Bristol - Myers Squibb Foundation

Secure the Future Manual Seven Steps to Involve the Community in HIV/AIDS Treatment Support Programme

STF Technical Assistance Faculty Guide
(First Edition 2008)





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Why this document:

This **Technical Assistance Faculty Guide** is designed to complement the Secure The Future Manual ***"Seven Steps to involve the Community in HIV/AIDS Treatment Support Programme"*****.** It is part of a package of support materials that have been developed to facilitate the Community-Based Treatment Support Programme (CBTSP) replication process**.**

Purpose:

The guide is developed to assist STF Faculty members in the implementation of technical support for STF/CBTSP replication activities and provides methodologies, information, resources and tools to help STF Faculty members to fulfill their roles and responsibilities**.** It can be used to facilitate technical assistance and as a planning tool in conjunction with the Secure The Future Manual "*Seven Steps to involve the Community in HIV/AIDS Treatment Support Programme"* (First Edition)**.** The guide also informs the replication partners about the significance of the CBTSP.

A Living document:

The guide is "a living document" and will be further developed with input from the replication partners, faculty team members and other relevant advisors and experts. The guide has been designed to be a practical resource to be used, tested and further developed during the implementation of the Technical Assistance Programme.

Content:

Section 1.

Abbreviation of Terms

1.	ANC	Ante Natal Clinic
2.	ART	Antiretroviral Treatment
3.	BMSF	Bristol-Myers Squibb Foundation
4.	BMSF/ STF	Bristol-Myers Squibb Foundation Secure The Future
5.	CBO	Community-Based Organisation
6.	CBTSP	Community-Based Treatment Support Programme
7.	Cross pollination	Skills/concept/idea transfer that occurs during interaction between service providers which does not include formal session
8.	DoH/MoH	Department of Health/Medical Officer of Health
9.	FBO	Faith-Based Organisation
10.	HBC	Home-Based Care
11.	HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
12.	KAPB	Knowledge. Attitudes, Perceptions and Behavior
13.	NGO	Non-Governmental Organisation
14.	PLWHA	People Living With HIV/AIDS
15.	PMTCT	Prevention of Mother-To-Child Transmission
16.	RA	Rapid Assessment
17.	Replication partner	A country, programme or an organisation receiving technical assistance
18.	Scope creep	Expanding agreed upon objectives
19.	SDP	Service Delivery Point
20.	STF	Secure The Future
21.	STF/CBTSP	Secure The Future Community-Based Treatment Support Programme
22.	STF Faculty Core	Assigned to conduct a diagnostic activity and work with STF team to drive and manage the process
23.	STF Faculty	Specialists assigned to STF TAP Programme
24.	STF TAP	Secure The Future Technical Assistance Programme
25.	STF TAP Assignment Manager	Lead role in STF TAP Assignment during the feasibility assessment
26.	STF TAP counterpart	An organisation that has been assigned to work with STF faculty on an assignment
27.	VCT	Voluntary Counseling and Testing

Section 1.

Background and Introduction of the guide

Context:

In 1999, Bristol-Myers Squibb and its Foundation launched the Secure The Future programme to support the development and evaluation of a cost-effective, sustainable and replicable model for providing care and support for people living with and affected by HIV/AIDS in Africa. This initiative combines medical treatment, care and research, community education and support, training for doctors and other health care professionals, new facilities and infrastructure. Secure The Future remains the largest single corporate commitment of its kind to fight HIV/AIDS in Africa. Now with $150 million committed through more than 200 grants, Secure the Future is sharing its outcomes, experiences and lessons learned with people fighting the disease in developing countries around the world.

In response to numerous requests to replicate this model in other countries, STF developed a manual on the *Seven Steps to Involve the Community in HIV/AIDS Treatment Support Programme.* This manual is based on experiences and research from the Community-Based Treatment Support Programme in Botswana, Lesotho, Namibia, South Africa, Swaziland and West Africa. The overall purpose of the manual is to guide any group on how to integrate community mobilization and support services provided by community-based organizations to patients in their homes and communities, with their medical care. In 2008 STF will enter its third phase as a technical assistance and skills transfer programme. The intention is to replicate STF lessons, experiences and successful models, address collaboration in HIV and possible other chronic conditions. This is a commitment that Secure The Future made to continue to provide support to Africa through a specialized technical assistance mechanism involving key people from its community programme. The key members belong to the BMSF Faculty Team and are bound by its guiding principles. Their role is to provide technical assistance to partners wishing to replicate the model or any of its seven steps. This guide has now been developed to complement the STF manual on the seven steps.

Purpose

This is a practical guide and the primary aim is to assist BMSF /STF Faculty members to provide technical assistance with a **standard tool**. The guide forms part of the package of support materials that has been developed to facilitate the CBTSP process**.** It is to be used as a reference in conjunction with the Secure The Future Manual *"Seven Steps to Involve the Community in HIV/AIDS Treatment Support Programme"* (First Edition).

The manual should be used as part of providing technical assistance, as a planning tool and also as reference material**.**

Intended users

The primary users of the Guide are the STF Faculty Members who will provide technical assistance to replication partners.

Summary of the Seven Key Steps:

Secure the Future Community Based Treatment Support Programme is a well-tested Seven Step Process

STEP 1: Engage government & community	ACTIONS	• Build a business case with clear goals and objectives • Identify key government people • Conduct situational analysis
STEP 2: Establish leadership and management structure	ACTIONS	• Mainstream and align national and regional structures • Engage local supervisory bodies • Recognize traditional structures • Develop an organogram
STEP 3: Adapt CBTS Model	ACTIONS	• Adapt the model to suit the need • Define the available resources • Develop a detailed implementation plan and an activity budget
STEP 4: Build Partner Capacity	ACTIONS	• Conduct training needs assessments and develop a training plan • Conduct training using tools • Provide institutional capacity training
STEP 5: Deliver Service	ACTIONS	• Develop actions plans • Develop quality of service standards • Provide ongoing training • Faculty member disengage
STEP 6: Monitor and Evaluate	ACTIONS	• M&E Matrix (tools, plans, systems) • Regular monitoring activities Formative and applied evaluations • Impact of improved services and quality of life
PHASE 7: Improve and revise services	ACTIONS	• Reflect and re-plan • Replicate

Structure and Layout

The guide is divided into four Sections. **Section 1** provides the user with information on the background, purpose, intended users, summary of the seven steps, and layout/structure including how to use the guide. **Section 2** discusses how the process by which technical assistance is delivered to the partner organization takes effect. It highlights the importance of the process of engagement prior to the implementation of the actual technical assistance service, and the importance of higher level initiation by the core faculty members. **Section 3** is the crux of the guide and provides details on the seven steps. **Section 4** provides practical guidance, additional materials and tools that can be used for the implementation of the TAP programme. It is designed to indicate the available resources, tools and additional information that can be used to enhance the implementation of each step of the STF/CBTSP Implementation Plan.

How to use the guide

The guide is best introduced to the TAP replication partner in an organised systematic way. It is suggested that the faculty member responsible for implementing CBTSP should introduce the guide in the most appropriate forum for the replicating partner, for example, at a staff meeting, at a special meeting or in a workshop. Ensure that the participants have a copy and have had an opportunity to peruse the STF manual as they will be continuously referring to it during the workshop since it is more detailed. Explain that the guide is meant to assist STF Faculty members or whoever has been assigned to provide technical assistance, to facilitate any of the STF/CBTSP seven steps with ease. This is a living document and a continuous learning process. Therefore, experience and input from the field will be of paramount importance for improvement of the document. Indicate to users of the guide where they can forward their constructive comments. The guide is for them to use, to take notes, to use as a workbook and to write down any responses from the workshop exercises

SECTION 2
Preparatory and initiation phase

Preparatory Phase

This is the **first step** after the initial request / expression of interest, depending whether BMSF/ STF has approached the potential replication partner or they have initiated the process. This phase will commence once a request has been received and a potential for replication has been identified by the STF Faculty.

Each step will be made up of different important activities based on the needs of the client, even though ***at this stage the objective might not be clearly defined.***

All STF TAP Faculty members (core) need to familiarise themselves with the following steps for effective technical assistance assignment management

Plan-to-plan

The potential replication partners' feasibility assessment process for TAP covers all the planning necessary to ensure that day to day delivery of the assignment is successful. This has an influence on the success of the STF Technical Assistance Assignment delivery process.

The following steps will form part of this phase

Preparation for Technical Assistance

1. Information gathering and understanding of the potential assignment
2. Planning and scheduling of feasibility assessment assignment activities
3. Matching BMSF/ STF Faculty with the feasibility assessment
4. Identifying and briefing BMSF/ STF TAP counterpart
5. Monitoring and overseeing the feasibility assessment assignment
6. Review output

Delivery of technical support

Note to faculty member: This step will commence only if the feasibility of TAP replication partnership has been approved.

The process by which technical assistance is delivered is broadly divided into two phases. The first is the higher level consultation between the BMSF/STF core team and the technical assistance replication partner. The second phase is the implementation of the seven steps or part of it as indicated by the need.

The process is fully outlined below:

Introductory/Relationship Building Phase

The **initial phase** is to develop relationships between the BMSF/STF Faculty team and the technical assistance replication partner through face-to-face meetings. If and when necessary, the faculty team most aligned to a current Technical Assistance programme may get involved. Clarity with regards to roles, responsibilities, opportunities as well as limitations is also part of this process.

The scope of the project and the exit strategy will be clarified after a series of these discussions have been reached.

The aim is to guide the TAP replication partner to identify "real" needs, locate resources and specifically determine technical assistance needs. At the end of this phase all the data collected should be used to inform and **develop a Work Plan for the Faculty.**

Initiating Phase

- The STF Faculty team member assigned for that particular TAP replication partner will schedule the meeting in order to facilitate the Technical Assistance activities.
- The STF Faculty member will have to verify if the TAP replication partner has the STF/CBTSP Manual, if not make provision.
- The TAP team should schedule a date for the planning workshop which will include an agenda.

- A workshop will be conducted where the STF Faculty Team will work with the TAP team in facilitating the STF/CBTSP replication process. During this phase a structure will be developed, roles and responsibilities highlighted, and an action plan, including a reporting framework, will be drawn up.
- A project manager will be appointed. The individual will provide leadership from the TAP replication partner's side, assisted by the STF Faculty.
- A complete meeting schedule will be prepared, and the time frame for technical assistance agreed upon, including the communication plan.

Mentorship/skills transfer phase

During this period the TAP team is driving the implementation process on their own, but with full support from the STF Faculty team. Meetings will be scheduled as dictated by the agreed upon **Work Plan**. The intention is to develop institutional strengthening, build capacity and to maximize the technical assistance services. If the allocated faculty member requires backup from other members of the faculty, as per the Technical Assistance **Work Plan**, an additional member(s) of the faculty will be introduced and familiarised with the partner organization as and when required and appropriate.

Note to faculty member: Principles of skills transfer shadowing and mentorship should be employed to allow for smooth exit and sustainable uptake of assistance.

Exit Phase

The exit strategy forms part of a **relationship building phase** discussion after the scope has been defined. This will normally depend on the needs of the clients as well as the components of the programme selected.

Section 3
Implementing the seven steps

Note to faculty member: Each step will be described fully, facilitated separately and the objectives communicated. The STF Faculty will discuss the overall objectives of the workshop, objectives of each session, including participant's expectations of each session. Different activities will be conducted to facilitate group cohesiveness and to get the best out of the process. Application of the concepts to "real" situation will be an integral part of facilitation for each step. Participants will be given an opportunity to identify HIV/AIDS challenges facing their communities; mechanisms to be used to mitigate the impact; and strategies for resource mobilization, identification and recruitment will form part of the workshop discussions.

Maximum utilisation of resources for efficient and effective implementation of STF/CBTSP delivery and the significance of a collaborative approach will be emphasised during the course of the workshop. Input from participants and any other information of note will be documented continuously and the STF Faculty Team will share it with other members of the BMSF/STF Faculty team.
This will form part of continuous improvement on this document. Lessons learned through this process will be used to refine the Technical Assistance concept for the future. All the necessary tools, resources

and any other additional information required to facilitate each step will be provided on the reference document (STF/CBTS Manual) or as a hand out during the workshops.

The TAP replication partner should at this stage have had an opportunity to go through the following process:

- The **BMSF/STF Faculty** have met the TAP replication partners initiator / counterpart and have clearly defined the scope of the project
- The TAP replication partner with the help of the STF Faculty have conducted a needs analyses including identification of resources required to implement the Technical Assistance Programme
- The TAP replication partner has developed their own project specific plan
- The possibility of a **seed funding** was considered
- The STF Faculty Team member ensures that the TAP replication partner had an access to and is familiar with BMSF Secure The Future Seven- Steps- Manual
- The exit strategy has been defined and agreed to

Pre Technical Assistance Process:

The BMSF/STF senior management or any BMSF/STF Project team member authorised will approve the TAP replication **application form** for Technical Assistance. Once the relationship building phase has been completed, based on the identified needs a suitable STF Faculty member will be assigned to the TAP replication partner at the earliest convenience. The BMSF/STF senior management and STF Faculty assigned will decide on the approach to be used, and develop a Technical Assistance Work Plan. The following will inform the decision making process:

- The identified needs of the TAP replication partner and the time of commencement of the project
- The TAP replication partner project **specific needs** in relation to the seven steps model
- The available resources including their skills match i.e. Faculty member
- The report of the TAP replication partners needs assessment conducted during the relationship building phase will assist the Faculty Team member in designing Technical Assistance Work Plan
- The STF Faculty offering technical assistance will ensure that the offering is tailor made to meet the needs of the TAP replication partner which should be aligned to the replicating partners major goal
- If an additional member from the STF Faculty will be required during the course of project implementation, notification should be done timeously.
- Where possible the STF Faculty member should be introduced during the Initiating phase of the project

Once the TAP replication partner has been introduced to **STF/CBTSP concept**, the STF Faculty can use the STF Faculty guide to facilitate the initial process, organise and establish the team which will eventually lead to the implementation of a **sustainable CBTS programme**

STF/CBTSP will be based on the following Principles:

- **Focus on the client:** STF/CBTSP Technical Assistance is not offered as a one- size- fits- all- model. It is offered according to the clients identified needs. Services are tailor made and delivered after following several discussions with partner organization. Technical Assistance Programme implementation process normally starts at the step preferred by the client. The intention in providing TAP is to build organizational capacity so that the TAP replication partner can sustain their efforts over time.

- **Focus on Teamwork**: Face-to-Face meetings/discussion between BMSF/STF Faculty team and the TAP replication partner organization are held prior to implementation phase. During these meetings replication partner organization, BMSF/STF senior management and the core STF Faculty conducts several activities which forms part of the process. All the information gathered will be used for decision making, resource allocation and for planning purposes

- **Focus on producing documentation and evidence:** Prior to the replication process activities e.g. situational analyses, impact assessment and training needs assessment are conducted at the pre-planning phase. This information is used to inform the decision making process every step of the way and also to customise replication partner offering as well as crystallised objectives and expected outcome.

- **Focus on skills transfer and mutual learning:** TAP Faculty is offered in a manner that promotes mutual learning between the partner organisation and the STF TAP Faculty. **Principles and Techniques of mentoring, shadowing and appreciative inquiry are essential**

STEP I: ENGAGE COMMUNITY AND GOVERNMENT

This step focuses on inclusive mobilisation of relevant public- private and community sectors to engage with and take ownership of the project in order to ensure effective implementation. In order to strengthen advocacy, built solidarity, enhance collective capacity, avoid duplication and synergise your efforts at local level, all the stakeholders' needs to work together. By so doing different stakeholders will have a strong sense of solidarity and connection.

Objectives:

- Advocate for establishment of an integrated community based approach for HIV/AIDS care and treatment, that includes the government, private sector and community in multidisciplinary teams
- Obtain government support for introduction of a CBTSP model
- Identify resources from the public health, civil society and private sector that can help to deliver a CBTSP model of care to people living with HIV/AIDS in a community and that understand the need for HIV/AIDS services to be delivered in the community itself

Tool 1

Engaging Government

Note to STF Faculty member:
The STF Faculty should use all the scenarios below to meet the above objectives of the step.
At the end of this exercise the STF Faculty should give a summary highlighting the significance of this approach

Objective:

To advocate for establishment of an integrated, community based approach for HIV/AIDS that is inclusive of all relevant stakeholders

Objective of this exercise is:

- To explore the participants **"world view"** regarding mobilizing public- private and community sector on matters related to HIV/AIDS and/or other development issues

Group1: Support the idea

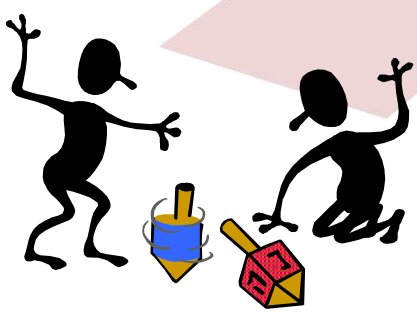
Group 2: Not in favor of this idea

Scenario:

*The Government is **democratically elected** by the people do I need to engage the communities on matters related to e.g. Health, economy education, poverty and other related developmental issues etc…surely this will **lengthen the decision** making process and cause unnecessary debates……*

As for the private sector they have got no time to worry about communities the Global competition including the share holders are their primary concern……after all who cares about HIV/AIDS when business is booming…Cool

Group Discussion:



Burning Platform………….

What is wrong with the above school of thought!!!

Why are we here and what is the significance of ensuring engagement between different stakeholders especially communities

Plenary Session:
The facilitator will then have to summarize the discussion by highlighting the significance of this approach in delivering CBTSP

Scenario 2

Building the business case according to the major goal for the replicating partner:

Aim: To obtain commitment to and support for STF/CBTSP

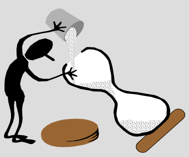
Objectives of this exercise:

- To raise awareness of the major issues facing the replicating partner including the impact
- To suggest appropriate actions and what is necessary for these to occur
- To obtain consensus and support for actions

Process:

- Devide them into groups according to the total, and ask each group to choose the lead person who will present the input to all the participants. Ask the team to refer to the STF Manual for objectives for this step.
- Each group should be given a different topic to brainstorm according to the following:

Exercise 1

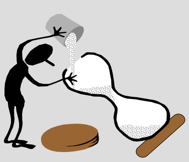


Group 1

- The significance of focusing on the stated major goal versus all the other issues including HIV/AIDS and or other development issues.
- The local current situation of that stated major goal including how the replication of this programme will mitigate the impact
- Who are the relevant key stakeholders? How would you engage afore mention groups in obtaining their buy-in
- What are the perceived challenges, opportunities, strengths and weaknesses (SWOT analysis) and why and what will happen

Group 2

Exrecise 2:



Aim: To identify resources from the public health, civil society and private sector that can help deliver a CBTSP model of care to PLWHA in the community

Objective of this exercise

- To facilitate the process of selecting relevant stakeholders in relation to the major goal
- To develop mechanisms for engaging them and identify hindrances to this process

Process:
The group will use the outcome from Group 1 to achieve the following:

- List all the local stakeholders that the group thinks should be part of the replication programme (Government, private, Civil Society, etc) including the contribution they will make (at which step of the programme will they come in).
- Identify **who** local stakeholders are that are currently playing and active role in **HIV/AIDS** and what will be the best way to recruit them, their programmes and activities that they are or have implemented.
- Identify the **best forums** that the group believes will be appropriate for each stakeholder to be present including the contact person.
- Undertake a SWOT Analysis including how to overcome weaknesses and mitigate threats
- What are we hoping to achieve/**potential risks/ crisis**/ **consequences** of not acting or of not taking this approach

Exercise 3

Faculty members notes:

N.B: This is an individual's action plan within their own sphere and situation:

- Use your own local situation to write your business case
- Draw a list of all key stakeholders and the best forum to meet them
- Advocate the plan (Prepare a presentation to the ministry)

Ask participants to answer the following questions:

- What is a major issue facing your community which needs to be prioritised?
- Who are the key relevant stakeholders in my community?
- Which forum will be most appropriate to meet them?
- Which mechanisms will be effective for recruiting them?
- What can be a stumbling block during this process how can it be resolved?

Exercise 4:

To reflect on how they have experience the above sessions

Tools for this Step:
Tool 1: Slide set for engaging and consulting with Government and other partners
Tool 2: Baseline survey checklist
Tool 3: KAPB Questionnaire Tool 5 (To add Tools and Resources required to deliver this step)
Tool 4: NGO/CBO/FBO assessment questionnaire
Tool 5: Costing Tool

Resources for this Step:
Resource 1: Methodology and analyses used to assess impact of CBTSP
Resource 2: Survey Questionnaire used in the Caprivi Region of Namibia
Resource 3: Running Costs of the STF programme in Ladysmith, South Africa and Katima-Mulilo, Namibia

NB: Any issues of interest or follow up identified by the STF TAP replication partner/ STF Faculty should be documented and remain visible as this will form part of the feedback to STF faculty members, additional backup possibility or any other learning opportunity for the team and the STF replication partner,

STEP 2: ESTABLISH LEADERSHIP AND MANAGEMENT STRUCTURE

This step involves creating a seamless project team that is responsible for defining and sustaining collaboration, ensuring quality service delivery and managing the programme human, financial and technical resources.

Objectives:

- To facilitate the selection of the most suitable candidate for Project manager position
- To establish an appropriate management/leadership structure for the project including resources
- Develop a project charter that specifies the management structure for the programme, objectives and deliveries

Faculty members notes:

The following will apply if there is no existing structure in place
Process A:

- Identify key people within the participants who can serve as the **TAP Team**. It will be beneficial to select individual who are currently involved in the initiatives which complements CBTSP programme.

- Use the register where participants have their names written to identify people who are currently working for organisation or programme that can enhance STF/CBTSP initiative e.g. Prevention of mother to child transmission (PMTCT).

- Identify which other organizations can be affiliated with STF/CBTSP and at what level can the STF Faculty approach them and if there is a Key person from the team who can facilitate that process

- With the assistance of participants select the people who will serve in the TAP Team

- The composition of the TAP team will be crucial in ensuring a variety of skills

- All stakeholders should be represented in the TAP team

Example:

Sector	**Representation**	**CBTSP affiliated programme**	**Operating Sites**
Local Govt.			
Parastatals			
Political Organizations			
Health			

Traditional Leaders			
Civil Society			
People Living with HIV/AIDS			
Religious Organizations			
NGOs,CBOs and FBOs			
Private Sector			
Media			
Schools and Youth			
Academic and/or Research institutions			
Other			

Process B:

There is an existing HIV/AIDS Forum where most role players serve:

This will be considered if the following exist:

Option 2

In a situation where an existing leadership structure exists e.g. a local HIV/AIDS Committee efforts should be made to assess the possibility o**f forming partnership** or more appropriately, establishing a sub TAP team within that structure . Depending on the agreements, objectives or any other factors considered important during the process, decision will be made whether it will be beneficial to use the existing structures for the TAP programme. This will eliminate resistance from local HIV/AIDS role players, reduce duplication and enhance relationship building process.

Once the TAP Team has been established and consensus has been reached. The TAP team should then collectively decide on the key requirements of a Project Manager. Reference should be made on the qualities, skills and abilities of that individual. It is important that the TAP Team endorses the Terms of Reference for this position and make the decision regarding how the appointment will be conducted. In instances where an outside project consulting firm exists a decision can be made by the TAP team to outsource this service in order to fast track the appointment:

Tool No. 6 Project manager job description

Pre - Planning:
Once the above process has been finalized the following action should commence as part of the planning phase. The TAP team together with the Project manager with the assistance of the STF Faculty will work together throughout this process
Action 1:
Decide on the Organizational Structure
Action 2:
Set the Ground Rules for the TAP team
Action 3
Define the decision making process for the TAP team
Action 4
Conflict Management process
Action 5
Develop a communication Plan

Plan of Action:

Action 1:
Revisit the local issues (Business Case presentation)
Action 2:
Prepare a statement of Purpose
Action 3:
Define the Goals and Objectives
Action 4:
Define:

- What activities need to be done
- Any process to establish sub-structures to be established e.g. (sub TAP Team)
- What roles and responsibilities to be fulfilled
- How we would govern ourselves as a TAP team

Prepare a statement of purpose i.e. the precise and agreed upon reason for implementing CBTSP in the area, values that underpin your activities including what you wish to accomplish. Use the five man (who, why, what, where, how). Decide with the team how are you going to invite e.g. additional participants or officialise their appointments

Define the goals and objectives The goals and objectives that have been identified during the development of the establishment of the stated purpose will guide the TAP team. Once consensus has been reached as to how the project will be managed, the Project manager together with the TAP team should develop a **project charter**:**(Resource 4)**.
The TAP Team or any other structure that has been assigned for the supervision of the daily activities of the programme must develop a project plan. e.g. a goal clearly defines what we want to create or change and objectives describe a specific problem that needs to be addressed, how and when.

Develop a structure:

Choose the organizational Structure
This is central to programme implementation and achievement of its objectives. It should be aligned to the plan, environment, and available technology, human as well as financial resources. A person who will be accountable for the implementing partner's side will be appointed at this stage i.e. Project Manager) Team Leader. Initially he/she will be working very closely with the STF faculty until the **weaning process starts.** This individual will then assume the leadership role fully and will be periodically liaising with the STF Faculty if and when necessary.

This individual will work together with the TAP team. **How:**

Define

- What activities needs to be done
- What other sub- committees do we need to form to do the work, e.g. an Implementers Forum
- What **roles** and **responsibilities** will be fulfilled
- How will we govern ourselves as a team
- How do we communicate

Once the consensus has been reached on the above, a diagram should be drawn, indicating lines of authority, and members should endorse the organogram.

Setting ground Rules:
In order to establish how the TAP team will operate and interact its imperative that ground rules exist
How
During their first meeting ask all members to list ground rules that they think should guide the work. Get agreement on the final set of ground rules

Conflict management process:
Although members are all committed to the common purpose, it is highly unlikely that their approach will always be the same in approaching tasks. Conflict may arise from differing assumptions and perceptions A constructive approach to the reality of conflict is to develop skills to resolve it. The TAP team needs to decide who will facilitate this process: **(Tool 10: Risk Management Tool)**

Define a decision making process:
It is important for the TAP Team to know how the decision will be made i.e. through a consultative approach or a consensus building process

Develop a communication plan:
It will be crucial to identify the mechanism by which information will be circulated

Example: Communication Plan **(Tool no.8)**

Communication	Responsibility	Frequency	To whom	Info. of note	Resources available	Resources required	Time frame
Circulate the agenda(monthly meeting)	Comm.sub.committee	2nd week	All stakeholders		Photocopying machine	Paper & ink	May

Tools for this Step

Tool 6: Project manager job description
Tool 7: Site visit checklist and report
Tool 8: Monthly progress report to all partners
Tool 9: Change request form
Tool 10: Risk management template

Resources for this Step:
Resource 4: Sample project charter

STEP 3: ADAPT COMMUNITY-BASED TREATMENT SUPPORT MODEL

This section describes how to adapt the model to suit the clinical and community services that will be offered to respond to your specific needs and circumstances and how they will be integrated to create a continuum of care for clients. This is a stage where the partners take a holistic look at available resources, including the management capability to implement the expected activities. It is crucial that adjustments to work plans are made at this stage and referral models are agreed upon, depending on the availability and capacity of the partners and the management staff.

NB:

- BMSF/ Secure The Future senior management including STF Faculty have visited the replication partner prior to this process
- Country specific needs have been discussed including the components of Seven steps to be prioritized
- STF Faculty has had an opportunity to develop a **Work Plan** based on the information gathered
- Lead STF Faculty has familiarised the TAP team with the above report and the **Work Plan**

Faculty members notes:

The TAP Team will have to decide on the following:

- The programme will be doctor, donor or nurse driven depending on the Policy of that particular country/province
- Types and number of sites to be established i.e. ***Treatment sites, combination sites or preparatory sites***
- ***During this selection careful consideration should be given to the sites which are more accessible, available and acceptable to the population served by the beneficiaries***
- A representative sample of sites to be selected for Rapid Assessment (RA) .A team who will conduct the RA including the lead person
- A Rapid Assessment Tool will be adjusted if necessary, tested on one of the surrounding clinic sites, improved and used
- Time frame will be set
- Report back date to the TAP team finalized
- Develop an implementation plan

The tool will be developed under the following areas: Any Project manager on site with fully accountability for all HIV/AIDS activities including the team will be involved during the process:

Implementation Plan:

NB: All role players should be involved at each step and their full participation should be ensured in order to obtain buy-in.

Part 1

Useful Concepts in planning:

Since HIV/AIDS is a developmental issue, social, economical, political and all other developmental related consequences need to be incorporated when planning for an HIV/AIDS programme. This should include all other contributing factors which can exacerbate the epidemic e.g. culture, health seeking behavior and practices

Risk and risk reduction:

In this case risk shall mean the probability that a person may acquire HIV infection. Many interventions aimed at reducing risk– taking behavior through targeting individuals and groups to adopt protective behaviors and practices

Vulnerability and vulnerability reduction:

In the context of HIV/AIDS, vulnerability is influenced by the interaction of a range of factors which include personal, factors pertaining to the quality and coverage of services and programme including societal factors.

Gender inequality:

Woman are more easily infected with HIV than men, they have little or no choice on how or when they become infected, they progress more faster to an AIDS stage, benefit from treatment more slowly and they suffer some of the severest consequences of discrimination. Policies and programme should aim to bridge this gap by ensuring access to education, fair income distribution, sharing of ownership, equality before the law including equal opportunities for employment.

The planning process will be divided into four elements

Situational analysis:

Identify factors that makes women and children more vulnerable to HIV/AIDS (relate the epidemic to its local social, economic and cultural context)

Previous studies and research confirm that women and children are greatly affected by the impact of HIV/AIDS out from the team if it's that is the case in their area by:

1. **Describe** the current situation with regards to vulnerability of women and children to HIV/AIDS
2. **Analyze** why, by identifying important determinants obstacles and opportunities
3. **Prioritize** what has the best chance of making a difference at an acceptable social, financial and political cost)
4. Collect as much baseline information as possible against which progress could be measured, e.g. numbers of people receiving the improved services such as ART, VCT, HBC, PMTCT etc

Response analyses:

1. Describe the current response to HIV/AIDS issues locally
2. In your proposed response cover all the aspects of the programme (CBTSP) including mitigating the impact of the epidemic
3. Then analyse what is working which needs to be expanded or continued
4. What is not working and needs a new approach and how can you address those needs using CBTSP approach
5. What has not been addressed at all which through our approach will be addressed

Response checklist:

- If there is any work on HIV/AIDS which was done please check:
- What was planned and if it was achieved, if not why?
- What were the obstacles, opportunities?
- What was recommended?
- Analyses of potential partners?

Identify current role players and potential role players:
At the following levels:

- Policy making
- Co-ordination
- Implementation
- Technical input

Describe who else can be involved and how can he/she be recruited
What will be the most effective means /mechanisms for communication, consultation and collaboration?

Project budget:

Objective:
- To ascertain if there is an allocated budget for the programme and who are involve in the budget activities

Process:
At the end of this process the team will assess their situation, redefine the scope if necessary and together plan on the evaluation plan, available tools and resources. This will be aligned in accordance with the components of the programme required by the replicating partner. If at this stage the working team realise that certain components of the programme need to be prioritized according the results of the assessments conducted, a decision will have to be made before strategy development

Resource Audit:
Example:
Resources: People

Tasks	Available in the team/committee	Potential recruitment organisation
Facilitation		
Training		

Secure resources:
Accurate assessment of the available resources will be essential to deliver the programme. The exercise will cover money, people, time and in- kind contribution

Determining Replication Partners needs:
This could be done in conjunction with the DoH/MoH officials and aligned with their strategy (Provincial and District)

Based on the feedback from the different analyses the STF Faculty will develop a long term **Work Plan**. This will enable the replicating partner to assess their needs, resources to be leveraged in a realistic manner, strengths and weaknesses and set their priorities

The STF Faculty will engage the replication partner in a substantive manner. This will provide an understanding from which the relationship will be established and needs to be addressed by the identified STF Faculty. It should also be within the policies, procedures for that particular country.

Tools for this Step:
Tool 11: Guide to facilitating a workshop on developing a map of patient flow
Tool 12: Client documentation form
Tool 13: Project implementation plan

Resources for this Step:
Resource 5: Monthly status report

Strategic formulation:

- The planning team should now develop a strategy:
- Set objectives in priority areas for replicating the programme
- Develop action plans
- Examine each for acceptability, technical soundness, feasibility/affordability, its chance of succeeding and finally its impact
- Indicate responsibility
- Identify resources
- Establish a monitoring system

STEP 4: BUILD PARTNER CAPACITY

Capacity development refers to strategies in which human resources and operational capabilities of organisations are improved to perform services better. In the case of the STF/CBTSP model, it also refers to preparing partners to integrate their services and work well together as a team. The overall purpose of capacity development is to ensure effective design, implementation, management, service delivery and evaluation of the programme.

Faculty members notes:

- The results of the rapid assessment (**RA report)** can be used to guide the team during this process
- Local facilitators from different programme affiliated with CBTSP will be key during this process to ensure that gaps are addressed
- Different **set of skills** will be required for different levels of service delivery therefore **skills audit process** will take those factors into consideration. A needs assessment tool will be used to determine the current skills available at each level, additional skills required and ensuring that the gap is closed. A service plan designed from the needs assessment report will also guide the team with regards to the skills required in total
- A **skills development plan** will be developed and continuously updated to meet the needs of the service providers taking into account according the needs of the beneficiaries are ever changing. A record of all training conducted will be kept including in-service training. All providers responsible for service provision needs to be equipped in almost all the aspect of programme delivery activities to ensure continuity of care
- Capacity for programme implementation should be built at an operational level i.e. where service delivery occurs
- **Participatory-style of management** will be recommended given the nature of the programme activities and capacity should be built at the appropriate level. This will enable supervisors to develop workable solutions and be more effective as mentors
- **Client -centered approach** at facility. Service delivery point level will assist service providers in ensuring that client's real needs are addressed and partnership is achieved. This will in the long run eliminate the challenge of designing a treatment plan that is not user friendly and leading to drop outs
- ***The planning team needs to look at all the programme activities, at what level does those activities takes place, who the responsible person is, and what set of skills will be required to deliver those activities successfully***
- The resources within the team can be identified and consensus can be reached as to what specialist skills we currently have within the team. How available are those members to offer support and in which areas do they feel comfortable to facilitate
- Where the is a great area of need for TAP assistance
- Identify all NGOs, including other service providers, in the area and the set of skills, services and expertise they can provide for the programme
- Development of partnership and collaboration, preferable with signed agreements(MOA) on the areas that they can assist the team with, can be helpful for consistency

- The Lead Faculty can also assess the STF Faculty and determine what other skills can be offered through this cadre of expects. The remaining skills that can only be offered privately can be discussed

Example:

Level of service delivery	Activities conducted(Programme specific)	Responsible person	Skills required	Current available skills	Additional skills set	Potential Collaborating Org.

Capacity Development Plan:

This plan will have three components:

- Provision of TAP Assistance and a Mentoring programme for Train -the-Trainer
- Development of the cadre of Facilitators
- Systematization of all lessons learned

Components of the model identified and needing more STF TAP assistance will be facilitated by the STF TAP Faculty team members until full confidence is achieved through the mentoring process Extensive briefing on needs and expectation on both sides will be discussed prior to the implementation process

Substantive engagement by a STF Faculty coupled with the high level of interaction including frequent feedback especially during the beginning of the process, will enable the smooth running of the programme

Training of facilitators Road Map

Process

Action 1:
Consultation

Action 2:
Field Trip

Action 3:
Design Training Workshop

Action 4
Conduct Second Field Trip

Action 5:
Conduct Facilitators Work shop

Consultation
All the relevant stakeholders will be involved during this process and the purpose is to:
Identify potential local facilitators who will facilitate CBTSP
First field trip

Assess their training needs and orientate TAP programme them to the programme and the process for Technical Assistance

Training workshop Design

This will be based on the needs assessment report
Formal training and Application which should be followed by a debriefing session, feedback and review process

Second field trip

A discussion between the facilitators, local stakeholders, STF Faculty
A trip to the Project sites if any
Team building to promote group cohesiveness among facilitators
Reflection and presentations by all

Facilitators Workshop

Facilitators Workshop conducted based on the gaps identified, strengths and weaknesses. Retrain facilitators on the model with specific emphases on the weaknesses identified (fine tuning).

Mentorship Process:

- Mentorship provided for required period prior to STF TAP Faculty exit
- STF TAP Faculty to assess Facilitators readiness for **weaning phase**
- Key issues noted and discussed with Facilitators
- Continuous Support and mentorship provided

Road Map of the process

STEP 1: Consult /inform relevant & potential role players
Contact all role players' individuals/organisations

STEP 2: First/Initial field trip
Organise a field trip to any treatment site. Highlight the role of a Facilitator. Familiarise them with Technical assistance process

STEP 3: Training work shop:
Using the results of the needs assessment report, design the training programme. Provide feedback and review

STEP 5: Second field trip
Conduct a team building exercise to promote team cohesiveness. Facilitators must make presentations on their respective sections

STEP 6: Follow up workshop:
Fine tune the facilitators skills based on their strengths and weaknesses identified during the process. Discuss mentorship

STEP 7: Mentorship/weaning off process
STF Faculty assesses the facilitators readiness for weaning phase and fanalise the process

Tools required for this step:

Tool 1: Slide set for engaging and consulting with government and other partners
Tool 14: Site readiness assessment

Resource for these Steps:
Resource 6: HIV/AIDS Curriculum for Health Care professionals
Resource 7: Training curriculum for traditional birth attendants on ARV
Resource 8: Training curriculum for home based care
Resource 9: Training curriculum for training "treatment buddies"
Resource 10: Training curriculum for community educators
Resource 11: Training curriculum in Project management

STEP 5: DELIVER SERVICES

This step involves putting the programme into action by mobilizing the community, launching and delivering clinical and community services to clients and their families:

Objectives:

	Actions
STEP 1: Conduct a needs assessment	• Current population to be served • Epidemiological profile designed
STEP 2: Conduct a resource inventory	• Describe organisation and individuals providing a full spectrum of services accessible to clients in your service area (including PLWHA)
STEP 3: Priority setting and resource allocation	• Describe the priority setting and resource allocation process • Document populations
STEP 4: Description of service delivery	• Describe the current and future services you will provide and how they will eliminate the unmet
STEP 5: Goals and objectives	• Develop a comprehensive service plan • Align your everyday activities to the identified community
STEP 6: Standard setting	• Decide on the effective measurement, mechanisms, frequency • Recognition methods
STEP 6: Follow up workshop	• Standardize the reporting requirement • Develop a format and agree on the frequency

Process:

Service delivery Plan will be developed based on the results of the needs assessment, Client satisfaction survey, and suggestion box and other forms of client and community feedback mechanism which is in place according to the following areas:

Structure:
Hospital Boards, Clinic committees etc

Communication:
Radio Talk shows and toll free

Awareness and mobilisation:
Community awareness, Boards with a list of all services provided, IEC material, Local News paper
Service providers to be informed involved in policy design
Quality Assurance and Quality Control:
Quality culture Promotion, Suggestion boxes, Client satisfaction surveys, setting minimum standards for service delivery, (Mayoral Awards) Excellent service.
Referral System:
A clear policy on referral system to be developed and communicated to all the role players including Private sector
A two way system of referral and its functionality periodically interrogated
Data management:
System for quality data collection should be in place
Data used for decision making on making decisions related to service delivery
Service utilisation to be monitored using data management systems
Record Keeping:
Client records to be audited to identify gaps in service delivery and to prevent medico legal hazards

Facilitators notes:

- Service delivery occurs with a health care management system, procedures/protocols and processes
- The above should be clearly communicated to the service providers and periodically reviewed to ensure understanding
- These polices needs to be periodically reviewed to ensure that they are aligned with the changes in the clients needs
- Health care providers at the service delivery point should be a part of the above process to enhance decision making and also to ensure buy-in on the ground
- In order to deliver quality health care services various process should be improved in order to effect the quality of care rendered
- Services are to be designed and implemented to **meet** if possible **exceed** the clients expectations
- Understanding the needs of our clients will be critical in creating that balance
- Establishment of quality team and clinic committees which will act as eyes and mouth for the recipients of the service and also support the service providers by clarifying any concerns from the public

- **Client satisfaction surveys**, **suggestions box** including **whistle blow** and **toll free line** are all mechanisms that can assist with client feedback on the quality of services rendered
- ***The result of the above should inform the decision makers as to how the Service Plan should be drawn***
- Fast tracking of clients, and client flow analyses can assist the health care providers to reduce client waiting times and improve the facility image
- A system to follow up on the above should be in place and **Clinic committee/Hospital boards** are some of the structures which provide community voices with regards to service delivery
- **Recognition of "Excellent service delivery" by awarding** service delivery point (SDP) where an outstanding performance has been noted can be a motivation factor to the staff members
- Proving the skills on customer care to all the service providers at all levels will be beneficial.NB:This should include internal customers
- An **effective and efficient "two way" referral system** should be established, communicated and periodically interrogated to assess its effectiveness by all key players (CBO, FBS.Private sector….)
- The **community awareness** should be created through the appropriate forums on how the systems operate
- Setting **minimum standards of care** for service delivery by each country/region/province and measuring the quality of services against the services rendered, can assist the service provider in continuously monitoring their performance, therefore improvement
- Promoting the ***"Culture of Quality"*** at all levels at organizational level will cascade to SDP of the implementing partner and will ***cross pollinate*** best practices to the surrounding sites
- **Auditing of client records** randomly will also assist managers in identifying the gaps in service delivery and training needs among staff members
- Random **spot checking** of health care providers by the management to assess the quality of information given to clients during consultation
- **Using data (information)** e.g. on utilization of services will provide management with ideas as to whether the programme is successful or not and/ if there and where the gaps are
- Sharing of **lessons learned** will enable those sites which are still at their infancy stage of the programme to benefit

Tools for this step:

Tool 15: Manual for a comprehensive community mobilization programme
Tool 16: String game (UNICEF)
Tool 17: WHO staging system for HIV/AIDS infection and disease in adults and adolescents
Tool 18: A care supporter's monthly report
Tool 19: Patient registration form for HBC
Tool 20: Buddy Programme information
Tool 21: Framework for nutrition project

Resource for this Step:
Resource 1: Methodology and analyses used to assess impact of CBTSP
Resource 12: Symptom management manual

Step 6: Monitor and evaluate

NOTE TO THE FACULTY MEMBER:

The facilitator at this stage should take time to discuss with senior replication members the basic tenets of M&E. It is utmost important at this stage that the partners agree to the development of a substantive M&E system.

STEP 1: Preparation — **ACTIONS** →
Review/ develop an M&E Plan
Clarify the scope and assess the available resources.
Form implementation team.
Select relevant indicators. Draft the work plan

STEP 2: Obtain Data — **ACTIONS** →
Identify sources of data. Select methods of data collection. Compile existing data. Collect new data.

STEP 3: Analyse data — **ACTIONS** →
Analyse the gap in the existing data. Synthesise data versus defined objectives. Triangulate data. Summarise and validate data

STEP 4: Data utilization — **ACTIONS** →
Continuously interrogate the data (Quarterly).Assess its effectiveness in highlighting the efficiency of the programme activities. Take appropriate action to ensure that the programme meets the required objectives

STEP 5: Report — **ACTIONS** →
Communicate data clearly and effectively. Draw conclusions and recommendation relevant to the audience

STEP 6: Improve and revise — **ACTIONS** →
Review evaluation report. Modify the programme based on results. Link the programme results to future assignment. Adjust the programme according to the findings of M&E reports

STEP 1: Discuss with the replication partner the Importance of M&E before implementing the M&E workshop

Recall from the Manual that reporting, monitoring and review form a central part of the CBTSP project cycle management system. CBTSP project implementation progress requires monitoring at three levels: inputs, activities and outputs. Quarterly progress reports should compare progress on project implementation with what was planned and focus on achieving outputs. Periodic reviews focus on the output to purpose level. For the CBTSP, Monitoring and Evaluation go beyond mere data collection and include data analysis as well as identification and documentation of lessons learnt (successes and challenges). Ultimately all CBTSP M&E should feedback into the design of the programme, ensuring the findings made and lessons learned are incorporated into future plans and policies. Confusion between M&E is common. There is a simple distinction between M&E that may be helpful.

- Monitoring: Monitoring is the routine, daily assessment of ongoing activities and progress.
- In contrast, evaluation is the episodic assessment of overall achievements. Monitoring asks: "What are we doing?" Evaluation asks: "What have we achieved?" or "What impact have we had."

It is also important to recap that M&E systems are used as a management tool, to guide project adjustments from the first implementation year onward. This places the greatest onus on effective M&E. The incentives to undertake effective M&E are:

- To provide information for constant redesign and improvement
- To detect and address problems, i.e. Identify gaps and weaknesses in service provision
- To provide powerful performance incentives
- Monitor the impact of HIV/AIDS on health care system and communities
- Measure the effectiveness of treatment
- To provide evidence of program impact

Step 2: Implement the M&E Workshop

It is important that the partner agree to allocate people to attend the 3-day intensive M&E workshop. It is important that this workshop be attended by all programme people and not only M&E staff.

Note: It is important that the facilitator review and revise the additional training materials for all modules prior to conducting the workshop.

1. GOAL FOR M&E TRAINING

By the end of the training, participants will be better able to:

- Monitor program activities
- Collect information to track program goals and successes
- Use monitoring data

2. LEARNING OBJECTIVES OF M&E TRAINING

Provide participants with information & Tools needed to:

- Understand M&E concepts
- Explain the purpose and use of an M&E plan, frameworks, and data products
- Develop program descriptions (or frameworks) useful for M&E planning and implementation
- Develop initial M&E framework and plan
- Identify M&E technical assistance needs

3. OVERVIEW OF THE TRAINING

1. Introduction
    - Identifying useful concepts
2. Understanding stakeholders
3. Describing programs
    - Models and frameworks
4. Creating objectives and indicators
5. Analyzing and using data
6. Developing an M&E framework
7. Developing an M&E plan
8. Developing an M&E technical assistance plan
9. Presenting M&E products
    i. Logic Model
    ii. M&E framework
    iii. M&E plan

4. M&E TRAINING MODULES

The training should be divided into three modules, and conducted over a three-day period.

MODULE 1: Introduce participants to the overall M&E concepts. After this session participants should be able to:

- Understand why M&E is important to programs and
- Define key M&E terms

In this session, you will introduce participants to the following topics:

- Why do we do monitoring
- Definition of M&E terms
- The key questions addressed by monitoring and evaluation
- Types of monitoring and evaluation
- Levels of monitoring and evaluation

Exercises 1.1: M&E pre-test quiz (develop a sheet and ask participants to explain a few M&E concepts such as input, output, process, outcome, evaluation, monitoring etc. Keep this sheet as part of the workshop evaluation)

MODULE 2: Introduce participants to M&E frameworks and how to describe the program. After this session, participants should be able to:

- Understand the 4 basic steps required to develop M & E plans
- Learn to develop goals and objectives
- Learn to develop programme conceptual frameworks

In this session you will discuss the following:

- What is an M&E framework
- Four steps to developing an M&E framework
- How to develop goals and objectives and the importance of goals and objectives
- Ways to describe a programme
- Essential elements of a programme logic model
- Building blocks of a logic model

Exercise 2.1 Creating goals and objectives (this is a group exercise and ask participants to come up with an intervention area, and develop goal/s and objectives)

Exercise 2.2 Developing a logical model (in this exercise participants should develop a logical model for their programme)

Example of a logical model

Input	Activity	Output	Outcome	Impact

MODULE 3: How to identify M&E users and their information needs. After this session participants should be able to:

- List program stakeholders, by type
- Identify stakeholder needs for M&E data

This session will discuss the following:

- Types of programme stakeholders
- Tailoring M&E activities to stakeholder needs
- Developing a stakeholder matrix

Exercise 3.1 Stakeholder matrix

Who are the primary stakeholders (data Users)	What do they want the programme to achieve?	What information do they want?
1)		
2)		
3)		
4)		

Module 4: How to formulating M&E Questions and Indicators. After this session, participants should be able to:

1. Formulate process and outcome questions that M&E data can answer and the level of inquiry
2. Distinguish between process monitoring, process evaluation, outcome monitoring and outcome evaluation
3. Create and define indicators linked to program logic model
4. List key attributes of good indicators

In this session, you are expected to cover the following topics:

- Developing M&E questions
- Areas of inquiry such as Quality of services, Access to services, Cost and cost-effectiveness, Performance, Effect of public health activities, Effect of policy changes, Disease surveillance
- Process M&E questions
- Outcome M&E questions
- What is data
- What is indicator and how to develop and indicator
- Why are indicators important
- Criteria for assessing and indicator
- Selecting indicators
- Indictor types and examples
- Calculating indicators

Exercise 4.1 constructing and calculating indicators

Example:

% of participants that are female	Numerator	# of females in the workshop
	Denominator	# of participants
% of babies born to HIV+ mothers that received Nevirapine	Numerator	# of babies born to HIV+ mothers that received Nevirapine
	Denominator	# of babies born to HIV+ mothers
% of ANC clients that test positive for HIV, among those tested	Numerator	# of HIV+ ANC clients
	Denominator	# of ANC clients tested for HIV

MODULE 5: Introduce participants to the various data sources, analysis and use. After this session participants should be able to:

1. Identify 5 data sources for program monitoring data
2. List best practices for data management to enhance data quality
3. Discuss ways to present data
4. Examine M & E data to make program recommendations
5. Distinguish between quantitative and qualitative methods of data collection

In this session you will introduce the participants to the following topics:

- Monitoring and evaluation questions. Monitoring is asking "are we doing the right thing?" and Evaluation is asking "are we doing things right?"
- Monitoring data sources and analysis
- Evaluation data sources and analysis
- Evaluation methods

- Evaluation questions and data
- Identify data sources
- Tools used to manage and analyze data
- Data management and presentation
- Data quality issues
- Data interpretation

MODULE 6: Developing monitoring and evaluation framework. After this session participants should be able to:

- Examine linkages between logic module and M&E Framework
- Develop an M&E framework

During this session participants will be introduced to the following topics:

- What is M&E framework
- How M&E frameworks and logical models linked

Indicator	Definition	Unit of measure	Data source	Frequency	Responsible Party

MODULE 7: This is the last module and deals with developing M&E action plans. After this session participants should be able to:

1. Develop M&E Action Plan to assist in implementing the M&E Framework

During this session, introduce the participants to:

- Content of Action Plans: Data collection/management/ analysis

Example 7.1

Data Source: VCT Register					
Indicator measured from this data source	**Data effort**	**Description of data collection/distribution activity**	**People/skills needed**	**Materials/financial resources needed**	**Start Date, duration**
# of patients tested # of STI clients tested % of clients who tested and received pre- and post counseling by pregnancy status	Data collection	VCT councilors complete record, patients in VCT register	VCT councilors. Knowledge of how to complete register	Councilor time; Log books; transport fares to distribute logbooks;	Start design before training
	Data entry/management	Tally totals from the VCT register. Enter data in computer as appropriate	VCT councilors and data entry staff. Strong moths skills and attention to detail	Computer with proper statistical software	Finalize database before training starts.
	Data Analysis	Use tally sheet, computer programme; count the number of clients, calculate percentages	Information officers at district or provincial levels; knowledge of statistics and statistical software	Computer with printers; transport to collect tally sheets	Run reports on a monthly or quarterly basis
	Results dissemination	Send report to provincial or district health staff;	Timeliness, organizational skills, communication skills, data synthesis, report writing skills	Computer with MS Excel, or MS Access. Computer with printer and paper	Monthly or quarterly from start of training

Note to facilitator:

As part of the last session, please recall some key lessons learned during the implementation of the CBTSP M&E activities:

Lesson 1:
We may liken an M&E framework to a pyramid. The higher up the results cycle we go, the fewer the organizations, projects and studies involved. Thus, all partners should collect complete input and output data. Many partners should collect some process data. Far fewer partners will assess outcomes. Even fewer partners and studies are required to assess impact.

Lesson 2:
Good M&E requires both internal self-assessment and external verification. Thus, partners collect their own internal data and an external agency verifies the completeness and accuracy of the data. Supervisory visits should be based on the analysis of internal self-assessment and externally verified primary data

Lesson 3:
M&E systems must be as simple as possible. Most programs collect far more data than they use. The more complex a M&E system, the more likely it is to fail

Lesson 4:
M&E systems must include a standardized core. If each partner uses different systems or tools, we cannot analyze or summarize the data. The need for a standardized core does not preclude individual partners from collecting additional, situation-specific M&E data.

Lesson 5:
A specialized entity is required to collect, verify, enter and analyze primary M&E data from each partner. The CBTSP engaged Family Health International as the entity to undertake this task. Without such an entity, data collection, verification and analysis is unlikely to happen.

Lesson 6:
M&E must be built into the design of a program, not added later. It is much harder and less effective to retrofit M&E after a program is underway.

Lesson 7:
No matter how sound an M&E system may be, it will fail without widespread stakeholder "buy-in." Thus, a large-scale, participatory process is essential to build ownership and "buy-in" from the start.

Lesson 8:
We should seriously consider contracting a single specialized entity to manage both financial and program M&E. Combining financial and program monitoring provides a basis to cross check financial and activity data to ensure sound finance-program data cross-verification. In addition, this ensures that financial and program reports are linked and provide a more comprehensive picture. Equipped with comprehensive, verified data, senior staff is free to focus on the strategic program implications of monitoring

Tools for this Step:

Tool 22: Template for monitoring and evaluation
Tool 23: Data collection form for community services

Resources for this Step
Resource 13: STF Guide to Monitoring & Evaluation

Step 7: Improve and revise services

Note to the facilitator:

Remember this step is linked to the previous and highlights the importance of reflecting, re-planning and focusing on what needs to be done. The major input of this step is the monitoring and evaluation results as described in step 6.

Use this tool to facilitate this process

1. Project management
1. Project Schedule - What are the main objectives of the project - have these been achieved? If not, why? Do you anticipate following up?
2. Liaison with government
    1. What activities have taken place to ensure smooth handover? Are there any gaps?
    2. Who is the focal person assisting you?
    3. What is the government's point of view on continued involvement of community components? Will they receive government support? If yes, what will it be?
3. Sustainability –
    1. List actions to ensure sustainability.
    2. What are the constraints?
    3. What are the contingencies?
4. Finances
    1. Cash flow projection
    2. List overspends and under spends by budget category.
    3. General	

2. Monitoring
1. List key findings/issues
    1. Quantity
    2. Quality
    3. Process
2. Challenges - flags
3. Proposed solutions and corrective action
4. Next steps	

3. Clinical
1. General status
2. Defaulters – how are they handled?
3. Adherence issues
4. Status of patients not on ARV's.
    1. What are the challenges?
    2. How are these being addressed?
    3. How can successes be replicated?
5. Number of patients progressing to ARV therapy
6. Number of patients progressing to 2nd line regimen
7. Most important adverse events and how they are handled.
8. Linkage with community	

4. Community
1. What are the most important gaps and inadequacies in community support?
2. Is stigma an issue? How is this being addressed?
3. Male involvement? Are there plans in place to involve more men at the sites? How?
4. Monitoring & evaluation.
    1. Data collection.
    2. Is each site up to date?
    3. What are the challenges?
	10 min

5. The overall impact/way forward 1. List 5 observations on programme outcome and impact which are indicators of the significant impact of the programme on the community – e.g. decrease in funerals, evidence of economic development. 2. Highlight key risks for the next phase 3. Highlight priority areas/gaps that need to be addressed	

Tool for this Step:
Tool 24: Reflection Tool

Resource for this Step:
Resource 14: Questioners for specialized monitoring and evaluation