NGO CODE OF GOOD PRACTICE

Self-Assessment Checklist:
Treatment, Care and Support

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') states that the complex consequences of HIV and AIDS on individuals, families and communities require organisations to provide and/or advocate for treatment, care and support programmes that are comprehensive and integrated.

According to the Code, a comprehensive range of treatment, care and support includes:

- accessible and high-quality voluntary counselling and testing (VCT) services;

- tailored health information on antiretroviral (ARV) therapy;

- tailored support programmes including counselling, discussion groups, peer support and spiritual support;

- care services including home-based care, nursing care and palliative care;

- HIV treatment programmes;

- treatment and prevention of tuberculosis (TB) and sexually transmitted infections (STIs);

- support and assistance in relation to non-clinical aspects of treatment;

- information about household hygiene and sterilisation precautions;

- a range of support programmes including food, clothing, legal assistance and socioeconomic support, and;

- support, respite and training for family members and carers of PLHIV.

The Code identifies two key principles on treatment, care and support:

- We provide and/or advocate for comprehensive treatment, care and support programmes.

- We enable people living with HIV (PLHIV) and affected communities to meet their treatment, care and support needs.

This self-assessment checklist will help you assess the degree to which your organisation is successfully implementing these principles. The questions are designed to be thinking points/guidelines to help you identify areas that are already at a 'good practice' level, and areas that need to be developed and strengthened.

author

This checklist was developed by the European AIDS Treatment Group (EATG).

NGO CODE OF GOOD PRACTICE

Self-Assessment Instructions

This checklist should be completed by a group of three to five staff members who are involved with treatment, care and support programming at your organisation.

The checklist was designed to be applicable regardless of the level or type of service or programme NGOs are implementing on HIV treatment, care and support. It was not designed to assess specific kinds of services, but rather global concepts that are relevant to all treatment, care and support services. If you would like to evaluate specific types of treatment, care and support programmes, please refer to complementary checklists such as the voluntary counselling and testing (VCT) and the community home-based care modules.

Please indicate your answer to each question by marking the appropriate box.

Y   Yes, we undertake this work/activity

I   Insufficient, in preparation, or is not followed in practice

N   No, we've not yet tackled this work/activity

NR Not relevant to our work

Please be honest in completing this checklist. It is expected that your scoring will vary between modules, depending on your area of expertise.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term.

Action Plan

We challenge you to use this tool to identify areas that your organisation needs to strengthen in order to reach a 'good practice' level, and then develop a brief Action Plan that highlights examples of HOW you will improve your work on treatment, care and support over the next six months. You can use the Action Plan template provided at the end of this module or create your own.

There are eight Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing your organisation's treatment, care and support programming. As you develop your Action Plan, keep these questions in mind. If you have answered 'no' to any of them, addressing these issues is a good starting point for improving your programmes.

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org

Checklist

Please indicate your answer by marking the appropriate box.

- ◯ **Y** Yes, we undertake this work/ activity
- ◯ **I** Insufficient, in preparation, or being considered
- ◯ **N** No, we've not yet tackled this work/activity
- ◯ **NR** Not relevant to our work

A

Services are initiated based on the results of a needs assessment and reflect the local context

The choice and design of services must be based on a thorough assessment and understanding of local factors, including the nature of HIV epidemic, socio-economic pressures, cultural issues, religious needs, community needs, priorities and existing resources. An assessment should provide information on services that are available, ones that are missing, and problems need to be addressed as a priority. It should also identify existing initiatives that can complement treatment, care and support services and provide the basis for a referral system to maximize the use of available resources.

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   1. Before establishing your programme or service, did your organisation review the nature and impact of the HIV epidemic in the region?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   2. **Before establishing your programme or service, did your organisation conduct a comprehensive needs assessment, evaluating existing services (including healthcare facilities, NGOs, CBOs, and community- and home-based care initiatives) and gaps, and the needs of people living with HIV (PLHIV), key populations and affected communities?**

3. In creating your programme or service, did your organisation consult with different groups of people who are affected by HIV regarding their needs and preferences, including:

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   • PLHIV and their families (including men, women and young people)?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   • members of key populations[1] (men who have sex with men (MSM), sex workers and their clients, people who use drugs, prisoners and transgender people).

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   • female-headed households?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   4. Did your organisation assess socio-economic and cultural barriers to the implementation of your programme or service, such as levels of stigma and discrimination and poverty levels?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   5. Did your organisation assess gender differences in the need for and access to HIV treatment, care and support?

Actions needed to support Section A:

1. There are five 'key populations' that have a disproportionately high prevalence of HIV infection when viewed across countries globally.

Ideally, the above activities should be undertaken during the programme or service development stage. However, if you have answered no/insufficient to any questions in Section A, consider the following actions to add value to your organisation's work:

- Evaluate how well your service is meeting the needs of its clients, including those with the poorest access to treatment, care and support. You can gather this information through questionnaires, user data or interviews, and many other sources. It would also be useful to include information from individuals who are not currently using the service but may have a need for it in the future, such as users of complementary services.

- Assess all potential barriers to implementation of your service (poverty levels and other socio-economic pressures, distance from services, attitudes towards HIV, levels of stigma and discrimination, and cultural and religious factors).

- Use the results of your assessments to direct future service changes in order to meet the community's needs as effectively as possible.

B

The service is client-centred
- They are sensitive to gender, age and key populations.
- They are accessible in terms of operating hours, distance and affordability.
- They are empowering for PLHIV.

B.1: The service is client–centred - it is sensitive to gender, age and key populations

Services should recognise and respond to specific needs relat to gender and age, as well those of key populations. Addressing these factors will help to increase the effectiveness and accessibility of your services.

1. In its written policies does your service include mechanisms to address:

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues of gender and gender equity?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues related to different age groups?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • specific needs of key populations (men who have sex with men (MSM), sex workers and their clients, people who use drugs, prisoners and transgender people)?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues related to key populations (for example, discriminatory attitudes towards sex workers and their clients, or people who inject drugs)?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   2. **Has your service included features designed specifically to meet the identified needs of key populations?**

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   3. Does your organisation have mechanisms to engage key populations that are hard to reach?

4. Does your organisation train staff and volunteers on:

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues of gender and gender equity?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues related to different age groups?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   • issues related to key populations?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   5. Does your organisation involve PLHIV (including women and girls living with HIV), and /or member of hey populations and affected communities as staff, volunteers or programme partners?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	6.	Does your organisation have an effective system of referral that helps members of key populations identify organisations, services and other institutions that can help to meet their needs comprehensively?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	7.	Does your organisation integrate appropriate services and information related to diverse issues that members of key populations might be facing (for example, promoting both safer sex and harm reduction among HIV positive injecting drug users)?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	8.	Does your organisation offer non-judgmental and confidential services to young people, unmarried women, sex workers, people who use drugs, MSM and transgender people?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	9.	Does your organisation aim to offer services in clients' first language using translation where necessary?'

Actions needed to support Section B.1:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Assess the needs of PLHIV and their families, members of key populations and affected communities to identify gaps in existing service provision and ensure that your organisation's services are effectively meeting their needs.

- Actively seek hard to reach populations by creating partnerships with organisations previously working with them, conducting outreach work and including them in programme decisions.

- Work to create bi-directional referral systems with partners servicing diverse groups.

- Include people from key populations (including women and young people) as staff, volunteers and meaningful programme partners.

B.2: The service is client–centred - it is accessible in terms of operating hours, distance and affordability

In order for services to be accessible to all those who need it, they should be available at a wide variety of locations with different operating times. Services must also be accessible in terms of cost; fees may pose a serious obstacle and should be carefully considered and reviewed.

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	**11. In planning the service, did you consider the accessibility and affordability of the service?**
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	12. When deciding on the location and operating hours of the service, did your organisation consult with PLHIV (including women, young people, sex workers, migrant workers) and/or consider their identified needs?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	13. When deciding on a user fee/service charges, did your organisation consider how these fees could affect service utilisation?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	14. Does your organisation have systems in place to address economic barriers to service access (for example, a sliding scale payment system)?
◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	15. When evaluating your service, does your organisation include indicators related to the accessibility and affordability of your service?

Actions needed to support Section B.2:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Engage PLHIV and their families, members of key populations and affected communities in a discussion on ways of improving the accessibility of your organisation's service.

- Strengthening your organisation's links with and referral to other organisations providing complementary services.

- Include accessibility and affordability indicators in regular evaluations in order to identify specific groups that are not being reached.

B.3: The service is client–centred - it is empowering for PLHIV

Providing information that is relevant to the needs, health and well-being of PLHIV, and building their skills to apply that knowledge in a meaningful way, is a means of empowering PLHIV to make informed decisions and solve problems. Services should therefore have built-in components (or referrals to other organisations/service providers) that strengthen the capacity of PLHIV, and ultimately improve the effectiveness with which PLHIV are able to support themselves. It is important that these components also target family members and caregivers, as they are often the people who provide day-to-day home-based care and support. It is equally important that service users play a meaningful role in the in the design, implementation and evaluation of programmes and services, as illustrated in Section C.

○ **Y** ○ **I** ○ **N** ○ **NR**   16. Does your organisation provide information on care, treatment and support to PLHIV and their families and caregivers (for example on antiretroviral drug therapy, side-effects, self-care, financial aid/income generation, etc)?

○ **Y** ○ **I** ○ **N** ○ **NR**   17. If no, does your organisation have an established referral system to other organisations/service providers that can provide the relevant information?

○ **Y** ○ **I** ○ **N** ○ **NR**   18. If yes, was it developed in collaboration with PLHIV, their families and care givers with the recognition of the needs of men, women and children living with HIV?

○ **Y** ○ **I** ○ **N** ○ **NR**   19. Is the information user-friendly and context specific (for example using simple, context-specific information presented in a local language, using a variety of communication mediums)?

○ **Y** ○ **I** ○ **N** ○ **NR**   20. Is appropriate information available for people who are illiterate or living with disabilities?

○ **Y** ○ **I** ○ **N** ○ **NR**   21. When evaluating your service does your organisation include indicators related to the empowerment of PLHIV?

Actions needed to support Section B.3:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Investigate how capacity strengthening services could be provided to your service users, either as an addition to your existing services or through other organisations. Examples of capacity strengthening initiatives include the engagement of service users in the strengthening of informational materials targeting diverse client groups and affected individuals or holding skill-building sessions on topics such as self-care for people living with HIV, income generation, family care, etc.
- Ensure the inclusion of a diverse range of PLHIV in service design, implementation and evaluation.
- Test the informational material with intended users, in order to ensure it is user-friendly and appropriate to the local context.
- Increase the accessibility of materials (for example, disseminating it through other organisations/services and conducting community outreach).

Checklist

C

The organisation meaningfully involves PLHIV, members of key populations and affected communities in the design, implementation and evaluation activities

The meaningful involvement of PLHIV and affected communities (MIPA) is at the centre of the HIV response. Involving PLHIV is critical for a number of reasons including: it ensures that issues that are important to the local community are considered in the design of services and; it can unveil and address hidden barriers (including sociocultural, psychological, and economic factors).

In order to develop and implement effective services, NGOs should involve PLHIV, members of key populations and affected communities in all processes, including the design, implementation and evaluation of interventions and services.

○ Y ○ I ○ N ○ NR	1. **Does your organisation involve PLHIV, members of key populations and affected communities (including women and girls) in the design, implementation and evaluation of your service?**
○ Y ○ I ○ N ○ NR	2. Does your organisation have a written policy of involving PLHIV as staff and volunteers in your service?
○ Y ○ I ○ N ○ NR	3. Does your organisation have a supportive environment which actively encourages the involvement of women, young people, and members of key populations and affected communities?
○ Y ○ I ○ N ○ NR	4. Does your organisation include PLHIV in service monitoring activities – setting success indicators, assessing services, analysing findings and providing recommendations?
○ Y ○ I ○ N ○ NR	5. Are PLHIV involved in your organisation representative of the diverse range of age, gender and sexuality of PLHIV?

Actions needed to support Section C:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

• Actively seek ways to include a diverse range of PLHIV, members of key populations and affected communities as meaningful partners in all processes. For example, ensure the inclusion of PLHIV (including men and women, young and old) in service development and modifications, as staff and volunteers, and in monitoring and evaluation processes. Involve individuals from diverse places such as organisation members, external experts from the field or from the community.

• Develop a written policy explicitly stating the role of PLHIV within the service, for example as partners, co-planners, staff and volunteers.

Checklist

D

The service is based on respect for human and patient rights

Stigma and discrimination are major barriers to services and care-seeking behaviours. For an individual to achieve his or her right to health, he or she must be treated with dignity and respect and in a non-judgmental and non-coercive manner. Services, staff and volunteers must maintain confidentiality. Clients have the right to make informed choices with respect to all of their treatment, care and support needs. In order for service providers to be trusted and accepted by clients, these factors must be considered and addressed.

○ Y ○ I ○ N ○ NR **1. Is the service built on human rights principles?**

This includes:

○ Y ○ I ○ N ○ NR • the right to health

○ Y ○ I ○ N ○ NR • the right to equality and non-discrimination

○ Y ○ I ○ N ○ NR • the right to privacy

○ Y ○ I ○ N ○ NR • the right to information

○ Y ○ I ○ N ○ NR • the right of participation

○ Y ○ I ○ N ○ NR • the right to enjoy the benefits of scientific progress

○ Y ○ I ○ N ○ NR 2. Are these principles reflected in policy documents that are in use within your organisation?

○ Y ○ I ○ N ○ NR 3. Does the service have built-in mechanisms to ensure privacy, data protection and confidentiality?

○ Y ○ I ○ N ○ NR 4. Does your organisation take measures to ensure that the service is assessable to all who need it?

5. Does your organisation train staff and volunteers on:

○ Y ○ I ○ N ○ NR • human rights issues?

○ Y ○ I ○ N ○ NR • providing services in a non-judgmental manner?

○ Y ○ I ○ N ○ NR • different needs of men, women and young people?

○ **Y** ○ **I** ○ **N** ○ **NR**	6. Does your organisation provide easily accessible information about basic human rights to clients?
○ **Y** ○ **I** ○ **N** ○ **NR**	7. Does your organisation provide advice, advocacy support or services (or referral to these services) in case of violation of basic human rights for individuals?

Actions needed to support Section D:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Revise all policy documents to be in line with human rights principles. Use section 2.4 of the Code as guidance.

- Ensure that staff members have adequate training and a solid understanding of human right issues, gender issues, provision of nonjudgmental services, and a good understanding of HIV-related stigma and discrimination and its causes.

- Provide information to clients on human rights and steps that they can take in the event of human right violations, as well as services they can access for support.

- Get involved in advocacy initiatives for human and patient rights.

E

The service is integrated within a network and has an effective referral system

PLHIV have complex medical, emotional and social needs, which vary in different epidemics and settings, and throughout different stages of disease. In order to achieve comprehensive treatment, care and support, PLHIV must have access to a wide range of services. Individual services need to be a part of a network of services, with a referral system that provides additional and/or follow up services. It is also important to refer people to good quality services that have sufficient capacity to take on new clients.

Organisations need to be aware that referral systems are not always easy to follow, and there should be tools to assist both clients and service providers in this task. Tools should provide the basic information about services within the referral network, including the location, service hours, contact information and the types and costs of services offered.

◯ Y ◯ I ◯ N ◯ NR	1. Is your organisation aware of other local organisations that provide complementary health, social and other support services?
◯ Y ◯ I ◯ N ◯ NR	2. Does your organisation have a list of complementary services, including service descriptions, locations, times and contact information?
◯ Y ◯ I ◯ N ◯ NR	3. **Is your service linked with other treatment, care and support services into a simple and effective referral network?**
◯ Y ◯ I ◯ N ◯ NR	4. Do your staff and volunteers know how to make an effective referral to complementary health, social and other support services?
◯ Y ◯ I ◯ N ◯ NR	5. Does your organisation have a standard referral procedure that is effectively implemented?
	6. Through your organisation's own services and referral network, are you able to cover the following service and information needs:
◯ Y ◯ I ◯ N ◯ NR	• HIV counselling and testing?
◯ Y ◯ I ◯ N ◯ NR	• opportunistic infections: prevention and treatment?
◯ Y ◯ I ◯ N ◯ NR	• tuberculosis; detection, prevention and treatment?
◯ Y ◯ I ◯ N ◯ NR	• sexually transmitted infections: diagnosis and treatment?
◯ Y ◯ I ◯ N ◯ NR	• hepatitis: diagnosis and treatment?
◯ Y ◯ I ◯ N ◯ NR	• antiretroviral drug therapy and adherence, including counselling and support?

○ **Y** ○ **I** ○ **N** ○ **NR**   • psychosocial support for PLHIV, including counselling, discussion groups, peer support and spiritual support?

○ **Y** ○ **I** ○ **N** ○ **NR**   • sexual health and reproductive health services for PLHIV and discordant couples, including advice on contraception and prevention of mother to child transmission of HIV (PMTCT)?

○ **Y** ○ **I** ○ **N** ○ **NR**   • HIV prevention services for key populations and other vulnerable populations?

○ **Y** ○ **I** ○ **N** ○ **NR**   • positive prevention?

○ **Y** ○ **I** ○ **N** ○ **NR**   • post-exposure prophylaxis for people who are raped?

○ **Y** ○ **I** ○ **N** ○ **NR**   • PMTCT and health services for HIV-positive mothers and infants?

○ **Y** ○ **I** ○ **N** ○ **NR**   • palliative care: treatment of pain and other symptoms, psychosocial and spiritual support and end-of-life care?

○ **Y** ○ **I** ○ **N** ○ **NR**   • care services, including home-based care and nursing care?

○ **Y** ○ **I** ○ **N** ○ **NR**   • nutritional and daily living support?

○ **Y** ○ **I** ○ **N** ○ **NR**   • support, respite and training for family and carers of PLHIV?

○ **Y** ○ **I** ○ **N** ○ **NR**   7. Do your organisation's links and referral processes address the needs of both the general public and key populations?

○ **Y** ○ **I** ○ **N** ○ **NR**   8. Are the quality and effectiveness of your organisation's referral services assessed regularly?

○ **Y** ○ **I** ○ **N** ○ **NR**   9. Is your organisation aware of the capacity of referral sites to accept additional clients?

○ **Y** ○ **I** ○ **N** ○ **NR**   10. Do you have mechanisms in place to ensure effective follow-up of individual clients?

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Actions needed to support Section E:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Advocate for any services from the list that are currently unavailable.

- Introduce standard referral procedures and train staff accordingly.

- Generate a client-tailored list of complementary services, including location, service hours, contact information and the types and costs of services offered. This should include information for the general public and for key populations.

- Check the quality of services that you refer clients to including their accessibility and sensitivity to gender, age and key populations. Ideally, these services should also be assessed with the same set of criteria you are now using for your service. When possible, create partnerships only with services meeting your quality standards.

- Determine the capacity of referral services and monitor the number of referrals you make to ensure that you are not exceeding this capacity.

- Introduce mechanisms to prevent loss of follow-up, for example using a client tracking system or outreach workers.

F

The service quality is maintained

The service maintains quality via:
- Quality service providers
- Written standards and guidelines
- Monitoring and evaluation

F.1: The service maintains quality via quality service providers

Services rely on a range of people who require diverse sets of skills. Regardless of whether the service provider is a volunteer or employee, a helper or skilled professional, basic requirements must be met to ensure a high quality service. Varied and continued trainings are an asset and organisations should have written policies to promote them. Mentoring and supportive supervision, as well as teamwork, can help service providers deal with stress, solve problems and avoid burnout.

○ Y ○ I ○ N ○ NR   1. Are staffing requirements clearly defined in the terms of reference for each position?

○ Y ○ I ○ N ○ NR   2. Are the training requirements for all staff and volunteer positions clearly defined?

○ Y ○ I ○ N ○ NR   3. Does each staff member or volunteer have a plan for ongoing refresher training?

4. Does your organisation provide basic training and capacity-building sessions for staff and volunteers on:

○ Y ○ I ○ N ○ NR   • HIV care and treatment in general?

○ Y ○ I ○ N ○ NR   • their job responsibilities?

○ Y ○ I ○ N ○ NR   • the aims, objectives and targets of the service?

○ Y ○ I ○ N ○ NR   5. Does your organisation provide regular training for all staff and volunteers?

○ Y ○ I ○ N ○ NR   6. Does your organisation sensitise all staff and volunteers on issues regarding HIV and key populations?

○ Y ○ I ○ N ○ NR   7. Do staff members and volunteers understand the diverse needs of people of different gender, age and sexuality?

○ Y ○ I ○ N ○ NR   8. Does your organisation provide mentoring and supportive supervision?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	9.	Does your organisation organise interdisciplinary teams and nurture teamwork?		

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	10.	Are staff/volunteer meetings periodically held to discuss and update information related to the service?		

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**	11.	Does your organisation compensate your staff and volunteers fairly for their work?		

Actions needed to support Section F.1:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Ensure each staff member/volunteer has a clear understanding of his/her responsibilities as well as the aims and objectives of the service and organisation in general.

- Facilitate an opportunity for teamwork within and between disciplines such as multidisciplinary workshops/conferences or joint programmes.

- Compensate your employees fairly for their work. You might decide to establish standard compensation schemes, which would be corresponding to the type of service, and would be based on objective criteria. You can refer to payment systems of other organisations. This would promote equity and facilitate cooperation between services.

Checklist

F.2: The service maintains quality via written standards and guidelines

The guidelines that your service uses in everyday work should be informed by evidence and good practice, and should aim to assist in the provision of quality services. Guidelines set the minimum requirement for a quality service, and if they are not applied, the service is considered to be insufficient or of low quality. Guidelines also protect both service provider and client.

◯ Y ◯ I ◯ N ◯ NR	12. Does your organisation have documented guidelines and/or standard service operating procedures?
◯ Y ◯ I ◯ N ◯ NR	13. If yes, **are your guidelines in line with national guidelines for HIV and AIDS treatment, care and support, or, if these do not exist, are they in line with internationally recognised guidelines?**
◯ Y ◯ I ◯ N ◯ NR	14. If yes, are they properly introduced and implemented by all staff and volunteers?
◯ Y ◯ I ◯ N ◯ NR	15. Does your organisation regularly update guidelines and policies based on needs, evaluations, recent developments and new information?
◯ Y ◯ I ◯ N ◯ NR	16. Does your organisation have mechanisms in place to assess how well guidelines are being followed?
◯ Y ◯ I ◯ N ◯ NR	17. Do the guidelines describe step-by-step management of services?
◯ Y ◯ I ◯ N ◯ NR	18. Does your organisation use case studies and lessons learned to identify needs and suggestions for protocols?

Actions needed to support Section F.2:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Write comprehensive service guidelines based on national, or if unavailable, international (for example, WHO) guidelines for your HIV treatment, care and support service. If no national guidelines are in place, advocate for national guidelines to be developed.

- Ensure that staff and volunteer training includes familiarisation with the guidelines.

- Assess the degree of guideline utilisation within your organisation's service provision.

- Implement a system for guideline review and revision, ensuring that this is a participatory process.

- Include global and specific items in your guidelines, including strategies for dealing with specific cases.

Checklist

F.3: The service maintains quality via monitoring and evaluation

While monitoring and evaluation are often paired, they are two distinct activities. Monitoring is concerned with ongoing collection of information to assess the degree to which planned activities are being accomplished. Evaluation, often divided into 'Implementation' and 'Impact' sub-groups, shows if programme objectives are being met through the collection and analysis of data and information. The information from both monitoring and evaluation processes should be used to improve the effectiveness of the service. Services should be flexible enough to respond to the monitoring and evaluation feedback.

◯ Y ◯ I ◯ N ◯ NR	**19. Does your organisation have a system in place to monitor and evaluate your service?**
◯ Y ◯ I ◯ N ◯ NR	20. Does your organisation monitor access to and the quality of your service amongst a cross-section of PLHIV, different gender and age groups, and key populations?
◯ Y ◯ I ◯ N ◯ NR	21. Has your organisation identified indicators (objective measures of change) for evaluating your service performance?
◯ Y ◯ I ◯ N ◯ NR	22. Does your organisation routinely collect and analyse data and information at prescheduled times, at least once a year?
◯ Y ◯ I ◯ N ◯ NR	23. If yes, do you evaluate whether the planned activities were carried out (implementation evaluation) and their impact (impact evaluation)?
◯ Y ◯ I ◯ N ◯ NR	24. Do you use the results of the evaluation to modify the existing services and/or develop new ones?

Actions needed to support Section F.3:

If you have answered 'no' or 'insufficient' to any of these questions, consider the following actions:

- Design and train all staff and volunteers to use a monitoring system compatible with your service.

- Systematically identify age- and gender-disaggregated indicators that will provide an objective measure for each desired activity within your service. Each activity should have a minimum of one indicator but may have more than one.

- Ensure that the indicators capture information on both Implementation and Impact.

- Create a formal revision system where monitoring and evaluation results can be discussed and used to facilitate positive change.

Action Plan:
Treatment, Care and Support

In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level.

Please complete the Action Plan table on the next page and highlight examples of how you will improve your organisation's work on TCS over the next six months, thinking first about the Key Questions below. If you answer 'no' to any of these eight questions, it would be important for you to start here in improving your work!

Key Questions

1. Before establishing your programme or service, did your organisation conduct a comprehensive needs assessment, evaluating existing services (including healthcare facilities, NGOs, CBOs, and community- and home-based care initiatives) and gaps, and the needs of people living with HIV (PLHIV), key populations and affected communities?

2. Has your service included features designed specifically to meet the identified needs of key populations?

3. In planning the service, did you consider the accessibility and affordability of the service?

4. Does your organisation involve PLHIV, members of key populations and affected communities (including women and girls) in the design, implementation and evaluation of your service?

5. Is the service built on human rights principles?

6. Is your service linked with other treatment, care and support services into a simple and effective referral network?

7. Are your guidelines in line with national guidelines for HIV and AIDS treatment, care and support, or, if these do not exist, are they in line with internationally recognised guidelines?

8. Does your organisation have a system in place to monitor and evaluate your service?

Please remember to save your completed action plan and email it to **info@hivcode.org** or send it to **PO Box 372, 1211 Geneva 19, Switzerland.**

Name of Organisation	Contact Person	Email Address

Signed	Date

Expected Outcomes (What do we want to achieve?)	Key Activities (What do we need to do?)	Action Points (What kind of support do we need to do it?)	Resources (What kind of support do we need to do it?)	Timeframe (When will we do it?)