Annex Ia

Organizational Capacity Assessment (OCA)

Organizational Capacity Assessment (OCA) Tool Goal:

The underlying philosophy of organizational assessment is that organizations are organic and need to change over time as they mature. For NPI partners, the objectives of the organizational assessment process and follow-up are to ensure that by the end of a project, they have:

- Improved the quality of their management and program implementation;
- Developed tools, which can be reapplied periodically, to assess their progress and promote continuous planned improvement;

- Implemented tools to use with their subpartners to improve managerial and technical systems; and
- Maintained changes gained in their capacity over time that can be confirmed by analyzing scores against agreed-upon standards.

Purpose:

The OCA tool provides a framework for assessing an organization's systems, assets, and activities. The tool is a grid that examines the following eight elements of organizational capacity and their components:

1. Governance
2. Administration
3. Human Resources
4. Financial Management

5. Organizational Management
6. Program Management
7. Project Management
8. Leadership and Team Dynamics

The grid allows the user to rate the organization—using a 1 to 4 point scale—on each element by selecting the text that best describes the organization's current status or performance. It is very difficult to quantify the dimensions of capacity and, as a result, the descriptive text under each column in the grid is not meant to be exact. Rather, the ratings or scores are meant to provide a general indication—a "pulse" taking, if you will—of an organization's capacity level, in order to identify potential areas for improvement.

NOTE: Items in the OCA grid marked with a ★ are issues that must be addressed to be in compliance with user rules and regulations. Those marked with a ● are important for ensuring overall organizational effectiveness.

GOVERNANCE

	Low Capacity 1	Basic Capacity 2	Moderate Capacity 3	Strong Capacity 4
Vision/Mission	The organization does not have a clearly stated vision and/or mission of what it aspires to achieve or become	The vision and/or mission provides a moderately clear or specific understanding of what the organization aspires to become or achieve; lacks specificity or clarity; is not widely held and rarely used to direct actions or set priorities	The vision and/or mission is a clear and specific statement of what the organization aspires to become or achieve; is well known to most but not all staff and is sometimes used to direct actions and set priorities	The vision and/or mission provides a clear, specific, and forceful understanding of what the organization aspires to become or achieve; is broadly held within the organization and consistently used to direct actions and set priorities
Organizational Structure	The organization has no formal structure and department and or key functions responsibilities are not clearly defined and/or functions are not clear.	The organization has a basic organizational structure with adequate definitions of departmental responsibilities and/or key lines of responsibility and communication among departments and/or key functions somewhat clear.	The organization has an organizational structure which is well designed and relevant to its mission/goals; roles and responsibilities of departments and/or functions are clearly defined and appropriate.	The organization has an organizational structure which is well designed and relevant to the mission/goals, roles and responsibilities of departments and/or key functions are clearly defined and appropriate, and lines of communication and coordination among departments and/or key functions is clear and functional.
Board Composition and Responsibility	Board membership is drawn from a narrow spectrum; members have little or no relevant experience. Meetings are infrequent and/or poorly attended and undocumented. Board does not have TOR or a clear understanding of its key functions. Board term limits are not defined or are unreasonable. There is no process for electing officers.	Board membership is drawn from a somewhat broad spectrum; some members have relevant experience. Meetings are well planned and occur at regular intervals, but attendance and/or documentation is irregular. Board has TOR and a clear understanding of its key functions, but those functions are carried out inconsistently. Board term limits not defined or are unreasonable. There is no process for electing officers.	Board membership is drawn from a broad spectrum; all members have relevant experience. Meetings are well planned, documented and occur at regular intervals with good attendance. The board has clear TOR and a good understanding of its key functions and those functions are mostly carried out. Board term limits are defined and reasonable. Officers are informally selected.	Board membership is drawn from a broad spectrum; all members have relevant experience. Board displays a high willingness and proven track record of investing in learning about the organization and addressing its issues. Meetings are well planned, documented and occur at regular intervals with excellent attendance. Board has clear TOR and a good understanding of its key functions and those key functions are all consistently carried out. Board term limits are defined and reasonable. Officers are elected/appointed according to board procedures.

	1	2	3	4
Legal Status	Organization is not legally registered, registration is expired, or organization does not know its legal status and labor laws and is not aware of its tax status and or is not paying taxes.	Organization has applied for legal status but is not currently a legally recognized entity in the country in which it operates. Organization is aware of tax status and labor laws but is not fully compliant.	Organization is legally registered and is aware of tax status, but is not always compliant with tax obligations and/or labor laws.	Organization is legally registered, is aware of tax status and is fully compliant with tax obligations and labor laws.
Succession Planning	Very strong dependence on CEO/ executive director, organization would cease to exist without his/her presence. There is no plan for how the organization will continue if the CEO/ED leaves.	High dependence on CEO/ executive director; organization would continue to exist without his/her presence, but likely in a very different form or with significant drops in capability and quality. There is no plan for how the organization will continue if the CEO/ED leaves.	Limited dependence on CEO/ executive director; organization would continue in a similar way without his/her presence, but fundraising operations and/ or program quality would suffer significantly during the transition. A plan for how organization will continue should the CEO/ED leave exists, but no member of management could potentially take on CEO/ED role.	Reliance but not dependence on CEO/ED; A clear succession plan exists. A smooth transition to new leader could be expected; fund- raising, operations and program quality would continue without major problems; senior management team can fill in during transition time; one or more members or the management team could take on the CEO/ED role if needed.

ADMINISTRATION

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	2	3	4
Operational Policies, Procedures and Systems	The organization has no documented administrative procedures and information systems are insufficient to manage its operations and/or programs.	The organization has some documented administrative procedures but they are not complete and appropriate. Information systems support operations and programs at basic levels of functionality.	The organization has most or all documented administrative procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to. Information systems are sufficient to support operations and programs at a good level of functionality without major inputs.	The organization has complete and appropriate documented administrative procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated. Information systems support operations and programs at a high level of functionality and systems are in place for sustaining them.

Category	1	2	3	4
Travel Policies and Procedures ★	The organization has no documented travel procedures. (i.e. per diem levels, forms, approval procedures).	The organization has some documented travel policies procedures but they are not complete and appropriate.	The organization has most or all documented travel procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented travel procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Procurement ★	The organization has no documented procurement procedures. (i.e. procurement plan, procurement manual, USG approvals).	The organization has some documented procurement policies procedures but they are not complete and appropriate.	The organization has most or all documented procurement procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented administrative procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Fixed Assets Control ★	The organization has no documented fixed asset procedures. (i.e. inventory of assets and systems for stock control.)	The organization has some documented fixed asset policies but they are not complete and appropriate.	The organization has most or all documented fixed asset procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented fixed asset procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Branding/Marking ★	The organization has no documented branding/marking procedures.	The organization has some documented branding/marking policies but they are not complete and appropriate.	The organization has most or all documented branding/marking procedures and they are appropriate. They are either not known to staff and/or or are not consistently adhered to.	The organization has complete and appropriate documented branding/marking procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated. Branding and marking strategy is approved by USG as required.

HUMAN RESOURCES MANAGEMENT

	Low Capacity — 1	Basic Capacity — 2	Moderate Capacity — 3	Strong Capacity — 4
Operational Policies, Procedures and Systems	The organization has no documented administrative procedures and information systems are insufficient to manage its operations and/or programs.	The organization has some documented administrative procedures but they are not complete and appropriate. Information systems support operations and programs at basic levels of functionality.	The organization has most or all documented administrative procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to. Information systems are sufficient to support operations and programs at a good level of functionality without major inputs.	The organization has complete and appropriate documented administrative procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated. Information systems support operations and programs at a high level of functionality and systems are in place for sustaining them.
Recruitment and Retention	Organization has no guidelines or consistent approach to recruitment and/or no approaches for retaining staff are in place.	Organization has basic guidelines for recruitment and hiring but they are not consistently applied or followed and HR staff have not been trained/ oriented to apply them. And/or the organization has basic approaches for retaining staff, but does not conduct exit interviews, store information on leavers or provide opportunities for career advancement	The organization has clear recruitment and hiring guidelines and the process is transparent; but the guidelines are not consistently applied. HR staff have not been trained/oriented to apply the guidelines. The organization has good approaches for retaining staff, conducts exit interviews, stores information on leavers and provides opportunities for career advancement.	The organization has clear recruitment guidelines and the process is transparent; the guidelines are consistently applied and HR staff have been trained/oriented to apply the guidelines. The organization has strong approaches for retaining staff that are reviewed and modified to ensure effectiveness. Exit interviews are conducted and information on leavers is stored. Opportunities for career advancement are available.
Staffing Levels	The organization has no formal staffing plan. Many key management and technical positions within the organization are unfilled, or filled by persons without the right qualifications or skills. Attrition is high or staff attendance problems severe.	The organization has a formal staffing plan and most key management, technical, administration and finance positions are filled with qualified and skilled staff and the organization's attrition rate and/or staff attendance problems are moderate.	The organization has a staffing plan and all key management and other positions (technical, admin, finance) within the organization are staffed with qualified and skilled persons and the organization's attrition rate and/or attendence problems are minimal.	All positions within the organization are staffed with qualified and skilled persons. When gaps exist they are minimal, recent and recruitment is active. No attendance problems exist. The organization has an approach to rapidly filling new positions in environments where staff turnover is high.

	1	2	3	4
Personnel Policies ★	The organization has no personnel policy manual.	The organization has personnel policies that include either a drug free workplace policy, non-discrimination policies (for US organizations), or timekeeping policy. The policies may or may not correspond to the organization's practice with regard to HR and they do not require signature statements and have not been disseminated to all staff. There is no process for updating personnel policies and manuals	The organization has personnel policies which include a drug free workplace policy, non-discrimination policies (for US organizations) and timekeeping policy. The policies correspond with the organization's practice with regard to HR, but they do not require signature statements and/or have not been disseminated to all staff. There is no system for updating personnel policies and manuals.	The organization has personnel policies which include a drug free workplace policy, non-discrimination policies (for US organizations) and timekeeping policy. The policies correspond with the organization's practice with regard to HR. They require signature statements and have been disseminated to all staff and are on file. There is a system for updating personnel policies and manuals.
Staff Time Management ★	The organization has no policy or system for documenting staff work hours.	The organization has a staff billing policy and timesheets but they do not meet USG requirements: staff and supervisors have not been oriented to complete them properly; timesheets are not reviewed or signed by a supervisor.	The organization has a billing policy and timesheets that conform to USG requirements. Staff and supervisors have been oriented to complete them properly. Timesheets are reviewed and signed by a supervisor, but they are not always completed and submitted in a timely manner and payment is not based on the information included in the timesheets.	The organization has a billing policy and timesheets that conform to USG requirements. Staff and supervisors have been trained to complete them. Timesheets are reviewed and signed by a supervisor, they are completed and submitted in a timely manner, and payment corresponds to the information documented in the timesheets.
Staff Professional and Salary History Documentation ★	The organization does not keep staff and consultant CVs or biodata forms on file	The organization keeps staff and consultant CVs, but biodata forms are not kept on record. Changes in staff work status (part/full time, maternity leave), salary and benefits are not kept on file.	The organization keeps staff and consultant CVs and biodata forms on file but they are not used to check staff salary history. Changes in staff work status are filed, but not up-to-date.	The organization keeps staff CVs and these are up dated for records and proposal purposes. Staff biodata forms are kept on file and are used to check salary history. Changes in staff work status are filed and up-to-date.

	1	2	3	4
Staff Salaries and Benefits Policy ★	The organization has no clear rationale for staff salaries, such as pay grade and range, benefits are not clearly documented in a policy manual and/or are not equitably applied and/or do not conform to national labor requirements.	The organization has a clear rationale for staff salaries, such as pay grade and range, but it is not consistently applied and is not reviewed and updated annually; benefits are clearly documented in a policy manual but are not equitably applied and/or do not conform to national labor requirements.	The organization has a clear rationale for staff salaries, such as pay grade and range, and this is consistently applied to all staff but is not reviewed and updated annually; benefits are clearly documented in a policy manual, are equitably applied and conform to national labor requirements.	The organization has a clear rationale for staff salaries, such as pay grade and range, that is consistently applied to all staff and is reviewed and updated annually; pay increases follow the salary framework and or pay increase policy; benefits are clearly documented in a policy manual, are equitably applied and conform to national labor laws. Performance review and pay period are coordinated.
Staff Performance Management ●	The organization has no process for regularly assessing staff performance including objective setting, listing of responsibilities/ tasks and assessment of performance. Changes in staff work status are not kept on file.	The organization has a process for assessing staff performance, but it does not include objective setting, list of responsibilities/tasks, supervision or professional development. It is not participatory and follows an auditing approach rather than a supportive supervision approach. Changes in staff work status, salary and benefits are neither consistently filed nor up to date.	The organization has a process for assessing staff performance that includes objective setting, listing of responsibilities/tasks, assessment of performance on past activities, supervision and professional development. It is conducted as a participatory process, but is not regularly applied or not conducted for all staff. Changes in staff work status, salary and benefits are consistently filed and up to date	The organization has a process for assessing staff performance that includes objective setting, listing of responsibilities/tasks, assessment of performance on past activities, supervision and professional development. It is conducted for all staff at a minimum of once a year. Changes in staff work status, salary and benefits are consistently filed and up to date and available to staff.
Volunteers/Interns ●	There is no volunteer/intern policy and no selection process or management and supervision guidance for volunteer support.	There is a volunteer/intern policy which includes selection, supervision and support guidance. There are performance standards but volunteer orientation and training is not consistent and performance is not regularly reviewed. Turnover is high.	Volunteers/interns are appropriately trained for the tasks they are assigned and performance is regularly reviewed; they are consistently supervised and provided feedback and turnover is moderate.	Volunteers/Interns are appropriately trained for the tasks they are assigned and performance is regularly reviewed and they are consistently supervised. Feedback is provided and turnover is minimal, allowing them to make a significant contribution to the organization.

FINANCIAL MANAGEMENT

	Low Capacity — 1	Basic Capacity — 2	Moderate Capacity — 3	Strong Capacity — 4
Financial Systems	The organization has no documented financial management systems (i.e. budget tracking, annual budget, pipeline projections).	The organization has some documented financial management systems but they are not complete and appropriate.	The organization has most or all documented financial management systems and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented financial management systems, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Financial Controls	The organization has no documented financial control procedures (i.e. standard accounting practices, segregation of duties, checks and balances, etc.)	The organization has some documented financial control procedures but they are not complete and appropriate.	The organization has most or all documented financial control procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented financial control procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Financial Documentation	The organization has no documented financial documentation procedures (i.e. filing system, invoices/receipts purchase orders, USG approvals, etc.)	The organization has some documented financial documentation procedures but they are not complete and appropriate.	The organization has most or all documented financial documentation procedures and they are appropriate. They are either not known to staff and/or or are not consistently adhered to.	The organization has complete and appropriate documented financial documentation procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.
Audits	The organization has no documented audit procedures and audits are not conducted.	The organization has some documented audit systems but either the system is not complete or audits are not completed.	The organization has complete and documented audit systems. Audits are conducted, but findings are not consistently disseminated and/or addressed.	The organization has complete and appropriate documented audit systems. Audits are conducted annually and findings are consistently disseminated and addressed.

Financial Reporting ★

1	2	3	4
The organization has no documented financial reporting procedures.	The organization has some documented financial reporting procedures but they are not complete and appropriate.	The organization has most or all documented financial reporting procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented financial reporting procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.

Cost Share ★

1	2	3	4
The organization has no documented cost share policies.	The organization has some documented cost share procedures but they are not complete and appropriate.	The organization has most or all documented cost share procedures and they are appropriate. They are either not known to staff and/or are not consistently adhered to.	The organization has complete and appropriate documented cost share procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.

ORGANIZATIONAL MANAGEMENT

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	2	3	4
Strategic Planning ●	No strategic plan exists for the organization	The organization has a strategic plan but it does not reflect its vision, mission and values; is not based on an analysis of its strengths and weaknesses, external environment and client needs; does not include priority areas, measurable objectives, clear strategies, or is not used for management decisions or operational planning and is not regularly reviewed.	The organization has a written strategic plan that reflects its mission, is based on a review of strengths and weaknesses, the external environment and client needs, states priority areas, and measurable objectives, and clear strategies, but is not referred to for management decisions or operational planning and is not regularly reviewed.	The organization has a written strategic plan that reflects its mission, is based on a review of strengths and weaknesses, the external environment and client needs, states priority areas and measurable objectives, is referred to for management decisions and operational planning and is regularly reviewed

	1	2	3	4
Workplan Development ★	The organization has an annual workplan for its NPI program but it does not have stated goals, measurable objectives, strategies, timeline, responsibilities and indicators, or those that are indicated are not adequate. Workplan is neither linked to a program budget nor developed with participation of staff and has no quarterly review plans	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, but has no stated timelines, responsibilities and indicators, and is neither linked to a program budget, nor developed with participation of staff and has no dates for quarterly review plans and is not submitted on time	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, stated timelines, responsibilities and indicators, and is linked to the program budget, but is not developed with participation of staff and has no dates for quarterly review plans and is not submitted on time	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, timelines, responsibilities and indicators, and is linked to the program budget, developed with participation of staff, has dates for quarterly reviews and is submitted on time
Change Management ●	The organization does not have a process to respond to internal changes, for example in staffing, leadership, budgets or to external changes such as government policies, security threats, etc.	The organization has a basic process to respond, when needs arise, to changes in the internal or external environment . It involves staff in adjustments to management systems and processes.	The organization has an established routine for involving staff in modifying existing policies, processes, programs, or plans to make ongoing program or administrative adjustments, and to managing staff involvement in implementing and responding to change	The organization has an established routine for involving staff in modifying existing policies, procedures, programs or plans to make ongoing program or administrative adjustments, and to managing staff involvement in implementing change and response to change. There is a review process for monitoring whether revisions are implemented and lead to improvements; staff comfort with changes is addressed
Knowledge Management ●	The organization has neither technical linkages with external organizations (government, national or international organizations) to share best practices or program experiences, nor an internal process for ensuring staff are continuously updated on best practices	The organization has either external linkages with organizations (e.g. government, national or international organizations) for best practices sharing or an internal sharing process but does not apply learning to the program or share these with stakeholders.	The organization has active external linkages and an internal process for sharing and plans to use best practices but has not implemented these plans or updated stakeholders and staff.	The organization has actively linked with external organizations (government, national or international organizations) and has an internal process to share technical expertise & experiences, has applied best practices to its program and shared this information with stakeholders and appropriate staff.

	1	2	3	4
Stakeholder Involvement	The organization does not have information about key stakeholders and service providers in the area (geographic and technical) in which it operates	The organization has some information about stakeholders and service providers in the area (geographic and technical) in which it operates, but this is incomplete and out of date.	The organization has current information about all key stakeholders working in the same geographic and technical area, has identified where they are, what they are doing and their expectations, and how/if they can collaborate, but does not hold regular meetings with these stakeholders	The organization has complete and up to date information about all key stakeholders working in same geographic and technical area and, where appropriate, has collaborative agreements; stakeholders participate in at least yearly reviews of the relevant activities and their impact on the organization's area of operation.
New Opportunity Development	The organization has not estimated its future resource needs and has taken no steps to identify additional local, national or international resources or opportunities to support its programs and activities, either directly or through potential partnerships.	The organization has taken preliminary steps to estimate future resource needs based on an analysis of its program and has identified additional resource providers or opportunities & has learned about their interests & potential support, but has not yet managed to attract resources.	The organization knows the resources that it needs based on an analysis of its programs, has identified resource providers and has either already managed to gain support from at least one source or has a clear plan for fundraising or proposal writing, but does not have sufficient funds to support activities.	The organization knows the resources that it needs based on an analysis of its programs, has identified resource providers and has development plan for obtaining resources and has successfully bid for resources from one or more sources. The organization has sufficient funds to support activities.
Communication	Communication is limited between and among management and staff; few opportunities exist to exchange ideas or discuss management, program or technical issues. Staff ideas are not sought or respected; staff do not raise issues	Communication opportunities for discussion between and among management and staff exist but are rarely used. Staff are listened to but their input is not actively sought; staff feel uncomfortable raising issues	Communication between and among management and staff is open, regular opportunities for discussion on management, program or technical areas exist; staff ideas are sought and incorporated but staff are not comfortable raising challenging issues	Communication between and among management and staff is open, regular opportunities are created to exchange ideas or discuss management, program or technical issues. Staff initiate discussion, contribute ideas and feel comfortable raising issues
Decision Making	Staff are not part of the decision making process; their input is rarely sought; decisions affecting the organization are not communicated or explained	Staff ideas are sometimes sought for making decisions, but decisions are not consistently communicated or explained.	Staff ideas are encouraged but seldom incorporated into decisions; Decisions are explained but staff do not fully participate in the decision making process	Staff ideas are sought, respected and incorporated into the decision making process, staff share a sense of responsibility, accountability and ownership of the decision making process.

PROGRAM MANAGEMENT

	Low Capacity — 1	Basic Capacity — 2	Moderate Capacity — 3	Strong Capacity — 4
Donor Compliance ★	The organization is not familiar or does not comply with A-122 Cost Principles (i.e. reasonable, allocable, and allowable) or Standard Provisions and has not signed and filed required certifications for prime and partner organizations.	The organization is knowledgeable of the A-122 Cost Principles (i.e. reasonable, allocable, and allowable) or Standard Provisions, has signed and filed required certifications for prime and partner organizations, but does not have systems in place to ensure compliance with reporting and approval requirements	The organization is knowledgeable of the A-122 Cost Principles (i.e. reasonable, allocable, and allowable) or Standard Provisions, and has systems in place to ensure compliance with reporting and approval requirements, but does not consistently comply.	The organization is knowledgeable of the A-122 Cost Principles (i.e. reasonable, allocable, and allowable), Standard Provisions, has systems in place to ensure compliance with reporting and approval requirements, and complies consistently.
Sub-grant Management ★	The organization does not have policies and procedures to guide subgrant management, including technical and financial oversight/ supervision. The organization does not have formal sub-grants with partner organizations	The organization has policies and procedures to guide subgrant management; they are fully compliant with USG rules and regulations. Formal subgrants with some partners exist but the subgrantee(s) has not been oriented to its responsibilities and does not submit regular financial and technical reports in accordance with its agreement. There are basic policies and guidance for supervision and support to sub-grantees, but no regularly scheduled supervisory visits.	The organization has policies and procedures and a subgrantee management manual. Formal subgrants with all partners exist and organization oriented the subgrantee to its responsibilities. The subgrantee is not consistent in submitting financial and technical reports. There are basic policies and guidance for supervision and support to subgrantees. Supervisory visits are conducted.	The organization has policies and procedures and a subgrantee management manual. Formal subgrants with some partners exist and organization has oriented the subgrantee to its responsibilities. The subgrantee submits all required reports in a timely manner. There are solid policies and guidance for providing supervision and support to subgrantees according to a regular schedule. Regular supervision visits assess inventory, financial records, and implementation of technical programs.
Technical Reporting ★	The organization does not document quantitative or qualitative progress on its workplan, including a review of its objectives and strategies, facilitating factors and barriers, identification of lessons learned and/ or best practices, report on PEPFAR or program indicators or use information to review/revise strategy with staff and stakeholders.	The organization documents qualitative progress on its workplan, including a review of objectives and strategies facilitating factors and barriers, but does not identify lessons learned or best practices or report on PEPFAR or program indicators or use information to review/revise strategies with staff or stakeholders or submit on time in compliance with the CA.	The organization documents both qualitative and quantitative workplan progress including a review of objectives and strategies, facilitating factors and barriers, lessons learned and best practices, and reports on PEPFAR and program indicators but does not use information to review/ revise strategies with staff and stakeholders or submit on time in compliance with the CA.	The organization documents both quantitative and qualitative workplan progress, including a review of objectives and strategies, facilitating factors and barriers, lessons learned and best practices, reports PEPFAR and program indicator results, and reports are submitted on time in compliance with the CA. Organization uses information to review/revise strategies with staff and stakeholders.

	1	2	3	4
Referral ●	The organization has not mapped referral sites nor established links for referring clients for HIV and AIDS treatment or other health or support services.	The organization has mapped referral sites but has no agreement with government, private or NGO health or social service providers to ensure that clients requiring HIV and AIDS treatment or other health or support services have access to them.	The organization has a clear referral process with government, private or NGO health or social service providers to ensure that clients requiring HIV and AIDS treatment or the health services have access to them and follow up clients, but clients are not always appropriately referred or encounter problems at referral sites	The organization has a clear referral process and strong linkages with government, private or NGO health or social service providers to ensure that clients requiring HIV and AIDS treatment or the health services have access to them and are followed. Clients are consistently referred to the right locations when needed and do not encounter problems at referral sites.
Community Involvement ●	The organization does not have participatory planning and decision making processes that involve affected families and communities.	The organization has participatory planning and decision making processes that involve affected families and communities, but their views are not integrated into the program design to improve the continuum of care.	The organization has participatory planning and decision making processes that involve affected families and communities. Their views are sometimes integrated into program design to improve the continuum of care. Community has limited involvement in program activities.	The organization has participatory planning and decision making processes that involve affected families and communities. Their views are consistently integrated into program design to improve the continuum of care. Community is mobilized to be active in program activities
Culture and Gender ●	Organization does not consider local culture or gender issues when programming its activities and has no tools or process for assessing local cultural or gender issues.	The organization considers local culture or gender issues when programming activities, but does not have tools or a process for assessing local cultural or gender issues relevant to its programs and incorporates elements only when convenient.	The organization considers local culture or gender concerns when programming activities; it views culture and gender as integral to program success, has a clear process and tools for assessing cultural and gender issues relevant to its programs but incorporates elements in its programming and activities only when convenient.	The organization considers local culture or gender concerns when programming activities; it views culture and gender as integral to program success, has a clear process and tools for assessing cultural and gender issues relevant to its programs and specifically incorporates elements in its programming and activities.

PROJECT PERFORMANCE MANAGEMENT

	Low Capacity (1)	Basic Capacity (2)	Moderate Capacity (3)	Strong Capacity (4)
NPI Project Implementation Status	The NPI Project workplan is not approved and/or budget not allocated. No staff have been hired, sub-agreements have not been drafted, program activities have not started.	The NPI Project workplan is approved and the budget is allocated. The program is not yet fully staffed and/or all sub-agreements have not been drafted or signed. The M and E plan is not yet developed or systems are not yet functional. Technical and financial reports have not been drafted. Services have not been started.	The NPI Project workplan is approved and budget is allocated. The program is fully staffed. Some or all sub-grantees have signed sub-agreements. M and E systems are in place, but not fully functional. Technical and financial reports are available and have been submitted on time. Services are active, but project activities are not taking place according to the workplan.	The NPI Project workplan is approved and the budget is allocated. The program is fully staffed. All sub-awardees have signed sub-agreements. M and E systems are functional. Technical and financial reports are available and have been submitted on time. Services are active and project activities are progressing according to the workplan.
Field Oversight	The organization has no formal procedures and processes for overseeing field office administrative and programmatic operations	The organization approves annual workplans, and monitors at least two of the following: whether staff have required technical skills, timesheets or budget.	The organization approves annual workplans, and monitors staff skills, timesheets and budget. It also reviews quarterly project M&E data, progress reports and provides technical and administrative guidance to improve program effectiveness.	The organization approves workplans, reviews data, progress reports, provides guidance as necessary and makes at least semi-annual supervision visits and results are discussed with management and technical staff.
Standards	The organization has no standards for service delivery in its programs.	Standards are developed for service delivery, but staff are not aware of these standards, and do not apply them in an appropriate manner.	Standards are developed for service delivery; staff are aware of these standards and appropriately trained to apply and monitor them. Standards are monitored but are not applied in a comprehensive manner.	Standards are developed for service delivery, staff are aware of these standards and appropriately trained to apply them and monitoring reports show they are consistently adhered to.
Supervision	Supervision responsibilities are unclear, supervisors are inadequately trained and supervision is not done according to a clear supervision plan.	A supervision plan exists which details supervision responsibilities, but it is not followed and supervisors are not trained.	A clear supervision plan exists which details supervision responsibilities, supervisors are trained, supervision is carried out mostly according to the plan, but findings are not documented or discussed	A clear supervision plan exists which details supervisory responsibilities. Supervisors are trained, findings are documented, discussed with supervisees and management, and followed-up.

Monitoring and Evaluation	1	2	3	4
★	The organization has no M and E plan and has not identified key process and outcome indicators and has no tools, data collection system, or process to, analyze and report on its programs, activities and impact as defined in the workplan.	The organization has a basic M and E plan. Systems & trained individuals are in place to collect and analyze information on programs, activities & impact, including process and outcome indicators but information is not regularly collected or reported.	The organization has a good M and E plan that has been approved as required. Systems & trained individuals are in place to collect and analyze information on programs, activities & impact, including process and outcome indicators Most data on programs & activities are available and up to date and reports are drafted and shared with relevant stakeholders but data/findings are not consistently used for follow-up monitoring, support or planning.	The organization has a good M and E plan that has been approved as required. Data on program activities are available, are up to date and the data are regularly used for follow-up monitoring, program adjustments and planning and determining progress towards achieving stated targets as well as shared with relevant stakeholders

Quality Assurance	1	2	3	4
●	The organization has no performance expectations and no system for monitoring the quality of services provided by its programs, either through program evaluations, quality monitoring or supervision.	The organization has performance expectations but does not have a system to assess performance against standards.	The organization has performance expectations and a system that assesses performance against standards, takes client satisfaction into consideration, includes an analysis of gaps or weaknesses and but does not develop an improvement plan	The organization has performance expectations and a system that assesses performance against standards, takes client satisfaction into consideration, includes an analysis of gaps or weaknesses and has an action planning process to address those gaps or weaknesses.

Resources

Initiatives Inc. (2009). *Organizational Capacity Assessment for NGOs*. Boston, MA: Published by Initiatives Inc. for the United States Agency for International Development Support for HIV and AIDS Response in Zambia Project (SHARe).

Management Sciences for Health. (2003). *Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems*. Cambridge, MA: Published by Management Sciences for Health for the U.S. Agency for International Development Management and Leadership Program.

Venture Philanthropy Partners. (2001). *Effective Capacity Building in Non-Profit Organization*. Reston, VA: Venture Philanthropy Partners.