g., specific learning objectives based on needs assessment, course outline, expected knowledge to be gained).			
This definition meets...				
30	...national standards.			
31	...international standards (e.g., technical agency or donor standards, if any).			
32	There is a mechanism/procedure in place to ensure that people counted as trained have completed the whole training.			
33	There is a mechanism/procedure in place to verify that the learning objectives have been reached (e.g., pre-post test, on the job observation of acquired skills).			
34	The reporting system avoids <u>double counting</u> (e.g., when an individual receiving multiple trainings in the same Program area is improperly counted more than once).			
35	At all levels at which training data are aggregated, training reports received from lower levels are systematically verified for completeness and obvious mistakes.			
36	At all levels at which training data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in training reports.			
37	All data source documents (e.g., attendance sheets, course outline with learning objectives) are available for auditing purposes.			

## C.3 – CHECKLIST – DATA REPORTING SYSTEMS – SYSTEM STRENGTHENING

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

Specify the Name of the Program Area:

**This section should be completed for each of the Program Areas related to System Strengthening (e.g., Human Resources/Training; Laboratory Facilities)**

I. Systems for Reporting on Numbers of Individuals Trained Related to Systems Strengthening			
1	There is a clear definition of what constitutes training related to systems strengthening (e.g., specific learning objectives based on needs assessment, course outline, expected knowledge to be gained).		
This definition meets ...			
2	...national standards.		
3	...international standards (e.g., technical agency or donor standards, if any).		
4	There is a mechanism/procedure in place to ensure that people counted as trained have completed the whole training.		
5	There is a mechanism/procedure in place to verify that the learning objectives have been reached (e.g., pre-post test, on the job observation of acquired skills).		
6	The reporting system avoids <u>double counting</u> (e.g., when an individual receiving multiple trainings in the same Program area is improperly counted more than once).		
7	At all levels at which training data are aggregated, training reports received from lower levels are systematically verified for completeness and obvious mistakes.		
8	At all levels at which training data are aggregated, mechanism/procedures are in place to reconcile discrepancies in training reports.		
9	All source documents (e.g., attendance sheets, course outline with learning objectives) are available for auditing purposes.		

## C.3 – CHECKLIST – DATA REPORTING SYSTEMS – SYSTEM STRENGTHENING

	ANSWER	COMMENTS	REVIEW AND VERIFICATION COMMENTS
	Yes - completely Mostly Partly No - not at all	(compulsory for all answers)	

### II. Systems for Reporting on Numbers of Supported Facilities/Organizations (e.g., Laboratories, etc.)

10	There is a complete list of supported facilities/organizations that is systematically updated (i.e., name, location/address and characteristics of facilities/organizations).			
11	The supported facilities/organizations are identified using ID numbers that follow a national system.			
12	There is a mechanism/procedure in place to avoid double counting of supported facilities/organizations (e.g., two organizations supporting the same site in the same Program area).			
13	There is a mechanism in place to track inventory levels and stock-outs at the service points.			

## D – ACTION PLAN – DATA REPORTING SYSTEMS

**This section should be thoroughly completed; it will serve as the basis for the discussions on necessary improvements.**

1- Please summarize the **STRENGTHS** and **WEAKNESSES** of the Data Reporting Systems per Program Area

STRENGTHS	WEAKNESSES

2- Please describe the **ACTION PLAN** for strengthening the Data Reporting Systems per Program Area

ACTION PLAN					
Detailed Description of the Strengthening Measure	Responsibility	Timeline	Total Funding* (Specify amount)	Funding Source(s) (Specify funding organization and amount)	Technical Assistance (Specify type of TA and amount, if needed)

\* Please attach a detailed budget and workplan (where appropriate).

3- Please provide any **OTHER RELEVANT COMMENTS** related to the Data Reporting Systems per Program Area (if any)

4- Please provide an **OVERALL ASSESSMENT RATING** of the Data Reporting Systems per Program Area

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**

### REVIEW AND VERIFICATION COMMENTS (if appropriate)

A- Please provide comments on the identified **STRENGTHS and WEAKNESSES** of the Data Reporting Systems per Program Area

B- Please provide comments on the **ACTION PLAN** (including the costing) for strengthening the Data Reporting Systems per Program Area

C- Please provide any **OTHER RELEVANT COMMENTS** related to the Data Reporting Systems per Program Area

D- Please provide an **OVERALL ASSESSMENT RATING** of the Data Reporting Systems per Program Area

**No gaps (A)**  
**Minor gaps (B)**  
**Major gaps (C)**

