A WORKSHOP ON STRENGTHENING MONITORING AND REPORTING IN HIV/AIDS ORGANIZATIONS

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A WORKSHOP ON STRENGTHENING MONITORING AND REPORTING IN HIV/AIDS ORGANIZATIONS

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Workshop Overview

A workshop on strengthening monitoring and reporting for organizational capacity builders of HIV/AIDS civil society organizations was held at the Blue Pearl Hotel in Dar es Salaam, Tanzania from June 22-24, 2009. The workshop was attended by 13 capacity builders, 4 LMS Tanzania staff, 2 AMREF M&E staff and one M&E officer from TACAIDS. The workshop was facilitated by Cary Perry and Kayla Oursler of LMS Cambridge, assisted by Beati Mboya, MSH/Angaza Zaidi Strategic Information officer, Sebastian Kitiku and Thomas Kipingili of LMS Tanzania, and Prof. John Kessy, one of the local consultants for capacity building.

The workshop provided an opportunity for capacity builders of civil society organizations in HIV and AIDS to share experiences and practice skills in participatory M&E strengthening. The workshop was organized around the actual practice of building capacity, including the initial engagement with senior managers and M&E staff, assessing CSO M&E systems, identifying root causes of M&E bottlenecks, developing M&E systems for CSO strategic plans and helping organizations to develop action plans to address those challenges. The goal of the workshop was to equip capacity builders with tools and approaches for building effective teams to lead changes in M&E systems and practices within organizations. The workshop was designed for maximum engagement of participants by using case studies, simulations, and participatory tool development.

Facilitators: Cary Perry, Kayla Oursler, Sebastian Kitiku, Thomas Kipingili, Beati Mboya, John Kessy

Objectives: The objectives of the workshop were that at the end of the three days, capacity builders and local LMS facilitators would be able to:

- Assess their self-confidence in M&E capacity building
- Use the LMS Leading and Managing Framework to engage with senior managers and M&E staff of client organizations around their M&E challenges and needs
- Teach client organizations to use the Challenge Model to identify the root causes of M&E performance gaps and develop concrete action plans to improve the performance of their M&E systems
- Jointly develop a structured, participatory assessment tool for use with client organizations to help them assess their systems and structures for monitoring and reporting results
- Assist client organizations to monitor their strategic plans
- Increase capacity builders' awareness of the TACAIDS monitoring system for CSOs implementing non-medical HIV/AIDS activities (called the 'Tanzania Output Monitoring System for HIV/AIDS" or TOMSHA)

Workshop Agenda Day 1

Time	Session	Facilitator(s)
8:30-8:45	Registration	Team
8:45-9:00	Welcome and Introduction	Sebastian
9:00-10:00	Review of agenda and expected outcomes Self-Efficacy Questionnaires	Cary
10:00-10:30	Monitoring vs. Evaluation and other M&E terms	Beati
10:30-11:00	*Tea break*	
11:00-12:00	Leading and Managing Framework	Cary
12:00-1:00	Engaging with organizations using the Challenge Model	Cary
1:00-2:00	Lunch	
2:00- 4:00	Case Studies ICA and Angaza Zaidi (Note: There was only time to discuss the ICA case Study , so the discussion of the Angaza Zaidi Case was moved to Day 2	Thomas
4:00-4:15	Taking stock of Day 1	Kayla
4:15-4:30	Tea and departure	

Workshop Agenda Day 2

Time	Session	Facilitator(s)
8:30-9:00	Review of Day 1 and agenda for Day 2	Sebastian
9:00- 10:30	Assessing M&E: ✓ Structuring a participatory self-assessment in M&E ✓ Small group exercise brainstorming the dimensions for an M&E Mini-MOST	Kayla/Cary
10:30-11:00	*Tea break*	
11:00-12:00	Small group exercise developing the key dimensions and questions for an M&E Mini-MOST	Capacity Builders
12:00-1:00	Groups present the questions for each dimension of a M&E Mini-MOST in plenary	Capacity Builders
1:00-2:00	Lunch	
2:00-3:00	Groups continue to present the questions for a M&E Mini-MOST in plenary	Capacity Builders
3:00-4:00	Case Study Angaza Zaidi	Beati
4:00-4:15	Taking stock of Day 2	Sebastian
4:15-4:30	Tea and departure	

Workshop Agenda Day 3

Time	Session	Facilitator(s)
8:30-9:00	Review of Day 2 and agenda for Day 3	Sebastian
9:00-10:30	Building capacity in data reporting and data use: ✓ Reporting: Case study	Beati
10:30-11:00	*Tea break*	
11:00-12:00	What are Results Frameworks Exercise on activities, outputs, outcomes and impact	Beati and Cary
12:00-1:00	Aligning with the TOMSHA and other national M&E systems	TACAIDS
1:00-2:00	Lunch	
2:00-3:00	Monitoring Strategic Plans	Prof. Kessy
3:00-3:30	Final evaluation and Self-Confidence Questionnaire	Cary/Kayla
3:30-4:00	Certificates and Tea	Sebastian

Design of the workshop

Facilitator notes and handouts for the sessions can be found in the Annexes. There is a separate annex for each day of the workshop. All materials are also available in the LMS eRoom: http://eroom.msh.org/eRoom/L/LMSCP/0_4b41e. Some sessions were modified from the

original design to provide more time for topics. A lesson learned is that some of the participants did not have health experience and needed more background explanation of the exercises.

Results

Participants came into the workshop with a wide range of skills in M&E but all were able to engage with the materials and improve their M&E self-confidence scores as measured by the questionnaire below that was especially developed for this workshop.

SELF-EFFICACY ASSESSMENT IN MONITORING AND EVALAUTION PRE AND POST TEST

This instrument has been designed to help you assess your confidence in providing monitoring and evaluation support to local HIV AIDs Civil Society Organizations. It is composed of 10 different activities. You are asked to assess how confident you are in your ability to perform each activity successfully.

Please use the following scale to rate how confident you are that you can perform each of the activities Note that the scale ranges from 0% (*I cannot do this activity at all*) to 100% (*I am certain that I can do this activity successfully*).

Definitely Cannot Do it		Probably Cannot			Maybe		Probably Can		Definitely Can Do It	
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Choose a percentage to indicate your answer:

_____ 1. How confident are you that you can engage with senior managers and M&E staff of an organization around their M&E challenges?

_____ 2. When you are assessing M&E in a civil society organization, how confident are you that you can select an appropriate assessment tool?

_____3.How confident are you that you can use root cause analysis to surface the real causes of M&E bottlenecks in an organization?

_____ 4. When an organization has completed an assessment of their M&E, can you help staff to develop action plans to improve M&E performance?

_____ 5. When you are supporting an organization to improve indicators, can you tell if they are at the output, outcome or impact level?

_____ 6. Can you help an organization to select indicators for their programs that are valid, reliable, precise, and internationally accepted?

_____7.How confident are you that you can assist organizations to improve data collection and reporting?

_____8. How confident are you that you can assist organizations to monitor strategic plans and sub-projects from the strategic plan?

_____9. How confident are you that you can assist organizations to harmonize their own reporting with national reporting systems?

_____10. How confident are you that you can assist organizations to write terms of reference for a consultant to carry out evaluation studies?

The two graphs below display participants' self confidence scores pre and post workshop by individual item (Figure 1) and by participant(Figure 2). M&E self-confidence increased uniformly across all questions but not across participants. Participants who began the workshop with less self-confidence made greater gains than those who started the workshop already feeling fairly self-confident in their M&E skills.

Figure 1. M&E Self-Confidence Scores Pre and Post M&E Capacity Building Workshop by individual question(N=18)

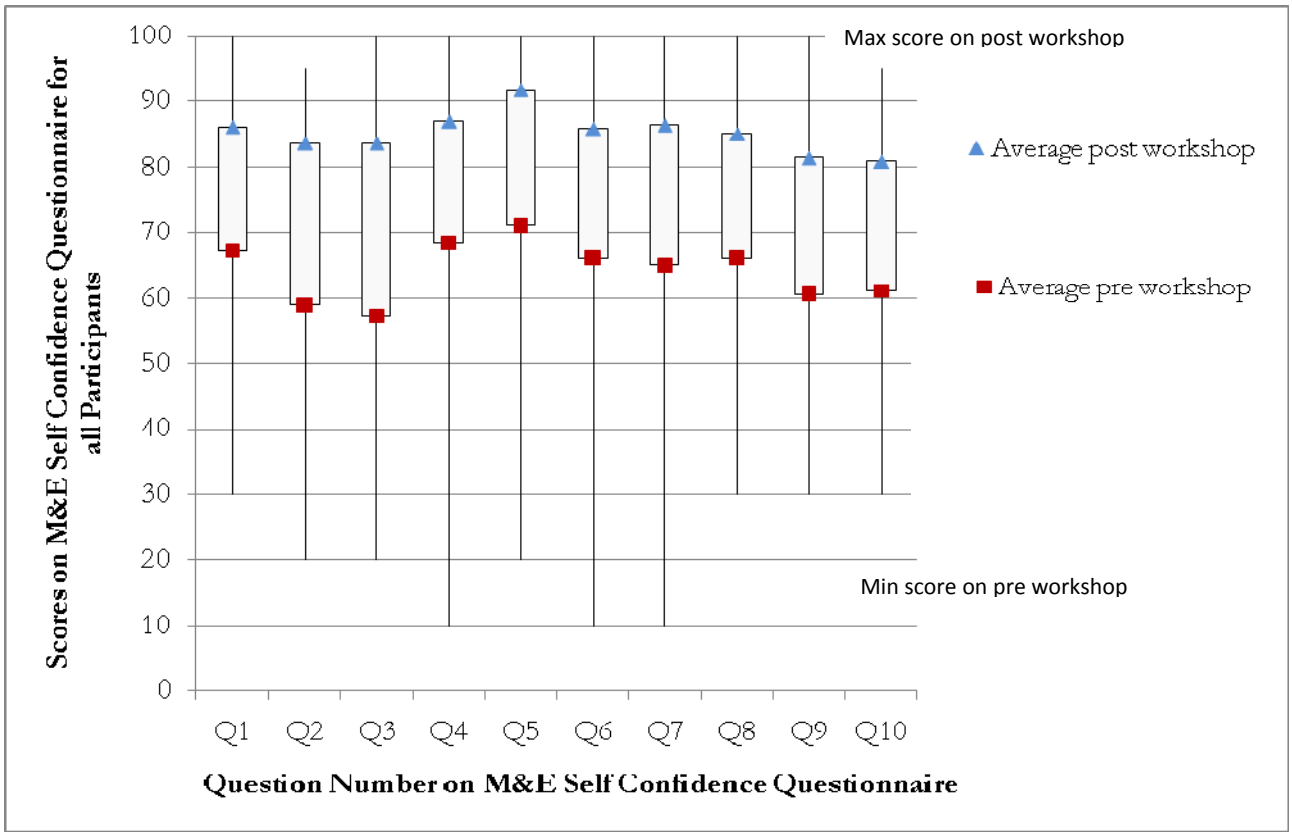
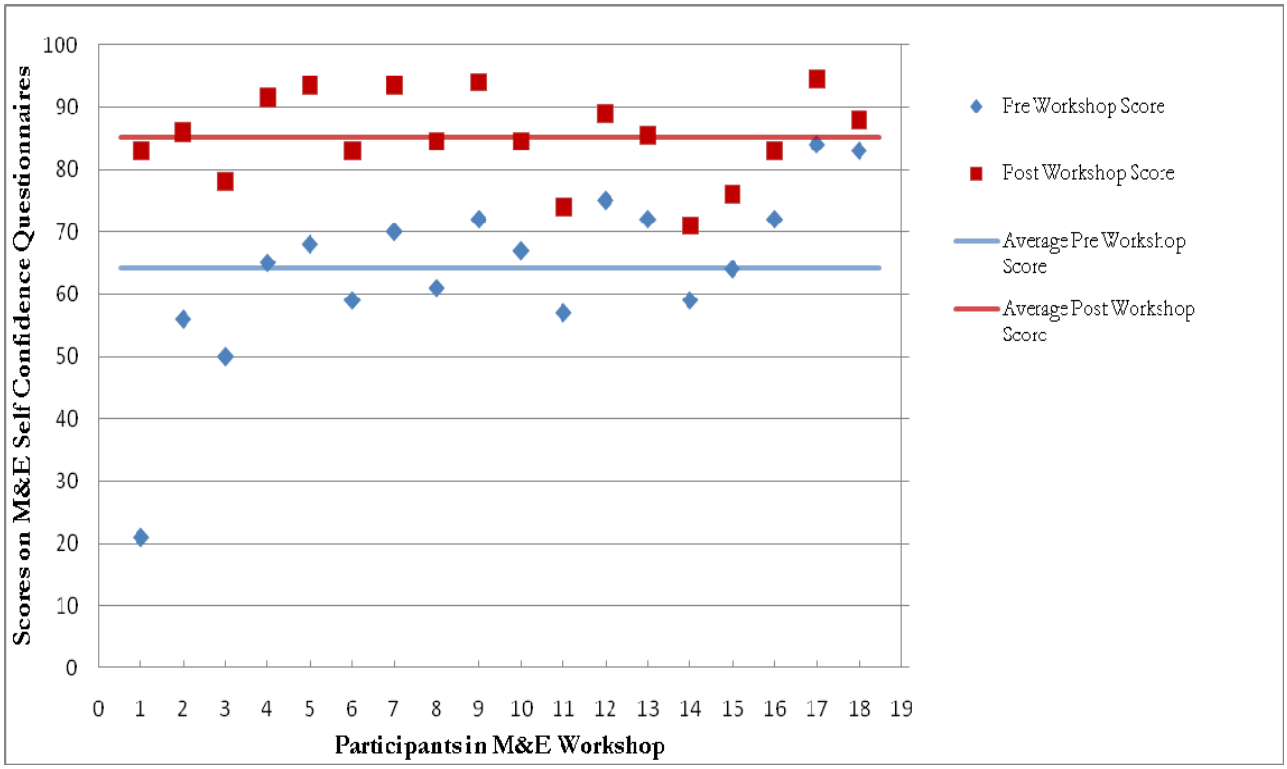


Figure 2. M&E Self-Confidence Scores Pre and Post M&E Capacity Building Workshop by participant (N=18)



Mini-MOST M&E Participatory Self-Assessment tool for CSOs

One of the most important outcomes of the workshop was the development of an M&E Participatory Self-Assessment tool for CSOs. Based conceptually on the design and process of the LMS MOST, this tool was developed by the participants themselves using the structured process described in *Annex Day 2: Facilitator Notes and Materials.* The tool will be tested by the capacity builders with clients and a consensus meeting held at a future date to develop the stages for each of the questions. Figure 3 below displays the basic components of the tool.

Figure 3. Participatory M&E Self-Assessment Tool for HIV/AIDS CSOs Developed by Local Capacity Builders of HIV/AIDSs Civil Society Organizations in Tanzania at the M&E workshop for Capacity Builders, MSH/Leadership Management and Sustainability Program (LMS), Dar es Salaam, June 2009.

Dimension	Questions	Score (1-4)	Evidence
1. M&E Planning	1.1 Is there an M&E plan in place?		
	1.2. Was the M&E plan developed in a participatory manner?		
	1.3. Is there an adequate budget allocated for M&E? (7%-10%)		
	1.4. Is the M&E plan of good quality? Does it have outputs, outcomes, and indicators with targets, data sources, data collection methods, person responsible, and frequency of reporting?		
	1.5. Is the M&E plan aligned with donor and government information systems (TOMSHA, PEPFAR, MOHSW)?		
	1.6. Does the M&E plan meet the organization's needs for reporting?		
	1.7. Does the M&E plan meet the needs of beneficiaries?		

Dimension	Questions	Score (1-4)	Evidence
2. M&E Structures and Human Resources	2.1 Do you have an M&E Unit or dedicated M&E staff?		
	2.2 Do staff have clearly defined M&E responsibilities?		
	2.3 Do M&E staff have the technical skills required?		
	2.4 Is there sufficient staff to carry out M&E responsibilities?		
	2.5 Is there leadership commitment from senior management for M&E?		
	2.6 If a performance appraisal is carried out, does it include an M&E component?		
3. M&E Processes and Procedures	3.1 Does the organization have an M&E Manual/Guide or standard operating procedures for M&E? 3.1.1 Does it include how M&E is conducted? 3.1.2 Does it include reporting procedures? 3.1.3 Does it include who is involved in M&E? 3.1.4 Does it include coverage of different levels (district, regional, national)? 3.1.5 Does it contain the results framework and M&E plan?		
	3.2 Are processes and procedures for M&E clear to staff?		
4. Data and Information Management	4.1 Are there data collection tools in place? 4.1.1 Are the tools user-friendly? 4.1.2 Do they provide information on all of the indicators? 4.1.3 Are they harmonized with national tools?		

Dimension	Questions	Score (1-4)	Evidence
4. Data and Information Management (cont.)	4.2 Is data quality assurance carried out?		
	4.3 Is there adequate equipment and software for data collection, analysis and storage? • Computers • A computerized database? • A statistical package? • Is the equipment user-friendly?		
	4.4 Is data analysis geared to answer management questions?		
	4.5 Are data analyzed to provide information on different groups?		
	4.6 Does the organization produce reports for stakeholders that are: • Timely? • Appropriate for different audiences? • Accurate? • Complete?		
	4.7 Is information used for internal decision-making to improve performance?		
	4.8 Is information used for planning and to influence policy?		
	4.9 Is there a dissemination strategy for different stakeholders?		

Dimension	Questions	Score (1-4)	Evidence
	4.10 Is there a mechanism for getting feedback from stakeholders about the organization's performance?		

Conclusion

This was a highly enjoyable but challenging workshop because of the varying backgrounds of the participants in M&E and in health care in general. The participatory nature of the workshop worked very well in terms of engagement with the materials, but it also meant that some important topics such as evaluation had to be left for another time. All of the participants were able to increase their self-confidence in M&E capacity building, but it remains to be seen if this brief introduction to monitoring and reporting is enough for the least experienced consultants to actually carry out a consultancy in M&E. The group will need support from the more experienced capacity builders in M&E such as Prof, Kessy to improve their performance over time.

ANNEX Day I: Facilitator Notes and Materials

Day 1: Case Study for M&E Workshop: Institute of Cultural Affairs (ICA)

The Institute of Cultural Affairs (ICA) is a small Tanzanian NGO established in 1998. It has its headquarters in Moshi town with two field offices; one in Handeni and the other in Monduli district (Mto wa mbu). ICA has organizational experience with different types of projects that relate primarily to health improvement (reduction of HIV/AIDS transmission, reduction of health risks to mothers and children). Other projects include legal literacy and human rights, education funds for supporting girls to attend secondary schools, and economic empowerment for disadvantaged and vulnerable populations.

ICA received an award from the Rapid Funding Envelope (RFE) to implement HIV/AIDS interventions in Longido and Monduli districts over a 12 month period. Currently, within Monduli and Longido districts, ICA conducts awareness raising exercises in 15 villages; operates the only stand-alone HIV testing centre in the districts; conducts mobile HIV counseling and testing at the village level; delivers home-based care services for people living with HIV/AIDS (PLHA), and; provides support for orphans and vulnerable children.

ICA has six full time staff and 40 project volunteers. Eight months into the project, the Executive Director hired an M&E officer to work with other project staff and volunteers to ensure that project performance data were being captured at all levels of project implementation. This was the result of a meeting between ICA's management and the RFE following ICA's failure to report on schedule on agreed project indicators and with often inaccurate data.

Expected Outcomes (according to work plan Vs targets)

- 15,000 people voluntarily counseled, tested and received results
- 80 PLHAs trained on entrepreneurship
- 80 PLHAs supported with income generating activities (IGAs)
- 300 PLHAs provided with palliative care and support.
- 100 MVC/OVC supported with school uniforms and scholarly materials
  MVC/OVC supported with school uniforms and scholarly materials

Accomplishments/Results 8 months into the project

- 20,000 people voluntarily counseled, tested and received results
- 75 PLHAs trained on entrepreneurship
- 40 PLHAs supported with IGAs
- 280 PLHAs provided with palliative care and support.
- 50 MVC/OVC supported with school uniforms and scholarly materials

In your small group

Analyze the results to date:

- What conclusions can you draw about how well ICA is doing in meeting its targets?
- Brainstorm the various components you would like to address during your consultancy with ICA.

- What kind of intervention could the M&E officer do to improve the data collection at the grass root level?

Facilitators' Tips for Case Study: (ICA): Here are some suggestions to guide the discussion:
1) Some of the indicators are on track to achieve the targets in 12 months (people voluntarily counseled, tested and received results, PLHAs trained on entrepreneurship, PLHAs provided with palliative care and support.
2) Other indicators are not on track (PLHAs supported with income generating activities (IGAs), and MVC/OVC supported with school uniforms and scholarly materials).

3) The first step is to investigate to see if this due to underperformance or to poor data collection. Interviews with project volunteers can tell you if they understand the forms. Barriers may be that they are in English, which the volunteers do not read well; they may be confusing; volunteers may not have time to fill out forms; the problem may lie in data entry. Have participants brainstorm how the consultant can find out where in the chain of data the problem lies?

4) Are data being used to predict client trends and allocate resources? How can the consultant measure data use?

This case study has two important lessons to learn:

1. Recognize that understanding of data collection tools is critical to data collection.
2. Understand how program data are key to decision making.

DAY 1:

CASE STUDY: ANGAZA ZAIDI

Angaza Zaidi is a five-year program launched in October 2008 to support the Ministry of Health & Social Welfare (MOHSW) to rapidly scale up access to voluntary counseling and testing services in Tanzania. Although Angaza Zaidi builds on a previous counseling and testing program implemented from 2001 to 2008, its management is not confident with the structures and systems in place to monitor program performance. You have been hired as a consultant to quickly assess the existing M&E structures and systems and provide summary recommendations of areas to be addressed during the first few months of the program.

Information below has been gathered from the project manager who worked with the counseling and testing program since 2002 and is currently working with Angaza Zaidi on the same position.

Angaza Zaidi means "shedding more light." It is a program that uses decentralized approaches to focus on high risk groups and increase accessibility of CT services by conducting mobile services in hard to reach areas. Implementation of Angaza Zaidi activities started in October 2008 with 56 sub grantees. The program expects to decentralize most of its activities including monitoring and evaluation to area

support (zonal) offices which will oversee partners in their specific regions. Area support offices will be charged with responsibility for supervising 5 to 20 VCT sub grantees. Thirty six of the sub grantees have support from area support offices through the decentralized structures while 20 sub grantees are managed centrally through the Dar es Salaam headquarter office.

Most of the sub grantees have 3-7 staff, some on a permanent and others on a temporary basis, but none is reported to be trained in M&E or related skills. Most sites have no access to computers, and IT capacity and skills of these staff are not known. Most of these sites use Angaza Zaidi tools and forms for reporting, and they also use MOHSW tools to report to district authorities. Although submission of reports to AMREF is set quarterly, some reports were not included in the AMREF Annual report for 2008. The data clerk also briefed you that most of the submitted reports were received through calling sub grantees.

Angaza Zaidi has about 32 staff, half of them located in area support offices while others work at headquarters. There are only one M&E officer and three data clerks, who work on a part time basis at the headquarters office. Client data are managed in a Microsoft Access database, and data are submitted on Angaza Zaidi forms. The database is not compatible with the MOHSW forms because of different fields and different age categories. A recent annual report from the M&E officer showed that 500,000 clients were counseled and tested during the year, although the data clerks managed to enter 40,000 clients from submitted client forms. The M&E officer tipped you off that they are able to report to the donor using the monthly aggregated reports obtained from sub grantees by calling them.

A Data Quality Audit conducted by the donor a few days ago revealed that most of the reports are incomplete and have errors. Immediate improvement of the M&E structures and systems was recommended after which the data quality audit will be repeated in six months.

You had a chance to review some of the M&E files in the unit, but you couldn't find any interesting documents which could assist you in carrying out your consultancy. The MOHSW advocates for one M&E system in the country. Recently they invited partners to review existing HIV counseling and testing reporting tools.

Questions: In your small group

Using this limited information,

- Brainstorm the steps and various components you would like to address during you consultancy.
- Assess the Angaza Zaidi M&E structure and systems and provide prioritized practical recommendations for improvement.

ANNEX Day 2: Facilitator Notes and Materials

Day 2: ASSESSING M&E SYSTEMS

Introduction and setting session objectives/expectations (10 min)

At the end of this session participants will be able to:

- ✓ Structure a participatory self-assessment in M&E
- ✓ Design and adapt an M&E assessment tool for use with CSO's
- ✓ Guide CSO staff through an assessment of their organization's M&E structure, systems, and people

Discuss incentives and demands for building or strengthening an M&E system (20 min)

In plenary discuss the incentives and demands for building or strengthening an M&E system. This discussion should help consultants consider why an organization is requesting their assistance. The following questions may be used to guide the discussion:

Discussion questions:

1. Who will benefit from the M&E system? (Donors, public, CSO partners? etc.?)
2. Who is championing the effort and why?
3. Who should be involved in an assessment?
4. How does the organization and staff react to information generated by the M&E system?
5. What data is currently being reported?

Review of MOST participatory self-assessment (15 min)

Facilitator will introduce the MOST tool and the structure it provides for conducting a participatory self assessment.

Exercise 1 (45 minutes):

Ask participants to brainstorm in their small groups the dimensions for an M&E MOST (**20 min**).

In plenary, ask each group to share the dimensions, and write them down on a flip chart. Discuss each one and ask the group if they agree that it should be included. ***Come up with a list of 3-5 key dimensions for an assessment that everyone agrees on***. Discuss in plenary what questions each dimension should address (**25 min**).

Below is a guideline for the dimensions and possible questions to discuss that should be considered for each dimension.

Key Dimensions	Questions to be addressed per Dimension
M&E Plan	• Is there a budget in place to support M&E plan (at least 7% of project budget)? • Is M&E plan in line with goals & objectives of the program? • Is M&E plan harmonized with national and other reporting requirements? • Does the M&E plan include clearly defined targets, with baseline and indicators? • Are the data sources for each indicator specified, and appropriate? • Does the M&E plan include reporting steps? • Does the M&E plan specify who is responsible for each step, including data collection, analysis, reporting, and data use? • Does the plan specify frequency of data collection and reporting timeframes?
Data Management	• Does the organization have well-documented SOPs for collecting data? • Are the data forms appropriate and easy to use? • Does the organization have software for storing and analyzing the data? • Is there a system for compiling and reporting data? • Are data disaggregated for analysis at different levels (i.e: gender, age, region, etc)
Management Capacity	• Are senior leaders in the organization aligned with M&E plan and do they motivate staff to carry out M&E activities? • Do program managers have M&E experience or expertise? • Do staff have technical skills necessary to carry out their roles in the M&E plan?

	• Are staff trained in data collection? • Is it clear who is responsible for assessing performance? • Is appropriate technology available (internet, phones, etc?) and are staff able to use technology efficiently?
Reporting & data use	• Are data validated (accurate) and reliable? (Q/A checks?) • Are data used to provide feedback and take corrective action when necessary? • Are data used for decision-making? • Are data used for budgeting and planning? • Does the CSO share information with partners?

<u>Exercise 2: Each group uses the dimensions agreed upon to develop questions for the assessment (60 min)</u>

Facilitators should refer to the table above to help guide this session.

Report out and discussion (60 minutes)

<u>Exercise 3: Test the M&E Assessment using a case study or a known CSO (60 min)</u>

Ask participants to work in their groups to apply each question of the assessment to a CSO they know, or case study provided, to test the assessment. Ask them to consider the following:

1) What evidence would you need to answer each question (i.e: documents, interviews with staff, reports, etc.)

2) What would a 4 (highest rating) look like?

ANNEX Day 3: Facilitator Notes and Materials

Workshop Day 3: Building Capacity in Data Reporting and Data Use (Facilitator version)

Introduction and setting session objectives/expectations (5 min)

At the end of this session, participants will be able to:

- ✓ Prepare or assist sub grantees (CSO) to prepare good quality reports
- ✓ Acquire skills to empower CSO s to make simple decision and planning based on their reports/data
- ✓ Acquire skills to assist CSO to interpret their data/reports and compare them with general Country statistics

Exercise 1 (10 Min plenary discussion):

Brainstorm what are the characteristics of good reporting and data quality standards?

a. Characteristics of good data/report (Participants to identify characteristics of good data)

- ✓ Coverage
- ✓ Completeness
- ✓ Accuracy
- ✓ Frequency
- ✓ Reporting schedule
- ✓ Accessibility

b. Data quality standards (Participants to brainstorm these data quality standards after doing exercise to identify errors in reports)

- ✓ Data Validity
- ✓ Data Reliability
- ✓ Data Timeliness
- ✓ Data Integrity
- ✓ Data Precision

Exercise 2 (15 min pair exercise and 15 min discussion):

"Participants will be provided with May report for two Angaza Zaidi sub grantees" for this exercise. They will work in group of 4-5 people

a) Examine the reports if they meet the characteristics of good report/data quality identified above. Identify errors/problems with the report if any.
b) Carefully review the reports and use them to make decision on the following:

- ✓ If you were to order HIV test kits for July for these two sites, how many SD bioline and Determine test kits will you order? Why?

- ✓ The District authority recently hired one counselor whom they want to assign to one of the two sites, which site would you like her to go? Why?
- ✓ What simple effective strategies will you use to influence data use for decision making and planning by small organizations such as Angaza Zaidi/ICA?

Case Study: ***Data Use – HIV/AIDS and VCT (10 min case study, 10 min discussion)***

Mr. Makusa is the District AIDS Control Coordinator for x District. On a recent visit to the district designated hospital, one of the counselors for VCT told him that the rate of HIV prevalence must be as high as 50% in Bunda District, since as many as 50% of those people that came in for VCT are HIV positive. Mr. Makusa knows from the THIS data that the prevalence in this region is 5.7%.

Should Mr. Makusa:-

- Allow the counselor to continue to believe that it is high, since then he may scare people more with that information and this will make transmission lower.
- Correct the counselor but tell him not to tell people the correct figure, because it will make people feel safer and engage in unsafe sex.
- Correct the counselor and tell him he must also tell people the true figure, since it will allow them to assess the situation more accurately.
- What else do you think Mr. Makusa should do?

Facilitators' Tips for Case Study 1: AIDS and VCT

This case study has two important teaching purposes:

1. To help participants recognize that the people coming for HIV testing are not always typical of all the people in the community, just like blood donors are not typical.
2. To help participants think about how to use information from the THIS.

To help participants recognize that people coming for testing are not a representative sample, ask them:

- Is the counselor correct in thinking that the HIV prevalence rate for the district is the same as the HIV infection rate among people coming in for HIV tests?
- Are people coming in for HIV testing typical of the whole population of the district?
- Why do people come for HIV testing (usually because they are symptomatic, because their partner has symptoms or is HIV positive, or because of referral from a health care worker)

Exercise 2: What can graphs and charts tell an organization? (10 min Exercise in small group and 15 min in plenary)

1. An Angaza Zaidi Bar chart of Area Support Offices (ASOs) shows #s reached with VCT. Second shows the same data adjusted for number of sites under each ASO: What do you see that can inform any programmatic changes (Answer: Southern Highlands' performance is actually the worst given the number of sites. They need to do more mobile outreach).

2. Data from mobile VCT show large numbers tested but low HIV prevalence. What could this mean for any programmatic changes? (Answer: They are going to schools and testing large numbers of students. They need to look for more high risk populations).

3. How could bar chart of # of people tested for HIV through mobile outreach be used by the organization? (Answer: They could request more funding).

4. How could the organization use the data on prevalence of HIV in people tested through VCT by region? (Answer: 1) to check if the prevalence the project is reporting match national prevalence rates; 2) to target resources to areas with high prevalence)

Workshop Day 3: Building Capacity in Data Reporting and Data Use (Participant Version)

Introduction and setting session objectives/expectations (10)

At the end of this session, participants will be able to:

- ✓ Prepare or assist sub grantees (CSO) to prepare good quality reports
- ✓ Acquire skills to empower CSO s to make simple decision and planning based on their reports/data
- ✓ Acquire skills to assist CSO to interpret their data/reports and compare them with general Country statistics

Exercise 1 (20min group exercise, 20min discussion):

In your small group review the May reports on the next two pages for two Angaza Zaidi sub grantees. Examine the reports to see if they meet the characteristics of good/report, data quality identified above. Identify errors/problems with the report if any.

c) Careful review the reports and use them to make decision on the following:

- ✓ If you were to order HIV test kits for July for these two sites, how many SD bioline and Determine test kits will you order? Why?
- ✓ The District authority recently hired one counselor whom they want to assign to one of the two sites, which site would you like her to go? Why?
- ✓ What simple effective strategies will you use to influence data use for decision making and planning by small organizations such as Angaza Zaidi/ICA?

MINISTRY OF HEALTH AND SOCIAL WELFARE
COUNSELING AND TESTING SERVICES
SITE MONTHLY SUMMARY FORMS

Name of Site:	Machame VCT	Name of site-in-charge:	**PENINA SHUMA**	**Reporting Month:**	**May-09**
District:	Hai	Site -in-charge contact:	**713708962**	**Reporting Date**	**09-Jun-09**

Type of site:	VCT	
Facility based		
Stand alone	Facility based VCT	
Outreach (mobile/home based)		

Number of active counsellors during the month**	Full time	Part time	Number of counsellors attended training	
- who are trained according to national guidelines	3		according to national curriculum during the month***:	
- who are not trained according to national guidelines			Number of counseling rooms:	**3**

			Total		≤14		15 - 24		25 - 34		35 - 49		50+	
		Total	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
1	**Total number of clients (2+6)**	**1089**	**401**	**688**	**41**	**114**	**294**	**485**	**32**	**29**	**22**	**32**	**12**	**28**
2	Number new clients pre-test counselled (New=N)	**1071**	**391**	**680**	41	114	288	485	32	26	20	28	10	27
3	Number of new clients consented to HIV testing	**1071**	**391**	**680**	41	114	288	485	32	26	20	28	10	27
4	Number of new clients post-test counselled and received HIV test results	**1071**	**391**	**680**	41	114	288	485	32	26	20	28	10	27
5	Number of new clients HIV positive	**60**	**2**	**4**	0	1	1	2	0	0	1	0	0	1
6	Number of return/follow-up visit clients pre-test counselled	**18**	**10**	**8**	0	0	6	0	0	3	2	4	2	1
7	Number of return/follow-up visit clients agreed and tested for HIV	**18**	**10**	**8**	0	0	6	0	0	3	2	4	2	1
8	Number of return/follow-up visit clients post-test counselled and given HIV	**18**	**10**	**8**	0	0	6	0	0	3	2	4	2	1
9	Number of return/follow-up clients HIV positive	**10**	**0**	**0**	0	0	0	0	0	0	0	0	0	0
10	Number of clients saying they will disclose test results to sexual partner (s)	**96**	36	60										
11	Number of inconclusive test results	0												
12	Referred from:													
	-TB= TB clinic (out-patients)	**0**												
	-STI= STI clinic (out-patients)	**0**												
	-OP= Out-patient health services (not STI or TB)	**0**												
	-IP= In-patient health services	**0**												
	-BTS=Blood transfusion services	**0**												
	-HBC= home based care	**0**												
	-Self referral	**0**												
12	Referrals to:													
	-CTC=care and treatment (CTC) services	6												
	-PMTCT=PMTCT centre	0												
	-TB=TB Clinic	0												
	-OTH=Other services	0												

Notes:
* VCT Coordinator means the focal person in charge of reporting for the region
** Number of active counsellors is number of people who regularly provide HIV pre / post test co
***Attended training - this can be new training or refresher training

MINISTRY OF HEALTH AND SOCIAL WELFARE
COUNSELING AND TESTING SERVICES
SITE MONTHLY SUMMARY FORMS

Name of Site:	KCMC Mbuyuni	Name of site-in-charge:	**Joyce W. Lyimo**	**Reporting Month:**	**May-09**
District:	Moshi Urban	Site -in-charge contact:	**0754 052055**	**Reporting Date**	

Type of site: VCT
Facility based
Stand alone: Facility Based VCT
Outreach (mobile/home based)

	Full time	Part time
Number of active counsellors during the month**		
- who are trained according to national guidelines	5	
- who are not trained according to national guidelines	0	0

Number of counsellors attended training according to national curriculum during the month***: **2**
Number of counseling rooms: **2**

			Total		≤14		15 - 24		25 - 34		35 - 49		50+	
		Total	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
1	**Total number of clients (2+6)**	**2570**	**1368**	**1202**	**36**	**63**	**503**	**454**	**370**	**274**	**302**	**303**	**157**	**108**
2	Number new clients pre-test counselled (New=N)	**2212**	**1185**	**1027**	35	61	451	399	321	214	251	263	127	90
3	Number of new clients consented to HIV testing	**2213**	**1186**	**1027**	36	61	451	399	321	214	251	263	127	90
4	Number of new clients post-test counselled and received HIV test results	**2216**	**1186**	**1030**	36	64	451	399	321	214	251	263	127	90
5	Number of new clients HIV positive	**55**	**24**	**31**	0	0	0	3	4	11	13	16	7	1
6	Number of return/follow-up visit clients pre-test counselled (Return=RT+RW+RS)	**358**	**183**	**175**	1	2	52	55	49	60	51	40	30	18
7	Number of return/follow-up visit clients agreed and tested for HIV	**358**	**183**	**175**	1	2	52	55	49	60	51	40	30	18
8	Number of return/follow-up visit clients post-test counselled and given HIV test results	**358**	**183**	**175**	1	2	52	55	49	60	51	40	30	18
9	Number of return/follow-up clients HIV positive	**11**	**6**	**5**	0	0	0	1	2	4	2	0	2	0
10	Number of clients saying they will disclose test results to sexual partner (s)	**1894**	1012	882										
11	Number of inconclusive test results													
12	Referred from:													
	-TB= TB clinic (out-patients)	**0**												
	-STI= STI clinic (out-patients)	**0**												
	-OP= Out-patient health services (not STI or TB)	**0**												
	-IP= In-patient health services	**0**												
	-BTS=Blood transfusion services	**0**												
	-HBC= home based care	**0**												
	-Self referral	**0**												
12	Referrals to:													
	-CTC=care and treatment (CTC) services													
	-PMTCT=PMTCT centre													
	-TB=TB Clinic													
	-OTH=Other services													

Notes: * VCT Coordinator means the focal person in charge of reporting for the region
** Number of active counsellors is number of people who regularly provide HIV pre / post test counselling. Part t
***Attended training - this can be new training or refresher training

<u>Case Study:</u> ***Data Use – HIV/AIDS and VCT (10 min case study, 10 min discussion)***

Mr. Makusa is the District AIDS Control Coordinator for x District. On a recent visit to the district designated hospital, one of the counselors for VCT told him that the rate of HIV prevalence must be as high as 50% in Bunda District, since as many as 50% of those people that came in for VCT are HIV positive. Mr. Makusa knows from the THIS data that the prevalence in this region is 5.7%.

Should Mr. Makusa:-

- Allow the counselor to continue to believe that it is high, since then he may scare people more with that information and this will make transmission lower.
- Correct the counselor but tell him not to tell people the correct figure, because it will make people feel safer and engage in unsafe sex.
- Correct the counselor and tell him he must also tell people the true figure, since it will allow them to assess the situation more accurately.

Exercise 2: What can graphs and charts tell the organization? (20 minutes in plenary)

Study the Bar Charts on the following pages and answer the questions below:

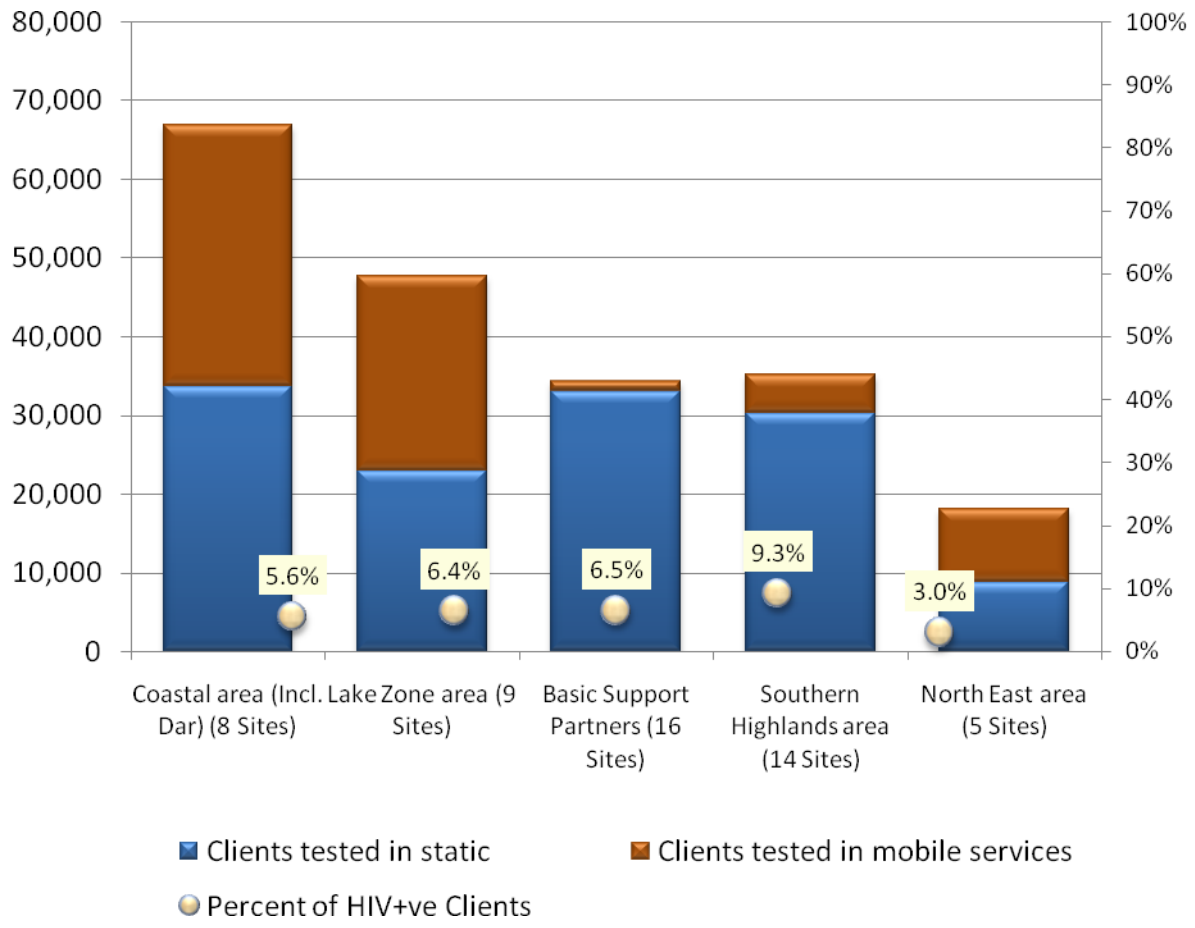
1. The first Angaza Zaidi Bar chart shows numbers of people tested for HIV by Area Support Office (ASO). The second shows the same data adjusted for the number of sites in each ASO: What do you see that can inform any programmatic changes?

2. Data from mobile VCT show large numbers tested but low HIV prevalence. What could this mean for any programmatic changes?

3. How could the bar chart of number of people tested for HIV through mobile outreach be used by the organization?

4. How could the organization use the data on prevalence of HIV by ASO?

Figure 1: Clients counseled and tested by geographical clusters (Oct. 08-Mar. 09)



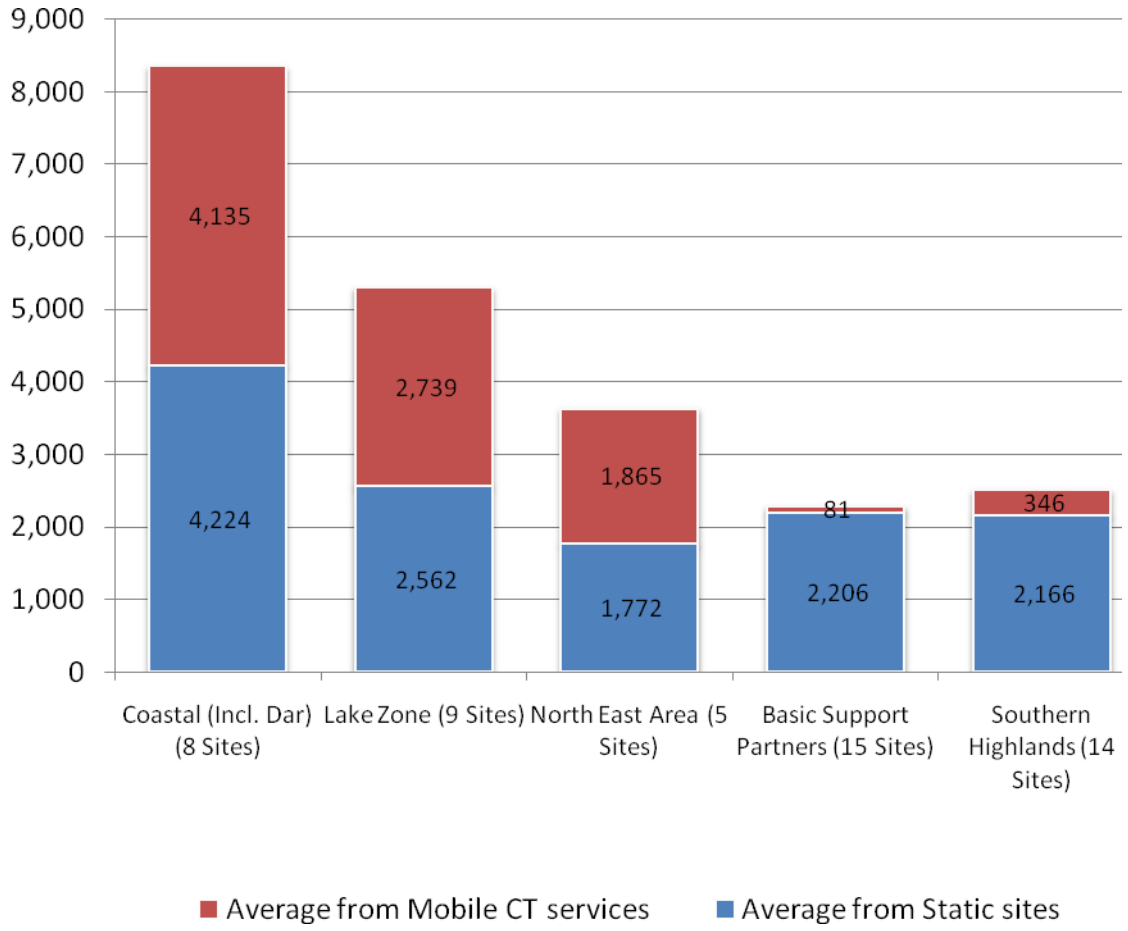
Answers (remove the answers when printing these sheets for the participants)

1. An Angaza Zaidi Bar chart of Area Support Offices (ASOs) shows #s reached with VCT. Second shows the same data adjusted for number of sites under each ASO: What do you see that can inform any programmatic changes (Answer: Southern Highlands' performance is actually the worst given the number of sites. They need to do more mobile outreach).

2. Data from mobile VCT show large numbers tested but low HIV prevalence. What could this mean for any programmatic changes? (Answer: They are going to schools and testing large numbers of students. They need to look for more high risk populations).

3. How could bar chart of # of people tested for HIV through mobile outreach be used by the organization? (Answer: They could request more funding).

Figure 2: Average clients counseled and tested per site per geographical cluster (Oct. 08-Mar. 09)



Answer (remove the answer when printing these sheets for the participants)

4. How could the organization use the data on prevalence of HIV in people tested through VCT by region? (Answer: 1) to check if the prevalence the project is reporting match national prevalence rates; 2) to target resources to areas with high prevalence

Exercise on Results Frameworks Day 3 (30 minutes)

You are a team of consultants to a VCT program, and you have been asked to develop a results framework. Take the list of activities (AC), outputs (OP), outcomes (OC) and impacts (IM) that are scrambled in the list below and put them in the right columns on the blank framework. Make sure that you can apply the "so that" chain to your final framework. (Answers are provided in parentheses, but should be removed when printing for participants)

1. Implement campaigns on VCT awareness, prevention and stigma reduction (BCC & IEC materials) (AC),
2. Policies, guidelines and manuals governing provision of quality VCT services updated and adopted. (OP)
3. HIV morbidity and mortality decreased (IM)
4. Increased demand for VCT services (OC)
5. Support MOHSW to draft policies on use of finger pricks for rapid HIV testing(AC),
6. Good policy and practice implemented in VCT sites (OC)
7. Increased number of HIV positive Tanzanians linked to HIV care, treatment , support and prevention services (OC)
8. High risk groups mobilized to test for HIV (OP)
9. Conduct community mobilization activities focusing on high risk groups (AC),
10. Procure and supply emergency HIV test kits and help districts to forecast supplies for VCT sites (AC)
11. Improved linkage of VCT sites reporting system to government system (OC)
12. Conduct training to VCT counselors on SI, M & E (AC)
13. Implement reporting structure and system for strengthened link of VCT sites to district reporting system (AC)
14. Conduct joint (with districts) capacity building workshop on strategic information, monitoring and evaluation (AC)
15. Support MOHSW to scale up PTCs through development of guidelines, manuals, and related tools(AC)
16. Advocate adoption of LAY Counselors as a cadre to bridge the Human Resources gap in rural settings (AC)
17. HIV prevalence rates in Tanzania decreased (IM)
18. Increased number of partners offering quality VCT services (OP)
19. Support MOHSW to review and improve VCT guideline and training manuals (AC)
20. Create mechanism for strengthened referral systems for HIV+ve clients (AC)
21. VCT counselors trained (OP)
22. Referral systems are in place to achieve integrated networks of services and increased access to the continuum of care (OP)
23. Conduct training to VCT counselors according to National guidelines (AC)
24. PTCs guidelines and manuals adopted by MOHSW (OP)
25. Increased accessibility to quality counseling and testing services (OC)
26. High quality CT services are provided by skilled and/or accredited providers (OC)
27. Capacity of districts to provide technical and financial oversight to CT sites strengthened (OC)
28. Conduct capacity building workshops in financial management and proposal writing (AC)
29. Improved data flow and feedback mechanisms of HIV/AIDS information (AC)
30. District staff trained (OP)
31. Referrals for HIV positive clients from CT sites to CTCs and support services Increased
32. Establish partnerships and provide grant support to scale up VCT services (AC)
33. Reduced HIV risk behaviors (OC)

ANNEX: Participant List

"Developing M&E teams that Lead" - workshop participants		
	Name	**Contact**
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