

Annex Ic

Close-Out Organizational Capacity Assessment (CLOCA)



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Objective & Overview

The Close-Out Organizational Capacity Assessment (CLOCA) tool was designed to measure the progress made by each organization since its original Organizational Capacity Assessment (OCA) and the subsequent Technical Organizational Capacity Assessment (TOCA). This self assessment tool is both quantitative (scoring 1-4) and qualitative (discussion within each section and overall wrap up section) and will be looked at from both measures by your organization and USAID. These are not final grades, but rather starting points from which a learning organization may grow beyond funding from the New Partners Initiative. Discussion should be open and honest as feedback from the CLOCA will help inform your organization of areas where additional capacity building may be desirable for future management of donor funding. Final reports from the CLOCA tool will be shared with the organization and are ultimately for the organization.

Standard Guidance for the CLOCA Process

- **Preparation:** The best preparation for the CLOCA is to gather all materials the organization used and/or created such that they can be referenced directly during discussion. Examples of these are listed within each section under “Resources”. Also take time to think about where the organization has grown as well as challenges that remain. Discussions with all staff and sub-partners may be very helpful in this reflection and preparation.
- **Participation:** Recommended participants may vary from section to section (i.e. some field staff may join for the Program Management section, but may not need to attend the entire CLOCA). Please see the next page for recommendations for each section. Key staff may include: Board Chair; Executive Director; Finance Director or Chief Financial Officer; Monitoring & Evaluation Officer; and, Human Resources Director. In order for discussion to be fruitful, it may be of benefit to keep numbers below 15 participants.
- **Location:** The program site is best as that is where staff members (as applicable) and program materials may be accessed. If the CLOCA cannot be held on site, please remember to alert staff members needed for particular sections and bring all program materials for review.
- **Timing:** Set aside two full days for the CLOCA. An agenda should be circulated before the CLOCA such that staff may plan to participate during the relevant sections (allow approximately 1.5 hours for each section).
- **Scoring:** Keep in mind that these scores (1,2,3, or 4) may not exactly reflect your organization, but that it is important to determine a score that *best reflects* the organization’s capacity within each section. Additionally, not all questions may apply to all organizations as some practices are dependent on the size and functioning of the organization. The qualitative information will describe the challenges and/or successes that more fully describe the score (e.g. “the loss of a key staff member slowed down an M&E plan bringing a score from a 3 down to a 2”). Remember that the discussion is just as important, if not more, than the score.

Participant and Document Guide per Section

Governance Section Summary (pages 1–3)			
Section	Sub-section	Interviewee	Documents
Governance	Vision/Mission	CEO or ED, and/or Senior Staff Member. Board representative, if possible.	Vision Statement Mission Statement and list of goals if available
	Organizational Structure		Organogram or facsimile Organizational structure description
	Board Composition and Responsibility		Board TORs Membership list Meetings Board Meeting Minutes, if available
	Legal Status		Registration
	Succession Planning		Job descriptions of senior management Succession Plan Organizational Chart (organogram)

Administration Section Summary (pages 4–7)			
Section	Sub-section	Interviewee	Documents
Administration	Operational Policies, Procedures and Systems	Administrative Chief/Staff	Administrative Policy/Procedure Manual Related payment Vouchers
	Travel Policies and Procedures		Travel Procedure Manual Related Payment Vouchers
	Procurement		Procurement Policies Related procurement files and payment vouchers
	Fixed Assets Control		Fixed Asset Register Physical Inventory Reports
	Branding/Marking		Branding and Marking Policy Sample publications produced with USAID funds

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Human Resources Management Section Summary (pages 7–12)			
Section	Sub-section	Interviewee	Documents
Human Resources Management	Job Descriptions	HR Director	Job descriptions for each category of staff
	Recruitment and Retention		Recruitment guidelines and retention strategy (incentives, professional/ educational development opportunities)
	Staffing Levels		Staffing Plan, Organizational Chart
	Personnel Policies		Personnel Manual
	Staff Time Management		Time Sheets Work Schedule Policies Salary Payment Vouchers
	Staff History and Payment Information		USAID Biodata Forms
	Staff Salaries and benefits		Salary Grade Range List of Employee benefits documented in personnel manual
	Staff Performance Management		Performance Appraisal Form criteria
	Volunteers/Interns		Volunteer/Intern Management Manual/Policy, Volunteer/Intern Job Descriptions Training & Supervision Plan

Financial Management Section Summary (pages 13–16)			
Section	Sub-section	Interviewee	Documents
Financial Management	Financial Systems	Finance Manager	Financial Manual, tools and payment vouchers
	Financial Controls		
	Financial Documentation		
	Audits		Financial Audits
	Financial Reporting		Donor Reports/Financial
	Cost Share		Cost Share Budget, Plan/Procedures and Reporting

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Organizational Management Section Summary (pages 17–21)			
Section	Sub-section	Interviewee	Documents
Organizational Management	Strategic Planning	Director/Senior Manager	Strategic Plan
	Workplan Development		NPI Workplan
	Change Management		Policy regarding and evidence of organizational policy and procedure review and how often
	Knowledge Management		Evidence of association/ network memberships
	Stakeholder Involvement		List of stakeholders, service providers and other collaborating organizations
	New Opportunity Development		Business Plan, Funding Strategy

Program Management Section Summary (pages 22 – 25)			
Section	Sub-section	Interviewee	Documents
Program Management	Donor Compliance	Program Manager/ Senior Technical Staff	Financial Manual Payment Vouchers
	Sub-grant Management		Grants manual or Policy Partner Agreements, USAID Approval Documentation Grants Manual or written procedures Financial reports from grantees Financial tracking of grantees Trip reports Partner Agreements Technical reports from grantees Research reports
	Technical Reporting		Most recent Quarterly/Semi Annual or Annual Technical Report
	Referral		Referral Plan, MOUs with referral site, Referral reports and/or data if available
	Community Involvement		
	Culture and Gender		Program Plans, Community or Client Assessments

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Project Performance Management Section Summary (pages 26 – 29)			
Section	Sub-section	Interviewee	Documents
Project Performance Management	NPI Project Implementation status	NPI Project Manager Senior Program Staff/M&E Advisor	NPI Workplan NPI Project M and E plan NPI Staffing Plan or Organogram NPI Budget
	Field Oversight		Monitoring/Supervision Reports
	Standards		Program Implementation Standards
	Supervision		Supervision Plan and Reports Training Reports
	Monitoring and Evaluation		M&E Plan, tools, reports
	Quality Assurance		Quality Monitoring Tools, if separate from above

Wrap Up Section (Page 30)			
Section	Sub-section	Interviewee	Documents
Wrap Up	None	All Staff	None

Governance

Objective: The objective of this section is to assess the organization’s motivation and stability by reviewing its guiding principles, structure, and oversight.

Vision/Mission

Objective: The Objective of this sub-section is to review the organization’s vision and/or mission statement, learn what drives the organization, how the statements are reflected in what they do and how they are communicated and understood by staff.

Resources: Vision and/or mission statement, staff questionnaires

VISION/MISSION ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to review the organizational structure – which is most often depicted in an organogram, but may be outlined in narrative – and determine if the structure is in line with the organization’s mission, goals and programs and if systems are in place for ensuring strong coordination among departments or functions.

Resources: Organizational diagram or structure description

ORGANIZATIONAL STRUCTURE ●			
1	2	3	4
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 Responsibilities

Objective: The Objective of this sub-section is to assess the board’s composition, terms of reference, procedures and oversight to ensure that the board is capable of providing adequate guidance for the organization.

Resources: List of board membership, Board TOR, Board Meeting Minutes, Board Questionnaire

BOARD COMPOSITION AND RESPONSIBILITY ●			
1	2	3	4
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.

Legal Status

Objective: The Objective of this sub-section is to assess the organization’s legal standing, and therefore sustainability, by checking legal registration and compliance with local tax and labor laws.

Resources: Registration; where possible and feasible: Local Tax Laws and Local Labor Laws

LEGAL STATUS ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to continue smooth operations and program management in the event of an absence of or shift in leadership.

Resources: Job descriptions of senior management, Succession Plan, and Organizational Chart

SUCCESSION PLANNING ●			
1	2	3	4
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

Objective: The objective of this section is to assess the organization’s functionality by measuring its capacity to develop and apply policies and procedures, the existence and quality of administrative systems, and staff knowledge of these systems.

Operational Policies, Procedures and Systems

Objective: The Objective of this sub-section is to assess the availability of and adherence to key operational policies in the organization.

Resources: Policy and Procedures Manual, Staff Questionnaires, Related Payment Vouchers

OPERATIONAL POLICIES, PROCEDURES AND SYSTEMS ●			
1	2	3	4
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.

Travel Policies and Procedures

Objective: The Objective of this sub-section is to assess the availability of and adherence to key travel policies and procedures. Compliance with USG rules and regulations is a key focus of this section.

Resources: Travel Procedure Manual, Staff Questionnaires, Related Payment Vouchers

TRAVEL POLICIES AND PROCEDURES ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the availability of and adherence to key procurement policies and procedures.

Resources: Procurement Policies, Procurement Plan, Related Payment Vouchers, Procurement Files

PROCUREMENT ★			
1	2	3	4
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. The organization develops/ revises its procurement plan annually.

Fixed Asset Control

Objective: The Objective of this sub-section is to assess the availability of and adherence to policies and systems for fixed asset management.

Resources: Fixed Asset Register, Physical Inventory Reports

FIXED ASSETS CONTROL ★			
1	2	3	4
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 and Marking

Objective: The Objective of this sub-section is to assess the availability of and adherence to branding and marking procedures. Compliance with USG rules and regulations is a key focus of this section.

Resources: Branding/Marking Plan, Staff Interviews, Publications produced with USAID funds

BRANDING/MARKING ★			
1	2	3	4
The organization has no documented branding/ marking procedures.	The organization has some documented branding/marketing policies but they are not complete and appropriate.	The organization has most or all documented branding/marketing 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 branding/marketing procedures, updated as necessary, which are known and understood by staff and which are consistently adhered to, reviewed and updated.

Human Resources Management

Objective: The objective of this section is to assess the organization’s ability to maintain a satisfied and skilled workforce, manage operations and staff time, and implement quality programs by reviewing human resource management systems and processes.

Job Descriptions

Objective: The Objective of this sub-section is to review the organization’s systems for developing, disseminating, following and up-dating job descriptions to ensure that staff roles and responsibilities are clearly defined and understood and that they remain relevant to the needs of the organization.

Resources: Sample job descriptions for each position or level in the organization (depending on size of org)

JOB DESCRIPTIONS ●			
1	2	3	4
The organization has no job/task descriptions for staff, volunteers, or interns.	The organization has job/task descriptions, but staff, volunteers and interns are not aware of or do not have copies of their job/ task descriptions. Job descriptions do not include all key sections.	The organization has clear job/task descriptions; staff, volunteers and interns have copies or access to copies; job descriptions cover all key sections; but job/ task descriptions are not respected/adhered to, reviewed or updated.	The organization has job/task descriptions that staff, volunteers and interns have copies of or access to; job descriptions have all key sections; they are respected/ adhered to, reviewed and updated. Both staff and the organization have job descriptions on file.

Recruitment and Retention

Objective: The Objective of this sub-section is to assess the organization’s systems for recruiting and retaining staff. Organizations with strong recruitment and retention processes are able to identify, bring on and keep skilled staff members who work well in the organization. Strong recruitment and retention systems also improve program quality and reduce interruptions in program implementation.

Resources: Recruitment manual/guidelines or policy, Recruitment guidelines example, Outline of a complete personnel manual, Retention strategy or policy document

RECRUITMENT AND RETENTION ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to function by reviewing its management of staffing – positions available, positions filled, vacancies – for the NPI program and the organization as a whole, and assess processes for ensuring staffing levels are maintained at the level required for the organization to function effectively.

Resources: Staffing Plan and/or Organizational Diagram

STAFFING LEVELS ●			
1	2	3	4
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 attendance 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.

Personnel Policies

Objective: The Objective of this sub-section is to review the organization’s personnel policies to ensure that personnel policies are in place, that key USG compliance issues with regard to personnel are addressed and that best practices regarding personnel policy management are adhered to.

Resources: Personnel Manual

PERSONNEL POLICIES ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess if the organization actively uses timesheets for each staff member, that timekeeping practices meet USG requirements and that the organization has processes in place for reviewing timesheets and ensuring accuracy.

Resources: Staff Time Sheets, Work schedule policies, 2-3 staff files, Payment Vouchers

STAFF TIME MANAGEMENT ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to review the organization’s practices related to confirming and keeping a record of staff professional and salary history. Keeping records helps ensure that the organization has needed information in case of legal disputes regarding staff and has documentation on site to submit for the purpose of proposals.

Resources: Staff Bio-data forms

STAFF PROFESSIONAL AND SALARY HISTORY DOCUMENTATION ★			
1	2	3	4
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.

Staff Salaries and Benefits

Objective: The Objective of this sub-section is to review the organization’s systems for setting and managing salaries and benefits.

Resources: Organization’s salary grade and range, 2-3 personnel files representative of different levels

STAFF SALARIES AND BENEFITS ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to review the organization’s systems for staff performance management, including performance review processes and systems.

Resources: Examples of completed performance appraisal forms or, if not available, Example PA form

STAFF PERFORMANCE MANAGEMENT ●			
1	2	3	4
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 and Interns

Objective: The Objective of this sub-section is to review the organization’s systems for managing field and office-based volunteers and interns.

Resources: Volunteer/Intern policy, Examples of completed performance appraisal form

VOLUNTEERS/INTERNS ●			
1	2	3	4
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

Objective: The objective of this section is to assess the organization’s functionality by measuring its capacity to develop and apply policies and procedures, the existence and quality of financial systems, and staff knowledge of these systems.

Financial Systems

Objective: The Objective of this sub-section is to assess the existence and use of key financial systems within the organization. The ability of the financial system to respond to USG compliance requirements is a key focus of this subsection.

Resources: Financial Manual, Financial Monitoring Tools and Forms, Staff interviews, Payment vouchers

FINANCIAL SYSTEMS ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess whether there are adequate internal controls in place to safeguard funds and check the accuracy and reliability of accounting data.

Resources: Financial Manual, Staff interviews, Payment Vouchers

FINANCIAL CONTROLS ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess whether record keeping is adequate to meet donor documentation requirements for expenditure of funds. A key focus of this subsection is to assess whether financial files are audit-ready.

Resources: Staff interviews, Financial Files

FINANCIAL DOCUMENTATION ●			
1	2	3	4
The organization has no documented financial documentation procedures (i.e. filing system, invoices/receipts purchase orders, 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 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

Objective: The Objective of this sub-section is to assess whether the organization undergoes routine audits and has a system for addressing audit findings. A key focus of this subsection is whether existing audit practices meet USG requirements.

Resources: Financial Audits, Post-Audit Management Plans, Staff interviews

AUDITS ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess whether the organization has a routine reporting system for financial information. A key focus of this subsection is to assess whether the organization is aware of and can meet USG financial reporting requirements.

Resources: Financial reports to donors, Interviews with other donors

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

Objective: The Objective of this sub-section is to assess whether the organization has systems to track, report, and document cost share. A key focus of this subsection is the organization’s ability to meet the cost share stipulated in their agreement in compliance with USG regulations.

Resources: Approved CA/budget, Cost Share Plan and Procedures, Cost Share Vouchers

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

Objective: The objective of this section is to assess the ability of the organization to operate in a systematic manner, coordinate and partner with others and grow by examining its planning processes, management of external relations, information management, and processes for identifying and capitalizing on new opportunities.

Strategic Planning

Objective: The Objective of this sub-section is to assess the organization's ability to realize its mission and goals by reviewing its strategic plan.

Resources: Strategic Plan

STRATEGIC PLANNING ●			
1	2	3	4
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.

Workplan Development

Objective: The Objective of this sub-section is to assess the organization's readiness for NPI program implementation by reviewing the content and approval of the workplan.

Resources: NPI Workplan

WORKPLAN DEVELOPMENT ★			
1	2	3	4
The organization has an annual workplan for its NPI project 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 project 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 project 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 project budget, developed with participation of staff, has dates for quarterly reviews and is submitted on time.

Change Management

Objective: The Objective of this sub-section is to assess the organization’s sustainability and relevance by reviewing its systems and processes for responding to emerging situations, reviewing programs and analyzing needs.

CHANGE MANAGEMENT ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to maintain a high standard of technical knowledge and implementation by reviewing linkages with other organizations and government agencies and its internal systems for sharing best practices.

Resources: Association memberships with technical organizations, staff reports on meetings attended

KNOWLEDGE MANAGEMENT ●			
1	2	3	4
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.

Stakeholder Involvement

Objective: The Objective of this sub-section is to assess the organization's ability to coordinate programs and steward participatory planning processes.

Resources: List of key stakeholders, Stakeholder Report

STAKEHOLDER INVOLVEMENT ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization's sustainability by reviewing its ability to identify and capitalize on new business opportunities through grants and partnerships.

Resources: Business Development Plan and or Resources Development Plan, Funding strategy

NEW OPPORTUNITY DEVELOPMENT ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to review the organization’s internal communication approach.

Resources: Staff Questionnaires

COMMUNICATION ●			
1	2	3	4
Communication is limited between and among management and staff, few structured 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

Objective: The Objective of this sub-section is to assess how the organization makes decisions, who is involved and how decisions are communicated.

Resources: Staff Questionnaires

DECISION MAKING ●			
1	2	3	4
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

Objective: The objective of this section is to assess the organization’s ability to respond to donor requirements and implement comprehensive programs that respond sensitively to local needs and priorities by reviewing key compliance issues, management of sub-grants with partner organization, technical reporting and processes for ensuring comprehensive health services that meet the needs of specific target populations.

Donor Compliance

Objective: The Objective of this sub-section is to assess the organization’s capability to respond to USG donor requirements and, thereby, ensure the effective implementation of its USG funded programs.

Resources: Copy of the USAID A-122 Cost Principles, Copy of the Standard Provisions, Financial Manual, Payment vouchers, Staff interviews

DONOR COMPLIANCE ★			
1	2	3	4
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.

Program Management: Sub-Grant Management

Objective: The Objective of this sub-section is to assess the organization’s ability to ensure effective program implementation through partners by reviewing systems and processes for sub-contracting to other organizations and for monitoring financial management and technical implementation of sub-grants.

Resources: Grants manual or written procedures, Partner Agreements, USAID Approval documentation, Staff interviews, Financial reports from grantees, Financial tracking of grantees, Technical reports from grantees, Trip reports, Research reports

SUB-GRANT MANAGEMENT ★			
1	2	3	4
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

Objective: The Objective of this sub-section is to review the organization’s ability to document technical activities and results for donors, program planning and program development.

Results: Most recent Technical Report

TECHNICAL REPORTING ★			
1	2	3	4
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.

Referral

Objective: The Objective of this sub-section is to assess the organization’s ability to ensure comprehensive HIV/AIDS, other health care and social services by reviewing systems and processes for directing clients to other providers, ensuring those providers offer a quality service, and monitoring clients’ access to the services.

Resources: Referral plan, MOUs with referral sites, Referral reports or data if available

REFERRAL ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to ensure the organization’s programs are responsive to and address community needs by reviewing processes for involving community members in planning and decision-making. Examples of participatory planning and decision making processes include community representation at quarterly meetings and workplanning, clear channels available in the organization for community members to voice their concerns or desires, quarterly meetings with community associations to brief community members on the project and share assessment results, reports and action or workplans.)

Resources: This may not be documented discuss approach with appropriate staff

COMMUNITY INVOLVEMENT ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to ensure high quality, relevant programs by reviewing its systems for assessing culture and gender issues among the populations it serves and integrating cultural and gender concerns into its programs.

Resources: Community or client assessments, Program plans

CULTURE AND GENDER ●			
1	2	3	4
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

Objective: The objective of this section is to assess the organization’s ability to implement high quality programs that meet recognized standards and show results by reviewing the organization’s systems and processes for overseeing field activities; using standards and monitoring actual performance against standards; and setting indicators and monitoring progress toward achievements of key outcomes.

NPI Project Implementation Status

Objective: The Objective of this sub-section is to assess the organization’s capability to implement its NPI project by reviewing program staffing, funding, planning, contracting and activities.

Resources: Community or client assessments, Program plans

NPI PROJECT IMPLEMENTATION STATUS ●			
1	2	3	4
The NPI Project workplan is not approved and/or budget not allocated. No staff have been hired, sub-agreements have not been drafted, project activities have not started.	The NPI Project workplan is approved and the budget is allocated. The project 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 started.	The NPI Project workplan is approved and budget is allocated. The project 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 project 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

Objective: The Objective of this sub-section is to ensure effective program implementation by reviewing the organization’s systems for reviewing management and implementation at field offices through review of reports, communication and onsite visits.

FIELD OVERSIGHT ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to implement high quality programs by reviewing the application of recognized standards in service delivery. Standards are documented expectations for care and support under a variety of conditions. They reflect clinical as well as client support/management issues, include frequency of care and follow-up as required

Resources: Standards documents/guidelines used by organization, Monitoring Reports

STANDARDS ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to ensure quality implementation and service delivery by reviewing systems for supportive review of and feedback on staff performance and program activities. A supervision plan is a document that lists persons with supervisory responsibilities, who will be supervised, what will be supervised, what type of supervision recording and reporting is required, what type of supervision feedback will be done, what supervision follow-up is expected.

Resources: Supervision Plan or Guidelines, Supervisor Reports

SUPERVISION ●			
1	2	3	4
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

Objective: The Objective of this sub-section is to assess the organization’s ability to implement quality programs and demonstrate results by reviewing the organization’s processes for planning, data collection and data usage.

Resources: M and E plan, M and E tools, M and E reports

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

Objective: The Objective of this sub-section is to assess the organization’s ability to implement high quality programs by reviewing the availability of processes to identify and address gaps in meeting performance standards.

Resources: Quality monitoring tools/ could be part of M and E tools

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.

Wrap Up

Objective: To be conducted as the final module. This module is geared toward wrapping up the CLOCA and capturing the general successes and challenges faced during the 3 year implementation of the NPI Program. This section is designed to be an open, honest dialogue between a cross section of the organization's staff. As the questions are open ended, this section has no scoring and instead is aimed to capture successes, challenges, and to celebrate accomplishments.

1. How have your programs under NPI affected the communities within which you work?
2. How have the organizational policies and procedures that have been developed as part of the NPI program changed the organization either positively or negatively?
3. What have been some of your primary governance challenges and successes? How have challenges been addressed? (*Governance challenges may relate to Executive Director/Board interactions, organizational bylaws, mission, vision, etc.*)
4. Changes occur everyday within organizations as well in the broader social and political environment. How have the systems & procedures put into place during the NPI program period helped to prepare the organization for change?
5. How has the organization incorporated lessons learned during the NPI program period? If possible provide examples in the areas of data collection, planning, measuring quality of services and identifying and incorporating best practices.
6. Based on the experiences and challenges you have had in the area of human resources, what are the most important lessons you have learned?
7. How did your organization deal with program management problems faced in your HIV programs? Are there examples you can share?
8. What advice would you give to a new NPI grantee in the future?