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# CAPACITY ASSESSMENT TOOL FOR COUNTRY OWNERSHIP OF HIV CARE AND TREATMENT:

## REPORT OF PILOT NIGERIA

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

**FEBRUARY 2013**

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NIGERIA

### **AIDS Support and Technical Assistance Resources Project**

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# ACRONYMS

CIHP	Centre for Integrated Health Programs
CQI	Continuous Quality Improvement
FMOH	Federal Ministry of Health
HMB	Health Management Board
HSS	health systems strengthening
LACA	Local Agency for the Control of AIDS
LGA	Local Government Area
MSH	Management Sciences for Health
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and Sexually Transmitted Infections Control Programme
NHOCAT	National Harmonized Organisational and Capacity Assessment Tool
ProACT	Prevention Organizational Systems AIDS, Care and Treatment
SACA	State Agency for the Control of AIDS
SASCAP	State AIDS and Sexually Transmitted Infections Control Programme
SIDHAS	Strengthening Integrated Delivery of HIV/AIDS Services
SIT	State Implementation Team



# INTRODUCTION

The AIDSTAR-One Capacity Assessment Tool for Use in Transitioning Management and Leadership of HIV Care and Treatment Programs to Local Partners was piloted with two U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-supported implementing partners in Nigeria from August 13–17, 2012. This report summarizes the methodology, findings of the pilot, and recommendations for modifications and improvements to the tool based on lessons learned from the pilot.

Increased focus on national and local ownership of HIV programs, including HIV care and treatment, is a critical component of PEPFAR II. These efforts include increased attention to transition of program management to country health systems and creation of a safety net to address potential challenges that may occur during the transition period. To assist PEPFAR program managers in facilitating transition of care and treatment programs, AIDSTAR-One developed two resources in 2011: *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners* Technical Brief and Capacity Assessment Tool for Use in Transitioning Management and Leadership of HIV Care and Treatment Programs to Local Partners.

The Capacity Assessment Tool was designed for use by PEPFAR missions and their implementing partners to assess national health systems and program readiness for shifting greater responsibility for HIV care and treatment to national and district levels. The focus of the tool is on the assessment of capacity at the macro-level (i.e., national or state level) to take on greater responsibility and accountability for planning, organizing, and managing HIV care and treatment. It does not assess capacity at the site or facility level to deliver HIV services. Other tools, such as the John Snow, Inc., *Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART)* or *Capacity for ART Sites*<sup>1</sup>, provide that information.

Based on extensive research and review of existing tools, the AIDSTAR-One Capacity Assessment Tool identifies eight domains of organizational capacity deemed essential for transitioning to country ownership: human resources, leadership, effective policy, operating systems, management systems, infrastructure and resources, fiscal management, and partnerships and alliances. The Capacity Assessment Tool assists in estimating overall capacity as well as the strengths and weaknesses in each domain to inform planning by national partners to progress to more advanced stages of readiness to assume country ownership. Decisions about what to transition to whom and how require a deep understanding of the country context beyond a simple rating scale on capacity. This Capacity Assessment Tool is just one of the sources of information to assist with the planning process.

Before disseminating this tool widely, AIDSTAR-One committed to a pilot to determine how the tool can be used most effectively in the field and adapted to local contexts to assist PEPFAR implementing partners with transitioning to country ownership. USAID/Nigeria expressed interest in using the AIDSTAR-One Capacity Assessment Tool to assess the readiness of all states supported by their implementing partners to transition projects to country ownership. Before the assessment, USAID/Nigeria requested that the AIDSTAR-One pilot activity conducted in Nigeria

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<sup>1</sup> John Snow, Inc. 2007. *Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART) or Capacity for Existing ART Sites*. Boston, MA: John Snow, Inc.

be responsive to country needs. This pilot informed not only the Nigerian context, but also ways in which the tool can be more user-friendly and applicable globally.

# METHODOLOGY

In response to the request by USAID/Nigeria, an in-country pilot of the AIDSTAR-One Capacity Assessment Tool was planned for August 13–17, 2012. A collaborative planning process was initiated between USAID/Nigeria and AIDSTAR-One to define the purpose of the pilot, identify the implementing partners who would participate in the process, and develop an agenda for the five-day program. The plans were guided by an understanding of both the Nigeria context and the in-country needs in transitioning to country ownership of HIV care and treatment. This process is briefly summarized below, along with a description of the activities and accomplishments.

## THE NIGERIA CONTEXT

Nigeria is unique in that responsibility for health and HIV care and treatment does not sit solely with the Federal Ministry of Health (FMOH) but is shared across all levels of the health care system. The Nigerian health systems structure is organized along three levels: federal, state, and local government. The federal level is responsible for tertiary health care, the state level for secondary health care, and local government for primary health care. The uniqueness of the Nigerian health systems is that cross-cutting statutory functions exist between the federal, state, and local governments (e.g., states are also involved in tertiary care as well as primary care). Whereas health is on the concurrent list in the Nigerian constitution, the federal level has oversight and establishes policies, while all tiers are responsible for budgeting, infrastructure, and human resources for delivery of services. Thus, transition to country ownership requires engagement of federal, state, and local/community stakeholders and implementing partners in assessing and building capacity to assume greater responsibility for HIV care and treatment.

USAID/Nigeria identified two HIV care and treatment implementing partners to participate in the pilot: the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project and Prevention Organizational Systems AIDS, Care & Treatment (ProACT) project. SIDHAS works in all 36 states in Nigeria plus the Federal Capital Territory, is in year 1 of the project, and is expected to commence transitioning of the program to the government by year 3 (2013). ProACT works in six states, is in year 3, and is expected to transition the program to government by year 5. These two implementing partners were actively involved in all stages of the pilot as they will be expected to use the tool periodically throughout the life of their projects to monitor progress.

The pilot aimed to achieve the objectives of both AIDSTAR-One and USAID/Nigeria as illustrated in Table 1 below. From USAID/Nigeria's perspective, the pilot aimed to answer the following questions:

- How well did the tool measure what USAID/Nigeria, its implementing partners, and the Nigerian states want and need to know?
- How does the tool need to be improved to meet Nigeria's needs?

**Table 1. Multiple Objectives of the Pilot**

<b>AIDSTAR-One</b>	<b>USAID/Nigeria</b>
Improve the Capacity Assessment Tool	Modify the tool as needed to fit the Nigeria context for use in all states
	Make recommendations for where capacity building is needed to transition to country ownership of HIV care and treatment

Based on these stated objectives, an agenda for the in-country visit was developed in collaboration with USAID/Nigeria and the implementing partners to allow participation of all key stakeholders and be responsive to country needs. The complete agenda for the pilot is included in Annex 1.

In planning for this pilot, it was learned that both SIDHAS and ProACT have tools for capacity assessment. The SIDHAS suite of tools, the Continuous Quality Improvement (CQI) Tools, is very specific and detailed in assessing the capacity and quality of HIV care and treatment at the organizational and health facility levels, which helps them achieve their project goals including sustainability and capacity for country (state) ownership. SIDHAS drew heavily on the AIDSTAR-One Capacity Assessment Tool when developing CQI process and tools. Given this context, AIDSTAR-One's pilot was expanded slightly to include the request to make recommendations for one harmonized tool that implementing partners could use to achieve USAID's assessment objectives. ProACT has used the Management Sciences for Health (MSH) Management and Organizational Sustainability Tool (MOST), a generic tool for assessing organizational development at the facility level that does not focus on HIV specifically or transitioning projects to country ownership.

Prior to the visit, AIDSTAR-One conducted a thorough review of the existing tools used by the implementing partners to identify areas of overlap and potential complementarity, as well as to gain a better understanding of the Nigerian context for HIV care and treatment. A matrix comparing the CQI tool and MOST with the AIDSTAR-One tool is included in Annex 2. This information was used to clarify the intended purpose of each tool as well as how they can be used in capacity assessment at different levels of the health care system.

# ACTIVITIES AND ACCOMPLISHMENTS

From August 13–17, 2012, the following three main activities were conducted, followed by detailed descriptions of the activities and accomplishments:

1. Using participatory methodology, elicited feedback from SIDHAS on the AIDSTAR-One tool—why they needed to adapt it, what they appreciated about it, and recommendations for improving it.
2. Observed CQI implementation in Niger State with the State Agency for the Control of AIDS (SACA).
3. Piloted AIDSTAR-One tool with ProACT and SIDHAS in Kogi state with key HIV care and treatment stakeholders, including all implementing partners working in the state.

## MEETING WITH SIDHAS

In Abuja, AIDSTAR-One met with 13 SIDHAS staff and program managers for health systems strengthening, laboratory, monitoring and evaluation, prevention, capacity building, and other technical areas to learn more about the CQI tool and to get input into the AIDSTAR-One tool.

AIDSTAR-One presented the Capacity Assessment Tool to the group, and the SIDHAS team presented the CQI tool to AIDSTAR-One. AIDSTAR-One guided a participatory process to elicit feedback on the AIDSTAR-One tool—why they needed to adapt it, what they appreciated about it, and recommendations for improving it. Participants generally felt that the AIDSTAR-One tool was useful, comprehensive, and easy to use. However, it became clear that the AIDSTAR-One tool was intended for higher order assessment and not specific to facility-level assessment of technical capacity to deliver quality HIV care and treatment. It “did not speak to the local and community levels” and did not address agency or project-level needs. The CQI tool was developed to provide guidance on assessing quality and capacity of both site-specific and cross-cutting areas of HIV care and treatment, in order to inform decisions about transitioning (“graduating”) states to greater responsibility and ownership. The AIDSTAR-One tool was seen as useful in “validating” their approach and could serve as a complement to the CQI tool in assessing state capacity for transitioning to greater country ownership. Recommendations for improving the AIDSTAR-One tool include revising the title to be clearer about the purpose of the tool, reducing the number of words, and defining more objective criteria for evaluating the domains and subdomains (e.g., Operational System of Care, subdomain 4.1).

The meeting with SIDHAS also provided an opportunity for AIDSTAR-One to become familiar with the CQI tool in preparation for observing the application of the tool in Niger State the following day.

## **SIDHAS CQI ASSESSMENT**

The SIDHAS CQI Assessment took place in Minna, Niger State with the objective of conducting an assessment of the Niger State Agency for the Control of AIDS (NGSACA) to build capacity toward greater ownership of HIV care and treatment programs and services in the state. The process was led by CQI staff who served as “assessors” (and observed by ProACT, SIDHAS, and AIDSTAR-One) and consisted of three steps: 1) establish performance targets, 2) assess strengths and weaknesses using the CQI state maturity tool, and 3) develop a capacity-building plan. The main focus of this assessment was on two of the three organizational capacity domains (institutional and financial domains, not technical). The intent of the activity was to facilitate self-assessment by NGSACA and build capacity to do so independently. The process was directed by the CQI assessors, although NGSACA personnel became quite engaged in the process. Observations of the assessment process provided a good understanding of how the CQI tool is being used for state-level assessments and confirmed the distinctions made between the CQI and AIDSTAR-One tools during the feedback session. The observers provided feedback to the CQI assessors on how they might enhance the process by starting with a visioning exercise to anchor the judgments and capacity building plan.

## **PILOT OF AIDSTAR-ONE CAPACITY ASSESSMENT TOOL**

The AIDSTAR-One tool was piloted in Lokoja, Kogi State with 42 participants representing the State Ministry of Health, Kogi State SACA (KOSACA), Health Management Board, Kabba zonal hospital, nongovernmental organizations,<sup>2</sup> and implementing partners. The AIDSTAR-One Capacity Assessment Tool was sent to individual participants in advance of the pilot to enable them to review the tool and conduct their own assessment prior to the joint session. This one and one-half day pilot, co-facilitated by AIDSTAR-One and ProACT, with assistance from SIDHAS, had the following objectives:

- Pilot the AIDSTAR-One Capacity Assessment Tool
- Support stakeholders from Kogi State to assess the state’s capacity to manage comprehensive HIV/AIDS care and treatment
- Receive feedback that will be used to improve the AIDSTAR-One tool.

The session plan (see Annex 3), designed jointly by AIDSTAR-One and ProACT, aimed to enable a highly collaborative, interactive, and participatory process to bring in the perspectives and knowledge of diverse stakeholders and implementing partners on the readiness of the state to assume greater ownership of HIV care and treatment programs and services. The participatory process was essential to building consensus and local ownership of the results of the assessment as well as action planning for transitioning to greater country ownership. Following introductions and an orientation to the AIDSTAR-One tool, the participants engaged in a series of scoring exercises to arrive at a collective profile of the state’s capacity in each of the eight domains and corresponding subdomains. Scoring was done in three steps: first on an individual basis, then in stakeholder groups, and finally in mixed-stakeholder groups focusing on each domain. After the second two scoring exercises, participants posted their scores on a “sticky wall” to share, compare, and discuss. This

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<sup>2</sup> Kindheart Health Initiative (KHI), Hope Worldwide Nigeria (HWWN), Centre for Integrated Health Programs (CIHP).

interactive process engaged the stakeholders in a high-energy dialogue that clearly demonstrated the important role implementing partners were playing in HIV care and treatment at the state level. Plenary discussion of the resulting scores revealed some surprising differences as well as synergies between stakeholder groups. The group was also surprised that the final total score on all eight domains was 35 percent, which places the Kogi State at Stage 2 of the five-stage framework on readiness to transition to country ownership. That implied greater challenges for the state than anticipated in building capacity to transition to greater country ownership of HIV care and treatment.

On the second day of the joint meeting, the groups went through a prioritizing exercise, using one of the tools ProACT had developed (see Annex 4), to identify four domains that the state wanted to focus on in capacity building over the next year. Part 2 of the AIDSTAR-One tool was used to help develop a joint action plan for capacity building to progress to the next stage of readiness for transitioning to country ownership. The action plan, based on a template from the CQI tool, included activities for priority areas, target goals, means of verification, responsible department, sources of support, and projected time frame (see Annex 5). This was jointly developed to ensure both stakeholder agreement with and commitment to the final plan and its follow-up actions.

The last part of the meeting was devoted to providing feedback on the AIDSTAR-One tool and the process used to conduct the joint assessment. The key findings from both the assessment exercise and the feedback session are presented in the next section.



# KEY FINDINGS AND LESSONS LEARNED

## DATA COLLECTION AND ANALYSIS

In order to capture the learning from the pilot, AIDSTAR-One kept meticulous notes of all activities and discussions on a daily basis. This daily log, plus notes taken by the implementing partners at the joint meeting, served as the database that was used for both qualitative analysis and documentation of key findings. Throughout the week's activities, there were opportunities to informally share impressions, explore interpretations, and dialogue about the meaning of what happened in the joint meetings. The out-briefing with USAID was useful in validating some of the key findings and their implications for improving the AIDSTAR-One tool.

## KEY FINDINGS

The AIDSTAR-One tool proved to be useful and informative for both implementing partners and a diverse group of stakeholders at the joint session in Kogi State. There was a general consensus that the tools could be used for higher order assessments (state and national levels) on an annual basis to assess readiness to transition to greater country ownership. Comments on what they appreciated most about the tool and how it was used include:

- Helps to understand challenges
- Helps to understand the stage we are in
- Helps to redirect available resources we have
- Helps us discover loopholes/gaps
- Provides a true picture of the state at a glance
- Helps us assess the level of ownership in the state
- Useful at national and local levels
- Helps set goals.

The methodology used in the pilot was as important as the tool itself in producing meaningful results for the stakeholders and implementing partners. When used in a collaborative manner in a joint session, it allowed the participants to arrive at a realistic assessment of the state's level of readiness and reach consensus on the priority areas for capacity building and action planning. Most importantly, the process needs to be planned and guided by skilled facilitators to ensure that it is a collaborative, participatory process that promotes greater ownership of both the process and results. For 42 participants, the number of facilitators (two) and length of time (1.5 days) were sufficient and cost-effective. With more than 45 stakeholders, two full days may be needed. A participatory process

also ensured transparency in the decision-making process and allowed stakeholders to commit to an action plan that could be followed up on in six months.

Direct observation of the CQI tool implementation and discussion with ProACT were useful in identifying best practices and elements of existing tools that could be used to strengthen the AIDSTAR-One tool (e.g., the priority ranking criteria and the action plan template). Discussions with the implementing partners and observation of the CQI tool implementation clarified the differences between their tools and the AIDSTAR-One tool in terms of intended use, scope, and manner of application. Although USAID/Nigeria requested that the evaluation team provide recommendations for one harmonized tool for implementing partners to use in all states, the findings from the pilot suggest that different tools are needed for two different levels of analysis—the project level and a higher order state or national level. The AIDSTAR-One tool can be used for the state or national level assessment by all implementing partners and state/federal authorities. However, some implementing partners have their own tools for project-specific purposes. In addition, both the National Agency for the Control of AIDS (NACA) and the National AIDS and Sexually Transmitted Infections Control Programme (NASCP) have tools that are supposed to be harmonized across the country. Given this specific context, the evaluation team recommends that USAID, implementing partners, and national- and state-level authorities meet to discuss the need for a harmonized tool and how it would be used. This issue is beyond the scope of this pilot and would best be done by in-country partners.

Listed below are the lessons learned about the AIDSTAR-One Capacity Assessment Tool based on these findings and specific recommendation made by the implementing partners and participants of the pilot on ways to improve the AIDSTAR-One tool and its usability in the field.

## **LESSONS LEARNED**

### **ABOUT THE PROCESS**

1. A field-based pilot of the tool was immensely valuable—not only for improving the tool, but also for gaining a better understanding of how the tool can be used effectively by USAID and its implementing partners to assess readiness for greater country ownership. The pilot provided a better understanding of:
  - a. What the field needs in terms of capacity assessment at national and state levels
  - b. How the AIDSTAR-One tool can build on or be used with existing tools implementing partners are using
  - c. How the tool can be improved and adapted to the field.
2. It is important to be clear about what the AIDSTAR-One tool is intended for and what it is not. Different tools are needed for different levels of analysis. General consensus is that the AIDSTAR-One tool can be used by all implementing partners on an annual basis to assess level of readiness at higher levels (i.e., national/state levels). The AIDSTAR-One tool can also complement tools that some implementing partners have for project-specific purposes.
3. The role of the facilitator(s) is very important in setting the right tone and guiding the process to promote a participatory, collaborative approach to foster joint learning and action planning.
4. Having the right people together is important for results that represent the “whole picture” and ensure ownership and buy-in of the scores (i.e., diverse stakeholders, all PEPFAR implementing

partners engaged in HIV care and treatment, representatives of national- and state-level authorities, policymakers, nongovernmental organizations, and health facilities).

5. The tool is best used by a diverse group of stakeholders (ministries of health, state agencies, PEPFAR implementing partners, health facilities, and NGOs) in a joint session to assess national/state level readiness to take on greater ownership of managing HIV programs, and in action planning for transition to greater country ownership.
6. The benefits of a joint session include shared learning across programs and states (south-to-south learning exchanges), providing a reality check on the status of HIV programs and local capacity for implementation, and helping to build consensus among stakeholders and implementing partners on the way forward.

## **ABOUT THE AIDSTAR-ONE TOOL**

1. Methodology is as important as the tool itself (e.g., instruction sheets, templates in annex, “dashboard” for summarizing and prioritizing ratings, etc.).
2. The eight domains appear to be valid, relevant, and useful. However, a few items (e.g., costing, integrating HIV and health services, and including a gender perspective in relevant domains) can be incorporated into existing subdomains to provide more specific information to guide action planning.
3. We can draw on aspects of other existing tools to help improve the AIDSTAR-One tool (e.g., the priority rating form from MSH, work plan template from SIDHAS).
4. Language needs to be simplified to make it practical and user-friendly for diverse users.



# RECOMMENDATIONS FOR IMPROVEMENT

## CHANGES IN FORMAT/STRUCTURE

- Create three sections (Introduction/Methodology, Excel rating sheets, Stages of Readiness).
- Include sample session plan, work plan, and priority rating form in Annex.
- Use different graphic for visual interpretation of the ranking (e.g., bar graph) instead of spider diagram.
- Include a “dashboard” summarizing ratings from different implementing partners or stakeholders to use in analysis and priority setting.

## CHANGES IN CONTENT

- Revise title to clarify focus on transition to “country ownership” rather than “local partners.”
- Use simpler language in Excel portion of tool.
- Include some additional items in existing subdomains (e.g., cost of drugs, retention of staff, south-to-south learning across states, integration of PEPFAR Gender Strategy, etc.).

## CHANGES IN USE/APPLICATION

- Recommend annual assessment in joint session with diverse group of stakeholders and implementing partners.
- Outcomes of joint session can be a set of three to four priority areas for improvement and a joint work plan or action plan to progress to the next stage.
- Emphasize that the AIDSTAR-One tool is designed for national- or state-level assessments, not facility-/program-level assessments. However, it can complement tools used by implementing partners for project-specific purposes.
- Advise that before using this tool PEPFAR program managers and implementing partners should survey existing tools in a given country or state to complement the application of this tool.



# ANNEX I

## FINAL AGENDA FOR NIGERIA PILOT

<b>Date &amp; Time</b>	<b>Activity</b>
Sunday, August 12	Arrive in Abuja
<b>Monday, August 13</b>	
8:30 a.m. – 9:00 a.m.	In-briefing with Emeka Okechukwu, USAID, together with Garba Safiyanu, SIDHAS, and Emmanuel Atuma, ProACT
9:30 a.m. – 1:00 p.m.	Meeting with SIDHAS <ol style="list-style-type: none"><li>Overview of AIDSTAR-One tool and approach to transition of management</li><li>SIDHAS presents the Continuous Quality Improvement (CQI) tool and methodology—how the tool was developed, how they’ve used it</li><li>Facilitate a participatory session with SIDHAS on feedback to the AIDSTAR-One tool</li></ol>
3:30 p.m. – 6:30 p.m.	Travel to Minna, Niger State
<b>Tuesday, August 14</b>	
9:30 a.m. – 4:00 p.m.	CQI Assessment in Minna, Niger State with the Niger State SACA
<b>Wednesday, August 15</b>	
10:00 a.m. – 11:00 a.m.	Provide feedback to SIDHAS on their tool and its implementation
11:00 a.m. – 5:00 p.m.	Travel to Lokoja, Kogi State
<b>Thursday, August 16</b>	
9:00 a.m. – 5:00 p.m.	Pilot of AIDSTAR-one Tool with the State ministry of health, SACA, health facilities, community-based organizations (CBOs), and the Health Management Board (HMB)

<b>Date &amp; Time</b>	<b>Activity</b>
<b>Friday, August 17</b>	
8:00 a.m. – 1:00 p.m.	Continuation of pilot of AIDSTAR-One tool with in Lokoja, Kogi State
2:00 p.m. – 6:00 p.m.	Travel to Abuja and drop at airport
10:05 p.m.	Depart Abuja

## ANNEX 2

# COMPARISON OF TOOLS

The following table presents a synopsis of the main domains and subdomains in the AIDSTAR-One Capacity Assessment Tool, the SIDHAS CQI Maturity Tools for community-based organizations (CBOs) and states, and the MSH Management and Organizational Sustainability Tool (MOST) to illustrate where the tools overlap or are distinctive.

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
<i>I. Human Resources</i>				
<b>I.1 Staffing Levels</b>	<b>Staffing levels:</b> Fully staffed according to model of care and capacity to implement, sustain, and expand care and treatment programs and has clearly outlined plan to address future staffing needs.		<b>Staffing levels:</b> Organization/unit has a clearly outlined plan to address future staffing needs as applicable.	
<b>I.2 Training, skills development, and supervision</b>	<b>Training, skills development, and supervision:</b> The country has functioning systems for identifying training needs and for providing preservice and in-service training to ensure staff capacity at all levels of HIV care and treatment services, including antiretroviral therapy (ART). Supervision and posttraining	<b>Supervision and performance appraisal:</b> Staff performance appraisals have been used by the organization to address capacity gaps, resulting in improved staff capacity and performance. Supervisory skills have improved as a result of staff feedback.	<b>HR planning:</b> Job descriptions regularly updated and revised in response to changing organizational needs and to support growth and development of staff.	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	follow-up are routinely done at all sites.	<b><u>Staff promotion and career development:</u></b> Promotions are based on merit and organizational need and are transparent.		
<b>1.3 Human resources planning and management</b>	<b><u>Human resources (HR) planning and management:</u></b> Country has good internal capacity and well-established systems for HR planning and management of HR resources and procedures to support current and anticipated levels of HIV programming in support of the country's national HIV strategic plan.	<b><u>Personnel systems:</u></b> Personnel files are complete, systematic, accessible, and confidential. Staff recruitment based on a long-term, strategic HR plan. <b><u>Salaries and benefits:</u></b> Management reviews salary and benefits package and health and safety policy on an annual basis. <b><u>Grievance policies and conflict resolution:</u></b> Management reinforces need to follow systems, and all supervisors receive professional development in conflict management and code of ethics.	<b><u>HR Planning:</u></b> Ability to develop and refine concrete, realistic, and detailed HR plan. <b><u>Recruitment, development, and retention of management and general staff:</u></b> Continuous, proactive initiatives to identify promising new staff; recruitment methods ensure that staff reflect the diversity of the community and constituents.	<b><u>Roles and responsibilities (for both board members and staff):</u></b> Roles and responsibilities are defined in the manual and used as the basis for assigning work. They are regularly reviewed to be sure that staff assignments serve organizational strategies. <b><u>HR management:</u></b> HR policies and procedures are in place, and managers use them consistently to hire and retain talented and committed staff.
<b>2. Leadership</b>				
<b>2.1 Leadership</b>	<b><u>Leadership and governance:</u></b> Leadership has a clearly articulated vision and is strongly committed to building a strong national response to the HIV epidemic; leadership provides effective organizational leadership and strategic thinking to catalyze a well-	<b><u>Mission and vision:</u></b> Organization's vision and mission statement are clear and known within the organization, its constituencies, and stakeholders. Vision and mission are consistently used to direct the organization's activities. Organization is	<b><u>Mission:</u></b> Clear expression of organization's reason for existence, which reflects its values and purpose. <b><u>Vision:</u></b> Clear, specific, and compelling; universally held within organization and consistently used to direct actions and set priorities. <b><u>Overarching goals:</u></b> Vision	<b><u>Existence and Knowledge:</u></b> The mission statement is widely known and regularly reviewed to assure that it reflects the current organizational purpose and the needs of intended clients.  <b><u>Links to mission and</u></b>

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	<p>informed, coordinated effort among key national and international partners in delivering effective, sustainable HIV care and treatment.</p>	<p>achieving benchmarks toward desired goals and objectives.</p>	<p>translated into small sets of concrete goals with clarity, boldness, specific time frames, and concrete measures for each goal.  <u><b>Shared beliefs and values:</b></u> Beliefs and values clearly support organizational purpose.  <u><b>Ministry or Office of Governor involvement and support:</b></u> Communication between bodies and leadership reflects mutual respect, appreciation for roles and responsibilities, shared commitment, and valuing of collective wisdom.</p>	<p><u><b>values:</b></u> Organizational values and ethical principles are widely known, and staff are held accountable for adhering to them.  <u><b>Decision making:</b></u> All staff are expected to make significant decisions regarding their own work and the work of their teams and to carry out those decisions.</p>
<p><b>Board of Directors, Senior Management, Lines of Authority</b></p>	<p><u><b>Board oversight, responsibility and competence:</b></u> Board consistently provides added value to the organization in the areas of oversight, networking, and resource mobilization.  <u><b>Executive leadership (CBO management team):</b></u> A formal management team exists with board, staff, and executive director representation. The management team consistently provides short- and long-term direction, innovation, office culture, and</p>	<p><u><b>Organizational leadership and effectiveness:</b></u> Lives the organization’s vision; compellingly articulates path to achieving vision that enables others to see where they are going.  <u><b>Senior management team:</b></u> Organization is able to maintain a management team that represents the full range of staff relevant to the organization and that has the skills set to match the needs of the organization over time. Organization has demonstrated ability to manage transition to</p>	<p><u><b>Lines of authority and accountability:</b></u> The organizational chart or similar document is regularly updated and consistently used to resolve issues pertaining to lines of authority and accountability.</p>	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	practices that enable the organization to achieve its mandates. The organization has succession and sustainability plan beyond the life span of any member of the organization. Skills set matches executive leadership functions.	new/additional decision-making body members. All decisions and actions are dictated by an organizational structure.		
<b>2.2 Change management</b>	<b><u>Change management:</u></b> Leaders are highly effective in change planning and management and are implementing a strategic plan with key stakeholders to achieve capacity building and country ownership with well-functioning policies, programs, budgets, and resources in place to support, enable, and institutionalize country ownership of HIV care and treatment.	<b><u>Strategic, operational, and work planning:</u></b> Organization has a multiyear strategic and operational work plan. Operational plans are updated annually with appropriate inputs from staff, community stakeholders, and target populations. There are measurable improvements to programming based on direction provided by the strategic plan.	<b><u>Overarching strategy:</u></b> Clear, coherent medium- to long-term strategy that is both actionable and linked to overall mission, vision, and overarching goals. <b><u>Analytical and strategic thinking:</u></b> Ability to develop and refine concrete, realistic, and detailed strategic plan. <b><u>Ability to motivate and mobilize stakeholders:</u></b> Organization has ability to motivate a broad range of stakeholders into action.	<b><u>Links to clients and community:</u></b> Strategies are developed with the participation of clients and community groups. <b><u>Links to potential clients:</u></b> A mechanism is in place for regularly scanning current and potential demand, evaluating other organizations' services, and using these findings to develop strategies.
<b>3. Policy</b>				
<b>3.1 National HIV strategy and action plans</b>	<b><u>National HIV strategy and action plans:</u></b> A well-designed, evidence-driven national HIV strategic plan and accompanying action, and includes careful considerations of cost factors based on a systematic cost analysis and assessment of different funding options and			

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	resource management strategies.			
<b>3.2 Policy and decision-making process</b>	<b><u>Policy and decision-making process:</u></b> There are well-developed structures and processes for both policy development and decision making on HIV care and treatment based on scientifically rigorous evidence; resulting policy decisions are well aligned with the national HIV strategic plan and based on realistic estimates of costs and funding options.		<b><u>Influencing of policymaking:</u></b> Proactively influences policymaking in a highly effective manner at the local, state, and/or national level (as relevant and appropriate); always ready for and often called on to participate in substantive policy discussions.	
<b>Program growth and scale-up</b>			<b><u>Program growth and replication:</u></b> Frequent assessment of possibility of scaling up existing or new programs; efficiently and effectively able to grow existing programs to meet needs in local area or other geographies. <b><u>Assessment of external environment and community needs:</u></b> Clear, established systems regularly used to assess community needs and external opportunities and threats.	
<b>4. Operating Systems</b>				
<b>4.1 Operational system of care</b>	<b><u>Operational system of care:</u></b> Country has a well-		<b><u>Program relevance and integration:</u></b> Program	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	defined model of HIV care and treatment, including ART, at both national and subnational levels; supports the national HIV strategic plan; is used systematically to guide clinical decision making, programmatic planning, and policy development; and is responsive to the changing needs and demands of the HIV epidemic.		offerings are clearly linked to one another and to overall strategy; all programs and services well-defined and fully aligned with mission, overarching goals, and stakeholders; effective synergies and clear integration across programs are well captured.	
<b>Operational systems (at organizational level)</b>			<p><b><u>Operational planning:</u></b> Concrete, realistic, and detailed operational plan developed and regularly refined; operational plan tightly linked to strategic planning activities and systematically used to direct operations.</p> <p><b><u>Organizational processes:</u></b> Robust, lean, and well-designed set of processes in place in all areas to ensure effective and efficient functioning of organization.</p> <p><b><u>Decision-making processes:</u></b> Transparent and structured lines/systems for decision making that involve broad participation as practical and appropriate.</p>	<b><u>Planning:</u></b> The annual operational plan is designed to support the organization's strategies.
<b>4.2 Laboratory capacity and management</b>	<b><u>Laboratory capacity and management:</u></b> Country has a well-established system and	(covered in CQI checklist)	(covered in CQI checklist)	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	network of laboratories to provide a full spectrum of laboratory tests as required by World Health Organization (WHO)/national protocol for diagnostic support, monitoring of HIV, and ART care and treatment. Quality control procedures are fully implemented in all laboratories and resources allocated for maintenance of both equipment and supplies.			
<b>4.3 Drug management and procurement</b>	<b><u>Drug management:</u></b> Well-established system for maintaining a secure supply chain for HIV care and treatment, including antiretrovirals and other essential drugs with good inventory management and quality control procedures in place.	(covered in CQI checklist)	(covered in CQI checklist)	<b><u>Supply management:</u></b> Trained staff consistently use the supply system to forecast future requirements, reduce gaps, and prevent stockout.
<b>4.4 Communications and information systems</b>	<b><u>Communications and information systems:</u></b> Has a comprehensive health information system and processes in place at both the facility and national levels that conform to WHO or national standards for information systems in HIV care and treatment.	<b><u>Internal coordination and communication:</u></b> Communication strategy covers internal and external communication. <b><u>Information management:</u></b> Comprehensive information management systems effectively capture and disseminate knowledge across the organization.	<b><u>Interfunctional coordination and communication:</u></b> Constant and seamless integration between different programs and organizational units; relationships are dictated primarily by organizational needs rather than hierarchy or politics.	<b><u>Communication:</u></b> Communication mechanisms are used consistently to share information across organizational units and among staff at different levels.

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
<b>5. Management Systems</b>				
<b>5.1 Standards of care and quality assurance</b>	<b><u>Standards of care and quality assurance:</u></b> There are well-established standards of HIV care and ART, including laboratory and drug management criteria, being implemented in all treatment facilities along with a structured program for quality management and improvement.	(covered in CQI checklist)	(covered in CQI checklist)	<b><u>Quality assurance:</u></b> There is an established, ongoing system for assessing and improving the quality of services. Trained staff are regularly using this system.
<b>5.2 Monitoring and evaluation and performance management</b>	<b><u>Monitoring and evaluation and performance management:</u></b> Country has a comprehensive and integrated system (e.g., balanced scorecard or similar system) with clear benchmarks for measuring and tracking programmatic progress and performance on a continuous basis, with continuous feedback loops for performance improvement and planning.		<b><u>Evaluation/performance measurement:</u></b> Comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis; internal and external benchmarking part of the organizational culture.	<b><u>Monitoring and evaluation:</u></b> The organization regularly monitors its progress, evaluates results, and uses the findings to improve services and plan the next phase of work. <b><u>Information management and data collection:</u></b> Organizational systems provide cross-checking to guarantee the accuracy of routine service and financial data.
<b>5.3 Knowledge management</b>	<b><u>Knowledge management:</u></b> Well-designed, comprehensive system to capture, document, and disseminate knowledge to all relevant services; program	<b><u>Monitoring and evaluation systems and data use:</u></b> Different divisions within the organization share monitoring data, resulting in improvement in programs	<b><u>Knowledge management:</u></b> Well-designed, user-friendly, comprehensive systems to capture, document, and disseminate knowledge internally in all relevant areas.	<b><u>Information management, use of information:</u></b> Staff members who submit reports consistently get prompt feedback. With their

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	planners and implementing partners are knowledgeable about their use and make frequent reference to them in program planning and management.	and operations. Monitoring systems are strong and flexible enough to be used across divisions and incorporate new programs/services.	<b><u>Evaluation and organizational learning:</u></b> Dedicated research staff capable of working with complex data; research regularly scanned for relevant data to support decisions, proposals, and advocacy.	managers, they analyze the information and use their findings to analyze trends, improve management and performance, and achieve outcomes.
<b>6. Infrastructure and Resources</b>				
<b>6.1 Supporting infrastructure</b>	<b><u>Supporting infrastructure:</u></b> Country is well resourced to support an excellent infrastructure with reliable communications technology, Internet connectivity, and roads and travel domestically and internationally; health systems infrastructure also well developed and meeting needs of current health care system; capacity for growth and expansion also evident.		<b><u>Computers, applications, network, and email:</u></b> State-of-the-art, fully networked computing hardware with comprehensive range of up-to-date software applications; all staff have individual computer access and email; high usage level of information technology infrastructure by staff; regular training provided to all staff members. <b><u>Website:</u></b> Sophisticated, comprehensive, and interactive website, regularly maintained and kept up to date. <b><u>Databases/management reporting systems:</u></b> Sophisticated, comprehensive electronic database and management reporting systems. <b><u>Office accommodation:</u></b> Physical infrastructure well-	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
			tailored to organization's current and anticipated future needs.	
<b>6.2 Financial resources and resource mobilization</b>	<b><u>Financial resources and resource mobilization:</u></b> Country has sufficient resources to support capacity building in HIV care and treatment and ability to sustain them on a long-term basis; experienced in grants management from national and international donors and has well-developed systems for long-term planning, revenue diversification, fundraising, and resource mobilization strategies.	<b><u>Resource mobilization (RM) and diversity of resource base:</u></b> Organization reviews and updates its RM strategy annually to align it with strategic plan and mission. Organization's return on investment is consistently high and regularly monitored by leadership. Organization is able to mobilize resources through multiples sources, at least half of which are long term and sustainable.	<b><u>Resource mobilization strategy:</u></b> Organization reviews and updates its resource mobilization strategy and processes annually to ensure they are in line with strategic plan and mission. Management/leadership consistently evaluates return on investment of resource mobilization activities and is able to achieve consistently high success.	<b><u>Revenue generation:</u></b> The organization follows a long-term revenue-generating strategy, balancing diverse sources of revenue to meet current and future needs.
<b>7. Fiscal Management</b>				
<b>7.1 Fiscal management and accountability</b>	<b><u>Fiscal management and accountability:</u></b> Robust systems and controls in place governing all financial operations and adhered to at all HIV treatment facilities and reported on a quarterly or periodic basis for full transparency and accountability; financial systems are integrated with program planning and budgeting to ensure financial viability and accountability; systems developed for tracking program costs and projecting funds and	<b><u>Financial planning:</u></b> Organization conducts financial planning activities on a regular basis, according to its standard operating procedures. Financial plans are used consistently by leadership and result in measurable cost savings and reductions in funding gaps. <b><u>Budgeting:</u></b> Organization's "master" budget is used as a strategic tool and is aligned with the organization's long-term financial plan. All staff use their program budgets as	<b><u>Financial planning:</u></b> Organization creates strong financial plans. Financial plans are consistent with financial forecasts. Plans result in measurable cost savings and reductions in programming gaps through effective use of resources. <b><u>Budgeting:</u></b> Master budget integrates all projects and operations and is used as a strategic tool. <b><u>Financial systems:</u></b> Strong and comprehensive financial management system governs	<b><u>Financial management:</u></b> Program managers work with financial staff to develop budgets that support programmatic decisions. The finance system presents an accurate, complete picture of expenditures, revenue, and cash flow in relation to program outputs and services.

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
	<p>resources needed to sustain and/or expand programs to meet changing needs.</p>	<p>a management tool. Donors provide positive feedback to the organization based on strong budgets.</p> <p><b><u>Financial management systems, operations, and processes:</u></b> Organization has a comprehensive financial management system, and well-documented internal controls govern all financial operations, resulting in high accountability and minimal financial misconduct.</p> <p><b><u>Financial reporting and tracking:</u></b> Organization has tracking and coding system in place that is based on best practices. Reports are always timely, accurate, and available for program management and funders.</p> <p><b><u>Audits and corrective actions:</u></b> Organization's audits are performed with regular and appropriate frequency by certified public accounting firms. Funders indicate willingness to allocate funds based on the organization's strong audit reports.</p> <p><b><u>Cost analysis:</u></b> Organization systematically tracks and analyzes cost data for all services and operations.</p>	<p>all financial operations.</p> <p><b><u>Financial tracking:</u></b> All project funds are separated, and adequate controls exist to avoid cross-project financing.</p> <p><b><u>Financial reporting:</u></b> Financial reports can quickly provide a sense of overall financial health and expose any issues and irregularities. Reports are always timely, accurate, and available for program management and donors.</p> <p><b><u>Audits:</u></b> External audits are performed with regular and appropriate frequency by certified public accounting firms, as specified in organization's policies or bylaws.</p> <p><b><u>Risk management:</u></b> Accountability systems fully institutionalized; resources are tracked effectively. Public perceives ministry (or state) as noncorrupt.</p> <p><b><u>Procurement:</u></b> Written procurement policies and procedures are continually reviewed and examined to ensure best practices are employed.</p> <p><b><u>Cost analysis:</u></b> Organization systematically tracks and</p>	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
		<p>Organization can demonstrate a decrease in unit cost of services and operations as a result of cost saving strategies and is able to use this to secure grants/contracts from donors and funders.</p> <p><b><u>Accounting and cash management:</u></b> Organization's accounting systems and tools are fully integrated and almost entirely automated, and are regularly reviewed and updated to adhere to best practices.</p> <p><b><u>Procurement:</u></b> Procurement standard operating procedures are in line with best practices and in compliance with donor/government regulations, and procurement strategy is tied to organization mission and impact.</p> <p><b><u>Risk analysis, management, and mitigation:</u></b> Leadership regularly reviews and updates the risk matrix to ensure it reflects developments in the external environment and is linked to organization strategy and mission.</p>	<p>analyzes cost data for all services and operations. Organization can demonstrate a decrease in unit cost of services and operations as a result of cost-saving strategies and is able to use this to secure grants/contracts from donors and funders.</p>	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
<b>8. Partnerships and alliances</b>				
<b>8.1 National partnerships</b>	<p><b><u>Partnerships, networks, and alliances:</u></b> Well-established, high-impact partnerships and alliances established between a variety of relevant stakeholders (local, national, government and nongovernmental agencies, public and private sector actors, civil society, nonprofit and for-profit entities, community organizations, etc.) with stable, long-term relationships and complementary functions to facilitate collaboration in HIV care and treatment planning and service delivery; relationships with regional and international partners also well-established with high priority given to coordination and collaboration across borders.</p>	<p><b><u>Intra- and intersectoral partnerships:</u></b> Organization has developed strong, effective relationships with several nonprofit, private and public sector institutions. Organization plays a leadership role in promoting nongovernmental organization coalitions based on stakeholders' interests. Collaborations are anchored in stable, long-term, mutually beneficial collaboration.</p>	<p><b><u>Monitoring of program activities in the state:</u></b> Extensive knowledge of other players; very strong alternative and complementary models in program area.</p> <p><b><u>Partnerships and alliances:</u></b> Strong, high-impact relationships with variety of relevant entities (local, state, and federal government as well as for-profit, other nonprofit, and community agencies).</p> <p><b><u>Community presence and standing:</u></b> Widely known within the community and perceived as actively engaged with and extremely responsive to it; community leaders always call on organization for its input on issues important to organization.</p> <p><b><u>Stakeholder involvement:</u></b> Variety of systems in place to actively recruit and involve stakeholders; stakeholders take on a wide variety of roles in organization, including volunteer positions</p>	

DOMAINS	AIDSTAR-One	SIDHAS CBO MATURITY	SIDHAS STATE MATURITY	MSH MOST
			of leadership.	
<b>8.2 International partnerships</b>	<b>External partner relationships:</b> Country has well-established partnerships and alliances with regional and international partners and is playing a leadership role in addressing the HIV epidemic from an international perspective; able to leverage resources through collaborative partnerships and work across borders to achieve greater impact on universal access.	<b>Media and marketing:</b> Organization uses its established media relationships for frequent and effective public communication. A media strategy exists and effectively communicates the value offered by the organization to its target population. <b>Advocacy:</b> Organization advocacy efforts have a positive and measurable impact on programs (e.g., increased support, funding, more recognition, policy changes) and relationships.	<b>Organizing:</b> Carefully developed strategy for long-term change exists, with appropriate campaign targets and organizing tactics.	
<b>Gender investment</b>		<b>Capacity in gender mainstreaming:</b> Able to access new revenue sources because of gender mainstreaming. <b>Gender investments:</b> Organization's gender investments are widely recognized in the community and by stakeholders, and the organization serves as a model and resource for gender mainstreaming.		

## ANNEX 3

# SESSION PLAN FOR JOINT MEETING

The primary purpose of this joint meeting is to provide an opportunity for key stakeholders and PEPFAR implementing partners to participate in a collaborative process to assess the readiness of the country or state in assuming greater ownership of the planning, implementation, and management of HIV care and treatment. The process is guided by the AIDSTAR-One Capacity Assessment Tool designed specifically for this type of higher order assessment and provides a means for using the results for action planning to advance to greater country ownership.

The specific objectives of the joint sessions are to:

1. Bring in the individual and collective perspectives of the stakeholders and implementing partners on the capacity of the country or state to assume ownership of HIV care and treatment
2. Gain a better understanding of the current state of readiness and challenges in assuming greater country/state ownership of HIV care and treatment
3. Develop a consensus on priority areas for further strengthening and capacity building to advance the country's readiness for country ownership
4. Develop a work plan or action plan with verifiable targets and timelines to advance to the next stage of country readiness for country ownership.

DAY I	
9:00 a.m.	Welcome and Introductions
9:15 a.m.	Meeting Overview <ul style="list-style-type: none"><li>• Review meeting objectives</li></ul>
9:30 a.m.	Orientation to the AIDSTAR-One Capacity Assessment Tool <ul style="list-style-type: none"><li>• Clarify purpose of tool</li><li>• Walk through component parts</li></ul>
10:30 a.m.	BREAK
10:45 a.m.	Individual scoring <ul style="list-style-type: none"><li>• Each person scores domains and subdomains on own</li></ul>
11:30 a.m.	Scoring by stakeholder group <ul style="list-style-type: none"><li>• Break into stakeholder groups and reach consensus on score for each domain/subdomain</li></ul>

	<ul style="list-style-type: none"> <li>• Post group scores for each subdomain on sticky wall</li> </ul>
12:30 p.m.	LUNCH
1:30 p.m.	<p>Comparison of scores and plenary discussion</p> <ul style="list-style-type: none"> <li>• Review experience of developing groups consensus on scoring <ul style="list-style-type: none"> <li>– What struck you?</li> <li>– What surprised you?</li> <li>– What concerned you?</li> </ul> </li> <li>• Review scoring matrix on wall <ul style="list-style-type: none"> <li>– What strikes you about the matrix of scores?</li> <li>– What differences, similarities do you notice?</li> <li>– What surprises you?</li> </ul> </li> </ul>
2:30 p.m.	<p>Consensus scoring for each domain in mixed groups</p> <ul style="list-style-type: none"> <li>• Group the domains into pairs</li> <li>• Break into mixed groups (self-selected) with at least one representative from each major stakeholder group</li> <li>• Each group works on their two domains to arrive at a consensus score that they can verify or defend using the illustrative indicators as benchmarks</li> </ul>
3:15 p.m.	BREAK
3:30 p.m.	<p>Review of scores in plenary</p> <ul style="list-style-type: none"> <li>• Old scores on sticky wall removed and replaced with new consensus scores</li> <li>• Each group presents the scores and rationale (“means of verification”) for the their two domains</li> <li>• Plenary discussion to reach consensus on scores</li> </ul>
4:45 p.m.	Preview of Day 2
5:00 p.m.	End of Day 1
<b>DAY 2</b>	
9:00 a.m.	Recap of Day 1
9:15 a.m.	<p>Plenary discussion of the country/state readiness for country ownership</p> <ul style="list-style-type: none"> <li>• Continue from previous day until consensus has been reached on all domains and subdomains</li> <li>• Enter all scores into scoring sheet and project scores and percentages on screen; compare with original scores from Day 1 stakeholder groups and discuss</li> <li>• Compare scores with interpretation guide in AIDSTAR-One tool</li> </ul>
10:30 a.m.	BREAK
10:45 a.m.	<p>Prioritization of areas for strengthening and capacity building</p> <ul style="list-style-type: none"> <li>• Use prioritization guide to identify three to four areas for capacity building over the next year</li> </ul>
11:30 a.m.	<p>Development of work plan/action plan</p> <ul style="list-style-type: none"> <li>• Review Part III of the AIDSTAR-One tool for suggested steps forward</li> <li>• Break into small groups (self-select) with representation from each stakeholder group</li> <li>• Each group takes one priority area to develop an action, using the action plan template</li> </ul>
12:30 p.m.	Presentation and discussion of action plan

- Presentation and discussion of action plan for each priority area

1:00 p.m.	Closing comments
1:30 p.m.	End of meeting



## ANNEX 4

# PRIORITY SETTING GUIDELINES

(DEVELOPED BY MANAGEMENT SCIENCES FOR HEALTH)

### PURPOSE:

The Priority Matrix helps teams rank (strategic results/objectives/activities) based on criteria.

The criteria can be set by the group. An example of criteria to be used could be as follows:

- What **impact** will the intervention have?
- How **important / urgent** is the issue?
- How **feasible** is the intervention?

### PROCESS:

Over the allocated time, please choose five interventions (strategic results/objectives/activities) and rank the interventions on a scale from **1** to **3** (**1** being **low** and **3** being **high**).

Add the points, and the highest score = the top priority!

<b>Strategic Results/Activity</b>	<b>Impact</b>	<b>How Important/Urgent</b>	<b>How Feasible</b>	<b>Total Score</b>



## ANNEX 5

# ACTION PLAN TEMPLATE

(ADAPTED FROM CQI TOOL)

Capacity Domain	Domain Stage	Goal Stage	Key Priority Activities (2-3)	Means of Verification	Department Responsible	Is this activity in any existing operational plan?	Source of Support	Time Frame
<b>1. Human Resources</b> 1.1 Staffing levels 1.2 Training, skills development, and supervision								
<b>2. Leadership</b> 2.1 Leadership 2.2 Change Management								
<b>3. Effective Policy</b> 3.1 State HIV strategy and action plans 3.2 Policy analysis and decision-making								

Capacity Domain	Domain Stage	Goal Stage	Key Priority Activities (2-3)	Means of Verification	Department Responsible	Is this activity in any existing operational plan?	Source of Support	Time Frame
<b>4. Operating Systems</b> 4.1 Operational model of care 4.2 Laboratory capacity and management 4.3 Drug management and procurement 4.4 Communications and information systems								
<b>5. Management Systems</b> 5.1 Standards of care and quality assurance 5.2 M&E and performance management 5.3 Knowledge management								
<b>6. Infrastructure and Resources</b> 6.1 Supporting infrastructure 6.2 Financial resources and resource mobilization								
<b>7. Fiscal Management</b>								
<b>8. Partnerships and Alliances</b> 8.1 Partnership development and alliance building 8.2 External partner relationships								

For more information, please visit [aidstar-one.com](http://aidstar-one.com).

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