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Organizational Capacity Assessment Tool: Facilitator's Copy

For Organizations Funded by USAID

New Partners Initiative Technical Assistance (NuPITA) Project

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Organizational Capacity Assessment Tool

Goal:

The goal of this tool is to assist organizations in assessing the critical elements for effective organizational management, and identifying those areas that need strengthening or further development.

Purpose:

The OCA tool was designed to enable organizations to define a capacity-building improvement plan, based on self-assessed need. This Organizational Capacity Assessment (OCA) was initially designed to measure overall capacity of organizations funded by President's Emergency Plan for AIDS Relief (PEPFAR) under the New Partners Initiative (NPI). This OCA tool provides organizations with a set of criteria to assess their current management capacity to implement quality health programs, to identify key areas that need strengthening.

Although many capacity assessments exist, the structure and process of this tool distinguishes it from others. Multi-level and multi-department involvement fosters team building and organizational learning. Inclusion of management, compliance, and program components ensure a holistic understanding of the organization's strengths and challenges and the guided self-assessment by skilled facilitators instills ownership on the part of the organization for its improvement plan.

The OCA tool assesses technical capacity in seven domains, and each domain has a number of sub-areas.

OCA Domains

1. Governance
2. Administration
3. Human Resources
4. Financial Management
5. Organizational Management
6. Program Management
7. Project Performance Management

Using This Tool

This Organizational Capacity Assessment tool is designed to enable organizational learning, foster team sharing, and encourage reflective self-assessment within organizations.

Recognizing that organizational development is a process, the use of the OCA tool results in concrete action plans to provide organizations with a clear organizational development road map. The OCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

The OCA is an interactive self-assessment process that should bring together staff from all departments at implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

Not intended to be a scientific method, the value of the OCA is in its collaborative, self-assessment process. The framework offers organizations a chance to reflect on their current status against recognized best practices. Lively discussions are also an opportunity for management, administration, and program staff to learn how each functions, strengthening the team and reinforcing the inter-relatedness of the seven OCA components.

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4.

The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page.

The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

The ability to identify areas to be addressed will strengthen the organization and in subsequent years, enable it to view improvement and note where progress is still needed.

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Governance

Objective: To assess the organization’s motivation and stability by reviewing its guiding principles, structure and oversight.

Vision/Mission

Subsection Objective: To review the organization’s vision and/or mission statements, learn what drives the organization, how the statements reflect what it does and how they are communicated and understood by staff.

Resources: vision and/or mission statements, anonymous staff and board questionnaires (see Facilitator’s Guide)

| Vision/Mission ● | | | |
|---|--|--|---|
| 1 | 2 | 3 | 4 |
| The vision and/or mission is <ul style="list-style-type: none"> • Not a clearly stated description of what the organization aspires to achieve or become | The vision and/or mission is <ul style="list-style-type: none"> • A moderately clear or specific understanding of what the organization aspires to become or achieve • Not widely held • Rarely used to direct actions or to set priorities | The vision and/or mission is <ul style="list-style-type: none"> • A clear, specific statement of what the organization aspires to become or achieve • Well-known to most but not all staff • Sometimes used to direct actions and to set priorities | The vision and/or mission is <ul style="list-style-type: none"> • A clear, specific and forceful understanding of what the organization aspires to become or to achieve • Well-communicated and broadly held within the organization • Consistently used to direct actions and to set priorities |

Guiding Questions

| Vision/Mission | | | | | | | |
|--|--|--|--|-----|----|-----|------------------------|
| Subsection Checklist | | | | Yes | No | N/A | Comments/Quality Notes |
| Are the statements understood and relevant to the organization’s current purpose? | | | | | | | |
| Is the vision or mission statement posted where staff and/or visitors see it regularly? | | | | | | | |
| Is the statement(s) used in organizational materials (i.e., staff handbooks, orientation materials)? | | | | | | | |
| Does the organization review the vision and mission statements in conjunction with strategic planning? | | | | | | | |
| Are the vision and mission used to set priorities? If so, please describe how. | | | | | | | |

Organizational Structure

Subsection Objective: To determine if the organization’s structure—most often depicted in an organogram but also perhaps in a narrative—is in line with its mission, goals and programs and if systems exist to ensure strong coordination among departments or functions.

Resources: organizational diagram, organogram or narrative

| Organizational Structure ● | | | |
|---|--|---|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • No formal structure • An unclear description of its departments and their functions | The organization has <ul style="list-style-type: none"> • A basic structure, but it is incomplete and/or undocumented • A structure that is not aligned with its mission/goals and programs • Unclear definitions of department functions • Somewhat clear lines of responsibility and communication among departments | The organization has <ul style="list-style-type: none"> • A well-designed structure (e.g., organogram) relevant to its mission/goals and programs • Identified the functions and responsibilities of departments • Clearly defined and appropriate lines of responsibility and communication among departments | The organization has <ul style="list-style-type: none"> • A well-defined structure relevant to its mission/goals and programs • Clearly defined and appropriate functions and responsibilities of departments • Clear, appropriate lines of communication and coordination among departments • A narrative description of the structure if appropriate |

Guiding Questions

| Organizational Structure | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is the organizational and reporting structure clearly documented and disseminated? | | | | |
| Is there an organogram or similar document outlining supervisory and staff responsibilities? | | | | |
| Please describe the functions of the departments and how departments communicate with each other. | | | | |
| Please describe how the structure supports the mission. | | | | |

Board Composition and Responsibilities

Subsection Objective: To assess the board’s composition, terms of reference (TOR), procedures and oversight to ensure that the board is capable of providing adequate guidance to the organization.

Resources: board membership, board TOR, board meeting minutes, anonymous board questionnaire

| Board Composition and Responsibility ● | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The board</p> <ul style="list-style-type: none"> • Is drawn from a narrow spectrum; members have little or no relevant experience • Has term limits that are not defined or are unreasonably long or short • Has no process for electing officers • Has infrequent or poorly attended and undocumented meetings • Does not have TOR or a clear understanding of its key functions | <p>The board</p> <ul style="list-style-type: none"> • Is drawn from a somewhat broad spectrum; some members have relevant experience • Has term limits that are not defined or are unreasonable • Has no process for electing officers • Has well-planned meetings at regular intervals, but attendance and/or documentation is irregular • Has TOR, but they are incomplete and/or do not provide appropriate separation of roles from the executive management team • Has some understanding of its functions as defined in the TOR, but they are inconsistently carried out • Is rarely or not at all involved in strategic planning/policy formulation | <p>The board</p> <ul style="list-style-type: none"> • Is drawn from a broad spectrum; all members have relevant experience • Has term limits that are defined and reasonable • Informally elects officers • Has well-planned, documented meetings held at regular intervals with good attendance • Has clear TOR reflecting appropriate separation of roles from the executive management team • Has a good understanding of its functions as defined in the TOR and mostly carries them out • Is involved in strategic planning/policy formulation, but participation is not always consistent | <p>The board</p> <ul style="list-style-type: none"> • Is drawn from a broad spectrum; all members have relevant experience • Has term limits that are defined and reasonable • Has officers elected/appointed according to board procedures • Has regular, well-planned, documented meetings with good attendance • Has clear TOR and a good understanding of its functions, all of which are consistently carried out with appropriate separation from the executive management team • Displays willingness and a proven track record to learn about the organization, to participate in strategic planning/policy formulation and to address organizational issues |

Guiding Questions

| Board Composition and Responsibility | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Discuss board membership (e.g., the number of members and their experience). | | | | |
| Are there term limits for board members (e.g., two years)? | | | | |
| Is there a system for electing board members? Describe it. | | | | |
| Are there regular board meetings? How often? | | | | |
| Are the board meetings well-attended? What percentage of members attends each meeting? | | | | |
| Are board meetings well-documented? Are minutes circulated and referred to? | | | | |
| Does the board have clearly defined TOR that detail key functions? | | | | |
| Are board members involved in strategic planning and developing a financing strategy for the organization? Describe their involvement. | | | | |
| Are board members involved in decision-making related to strategic direction and policies (including finance/administration and programming)? | | | | |
| Do board members review and approve the organization's annual budget and annual financial statements? | | | | |
| Is there separation of board and executive roles? Is this written and adhered to? | | | | |
| Is there a succession plan for board members whose term may be interrupted? | | | | |

Legal Status

Subsection Objective: 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, local labor laws

| Legal Status ● | | | |
|---|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization is</p> <ul style="list-style-type: none"> • Not legally registered, registration has expired, or the organization does not know its legal status and local labor laws • Not aware of its tax status and/or is not paying taxes • Not aware of statutory audit and reporting requirements | <p>The organization is</p> <ul style="list-style-type: none"> • Not currently a legally recognized entity in the country in which it operates but has applied for legal status • Aware of its tax status and local labor laws but is not fully compliant • Aware of statutory audit and reporting requirements but is not fully compliant | <p>The organization is</p> <ul style="list-style-type: none"> • Legally registered and aware of its tax status • Not always compliant with tax obligations and/or labor laws • Not always compliant with statutory audit and reporting requirements | <p>The organization is</p> <ul style="list-style-type: none"> • Legally registered and aware of its tax status • Fully complies with tax obligations and labor laws • Fully complies with statutory audit and reporting requirements |

Guiding Questions

| Legal Status | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is documentation of legal registration readily available or posted in the office? | | | | |
| Are labor laws adhered to and documented in human resource policies or in the handbook? | | | | |
| Does the organization comply with the tax codes for both itself and the staff? | | | | |
| Does the organization comply with annual statutory requirements such as audits and other reporting? | | | | |
| Does the board review and approve the audit and other statutory reports? | | | | |

Succession Planning

Subsection Objective: To assess the organization's ability to continue smooth operations and to manage programs in the event of an absence of, or shift in, leadership.

Resources: job descriptions of senior management, succession plan, organizational chart

| Succession Planning ● | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization</p> <ul style="list-style-type: none"> • Is very dependent on the Chief Executive Officer (CEO)/Executive Director (ED) • Would cease to exist or function without the CEO/ED • Has no plan for how it would continue if the CEO/ED left | <p>The organization</p> <ul style="list-style-type: none"> • Is dependent on the CEO/ED • Would continue to exist without the CEO/ED but most likely in a very different form, or with significantly less capability and reduced program quality • Has a very basic succession plan describing how the organization will continue if the CEO/ED leaves | <p>The organization</p> <ul style="list-style-type: none"> • Has limited dependence on CEO/ED; s/he does not have sole control of, for example, finances and planning • Would continue in a similar way without the CEO/ED, but fundraising and/or program quality would suffer significantly • Has a documented plan for how it would continue should the CEO/ED leave, but no member of management could take on the CEO/ED role | <p>The organization</p> <ul style="list-style-type: none"> • Is reliant but not dependent on the CEO/ED • Has a clear, documented succession plan • Has the potential for a smooth transition to a new leader; fundraising and program quality would not be major problems • Would handle transition by having a senior management team fill in or one or more members of the management team would take on the CEO/ED role |

Guiding Questions

| Succession Planning | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a deputy or other staff/board member who can fulfill the duties of the CEO/ED for short or long periods? | | | | |
| Is this role documented in the organizational structure and in the job description of the staff/board member? | | | | |
| In what ways is the capacity of the person to take on the role being built? | | | | |
| Is there a plan for handling a transition process, including fundraising, operations and program quality? Please describe. | | | | |

Administration

Objective: To assess the organization’s capacity to develop and apply policies and procedures, the existence and quality of its administrative systems and its staff knowledge of the systems.

Operational Policies, Procedures and Systems

Subsection Objective: To assess the availability of and adherence to operational policies.

Resources: policy and procedures manual, anonymous staff questionnaires, related payment vouchers

| Operational Policies, Procedures and Systems ● | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No documented operational policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> • Documented some operational policies and procedures, but they are incomplete or not compliant with national and donor regulations • Policies and procedures that are not consistently adhered to • Not oriented or trained staff in the policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> • Documented most or all operational policies and procedures and they are compliant with national and donor regulations • Policies and procedures that are known but not consistently adhered to • Oriented or trained staff in the policies and procedures • No process for regularly reviewing and updating operational policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriate operational policies and procedures • Policies and procedures that are known and understood by staff • Policies and procedures that are consistently adhered to, reviewed and updated |

Guiding Questions

Operational Policies and Procedures*

| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
|--|-----|----|-----|------------------------|
| Are there written operational procedures? Are they approved? | | | | |
| Do the documented procedures adequately support the operational needs of the organization (i.e., travel, procurement, fixed assets, IT, file management, meeting and workshop planning, security and safety, etc.)? | | | | |
| Do the written operational policies/procedures address donor specific rules and regulations (for USG-funded programs this includes: code of ethics/conflict of interest; use and billing of shared equipment; vehicle utilization and maintenance; marking and branding; publications and media releases; etc.)? | | | | |
| Are the operational policies and procedures presented in a way that is easy for non-financial staff to understand and apply? | | | | |
| Are staff oriented/trained in the procedures? How often? How is the orientation/training documented? | | | | |
| Are the operational procedures formally reviewed/updated? How often? What is the process? Is it documented? | | | | |
| Are copies of forms/templates incorporated in the manual and/or readily available? | | | | |
| Are there systems to ensure compliance with operational procedures? Please describe. Have there been findings in external or internal audits related to noncompliance with operational procedures? | | | | |

* Many of the questions above, and below in the subsequent administrative sections, can be answered in advance by the facilitator per detailed review of the organization's administrative and/or financial policies and procedures manual.

Travel Policies and Procedures

Subsection Objective: To assess the availability of and adherence to travel policies and procedures, especially compliance with donor rules and regulations.

Resources: travel manual, staff questionnaires, related payment vouchers

| Travel Policies and Procedures ★ | | | |
|--|--|---|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> No documented travel procedures (i.e., per diem levels, forms, approval procedures) | The organization has <ul style="list-style-type: none"> Documented some travel policies and procedures, but they are incomplete or noncompliant with donor requirements Policies and procedures that are not well-known or understood by staff and not consistently adhered to | The organization has <ul style="list-style-type: none"> Documented most or all travel policies and procedures, and they comply with donor requirements Policies and procedures that are generally known and understood by staff but not consistently adhered to | The organization has <ul style="list-style-type: none"> Complete and appropriate travel policies and procedures that comply with donor requirements Policies and procedures that are known and understood by staff Policies and procedures that are consistently adhered to, reviewed and updated |

Guiding Questions

| Travel Policies and Procedures | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are travel policies and procedures documented, and if yes, where? | | | | |
| Do the documented policies adequately support the needs of the organization (i.e., approval process for travel, travel bookings, per diem policies, mileage rates, documentation requirements, etc.)? | | | | |
| Do the travel policies/procedures address donor specific rules and regulations (for USG funded programs, this includes prior approvals for international travel, compliance with Fly America Act, etc.)? How is this done? | | | | |
| Are travel advances tracked separately within the chart of accounts and not billed to donors who prohibit billing travel advances (e.g., USG) directly? | | | | |
| Is documentation used to support travel advances and reconciliations? Please explain. | | | | |
| Are outstanding travel advances tracked and reconciled in a timely manner? | | | | |

Procurement

Subsection Objective: To assess the availability of and adherence to procurement policies and procedures.

Resources: procurement policies, procurement files, related payment vouchers, procurement plan

| Procurement ★ | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • No documented procurement procedures • No documented procurement plan | The organization has <ul style="list-style-type: none"> • Documented some procurement policies and procedures, but they are incomplete or inappropriate • Policies and procedures that are not well-known or understood by staff and inconsistently adhered to • No documented procurement plan, but is aware of procurement regulations | The organization has <ul style="list-style-type: none"> • Documented most or all procurement policies and procedures, and they are appropriate • Policies and procedures that are generally known and understood by staff but inconsistently adhered to • A documented procurement plan | The organization has <ul style="list-style-type: none"> • Complete and appropriate procurement policies and procedures that incorporate donor-specific policies as required • Policies and procedures that are known and understood by staff • Policies and procedures that are consistently adhered to, reviewed and updated • A documented procurement plan that is annually revised/updated |

Guiding Questions

| Procurement | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are procurement policies and procedures documented, and if yes, where? | | | | |
| Do the documented policies and procedures adequately support the needs of the organization (i.e., procurement responsibilities, procurement planning, competition, exceptions, award, delivery and inspection, documentation, inventory, etc.)? | | | | |
| Are donor-specific procurement regulations addressed in the policies? (For USG-funded projects, these include: code of ethics; listing of restricted and ineligible goods; source and origin restrictions; verification of supplier eligibility through the Excluded Parties List System [EPLS] and State Department terrorist watch list, approval requirements.) | | | | |
| Does the organization have a documented procurement plan which reflects organizational requirements? How often is it updated? | | | | |

Fixed Asset Control

Subsection Objective: To assess the availability of and adherence to policies and systems for managing fixed assets.

Resources: fixed asset policies, fixed asset register, physical inventory reports

| Fixed Asset Control ★ | | | |
|---|--|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No documented fixed asset procedures (i.e., inventory of assets and systems for stock control) • No fixed asset register | <p>The organization has</p> <ul style="list-style-type: none"> • Documented some fixed asset policies and procedures, but they are incomplete or inappropriate • Policies and procedures that are not well-known or understood by staff and not consistently adhered to • A fixed-asset register that is not complete | <p>The organization has</p> <ul style="list-style-type: none"> • Documented most or all fixed asset policies and procedures, and they are appropriate • Policies and procedures that are known and understood by staff but inconsistently adhered to • A fixed asset register that is complete but not regularly updated | <p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriate fixed-asset policies and procedures that incorporate donor policies as required • Policies and procedures that are known and understood by staff • Policies and procedures that are consistently adhered to, reviewed and updated • A fixed-asset register that is regularly updated and confirmed through a physical inventory at least every two years |

Guiding Questions

| Fixed Asset Control | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are fixed asset policies and procedures documented, and if yes, where? | | | | |
| Do the documented policies adequately support the needs of the organization (i.e., fixed asset registers, inventory marking, depreciation rates, transfer/borrowing of equipment, etc.)? | | | | |
| Are donor-specific procurement regulations incorporated into the policies? How is this done? (For USG-funded projects, this includes: non-expendable reporting requirements; disposition plan for assets over \$5,000; physical inventory.) | | | | |
| Does the organization use a fixed asset register? What is included in the register? Is it up-to-date? | | | | |
| Are physical inventories completed? How is this done? How often? | | | | |

Information Systems

Subsection Objective: To assess the functionality of the organization's information systems and its documentation of information system policies and procedures.

Resources: information system policies and procedures, staff interviews

| Information Systems ● | | | |
|---|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> No documented information system policies and procedures An insufficient information system to manage operations and/or programs No one designated to manage the information system | <p>The organization has</p> <ul style="list-style-type: none"> Documented some information system policies and procedures, but they are incomplete or inappropriate An information system that supports operations and programs at basic levels of functionality No one designated to manage the information system | <p>The organization has</p> <ul style="list-style-type: none"> Documented most or all information system policies and procedures An information system that adequately supports operations and programs at a good level of functionality without major inputs A staff member (or outside provider) designated to manage the information system | <p>The organization has</p> <ul style="list-style-type: none"> Complete and appropriate information system policies and procedures An information system that effectively and efficiently supports operations and programs at a high level of functionality and maintenance A staff member (or outside provider) designated to manage the information system |

Guiding Questions

| Information Systems | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is a staff member or outside provider designated to manage the information system? | | | | |
| Are information policies and procedures documented, and if yes, where? | | | | |
| Do the policies and procedures include management of both manual and electronic information (i.e., acquisition and replacement, acceptable use, supported software, support coverage, security, file management, disaster recovery, equipment borrowing and responsibility, etc.)? | | | | |
| Is the existing system sufficient to manage operations/programs (availability and reliability of IT system, internet connectivity, quality and reliability of support)? | | | | |

Human Resources Management

Objective: To assess the organization’s ability to maintain a satisfied and skilled workforce, to manage operations and staff time and to implement quality programs.

Job Descriptions

Subsection Objective: To review the systems for developing, disseminating, following and updating job descriptions (JDs) to ensure that staff roles and responsibilities are clearly defined and understood and that they are relevant to the needs of the organization.

Resources: sample job descriptions for each position or level (depending on size of organization)

| Job descriptions ● | | | |
|--|---|--|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> No JDs for staff, volunteers or interns | The organization has <ul style="list-style-type: none"> JDs for each staff member, but not all key sections are covered Staff, volunteers and interns who are not aware of or do not have copies of their JDs | The organization has <ul style="list-style-type: none"> Clear JDs for each staff member that include all sections Staff, volunteers and interns with copies or access to copies of their JDs JDs that are not respected/adhered to, reviewed or regularly updated | The organization has <ul style="list-style-type: none"> JDs for each staff member that cover all sections Staff, volunteers and interns with copies of or access to their JDs JDs that are respected/adhered to, reviewed and updated |

Guiding Questions

| Job Descriptions | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there JDs with relevant details—title, job duties/responsibilities, reporting requirements, supervisory responsibilities (if any), qualifications, and skills required—for all positions in the organization, including those for volunteers and/or interns? | | | | |
| Are JDs accessible to staff, volunteers and interns? | | | | |
| Are JDs stored in personnel files, and are the files updated? | | | | |
| Is there a process for reviewing JDs for adherence and/or revision? | | | | |

Recruitment

Subsection Objective: To assess the organization's systems for recruiting staff and consultants including confirming and documenting professional and salary history.

Resources: recruitment manual/guidelines or policy, recruitment guidelines, documentation of employment history, personnel manual

| Recruitment ● | | | |
|---|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> Neither guidelines nor a consistent approach to recruiting staff No system for verifying employment history for staff or consultants | <p>The organization has</p> <ul style="list-style-type: none"> Basic guidelines for recruitment, but they are not consistently applied or reviewed No process for verifying staff or consultants' employment history Not oriented or trained HR staff in applying the guidelines Not provided opportunities for career advancement | <p>The organization has</p> <ul style="list-style-type: none"> Clear, transparent recruitment guidelines, but they are neither consistently applied nor regularly reviewed Has a process for verifying employment history but does not file or update the information Not consistently oriented or trained HR staff in applying the guidelines Not provided opportunities for career advancement | <p>The organization has</p> <ul style="list-style-type: none"> Clear, transparent recruitment guidelines that are consistently applied and reviewed A process for verifying, updating and filing employment history Consistently oriented and regularly trained/updated HR staff in applying the guidelines Provided opportunities for career advancement |

Guiding Questions

| Recruitment | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there written recruitment guidelines? | | | | |
| Are there procedures for verifying employment history and for filing that information? | | | | |
| Do the guidelines include announcing/advertising, collecting CVs/short-listing, interviewing candidates, checking references and employment history, making offers and employment agreements, and are they transparent? | | | | |
| Has appropriate staff been trained to follow recruitment procedures? | | | | |
| Are recruitment procedures always followed? | | | | |
| Are there opportunities for career advancement with the organization? | | | | |

Staffing Levels

Subsection Objective: To assess the organization’s management of staffing—positions available, positions filled, vacancies—for the program and for the organization as a whole and the means for ensuring staffing levels are and remain adequate.

Resources: staffing plan and/or organizational diagram, vacancy and turnover data, attendance information, retention policy

| Staffing Levels ● | | | |
|--|---|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No formal staffing plan • Positions/vacancies that are not documented • Many key management and technical positions open or filled by staff without the right qualifications or skills • No system to ensure that positions are filled quickly • High turnover and severe problems with staff attendance affecting program implementation • No retention procedures | <p>The organization has</p> <ul style="list-style-type: none"> • A formal staffing plan • Documented positions and vacancy data • Some key positions filled with qualified and skilled staff • No system to ensure that positions are filled quickly • High turnover rate or staff attendance problems affecting program implementation • Not conducted or documented exit interviews | <p>The organization has</p> <ul style="list-style-type: none"> • A formal staffing plan • Documented and available vacancy data • Qualified and skilled staff in all key positions (technical, administrative, finance) • A system to ensure that positions are filled quickly • Moderate turnover or minor attendance problems • Conducted and documented exit interviews | <p>The organization has</p> <ul style="list-style-type: none"> • A formal staffing plan • Documented positions and vacancy data • Qualified and skilled staff in all positions • Active recruitment to fill gaps • A system for rapidly filling new positions where staff turnover is high • Minimal turnover and no attendance problems • Conducted and documented exit interviews and used the information |

Guiding Questions

| Staffing Levels | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Has the organization documented positions needed and staffing status? | | | | |
| Are all key positions filled or is there active recruitment to fill gaps? | | | | |
| What process is there to ensure that staff have the qualification and skills for their positions? | | | | |
| Is data kept on current vacancies and staff turnover? Please share. | | | | |
| Is attendance data kept? Are there issues with attendance? If so, how are they dealt with? | | | | |
| What approaches are used for retaining staff? Are these approaches reviewed and modified as needed? | | | | |
| Does the organization conduct and document exit interviews and identify/analyze reasons for staff departures? | | | | |

Personnel Policies

Subsection Objective: To ensure that personnel policies document and verify staff time and that best practices in managing personnel are adhered to.

Resources: personnel manual, staff time records, work schedule policies, 2–3 personnel files, payment vouchers

| Personnel Policies ★ | | | |
|--|---|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No personnel policy manual | <p>The organization has</p> <ul style="list-style-type: none"> • Basic personnel policies that include either a drug-free workplace policy, nondiscrimination policies (for US organizations), or timekeeping policy • Inconsistently applied the polices • Not disseminated the policies to all staff and/or required signature statements • No process for updating personnel policies, manuals or staff time records | <p>The organization has</p> <ul style="list-style-type: none"> • Comprehensive and donor compliant personnel policies including a drug-free workplace policy, discrimination policies (for US organizations), and timekeeping policy, at a minimum • Polices that are adhered to and aligned with HR practices • Not disseminated the policies to all staff or required signature statements • Not updated personnel policies and manuals or time records | <p>The organization has</p> <ul style="list-style-type: none"> • Comprehensive and donor compliant personnel policies • Policies that are adhered to and correspond to HR practices • Disseminated policies to all staff and required and filed signature statements • Regularly reviewed and updated policies, manuals and staff time records |

Guiding Questions

| Personnel Policies | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there documented personnel policies that include guidelines on work schedules, employee compensation (salary) and benefits, leave, performance reviews, grievances and disciplinary procedures, ending employment (resignation/termination), administrative procedures and employee conduct, and an ethics policy and awareness program? | | | | |
| Are donor-specific HR regulations incorporated into the policies? How is this done? (For USG-funded projects, this includes a drug-free workplace policy, timekeeping policy, and non-discrimination policy [as required]). | | | | |
| Are the time management policies and procedures donor compliant (i.e., USG requires tracking leave and separating time by project, staff and supervisor orientation, staff and supervisor signatures, reconciliation with payroll and labor billings)? | | | | |
| Is there an HIV workplace policy as well as other health related workplace policies, such as no alcohol, no smoking, etc.? | | | | |
| Does staff sign receipt and acknowledgement for the personnel manual, and are the signatures recorded and filed? | | | | |
| Is there a process for validating adherence to the policies and addressing non-compliance issues? | | | | |
| How often is the personnel manual reviewed and updated? | | | | |

Staff Salaries and Benefits

Subsection Objective: To review the organization's systems for setting and managing salaries and benefits.

Resources: salary grades and ranges, 2–3 personnel files from different levels

| Staff Salaries and Benefits ★ | | | |
|--|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No clear rationale/structure for staff salaries such as pay grades and ranges or salary history • Not clearly documented benefits in a policy manual • Salaries and benefits that are not equitably applied and/or do not conform to national labor requirements | <p>The organization has</p> <ul style="list-style-type: none"> • A clear rationale/structure for staff salaries, such as pay grades and ranges and salary history • A process for documenting salary history • Not consistently applied the rationale or reviewed or updated it • Clearly documented benefits in a policy manual • Benefits of which staff are aware, but they are neither equitably applied nor conform to national labor requirements | <p>The organization has</p> <ul style="list-style-type: none"> • A clear rationale/structure for staff salaries such as pay grades and ranges and salary history • A process for documenting salary history • Consistently applied the rationale to all staff, but does not review or update salaries regularly • Benefits that are clearly documented in a policy manual • Benefits of which staff are aware, that are equitably applied and conform with national labor requirements | <p>The organization has</p> <ul style="list-style-type: none"> • A clear rationale/structure for staff salaries such as pay grades and ranges and salary history • A process for documenting salary history • A rationale for salaries that is consistently applied to all staff, reviewed and updated annually • Pay increases that follow the salary framework and/or policy • Benefits that are clearly documented in a policy manual, equitably applied and conform to national labor laws • Pay increases coordinated with performance reviews |

Guiding Questions

| Staff Salaries and Benefits | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| How are staff salaries determined? Is salary history, a salary scale with pay grades and ranges, or an alternative system used? Is the policy documented and understood by staff? | | | | |
| If salary history is used, is salary history and determination of salary verified, documented and filed? Are USAID biodata forms used? (See transition.usaid.gov/forms/AID1420-17.doc .) | | | | |
| If pay grades and ranges are used, is the system documented and applied to all staff? Is the scale updated annually? | | | | |
| Are pay increases and performance reviews coordinated? | | | | |
| Are employee benefits equitably applied? Are they documented? Are staff aware of the benefits? | | | | |
| Do staff salaries and employee benefits conform to national labor laws? | | | | |

Staff Performance Management

Subsection Objective: To review the organization's systems for managing staff performance including performance appraisals.

Resources: samples of completed performance appraisals or a blank form

| Staff Performance Management ● | | | |
|--|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No process for regularly assessing staff performance • No probationary period or review process for new staff • Not updated or filed changes in staff work status, salary and benefits | <p>The organization has</p> <ul style="list-style-type: none"> • A process for assessing staff performance, but it does not include setting objectives, listing responsibilities/tasks, supervision or professional development • A three-month probationary period for new staff but no formal review • A process that is not participatory and follows an auditing rather than a supportive approach • Inconsistently filed or updated changes in staff work status, salary and benefits | <p>The organization has</p> <ul style="list-style-type: none"> • A process for assessing staff performance that includes setting objectives, listing responsibilities/ tasks, assessing performance on past activities, supervision and professional development • A performance review process for new staff that is not timely or consistently done • A participatory process regularly used for performance appraisals • Conducted appraisals for some, but not all, staff • Consistently filed and updated changes in staff work status, salary and benefits | <p>The organization has</p> <ul style="list-style-type: none"> • A process for assessing staff performance that includes setting objectives, listing responsibilities/ tasks, assessing performance on past activities, supervision and professional development • Regularly conducted appraisals for all staff at least once a year • Regularly reviews new staff performance after the probationary period • Consistently filed, updated and made changes in staff work status, salary and benefits |

Guiding Questions

| Staff Performance Management | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a documented process for assessing staff performance including setting objectives, listing responsibilities/tasks for the review period, assessing performance on past activities, and reviewing supervision and professional development? | | | | |
| Is the performance assessment participatory, allowing discussion by both staff and supervisors? | | | | |
| Are performance assessments done for all staff and conducted regularly (at least yearly)? | | | | |
| Are performance assessments conducted for new staff at the probationary period conclusion? | | | | |
| Are changes in staff status, salary, and benefits documented in the personnel files? | | | | |

Volunteers and Interns

Subsection Objective: To review the organization's systems for managing field and office volunteers and interns.

Resources: volunteer/intern policy, samples of completed performance appraisals

| Volunteers/Interns ● | | | |
|--|---|--|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • No policy for selecting or managing volunteers/interns • No training program for volunteers or interns • No job descriptions • No performance standards or feedback process • No supervisory guidance to support volunteers/interns | The organization has <ul style="list-style-type: none"> • A basic volunteer/intern policy that includes guidance on selection, supervision and support • Job descriptions • Orientation and/or training for volunteers that is not consistent • No performance standards or regular review of performance • Inconsistent or irregular supervision • High volunteer turnover that affects program implementation | The organization has <ul style="list-style-type: none"> • A comprehensive volunteer/intern policy that includes guidance on selection, supervision and support • Job descriptions • Volunteers/interns appropriately trained for their tasks • Performance standards but no performance review • Provided regular, consistent supervision and feedback • Moderate turnover | The organization has <ul style="list-style-type: none"> • A comprehensive volunteer/intern policy that includes guidance on selection, supervision and support • Volunteers/interns who are appropriately and consistently trained for their tasks • Performance standards and regular performance reviews • Provided regular, consistent supervision and feedback • Minimal turnover |

Guiding Questions

| Volunteers and Interns | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a documented policy for recruiting, engaging and managing/supervising volunteers and interns? | | | | |
| Do volunteers/interns receive job descriptions? | | | | |
| Are task-specific training or orientation seminars provided to volunteers and interns? | | | | |
| Are there performance standards for volunteers and interns? Are they used to assess their performance? Who manages the volunteers? | | | | |
| Are there strategies in place to recognize or promote volunteers, for example to staff positions (when possible/appropriate)? | | | | |
| What compensation do volunteers receive? How are the payments supported? | | | | |

Financial Management

Objective: To assess the quality of the organization’s financial system and policies and procedures and the staff’s knowledge of the system.

Financial Systems

Subsection Objective: To assess the existence and use of the financial system, especially its ability to respond to management needs and donor requirements.

Resources: financial manual, accounting journals, chart of accounts, payment vouchers, staff training plan/curricula, staff interviews

| Financial Systems ★ | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No formal financial system • Transactions that are either not recorded or are recorded on an ad hoc basis • A filing system that maintains only invoices/receipts for all expenditures and incoming funds | <p>The organization has</p> <ul style="list-style-type: none"> • A basic financial system, but it is incomplete and/or not compliant with accounting standards • Systems that are not consistently adhered to • Not oriented or trained financial staff on systems | <p>The organization has</p> <ul style="list-style-type: none"> • A good financial system with most or all required components • A computerized accounting system that is not fully operational • Systems that are consistently adhered to • Oriented or trained financial staff on systems • No process for reviewing and updating the financial system • Not included a narrative description of its financial system in its financial manual | <p>The organization has</p> <ul style="list-style-type: none"> • A complete and appropriate financial system • A fully operational, computerized accounting system • Systems that are consistently adhered to, reviewed and updated • Systems known and understood by trained staff • A narrative description of its financial system in its financial manual |

Guiding Questions

Financial Systems*

| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
|---|-----|----|-----|------------------------|
| Does the organization have a cash, accrual or modified system? How is it implemented? | | | | |
| Is the organization using accounting software? If so, which system? If not, describe the manual system. | | | | |
| Is there a chart of accounts (income and expenses, assets and liabilities)? Does it address donor-specific requirements? (For USG-funded programs, this includes codes for unallowable expenses, tracking sub-grant expenses and advances, tracking advances to individuals.) | | | | |
| Does the organization use another set of codes to assign transactions to a specific project/donor? | | | | |
| Are all payments and receipts recorded in the organization's bookkeeping system? How often are they recorded? | | | | |
| How are transactions in the accounting system linked to supporting documentation? | | | | |
| Are there separate bank accounts per funding sources (if required by donor)? | | | | |
| Are the bank accounts reconciled monthly against the bank journals/cash books? | | | | |
| Are cash payments made? Are they through petty cash or an alternate system? Please explain. | | | | |
| Are field office expenses recorded on an advance and reconciliation basis in the system? Please explain. | | | | |
| Is there a system for determining exchange rates? How are gains and losses recorded in the system? | | | | |

* Many of the questions above can be answered in advance by the facilitator per detailed review of the organization's financial policies and procedures manual.

Financial Policies and Procedures

Subsection Objective: To assess the existence and use of financial policies and procedures and their ability to respond to management needs and donor requirements.

Resources: financial manual, accounting journals, chart of accounts, staff interviews, payment vouchers, staff training plan/curricula

| Financial Policies and Procedures ★ | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> No documented financial policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> Some documented financial policies and procedures, but they are incomplete and/or do not comply with donor requirements Policies and procedures that are inconsistently adhered to Not oriented or trained staff in the policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> Documented most or all financial policies and procedures and they are compliant Policies and procedures that are consistently adhered to Oriented or trained staff in the policies and procedures No process for regularly reviewing and updating financial policies and procedures | <p>The organization has</p> <ul style="list-style-type: none"> Complete and appropriate financial policies and procedures Policies and procedures that are known and understood by staff Policies and procedures that are consistently adhered to, reviewed and updated |

Guiding Questions

| Financial Policies and Procedures* | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there written financial procedures? What is the approval process? | | | | |
| Are the policies and procedures comprehensive and responsive to the organizational needs (addressing, at a minimum, chart of accounts, bank/cash management, internal controls, fraud, financial documentation, shared costs/indirect costs, budgeting and reporting, audit and cost share)? | | | | |
| Do the written procedures address donor specific requirements (for USG-funded programs, this includes definitions of reasonable, allocable and allowable/unallowable expenses, VAT tracking and reimbursement procedures)? | | | | |
| Are staff oriented/trained in the procedures? How and how often? | | | | |
| Are financial procedures formally reviewed/updated? How often? What is the process for revisions? Is the process documented? | | | | |
| Are there systems to ensure compliance with financial procedures? Please explain. Have there been findings in external or internal audits related to noncompliance with financial procedures? | | | | |

* Many of the questions above can be answered in advance by the facilitator per detailed review of the organization's financial policies and procedures manual. Financial/administrative procedures should also include fixed assets, procurement, travel and payroll, discussed in the Administration section.

Internal Controls

Subsection Objective: To assess if internal controls adequately safeguard the organization’s assets, manage internal risk and ensure the accuracy and reliability of accounting data.

Resources: financial manual, signatory policy/authority matrix, payment vouchers, staff interviews, audit reports on internal controls, insurance policies

| Internal Controls ★ | | | |
|--|---|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No documented internal controls • Improper segregation of duties and checks and balances (1–2 people are responsible for all steps in financing or procurement) | <p>The organization has</p> <ul style="list-style-type: none"> • Some documented internal controls, but they are incomplete and inappropriate • Procedures not well-known and understood by staff and not consistently adhered to • Inadequate segregation of duties | <p>The organization has</p> <ul style="list-style-type: none"> • Most or all documented appropriate internal controls • Procedures that are generally known by staff but not consistently adhered to • Adequate segregation of duties • No process for reviewing and updating internal controls or for assessing financial risk | <p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriately documented financial controls • Procedures known and understood by trained staff • Internal controls that are consistently adhered to, reviewed and updated • A process for assessing financial risk |

Guiding Questions

| Internal Controls | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there written internal control procedures? | | | | |
| Are staff oriented/trained in internal controls? How and how often? | | | | |
| Are internal controls formally reviewed/updated? How often? What is the process? Is it documented? | | | | |
| Is there a signatory authority/approval matrix? Does it include authorization limits? Who are check signatories? | | | | |
| Is there a proper separation of duties among procurement staff (making sure that one person cannot carry a transaction from beginning to end – no self-review or self-authorization)? | | | | |
| Is there proper segregation among financial staff (i.e., for payment authorization, cash accounts reconciliation, payroll processing)? | | | | |
| What procedures are in place to safeguard financial assets (Are cash, checkbooks and records kept in a safe/secure location? Is access limited to relevant people)? | | | | |
| How is potential fraud handled? | | | | |
| What systems ensure compliance with internal controls? Have there been findings in external or internal audits related to internal control deficiencies? | | | | |
| Does the organization assess financial risk? How and how often? Who is involved? | | | | |

Financial Documentation

Subsection Objective: To assess if record keeping is adequate and if financial files are audit ready.

Resources: financial files, finance manual, staff interviews

| Financial Documentation ★ | | | |
|---|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No written financial documentation procedures • No filing system, and financial files are not readily available • No one designated to manage the financial files | <p>The organization has</p> <ul style="list-style-type: none"> • Some written financial documentation procedures, but they are incomplete and/or inappropriate • Procedures that are not consistently adhered to and/or are not known to staff • A basic filing system, but financial files are not complete • No one designated to manage the financial files | <p>The organization has</p> <ul style="list-style-type: none"> • Financial documentation procedures that are mostly or completely documented in writing and appropriate • Procedures that are generally adhered to, known and understood by staff • Financial documentation files that are not regularly updated or secure • A staff member designated to manage the financial files | <p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriate financial documentation procedures • Procedures that are known and understood by staff • Procedures that are consistently adhered to, reviewed and updated • Up-to-date financial files in a secure location • A staff member designated to manage the financial files |

Guiding Questions

| Financial Documentation | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a written process for managing financial documentation? | | | | |
| Are there written guidelines describing the documentation required for each type of transaction? | | | | |
| Are these guidelines formally reviewed/updated? How often? What is the process for revisions? Is it documented? | | | | |
| Does each transaction (and payment voucher) include and/or reference supporting documentation? | | | | |
| Is financial documentation up-to-date? | | | | |
| Is financial documentation kept in a secure and consistent location? | | | | |
| Is/are there a designated person(s) to manage financial files? | | | | |
| Is there a policy on which and how long financial documents are kept? Is the policy compliant with local law and donor regulations? | | | | |

Budgeting

Subsection Objective: To assess the organization’s financial planning and if there is a system for monitoring budgets and determining additional funding requirements.

Resources: organization’s budget, project budgets, budget worksheet, chart of accounts, budget tracking worksheet

| Budgeting ● | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No formal master budget • No core-cost budget • Project budgets, but they are not clear and/or not aligned with project needs • Not included core costs in its project budgets | <p>The organization has</p> <ul style="list-style-type: none"> • A basic master budgeting process, but it is incomplete • A core-cost budget, but it is not aligned with the strategic plan and/or is not regularly reviewed to address shortfalls • Project budgets, but they are not always clear and not consistently aligned with project needs • An inconsistent methodology for including core costs in its project budgets | <p>The organization has</p> <ul style="list-style-type: none"> • A good master budgeting process that includes most or all required components • A core-cost budget that is generally aligned with the strategic plan, but is not regularly reviewed to address shortfalls • Project budgets that are clear, but not reviewed regularly nor consistently aligned with project needs • A consistent methodology for including core costs in project budgets, but the methodology is not documented and does not ensure full cost recovery | <p>The organization has</p> <ul style="list-style-type: none"> • A complete and appropriate master budget • A core-cost budget that is aligned with the strategic plan and regularly reviewed; any shortfalls are addressed • Clear project budgets that are reviewed regularly by senior management and adapted to align with project needs and donor requirements • A consistent methodology for including core costs in project budgets that is documented and ensures full cost recovery |

Guiding Questions

| Budgeting | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a master budget that includes the costs of running the organization, or does the organization operate only with project budgets and a separate core-cost (administration/overhead) budget? | | | | |
| Are core costs included in budgets in a consistent manner? Is full cost recovery achieved? | | | | |
| Does the budget align with the strategic plan and is it approved by the board? | | | | |
| Are budgets prepared or reviewed annually? Who approves budgets? Is approval received before the fiscal year starts? Please explain. | | | | |
| Are program and financial staff involved in budgeting? | | | | |
| Is there a budget holder (named individual) responsible for managing each budget? How are budgets monitored? | | | | |
| Are there regular meetings with senior management and relevant program staff to review budget status? | | | | |
| How are non-budgeted expenses handled (i.e., approval, budget allocation)? How are funds re-allocated between line items as a result? | | | | |
| Are there systems to manage cash flow on a monthly basis? Please explain. | | | | |

Financial Reporting

Subsection Objective: To assess whether the organization's routine financial reporting system allows it to meet statutory and donor requirements and stakeholders' needs for information.

Resources: annual financial statements, financial reports to donors, donor grant agreements, management reports, senior management meeting minutes, board meeting minutes

| Financial Reporting ★ | | | |
|---|---|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No routine system for financial reporting • No recent financial statements • Not yet submitted a financial report to a donor and/or other stakeholders • No one designated to prepare or approve reports or financial statements | <p>The organization has</p> <ul style="list-style-type: none"> • A basic system for financial reporting, but reporting requirements and deadlines are not adhered to • Designated staff to prepare and approve reports and financial statements • Inconsistently delivered financial reports to stakeholders (donor, budget holders, senior management, board members) • Irregular reviews of financial reports by senior staff | <p>The organization has</p> <ul style="list-style-type: none"> • A good financial reporting system; reporting requirements and deadlines are generally adhered to • Regularly delivered financial reports to stakeholders (donors, budget holders, senior management, board members), but they are not always accurate and/or complete • Sporadic reviews of financial reports by senior staff • Some documented financial reporting procedures | <p>The organization has</p> <ul style="list-style-type: none"> • A complete and appropriate financial reporting system; reporting requirements and deadlines are consistently adhered to • Regularly delivered accurate and complete financial reports to stakeholders (donors, budget holders, senior management, board members) • A system for senior staff to review financial reports at least every three months and to use the reports to make decisions • Complete and appropriately documented financial reporting procedures regularly reviewed and updated |

Guiding Questions

| Financial Reporting | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there written procedures for financial reporting? | | | | |
| What reports (organizational, management, donor) are prepared and how often? | | | | |
| Are the reports accurate and submitted on time? | | | | |
| Is there a person designated to prepare financial reports (statements, management and donor reports)? Review the reports? Approve the reports? | | | | |

Audits

Subsection Objective: To assess whether the organization undergoes routine audits that meet statutory and donor requirements and has a system for addressing audit findings.

Resources: financial audit reports, post-audit management plans, financial manual staff interviews

| Audits ★ | | | |
|---|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No internal or external auditing system • Not complied with statutory and/or donor auditing requirements | <p>The organization has</p> <ul style="list-style-type: none"> • A basic audit/review system, but auditing requirements and deadlines are not adhered to • Completed a recent statutory and/or donor audit, but the scope of the audit does not meet requirements • Not implemented previous audit report recommendations • Not shared audit reports with board members and other stakeholders | <p>The organization has</p> <ul style="list-style-type: none"> • A good system for managing audits; audit findings and recommendations are generally addressed • Consistently complied with its statutory and donor audit requirements in a timely manner • No internal audit function that regularly assesses risk or reviews and updates financial management systems to reflect the changing environment • Not shared audit reports with board members and other stakeholders | <p>The organization has</p> <ul style="list-style-type: none"> • A complete and appropriate system for managing audits; audit findings and recommendations are systematically addressed • A written narrative of its audit systems in the finance manual • Consistently complied with its statutory and donor audit requirements in a timely manner • An internal audit function that assesses risk and updates financial management systems as needed • Consistently shared audit reports with board members and other stakeholders |

Guiding Questions

| Audits | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is the organization legally required to have an annual audit? | | | | |
| Is the organization regularly audited? If so, what kinds of audits are done (i.e., statutory, donor)? | | | | |
| How are external auditors selected and approved? | | | | |
| Is there a person designated to manage external audits? | | | | |
| Are audit recommendations implemented? Is there a process for resolving findings? | | | | |
| Are audit reports shared with the board and other stakeholders? | | | | |
| Does the external audit report provide enough information to assess risks? | | | | |
| Does the organization have an internal audit function? If not, is there a process for assessing and managing risk? | | | | |
| For USAID funding, if the required thresholds are met, does the audit confirm to A-133 requirements (US organization) or to the "Guidelines for Financial Audits Contracted by Foreign Recipients," as described in ADS 591 (non-US organization)? | | | | |

Cost Share

Subsection Objective: To assess whether the organization has systems to track, report, and document cost share in compliance with donor regulations.

Resources: approved grant agreements/budgets, cost-sharing plan and procedures, cost-share vouchers

| Cost Share ★ | | | |
|--|---|---|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> No documented cost-sharing procedures No cost-share plan | The organization has <ul style="list-style-type: none"> Documented some cost-share procedures Procedures that are incomplete and/or inappropriate An inconsistent accounting system for entering and reporting on cost share No cost-share plan | The organization has <ul style="list-style-type: none"> Documented most or all cost-share procedures, and they are appropriate Procedures that are not known to staff Procedures that are inconsistently adhered to An inconsistent accounting system for entering and reporting on cost share A cost-share plan | The organization has <ul style="list-style-type: none"> Complete and appropriately documented cost-share procedures Procedures known and understood by staff Procedures consistently adhered to, reviewed and updated A consistent accounting system for entering and reporting on cost share A cost-share plan |

Guiding Questions

| Cost Share | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a cost-share component in this program? If yes, what are the sources (types and amounts)? | | | | |
| Is there a cost-share plan and is it followed? | | | | |
| Are cost-share procedures documented? Do they include how cost share is tracked, monitored and reported to the donor? | | | | |
| Are relevant staff trained on cost-share procedures? How often? | | | | |
| Are the procedures regularly updated? What is the process? | | | | |
| Is cost sharing recorded in the accounting system? | | | | |
| Are there systems to ensure compliance with cost-share policies? Please describe. Have there been findings in external or internal audits related to cost share? | | | | |

Financial Sustainability

Subsection Objective: To assess the organization's finance strategy and its ability to secure a diversified revenue base, to generate reserves and to sustain its operations without donor funds.

Resources: organization's budget, annual financial statements, strategic plan, finance strategy (business plan)

| Financial Sustainability ● | | | |
|---|--|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • Full dependence on one external donor • No unrestricted funds • Not enough liquidity to pay all outstanding financial obligations • No documented finance strategy | <p>The organization has</p> <ul style="list-style-type: none"> • Almost full dependence on external donor funds (more than one donor) • Limited unrestricted funds • Not enough liquidity to pay all outstanding financial obligations • A finance strategy that is not fully documented | <p>The organization has</p> <ul style="list-style-type: none"> • A somewhat diversified funding base, but is too reliant on restricted income • Limited reserves to operate without donor grants • Enough liquidity to pay all outstanding financial obligations • A documented finance strategy that is not fully in line with the strategic plan and is not reviewed regularly | <p>The organization has</p> <ul style="list-style-type: none"> • A diversified funding base with strong stakeholder relationships • Income-generating activities and/or unrestricted sources of income • Enough liquidity to pay all outstanding financial obligations • Enough reserves to run for a few months without any donor funding • A written policy for building/maintaining reserves • A documented finance strategy in line with the strategic plan and reviewed regularly |

Guiding Questions

| Financial Sustainability | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a diversified funding base? If so, who are its funders? | | | | |
| Does the organization have unrestricted income? If so, is it a regular source? | | | | |
| Does the organization have income-generating activities? If so, how much of the annual budget comes from this source? | | | | |
| Does the organization have a policy for building/maintaining reserves (accumulated surplus)? | | | | |
| Does the organization generate any reserves? If so, does the board approve how those reserves are utilized? | | | | |
| Does the organization have debt? What is the debt level? | | | | |
| Does the organization have the cash flow to meet its financial obligations? | | | | |
| Is the organization able to manage and finance overhead costs? | | | | |
| Does the organization have a finance strategy? Is this strategy in line with the strategic plan? | | | | |

Organizational Management

Objective: To assess the organization’s planning, management of external relations and information and means of identifying and capitalizing on new opportunities.

Strategic Planning

Subsection Objective: 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 |
| The organization has <ul style="list-style-type: none"> • No strategic plan | The organization has <ul style="list-style-type: none"> • A basic strategic plan that does not reflect its vision, mission and values • A plan that is not based on an analysis of strengths and weaknesses, the external environment and clients’ needs • A plan that does not include priorities, measurable objectives or clear strategies • Not used the plan for management decisions or operational planning • No process for regularly reviewing the plan • Not defined its resource needs | The organization has <ul style="list-style-type: none"> • A comprehensive, written strategic plan that reflects its mission, vision and values • Based the plan on a review of strengths and weaknesses, the external environment and clients’ needs • Included priorities, measurable objectives and clear strategies • Not used the plan for management decisions or operational planning • No process for regular reviews • Not defined resource needs or does not have a corresponding budget | The organization has <ul style="list-style-type: none"> • A comprehensive, written strategic plan that reflects its mission, vision and values • Based the plan on a review of strengths and weaknesses, the external environment and clients’ needs • Included priorities and measurable objectives • Referred to the plan for management decisions and operational planning • Regularly reviewed the plan • Clear resource needs and a corresponding budget |

Guiding Questions

| Strategic Planning | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a strategic plan? When was it developed and for what period of time? | | | | |
| Did strategic planning include stakeholders? | | | | |
| Does the strategic plan outline the organization's mission, niche, competitors, and partners? | | | | |
| Does the strategic plan include priority areas, measurable objectives, and clear strategies? | | | | |
| Is the strategic plan used to guide workplanning and staffing decisions? | | | | |
| Does the organization have a mechanism for incorporating lessons learned and best practices into the planning process? | | | | |
| Does the plan include a process for regular reviews? | | | | |
| Does the plan identify resource needs and costs? | | | | |

Resource Mobilization

Subsection Objective: To assess the organization's ability to identify and capitalize on new business opportunities through grants and partnerships.

Resources: business development plan, resource development plan, funding strategy

| Resource Mobilization ● | | | |
|--|--|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No business plan or funding strategy • Not estimated its future resource needs • Taken no steps to identify additional local, national or international resources or opportunities to support its programs and activities, either directly or through partnerships • Not created a communication strategy for resource mobilization | <p>The organization has</p> <ul style="list-style-type: none"> • A business plan and has taken preliminary steps to estimate future resource needs based on an analysis of its programs and/or its strategic plan • Identified additional resource providers or opportunities and their interests and potential for support • Not created a communication strategy to attract resources | <p>The organization has</p> <ul style="list-style-type: none"> • A business plan based on an analysis of its programs and resource needs and the activities in its strategic plan • Identified resource providers • Created a communication strategy for resource mobilization • Received support from at least one source or has a clear plan for fundraising or proposal writing • Insufficient funds to support its activities | <p>The organization has</p> <ul style="list-style-type: none"> • A business plan based on an analysis of its programs and resource needs and the activities in its strategic plan • Identified resource providers • Created a communication strategy for resource mobilization • Successfully bid for resources from one or more sources • Sufficient funds to support its activities |

Guiding Questions

| Resource Mobilization | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Has the organization designated a person to carry out the resource mobilization activities? Does the person have the required skills and qualifications for this task? | | | | |
| Does the organization have a business plan or funding strategy? Is it in line with its strategic plan? | | | | |
| Does the organization know the resources it needs based on an analysis of its programs or through reviewing strategic planning resource needs? | | | | |
| Does the organization have sufficient funds to support activities for the next year? Three years? | | | | |
| Does the organization receive support from more than one donor? Who are the donors? | | | | |
| Have potential resource providers (sources) been identified? | | | | |
| Is there a development plan (fundraising/proposal writing) for obtaining additional resources? | | | | |
| Is there a communication and networking strategy to attract resources? | | | | |
| What is the minimum amount of money that will attract the organization to compete for a proposal? | | | | |
| How many proposals has the organization submitted in the past year? | | | | |

Operational Plan Development

Subsection Objective: To assess the contents, approval and reviews of the annual operational plan.

Resources: operational plan

| Operational Plan ● | | | |
|--|--|---|---|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • No operational plan | The organization has <ul style="list-style-type: none"> • An annual operational plan • Included goals, measurable objectives and strategies, but no timelines, responsibilities or indicators • Not linked the operational plan to project or program workplans and budgets • Not developed the operational plan with staff participation • Not set dates for quarterly reviews • Not submitted the plan on time to HQ or donors (if required) | The organization has <ul style="list-style-type: none"> • An annual operational plan • Included goals, measurable objectives, strategies, timelines, responsibilities and indicators • Linked the plan to project/program workplans and budgets • Not developed the operational plan with staff participation • No dates for quarterly reviews • Not submitted the plan on time to HQ or donors (if required) | The organization has <ul style="list-style-type: none"> • An annual operational plan • Included goals, measurable objectives, strategies, timelines, responsibilities and indicators • Linked the plan to program/project workplans and budget • Developed the plan with staff participation • Set dates for quarterly reviews • Submitted the plan on time to HQ or donors (if required) |

Guiding Questions

| Operational Plan | | | | | | | |
|---|--|--|--|-----|----|-----|------------------------|
| Subsection Checklist | | | | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have an annual operational plan? How are project workplans integrated into the annual operational plan? | | | | | | | |
| Does the plan have clearly stated goals and measurable objectives and strategies, clear timelines, responsibilities and indicators? Please describe its contents. | | | | | | | |
| Is the plan linked to the annual budget? | | | | | | | |
| Was the plan developed with staff participation? | | | | | | | |
| Does the organization have an annual planning cycle? | | | | | | | |

Communication Strategy

Subsection Objective: To assess the comprehensive, completeness and effectiveness of the organization's communication strategy.

Resources: communication strategy, sample USAID-funded and non-USAID-funded publications

| Communication Strategy ● | | | |
|--|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No strategy for identifying audiences, channels, materials, and dissemination for promotion of technical/best practice innovation and overall achievements • No one assigned responsibility for developing/overseeing communication strategy and products (written, oral and/or online) • No process/tools for testing the materials/messages • No branding/marketing policies or procedures for documents or equipment | <p>The organization has</p> <ul style="list-style-type: none"> • An incomplete strategy, lacking objectives, responsibility, timelines and dissemination mechanisms • Assigned responsibility for communication strategy development • No process/tools for testing materials/messages • Developed branding/marketing policies for projects as required by USAID but does not have an organizational branding/marketing policy | <p>The organization has</p> <ul style="list-style-type: none"> • A complete communication strategy, • Tasked staff member(s) with communication strategy management including documentation oversight • A process for testing materials/messages and revising based on test results • Developed its own branding policy (including appropriate USAID branding/marketing requirements) and oriented staff, but it is inconsistently adhered to • Created templates for documents and a style guide | <p>The organization has</p> <ul style="list-style-type: none"> • A comprehensive communication strategy • Tasked staff member(s) with communication strategy management, including documentation development and oversight • A process for testing and revising materials/messages based on test results • Developed its own branding policy (including appropriate USAID branding/marketing requirements), oriented staff, and instituted a system to monitor compliance • Created templates and a style guide and trained staff on their use |

Guiding Questions

| Communication Strategy | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a communication strategy? Is it comprehensive (i.e., including objectives, responsibility, audience, channels, resources, testing, dissemination, timeframe and monitoring)? | | | | |
| Does the organization have its own brand/logo/tagline? | | | | |
| Does the organization have a documented branding/marketing policy? Does it comply with USAID requirements (See http://transition.usaid.gov/branding/gsm.html and http://www.usaid.gov/branding for guidance.)? Are staff trained on it? Is there a process to review compliance? | | | | |
| Is/are qualified staff member(s) tasked with communication strategy management and documentation (oral, written and online) oversight? | | | | |
| Does the organization pre-test materials/messages as part of documentation development and are revisions made based on the test results? | | | | |
| Does the organization have templates and a style guide and have staff been trained on the guidance? | | | | |

Change Management

Subsection Objective: To assess the organization's sustainability and relevance by reviewing its systems and processes for responding to internal or external emerging situations, reviewing programs and analyzing needs.

Resources: policy review plan or timeline

| Change Management ● | | | |
|---|--|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No process for responding to internal changes (staffing, leadership and budget issues) • No process for planning for or responding to external changes (government policies or donor priorities/funding) | <p>The organization has</p> <ul style="list-style-type: none"> • Basic processes for reviewing internal changes, such as policy reviews or the funding environment • No process for planning for or responding to external changes, such as regular reviews of the operational plan and budget monitoring • Inconsistently involved staff in reviewing the effectiveness of new/revised management systems and policies • Significant delays or problems encountered in response to change | <p>The organization has</p> <ul style="list-style-type: none"> • Established processes for reviewing internal change • Processes for planning for and responding to external change • Consistently involved staff in reviewing the effectiveness of new/revised management systems and policies, processes, programs • Few delays or major problems encountered in response to change | <p>The organization has</p> <ul style="list-style-type: none"> • Established effective and consistent routines for planning and reviewing and responding to internal and external change • Consistently involved staff in reviewing the effectiveness of new/revised management systems and policies • Systems for monitoring whether changes are implemented and lead to improvements • Ways to gauge staff comfort with the way change is introduced and addressed |

Guiding Questions

| Change Management | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a process for responding to internal and/or external changes? Please describe. | | | | |
| Does the organization have an established routine for involving staff in reviewing policies and procedures or plans? Please explain. | | | | |
| Does the organization have a process for reviewing and updating the strategic or operational plans to address or prepare for government, donor or funding changes? | | | | |
| Does the organization have a process for monitoring whether revisions are implemented and lead to improvements? | | | | |
| Does the organization have a means for gauging staff comfort with how change is addressed? | | | | |

Knowledge Management

Subsection Objective: To assess the organization's ability to link with other organizations (government, national, international, community, technical, academic) and its system for sharing knowledge, experiences, technical expertise and best practices with staff.

Resources: listing of association memberships and linkages with external organizations, staff reports on meetings attended, organizational newsletters

| Knowledge Management ● | | | |
|---|--|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> No technical linkages with other organizations to share best practices or program experiences No process for ensuring staff are continuously updated on best practices | <p>The organization has</p> <ul style="list-style-type: none"> Basic technical linkages with other organizations to share best practices or program experiences Staff who are updated on best practices, but not regularly No process for ensuring learning is applied to the program or shared with stakeholders | <p>The organization has</p> <ul style="list-style-type: none"> Essential and appropriate links with other organizations to share best practices or program experiences A process for routine staff sharing of best practices and lessons learned Not applied new knowledge or best practices to ongoing programs or shared them with stakeholders Has no process for reviewing/integrating new/current knowledge and best practices in annual planning | <p>The organization has</p> <ul style="list-style-type: none"> Active links with appropriate organizations to share best practices or program experiences A process for routinely sharing technical expertise and experiences with staff and stakeholders Applied best practices to its program and shares information with stakeholders and appropriate staff Annual planning that includes reviews and integration of new/current knowledge and best practices |

Guiding Questions

| Knowledge Management | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a relationship or collaborate with appropriate civil society organizations, government partners, and/or relevant international policy or academic bodies? | | | | |
| Does the organization have a process for reviewing and adapting new systems or best practices? | | | | |
| Do government and other organizations know what the organization does? | | | | |
| Do government and other organizations view and seek the organization out as a technical resource? | | | | |
| Does the organization publicize and/or disseminate information about itself and its work to the public and/or other organizations, stakeholders and/or beneficiaries? | | | | |

Stakeholder Involvement

Subsection Objective: To assess the organization's ability to coordinate programs and to involve stakeholders.

Resources: list of key stakeholders, stakeholder report

| Stakeholder Involvement ● | | | |
|--|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> No information about key stakeholders and service providers in the same geographic and/or technical areas in which it operates | <p>The organization has</p> <ul style="list-style-type: none"> Some information about stakeholders and service providers in the same geographic and/or technical areas in which it operates Information that is incomplete and out of date | <p>The organization has</p> <ul style="list-style-type: none"> Current information about stakeholders working in the same geographic and technical areas Identified where stakeholders are, what they do, their expectations and how/if they can collaborate No regular meetings with stakeholders | <p>The organization has</p> <ul style="list-style-type: none"> Complete and up-to-date information about all stakeholders working in the same geographic and technical areas and, if appropriate, collaborative agreements with them Regular (at least annually) meetings with stakeholders to review relevant activities and their impact on the organization's area of operations |

Guiding Questions

| Stakeholder Involvement | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have an appropriate and broad definition of stakeholders? | | | | |
| Does the organization have complete and up-to-date information about all stakeholders working in the same geographical and technical areas? | | | | |
| Are there collaborative agreements where appropriate? | | | | |
| Are regular meetings held with stakeholders to share information, review relevant activities and impact and explore ways to collaborate? How often are these meetings held? | | | | |

Internal Communication

Subsection Objective: To review the organization’s approach to internal communication.

Resources: staff questionnaires (Facilitator’s Guide)

| Internal Communication ● | | | |
|--|---|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> Limited communication between and among management and staff Few structured opportunities to exchange ideas or to discuss management, program or technical issues Not encouraged staff ideas or input Staff who feel uncomfortable raising issues | <p>The organization has</p> <ul style="list-style-type: none"> Limited communication between and among management and staff Opportunities for discussions between and among management and staff, but they are rarely used Sometimes encouraged staff ideas and input Staff who feel uncomfortable raising issues | <p>The organization has</p> <ul style="list-style-type: none"> Open communication between and among management and staff Regular opportunities for discussing management, program or technical areas Encouraged staff ideas and input Staff who are comfortable raising issues but find it more difficult to raise challenging ones | <p>The organization has</p> <ul style="list-style-type: none"> Open communication between and among management and staff Regular opportunities for exchanging ideas or discussing management, program or technical issues Consistently encouraged and incorporated staff ideas and input Staff who feel comfortable initiating discussions, contributing ideas and raising issues |

Guiding Questions

| Internal Communication | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are management and staff accepting of different communication styles and flows (formal, informal, face-to-face, and confidential)? | | | | |
| How often are meetings held for all staff? What other mechanisms are there for assisting internal communication (e.g., internal newsletters, memos, social events)? | | | | |
| Does management encourage and incorporate staff ideas and input? | | | | |
| Are staff comfortable raising challenging issues using the existing communication mechanisms? | | | | |

Decision-Making

Subsection Objective: To assess how the organization makes decisions, who is involved, and how decisions are communicated.

Resources: staff questionnaires (Facilitator's Guide)

| Decision-Making ● | | | |
|---|--|--|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • Not included staff in the decision-making process • Not communicated or explained decisions that affect the organization • Staff who feel excluded | The organization has <ul style="list-style-type: none"> • An unclear process for seeking and including staff ideas in the decision-making process • Inconsistently communicated or explained decisions to staff • Staff who feel they play a minor role in making decisions | The organization has <ul style="list-style-type: none"> • Encouraged staff ideas but seldom incorporated them into decisions • Communicated and explained decisions to staff • Not fully included staff participation in making decisions | The organization has <ul style="list-style-type: none"> • Sought, respected and incorporated staff ideas into decision-making • Communicated and explained decisions to staff • Staff who feel a sense of responsibility, accountability and ownership of decision-making |

Guiding Questions

| Decision-Making | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization encourage staff to participate in decision-making forums (staff meetings, strategic planning, visioning)? | | | | |
| Are multiple staff members (technical, administrative, financial) involved in relevant decision-making processes? | | | | |
| Are multiple methods used in making decisions? What methods are used? | | | | |
| Does management communicate and explain decisions affecting the organization? | | | | |
| Do forums exist for staff to voice concerns and competing ideas should a conflict arise about a decision(s)? | | | | |

Program Management

Objective: To assess the organization’s ability to implement comprehensive programs that respond to local needs and priorities by reviewing compliance with donor requirements, management of sub-grants with partners, technical reporting and whether its comprehensive health services meet the needs of specific target populations.

Donor Compliance

Objective: To assess the organization’s capability to respond to USG donor requirements; thereby ensuring the effective implementation of its USG-funded programs.

Resources: copy of the USAID A-122 Cost Principles, staff interviews (Facilitator’s Guide)

| Donor Compliance ★ | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization</p> <ul style="list-style-type: none"> • Is not familiar with the terms of the cooperative agreement, A-122 Cost Principles (i.e., reasonable, allocable, and allowable) or Standard Provisions • Has not listed and assigned responsibility for all donor requirements | <p>The organization</p> <ul style="list-style-type: none"> • Is knowledgeable of the terms of the cooperative agreement, A-122 Cost Principles and Standard Provisions • Is aware of donor requirements, has assigned responsibility, but does not have systems in place to ensure compliance | <p>The organization</p> <ul style="list-style-type: none"> • Is knowledgeable of the terms of the cooperative agreement, A-122 Cost Principles and Standard Provisions • Has systems in place to ensure compliance with donor requirements • Does not comply consistently | <p>The organization</p> <ul style="list-style-type: none"> • Is knowledgeable of the terms of the cooperative agreement, A-122 Cost Principles, and Standard Provisions • Has systems in place to ensure compliance with donor requirements • Complies consistently |

Guiding Questions

| Donor Compliance | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a copy of all donor agreements readily available? | | | | |
| Does the organization have copies of all the modifications that have been made to the donor agreements? | | | | |
| Are copies of the A-122 Cost Principles and Standard Provisions readily available for USG-funded agreements? | | | | |
| Is the organization aware of all USG requirements which may be applicable, including, but not limited to, submission of workplans, marking and branding plans, environmental compliance plans, financial reports, semi-annual and annual technical reports, inventory reports, VAT reports, audit reports, DEC submissions, procurement approvals, sub-grant approvals, sub-grant certifications, etc.? | | | | |
| Has responsibility for each of the above requirements been assigned? | | | | |
| Are requirements fulfilled correctly and on-time? | | | | |
| Is a system in place to ensure compliance with the requirements? Describe the system. | | | | |
| Have there been findings in external or internal audits related to non-compliance with donor regulations? | | | | |

Sub-grant Management

Subsection Objective: To assess the organization's ability to subcontract with other organizations, and monitor technical implementation and financial management of sub-grants.

Resources: sub-grants management and monitoring manual or written procedures, partner agreements, staff interviews, USAID approval documentation, technical reports from grantees, supervisory trip reports, financial reports from grantees, financial tracking of grantees

| Sub-grant Management ★ | | | |
|---|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No policies and procedures to guide sub-grant management and support • No formal sub-grants with partner organizations | <p>The organization has</p> <ul style="list-style-type: none"> • Some documented sub-grant management policies and procedures, but these are incomplete or non-compliant • Formal sub-grants with some partners, but they have not been oriented on their responsibilities • Sub-grantees who do not submit regular financial and technical reports in accordance with their agreements • Basic policies and guidance for supervising and supporting sub-grantees • No regularly scheduled supervisory visits | <p>The organization has</p> <ul style="list-style-type: none"> • Most or all documented and compliant sub-grant management policies and procedures • Formal sub-grants with all partners; some sub-grantees are oriented on their responsibilities • Sub-grantees who do not consistently submit financial and technical reports • Policies and guidance for supervising and supporting sub-grantees, but not all staff are aware of or utilize the guidance • Conducted infrequent supervisory visits | <p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriate sub-grant management policies and procedures • Formal sub-grants with all partners, and they are oriented on their responsibilities • Sub-grantees who submit all required reports in a timely manner • Solid policies and guidance for providing regularly scheduled supervision and support • Regular supervisory visits to assess inventory and financial records and implementation; feedback is shared with partners and used for follow up visits. |

Guiding Questions

| Sub-grant Management | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Sub-grant Management | | | | |
| Does the organization have sub-grantees/sub-partners? | | | | |
| Does the organization use formal sub-agreements? If under USAID funding, was prior approval of sub-partners received? | | | | |
| Is the sub-agreement compliant with donor rules and regulations (for USG, inclusive of all required flow down clauses, incorporating required certifications, etc.)? | | | | |
| Is there a sub-grant management manual which includes sub-grant award and management guidelines (i.e., types of grants, procurement process, award process, grant management roles and responsibilities, and close-out requirements)? How are staff and sub-grantees oriented to their responsibilities? | | | | |
| Sub-grant Monitoring and Supervision | | | | |
| Are there written policies and procedures related to sub-grant monitoring and supervision? | | | | |
| Are the policies and procedures comprehensive (technical and financial reporting and review process, technical and financial supervision visits, provision of formal feedback to sub-partners, etc.)? | | | | |
| Does sub-grantee performance meet expected standards? Do the sub-grantees prepare and submit regular technical and financial reports in a timely and correct manner? | | | | |
| Are monitoring and supervision visits undertaken on a regular basis? How often? What is the process? | | | | |
| What systems are included to ensure compliance with sub-grant management and monitoring procedures? Have there been findings in external or internal audits related to noncompliance with sub-grant management or monitoring procedures? | | | | |

Technical Reporting

Subsection Objective: To review the organization’s ability to document technical activities and results for donors, program planning and program development.

Resources: most recent technical report, workplan

| Technical Reporting ★ | | | |
|--|--|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization</p> <ul style="list-style-type: none"> Does not document quantitative or qualitative progress on its workplan or its objectives and strategies, facilitating factors or barriers Does not identify lessons learned and/or best practices Does not report on donor, government or other program indicators Does not use information to review/revise its strategy with staff and stakeholders | <p>The organization</p> <ul style="list-style-type: none"> Documents qualitative progress on its workplan, including objectives and strategies, facilitating factors and barriers Does not identify lessons learned or best practices Does not report on government, donor or other program indicators Does not use information to review/revise strategies with staff or stakeholders | <p>The organization</p> <ul style="list-style-type: none"> Documents both qualitative and quantitative workplan progress and reviews objectives and strategies, facilitating factors and barriers Documents lessons learned and best practices Reports on donor, government or other program indicators Does not use information to review/revise strategies with staff and stakeholders | <p>The organization</p> <ul style="list-style-type: none"> Documents both quantitative and qualitative workplan progress, and reviews objectives and strategies, facilitating factors and barriers Documents lessons learned and best practices Reports on donor, government and other program indicators Uses information to review/revise strategies with staff and stakeholders |

Guiding Questions

| Technical Reporting | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Are there systems for regularly reviewing and documenting progress on the workplan (program, donor or national indicators, objectives and strategies)? Please explain. | | | | |
| Are systems in place to identify facilitating factors and barriers to progress? | | | | |
| Are there systems for identifying lessons learned or best practices? | | | | |
| Are lessons learned, gaps or shortfalls and best practices documented? | | | | |
| Does the organization review findings and revise strategies with staff and stakeholders based on the findings? | | | | |

Referral

Subsection Objective: To assess the organization's systems and processes for directing clients to other providers, ensuring those providers offer quality services and monitoring clients' access to services.

Resources: referral plan, memoranda of understanding with referral sites, referral reports or data

| Referral ● | | | |
|---|--|--|--|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • Not mapped referral sites • Not established links for referring clients for HIV and AIDS treatment or other health/support services | The organization has <ul style="list-style-type: none"> • Mapped referral sites • No agreements 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 <ul style="list-style-type: none"> • A clear referral process 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 • A process for following up clients and monitoring quality of care • Clients who are not always appropriately referred or who encounter problems at referral sites | The organization has <ul style="list-style-type: none"> • A clear referral process system and strong linkages 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 • A process for following up clients and monitoring quality of care • Clients who are consistently referred to appropriate locations and who do not encounter problems at referral sites |

Guiding Questions

| Referral | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have partners to whom they refer clients? | | | | |
| Are the referral sites documented and mapped for easy reference? | | | | |
| Does the organization have a list of alternative referral sites should the usual agency not be able to help? | | | | |
| Are clients consistently referred to the right location? | | | | |
| Does the organization develop memoranda of understanding with referral organizations? | | | | |
| Does the organization follow up with clients to ensure satisfaction with the referral? | | | | |
| Does the organization follow up with referral agencies to monitor receipt of services? | | | | |
| Does the organization monitor quality of care provided at the referral sites? | | | | |

Community Involvement

Subsection Objective: To ensure the organization's programs respond to and address community needs by reviewing how they involve community members in planning and decision-making.

Resources: community participation and/ or mobilization plan; if not documented, discuss approach with appropriate staff

| Community Involvement ● | | | |
|--|--|---|--|
| 1 | 2 | 3 | 4 |
| The organization <ul style="list-style-type: none"> Orients communities on its programs, but does not actively include them Does not involve affected families and communities in planning and decision-making | The organization <ul style="list-style-type: none"> Orients communities on its program and discusses its approach with community leaders Inconsistently involves affected families and communities in planning and decision-making | The organization <ul style="list-style-type: none"> Orients communities and leaders on its program and actively engages them in the activities Involves affected families and communities in planning and decision-making and sometimes integrates their ideas into program design and revision | The organization <ul style="list-style-type: none"> Orients communities and leaders on its program and actively engages them in activities and service provision Involves affected families and communities in planning and decision-making and consistently integrates their views into program design and revision |

Guiding Questions

| Community Involvement | | | | |
|---|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization involve the community in program activities? How? | | | | |
| Does the organization identify and involve community leaders in program orientation, design and review? Please explain. | | | | |
| Does the organization solicit feedback and information from target audiences? | | | | |
| Are target audiences involved in making decisions? | | | | |
| Does the organization regularly interact with target audiences? | | | | |
| Does the organization use feedback and information collected from target audiences to inform program activities? | | | | |
| Does the organization share program results with relevant community leaders or associations for planning and troubleshooting? | | | | |

Culture and Gender

Subsection Objective: To evaluate the organization's systems for assessing culture and gender issues among the populations it serves and for integrating cultural and gender concerns into its programs.

Resources: community or client assessments, program plans

| Culture and Gender ● | | | |
|---|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization does</p> <ul style="list-style-type: none"> • Not consider local cultural or gender issues in programming • Not have tools for assessing local cultural or gender issues • Not discuss the role of local culture and gender norms in program design with staff | <p>The organization does</p> <ul style="list-style-type: none"> • Consider local cultural or gender issues in its programming • Not have tools for assessing local cultural or gender issues relevant to programs • Discuss the role of local culture and gender norms in program design with staff | <p>The organization does</p> <ul style="list-style-type: none"> • Consider local cultural or gender concerns in its programming • Have tools for assessing cultural and gender issues • Have guidelines for culturally relevant and gender based approaches and programming • Not train staff on how to use the tools or findings | <p>The organization does</p> <ul style="list-style-type: none"> • Consider local culture or gender concerns in its programming • View culture and gender as integral to program success • Have tools for assessing cultural and gender issues • Have guidelines for culturally relevant and gender-based approaches and programming • Train staff on the tools, interpreting findings and incorporating elements of culture and gender in program design |

Guiding Questions

| Culture and Gender | | | | |
|---|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization consider local culture and gender in programming? Please describe how. | | | | |
| Does the organization have clearly documented guidelines for culturally relevant and/or gender-based approaches and programming? | | | | |
| Does the organization provide training in gender and/or cultural issues and survey tools? | | | | |
| Are findings from culture and/or gender assessments used in program development and implementation? Are monitoring tools used to continue assessing local issues? | | | | |

Project Performance Management

Objective: To assess the organization’s systems for overseeing field activities, for setting standards and monitoring actual performance against them and for setting indicators and monitoring progress toward achieving outcomes.

Field Oversight Activities

Subsection Objective: To assess the organization’s systems for overseeing field activities.

Resources: field oversight policies and procedures, trip reports, management meeting minutes

| Field Oversight ● | | | |
|--|--|---|---|
| 1 | 2 | 3 | 4 |
| <p>The organization</p> <ul style="list-style-type: none"> • Has no formal procedures and processes for overseeing field administrative and programmatic operations | <p>The organization</p> <ul style="list-style-type: none"> • Has some documented field oversight policies, but they are incomplete • Reviews annual workplans and progress reports, but irregularly • Monitors compliance with program and donor requirements | <p>The organization</p> <ul style="list-style-type: none"> • Has most or all documented oversight policies and procedures • Approves annual workplans on a regular basis • Monitors compliance with program and donor requirements • Reviews and approves field-level HR and finance manuals • Reviews quarterly project M&E data and progress reports • Provides technical and administrative guidance • Makes irregular supervision visits | <p>The organization</p> <ul style="list-style-type: none"> • Has documented and comprehensive field oversight policies and procedures • Approves workplans and provides feedback • Reviews data and progress reports and provides feedback • Monitors compliance with program and donor requirements • Reviews and approves field-level HR and finance manuals • Provides technical and administrative guidance • Makes at least semi-annual supervisory visits, and results are discussed with management and technical staff |

Guiding Questions

| Field Oversight | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have documented field oversight policies and procedures? | | | | |
| Do field offices have standardized field-level HR and finance manuals that are reviewed and approved by HQ? | | | | |
| Does the organization monitor compliance (e.g., staff qualifications, timesheets)? How? | | | | |
| Is HQ involved in reviewing field office annual workplans/budgets? Who has approval authority? | | | | |
| Is there a system for regular reporting from the field office to headquarters (e.g., annually)? | | | | |
| Does the organization review M&E data? How often? | | | | |
| Does the organization conduct supervisory visits at least twice a year? Who conducts these visits and how are results discussed with management and staff? | | | | |
| Is there a system to regularly monitor programs and their effectiveness? | | | | |

Standards

Subsection Objective: To assess the organization's application of recognized standards in service delivery.

Resources: standards/guidelines used, monitoring reports

| Standards ● | | | |
|--|---|---|---|
| 1 | 2 | 3 | 4 |
| The organization has <ul style="list-style-type: none"> • No standards for service delivery | The organization has <ul style="list-style-type: none"> • Minimal standards for service delivery • Not made staff aware of the standards • Not applied the standards appropriately | The organization has <ul style="list-style-type: none"> • A good system for using standards for service delivery • Made staff aware of the standards • Appropriately trained staff to apply and monitor the standards • A process for monitoring standards, but it is not applied comprehensively | The organization has <ul style="list-style-type: none"> • Solid standards for service delivery • Made staff aware of the standards and has trained staff to apply them • A process for monitoring adherence to standards that is consistently adhered to • A process for improving adherence to standards |

Guiding Questions

| Standards | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a document that outlines service delivery standards? | | | | |
| Do relevant staff have copies and/or are they accessible? | | | | |
| Is there training for staff and is adherence to standards monitored? | | | | |
| Is there a process for improving adherence to standards? | | | | |

Quality Assurance

Subsection Objective: To assess the organization's ability to identify and address gaps in meeting performance standards.

Resources: quality monitoring tools (could be part of M&E tools)

| Quality Assurance ● | | | |
|--|--|---|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> Unclear performance expectations No process for monitoring the quality of services it provides, either through program evaluations, quality monitoring or supervision | <p>The organization has</p> <ul style="list-style-type: none"> Performance expectations, but no process to assess performance against standards | <p>The organization has</p> <ul style="list-style-type: none"> Performance expectations and a process that assesses performance against standards Taken client satisfaction into consideration Included an analysis of gaps or weaknesses Not developed an improvement plan | <p>The organization has</p> <ul style="list-style-type: none"> Performance expectations and a system that assesses performance against standards Taken client satisfaction into consideration Analyzed gaps or weaknesses to identify root causes Identified a plan to address root causes An improvement plan to address gaps or weaknesses Studied and incorporated the results into the program |

Guiding Questions

| Quality Assurance | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is a process for quality assurance documented? | | | | |
| Are technical and program performance expectations outlined? | | | | |
| Is QA used to assess performance against standards and determine root causes? | | | | |
| Is client satisfaction data collected and utilized to improve the program/results? | | | | |
| Does the organization determine how to address the root causes and test the process? | | | | |
| Are results assessed and used to improve implementation? | | | | |
| Does the organization try to scale up effective practices? | | | | |

Supervision

Subsection Objective: To assess the organization's systems for supportive review of and feedback on staff performance and program activities.

Resources: supervision plan or guidelines, supervisors' reports

| Supervision ● | | | |
|--|--|--|---|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • Not developed a supervision plan or approach • Not clarified supervisory responsibilities • Not trained supervisors or provided tools • No process for carrying out supervision | <p>The organization has</p> <ul style="list-style-type: none"> • A supervision plan but no approach • Detailed supervisory responsibilities, but they are not followed • Not trained supervisors or provided tools • An unclear process for supervision • No process for reviewing findings with staff and management | <p>The organization has:</p> <ul style="list-style-type: none"> • A clear supervision plan with a supportive approach • Detailed supervisory responsibilities that are followed • Trained supervisors and provided them with tools • Logistical and program barriers to providing regular supervision • No process for documenting or discussing findings with staff and management | <p>The organization has</p> <ul style="list-style-type: none"> • A detailed supervision plan with a supportive approach • Detailed supervisory responsibilities that are followed • Trained supervisors and provided them with tools • A mechanism for carrying out visits according to the timeline • A process for documenting and discussing findings with staff and management • A process for following up and addressing issues |

Guiding Questions

| Supervision | | | | |
|--|------------|-----------|------------|-------------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Does the organization have a supervision plan? | | | | |
| Does the organization use a supportive supervisory approach? | | | | |
| Is supportive supervision training conducted regularly? | | | | |
| What supervisory tools does the organization use? | | | | |
| Are findings documented and discussed with management and staff? | | | | |
| Is there a process for following up and addressing findings? | | | | |

Monitoring and Evaluation (M&E)

Subsection Objective: To assess how the organization collects and uses data to plan, monitor and evaluate its programs.

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

| Monitoring and Evaluation ★ | | | |
|---|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization has</p> <ul style="list-style-type: none"> • No M&E plan • No process for monitoring program implementation • Not identified indicators to monitor • No system for data processing: tools, trained data collectors, data quality review or a plan for analyzing and using information | <p>The organization has</p> <ul style="list-style-type: none"> • A basic M&E plan • Identified outcome indicators • Developed data collection tools • Trained staff in M&E • No system for regularly collecting, analyzing or reporting data • No review of data quality • No process for reporting progress against targets | <p>The organization has</p> <ul style="list-style-type: none"> • A well-defined M&E plan • Process and outcome indicators • Trained staff to collect data, and data collection is consistently done • A process for consistently using data/findings for follow-up monitoring, support or planning and reporting against targets • No process for sharing results with field and stakeholders | <p>The organization has</p> <ul style="list-style-type: none"> • A well-defined M&E plan • Process and outcome indicators • A process for using data for follow-up monitoring, program adjustments, planning and determining progress towards achieving targets • A process for data quality review • A strategy for reporting on progress against targets and involving staff and data collectors in reviewing and using findings • A strategy for regularly sharing information with stakeholders, including the community |

Guiding Questions

| Monitoring and Evaluation | | | | |
|--|-----|----|-----|------------------------|
| Subsection Checklist | Yes | No | N/A | Comments/Quality Notes |
| Is there a documented M&E plan that includes process (output) and outcome indicators, data collection tools and schedule, quality review and methods for sharing and using data? | | | | |
| Has the M&E plan been approved (if appropriate)? By whom? | | | | |
| Is M&E training offered to relevant staff? | | | | |
| Is M&E data collected by trained staff using standardized tools on a regular basis? | | | | |
| Is someone responsible for data quality review? | | | | |
| Are M&E findings reported on and shared with staff and appropriate stakeholders, including the community? | | | | |
| Are M&E results used to improve the program? | | | | |

