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# Organizational Capacity Assessment (OCA) Facilitator's Guide for Project Close-out

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## **DISCLAIMER:**

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**Objective & Overview:** The Close-Out Organizational Capacity Assessment (CLOCA) tool was designed to self assess the progress made by each organization since its original Organizational Capacity Assessment (OCA) and the subsequent Technical and 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 should be looked at from both aspects. These are not grades, but rather points that should allow a learning organization to identify and address deficiencies so the organization may grow beyond its funding through 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's use and benefit.

The CLOCA and Programmatic Assessment (which immediately follows the CLOCA and is conducted separately by USAID and an external consultant) ideally will be scheduled 3 months before the end date of your Cooperative Agreement. This allows time for identification of technical areas that may need further clarification before close-out, to celebrate the achievements your organization has made to date, and provides time for some follow up with sub-partners. If an organization is interested in conducting a CLOCA with its sub-partners these discussions should start at least six months before the end of the project as the last two to three months will be project close-out.

### **Standard Guidance for the CLOCA Process (provided to partner organization in advance of the CLOCA administration)**

- **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 the discussions. 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 helpful in this reflection and preparation.
- **Participation:** Recommended participants may vary from section to section of the CLOCA tool (i.e., some field staff may join for the Program Management section, but may not need to attend the entire CLOCA). Please see the following pages for recommendations for each section. Key staff may include, but are not limited to: Board Chair, Executive Director, Finance Director or Chief Financial Officer, Monitoring and Evaluation Officer, and Human Resources Director. In order for discussion to be fruitful, it may be of benefit to keep numbers below 10 participants.
- **Location:** The organization's headquarters is best as that is where the key staff members and organizational documents may be accessed. If the CLOCA cannot be held on site, please remember to alert staff members needed for particular sections so that they may bring all relevant organizational documents for review.

- **Timing:** Set aside at least two full days for the CLOCA. An agenda should be circulated before the CLOCA so that staff may plan to participate during the relevant sections (allow approximately 1.5 hours for each section). It is beneficial to allow for more time rather than less as the discussion is valuable to the CLOCA process and cutting discussions short could be detrimental.
- **Scoring:** Keep in mind that the descriptions for the scores (1, 2, 3 or 4) may not exactly reflect an organization's capacity in each category, but it is important to determine a score that *best reflects* the organization. Additionally, not all questions may apply to all organizations as some practices are dependent on the size and functions of the organization. The qualitative information will describe the challenges and/or successes and will 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 as the score, if not more so.

**Recommendations for Facilitation:** Effective facilitation is key to a successful CLOCA. Key elements for this particular process take into account the following:

- The CLOCA is not a "report card" or an audit. The CLOCA at times may be interpreted this way so it is important to clarify this at the start of the CLOCA process.
- The CLOCA provides an opportunity for reflection on the program period, so open and honest discussion should be encouraged and ample time must be provided.
- The CLOCA will highlight areas where the organization has progressed over the course of the project. It is important to acknowledge these successes.
- This is an opportunity for reflection on what areas need continued attention and strengthening as the organization moves forward. Discussions should provide clear identification of those areas that need strengthening.
- If participants get into major disagreements on scoring in particular areas, e.g., whether or not they should score themselves as a 3 or a 4, then attempt to refocus the group on the larger picture and what they can learn to influence future organizational development. Remind the group that the score is subjective.
- Throughout the CLOCA, the organization may find areas for follow up. It's important to note these areas and highlight these in the CLOCA report.
- Even with a "4" score, an organization may find room for improvement or discuss lessons learned in the process of reaching the "4" score. This discussion is important and it's the facilitator's responsibility to ensure there's a discussion around the score in each section.
- It is good to engage and challenge participants on responses, but in the end it is up to the partner to settle on the score. Utilize the checklist probing questions to help the partner determine where they stand and help them see the differences between scores as shown in the scoring criteria.
- It is important to make note of any issues that remain unclear for the organization for follow up from TA provider and USAID. It may be useful during the wrap up period to review gaps and determine what TA is feasible in the remaining grant period.

## Participant and Document Guide per Section

### Governance Section Summary

Section	Sub-section	Interviewee	Potential Documentation Sources
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

Section	Sub-section	Interviewee	Potential Documentation Sources
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

## Human Resources Management Section Summary

Section	Sub-section	Interviewee	Potential Documentation Sources
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

Section	Sub-section	Interviewee	Potential Documentation Sources
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

## Organizational Management Section Summary

Section	Sub-section	Interviewee	Potential Documentation Sources
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

Section	Sub-section	Interviewee	Potential Documentation Sources
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

## Project Performance Management Section Summary

Section	Sub-section	Interviewee	Potential Documentation Sources
Project Performance Management	NPI Project Implementation status	NPI Project Manager	NPI Workplan NPI Project M and E plan NPI Staffing Plan or Organogram NPI Budget
	Field Oversight	Senior Program Staff/M&E Advisor	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	Potential Documentation Sources
Wrap Up	None	All Staff	None



# Governance

## 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

Vision/Mission Scoring Guidance	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> No documented vision and/or mission statement</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A documented vision and/or mission statement exists</li> <li>• <b>Quality:</b> The statement is not short, clear and/or relevant to what the organization does and/or does not communicate the organization's aspirations or intentions</li> <li>• <b>Staff Awareness:</b> Responses to the staff questionnaire indicate that staff are not widely aware of or understand the statement</li> <li>• <b>Application:</b> The statement(s) is/are not used to guide organizational activities and priorities</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A documented vision and/or mission statement exists</li> <li>• <b>Quality:</b> The statement is short, clear, and/or relevant to what the organization does and communicates the organization's aspirations or intentions.</li> <li>• <b>Staff Awareness:</b> Responses to the staff questionnaire indicate that staff are not widely aware of or understand the statement</li> <li>• <b>Application:</b> The statement(s) is/are sometimes used to guide organizational activities and priorities</li> </ul>

Vision/Mission Scoring Guidance	
Score	Criteria
<b>4</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A documented vision and/or mission statement exists</li> <li>• <b>Quality:</b> the statement(s) is/are short, clear, and/or relevant to what the organization does and communicates the organization's aspirations or intentions</li> <li>• <b>Staff Awareness:</b> Responses to the staff questionnaire indicate that staff are widely aware of and understand the statement</li> <li>• <b>Application:</b> The statement(s) is/are routinely used to guide organizational activities and priorities</li> </ul>

Vision/Mission				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is the Vision or Mission Statement posted visibly where staff and/or visitors see it regularly?				
Is the statement(s) used regularly in guiding organizational activities and priorities?				
Is the statement(s) used in human resource materials (i.e. staff handbooks, orientation materials, etc.)				
Since the start of the NPI project, have you reviewed your vision and mission statements?				
Have the vision or mission statements changed during the course of the NPI grant? If yes, can you please describe the process?				

## 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.
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Organizational Structure	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> There is no formal written structure or defined functions for the organization</li> <li>• Note: Large organizations may have organograms that list departments and key functions within the executive team and departments. Smaller organizations may have organograms framed simply around key functions</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Organization has a basic, documented, organizational structure that accounts for most management, administrative and technical departments and/or functions but the structure is incomplete or not documented</li> <li>• <b>Relevance:</b> Lines of responsibility among departments/functions is not fully clear and/or organogram is not complete or organizational structure is not in line with the organization's mission, goals and programs</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Organization's organizational structure is documented and clear</li> <li>• <b>Relevance:</b> The structure is in line with the organization's mission, goals and programs</li> <li>• <b>Quality:</b> Function, role and responsibility of each department or position is clear and relevant</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Organization's organizational structure is documented and clear</li> <li>• <b>Relevance:</b> The structure is in line with the organization's mission, goals and programs</li> <li>• <b>Quality:</b> Function, role and responsibility of each department or position is clear and relevant</li> <li>• <b>Linkages:</b> Relationship among departments or functions is clear, communication systems are well defined and operational such that there is good coordination among different departments or functions</li> </ul>

Organizational Structure				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is the organizational and reporting structure well understood by staff?				
Is protocol around this structure documented and/or well understood by staff?				
Is there an organogram outlining supervisor and subordinate responsibilities?				

## 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.

Board Composition and Responsibility	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Composition:</b> Review of the board membership list and/or discussions with leadership indicate that board member backgrounds are narrow or not relevant to the organization</li> <li>• <b>Oversight:</b> Board meets infrequently</li> <li>• <b>Documentation:</b> Board meetings are undocumented</li> <li>• <b>Roles:</b> Responses to board member questionnaires indicate that board members do not have a clear understanding of the board's key functions including fundraising, financial oversight and executive recruitment and guidance</li> <li>• <b>Governance:</b> Term limits are not defined or are unreasonable. Processes are not in place for formally electing officers</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Composition:</b> Review of the board membership list and/or discussions with leadership indicate that board member backgrounds are somewhat diverse and are generally relevant to the organization</li> <li>• <b>Oversight:</b> Board meets regularly but attendance is inconsistent</li> <li>• <b>Documentation:</b> Board meeting minutes are documented irregularly</li> <li>• <b>Roles:</b> Responses to board member questionnaires indicate that board members have a clear understanding of the board's key functions including fundraising, financial oversight and executive recruitment and guidance</li> <li>• <b>Governance:</b> Term limits are not defined or are unreasonable. Processes are not in place for formally electing officers</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Composition:</b> Review of the board membership list and/or discussions with leadership indicate that board member backgrounds are broad and relevant to the organization</li> <li>• <b>Oversight:</b> Board meets regularly and has good attendance</li> <li>• <b>Documentation:</b> Board meeting minutes are regularly documented</li> <li>• <b>Roles:</b> Responses to board member questionnaires indicate that board members have a clear understanding of the board's key functions including</li> </ul>

Board Composition and Responsibility	
Score	Criteria
	fundraising, financial oversight and executive recruitment and guidance • <b>Governance:</b> Term limits are defined and are reasonable. Processes are not in place for formally electing officers
4	• <b>Composition:</b> Review of the board membership list and/or discussions with leadership indicate that board member backgrounds are broad and relevant to the organization • <b>Oversight:</b> Board meets regularly and has good attendance; board members show a strong commitment to understanding the organization, its operations and issues and to promptly addressing issues • <b>Documentation:</b> Board meeting minutes are regularly documented • <b>Roles:</b> Responses to board member questionnaires indicate that board members have a clear understanding of the board's key functions including fundraising, policy formulation and strategic guidance, financial oversight and executive recruitment and guidance • <b>Governance:</b> Term limits are defined and are reasonable. Processes are in place for electing or appointing officers and these are adhered to

Board Composition and Responsibility				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Have Board members been involved in decision making related to strategic direction and policy formulation for the organization?				
Have Board members been involved in strategic planning for the organization?				
Are there term periods for board members?				
Is there separation of board and executive roles? Is this written up and adhered to?				

### 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.

Legal Status	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> the organization has no documented legal registration or registration is expired;</li> <li>• <b>Tax status:</b> Organization is unaware of tax status, labor laws and/or has never paid employment taxes before</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization is in the process of seeking legal registration</li> <li>• <b>Tax status:</b> Organization has unclear tax status and/or has not paid employee taxes in accordance with local laws in the past</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documented legal registration, but it is not relevant to the organization's current operations and programs, including the NPI program</li> <li>• <b>Tax status:</b> Organization is aware of its tax status but is not consistently in accordance with local laws in the past</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documented legal registration that is relevant to its current operations and programs</li> <li>• <b>Tax status:</b> Organization is aware of its tax status and is always compliant with local laws</li> </ul>

Legal Status				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there documentation of legal status registration readily available or posted in the office?				
Are labor laws documented and adhered to within the human resources policies or handbook?				
Does the organization comply with the tax code for both the organization and the staff?				
Does the organization report semi-annually and annually on VAT expenses?				

## 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	High dependence on CEO/ executive director; organization would continue to exist without his/her presence, but likely in a very different form or with	Limited dependence on CEO/executive director; organization would continue in a similar way without his/her presence, but	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

no plan for how the organization will continue if the CEO/ED leaves.	significant drops in capability and quality. There is no plan for how the organization will continue if the CEO/ED leaves.	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.	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.
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Governance: Succession Planning	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Reliance:</b> the organization is entirely dependent on the current CEO/ED, CEO/ED effectively runs the organization, maintaining knowledge and control over financial and program management to the total exclusion of other management staff (or no other management staff)</li> <li>• <b>Sustainability:</b> Organizational operations and programs would collapse without the CEO/ED</li> <li>• <b>Planning:</b> The organization does not have a succession plan</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Reliance:</b> The organization is highly dependent on the CEO/ED. CEO/ED has control/sole oversight over financial and program management and fundraising. Little authority, skill or capability in these areas among other management staff</li> <li>• <b>Sustainability:</b> Organizational operations and programs would suffer declines in functionality and quality in the absence of the CEO but would likely continue</li> <li>• <b>Planning:</b> The organization has a very basic succession plan</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Reliance:</b> The organization has limited dependence on the CEO/ED. The CEO/ED has significant oversight but not sole control of key processes such as financial planning and spending and program planning and management. S/he has full control of fundraising and controls information of funding sources and approaches</li> <li>• <b>Sustainability:</b> Organization would continue functioning in more or less the same fashion without the CEO/ED, but fundraising and program quality would suffer</li> <li>• <b>Planning:</b> The organization has a succession plan</li> <li>• <b>Internal Capacity:</b> No other member of management could step in (either in interim or long-term) to keep the organization functioning</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Reliance:</b> The organization relays but is not dependent on the CEO/ED. CEO/ED may be consulted/ have a decision-making role on key processes, financial planning and spending, program planning and management etc. but is not actively in control of all those processes. Fundraising responsibility and knowledge is diversified in the organization</li> <li>• <b>Sustainability:</b> The organization would continue to function well without the CEO/ED, fundraising not be interrupted and program quality would be maintained</li> <li>• <b>Planning:</b> The organization has a succession plan</li> <li>• <b>Internal Capacity:</b> One or more members of the management team could step in (either in interim or long-term) to keep the organization functioning</li> </ul>



<b>Succession Planning</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there a deputy or identified member of staff who can fulfill the duties of a CEO/executive director for short or long term periods?				
Is there a succession plan for the board and board committee chairs?				

# Administration

## 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.

The scoring criteria presented below apply to all Administration subsections and should be referred to for scoring.

Score	Scoring Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are not documented</li> <li>• <b>Completeness:</b> No items from the checklist are available</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are documented.</li> <li>• <b>Completeness:</b> Some written policies noted in the checklist are completed and/or some do not meet standards</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are documented</li> <li>• <b>Completeness:</b> Most or all written policies and procedures noted in the checklist are available and meet a good standard</li> <li>• <b>Staff Awareness:</b> Either policies are not known (as noted in the staff questionnaire form where applicable, or discussions with staff) and/or staff do not know where to go to find the policies if needed</li> <li>• <b>Application:</b> A review of sample documents shows that policies are not routinely adhered to</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are documented</li> <li>• <b>Completeness:</b> All written policies and procedures noted in the checklist are available and meet a high standard</li> <li>• <b>Staff Awareness:</b> Staff are aware of policies and know where to locate them (as noted in the staff questionnaire form where applicable, or discussions with staff)</li> <li>• <b>Application:</b> A review of sample documents indicates that policies are consistently adhered to</li> </ul>

## 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

<b>Operational Policies, Procedures and Systems ●</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

<b>Operational Policies, Procedures and Systems</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Have the documented administrative procedures and information systems structure adequately supported the needs of your organization?				
Are there written vehicle use and management policies?				
Have you hired consultants?				
If so, is there a written consultant policy?				
Is the consultant policy compliant with the geographic code?				
Does the payment process distinguish between local, third country national, and US consultants (applicable only to US-based organization)?				
Is there a written advance and reconciliation policy for workshops, travel, etc?				
Is there a policy on personal advances or loans? (unallowable if with government funds)				

## 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.

Travel Policies and Procedures				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are internal (written) travel policies and procedures reviewed and updated, as needed?				
Are staff involved in this process and made aware of changes?				
Do you comply with the Fly America Act?				
Do you get concurrence for each international trip funded by the US Government?				

## 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.

<b>Procurement</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is annual procurement planning conducted in accordance with work planning and budgeting as applicable?				
Do written procurement policies and procedures comply with standard accounting practices and/or USG guidelines regarding codes of conduct, conflict of interest, and fair and open competition?				
Have your procurement policies been verified by your TA financial advisor?				
Are procurements of restricted commodities and procurements of items over \$5,000 (not included in approved budget) pre-approved by the USAID AO in writing?				

## 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

<b>Fixed Assets Control</b> ★			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

<b>Fixed Asset Control</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there a policy for inventory, maintenance, insurance, disposition and custody of non-expendable equipment?				
Is physical inventory conducted in compliance with policies and documented?				
Do you share equipment across projects? Is there a way of billing usage?				
Is a system for maintaining equipment? (describe)				
Are there assets over \$5000 to be dispositioned at the end of the project?				
Has a disposition plan been submitted to USAID for approval?				

## 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, and Publications produced with USAID funds

<b>Branding/Marking</b> ★			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
The organization has no documented branding/marketing 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.

<b>Branding/Marking</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there an approved branding and marking plan for your NPI project?				
Are the branding/marketing strategies documented and available to staff as a resource?				
Is marking observable within the office and on vehicles?				
What articles have been marked as being provided by the USG?				
Do you have your own brand/logo?				
Do you have a tagline that goes onto all your documents to show your identity?				

# Human Resources Management



## 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 updating 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 organization)

<b>Job descriptions</b> ●			
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.

<b>Job Descriptions</b>	
Score	Criteria
<b>1</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Organization does not have job descriptions for each staff member</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Job descriptions exist for each staff member</li> <li>• <b>Completeness:</b> Some of the checklist items related to job descriptions are fulfilled</li> <li>• <b>Staff Awareness:</b> All staff, volunteers or interns do not have copies of their job descriptions or know where to find them</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Job descriptions exist for each staff member</li> <li>• <b>Completeness:</b> Most or all of the checklist items related to job descriptions are fulfilled</li> <li>• <b>Staff Awareness:</b> All staff have copies of their job descriptions (or at least have reviewed copies and know where to find them or who to ask to receive them)</li> </ul>

Job Descriptions	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Application:</b> Some or all staff do not adhere to their job descriptions or some staff do, or are asked to do, additional tasks or take on responsibilities that are not in their job description</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Job descriptions exist for each staff member</li> <li>• <b>Completeness:</b> All of the checklist items related to job descriptions are fulfilled</li> <li>• <b>Staff Awareness:</b> All staff have copies of their job descriptions (or at least have reviewed copies and know where to find them or who to ask to receive them)</li> <li>• <b>Application:</b> The organization and the staff adhere to the job descriptions meaning they do and are asked to do what is listed in the job description</li> <li>• <b>Up-Dating:</b> There is a process for reviewing and updating job descriptions that can include annual updates when the workplan is reviewed, modifications if job responsibilities/tasks need to be added or changed due to structure or program changes</li> </ul>

Job Descriptions				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are there job descriptions with relevant details (title, job duties/responsibilities, report to details, supervision responsibilities (if any), qualifications, skills required, etc.) for all positions in the organization, including those for volunteers and/or interns?				
Is there a process to store/file job descriptions in personnel files and are these files updated as needed?				
Are job descriptions accessible by staff, volunteers and interns?				

## 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.

Recruitment and Retention	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have recruitment procedures or approaches for retaining staff</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has basic recruitment procedures and/or approaches for retaining staff</li> <li>• <b>Completeness:</b> Some of the items in the checklist are addressed/available</li> <li>• <b>Staff Competence:</b> Staff have not been oriented or trained to implement recruitment and retention processes</li> <li>• <b>Application:</b> Processes are not consistently applied</li> <li>• <b>Analysis:</b> The organization does not have a process for collecting information on people who leave the organization and reasons for leaving</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has clear recruitment procedures and approaches for retaining staff</li> <li>• <b>Completeness:</b> Most or all of the items in the checklist are addressed/available</li> <li>• <b>Staff Competence:</b> Staff have been oriented or trained to implement the recruitment and retention processes</li> <li>• <b>Application:</b> Processes are not consistently applied</li> <li>• <b>Analysis:</b> The organization collects information on people who leave the organization and their reason for leaving</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has clear recruitment procedures and approaches for retaining staff</li> <li>• <b>Completeness:</b> All of the items in the checklist are addressed/available</li> <li>• <b>Application:</b> Staff have been oriented or trained to implement the recruitment and retention processes and processes are consistently applied</li> <li>• <b>Analysis:</b> The organization collects information on people who leave the organization and their reason for leaving</li> </ul>

Recruitment and Retention				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are there written recruitment guidelines?				
Do the guidelines have or include: announcing/advertising, collecting CVs/short-listing, interviewing candidates, checking references and salary history, making offers, employment agreements and transparency around the process?				
Have appropriate staff been trained to follow recruitment procedures?				
Are recruitment procedures always followed?				
What approaches are used for retaining staff? (LIST) Are these approaches reviewed and modified as needed?				
What are the main reasons staff leave your organization?				
Does the organization keep data on those who leave the organization and conduct exit interviews?				

### 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.

Staffing Levels	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no documentation of positions or vacancies</li> <li>• <b>Completeness:</b> None of the items on the checklist are completed</li> <li>• <b>Sustainability:</b> Staff attrition and/or attendance problems are severe and no system is in place for ensuring positions are quickly filled</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documentation of positions and some sort of data on positions filled and vacancies are available.</li> <li>• <b>Completeness:</b> Some of the items in the checklist are addressed/available</li> <li>• <b>Allocation:</b> Some, but not all, staff with the appropriate skills are allocated to the NPI project to ensure financial management, program management, M and E, and key technical areas are addressed. Other staff in the organization are also appropriately allocated</li> <li>• <b>Sustainability:</b> Staff attrition and/or attendance problems are moderate</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documentation of positions and some sort of data on positions filled and vacancies are available.</li> <li>• <b>Completeness:</b> Most or all of the items in the checklist are addressed/available</li> <li>• <b>Allocation:</b> Staff with the appropriate skills are allocated to the NPI project to ensure financial management, program management, M and E, and key technical areas are addressed. Key positions in the organization are filled though gaps remain among other staff</li> <li>• <b>Sustainability:</b> Staff attrition and/or attendance problems are minimal</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documentation of positions and some sort of data on positions filled and vacancies are available.</li> <li>• <b>Completeness:</b> All of the items in the checklist are addressed/available</li> <li>• <b>Allocation:</b> Staff with the appropriate skills are allocated to the NPI project to ensure financial management, program management, M and E, and key technical areas are addressed. All other staff in the organization are also appropriately allocated and positions filled</li> <li>• <b>Sustainability:</b> Staff attrition is minimal and systems are in place to address staff turnover in settings where turnover is high. There are no attendance problems</li> </ul>

Staffing Levels				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have documentation of positions and staffing status?				
Are all key positions in the organization filled or active recruitment is in process to fill minimal gaps? Are other key positions in the organization currently filled or being actively recruited?				

## 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.

Personnel Policies	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Personnel policies and procedures are not documented</li> <li>• <b>Completeness:</b> None of the items in the checklist are available</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Personnel policies and procedures are partially documented</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available</li> <li>• <b>Staff Awareness:</b> Relevant staff are not aware of the policies, staff questionnaires suggest that few staff are aware of where to find the personnel policies</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Personnel policies and procedures are documented</li> <li>• <b>Completeness:</b> Most or all of the items on the checklist are available</li> <li>• <b>Compliance:</b> Existing items are compliant with USAID rules and regulations</li> <li>• <b>Staff Awareness:</b> Relevant staff know the policies exist</li> <li>• <b>Application:</b> An examination of documentation suggests that policies are not fully adhered to. Staff questionnaires suggest that most staff are aware of where to find the personnel policies</li> </ul>

Personnel Policies	
Score	Criteria
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Personnel policies and procedures are documented</li> <li>• <b>Completeness:</b> All items on the checklist are available</li> <li>• <b>Compliance:</b> All items are compliant with USAID rules and regulations</li> <li>• <b>Staff Awareness:</b> Relevant staff know the policies exist</li> <li>• <b>Application:</b> An examination of documentation suggests that policies are adhered to. Staff questionnaires suggest that all staff are aware of where to find the personnel policies</li> </ul>

Personnel Policies				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are there documented Personnel Policies that include guidelines on: work schedule, employee compensation (salary) and benefits, leave, performance review, grievance and disciplinary procedures, ending employment (resignation, termination), administrative procedures, and employee conduct?				
Is there a process for staff signing for the personnel manual and are these signatures recorded/filed?				
How often is the personnel manual updated?				
Does the organization have a written drug free workplace policy that meets USG requirement and is signed by each staff member? (if not the score is 1)				
Is there an HIV workplace policy?				
Is there a consultant hiring and fair compensation policy?				

## 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 Time Management	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have timesheets</li> <li>• <b>Completeness:</b> None of the items on the checklist have been available/addressed</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has timesheets</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> <li>• <b>Compliance:</b> Existing checklists and timekeeping practices are not compliant with USG rules and regulations</li> <li>• <b>Staff Awareness:</b> Staff and supervisors have not been oriented to complete timesheets</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has timesheets</li> <li>• <b>Completeness:</b> Most or all of the items on the checklist are available/addressed</li> <li>• <b>Compliance:</b> Existing checklists and timekeeping practices are compliant with USG rules and regulations</li> <li>• <b>Staff Awareness:</b> Staff and supervisors have been oriented to complete timesheets</li> <li>• <b>Application:</b> An examination of documentation suggests that timekeeping policies and procedures are not always adhered to and/or that billing is not linked to the timekeeping system</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has timesheets</li> <li>• <b>Completeness:</b> All of the items on the checklist are available/addressed</li> <li>• <b>Compliance:</b> Existing checklists and timekeeping practices are compliant with USG rules and regulations</li> <li>• <b>Staff Awareness:</b> Staff and supervisors have been oriented to complete timesheets</li> <li>• <b>Application:</b> An examination of documentation suggests that timekeeping policies and procedures are adhered to and that billing is linked to the timekeeping system</li> </ul>



Staff Time Management				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have functional timesheets that properly track leave (holiday, sickness, vacation etc.) and separate time by project if necessary?				
In particular, does the organization have written policies about time keeping and timesheets that include who should fill them in, how often, how to fill them in/make corrections, who submitted to, who reviews, who signs and how they are filed?				
Do the timesheets conform to USG regulations?				
Is there a system in place to orient staff and supervisors to proper completion and submission of timesheets?				
Is someone designated to review and sign each staff member's timesheet?				
Where are timesheets filed, after being properly signed?				

### 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 Professional and Salary History Documentation	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not keep staff and consultant CVs on file</li> <li>• <b>Completeness:</b> None of the items on the checklist are available/addressed</li> </ul>

Staff Professional and Salary History Documentation	
Score	Criteria
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization keeps staff and consultant CVs</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization keeps staff CVs and biodata forms</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> <li>• <b>Application:</b> Changes in staff work status are filed but are not up-to-date</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization keeps staff CVs and biodata forms</li> <li>• <b>Completeness:</b> All of the items on the checklist are available/addressed</li> <li>• <b>Application:</b> Changes in staff work status are filed and up-to-date</li> </ul>

Staff Professional and Salary History Documentation				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization collect staff and consultant CVs and keep them on file?				
Are CVs updated for files and proposal purposes?				
Are changes in staff work status routinely filed in personnel files?				
Have staff completed 1420 biodata forms and are these kept on file?				

### 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 Salaries and Benefits	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have a salary structure or documented benefits</li> <li>• <b>Completeness:</b> None of the items on the checklist are available/addressed</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a salary structure and/or documented benefits</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> <li>• <b>Application:</b> Salary grade is not consistently applied or followed and/or benefits are not equitably applied</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a salary structure and/or documented benefits</li> <li>• <b>Completeness:</b> Most of the items on the checklist are available/addressed</li> <li>• <b>Application:</b> Salary grade is consistently applied or followed and benefits are equitably applied, but salary grade is not reviewed and updated annually</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a salary structure and/or documented benefits</li> <li>• <b>Completeness:</b> All of the items on the checklist are available/addressed</li> <li>• <b>Application:</b> Salary grade consistently applied and followed and benefits are equitably applied; salary grade is reviewed and updated annually</li> </ul>

Staff Salaries and Benefits				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there a documented pay grade and range applied to all staff?				
<ul style="list-style-type: none"> <li>• Do pay increases follow the salary grade and range framework?</li> <li>• Is the pay grade and range updated annually?</li> <li>• Are pay increases and performance review processes coordinated?</li> </ul>				
Are employee benefits equitably applied?				
Do employee benefits conform to national labor law requirements?				

## 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	The organization has a process for assessing staff performance, but it does not include objective setting, list	The organization has a process for assessing staff performance that includes objective setting, listing of	The organization has a process for assessing staff performance that includes objective setting, listing of

<p>setting, listing of responsibilities/tasks and assessment of performance. Changes in staff work status are not kept on file.</p>	<p>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.</p>	<p>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</p>	<p>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.</p>
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<b>Staff Performance Management</b>	
<b>Score</b>	<b>Criteria</b>
<b>1</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no documented system for assessing staff performance</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented system for assessing staff performance. Changes in staff work status are neither consistently filed nor up to date</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> The process does not include objective setting, listing responsibilities, supervision or professional development. Performance appraisal does not follow a supportive supervision approach</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented system for assessing staff performance. Changes in staff work status usually consistently filed and up-to-date</li> <li>• <b>Completeness:</b> Most of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> The process includes objective setting, listing responsibilities, supervision or professional development. Performance appraisal follows a supportive supervision approach</li> <li>• <b>Application:</b> Performance appraisal is applied for some, but not all staff, volunteers and interns at least once a year</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented system for assessing staff performance. Changes in staff work status are always consistently filed and up to date</li> <li>• <b>Completeness:</b> All of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> The process includes objective setting, listing responsibilities, supervision or professional development. Performance appraisal follows a supportive supervision approach</li> <li>• <b>Application:</b> Performance appraisal is conducted for all staff, volunteers and interns a minimum of once a year</li> <li>• <b>Staff Awareness:</b> Staff questionnaires indicate that staff have received feedback from supervisors in the last year</li> </ul>

<b>Staff Performance Management</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there a documented process for assessing staff performance that includes objective setting; listing of responsibilities/tasks for the review period; assessment of performance on past activities; and supervision and professional development?				
Is the performance assessment process participatory, allowing both staff and supervisors to assess performance and discuss performance related issues?				
Are performance assessments carried out for all staff and conducted regularly (at least once a year)?				
Are performance assessments conducted for new staff at the conclusion of the probationary period?				

## 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

<b>Volunteers/Interns ●</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

<b>Sub-section: Volunteers and Interns</b>	
<b>Score</b>	<b>Criteria</b>
<b>1</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no documented volunteer/intern policy</li> <li>• <b>Completeness:</b> None of the checklist items are available/addressed</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented volunteer/intern policy</li> </ul>

Sub-section: Volunteers and Interns	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Completeness:</b> Some of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> Performance Standards exist for volunteers and/or interns</li> <li>• <b>Staff competence:</b> Training is not consistently available for volunteers and interns, and performance assessments are not conducted</li> <li>• <b>Supervision:</b> Volunteers and interns are not supervised on a regular basis</li> <li>• <b>Sustainability:</b> Turnover of volunteers and/or interns is high and affects program implementation</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented volunteer/intern policy</li> <li>• <b>Completeness:</b> Most of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> Performance standards exist for volunteers and/or interns</li> <li>• <b>Staff competence:</b> Training is consistently available for volunteers and interns and performance assessments are conducted</li> <li>• <b>Supervision:</b> Supervision is provided on a regular basis and feedback offered</li> <li>• <b>Sustainability:</b> Turnover of volunteers and/or interns is moderate, but manageable</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented volunteer/intern policy</li> <li>• <b>Completeness:</b> All of the items on the checklist are available/addressed</li> <li>• <b>Quality:</b> Performance standards exist for volunteers and/or interns. Volunteers and/or interns make a significant contribution to the program</li> <li>• <b>Staff competence:</b> Training is consistently available for volunteers and interns, and performance assessments are conducted</li> <li>• <b>Supervision:</b> Supervision is provided on a regular basis and feedback offered</li> <li>• <b>Sustainability:</b> Turnover of volunteers and/or interns is minimal</li> </ul>

Volunteers and Interns				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there a documented policy for recruiting, engaging and managing/supervising volunteers and interns?				
Are training or orientation seminars provided to volunteers and interns?				
Are there performance standards for volunteers and interns? Are these standards used to assess the performance of volunteers and interns? Who manages the volunteers?				
Are there strategies in place to promote volunteers to staff positions?				
How many volunteers are working on the project?				
What is the compensation that volunteers receive?				

# Financial Management

## 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.

The scoring criteria presented below apply to all Financial Management subsections and should be referred to for scoring.

Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are not documented</li> <li>• <b>Completeness:</b> None of the items in the checklist are available</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are partially documented</li> <li>• <b>Completeness:</b> Some of the items on the checklist are available</li> <li>• <b>Compliance:</b> Existing items are not compliant with USAID rules and regulations</li> <li>• <b>Relevance:</b> Existing policies and procedures are not fully reasonable for the organization</li> <li>• <b>Staff Awareness:</b> Relevant staff are not aware of the policies</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are documented</li> <li>• <b>Completeness:</b> Most or all of the items on the checklist are available</li> <li>• <b>Compliance:</b> Existing items are compliant with USAID rules and regulations</li> <li>• <b>Relevance:</b> Existing policies and procedures are reasonable for the organization</li> <li>• <b>Staff Awareness:</b> Relevant staff know the policies exist</li> <li>• <b>Application:</b> An examination of documentation suggests that policies are not fully adhered to</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> Policies and procedures are documented</li> <li>• <b>Completeness:</b> All items on the checklist are available</li> <li>• <b>Compliance:</b> All items are compliant with USAID rules and regulations</li> <li>• <b>Relevance:</b> All policies and procedures are reasonable for the organization</li> <li>• <b>Staff Awareness:</b> Relevant staff know the policies exist</li> <li>• <b>Application:</b> An examination of documentation suggests that policies are adhered to</li> </ul>

## 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



<b>Financial Systems</b> ●			
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.

<b>Financial Systems</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
<b>Financial Procedures</b>				
Ask if the organization has a cash or accrual system before completing this checklist.				
Are there written financial procedures?				
Are there definitions of reasonable, allocable, and allowable/unallowable expenses included?				
Do you have a code for unallowable expenses?				
Are there petty cash systems and policies?				
Are payment vouchers prepared? Who has check signing authority?				
Is there a double-entry book-keeping system? Are deposits and expenses accounted for?				
Are there separate bank accounts per funding sources? Are they reconciled monthly? Who are the signatories?				
Is there a chart of accounts? Is it used?				
Does the chart of accounts include codes to track sub-grant expenses and advances?				
Does the chart of accounts have codes to track advances to individuals?				
How are field office finances managed?				
Are there written VAT policies that include tracking and reimbursement (as applicable)?				
Is there a system for determining exchange rates? Please explain.				
<b>Budgeting</b>				
Is there a budget monitoring system?				
Does the system track expenses in relation to the grant budget ceiling and obligation?				
Does the budget account for different funding sources and/or different projects?				
Are there systems to manage cash flow?				
Is there a budget tracking tool? Does it contain projections?				
Does the budget contain an indirect/fringe rate? If so, how is it calculated, determined and reported?				

## 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 Controls				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are there written financial controls?				
Is there a written separation of duties among financial staff (specifically between the person preparing payment and the person authorizing it)?				
Is there a signatory authority/approval matrix?				
Is access to books, records, cash limited to a minimal number of relevant people?				
If the organization uses electronic banking, are there separate people who initiate and approve payment? (describe the process)				

## 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

<b>Financial Documentation</b> ●			
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.

<b>Financial Documentation</b>							
<b>Sub-section Checklist</b>				<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there a written process for managing financial documentation?							
Is financial documentation kept in a secure and consistent location?							
Is/are there a designated person(s) to manage financial files?							
Do you have a policy on what and how long you keep financial documentation?							

## 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

<b>Audits</b> ★			
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.

<b>Audits</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is there a written process regarding regular financial audits?				
Is the organization regularly audited?				
Are there records kept of audit reports?				
How are audit recommendations implemented and what is the schedule for resolving audit findings?				
Are audit reports shared with the board?				
Does the audit conform to A-133 requirements (US organization) or to the <u>Guidelines for Financial Audits Contracted by Foreign Recipients as described in ADS 591</u> (non-US organization)?				

## 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

<b>Financial Reporting</b> ★			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

<b>Financial Reporting</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Are there written procedures to complete and submit financial reports?				
Are financial reports (SF 425) submitted on time and in accordance with the deliverable schedule?				
Is there a person designated to prepare financial reports?				
Is there a person designated to review and sign off on financial reports?				

**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

<b>Cost Share</b> ★			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

<b>Cost Share</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Do you have a cost share component as part of this program? If yes, what are the sources of cost share that you are using (types and amounts)				
Is there a cost share plan and is it being followed?				
Is cost share tracked, monitored, and reported to the donor and documented for audits?				

# Organizational Management

## 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

Strategic Planning	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A strategic plan has not been developed</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A basic strategic plan exists</li> <li>• <b>Completeness:</b> The strategic plan is incomplete. It does not reflect the organization's vision/mission, was not developed based on an analysis of the organization's strengths and weaknesses (an organizational assessment and program review), does not clearly state priority areas or have measurable objectives</li> <li>• <b>Application:</b> The strategic plan is not used by management to make decisions or when developing operational plans and is not reviewed on a regular basis</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A solid strategic plan exists</li> </ul>

Strategic Planning	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Completeness:</b> The strategic plan is comprehensive. It reflects the organization's vision/mission, was developed based on an analysis of the organization's strengths and weaknesses (an organizational assessment and program review), clearly states priority areas and has measurable objectives</li> <li>• <b>Application:</b> The strategic plan is not used by management to make decisions or when developing operational plans and is not reviewed on a regular basis</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> A solid strategic plan exists</li> <li>• <b>Completeness:</b> The strategic plan is comprehensive. It reflects the organization's vision/mission, was developed based on an analysis of the organization's strengths and weaknesses (an organizational assessment and program review), clearly states priority areas and has measurable objectives</li> <li>• <b>Application:</b> The strategic plan is used by management to make decisions or when developing operational plans and is reviewed on a regular basis</li> </ul>

Strategic Planning				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have a strategic plan?				
When was it developed and for how long?				
Does the strategic planning process include stakeholders?				
Does the strategic plan include measurable objectives?				
Is the strategic plan used to guide workplanning and staffing decisions?				
Does the organization have a mechanism to incorporate lessons learned and best practices into the planning process?				
Does your strategic plan outline your niche, your competitors and your partners?				

## Workplan Documentation

**Objective:** The Objective of this sub-section is to assess the organization's NPI program implementation by reviewing the content, approval and reviews 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,	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, but has no	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, stated	The organization has a NPI workplan with stated goals, measurable objectives, and strategies, timelines,



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 was not reviewed on a systematic basis	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	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	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
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Workplan Development	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has an NPI workplan</li> <li>• <b>Completeness:</b> The workplan is incomplete. It does not have stated goals, measurable objectives, strategies, a timeline, defined responsibilities and indicators)</li> <li>• <b>Quality:</b> The workplan elements that exist are not adequate</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has an NPI workplan</li> <li>• <b>Completeness:</b> The workplan is incomplete. It does not have a timeline, defined responsibilities and indicators</li> <li>• <b>Quality:</b> The workplan elements that exist are of acceptable quality</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has an NPI workplan</li> <li>• <b>Completeness:</b> The workplan is complete. It has stated goals, measurable objectives, strategies, a timeline, defined responsibilities and clear indicators</li> <li>• <b>Quality:</b> The workplan elements that exist are of acceptable quality</li> <li>• <b>Budget Linkages:</b> The workplan is linked to a program budget</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has an NPI workplan</li> <li>• <b>Completeness:</b> The workplan is complete. It has stated goals, measurable objectives, strategies, a timeline, defined responsibilities and clear indicators</li> <li>• <b>Quality:</b> The workplan elements that exist are of good quality, for example indicators relate to the program objectives and are reasonable and feasible</li> <li>• <b>Budget Linkages:</b> The workplan is linked to a program budget</li> <li>• <b>Staff Involvement:</b> The workplan was developed with participation of staff</li> <li>• <b>Application:</b> The workplan includes is reviewed on a quarterly basis to check for progress and is updated as required</li> <li>• <b>Compliance:</b> The workplan was submitted on time</li> </ul>

Workplan Development				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have an approved annual workplan?				
If so, does the workplan have clear stated goals and measurable objectives and strategies?				

Does the workplan have clear timelines, responsibilities and indicators?				
Is the workplan linked to the project budget?				
Was the workplan developed with the participation of staff?				
Is the workplan planning process now integrated into your program planning? Was it prior to the NPI grant?				
Does the organization have staff with skills in financial management, program management, monitoring and evaluation and key technical areas?				

## 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

Change Management	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization does not have a system to review or update policies (e.g. Personnel Policy, administrative policies) programs or plans (workplans/strategic plans)</li> <li>• <b>Responsiveness:</b> The organization experiences delays, problems in operations or in program implementation when personnel change, new programs are added, or external conditions shift</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has a basic system to review or update policies (e.g. Personnel Policy, administrative policies) programs or plans (workplans/strategic plans) that includes active involvement of staff</li> <li>• <b>Application:</b> The system is not applied</li> <li>• <b>Responsiveness:</b> The organization experiences delays, problems in operations or in program implementation when personnel change, new</li> </ul>

Change Management	
Score	Criteria
	programs are added, or external conditions shift
<b>3</b>	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has a system to review or update policies (e.g. Personnel Policy, administrative policies) programs or plans (workplans/strategic plans) that includes active involvement of staff</li> <li>• <b>Application:</b> The system is applied (meetings are held, staff are informed and/or involved, changes are made)</li> <li>• <b>Responsiveness:</b> The organization experiences few delays, problems in operations or in program implementation when personnel change, new programs are added, or external conditions shift</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has a system to review or update policies (e.g. Personnel Policy, administrative policies) programs or plans (workplans/strategic plans) that includes active involvement of staff</li> <li>• <b>Application:</b> The system is applied (meetings are held, staff are involved, changes are made and staff response is managed)</li> <li>• <b>Responsiveness:</b> The organization experiences almost no delays, problems in operations or in program implementation when personnel change, new programs are added, or external conditions shift</li> <li>• <b>Follow-up:</b> a review process is in place to monitor implementation of revisions or changes and whether the changes lead to desired improvements/outcomes</li> </ul>

Change Management				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have an established routine for involving staff in modifying existing policies and procedures or plans to make ongoing program adjustments?				
Is there a review process for monitoring where revisions are implemented and lead to improvements?				
Is staff comfortable with changes 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	The organization has either external linkages with organizations (e.g.	The organization has active external linkages and an internal process for	The organization has actively linked with external organizations (government,

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	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.	sharing and plans to use best practices but has not implemented these plans or updated stakeholders and staff.	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.
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Knowledge Management	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Linkages:</b> The organization has no active technical linkages with external organizations. Technical linkages can include but should not be limited to: formal relationships with other organizations, government or private entities for service provision or technical consulting, informal links for information sharing, such as email for an association membership with organization focusing on same technical area (general associations such as GHC are not considered technical linkages, but a local association of NGOs working on OVC issues is).</li> <li>• <b>Staff Awareness:</b> Staff are not routinely updated on best practices or share lessons learned from their own programs either through meetings or reports</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Linkages:</b> The organization has active technical linkages with external organizations <b>OR</b></li> <li>• <b>Staff Awareness:</b> Staff are routinely updated on best practices and time is made to share lessons learned from their own programs either through meetings or reports</li> <li>• <b>Application:</b> New knowledge/best practices are not applied to ongoing programs or shared with stakeholders</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Linkages:</b> The organization has active technical linkages with external organizations <b>AND</b></li> <li>• <b>Staff Awareness:</b> Staff are routinely updated on best practices, and share lessons learned from their own programs either through meetings or reports</li> <li>• <b>Application:</b> New knowledge/best practices are not applied to ongoing programs or shared with stakeholders</li> <li>• <b>Planning:</b> Annual planning process does not include a review of current best practices and discussion of how programs can be updated to reflect these best practices and systems for updating staff knowledge</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Linkages:</b> The organization has active technical linkages with external organizations <b>AND</b></li> <li>• <b>Staff Awareness:</b> Staff are routinely updated on and share and adapt best practices from their own program and external organizations either through meetings or reports</li> <li>• <b>Application:</b> New knowledge/best practices are applied to ongoing programs and shared with stakeholders</li> <li>• <b>Planning:</b> Annual planning process includes a review of current best practices and discussion of how programs can be updated to reflect these best practices and systems for updating staff knowledge</li> </ul>

Knowledge Management							
Sub-section Checklist				Yes	No	NA	Comments/Quality Notes
Does your organization have a relationship or collaborate with other civil society organizations including other USG implementers?							

Do the government and other organizations know what your organization does?				
Do the government and other organizations view you and seek you out as a resource, in your respective technical areas?				
Do you publicize and/or disseminate information to the public, other organizations, stakeholders, and/or beneficiaries about your organization and its work?				

## 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.

Stakeholder Involvement	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have a list of key stakeholders</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list of key stakeholders</li> <li>• <b>Quality:</b> The list is incomplete and/or out of date</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list of key stakeholders</li> <li>• <b>Quality:</b> The list is complete and up to date</li> <li>• <b>Application:</b> The organization does not hold regular meetings or share progress reports with key stakeholders to discuss service provision, linkages/coordination and best practices</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list of key stakeholders</li> <li>• <b>Quality:</b> The list is complete and up to date</li> </ul>

Stakeholder Involvement	
Score	Criteria
	<ul style="list-style-type: none"> <li><b>Application:</b> The organization holds regular meetings and shares progress reports with key stakeholders to discuss service provision, linkages/coordination and best practices</li> </ul>

Stakeholder Involvement				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Who do you define as your stakeholders?				
Does the organization have complete and up to date information about all key stakeholders working in the same geographical and technical areas?				
Are there existing collaborative agreements where appropriate?				
Are there regular meetings held with stakeholders for information sharing and to explore ways to collaborate?				

## 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.

New Opportunity Development	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no business plan or funding strategy for potential scale up or new program development</li> <li>• <b>Assessment:</b> The organization has not estimated its future resource needs or identified funding resources</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a business plan</li> <li>• <b>Assessment:</b> The organization has done basic analysis of resource needs and has a preliminary list of potential funders</li> <li>• <b>Funding/resources:</b> The organization has not yet gained resources and funding from potential donors</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a business plan and it is based on analysis of current program needs and future program interests</li> <li>• <b>Assessment:</b> The organization has conducted an analysis of its programs and knows financial requirements of its program development and has a strategy for how these finances will be sourced</li> <li>• <b>Funding/Resources:</b> The organization has gained some funding and resources from donors and/or has a clear plan for gaining additional funding, but the organization currently does not have sufficient funds to operate all its programs</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a clear business plan based on analysis of current program needs and future program interests</li> <li>• <b>Assessment:</b> The organization has conducted an analysis of its programs and knows financial requirements of its program development and has a strategy for how these finances will be sourced</li> <li>• <b>Funding/Resources:</b> The organization has gained funding and resources from several donors and has a clear plan for gaining additional funding. The organization has sufficient funds to support current programs and any planned program expansions</li> </ul>

New Opportunity Development							
Sub-section Checklist				Yes	No	NA	Comments/Quality Notes
Does the organization know the resources needed based on analysis of its programs?							
Have potential resource providers (sources) been identified?							
Is there a fundraising/proposal writing plan for obtaining additional resources and funds to support the plan?							
What is the minimum amount of money in an award that will attract you to compete for a proposal?							
How many proposals have you submitted in the past year?							

## 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
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Communication	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>System:</b> No system exists for regular communication among management and staff</li> <li>• <b>Openness:</b> Organizational culture inhibits free flow of informal communication and staff do not feel comfortable raising issues</li> <li>• <b>Staff Voice:</b> Staff ideas are not sought by management or respected</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>System:</b> A system exists for regular communication among management and staff, but it is not put into practice</li> <li>• <b>Openness:</b> Organizational culture allows for some flow of informal communication but staff do not feel comfortable raising issues</li> <li>• <b>Staff Voice:</b> Staff are listened to by management, but their ideas are not sought or respected</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>System:</b> A system exists for regular communication among management and staff and is followed regularly</li> <li>• <b>Openness:</b> Organizational culture allows formal and informal communication, but staff do not feel comfortable raising issues</li> <li>• <b>Staff Voice:</b> Staff are listened to by management and their ideas are sought, respected and incorporated into decision making</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>System:</b> A system exists for regular communication among management and staff and is followed regularly</li> <li>• <b>Openness:</b> Organizational culture encourages openness and allows for formal, informal and transparent communication; staff feel comfortable initiating discussions and raising issues</li> <li>• <b>Staff Voice:</b> Staff are listened to by management and their ideas are sought, respected and incorporated into decision making</li> </ul>

Communication				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does an internal communication policy exist for management and staff communication practices (expectations, standard organizational procedures, breaches)?				
Does the policy explain how it is to be implemented and enforced?				
Is management and staff accepting of different communication styles and flows (formal, informal, face-face, confidential)?				
Are staff inputs sought and incorporated into decision making? How often are staff meetings held for all staff?				



## 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.

Decision Making	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Process:</b> Controlled by leadership or Management</li> <li>• <b>Openness:</b> Closed</li> <li>• <b>Staff Voice:</b> Staff feel excluded</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Process:</b> Controlled from above with minimal input from staff</li> <li>• <b>Openness:</b> Lacks clarity and rationale, staff don't understand when they can share their views, management listens but shows little interest</li> <li>• <b>Staff Voice:</b> Staff feel they play a minor role</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Process:</b> Controlled from above but allows some input from staff</li> <li>• <b>Openness:</b> Open and clear, staff understand when they can share their views, management listens and shows some interest</li> <li>• <b>Staff Voice:</b> Staff feel they are not full participants in the decision making process</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Process:</b> Controlled from above but with input of staff actively sought and used by management</li> <li>• <b>Openness:</b> Open and guided, staff understand when they can share their views, management is eager to listen and incorporate staff insights and/or ideas</li> <li>• <b>Staff Voice:</b> Staff feel empowered and accountable</li> </ul>

<b>Decision Making</b>				
<b>Sub-section Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/Quality Notes</b>
Is multiple staff (technical, administrative, financial) involved in relevant decision making processes?				
Is the Board engaged in relevant decisions (hiring and fiscal matters)?				
Does the organization empower staff to participate in decision making forums (staff meeting, strategic planning, visioning)?				
Do forums exist for staff to voice concerns and competing ideas should a conflict arise around decision(s)?				
Is consensus used as one method of making decisions?				

# Program Management

## 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.

Donor Compliance	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have policies relevant to the A-122 cost principles and standard provisions</li> <li>• <b>Compliance:</b> Non of the checklist items are complete</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has policies relevant to the A-122 cost principles and standard provisions</li> <li>• <b>Compliance:</b> Some of the checklist items are complete</li> <li>• <b>Staff awareness:</b> Relevant staff are aware of the A-122 cost principles and where to find information</li> <li>• <b>Application:</b> Systems are not in place to ensure that reporting and approval requirements are followed</li> </ul>

Donor Compliance	
Score	Criteria
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has policies relevant to the A-122 cost principles and standard provisions</li> <li>• <b>Compliance:</b> Most of the checklist items are complete</li> <li>• <b>Staff awareness:</b> Relevant staff are aware of the A-122 cost principles and where to find information.</li> <li>• <b>Application:</b> Systems are in place to ensure that reporting and approval requirements are followed, but requirements are not routinely adhered to</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has policies relevant to the A-122 cost principles and standard provisions</li> <li>• <b>Compliance:</b> All of the checklist items are complete</li> <li>• <b>Staff awareness:</b> Relevant staff are aware of the A-122 cost principles and where to find information.</li> <li>• <b>Application:</b> Systems are in place to ensure that reporting and approval requirements are followed, staff do routinely comply</li> </ul>

Donor Compliance				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have a copy of the cooperative agreement readily available?				
Does your organization have copies of all the modifications that have been made to the cooperative agreement?				
How many modifications have there been since the start of the NPI project?				
Are copies of the A-122 cost principles and standard provisions readily available?				
Are all required certifications signed and filed for the prime organization and partner organizations?				
Are financial reports (SF425/270) submitted on time?				
Are the financial reports (SF 425/270) completed correctly?				
Are annual workplans submitted on time?				
Are semi-annual and annual reports submitted on time?				
Do the technical reports meet basic USAID requirements?				
Are technical reports submitted to DEC (Development Experience Clearinghouse)?				

## 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.

Sub-grant Management	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization does not have any written policies or guidelines (open and transparent bid process, evaluation criteria, award letter template, reporting requirements, approval from USAID) to guide contractual arrangements with sub-grantees nor does the organization have any written financial or technical grant policies or guidelines (Agreement for each partner, modifications documented, copies of financial reports, outstanding advances tracked, obligation to grantees tracked and monitored) to guide contractual arrangements with sub-grantees.</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has sub-granting policies or guidelines including financial and technical management policies but these are not necessarily appropriate, well known or understood by staff. Grant guidelines are not in compliance with USAID regulations.</li> <li>• <b>Quality:</b> Existing policies are incomplete or not appropriate to the organization's context or needs</li> <li>• <b>Compliance:</b> Existing policies do not ensure full compliance with USG rules and regulations</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has sub-granting policies or guidelines including financial and technical management policies</li> <li>• <b>Quality:</b> Existing policies are complete and appropriate to the organization's context or needs</li> <li>• <b>Compliance:</b> Existing policies ensure full compliance with USG rules and regulations</li> <li>• <b>Sub-grantee awareness:</b> Sub-grantees have been oriented to their responsibilities</li> <li>• <b>Staff Awareness:</b> Relevant staff are aware of the policies</li> <li>• <b>Application:</b> Sub-grantees do not submit financial and/or technical reports on time and/or the reports show problems or issues related to USG compliance or agreement with the sub-grant conditions</li> <li>• <b>Supervision:</b> There are basic guidelines for providing supervision and support to sub-grantees and supervision visits are conducted</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has sub-granting policies or guidelines including financial and technical management policies</li> <li>• <b>Quality:</b> Existing policies are complete and appropriate to the organization's context or needs</li> <li>• <b>Compliance:</b> Existing policies ensure full compliance with USG rules and regulations</li> <li>• <b>Sub-grantee awareness:</b> Sub-grantees have been oriented to their responsibilities</li> </ul>

Sub-grant Management	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Staff Awareness:</b> Relevant staff are not adequately aware of the policies</li> <li>• <b>Application:</b> Sub-grantees submit financial and technical reports on time and the reports reflect USG compliance and agreement with the sub-grant conditions</li> <li>• <b>Supervision:</b> There are solid guidelines for providing supervision and support to sub-grantees and supervision visits are conducted</li> </ul>

Sub-grant Management				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
<b>Sub-grant Management</b>				
Do you have sub-grants through your NPI program?				
If the organization gives sub-grants to government entities, did they get USAID approval?				
Does the organization have formal sub-agreements with partner organizations?				
Is the sub-agreement compliant with USAID rules and regulations (inclusive of all required flow down clauses)?				
Have sub-partners signed all required certifications and are they on file with the prime recipient?				
Is there a sub-grant management manual which includes financial policies and procedures and reporting guidelines?				
Do the sub-partners prepare and submit regular technical reports?				
Do the sub-partners prepare and submit regular financial reports?				
Do the sub-partners record and report on cost-share contributions?				
<b>Sub-grant Monitoring and Supervision</b>				
Are there written policies and procedures related to sub-grant monitoring and supervision?				
Are monitoring and supervision visits undertaken?				
Are findings from the visits recorded?				
Are the findings shared with the sub-grantee?				
Are the findings referenced on future visits?				
Are financial records reviewed and certified on a regular basis?				
Are sub-partner inventory records reviewed and verified at least annually?				

## 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.

Technical Reporting	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has not completed a technical report</li> <li>• <b>Systems:</b> Few, if any, processes are in place for regular review of progress on workplan</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a completed a technical report that documents progress on the workplan and specifies reasons for gaps or shortfalls</li> <li>• <b>Systems:</b> Systems are in place for regularly reviewing progress on workplan</li> <li>• <b>Quality:</b> Systems do not include the identification of lessons learned or best practices and do not assess or report on PEPFAR or program indicators</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a completed a technical report that documents progress on the workplan and specifies reasons for gaps or shortfalls</li> <li>• <b>Systems:</b> Systems are in place for regularly reviewing progress on workplan</li> <li>• <b>Quality:</b> Systems include the identification of lessons learned or best practices and assess and report on PEPFAR or program indicators</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a completed a technical report that documents progress on the workplan and specifies reasons for gaps or shortfalls</li> <li>• <b>Systems:</b> Systems are in place for regularly reviewing progress on workplan</li> </ul>



- **Quality:** Systems include the identification of lessons learned or best practices and assess and report on PEPFAR or program indicators
- **Staff Awareness:** The organization reviews findings and revises strategies, based on findings, with staff and stakeholders
- **Timeliness:** Reports are submitted on time

Technical Reporting				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are systems in place for regularly reviewing progress on the work plan?				
Are there systems in place to identify lessons learned or best practices?				
Are lessons learned, gaps or shortfalls, and best practices documented?				
Does the organization review findings and revise strategies based on the findings 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.

Referral	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no list or map of referral services and sites</li> </ul>

Referral	
Score	Criteria
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list or map of referral services and sites</li> <li>• <b>Linkages:</b> The organization does not have agreements with government, private or NGO health or social service providers for referral services</li> <li>• <b>Application:</b> Referrals are made</li> <li>• <b>Monitoring:</b> No system is in place for monitoring the quality of referral services or whether referred clients receive referral services</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list or map of referral services and sites</li> <li>• <b>Linkages:</b> The organization has agreements with government, private or NGO health or social service providers for referral services</li> <li>• <b>Application:</b> Referrals are made</li> <li>• <b>Monitoring:</b> A system is in place for monitoring the quality of referral services and whether referred clients receive referral services</li> <li>• <b>Quality:</b> Clients are not always appropriately referred and/or clients encounter problems when trying to access referral services (cannot reach services due to distance or transportation constraints, are turned away, are charged fees they are not prepared for, are treated poorly, experience excessively long waiting times).</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a list or map of referral services and sites</li> <li>• <b>Linkages:</b> The organization has agreements with government, private or NGO health or social service providers for referral services</li> <li>• <b>Application:</b> Referrals are made</li> <li>• <b>Monitoring:</b> A system is in place for monitoring the quality of referral services and whether referred clients receive referral services</li> <li>• <b>Quality:</b> Clients are consistently referred to the right services and encounter no or minimal problems accessing services</li> </ul>

Referral				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Do you have partners to whom you refer stakeholders/beneficiaries?				
Do you follow up with the referral agency for monitoring the receipt of services?				
Do you have a list of alternative referral sites should your usual referral agency not be able to support your beneficiary?				
Do you follow up with the beneficiary to ensure satisfaction with the referral?				

## 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

Community Involvement	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has no systems for including community representatives in program planning and decision making processes</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has systems for including community representatives in program planning and decision making processes</li> <li>• <b>Quality:</b> The views of community representatives are not integrated into program design to improve the continuum of care</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has systems for including community representatives in program planning and decision making processes</li> <li>• <b>Quality:</b> The views of community representatives are sometimes integrated into program design to improve the continuum of care</li> <li>• <b>Involvement:</b> Community has limited involvement in planning and carrying-out program activities at the community level</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has systems for including community representatives in program planning and decision making processes</li> <li>• <b>Quality:</b> The views of community representatives are consistently integrated into program design to improve the continuum of care</li> <li>• <b>Involvement:</b> Community is actively involved in carrying out program activities at the community level</li> </ul>

Community Involvement				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Do you have a process for soliciting feedback and information from the target audience/beneficiaries?				
Are target audience/beneficiaries involved in organizational processes and decision making?				
Do you have regular interactions with your target audience/beneficiaries?				
Do you use feedback and information gleaned from the target audience/beneficiaries to inform 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.

Culture and Gender	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no tools for culture or gender assessments (these may be integrated with more general community/client surveys or separate)</li> <li>• <b>Assessment:</b> Culture and gender assessments are not carried out</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no tools for culture or gender assessments (these may be integrated with more general community/client surveys or separate)</li> <li>• <b>Assessment:</b> Culture and gender assessments are not carried out</li> <li>• <b>Planning:</b> Findings of culture and/or gender assessments are not used when developing program strategies and plans but organization does incorporate understandings of cultural and gender issues, based on staff perceptions but not on objective assessments into its program design and/or planning process.</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has tools for culture or gender assessments (these may be integrated with more general community/client surveys or separate)</li> <li>• <b>Assessment:</b> Culture and gender assessments are carried out</li> <li>• <b>Planning:</b> Findings of culture and/or gender assessments are only sometimes used when developing program strategies and plans or designs</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has tools for culture or gender assessments (these may be integrated with more general community/client surveys or separate)</li> </ul>

Culture and Gender	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Assessment:</b> Culture and gender assessments are carried out through a systematic process (as an integral part of program design and review for example)</li> <li>• <b>Planning:</b> Findings of culture and/or gender assessments are consistently used when developing program strategies and plans or designs</li> </ul>

Culture and Gender				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have clear guidelines documented for culturally-relevant and/or gender-based approaches and programming?				
Is staff employed by the organization expert(s) in gender and/or culture issues?				
Has staff received training and resources for incorporating elements in its programming and activities?				
Are findings from culture and/or gender assessments used in stages of program development and implementation?				
Do tools (checklists, score cards) exist for assessing local cultural and gender issues for programs?				

# Project Performance Management

## 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

*Facilitators Note: While this section is called the project implementation status, please focus more on the M&E questions and criteria as many of the other criteria have been covered in other sections.*

NPI Project Implementation Status ●			
1	2	3	4
The NPI Project workplan is not approved and/or budget not allocated. Staff was not hired ontime, sub-agreements are not in place or were put in place very late, project activities started late.	The NPI Project workplan is approved and the budget is allocated. The project was not fully staffed until midway through the program and/or all sub-agreements were not drafted or signed until midway through the program. The M and E plan systems were not functional for a majority of program implementation. Technical and financial reports have not been drafted. Service delivery was delayed in start up.	The NPI Project workplan is approved and budget is allocated. The project was fully staffed at start up. Some or all sub-grantees had signed sub-agreements at start up. M and E systems were in place at the start, but not fully functional throughout the program. Technical and financial reports are available and have been submitted on time. Services are active, but project activities did not take place according to the workplan.	The NPI Project workplan is approved and the budget is allocated. The project was fully staffed at start up. All sub-awardees had signed sub-agreements from the start of the program. M and E systems are functional. Technical and financial reports are available and have been submitted on time. Services were active at program start and project activities progressed according to the workplan.

NPI Project Implementation Status	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization's workplan is not complete and was not been approved</li> <li>• <b>Budget:</b> NPI project budget was not allocated</li> <li>• <b>Staffing:</b> Staff required for the NPI project were not hired until midway through the program</li> <li>• <b>Sub-granting:</b> Sub-grants were not drafted or signed</li> <li>• <b>Implementation:</b> Project activities started at well after the start of the grant</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization's workplan is complete and has been approved. The organization had no written M and E plan</li> <li>• <b>Budget:</b> NPI project budget was allocated</li> <li>• <b>Staffing:</b> There remained significant staffing gaps related to the NPI project throughout the program</li> <li>• <b>Sub-grants:</b> Some sub-grants were drafted and signed but not for all sub grantees</li> <li>• <b>Monitoring:</b> Monitoring and evaluation systems were not active for the majority of grant implementation</li> <li>• <b>Implementation:</b> Project activities started late</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization's workplan is complete and was approved. The organization has an M and E plan</li> <li>• <b>Budget:</b> NPI project budget was allocated</li> <li>• <b>Staffing:</b> All staff required for the NPI project were hired within 3 months of program start</li> <li>• <b>Sub-grants:</b> All sub-grants were drafted and all or most were signed close to program start</li> <li>• <b>Monitoring:</b> Monitoring and evaluation systems are in place but were not fully functional throughout the program</li> <li>• <b>Implementation:</b> Project services were active, but project activities were not taking place according to the workplan</li> <li>• <b>Reporting:</b> Technical and financial reports are available and have been submitted on time</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization's workplan is complete and has been approved. The organization has an M and E Plan.</li> <li>• <b>Budget:</b> NPI project budget was allocated</li> <li>• <b>Staffing:</b> All staff required for the NPI project were hired within 3 months of program start</li> <li>• <b>Sub-grants:</b> All sub-grants have been drafted and signed</li> <li>• <b>Monitoring:</b> Monitoring and evaluation systems are in place were fully functional throughout the program</li> <li>• <b>Implementation:</b> Project services were active and project activities took place according to the workplan</li> <li>• <b>Reporting:</b> Technical and financial reports are available and have been submitted on time</li> </ul>

NPI Implementation Status				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there a set Monitoring and Evaluation plan that is being used?				

## 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.

Field Oversight	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has no systems (processes and procedures) for overseeing field office administrative and program operations</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has some systems for overseeing field office administrative and program operations. It approves annual work plans and monitors some operations/activities</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has solid systems for overseeing field office administrative and program operations. It approves annual work plans, monitors staff skills, timesheets and the budget.</li> <li>• <b>Monitoring:</b> The organization reviews quarterly M and E data and reports</li> <li>• <b>Technical Support:</b> The organization provides technical and administrative support to help improve program effectiveness</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Systems:</b> The organization has solid systems for overseeing field office administrative and program operations. It approves annual work plans, monitors staff skills, timesheets and the budget.</li> <li>• <b>Monitoring:</b> The organization reviews quarterly M and E data and reports and provides feedback</li> <li>• <b>Technical Support:</b> The organization provides technical and administrative support to help improve program effectiveness</li> <li>• <b>Supervision:</b> The organization makes semi-annual supervision visits and discusses results with management and technical staff at the field office</li> </ul>

Field Oversight				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are quarterly reviews done on M&E data?				
Does the organization conduct supervisory visits at least twice a year?				
Is a system in place to regularly monitor programs and their effectiveness?				

## 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.

Standards	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no documented service delivery standards</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documented service delivery standards</li> <li>• <b>Staff Awareness:</b> Staff are not aware of the standards</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documented service delivery standards</li> <li>• <b>Staff Awareness:</b> Staff are aware of the standards</li> <li>• <b>Staff Competence:</b> Staff have been trained to apply standards and to monitor performance against standards</li> <li>• <b>Application:</b> Standards are not applied in a comprehensive manner</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has documented service delivery standards</li> <li>• <b>Staff Awareness:</b> Staff are aware of the standards</li> <li>• <b>Staff Competence:</b> Staff have been trained to apply standards and to monitor performance against standards</li> <li>• <b>Application:</b> Monitoring reports show standards are consistently adhered to</li> </ul>

Standards				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there an organizational document outlining service delivery standards?				
Are the relevant staff given copies and/or are they made accessible?				
Do staff conduct personal/group inventory to ensure activities are thus aligned?				

## 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.

Supervision	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no documented supervision plan</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented supervision plan</li> <li>• <b>Staff Competence:</b> Relevant staff are not trained to carry out supervision</li> <li>• <b>Application:</b> Supervision is not carried out according to the plan</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented supervision plan</li> <li>• <b>Staff Competence:</b> Relevant staff are trained to carry out supervision</li> <li>• <b>Application:</b> Supervision is carried mostly according to the plan.</li> <li>• <b>Reporting:</b> Supervision findings are not documented in a report or discussed with management or supervisees</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a documented supervision plan</li> </ul>

Supervision	
Score	Criteria
	<ul style="list-style-type: none"> <li>• <b>Staff Competence:</b> Relevant staff are trained to carry out supervision</li> <li>• <b>Application:</b> Supervision is carried according to the plan</li> <li>• <b>Reporting:</b> Supervision findings are documented in a report and discussed with management and supervisees and followed-up</li> </ul>

Supervision				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Does the organization have a documented supervisory plan?				
Are regular supervisory trainings conducted?				
Are supervision findings documented?				

## 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

## Monitoring and Evaluation

Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has no monitoring and evaluation plan and/or (see M and E Elements)</li> <li>• <b>M and E Elements:</b> No process or outcome indicators have been identified, no M and E tools exist, there is no system for collecting data or process for analyzing data</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a basic M and E plan that includes a description of monitoring systems, defined indicators, how/who collects data and how often, how data are analyzed and used</li> <li>• <b>Staff Competence:</b> Relevant staff members have been trained to implement the M and E plan and processes</li> <li>• <b>Application:</b> Data are not regularly collected</li> <li>• <b>Reporting:</b> Data are not reported</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a good M and E plan that includes a description of monitoring systems, defined indicators, how/who collects data and how often, how data are analyzed and used</li> <li>• <b>Compliance:</b> The M and E Plan has been approved as required</li> <li>• <b>Staff Competence:</b> Relevant staff members have been trained to implement the M and E plan and processes</li> <li>• <b>Application:</b> Most data are available and up to date</li> <li>• <b>Reporting:</b> Reports are completed and shared with relevant stakeholders</li> <li>• <b>Planning:</b> M and E findings are not consistently used for follow-up monitoring, supervision support or planning</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>Documentation:</b> The organization has a good M and E plan that includes a description of monitoring systems, defined indicators, how/who collects data and how often, how data are analyzed and used</li> <li>• <b>Compliance:</b> The M and E plan has been approved as required</li> <li>• <b>Staff Competence:</b> Relevant staff members have been trained to implement the M and E plan and processes</li> <li>• <b>Application:</b> Most data are available and up to date</li> <li>• <b>Reporting:</b> Reports are completed and shared with relevant stakeholders</li> <li>• <b>Planning:</b> M and E findings are consistently used for follow-up monitoring, supervision support or planning</li> </ul>

Monitoring & Evaluation				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Is there a documented M&E plan?				
Has the M&E plan been approved?				
Are M&E trainings done for relevant staff?				
Are findings from M&E activities shared with proper stakeholders?				
Are previous findings used in subsequent evaluation processes?				

## 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.

Quality Assurance	
Score	Criteria
1	<ul style="list-style-type: none"> <li>• <b>System:</b> No quality assurance system exists</li> </ul>
2	<ul style="list-style-type: none"> <li>• <b>System:</b> the organization has a basic system that assess performance against standards, but does not include documentation of problems or gaps and action planning</li> <li>• <b>Application:</b> System not routinely applied</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>System:</b> The organization has a good system that assesses performance against standards, takes client satisfaction into consideration, includes an analysis of gaps or weaknesses but has no action planning process to address those gaps or weaknesses</li> <li>• <b>Application:</b> The system is applied most of the time as planned</li> <li>• <b>Quality:</b> The action planning processes is not consistently done or followed</li> </ul>
4	<ul style="list-style-type: none"> <li>• <b>System:</b> The organization has a good 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</li> <li>• <b>Application:</b> The system is consistently applied on a routine basis</li> <li>• <b>Quality:</b> The action planning processes is consistently done and followed</li> </ul>

Quality Assurance				
Sub-section Checklist	Yes	No	NA	Comments/Quality Notes
Are performance expectations outlined? Are they used in regular evaluation?				
Are there action plans created and adhered to in future planning?				
Is there a set QA system documented?				

## 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. Is there anything about the program we have not yet asked that you would like to share?
9. What advice would you give to a new NPI grantee in the future?

**CLOCA Report Outline:** Below please find a proposed outline for the CLOCA report. The report is typically ten to fifteen pages and provides an overview of the conversations held, highlights potential points for follow up, and captures the success stories of the NPI grant period.

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1. Executive Summary – an overview of the outcomes of the CLOCA
2. Findings by Section – in each, a summary of the conversations, including achievements, areas for improvement, lessons learned, recommendations for follow-up
  - 2.1 Governance
  - 2.2 Administration
  - 2.3 Human Resources Management
  - 2.4 Financial Management
  - 2.5 Organizational Management
  - 2.6 Program Management
  - 2.7 Project Performance Management
3. Reflections – an interpretation on changes in the organization’s capacity over the grant period

Annex: Table of Scores for Each Section / Sub-section



CLOCA Scores			
Governance		Administration	
Vision/Mission		Operational Policies, Procedures and Systems	
Organizational Structure		Travel Policies and Procedures	
Board Composition and Responsibilities		Procurement	
Legal Status		Fixed Asset Control	
Succession Planning		Branding and Marking	
Human Resources Management		Financial Management	
Job Descriptions		Financial Systems	
Recruitment and Retention		Financial Controls	
Staffing Levels		Financial Documentation	
Personnel Policies		Audits	
Staff Time Management		Financial Reporting	
Staff Professional and Salary History Documentation		Cost Share	
Staff Salaries and Benefits			
Staff Performance Management			
Volunteers and Interns			
Organizational Management		Program Management	
Strategic Planning		Donor Compliance	
Workplan Development		Sub-Grant Management	
Change Management		Technical Reporting	
Knowledge Management		Referral	
Stakeholder Involvement		Community Involvement	
New Opportunity Development		Culture and Gender	
Communication			
Decision Making			
Project Performance Management			
NPI Project Implementation Status			
Field Oversight			
Standards			
Supervision			
Monitoring and Evaluation			
Quality Assurance			