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# ACHIEVE

## INTEGRATED TECHNICAL AND ORGANIZATIONAL CAPACITY ASSESSMENT

Guidelines for Implementation

March 4, 2022

*This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the terms of Award No. 7200AA19CA00006. The contents are the responsibility of Pact and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.*

## **ABOUT ACHIEVE**

Adolescents and Children, HIV Incidence-reduction, Empowerment, and Virus Elimination—ACHIEVE—is USAID's flagship initiative to address the needs of children, young people, and breast-feeding women affected by HIV. This includes supporting local organizations in serving these populations and ultimately building their capability to receive direct U.S. government funding for programs at scale. The project leverages the full strength of its consortia and related private and public sector stakeholders to support countries attain and sustain HIV epidemic control. Led by Pact, core consortia partners include Jhpiego, Palladium, No Means No Worldwide, and WI-HER.

*This document was adapted from the Pact ITOCA Facilitation guide.*



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# ACRONYMS

ACHIEVE	Adolescents and Children, HIV Incidence-reduction, Empowerment, and Virus Elimination
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ASRHR	Adolescent Sexual and Reproductive Health Rights
CAP	Capacity Action Plan
CC	Community Cadres
CD	Capacity Development
C/ALHIV	Children and Adolescents Living with HIV
CLHIV	Children Living with HIV
CMV	Cytomegalovirus
COP	Country Operational Plan
CSP	Capacity Solutions Platform
CV	Community Volunteer
DQA	Data Quantitative Assessment
ES	Economic Strengthening
FMP	Families Matter Program
FY	Fiscal Year
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
HR	Human Resources
ITOCA	Integrated Technical Organizational Capacity Assessment
LINKAGES	Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV
LOE	Level of Effort
LP	Local Partner
M&E	Monitoring and Evaluation
MEL	Monitoring and Evaluation and Learning
MERL	Monitoring, Evaluation, Reporting, and Learning
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NUPAS	Non-US Organization Pre-Award Survey
OPI	Organizational Performance Index
OVC	Orphans and Vulnerable Children
PBF	Pregnant and Breastfeeding Women
PEFPAR	U.S. President's Emergency Plan for AIDS Relief
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
TVET	Technical Vocational Educational Training
USG	United States Government
VAC	Violence Against Children
USAID	United States Agency for International Development

# INTRODUCTION

## Background

The Adolescents and Children, HIV Incidence Reduction, Empowerment, and Virus Elimination (ACHIEVE) project is a five-year, USAID-funded global project to reach and sustain HIV epidemic control among pregnant and breastfeeding women, adolescents, infants, and children. ACHIEVE is implemented by Pact, in partnership with Jhpiego, Palladium, No Means No Worldwide, and WI-HER. ACHIEVE also has a network of resource partners that are engaged on an as needed basis for technical support.

The project began in April 2019, and to date has received eight buy-ins from USAID Missions and one under the centrally funded Faith and Community Initiative. ACHIEVE implements buy-ins in Burundi, Dominican Republic, Nigeria, South Sudan, Namibia, Rwanda, Tanzania, and Zambia. Each ACHIEVE buy-in country project has distinct objectives, activities, and deliverables, but they will all contribute to the overall project goal of reaching HIV/AIDS epidemic control among the target populations.

Core to ACHIEVE is capacity development (CD) for local partners, enabling them to lead and sustain HIV epidemic control for ACHIEVE's target population – pregnant and breastfeeding women (PBF), infants, children, and youth – to reach the 95-95-95 targets. ACHIEVE's capacity development approach targets both organizational and technical capacity domains that are critical to scaling up and implementing community based programs for orphans and vulnerable children, alongside HIV prevention, care, and treatment services. In particular, ACHIEVE aims to:

- Strengthen individuals, institutions, and systems to maintain and advance HIV epidemic control;
- Support local partners to transition to prime United States Government (USG) funding; and
- Institutionalize and scale up platforms for capacity development strategic information and networks of CD providers for local partners to use to monitor, learn, and facilitate ongoing performance improvement.

ACHIEVE approaches capacity development holistically, recognizing that maintaining HIV epidemic control requires a complex set of actors and factors to work in harmony. Core to ACHIEVE's CD approach is that interventions should be customized to respond to the needs, situation, and priorities of shareholders and partner institutions and systems. The support focuses both technically and organizationally, enabling local partners to support service delivery and comply with USAID and PEPFAR financial and technical, monitoring and evaluation (M&E) requirements. ACHIEVE's approach starts with analyzing local partners' existing capacity assets and needs to inform the collaborative development of a related action plan. ACHIEVE uses the Integrated Technical and Organizational Capacity Assessment Tool (ITOCA) to analyze specific CD needs to inform a Capacity Action Plan (CAP). ACHIEVE then coaches and mentors partners to implement the CAPs, alongside service delivery and other programmatic activities.

With ACHIEVE's focus on strengthening local partners to be self reliant and to prepare for the transition to direct USAID funding, it has integrated USAID's Non-US Organization Preaward Survey (NUPAS) and the PEPFAR Strategic Information NUPAS Module into the ITOCA. This enables the use of data to inform project and PEPFAR harmonized above-site capacity indicators, as well as decision-making about the readiness of local partners to transition to prime funding.

## Purpose of the Implementation Guide

The purpose of the ITOCA Implementation Guide is to provide an external facilitator with the tools and background necessary to lead the ITOCA process with local partner organizations engaged in capacity



development activities. The ITOCA can also be used to assess the readiness of local organizations to assume responsibilities for the implementation of HIV/AIDS programs from international non-governmental organizations (NGOs).

This guide will prepare facilitators to lead the entire process of the ITOCA, including:

- Preparing the local partner for the facilitated self-assessment;
- Directing an external validation exercise and leading a facilitated self assessment process;
- Gathering and processing self-assessment data; and
- Facilitating the development of a capacity action plan to address results.

This manual should be used by ACHIEVE buy-in teams to guide the adaptation of the tool and process for local partners. The manual is intended to be supplemented by technical support provided by the ACHIEVE Global Capacity Development team, who should be consulted by the buy-in team during the planning and preparartion process for the ITOCAs. Likewise, the ACHIEVE M&E Manager should be consulted to facilitate adherence to ACHIEVE Global M&E processes.

While this guide presents the overall steps necessary to conduct the ITOCA, there are a number of additional resources that might be helpful for the successful completion of the assessment process, including further information on principles of organizational development, facilitation skills, self assessments and participatory approaches. Facilitators are encouraged to seek additional resources as necessary, which are available from Pact.<sup>1</sup>

## WHAT IS THE ITOCA?

ACHIEVE's ITOCA is a comprehensive, participatory, and strengths-based approach for achieving organizational change, learning, and development. The ITOCA supports organizations to measure their capacity, prioritize organizational challenges, and implement improvement strategies at a detailed level. The ITOCA is both a methodology and a tool used to guide the process.

The ITOCA methodology is composed of a series of phases:

1. **Notification and Tool Adaptation:** Participatory ITOCA tool design empowers organizations to identify relevant indicators for evaluating their skills, abilities, and knowledge. As such, when partners are engaged to carry out the process, ACHIEVE will share information about the tool and collaborate with them to adapt it to be relevant to the context of the organization. The adaptation of the tool is typically completed during a half-day workshop with representatives of the partner who will participate in the assessment process. The tool uses “word pictures” of capacity across four levels to enable learning, as well as to provide objective criteria for scoring. The adaptation process aims to select the indicators that are most relevant for the organization being assessed.
2. **External validation:** To validate data from the facilitated self-assessment, source documentation and other evidence is reviewed by the ITOCA facilitation team. A document review is conducted by the assessment facilitators prior to and following the self-assessment workshop, prior to the reporting of results. The validation of data enables the organization to be able to “truth test” scores during the self-assessment process.
3. **Facilitated Self-Assessment Workshop:** The adapted ACHIEVE ITOCA tool serves as the basis for a facilitated self-assessment process. This assessment leads staff and, in some instances,

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<sup>1</sup><https://www.pactworld.org/library/pact%E2%80%99s-organizational-capacity-assessment-facilitator%E2%80%99s-guide>

board members and volunteers through structured discussion activities followed by individual scoring on a series of rigorous capacity indicators. This interactive session is completed on Days 1 and 2 of a 3-day assessment and planning workshop.

4. **Building Consensus:** A key goal of the assessment process is to open up communication among different units within an organization to promote and enhance the culture of sharing and learning. Individual scoring data enables an evaluation of consensus amongst participants to help guide change management processes within teams. Data from the assessment is used to set realistic capacity benchmarks, so that the organization can identify a vision for the future to guide action planning and priority setting.
5. **Capacity Action Planning (CAP):** Data-guided planning provides organizations with an opportunity to interpret the self-assessment data and identify capacity development priorities and activities that can be supported by ACHIEVE, implemented independently, or completed in partnership with third parties. Using the ACHIEVE CAP template, the CAP process is initiated on Day 3 of the assessment and planning workshop. Though, additional follow-up to finalize the plans is often required.
6. **Capacity Strengthening:** The local partner leads their own process to implement the CAP, with coaching, mentorship, and technical assistance from ACHIEVE. ACHIEVE's support aims not only to monitor progress, but to provide expertise, resources, and assistance to the partner to implement activities in their plan.
7. **Reassessment:** Repeating the tool annually for continual learning allows organizations to monitor change, track outputs of their capacity development efforts, and integrate new learning as their needs change and capabilities increase.

## Who and what does the ITOCA target?

The ITOCA is intended for use with local organizations supported by ACHIEVE with technical and organizational capacity development. The tool can be applied with local partners being considered for transition to prime USAID funding, partners that are already receiving prime USAID funding, or local community based organizations that will remain as subpartners to USAID prime implementers. The tool is adaptable for each of these three types of target organizations, enabling implementation to be customized by the scale of the partner and how the results will be used.

## What does the ITOCA measure?

The ITOCA measures capacity at the output level, enabling an organization to understand the functionality of its systems, staff, and processes. The ACHIEVE ITOCA is integrated with the USAID NUPAS, enabling an evaluation of partners capacity across domains required by USAID for the receipt of direct funding assistance. Overall, capacity is measured across a series of capacity areas – both technical and organizational (Box 1). A list of indicators is provided in Annex A.

In each domain, there are a series of capacity standards of excellence. These standards address key organizational requirements across the domain which are essential to being able to deliver and sustain service delivery programs, including systems, personnel capacity, planning, and management.

### Box 1: Capacity Areas

- Governance & Legal Structure
- Financial Management
- Human Resources
- Procurement & Agreement Management
- Strategic Information
- Program Planning & Management
- Sustainability
- Partnerships and Communications
- Technical Programs
- OVC Comprehensive
- OVC Preventive
- Management of Community Cadres
- DREAMS
- Gender Based Violence
- Systems Strengthening
- Economic Strengthening



Since not all organizations and programs are the same, within each domain, some indicators are defined as “mandatory” for review, in the case of indicators essential to core organizational functioning, or “optional”, in the case of indicators that should be customized to address programmatic scope. Prior to the review, an analysis of the optional indicators will be conducted by ACHIEVE, with the local partner, to determine which should be integrated into the assessment.

The ITOCA may be implemented in conjunction with the Organizational Performance Index (OPI)-Plus, which provides scoring on organizational performance, as compared to capacity. Separate guidance on the OPI-Plus process is available from the ACHIEVE CD Team.

## What are the scoring criteria?

Capacity related to specific functions under each domain is measured on a scale of 1 to 4 (Box 2). The scores correspond to analyses as related to capacity, readiness for transition to prime funding, and sustainability.

**Box 2: ITOCA Scoring Criteria**

Metric	Level 1	Level 2	Level 3	Level 4
<b>Capacity</b>	No or minimal capacity	Emerging capacity	Satisfactory level of capacity	Excellent level of capacity
<b>Transition</b>	Not ready for transition	Transition not advisable	May be considered for transition of function with Some further actions required to minimize risk	Ready for full organizational Independence and direct USG funding
<b>Sustainability</b>	No chance of sustainability	Minimal chance of sustainability	Good chance of sustainability	Excellent chance of sustainability

Scoring against each indicator in the ITOCA is based on “word pictures” that describe each of the four levels as related to attainment of a defined standard of excellence. An example is provided below in Figure 1. During the scoring process, participants and external evaluators, who conduct the external validation, review the “word pictures” to determine which most closely describes the organization’s existing state, and score the indicator accordingly. The “word pictures” are also useful for participants because they can see what a higher level of capacity looks like, enabling them to both learn and consider what they will need to do within their organization to reach that state.

**Figure 1: Example of ITOCA Indicator and “Word Pictures” for scoring**

9. Management of Community Cadres						
Indicator No.	Standard Title	Standard	Level 1	Level 2	Level 3	Level 4
9.1	Performance based management of Community Cadres (CC)	The organization applies performance based management strategies for to continually improve the performance of Community Cadres, which includes support for professional development.	Community based cadres have little understanding of the expectations of their roles and responsibilities and targets to be reached within specified timeframes.	Community based cadres have a basic understanding the organization's mandate and targets. Workplans for community cadres are in place but not updated or used regularly.	Community based cadres have a clear understanding the organization's mandate and targets. The organization has a written workplan for community cadres that is structured around individual targets. The workplan is shared, but not tracked and reviewed regularly.	Community based cadres have a clear understanding the organization's mandate and targets. The organization has a written workplan template for community cadres that is structured around individual targets. The workplan is shared with all relevant community cadres and supervisors. The workplan is reviewed and updated regularly. Workplans include professional development activities to develop capacity of community cadres.

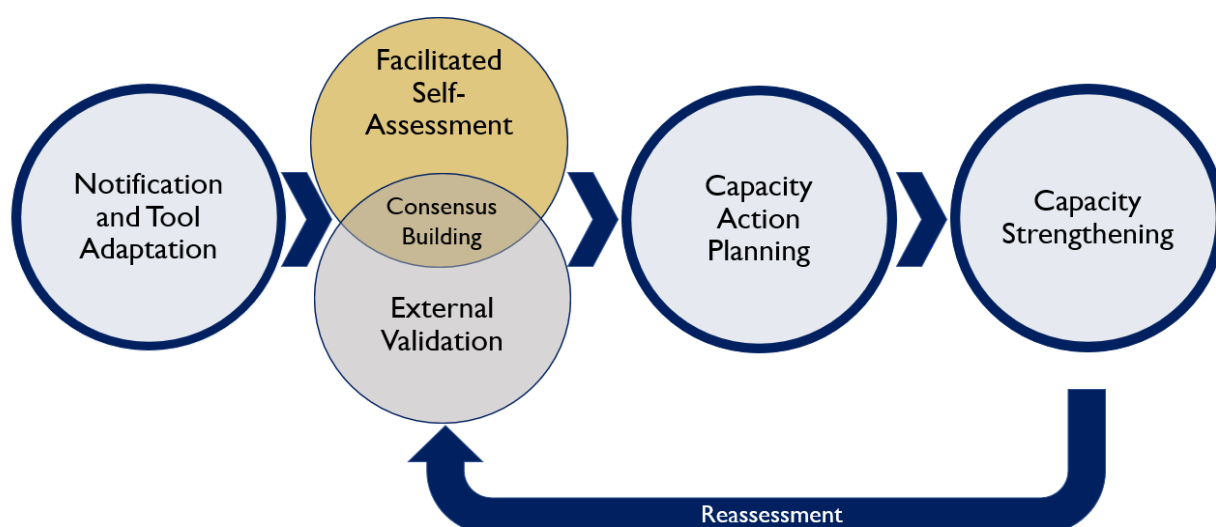
The assessment solicits both quantitative and qualitative input from the participants, contributing to the determination of strengths and areas of improvement within an organization. When an organization conducts the ITOCA, it will receive scores that are calculated for each capacity domain through its self-assessment tools, along with scores from the facilitators. Facilitator scores are intended to serve as

validation to “truth test” self-assessment scores. The facilitator scores are recorded based on a review of documents provided by the organization, along with information gathered during the self-assessment workshop. Questions with the highest scores (on a scale of 1-4) and highest agreement between the self-assessment and facilitator review identify areas of strength, and questions with lowest scores and lowest agreement identify areas for improvement or further assessment. Qualitative information, which is also considered an important source of assessment data, is obtained through discussions and written recommendations.

## IMPLEMENTATION PROCESS

The ITOCA process has 7 key phases, which aim to enable an organization to generate, analyze, and use data to develop capacity development priorities: (1) notification and tool adaptation, (2) facilitated self-assessment, (3) external validation, (4) consensus building, (5) capacity action planning, (6) capacity strengthening, and (7) reassessment.

**Figure 2: ITOCA Process**



Each of these steps is described in the sections below. Table I below outlines the major activities necessary to complete each phase of the ITOCA, as well as the estimated timeframe.

**Table I: Phases of the ITOCA Process**

Phase	Activities	Timeframe
<b>Notification and Tool Adaptation</b>	<ul style="list-style-type: none"> <li>• Selection of facilitators</li> <li>• Roles and responsibilities of the facilitators and participants are clarified</li> <li>• Communicate with organization to initiate planning               <ul style="list-style-type: none"> <li>○ Schedule ITOCA dates</li> <li>○ Selection of participants to score each capacity domain</li> </ul> </li> </ul>	3-5 weeks prior to Workshop

Phase	Activities	Timeframe
	<ul style="list-style-type: none"> <li>○ Share ITOCA tool and instructions on process</li> <li>• Selection of an individual to coordinate the organization's capacity development process</li> <li>• Meeting with local partner to select ITOCA indicators to be included in the assessment</li> </ul>	
<b>External Validation</b>	<ul style="list-style-type: none"> <li>• Selection of individuals to conduct an external validation of each capacity area (may be the ITOCA facilitators)</li> <li>• Orientation of individuals conducting external validation to ITOCA scores</li> <li>• Scoring of ITOCA by external validators</li> <li>• Submission of score sheets to facilitators by external validators (at least one day prior to the self-assessment workshop)</li> <li>• Data Entry of external validation scores</li> </ul>	2-3 weeks before Workshop
<b>Facilitated Self-Assessment</b>	<ul style="list-style-type: none"> <li>• Workshop preparation <ul style="list-style-type: none"> <li>○ Share invitations and agenda</li> <li>○ Share request for documents for the external validation process</li> <li>○ Schedule site visit for external validation</li> </ul> </li> <li>• Data collection workshop <ul style="list-style-type: none"> <li>○ Orientation and overview of ITOCA process and tool</li> <li>○ Guided group discussions, followed by individual scoring for each indicator</li> <li>○ Input all participant data into ITOCA excel database or Capacity Solutions Platform (CSP)</li> </ul> </li> <li>• Analysis and Reporting <ul style="list-style-type: none"> <li>○ Analysis of ITOCA participant and external validator scores in ITOCA excel database or CSP to generate charts</li> <li>○ Development of ITOCA Report Back of scores and presentation</li> </ul> </li> </ul>	2 weeks prior to Workshop  Days 1-2 of the Workshop  Between Days 2 and 3 of the Workshop
<b>Consensus Building</b>	<ul style="list-style-type: none"> <li>• Presentation of ITOCA participant and external validator scores to participants</li> <li>• Guided discussion to build consensus around results and inform action planning</li> </ul>	Day 3 of the Workshop
<b>Capacity Action Planning</b>	<ul style="list-style-type: none"> <li>• ITOCA participants review results based on self-assessment scores and external validation</li> <li>• Facilitated discussion to prioritize areas of weakness for action</li> <li>• Action plan items are recorded in the ACHIEVE CAP template and in the CSP</li> </ul>	Day 3 of the Workshop
<b>Capacity Strengthening</b>	<ul style="list-style-type: none"> <li>• Technical assistance and training to support partner with CAP activity implementation</li> </ul>	Dependent on project timeline

Phase	Activities	Timeframe
	<ul style="list-style-type: none"> <li>Coaching and mentoring to accompany the partner through the capacity development process</li> <li>Monitoring of CAP implementation</li> </ul>	
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>Planning and coordination of a self-assessment workshop and external validation process</li> <li>Conduct self-assessment and external validation to compare results against previous reviews</li> <li>Update CAPs to address new priorities for CD based on findings</li> </ul>	One year following previous assessment

## Notification and Tool Adaptation

Since the ITOCA is a participatory process, engagement of the local partner from the outset is critical to establishing trust and confidence in the relationship between organizations and individuals involved in the process on both sides. Such trust is critical to allow the partner to be open about the status of capacity within the organization and their strengths and weaknesses, so that the ITOCA data is valid and accurately reflects their organizational needs and priorities. Thus, the notification and tool adaptation process is structured to provide the local partner with sufficient information to understand the process, but, more importantly, to help them “buy-in” to the process as something that will benefit their organization.

### Notification

As such, the ITOCA process starts with a notification from ACHIEVE about the assessment process. The notification process will align with the intent of how the tool will be used and the type of local partner:

- **Local Prime Implementers:** ACHIEVE and USAID will collaborate to notify the partner of ACHIEVE’s role as a CD provider and that the ITOCA will be part of that process. This will be memorialized in the organization’s respective project workplans and the CD Program Agreement between ACHIEVE and the LPI.
- **ACHIEVE Subpartners:** ACHIEVE will notify the organization of the ITOCA process during the subaward process. In most cases, the NUPAS component of the ITOCA will be used with the partner as the pre-award assessment. Consequently, depending on the timeline for subawards, the entire ITOCA process may be completed during the pre-award phase or can be broken into separate parts, with the NUPAS being completed pre-award and remaining components being completed post-award. When the NUPAS is carried out as a free-standing review, a facilitated self-assessment should be included and the process should be implemented in accordance with the ACHIEVE NUPAS guidelines.<sup>2</sup>

The notification process should also include a meeting with the local partner to share an overview of the tool and the ITOCA process. An ACHIEVE CD Tools brochure is available for adaptation and use for this meeting. During this meeting, the local partner should designate an individual that will serve as a focal person for the ITOCA process. In this engagement meeting, ACHIEVE will also work with the partner to set a timeline for implementation, including deadlines for the following:

- Sharing of the ITOCA Tool;
- Collection of source documentation for external validation;

<sup>2</sup> <https://pactworld.jiveon.com/docs/DOC-16677>

- Invitations to be shared with participants in the self-assessment workshop;
- Dates and a venue for the self-assessment workshop;
- Completion of the CAP; and
- Completion of the final ITOCA report.

The engagement meeting should also include a discussion about who should participate in the ITOCA process, enabling the partner to sensitize staff as to their roles and plan accordingly.



#### **Facilitator Tip: Senior Leadership Participation**

Because the ITOCA process can impact the entire organization, senior leadership from the partner should receive the notification communications and be a party to the engagement meeting. This will ensure that all of their questions can be answered so that they can set the tone across the organization for active and productive participation in the assessment and capacity strengthening process.

Because the organization's senior leadership will be involved, the ACHIEVE facilitation team should include the Project Director or ACHIEVE Global Technical Leader (if relevant) for the engagement meeting. This will enable peer-to-peer communications amongst senior leaders, which may facilitate a higher level of trust.

## **Tool Adaptation**

The ITOCA tool is made to be adapted to the context of the specific partner that it is used with. However, within the tool, certain indicators are mandatory, as they are required for reporting on data against the NUPAS and other key technical areas for the ACHIEVE project. All NUPAS indicators are considered mandatory. Among the technical areas, indicators should be selected based on the nature of technical programming implemented by the local partner.

Prior to conducting the facilitated self-assessment, ACHIEVE will hold a meeting with selected staff from the local partner. The focus of this meeting will be to review the mandatory and optional indicators, to select which of the optional indicators will be relevant to the local partner. This process can be done in the initial meeting to introduce the ITOCA, depending on the time available and the level of comfort with the tool. A list of the optional and mandatory indicators is provided in Annex A. Once indicators are selected, they should be recorded into the relevant excel database for the partner for data analysis.

## **Facilitated Self-Assessment**

The facilitated self-assessment process is broken down into four subphases: (1) preparation, (2) data collection workshop; (3) data analysis; and (4) reporting, each of which is described below.

### **Preparation**

Prior to the workshop, the partner should be informed of who should participate in the workshop and the tool should be sent to the organization, along with a request for documents related to the external validation process.

#### *Invitations*

The invitations should be shared with participants 2-3 weeks prior to the workshop to enable them to plan their schedules and prepare. An invitation template is provided in Annex B. Instructions should be

given for the participants to read and discuss the tool itself prior to the workshop, enabling the discussions in the workshop to be more efficient and productive, rather than focusing on the tool itself.

With the invitation, the ITOCA tool should be shared. Specifically, each participant should receive a copy of the tool with all indicators to be assessed and the “word picture” descriptions for each indicator included. Some organizations like to set internal meetings or hold a meeting with their ACHIEVE Focal Person following the sharing of the tool to ask questions and seek clarifications on the indicators. Lists of indicators to be reported to ACHIEVE should also be shared and discussed with each partner prior to the assessment.

### *Document Request*

Following the notification, the partner should source and prepare the required documentation for the desk review for submission to ACHIEVE. ACHIEVE may request some documents to be submitted in soft copy via email or cloud-based file transfer and others may be reviewed during an on-site visit. The document request should specifically define which documents will be required in soft copy and which can be reviewed on site. Annex C provides a list of some of the documents that may be requested as part of the desk review and external validation.

To the extent that on-site document review will be required, the ACHIEVE team should work with the local partner to identify dates for the on-site document review and where the review will take place. For this review, ACHIEVE should specifically request the following:

1. Access to the relevant files, which the local partner should pull and have available for ACHIEVE to review on arrival;
2. Where the files can be reviewed on-site;
3. The designation of a focal person in the event that there is a need for follow-up on the available documents while on-site; and
4. The establishment of any meetings with relevant staff for reviews of any applicable databases or management information systems. These meetings should be structured such that the reviewer is oriented on various aspects of the system and a sample of the data.

The on-site document review and desk review of files should take place before the self-assessment workshop. The document review should be carried out by the ITOCA facilitator team from ACHIEVE, enabling them to use the information gathered during the review process to inform scoring as part of the external validation process, as discussed below. Further information on the site visit process is provided below in the section for External Validation.

### **In-Person Data Collection Workshop**

Primary data collection for the facilitated self-assessment takes place during a workshop. The workshop may be conducted over the course of two to three days, depending on the number of domains and indicators selected for assessment for the organization.

To accommodate COVID-19 precautions, the ITOCA can be carried out virtually or through a workshop with social distancing protocols in place. Guidance for virtual ITOCA implementation is provided in Annex K. Likewise, guidance for social distanced workshops is provided in Annex F. The section below provides guidance for in-person workshops, in the event that social distancing or COVID-19 precautions are not required.

**Where should the workshop take place?** The ITOCA workshop should be conducted on site with the organization at their offices to enable access to source documentation for data validation (to



supplement the desk review) and to provide an opportunity for holistic inclusion of staff in the process. If space is insufficient, it can be held in an outside location.

**Who should participate?** Generally, 10 to 15 individuals designated from the organization will participate. They will be drawn from various units and functions across the organization, which should include finance, administration, grants management, human resources, technical and program management, and monitoring and evaluation. Participation should also include a balance of organizational leadership and lower level staff.

**Who should facilitate?** The ITOCA workshop should be led by an experienced facilitator, who understands the tool and how to lead group based discussions and scoring for capacity development. In most cases, this will be the ACHIEVE CD Specialist for the buy-in, with potential additional support from the ACHIEVE Global CD Team. The lead facilitator should be accompanied by 1-3 additional individuals that can provide assistance with workshop and activity coordination and expertise related to capacity domains being assessed.

The facilitation team should include appropriate expertise in the relevant ITOCA domains, so that they can guide discussions and answer questions about specifics of each indicator. These experts may come from the ACHIEVE project team or local consultants. The ideal composition of the facilitation team is:

- **CD Specialist or Advisor:** Lead Facilitator, responsible for activity coordination and workshop leadership; may provide expertise in selected capacity domains.
- **Finance and Grants Manager:** Responsible for expertise in compliance with USAID rules and regulations, with specific focus on the areas of finance, procurement, grants management, human resources, and other operations areas. This individual should review any external documentation related to scoring for each of these domains and score accordingly for the external validation process. To complement this individual, if additional expertise on human resources or procurement is required, additional specialists from the project team in those areas can be engaged.
- **Technical Advisor:** Responsible for expertise on technical domains covered by the ITOCA. This individual should review any external documentation related to scoring for each of these domains and score accordingly for the external validation process.
- **M&E Specialist or Manager:** Responsible for providing technical expertise for the strategic information domain in the ITOCA. The M&E Specialist/Manager should conduct the review of the local partner's M&E systems and data as part of the external validation on the strategic information domain. The M&E Specialist/Manager may also be responsible for entering participant and facilitation team scores into the ITOCA excel database or CSP and the quantitative analysis of results.

Structure of the team and roles can be adjusted as necessary based on the availability of project staff and required expertise. For example, if specific technical expertise is not available from within the project, consultants or partner staff can be involved.

The workshop should be facilitated in the predominant local language that is relevant for the partner. Likewise all ITOCA materials should be translated into the relevant local language. Accordingly, the facilitator will need to be fluent in the local language.

During the workshop's scoring sessions, it is important that qualitative discussions be recorded. As such, members of the facilitation team that are not actively leading a session should be responsible for note-taking to record key discussion points.

**What is the agenda?** Annex D includes a summary agenda template for the ITOCA workshop, which can be shared with participants. Annex E includes a detailed agenda template, inclusive of specific facilitator instructions for each session. The workshop will include the following agenda items:

1. **Introductions:** The facilitator will hold a round of introductions for all participants. Each participant should share their name, position, and what they expect from the workshop.
2. **Setting Ground Rules:** The facilitator will lead a discussion to collectively develop a set of ground rules for the workshop. Some examples of ground rules to propose, if they are not readily generated by participants, include:
  - a. All opinions are valid and all participants should contribute;
  - b. Participants should not “debate” points, since this meeting is about sharing a range of opinions and reaching a common understanding of the measurements and ensuring that individuals have sufficient information available for scoring, NOT about reaching a consensus;
  - c. The process is about sharing experiences and examples, not about convincing others or resolving problems;
  - d. Honest and candid viewpoints are encouraged;
  - e. Confidentiality of group discussions--what is discussed in this meeting is confidential and information from this meeting should stay within the participant group;
  - f. Use critical judgment, common sense, and respect; and
  - g. Individuals should be present and active participants (ex. no cell phones or email).
3. **Overview of ITOCA facilitated self-assessment process and tool:** The facilitator will present the tool and walk the participants through each of the assessment areas. Participants should be encouraged to ask questions about the tools and its components to ensure that they understand what they are assessing against. The orientation should also include a review of the ITOCA scoring methodology. The participants will also be oriented on how to complete scoring sheets.
4. **Scoring Sessions:** The agenda should be broken down into scoring sessions for each ITOCA capacity area. During the scoring session, in groups, the participants should review the indicators themselves and the scoring criteria for each measure. These discussions aim to promote a shared understanding of the indicator itself. The participants should then discuss what their organization does and how well they believe that they perform against the various levels.

Different types of activities can be used for the discussion sessions. Some examples are



#### **Facilitator Tip: ORID**

Workshop activities include several discussion questions using ORID, a method of leading a group through the following four levels of questions, from the surface of a topic to its deep implications.

- **Objective:** questions about facts and external reality
- **Reflective:** questions to catalyze immediate personal reaction to the data, an internal response, sometimes emotions, hidden images, and associations with the facts
- **Interpretive:** questions to draw out meaning, values, significance, and implications
- **Decisional:** questions to elicit resolution, bring the conversation to a close, and enable the group to make a decision.

ORID questions should be used in order, starting with objective questions and ending with decisional questions.

provided in Annex E. The facilitator should use the ORID (Objective, Reflective, Interpretative, and Decisional levels) methodology to facilitate scoring discussions. This methodology enables the group to talk through their own decision-making process.

Following the discussion, each participant will select a score for each indicator and record it on the ITOCA scoring sheet provided by the facilitator. Each participant should be assigned a participant number, which they will also record on their scoring sheet. The facilitator should instruct the participants that the use of numbers, rather than names, on the scoring sheets enables scores to remain anonymous. This enables participants to score confidentially and honestly, based on what they feel is the reality for any particular indicator.

It is important to inform participants that the discussions during the scoring sessions are not for individual staff members to convince one another of a particular score. Rather, these sessions are designed to elicit information from the participants about the underlying systems and capacity as relevant to the indicator, so that each can feel confident that they are sufficiently informed to decide on a score.

5. **Data Analysis:** Following the scoring sessions, the assessment team will enter data into the ITOCA excel database or CSP to analyze the results. The resulting tables and charts generated should be compiled into a presentation to be presented back in the workshop setting via a plenary discussion. This data analysis typically takes place outside of the workshop setting and is either done by facilitation team members overnight or on a break day in the assessment schedule.
6. **Reporting of Results:** The discussion will enable the participants to understand the scores, review with the facilitators any differences between the self-assessment and externally validated scores, and to build consensus around the findings.
7. **Action Planning:** Using the results of the scoring sessions, the facilitator will lead a discussion of any key priorities for capacity development that relevant to areas of weakness. These priorities will be listed and specific next steps will be identified to address them, resulting in an initial draft of an action plan for activities to be carried out by the organization independently or with ACHIEVE. Challenges will also be discussed during the action planning process, to inform how to structure and sequence activities to optimize success. The action plan may guide any relevant special conditions in an award, if appropriate.
8. **Conclusion and Closing:** At the end of the workshop, the facilitator will thank the participants and lead a discussion about next steps.

As the workshop is planned for any individual organization, the template agenda should be reviewed and adapted in advance, to ensure that adequate time is available for scoring sessions for each capacity area. Technical support is available from the ACHIEVE Global Capacity Development Team to develop a specific ITOCA agenda for any individual local partner, along with support for facilitation processes. Likewise, it is important that the process include adequate time for the facilitators to analyze and prepare a report out on ITOCA data. To do so, if the workshop is being held on site with the partner, it may enable the activity to bridge a weekend to allow facilitators to prepare the data analysis or even to have a one-day gap between scoring sessions and the day set aside for the report out and data analysis.

**What materials are required?** The facilitators should have the following materials prepared in advance of the workshop:

- I. Detailed agenda;

2. ITOCA Overview presentation;
3. Individual ITOCA scoring sheets;
4. ITOCA tools, with indicators and scoring criteria for each participant;
5. Flip charts, markers, note cards, sticky notes, name tags, and any other materials required for the process; and
6. Computer and projector for presentations.

Specific materials for each activity are listed in the template Agenda in Annex E.

**How should the room be arranged for the workshop?** If the number of workshop participants is 10 people or less, the room should be set up with all participants at a large conference table. If, there are more than 10 people and space allows, participants may be seated at 2-3 smaller tables, enabling smaller group discussions during the scoring sessions.

Because some of the workshop activities will require flip charts, an easel should be set up in the front of the room, along with a projector and computer for any presentations. Likewise, it will be useful if there is adequate wall space available for any flip chart pages to be posted on the wall during activities.

### Virtual Data Collection Options

The ideal process for the ITOCA is that data collection for the self-assessment take place during an in-person workshop where ACHIEVE and local partner staff are able to actively engage for scoring, consensus-building, and capacity action planning. However, with COVID-19 social distancing requirements, where in-person meetings are not possible, virtual implementation can be done. Annex K provides a detailed agenda for how to conduct a virtual ITOCA process.

**What platform should be used?** For a virtual ITOCA, an online platform should be selected that has the following components:

- Audio and video capabilities for participant discussions;
- Screen sharing capabilities, so that the facilitator can share slide presentations or “whiteboard” screens for discussion;
- Recording of sessions, to enable sharing of discussion results to those who may not be able to participate;
- Low-bandwidth options for participation, to accommodate internet accessibility challenges in the relevant setting;
- The ability to set up “break-out” rooms for small group discussions;
- Online links for web-based participation and the ability to participate via phone through a dial-in phone number;
- The ability to hold the meeting without having to send out a new link for the required amount of time in the agenda;
- The ability for participants to use an online chatbox for discussion, to supplement verbal discussion; and
- The ability for participants to “raise their hand” when they have a comment or question for the facilitator.

In most cases, Zoom, GoTo meeting, or Microsoft Teams will have all of these capabilities. If there is a need to access the Pact or ACHIEVE corporate accounts for these systems, please contact the ACHIEVE Global Director of Country Programs and CD.

The selection of an online platform for the process should be discussed in advance with the local partner to determine if they have experience with the platform itself. If the partner does not have experience

with the platform, the assessment team should provide orientation on how to use the platform prior to the workshop.



### **Facilitator Tip: Facilitating Virtual Conversations**

**Using Video:** For scoring sessions, reporting of results, and action planning, it is ideal to have video capabilities for the online platform, to enable the participants to speak to and see each other face-to-face. Visual cues from video enable the facilitator and participants to discuss openly as though they were in the same room and keep other members accountable and engaged during the discussion. However, if internet bandwidth makes video a challenge, at least the session facilitator or person speaking should show their video.

**The Chat Function:** The chat function in an online platform is a useful way to enable participants to log questions and comments during a presentation or discussion. This also provides a mechanism for some participants to speak up, who are less comfortable coming off of mute during the discussion. During the workshop someone should be designated as being responsible for monitoring the chat discussion, to ensure that questions and comments are addressed. In some cases, this will require comments and questions to be addressed orally. In other cases, they may be addressed through responses in the chat itself. Monitoring the chat also ensures that discussions remain on topic for the meeting.

**The Mute Button:** During presentations and discussion sessions, individuals that are not speaking should remain on mute to prevent interference from background noise. At the beginning of a session, the facilitator should remind all participants to mute themselves unless speaking. Likewise, the facilitator can use the facilitator's mute function in the platform to mute any participant that has excessive background noise if they are not speaking.

**Who should participate?** The participant list should be the same as what would be appropriate for an in-person workshop.

With an online platform, sometimes participation can fluctuate over time because of internet accessibility for participants. As such, the facilitator should record all participants that attended the workshop for the workshop participant list. To help manage attendance, at the beginning of each session, it is helpful to ask each participant to write a note in the chat box with their name and position to record active participation.

**Who should facilitate?** The composition of the assessment team should be the same as for an in-person workshop. The assessment team should ensure that at least one member is proficient with the management of the online platform selected for the workshop, to enable troubleshooting if technical issues arise during the meetings.

**What is the agenda?** The virtual ITOCA agenda will mirror the agenda for an in-person workshop. However, to address challenges related to maintaining continued engagement of participants through an online platform for long periods of time, the workshop may need to be broken out into short segments (1 to 4 hours at a time) over several days. Likewise, when planning the agenda for a virtual workshop, it is important to recognize that discussion sessions may take longer so that participants have time to speak up in the online platform and internet accessibility challenges may require certain discussion points to be repeated.

In general, the agenda for a virtual workshop should be the same as an in-person workshop, with the primary difference being how the sessions are facilitated and that sessions may need to be broken up over several days. Annex K provides an example of an agenda for a virtual ITOCA process, which can be adapted based on the country and partner context. Of note is that when planning the workshop, it is ideal

to hold sessions on consecutive days, to enable participants to remain focused on the task at hand. Breaks of several days between sessions can result in loss of momentum related to participants not remembering what was discussed in previous sessions or needing reminders about how to use the tools.

Since a virtual workshop will take place over several days, it is important to schedule the activity well in advance to ensure that participants commit to being available in advance. In the event that unexpected emergencies arise, participants should be requested to immediately notify the facilitator so that they can determine if there is a need to reschedule a session.

**How is the data collected?** With a virtual workshop, the completion of hard copies of scoring sheets will not be possible. As such, in advance of the workshop, participants should be provided with soft copies of the ITOCA tool and participant scoring sheet. During the workshop itself, the participants can record their individual scores on the soft copy of their participant sheet, which can be emailed back to the facilitator following the workshop.

An alternative for “tech savvy” participants is that scoring could also be done online through a cloud-based solution (ex. Google sheet, Microsoft One Drive, Box, Dropbox), with a shared document being used for individuals to upload and record their scores directly. If a cloud-based solution is selected, it is important for the platform to have a function where previous versions of documents are saved as a back-up, so that they can be accessed in the event of any transcription errors or inadvertent deletions of data.

## **Analysis and Reporting**

Data analysis for the ITOCA is done through the CSP, with participant and external validation data being uploaded into the platform, which produces charts with results. Please refer to the ACHIEVE CSP orientation and training materials for guidance on how to use the online platform for data collection, analysis, and reporting.

In situations where internet accessibility does not enable real-time use of the CSP, an excel database option is available. The excel database automatically does data analysis, using formulas embedded into the excel file. Annex G provides guidance on how to use the Excel Database for the ITOCA.

### *Interpretation of Results*

The interpretation of ITOCA results should include triangulation of data sources (internal and external), along with facilitators’ opinions, observations, and expertise in relevant capacity areas.

To interpret the ITOCA results process, first review the “big picture” of the assessment results by looking at the table and graph of summary capacity areas and discussing: 1) strengths and weaknesses 2) surprises/unexpected findings 3) initial questions arising from these findings.

Following this general discussion, examine the same graph with divergence between participant and external validation scores represented and again discuss any impressions, surprises and additional questions that arise. These discussions will help the facilitation team tune in to the key findings from the assessment and will help guide the subsequent analysis of each capacity area.

Each member of the facilitation team should be assigned responsibility to analyze a couple of capacity areas (this can also be done in pairs, depending on how many people are on the facilitation team).

Overall, in discussing and presenting the analysis, it is important to use the language of capacity description suggested by the ITOCA scale itself. As facilitators conduct their analysis by capacity area, they should identify the big, obvious findings first. Priority areas should be determined based on weaker capacity for the particular capacity area. Likewise, it may be important to discuss places where there may be



divergence or harmony between linked indicators, as this may assist in guiding the development of action plans that are relevant and may have impact across indicators.

From the score data entered in the Excel tables, the facilitators will be able to compare results between capacity areas and identify trends that indicate strengths or opportunities for improvement. The following principles will provide some conceptual guidelines on what to do with the data, and how to interpret it:

- Scores that deviate from the median and lower scores are identified as areas where further discussion or exploration may be required;
- The range of scores (difference between Min and Max) provides information on where there is consensus (or not) among the participants and for identifying “critical questions” (where further discussion or exploration is necessary); and
- Differences between participant scores and the external validation score may indicate that the self assessment process is biased, participants may not have been scoring based on reality as indicated by available evidence, or the external validator did not have complete information. Thus, these are areas for further exploration and discussion, enabling consensus to be built on where the reality of capacity lies among the two scores.

Table 2 above provides additional information on how to interpret specific data analytics in the ITOCA. When analyzing the data, note that within each capacity area:

- Indicators with the highest scores and the highest level of consensus indicate areas of strength, which should be celebrated;
- Indicators with the lowest scores indicate areas for further improvement or assessment and may be considered priority areas for action planning; and
- Indicators with low consensus among the scores of the participants indicate areas where further discussion is necessary to determine relevant issues and potential for action planning, which may include addressing issues of change management or internal communication.



**Facilitator Tip: Bias in Self-Assessment Scoring**

Self-assessment exercises can be biased, leading to inflated or underestimated or scores. Given the resulting skewed nature of the data, take time to pay attention to exceptions (i.e. minimum scores, as questioning the consensus) and what these might indicate about the capacity of the organization or disparities of information and knowledge amongst participants. Discuss among the assessment team: “Do we have qualitative information suggesting this is a critical issue which is being silenced, or is it just a variance in interpretation and perception of organizational capacity?”

Quantitative scores assist in the analysis; but they are not the whole analysis. It is fundamental to take the time to discuss and remember the key qualitative findings and discussions, including comments from participants, tensions expressed during discussion sessions, and source documentation. Specifically, the facilitators should review the following:

- **Validation comments:** Review comments from the external validation, including notes on what types of source documentation was available to review. It is important to review the externally assessed scores and highlight any key points that may explain divergence (between external validation and participant scores) or particularly high/low scores, which may indicate areas for capacity development.

- **Qualitative data:** Review self-assessment discussion notes from scoring sessions. The facilitators should review the notes from the daily discussions and identify recurring themes that can inform the rationale for the quantitative scoring. It will be very useful for facilitators to capture specific descriptive quotes from participants on particular areas or indicators from the scoring sessions. Quotes should remain anonymous and simply refer to the relevant capacity area or indicator.



#### **Facilitator Tip: Deciding what data to report back to participants**

Not all analytical details need to be reported and shared back to the participants and discussed. A key element of analyzing the results is turning data into useful information. Thus, the facilitation team should decide what results are of the most import in terms of their impact on organizational performance and compliance with USAID rules and regulations and PEPFAR requirements.

When interpreting the scores and developing a report, facilitators should share their informed opinion about the capacity areas they reviewed in short statements. When drawing conclusions from the data, the facilitators should consider the following questions:

- How will the analysis help to inform and define capacity development priorities related to compliance with USAID rules and regulations and PEPFAR requirements?
- How will the analysis help the organization improve the program quality and performance?
- What priorities do the facilitators see emerging from this in terms of internal change management for the organization?
- What conclusions can be drawn on problematic issues (i.e. divergence between quantitative and qualitative information, validity of findings based on available evidence)?

### *Reporting*

Following the data analysis and interpretation, results should be compiled into two types of reports:

1. **Powerpoint presentation with results and recommendations.** This should be prepared for the reporting of results presentation in the workshop. A template for the presentation is available from the ACHIEVE Global Capacity Development Team. The presentation should include slides with the following:
  - a. 2-3 bullets about the “Big picture” capacity of the organization, focused on priority strengths and weaknesses;
  - b. Summary graphs across all domains, technical capacity domains, NUPAS, and organizational capacity domains;
  - c. For each domain assessed, the presentation should include a graph showing results, bullets to highlight significant findings, including both self-assessment and external validation scores; and
  - d. Recommendations to address any weaknesses or highlight any strengths that should be celebrated.
2. **A narrative ITOCA report.** Following the Workshop, all results and analysis of the data should be documented in a written narrative report. A template for the narrative report is provided in Annex H. The narrative report should be supplemented by tables with the quantitative ITOCA data. However, the discussion in the report should focus on qualitative analysis of the results and recommendations from the facilitators for the partner. The report should be prepared and submitted to the partner for review within two weeks of the Workshop. This report may also be considered a project deliverable and submitted to USAID.

## Consensus Building

Consensus building takes place throughout the ITOCA process. By bringing staff from the organization together in the Self-Assessment Workshop, participants are able to actively discuss capacity areas and how the organization operates and performance in each. These discussions are critical to sharing information across participants, for learning, and to enable each participant and the facilitators to gauge consensus.

### Day 3 Feedback Session

Day 3 of the workshop focuses primarily on the consensus building process. During Day 3, the facilitators will report back the ITOCA scores, along with their interpretation of the results and recommendations. This report back process enables the participants to not only develop an understanding of the data and any areas where lack of consensus was demonstrated in the quantitative scores, but it also enables participants to start to discuss individual indicator or capacity area results. Having the quantitative data available, along with the external validation scores, often provides a neutral space for discussions to take place around topics that could otherwise be controversial without data available.

The main objective of the feedback session is to clearly present the results of the ITOCA self-assessment to the participants in order to assist them to interpret these scores and develop relevant action plans for internal organizational capacity development. The session is an opportunity for the participants to develop a detailed and comprehensive picture of the results of the self-assessment exercise and to begin identifying key areas for improvement. During this session the facilitators will present summary data and graphs, and subsequently guide a discussion around each capacity area in order to highlight areas of strength and weakness, while singling out indicators with disparate or low scores.

As results are presented, the facilitator should use ORID questions to lead a discussion around the results and to build consensus. Some examples of ORID questions to be used by facilitators include the following:



### **Facilitator Tip: Leading the Discussion in the Feedback Session**

The facilitation team will have to rely on their experience and expertise to provide useful feedback. Following are some important principles / lessons learned:

- *How will this impact organizational culture and change management?* Providing results, especially scores that demonstrate significant weaknesses, can be controversial. Of course, these types of results are often the most important because they demonstrate capacity development needs. Thus, the facilitators should consider organizational culture and change management approaches in how they message negative results to the participants, so that they will create buy-in to address the weaknesses. It is important, for example, not to pass blame in these discussions, rather to focus objectively on the underlying issues and how to collectively address them.
- *Process is important.* In spite of all best efforts, facilitators will occasionally run into a situation where organizational politics, issues of trust, context, or biases that are accidentally introduced by the facilitators in the preparation for the ITOCA, which can derail the exercise. External validation and self-assessment scores can lose reliability in such conditions, putting the validity of the results at risk. In these circumstances, the facilitation team will have to rely on their experience and judgment to decide how to proceed, with an eye towards the primary purpose: to assist an organization learn about itself and grow.
- *What's the point?* Remember that the feedback serves to discuss major strengths and weaknesses of the organization prior to developing a capacity action plan. The point is not to report numbers—participants can always read numbers later. Rather, the session should focus on major lessons learned from the analysis.
- *Use the numbers, but don't let them speak for you.* Reporting on the numbers is important, but they should always be contextualized with the qualitative data, along with the expertise of the facilitators. Facilitators should make use of the qualitative information and your technical acumen to present meaningful findings.
- *Don't "compare apples to oranges."* Scores between indicators is not necessarily comparable. Do not report, for example, that Procurement capacity at 3.5 is greater than human resources capacity at 2.7. Since each area is comprised of different indicators and addresses varying types of organizational functions and systems, it is unlikely that two scores would end up being the same.

- **Objective:** Which scores stood out to you? What similarities did you see in scoring across indicators? What differences?
- **Reflective:** How did it feel to discuss these indicators in the group? Were any of the topics more challenging to talk about with your group?
- **Interpretative:** Why did those scores stand out to you? How does who participates in the scoring process dictate the results or what will be included in the CAP?
- **Decisional:** What can you do as a group to address what you observe in the scores?

## **External Validation**

The ACHIEVE ITOCA facilitation team will carry out a desk review of the documents shared by the local partner for the ITOCA. The desk review may be carried out virtually, for selected documents which can be submitted in hard or soft copy to the ITOCA assessment team. For documents that require on site review (ex. general ledger, subaward documentation, financial systems, M&E databases, etc.), ACHIEVE will schedule a site visit. In advance of the site visit, ACHIEVE will specify specifically what is to be

reviewed, as discussed above. During the site review, the partner should make the required materials available and provide adequate space for the ACHIEVE team to carry out the document review.

The site visit may take place over the course of 1 to 3 days, depending on the nature and scope of documentation to be reviewed. The visit will include three major steps:

1. **In-briefing:** The visit will begin with an in-briefing meeting with organizational and project leadership to review the scope of the process, timeline, and expectations on the part of ACHIEVE and the partner.
2. **Document Review:** The partner will furnish ACHIEVE with relevant documentation, which will be reviewed. Typically, it is ideal if there is an office or small conference room available where ACHIEVE can conduct the review without disturbing the local partner's other activities.
3. **Staff Meetings:** In the event that the documentation is incomplete or if there are questions about what is provided, ACHIEVE may request to have meetings with relevant organizational staff to seek clarifications. Likewise, the ACHIEVE team may need to meet with relevant staff to become orientated on databases and management information systems and their content.
4. **De-Briefing:** Following the completion of the document review, ACHIEVE will meet again with organizational and project leadership to provide an overview of findings and discuss any next steps.

Ideally, the site visit will coincide with and precede the facilitated self-assessment workshop. If an on-site visit is not possible because of COVID-19 related precautions, the staff meetings and debriefing sessions can be conducted virtually in lieu of in-person meetings.

The ACHIEVE ITOCA Facilitation Team will use the information from the desk review and site visit process to score the organization against each ITOCA indicator. Only one score will be generated for each indicator. In the event that there are multiple members of the facilitation team, each may take responsibility for indicators relevant to their areas of expertise.

## Capacity Action Planning

The CAP phase of the ITOCA process is designed to enable the partner organization to use the quantitative and qualitative results from the scoring process to inform the identification of CD priorities and ultimately an action plan.

### How is the CAP developed?

The CAP development process takes place on Day 3 of the Self-Assessment workshop. The aim of the action planning session on Day 3 is to create an open space where participants can collaborate to identify their own priorities that address capacity weaknesses, as well as to set priorities related to sustaining and building upon existing strengths. At the end of this session, the organization should have set a list of eight to ten CAP priorities, that are feasible for implementation in the next year.



### **Facilitator Tip: Managing Expectations**

Managing the local partners expectations is important during the CAP process, so that they can develop feasible CAPs for the short, medium, and long term.

- *Action Planning Session:* The nature of the group, CD needs and priorities, and the level of commitment and time that the group can commit during the session will inform what the expected outcomes should be. Some groups will be cursory in planning for a lot of activities during the session, because they can easily all the activities they want to pursue. Other groups may choose focus on high level priorities, leaving the detailed discussions to follow-up meetings.
- *CAP Implementation:* Depending on the ITOCA findings, an organization may have a lot of things that they would like to implement as part of their CAP. However, it is important to coach the partner on feasibility with the number of activities and the timelines, as they should consider how they will carry these activities forward, given that they will also be responsible for meeting program implementation targets and working within available budgets. Thus, facilitators should focus on helping the organization identify the most critical priorities for the short term, with longer term priorities being set off for the future.

### **What should be included in the CAP?**

Annex I provides a CAP template, which should be shared with the partner during the ITOCA process for completion and which should be used during this session. In order for the plan to be actionable, the CAP should include a clear and specific description of the activity. The description should indicate the who, what, and how the task will be implemented.

For each activity, the CAP should also include a timeline for implementation, relevant deliverables, and the resource requirements. When timelines are set for CAP activities, it is important that they be realistic and, where appropriate, aligned with other related project workplan activities. The CAP should also designate focal persons for the activity from within the organization, from ACHIEVE, and from among any other relevant stakeholders.

When identifying activities to include in the CAP, beyond the ITOCA results, the organization should consider the following:

- What is the potential impact of the activity?
  - What organizational activities are likely to have the most significant impact on compliance with USAID and PEPFAR requirements?
  - What technical activities are likely to have the most significant impact on PEPFAR target achievement and quality of programming and service delivery?
  - What activities will enable the organization to function more efficiently and effectively?
  - What activities will help the organization sustain support for their target communities, as related to the achievement of their organizational mission?
- What funding is available for CAP activity implementation, from ACHIEVE, their prime award (if applicable), other donors, or reserve funding?
- Are any of the activities within plans that the organization already has in place?
- What activities will they need technical support for from ACHIEVE? What can they implement on their own? What will type of technical support will they need from other organizations or partners?
- Will there be buy-in from within the organization to make changes required for implementation of the activity? If not, what steps will be required to shift towards the type of change and buy-in that might be required?



CAP activities also need to be feasible, such that they can be implemented with the resources and time available for the organization and ACHIEVE. In this respect, during the action planning process, the organization may identify a large number of CAP activities, but resources may be limited. As such, the ACHIEVE ITOCA facilitation team should help the organization set priorities from among their CAP activities.



### **Facilitator Tip: Setting Priorities**

During the action planning process, the ACHIEVE ITOCA facilitation team should support the local partner to prioritize what CAP activities they should focus on. Some approaches for priority setting with a group in the session include:

- Simple voting in the large group (raising of hands, assigning 1-3 votes per participant). Actions are then selected by which action gets the most votes.
- Categorize the actions according to those that are easy or hard to achieve, against the expected impact (high or low), as shown in the prioritization matrix below. To use this matrix, each activity should be mapped against both the expected impact and ability to implement, so that the organization can understand the amount of resources needed to follow up on a recommendation so that it can plan for both short- and long-term actions.

	High impact	Low impact
Simple to achieve	High Priority	Low cost and payoff
Difficult to achieve	High cost and payoff	Low priority

Since the CAP aims to link activities to specific capacity areas, each will be aligned with relevant capacity areas in the ITOCA. Likewise, each activity should be linked, where appropriate to project workplan tasks and relevant monitoring and evaluation and learning (MEL) plan indicators.

## **How is the CAP implemented?**

The simple answer is that the CAP should be implemented in accordance with the content of the CAP itself. However, sometimes implementation is not that simple. The local partner should designate a focal person that is responsible for managing and coordinating the implementation of each activity. In some cases, this person will be responsible for carrying out the steps required to complete the activity. In other cases, this person will primarily serve as a manager or a coordinator, where other team members may be required to contribute.

Depending on the complexity of the activity itself, the organization may need to convene a team of staff that is responsible for implementation, so that all steps can be carried out. Likewise, if an activity will require buy-in from various parts of an organization, participatory approach through a task team can facilitate this process.

Where specific activities are also included in the ACHIEVE workplan, ACHIEVE will provide related technical support for implementation. Likewise, through the ACHIEVE buy-in team, coaching and mentoring may be available to assist the partner in tracking and moving task implementation forward.

In some cases, during CAP implementation, priorities may shift or unexpected delays may be encountered. These should be documented in the CSP and agreed to by both ACHIEVE and the local partner. Such documentation will be critical in the event that there are questions from the donor or a need to hold either party accountable for any inexcusable delays.

## How is the CAP monitored?

Monitoring of the CAP is a core part of the ACHIEVE CD approach, in that it enables tracking of progress against milestones for organizational capacity development for the partner. Likewise, monitoring and tracking the CAP is required under the ACHIEVE MEL Plan, which includes, among others, the indicators listed in Box 1.<sup>3</sup>

Once the CAP is completed, both ACHIEVE and the partner should agree on the final document. Both ACHIEVE and the local partner will designate an individual that will be responsible for tracking and monitoring implementation of the CAP. For ACHIEVE, this individual will either be the CD Specialist or M&E Manager. The content of the CAP will then be entered into the CSP for monitoring.

### Box 1: ACHIEVE CAP Related MEL Indicators

(2.8) Number/Percentage of local partners with Capacity Action Plans (CAPs)

(2.9) Percent of local partners completing at least one activity in their CAP in the last quarter

(2.10) Number/Percentage of CAP activities for which ACHIEVE provides technical assistance

On a monthly basis, the ACHIEVE CD Specialist will review the CAP with the partner organization's focal person to track status of implementation for each activity as part of mentorship meetings. Status will be recorded as one of the following: complete, in progress, or not started. Status is tracked against the timelines for the activities to determine if activities are being completed in accordance with the expected timeframes, if they are delayed, or even implemented earlier than expected. Status will then be updated in the CSP and reported to USAID in the ACHIEVE global and buy-in technical reports. These monthly meetings will also include a discussion of how the CD process is going, lessons learned, and challenges with implementation, that may require shifts in CD priorities or activity plans.

## What happens when CAP activities are completed?

Celebrate! The CD process can be challenging for a partner organization, especially when significant weaknesses are identified and large-scale change management processes are required. In this respect, completion of CAP tasks should always be considered a success. Completing the activities means that the organization is made one more step forward towards improving its own organizational performance, achieving their mission, and long-term sustainability. This type of progress should always be highlighted and celebrated! Some organizations can celebrate progress through internal newsletters and announcements in staff meetings. Other organizations keep trackers for CAP activities on posters in their offices, enabling everyone to see what is in process and to also see what has been completed.

## Capacity Strengthening

The capacity strengthening process is focused on the implementation of the CAP. ACHIEVE's role is to accompany the partner through the capacity development process, ultimately serving as a coach, mentor, and monitor for this process, with the local partner in the lead. Specific types of support for capacity strengthening will be customized to the individual partner based on the content of their CAP.

The local partner should designate a focal person responsible for coordinating the CAP process. That individual should then be responsible for holding any internal meetings required, following up with

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<sup>3</sup> Specific guidance on data collection processes for the ACHIEVE CAP related MEL indicators is provided in the ACHIEVE Global MEL Plan.

colleagues, and mobilizing resources for CAP activity completion. Likewise, the focal person may also be responsible for tracking CAP progress and reporting back to ACHIEVE.

ACHIEVE's role is to provide support to this focal person, as well as others within the organization leading CAP activities. On a monthly basis, ACHIEVE's CD Specialist should hold mentorship meetings with the partner to review progress with CAP implementation and provide coaching to that individual on how to manage and coordinate activities. Coaching should focus on helping the partner review challenges, lessons learned, and successes to inform updates to the CAP. These monthly mentorship meetings should also be attended by any relevant technical or operations experts from ACHIEVE who may be actively providing technical assistance to the partner for specific CAP activities.

## **Reassessment**

Through ACHIEVE, annual reassessments using the ITOCA are recommended to facilitate ongoing capacity strengthening and performance improvement for the partners. Additionally, annual reporting of ITOCA scores is included in the ACHIEVE MEL Plan, for buy-ins where capacity development is part of the workplan. Reassessment using the ITOCA is important not only to generate data to demonstrate if capacity has actually improved, but also to enable the organization to facilitate ongoing performance improvement. The reassessment process can enable the partner to identify new priorities based on where it finds itself at the time of the reassessment.

### **Reassessment Process**

Generally, the reassessment process follows the same process as the initial ITOCA. The only difference is that often the notification and preparation process can be simplified to the extent that the local partner is already aware of the ITOCA tool and process. If, however, there are any new staff working with the local partner that will participate in the reassessment, they may benefit from some individual orientations so that they are on the same page as other team members at the time of the facilitated self-assessment workshop. During the reassessment, the partner may also want to reconsider the optional indicators chosen for the assessment, to address any shifts in technical priorities or programs.

### **Interpreting re-assessment scores**

At the reassessment stage, scores should be reviewed for the new assessment as a stand-alone to inform capacity action planning. The reassessment scores can also be used to look at progress from previous ITOCAs. In fact, for the ACHIEVE Project Indicators, reassessment scores will be used to report capacity improvement for the local partners in the project's MEL Plan. For purposes of project reporting, only the external validation score will be reported to USAID. However, for purposes of supporting the partner to track organizational progress, both the internal and external scores should be reviewed during discussions to build consensus and develop CAPs.

The expectation is usually that the partner's capacity will improve from one assessment to another if CAP activities have been implemented in the interim. This is not always the case. Sometimes, organizations see that self-assessment scores in some areas may go down. These types of changes can result from the fact that the staff have learned more between the two assessments, meaning that they may be more critical in their scoring during the reassessment. Likewise, sometimes staffing and funding changes for an organization may result in a loss of or more stress on critical human and financial resources that underly capacity. Thus, during the reassessment feedback session, as quantitative self-assessment results are reviewed and considered in light of previous ITOCA scores, additional discussions may be required to address any unexpected changes in results.

# MANAGEMENT AND MONITORING OF THE ITOCA PROCESS

## ITOCA Activity Management

Good coordination is critical to the success of the ITOCA. Generally, the ITOCA process will be managed by the ACHIEVE Buy-in CD Specialist, with global level technical support available from the ACHIEVE Global Director of Country Programs and CD.

### Task Planning

Since the ITOCA is a central part of the ACHIEVE CD approach, generally it will be included as a task in the relevant project buy-in. As such, related tasks should be planned in accordance with the workplan timeline. The CD Specialist may want to establish a specific task plan for ITOCA implementation, so that it can be used internally in management discussions with other ACHIEVE team members involved in the process. Templates for CD related task plans are available from the ACHIEVE Global Director of Country Programs and CD.

Understanding that sometimes context and shifting priorities may require timelines to shift, these timeline shifts should be communicated to and agreed upon by the relevant USAID Activity Manager, such that the project is in compliance with donor expectations. Generally, the buy-in Project Director will be responsible for initiating this communication with USAID.

### ITOCA Facilitation Team

Since the ITOCA requires a team approach from ACHIEVE, the CD Specialist will be responsible for working with the buy-in Project Director to select project staff to participate in this team. Where expertise is required that is outside of the capabilities of project staff, ACHIEVE Global staff, other Pact staff, or consultants may be engaged to participate in this team. Task plans should be available and shared with all members of the ITOCA facilitation team, which may decide to hold meetings on a regular basis to discuss activities and manage progress.

### Stakeholder Engagement

With a number of steps and a variety of stakeholders engaged from ACHIEVE, the local partner, and sometimes USAID, it is important that roles, responsibilities, and expectations be clear throughout the process. Likewise, sometimes not all stakeholders will fully understand the value and import of the process at the outset. Thus, it is important that activities be effectively managed so that it is understood and felt to be a useful process to spur long term performance improvement for the partner, not an activity that is considered as time consuming and of little value.

A key part of managing the ITOCA process is communication and managing expectations of stakeholders. Table 3 below provides some tips on how to manage and communicate with various stakeholder groups:

**Table 3: Key Messages for ITOCA Stakeholders**

Stakeholder	Key Message
Local partner	<ul style="list-style-type: none"><li>Overview of entire ITOCA process and expected outcomes during ACHIEVE CD Kick-off meeting and Joint Work planning activity and detailed timeline for ITOCA activities during ITOCA planning meeting.</li></ul>

	<ul style="list-style-type: none"> <li>• ITOCA process is participatory and intended to support the local partner's CD goals, support USAID PEPFAR program implementation, and meet USAID's expectations around CD in relevant cooperative agreements for the partner and ACHIEVE.</li> <li>• Timelines for the ITOCA should be consistent with project workplans and USAID expectations for local partner and ACHIEVE.</li> </ul>
<b>USAID</b>	<ul style="list-style-type: none"> <li>• Overview of ITOCA process, outputs, and overall expectations during ACHIEVE buy-in scoping process and workplan development.</li> <li>• The timeline for ITOCA implementation is included in the ACHIEVE workplan.</li> <li>• Updates on ITOCA implementation progress will be provided in regular technical update meetings with ACHIEVE Buy-in Activity Manager.</li> </ul>
<b>Local Partner's Donors and Collaborators<sup>4</sup></b>	<ul style="list-style-type: none"> <li>• Local partner is undertaking the ITOCA process to strengthen organizational and technical capacity.</li> <li>• The ITOCA and CAP implementation aims to improve organizational performance and sustainability, potentially resulting in changes that impact other programs.</li> </ul>

## Budgeting

ITOCA activities should be included in the project budget and documented in accordance with relevant project budget templates. Table 4 below provides an illustrative activity budget template for the ITOCA Self-Assessment Workshop. All unit costs should be set in accordance with local cost requirements and relevant Pact policies. In the event that the ITOCA is implemented virtually, venue, transportation, and food/refreshments costs will not be required. However, the budget should include any costs related to use of the online platform selected for the meeting and any internet or air-time costs for participants to engage with the platform.

**Table 4: Illustrative ITOCA Activity Costs**

<b>ITOCA Workshop</b>		<b>Year 1</b>
Duration of the activity (# of days)		3
Travel days (# days)		2
Number of activities		1
Number of participants per activity with travel needs		3
Number of participants per activity without travel needs		15
	<b>Unit Cost</b>	
Venue Rental (per day)	\$ -	\$ -
Domestic Trip (airfare per participant with travel needs)	\$ 250	\$ 750
Daily transportation (per participant with travel needs)	\$ 20	\$ 300
Participant M&E (per day)	\$ 50	\$ 750
Participant Accommodation (per day)	\$ 100	\$ 1,500
Daily transportation (per participant without travel needs / locals)	\$ -	\$ -
Lunch and Refreshments per Participant (per day)	\$ 10	\$ 540
Materials and Supplies per Participant (per event)	\$ 5	\$ 90
<b>TOTAL</b>		<b>\$ 3,930</b>

<sup>4</sup> These communications should be led by the local partner itself, based on their individual relationships with other partners or donors.

In addition to activity costs, the budgeting for the ITOCA should consider the following elements:

1. *Buy-in staff LOE*: Number of days for staff participating in the ITOCA process as facilitators, from the Buy-in team and any relevant ACHIEVE Global Staff. Generally, staff LOE will vary depending on the role of the individual in the facilitation team. Some general guidelines are as follows:
  - a. Lead Facilitator (ACHIEVE CD Specialist): 11-13 days (3 days for workshop facilitation, up to 2 days for local travel [if required], 1 day for document review, 4 days for preparation and engagement meetings, and 3 days for follow-up and report development).
  - b. Facilitation Team Technical Expert or M&E Specialist: 8-10 days (3 days for workshop coordination, 1 day for document review, up to 4 days for workshop preparation and close-out, up to 2 days for local travel [if required]).
  - c. Facilitation Team Assistant: 5-7 days (3 days for workshop coordination, up to 2 days for workshop preparation and close-out, up to 2 days for local travel [if required]).
2. *Consultants*: The number of days and any related expenses for consultants to participate in the ITOCA process as facilitators. The number of days should be aligned with similar LOE expectations of staff, based on the role that the consultant will play in the team.
3. *ACHIEVE or Pact Global Staff LOE*: The number of days should be aligned with similar LOE expectations of local staff, based on the role that the global staff member will play in the team, with the addition of days required for international travel.
4. *Domestic travel*: If domestic travel is required to conduct pre-assessment or post-assessment meetings with the partners, relevant ground transportation, airfare, accommodations, and M&E costs should be included in the budget.
5. *International travel*: If an international consultant or ACHIEVE/Pact global staff member is part of the ITOCA process, related international travel costs for airfare, ground transportation, accommodations, meals and incidental expenses, visas, and inoculation costs should be included. Cost inputs for these are available from the ACHIEVE Global Operations Manager.

## Monitoring and Evaluation

M&E of the ITOCA process is critical so that ACHIEVE can ensure that the data obtained is valid, such that the ITOCA serves as a useful measurement tool for the project. Likewise, monitoring the process enables ACHIEVE to oversee quality, such that the ITOCA can continue to contribute to the objective of facilitating sustainable organizational performance improvement. The ACHIEVE ITOCA process is monitored through quantitative analysis of results, data quality reviews, and participant evaluations.

### Quantitative Data Analysis

The ITOCA is a key tool used by ACHIEVE to report against selected indicators in the project MEL Plan, as shown in Box 2. A buy-in where the ITOCA is implemented will include similar project indicators, in alignment with the buy-in's MEL plan. ACHIEVE inputs all ITOCA data into the Capacity Solutions Platform and the ACHIEVE ImPact database. Results are analyzed based on relevant indicator reference sheets and disaggregation requirements.

#### **Box 2: ACHIEVE ITOCA Related MEL Indicators**

- Percentage of supported local organizations that have undergone a Non-U.S. Organization Pre-Award Survey (NUPAS) or NUPAS-like assessment (CAP\_NUPAS)
- Percentage of supported local organizations that have been assessed using the NUPAS-Data tool (or a similar one) (CAP\_DATA)
- Number/Percentage of Local Partners that demonstrate increased capacity, disaggregated by capacity area



## Data Quality Reviews

Data quality assurance for the ITOCA is carried out through the following:

1. **Structured and locked ITOCA Data Entry Forms:** The ITOCA excel database and data entry forms are programmed to limit the nature of scores that can be input (ex. only values from 1 to 4 can be entered). Additionally, all formulas in the ITOCA excel database are locked to prevent inadvertent changes in calculations required for data analysis.
2. **Review of ITOCA databases against participant scoring sheets:** The ACHIEVE Global M&E team will carry out secondary reviews of ITOCA databases to review the quality of data entry to ensure to check for inconsistencies in data entry between the database and participant scoring sheets.
3. **Review of documentation from external validation process:** The ACHIEVE Global M&E and CD team will carry out spot checks of source documentation used by ITOCA facilitators for external validation scoring. These spot checks are designed to review the validity of scoring from the external validation team.

Data quality checks will typically be carried out following the ITOCA workshop process and may be included as a part of larger data quality assurance checks for the relevant buy-in.

In the event that discrepancies are found during data quality reviews, relevant ITOCA reports will be updated and reissued to the local partner and the donor.

## Participant Evaluations

It is important and seek feedback from the participants on how they felt the ITOCA process went. Participant evaluations will help inform any modifications that need to be made to improve the process and will help to gauge the perceived success of the exercise. The facilitators should introduce the Participant Evaluation (Annex J) on the final day of the ITOCA Self-Assessment Workshop and completed forms should be collected from each participant prior to their departure from the meeting venue. All participants should be asked to share their honest and detailed feedback using the form.

The facilitators should inform the participants that their comments will be used to make any modifications to the process and improve the exercise in the future. Reassure them that their feedback will be anonymous and that they do not need to put their names on the evaluation forms. The facilitators should keep the forms and file them based on the project's data management and filing policy.

It will be useful to capture the results of the participant evaluations in the final report, highlighting aspects of the ITOCA that worked well and areas for improvement. The report should also include formulating any relevant recommendations for action. The facilitators can calculate out the average of each score and include interesting quotes from participants on what worked best and what needed improvement, grouping the quotes into broader recurring themes.

# ANNEXES

## Annex A: ITOCA Capacity Areas and Indicators

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Governance & Legal Structure	1.1	Mandatory	Local Organization
Governance & Legal Structure	1.2	Mandatory	Legal Requirements
Governance & Legal Structure	1.3	Mandatory	Organizational Structure
Governance & Legal Structure	1.4	Mandatory	Governance
Governance & Legal Structure	1.5	Mandatory	Control Environment
Governance & Legal Structure	1.6	Mandatory	Code of Conduct
Governance & Legal Structure	1.7	Mandatory	Board of Directors - Roles and Responsibilities
Governance & Legal Structure	1.8	Mandatory	Stakeholder Engagement
Governance & Legal Structure	1.9	Mandatory	Organizational Constitution or Bylaws
Governance & Legal Structure	1.10	Mandatory	Mission & Vision
Program Planning & Management	2.1.1	Mandatory	Project Management Systems: Policies & Procedures
Program Planning & Management	2.1.2	Mandatory	Project Management Systems: Personnel Capacity
Program Planning & Management	2.2	Mandatory	Annual Work Plan
Program Planning & Management	2.3	Mandatory	Program Design and Modification
Program Planning & Management	2.4	Mandatory	Strategic Planning
Program Planning & Management	2.5	Mandatory	Service Delivery: Quality Management
Program Planning & Management	2.6	Mandatory	Service Delivery: Beneficiary Satisfaction
Program Planning & Management	2.7	Mandatory	Risk Management
Program Planning & Management	2.8	Mandatory	Donor Award Management
Program Planning & Management	2.9	Optional	Supportive Supervision of Field Offices
Program Planning & Management	2.1	Mandatory	Child Safeguarding Policy
Program Planning & Management	2.11	Mandatory	Policy on Rights of Beneficiaries
Financial Management	3.1.1	Mandatory	Banking Relationship & Accounts: Bank Account
Financial Management	3.1.2	Mandatory	Banking Relationship & Accounts: Bank Reconciliation
Financial Management	3.1.3	Mandatory	Banking Relationship & Accounts: Policies & Procedures
Financial Management	3.2	Mandatory	Accounting/Bookkeeping System
Financial Management	3.3.1	Mandatory	Chart of Accounts, General Ledger, and Financial Statements: Chart of Accounts & General Ledger

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Financial Management	3.3.2	Mandatory	Chart of Accounts, General Ledger, and Financial Statements: Recording of Transactions
Financial Management	3.3.3	Mandatory	Chart of Accounts, General Ledger, and Financial Statements: Financial Statements
Financial Management	3.4.1	Mandatory	Variance Analysis (Budget to Actual Cost): Analysis Reports
Financial Management	3.4.2	Mandatory	Variance Analysis (Budget to Actual Cost): Use of Variance Analysis
Financial Management	3.4.3	Mandatory	Variance Analysis (Budget to Actual Cost): Policies & Procedures
Financial Management	3.5.1	Mandatory	Allowable and Unallowable Cost: Personnel Capacity
Financial Management	3.5.2	Mandatory	Allowable and Unallowable Cost: Policies & Procedures
Financial Management	3.6.1	Mandatory	Direct and Indirect Costs: Personnel Capacity
Financial Management	3.6.2	Mandatory	Direct and Indirect Costs: Cost Objectives
Financial Management	3.6.3	Mandatory	Direct and Indirect Costs: Cost Allocation
Financial Management	3.6.4	Mandatory	Direct and Indirect Costs: Cost Accumulation
Financial Management	3.7.1	Mandatory	Payments - Segregation of Duties: Supporting Documentation
Financial Management	3.7.2	Mandatory	Payments - Segregation of Duties: Policies & Procedures
Financial Management	3.8	Mandatory	Accounting Cycle - Segregation of Duties
Financial Management	3.9.1	Mandatory	Financial Records Management: Policies and Procedures
Financial Management	3.9.2	Mandatory	Financial Records Management: Contingency Planning
Financial Management	3.10.1	Mandatory	Sources of Funding: Financial Tracking
Financial Management	3.10.2	Mandatory	Sources of Funding: Personnel Capacity
Financial Management	3.10.3	Mandatory	Sources of Funding: Diversification
Financial Management	3.11	Mandatory	Financial Reporting
Financial Management	3.12.1	Mandatory	Audit and Review of Financial Statements: Audit of Financial Statements
Financial Management	3.12.2	Mandatory	Audit and Review of Financial Statements: Audit Opinion

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Financial Management	3.12.3	Mandatory	Audit and Review of Financial Statements: Findings on Internal Controls
Financial Management	3.12.4	Mandatory	Audit and Review of Financial Statements: Resolution of Audits
Financial Management	3.13.1	Mandatory	Financial Management Personnel: Professional Training
Financial Management	3.13.2	Mandatory	Financial Management Personnel: Technical Qualifications
Financial Management	3.14.1	Mandatory	Cash Flow Management: Monitoring Cash Flow
Financial Management	3.14.2	Mandatory	Cash Flow Management: Management Involvement
Financial Management	3.14.3	Mandatory	Cash Flow Management: Payment History
Financial Management	3.14.4	Mandatory	Cash Flow Management: Liquidation of Advances
Financial Management	3.15	Mandatory	Gender Sensitive Budgeting
Procurement & Agreement Management	4.1.1	Mandatory	Procurement Policies, Procedures and Practices: Availability
Procurement & Agreement Management	4.1.2	Mandatory	Procurement Policies, Procedures and Practices: Personnel Capacity
Procurement & Agreement Management	4.2.1	Mandatory	Compliance with Policies and Procedures – Reasonableness of Price: Policies & Procedures
Procurement & Agreement Management	4.2.2	Mandatory	Compliance with Policies and Procedures – Reasonableness of Price: Supporting Documentation
Procurement & Agreement Management	4.3.1	Mandatory	Procurement of Subawards: Policies & Procedures
Procurement & Agreement Management	4.3.2	Mandatory	Procurement of Subawards: Conflict of Interest
Procurement & Agreement Management	4.3.3	Mandatory	Procurement of Subawards: Personnel Capacity
Human Resources Management	5.1.1	Mandatory	Overall Human Resources (HR) Policies and Procedures: Adequacy
Human Resources Management	5.1.2	Mandatory	Overall Human Resources (HR) Policies and Procedures: Content
Human Resources Management	5.2.1	Mandatory	Gender and Non-Discrimination: Policy Availability
Human Resources Management	5.2.2	Mandatory	Gender and Non-Discrimination: Policy Application
Human Resources Management	5.2.3	Mandatory	Gender and Non-Discrimination: Staff Knowledge and Skills

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Human Resources Management	5.3.1	Mandatory	Staff Time Management: Labor Activity System
Human Resources Management	5.3.2	Mandatory	Staff Time Management: Completion of Timesheets
Human Resources Management	5.3.3	Mandatory	Staff Time Management: Approval of Timesheets
Human Resources Management	5.3.4	Mandatory	Staff Time Management: Labor cost distribution
Human Resources Management	5.3.5	Mandatory	Staff Time Management: Employee Payments
Human Resources Management	5.4.1	Mandatory	Payroll System: System
Human Resources Management	5.4.2	Mandatory	Payroll System: Reconciliation with General Ledger
Human Resources Management	5.4.3	Mandatory	Payroll System: Compensation and Benefits Policy
Human Resources Management	5.5.1	Mandatory	Travel Policies and Procedures: Availability
Human Resources Management	5.5.2	Mandatory	Travel Policies and Procedures: Application
Human Resources Management	5.5.3	Mandatory	Travel Policies and Procedures: Documentation
Strategic Information	6.1.1	Mandatory	Human Capacity for PEPFAR Strategic Information - Staffing
Strategic Information	6.1.2	Mandatory	Human Capacity for PEPFAR Strategic Information - Training
Strategic Information	6.2.1	Mandatory	Organizational Processes for PEPFAR Strategic Information - Independence
Strategic Information	6.2.2	Mandatory	Organizational Processes for PEPFAR Strategic Information - Alignment with PEPFAR Requirements
Strategic Information	6.2.3	Mandatory	Organizational Processes for PEPFAR Strategic Information - Reporting Compliance
Strategic Information	6.2.4	Mandatory	Organizational Processes for PEPFAR Strategic Information - Planning and Budgeting
Strategic Information	6.3.1	Mandatory	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Tools and Systems
Strategic Information	6.3.2	Mandatory	Technology, Infrastructure & Systems for PEPFAR Strategic Information – Information Technology (IT) Systems Management
Strategic Information	6.3.3	Mandatory	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Data Storage and Security
Strategic Information	6.4.1	Mandatory	PEPFAR Data Quality & Use - Data Quality Assurance

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Strategic Information	6.4.2	Mandatory	PEPFAR Data Quality & Use - Quality Improvement Processes
Strategic Information	6.4.3	Mandatory	PEPFAR Data Quality & Use - Feedback Cycles
Strategic Information	6.5	Mandatory	Learning Agenda
Strategic Information	6.6	Mandatory	Ethical Use of Data
Strategic Information	6.7	Mandatory	Gender Sensitive MERL Processes
Strategic Information	6.8	Optional	Target Setting
Partnerships & Communications	7.1	Mandatory	Branding
Partnerships & Communications	7.2	Mandatory	Partnerships, Networking and Collaboration
Partnerships & Communications	7.3	Mandatory	Community Presence and Involvement
Partnerships & Communications	7.4	Mandatory	External Communication Strategy
Partnerships & Communications	7.5	Mandatory	Communication Materials
Partnerships & Communications	7.6	Mandatory	Gender Sensitive Communications
Sustainability	8.1	Mandatory	Absorptive Capacity
Sustainability	8.2	Mandatory	Program Sustainability
Sustainability	8.3	Mandatory	Resource Mobilization and Sustainability
Management of Community Cadres	9.1	Optional	Performance Based Management of Community Cadres (CC)
Management of Community Cadres	9.2	Optional	Volunteer Documentation
Management of Community Cadres	9.3	Optional	Community Volunteer Management Guidelines
Management of Community Cadres	9.4	Optional	Community Volunteer Supportive Supervision
OVC Comprehensive	10.1.1	Optional	OVC Case Management: SOPs
OVC Comprehensive	10.1.2	Optional	OVC Case Management: Identification and Enrollment
OVC Comprehensive	10.1.3	Optional	OVC Case Management: Target Achievement
OVC Comprehensive	10.1.4	Optional	OVC Case Management: Care Planning
OVC Comprehensive	10.1.5	Optional	OVC Case Management: Case Closure
OVC Comprehensive	10.1.6	Optional	OVC Case Management: Graduation
OVC Comprehensive	10.1.7	Optional	OVC Case Management: Service Maps
OVC Comprehensive	10.2.1	Optional	OVC Health: Known HIV Status and Case Finding
OVC Comprehensive	10.2.2	Optional	OVC Health: Referral Mechanisms
OVC Comprehensive	10.2.3	Optional	OVC Health: Facility MOUs

Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
OVC Comprehensive	10.2.4	Optional	OVC Health: Training of case managers on Treatment for children living with HIV (CLHIV)
OVC Comprehensive	10.2.5	Optional	OVC Health: C/ALHIV Treatment Linkage, Adherence, and Retention
OVC Comprehensive	10.2.6	Optional	OVC Health: Nutrition and Immunization Monitoring
OVC Comprehensive	10.2.7	Optional	OVC Health: Teen Caregivers
OVC Comprehensive	10.3.1	Optional	OVC Safety: Identification of Abuse
OVC Comprehensive	10.3.2	Optional	OVC Safety: Referrals for Survivors
OVC Comprehensive	10.4.1	Optional	OVC Education: School Enrollment
OVC Comprehensive	10.4.2	Optional	OVC Education: School Attendance Tracking
OVC Comprehensive	10.4.3	Optional	OVC Education: Performance
OVC Comprehensive	10.5.1	Optional	OVC Stability: Access to Social Services
OVC Preventative	11.1	Optional	Target Populations
OVC Preventative	11.2.1	Optional	Evidence-Based Curricula for Primary Prevention: Selection
OVC Preventative	11.2.2	Optional	Evidence-Based Curricula for Primary Prevention: Training of Facilitators
OVC Preventative	11.2.3	Optional	Evidence-Based Curricula for Primary Prevention: Implementation with Fidelity
OVC Preventative	11.3	Optional	Referrals for OVC Comprehensive Support
OVC Preventative	11.6	Optional	Kids Clubs
Systems Strengthening	12.1.1	Optional	Advocacy: Strategy
Systems Strengthening	12.1.2	Optional	Advocacy: Staff Roles and Competencies
Systems Strengthening	12.2.1	Optional	Government Policy and Planning: Understanding of Policy Context
Systems Strengthening	12.2.2	Optional	Government Policy and Planning: Analysis
Systems Strengthening	12.2.3	Optional	Government Policy and Planning: Dialogue and Engagement
Systems Strengthening	12.3	Optional	Health and Social Welfare System Financing
Systems Strengthening	12.4	Optional	Social Accountability Approaches
Gender Based Violence	13.1	Optional	Capacity to Provide Post-Violence Care Services: Policies & Procedures
Gender Based Violence	13.2	Optional	Capacity to Provide First-Line Response for Gender-Based Violence (GBV)



Capacity Area	Indicator Number	Mandatory or Optional	Indicator Title
Gender Based Violence	13.3	Optional	Follow-Up and Case Management of GBV Survivors
Gender Based Violence	13.4	Optional	GBV Training: Prevention and Response
Gender Based Violence	13.5	Optional	GBV Training: Policy and Counterpart Relationships
Gender Based Violence	13.6	Optional	Tools for GBV Education and Response
Gender Based Violence	13.7	Optional	Self-Care for GBV Case Workers
DREAMS	14.1	Optional	Youth Engagement Strategy
DREAMS	14.2	Optional	Targeted Behavior Change Communications
DREAMS	14.3	Optional	AGYW Vulnerability Risk Assessment, Enrollment, and Saturation Monitoring
DREAMS	14.4	Optional	Promotion of SRH Services
DREAMS	14.5	Optional	Support for AGYW Mothers
DREAMS	14.6	Optional	Parent and Caretaker Engagement
Economic Strengthening	15.1	Optional	Gender Specific Entrepreneurship and Income Generation Skills Development
Economic Strengthening	15.2	Optional	Market Informed Economic Strengthening (ES)
Economic Strengthening	15.3	Optional	Savings Groups
Economic Strengthening	15.4	Optional	Vocational Training Programs
Economic Strengthening	15.5	Optional	Business Start-Up Support
Economic Strengthening	15.6	Optional	Linkages for Wage Employment
Economic Strengthening	15.7	Optional	Access to Social and Business Networks
Economic Strengthening	15.8.1	Optional	Evidence-Based Approach for DREAMS ES: Selection
Economic Strengthening	15.8.2	Optional	Evidence-Based Approach for DREAMS ES: Training of Facilitators
Economic Strengthening	15.8.3	Optional	Evidence-Based Approach for DREAMS ES: Implementation with Fidelity

## Annex B: ITOCA Invitation Template

[This template should be put on ACHIEVE Branded Letterhead. Content should be adapted based on whether the workshop will be held in person or virtually.]

### DATE

Dear [Local Partner Organization] Director:

Greetings from the ACHIEVE ITOCA Facilitation Team! We are excited to be preparing for the implementation of the Integrated Technical and Organizational Capacity Assessment (ITOCA) with your organization.

The ITOCA methodology, which was developed by Pact and adapted for ACHIEVE includes both an in-country self-assessment process and a optional validation exercise to be conducted by the facilitation team. The process includes a review of both organizational capacity using the ITOCA and performance using the Pact Organizational Performance Index (OPI). This assessment process will:

- provide your organization with an objective analysis of its strengths;
- highlight areas for improvement that are pre-requisite for a sustained effective and efficient program implementation;
- identify priorities for improvement related to compliance with USAID and PEPFAR requirements under your prime award for the XXXX project;
- identify key action points to enhance the overall capacity and performance of the organization.

An important part of the ITOCA is collecting input from the organization itself through participation of your staff in the assessment exercise. In order to do this, a three-day meeting will be held at your offices between [insert dates]. Days One and Two involve discussions and scoring along each of the capacity areas in the ITOCA. Day Three focuses on a review of the findings, identification of priority areas for capacity development, and initiation of capacity development plan for priority areas.

Enclosed in this communication is:

- 1) a copy of the meeting schedule;
- 2) an overview of the ITOCA process;
- 3) a copy of the ITOCA tool, which outlines the capacity areas and indicators along which your organization will be assessed; and
- 4) the list of documents that should be ready for review.

Please ensure that the team that will be engaged in the ITOCA exercise has the opportunity to review and become familiar with the ITOCA tool and each of the capacity areas. Participants should be encouraged to review any relevant materials prior to the meeting that may be helpful for them to do the scoring. The participants will be expected to come to the ITOCA meeting with questions and comments about the indicators and scoring in hand to move the discussions along more efficiently.

The selection of the staff to participate in the ITOCA exercise should be done at least 2 weeks in advance. In selecting staff for each capacity area, it is important to include 4 to 6 staff working in the relevant departments and/or familiar with the internal workings of these functions and also about 4 to 6 staff working in other departments, benefiting and/or contributing to these functions to ensure that a diverse, yet informed group is scoring on each capacity area. It is critical that a balance of high level decision-makers in the organization be engaged along with mid and lower level staff.

It is our hope that you and your team will be able to fully participate in this ITOCA process and benefit from the findings. It is important to note that the primary goal of this assessment is to facilitate organizational capacity development, but results may also be shared with USAID to enable them to track both ACHIEVE and local partner capacity development progress and performance.

Thank you in advance for your candid input, which will help us help you improve your organization's capacity in the future! If you have any question about this process please contact [REDACTED] at [REDACTED].

Sincerely,

XXX

## Annex C: Documents for Desk Review

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Governance & Legal Structure	1.1	Local organization	Registration Certificate
Governance & Legal Structure	1.2	Legal Requirements	Registration Certificate
Governance & Legal Structure	1.3	Organizational Structure	Updated and approved organizational chart
Governance & Legal Structure	1.4	Governance	Board Resolution, minutes of General Assembly, status
Governance & Legal Structure	1.5	Control Environment	Signatory/Authority Matrix; Terms of Reference, Code of Conduct, and other Board guidelines/manuals; Articles of Association/Incorporation/Charter/Bylaws for the Board
Governance & Legal Structure	1.6	Code of Conduct	Signed Code of Conduct in staff file
Governance & Legal Structure	1.7	Board of Directors - Roles and Responsibilities	Board members' signed annual performance goals and specifying roles and responsibilities
Governance & Legal Structure	1.8	Stakeholder Engagement	Terms of Reference, Code of Conduct, and other Board guidelines/manuals; Articles of Association/Incorporation/Charter/Bylaws for the Board
Governance & Legal Structure	1.9	Organizational Constitution or Bylaws	Articles of Association/Incorporation/Charter/Bylaws - Internal Rules and Regulation
Governance & Legal Structure	1.1	Mission & Vision	Mission and Vision; Strategic Plan; communications materials showing mission and vision
Program Planning & Management	2.1.1	Project Management Systems: Policies & Procedures	Project Management manuals/procedures; Project Results Framework, Compliance Plan; review Project Management systems/tools
Program Planning & Management	2.1.2	Project Management Systems: Personnel Capacity	Project Management manuals/procedures; Project Results Framework, Compliance Plan; review Project Management systems/tools; staff training/orientation reports and curricula for project management; CVs of project management staff
Program Planning & Management	2.2	Annual Work Plan	Approved Annual Workplan for each project and Portfolio Summary
Program Planning & Management	2.3	Program Design and Modification	Program evaluations and assessments; project monitoring reports
Program Planning & Management	2.4	Strategic Planning	Updated and approved Strategic Plan document

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Program Planning & Management	2.5	Service Delivery: Quality Management	Program Quality Assurance / Program Management Performance procedures, tools, and reports
Program Planning & Management	2.6	Service Delivery: Beneficiary Satisfaction	Beneficiary Feedback Mechanism tools and reports
Program Planning & Management	2.7	Risk Management	Risk Management protocol/policy or Anti-Fraud policy; Compliance Review tools and reports
Program Planning & Management	2.8	Donor Award Management	Grant Management policy; training tools and reports for agreement management for staff; CVs of grant management staff; availability of grant documents for relevant staff; grant kick-off meeting reports
Program Planning & Management	2.9	Supportive Supervision of Field Offices	Supportive Supervision guidelines, plans, and reports
Program Planning & Management	2.1	Child Safeguarding Policy	Child Safeguarding policy, training materials, and training reports
Program Planning & Management	2.1.1	Policy on Rights of Beneficiaries	Policy on Rights of Beneficiaries, training reports, and training materials
Financial Management	3.1.1	Banking Relationship & Accounts: Bank Account	Bank signatories; bank statement
Financial Management	3.1.2	Banking Relationship & Accounts: Bank Reconciliation	Bank reconciliation
Financial Management	3.1.3	Banking Relationship & Accounts: Policies & Procedures	Approved and updated Financial Management policy/manual - bank management
Financial Management	3.2	Accounting/Bookkeeping System	Approved and updated Financial Management policy/manual; review sample of transactions
Financial Management	3.3.1	Chart of Accounts, General Ledger, and Financial Statements: Chart of Accounts & General Ledger	Book of Accounts and Chart Account documents
Financial Management	3.3.2	Chart of Accounts, General Ledger, and Financial Statements: Recording of Transactions	Approved and updated Financial Management policy/manual; review sample of transactions
Financial Management	3.3.3	Chart of Accounts, General Ledger, and Financial Statements: Financial Statements	Financial statements
Financial Management	3.4.1	Variance Analysis (Budget to Actual Cost): Analysis Reports	Financial reports; finance review meeting notes
Financial Management	3.4.2	Variance Analysis (Budget to Actual Cost): Use of Variance Analysis	Financial reports - Variance analysis
Financial Management	3.4.3	Variance Analysis (Budget to Actual Cost): Policies & Procedures	Financial Management Policies and Procedures, Budget Management tools and templates
Financial Management	3.5.1	Allowable and Unallowable Cost: Personnel Capacity	Finance, grants, and compliance training reports and materials
Financial Management	3.5.2	Allowable and Unallowable Cost: Policies & Procedures	Financial and Grants Management policies and procedures
Financial Management	3.6.1	Direct and Indirect Costs: Personnel Capacity	Finance, grants, and compliance training reports and materials; CVs of finance staff
Financial Management	3.6.2	Direct and Indirect Costs: Cost Objectives	Finance, grants, and compliance training reports and materials; CVs of finance staff
Financial Management	3.6.3	Direct and Indirect Costs: Cost Allocation	Approved Cost Allocation policy; sample of grant agreements and related budgets

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Financial Management	3.6.4	Direct and Indirect Costs: Cost Accumulation	Financial reports to donors, project budgets
Financial Management	3.7.1	Payments - Segregation of Duties: Supporting Documentation	Financial Management policies and procedures; sample of transactions
Financial Management	3.7.2	Payments - Segregation of Duties: Policies & Procedures	Financial Management policies and procedures; sample of transactions
Financial Management	3.8	Accounting Cycle - Segregation of Duties	Financial Management policies and procedures; signature/authority matrix; sample of transactions
Financial Management	3.9.1	Financial Records Management: Policies and Procedures	Financial Procedure manual - Paid Stamped Payment / journal voucher/Marked Financial procedure manual – payment/journal voucher marked paid and posted
Financial Management	3.9.2	Financial Records Management: Contingency Planning	Financial Procedure manual, filing policy, review filing system
Financial Management	3.10.1	Sources of Funding: Financial Tracking	Financial Management policies and procedures; sample of transactions
Financial Management	3.10.2	Sources of Funding: Personnel Capacity	Finance, grants, and compliance training reports and materials; CVs of finance staff
Financial Management	3.10.3	Sources of Funding: Diversification	Organizational and project budgets; Resource Mobilization Plan
Financial Management	3.11	Financial Reporting	Financial statements, meeting minutes from finance reviews
Financial Management	3.12.1	Audit and Review of Financial Statements: Audit of Financial Statements	External audit report; audit policy
Financial Management	3.12.2	Audit and Review of Financial Statements: Audit Opinion	External audit report; audit policy
Financial Management	3.12.3	Audit and Review of Financial Statements: Findings on Internal Controls	External audit report
Financial Management	3.12.4	Audit and Review of Financial Statements: Resolution of Audits	External audit report
Financial Management	3.13.1	Financial Management Personnel: Professional Training	CVs of finance staff; training or performance reports from finance staff
Financial Management	3.13.2	Financial Management Personnel: Technical Qualifications	CVs of finance staff; training or performance reports from finance staff
Financial Management	3.14.1	Cash Flow Management: Monitoring Cash Flow	Financial reports, budget variance reports; cash forecasts
Financial Management	3.14.2	Cash Flow Management: Management Involvement	Financial reports, budget variance reports; cash forecasts
Financial Management	3.14.3	Cash Flow Management: Payment History	Financial reports, budget variance reports; cash forecasts; accounts payable reports
Financial Management	3.14.4	Cash Flow Management: Liquidation of Advances	Financial reports, budget variance reports; cash forecasts
Financial Management	3.15	Gender Sensitive Budgeting	Specific Needs Assessment report, specific budget allocated to programming men or women according to their needs
Procurement & Agreement Management	4.1.1	Procurement Policies, Procedures and Practices: Availability	Procurement, Grants, and Contracts Management policies and procedures
Procurement & Agreement Management	4.1.2	Procurement Policies, Procedures and Practices: Personnel Capacity	Training materials and reports for staff on procurement, grants, and contracts management policies and procedures; CVs of procurement/grants staff

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Procurement & Agreement Management	4.2.1	Compliance with Policies and Procedures – Reasonableness of Price: Policies & Procedures	Procurement, Grants, and Contracts Management policies and procedures
Procurement & Agreement Management	4.2.2	Compliance with Policies and Procedures – Reasonableness of Price: Supporting Documentation	Procurement, Grants, and Contracts Management policies and procedures; review sample of procurement files
Procurement & Agreement Management	4.3.1	Procurement of Subawards: Policies & Procedures	Procurement, Grants, and Contracts Management policies and procedures
Procurement & Agreement Management	4.3.2	Procurement of Subawards: Conflict of Interest	Procurement, Grants, and Contracts Management policies and procedures
Procurement & Agreement Management	4.3.3	Procurement of Subawards: Personnel Capacity	Training materials and reports for staff on procurement, grants, and contracts management policies and procedures; CVs of procurement/grants staff
Human Resources Management	5.1.1	Overall Human Resources (HR) Policies and Procedures: Adequacy	HR Manual
Human Resources Management	5.1.2	Overall Human Resources (HR) Policies and Procedures: Content	HR Manual
Human Resources Management	5.2.1	Gender and Non-Discrimination: Policy Availability	Availability of Non-Discrimination policy, known to the staff reflected in their files
Human Resources Management	5.2.2	Gender and Non-Discrimination: Policy Application	Training or dissemination report about the policy
Human Resources Management	5.2.3	Gender and Non-Discrimination: Staff Knowledge and Skills	Gender Discrimination Reporting Mechanism in Place, KAP (knowledge, attitude, and practice) Results report
Human Resources Management	5.3.1	Staff Time Management: Labor Activity System	Sample of payroll records and timesheets
Human Resources Management	5.3.2	Staff Time Management: Completion of Timesheets	Sample of timesheets
Human Resources Management	5.3.3	Staff Time Management: Approval of Timesheets	Sample of timesheets
Human Resources Management	5.3.4	Staff Time Management: Labor cost distribution	Sample of payroll records and project financial reports
Human Resources Management	5.3.5	Staff Time Management: Employee Payments	Sample of payroll records
Human Resources Management	5.4.1	Payroll System: System	Sample of payroll records
Human Resources Management	5.4.2	Payroll System: Reconciliation with General Ledger	Sample of payroll records
Human Resources Management	5.4.3	Payroll System: Compensation and Benefits Policy	Compensation and Benefits policy
Human Resources Management	5.5.1	Travel Policies and Procedures: Availability	Travel policies and procedures
Human Resources Management	5.5.2	Travel Policies and Procedures: Application	Travel policies and procedures, sample of travel authorizations
Human Resources Management	5.5.3	Travel Policies and Procedures: Documentation	Travel policies and procedures - sample of travel reports and authorizations

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Strategic Information	6.1.1	Human Capacity for PEPFAR Strategic Information - Staffing	Job description, CV, terms of references, Recruitment Process report
Strategic Information	6.1.2	Human Capacity for PEPFAR Strategic Information - Training	Certificates, Training report
Strategic Information	6.2.1	Organizational Processes for PEPFAR Strategic Information - Independence	Data Management and Reporting policy, approved PEPFAR data and narrative reports
Strategic Information	6.2.2	Organizational Processes for PEPFAR Strategic Information - Alignment with PEPFAR Requirements	Data Management and Reporting policy, MEL plan, tools for data collection
Strategic Information	6.2.3	Organizational Processes for PEPFAR Strategic Information - Reporting Compliance	Approved PEPFAR data and narrative reports
Strategic Information	6.2.4	Organizational Processes for PEPFAR Strategic Information - Planning and Budgeting	Annual work plan and budget
Strategic Information	6.3.1	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Tools and Systems	Data collection tools, systems, software, databases, data quality assessment (DQA) reports
Strategic Information	6.3.2	Technology, Infrastructure & Systems for PEPFAR Strategic Information - IT Systems Management	Inventory of IT infrastructure, job description of IT personnel, training certificates
Strategic Information	6.3.3	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Data Storage and Security	Case management information system
Strategic Information	6.4.1	PEPFAR Data Quality & Use - Data Quality Assurance (DQA)	DQA plan, DQA tools, DQA reports, Data Management and Reporting policy
Strategic Information	6.4.2	PEPFAR Data Quality & Use - Quality Improvement Processes	DQA implementation plan, reports on implementation of DQA findings
Strategic Information	6.4.3	PEPFAR Data Quality & Use - Feedback Cycles	Feedback mechanism, data review and data use plan, evidence-based program adaptation
Strategic Information	6.5	Learning Agenda	Evaluation/ assessments/ research reports, conferences/ workshops reports, dissemination report
Strategic Information	6.6	Ethical use of Data	Data ethics policy (data sharing, confidentiality and privacy, consent, who should have access to data)
Strategic Information	6.7	Gender Sensitive MERL Processes	Indicators that are specific for women or men, boys and girls according to their needs and intervention; are there specific activities for men and women, boys and girls?
Strategic Information	6.8	Target Setting	PEPFAR COP guidance, existing program reports, enrollment guide, external data sources (survey reports) used in targeting
Partnerships & Communications	7.1	Branding	Branding Policy
Partnerships & Communications	7.2	Partnerships, Networking, and Collaboration	Partnerships, networking, and collaboration policy
Partnerships & Communications	7.3	Community Presence and Involvement	Reports from meetings with beneficiaries and community partners
Partnerships & Communications	7.4	External Communication Strategy	Communication strategy



Capacity Area	Indicator Number	Indicator Title	Documents for verification
Partnerships & Communications	7.5	Communication Materials	Examples of communications materials, including brochures, flyers, bulletins, social media accounts
Partnerships & Communications	7.6	Gender Sensitive Communications	Communications strategy; examples of communications materials, including brochures, flyers, bulletins, social media accounts
Sustainability	8.1	Absorptive Capacity	Annual organizational budget and organizational chart
Sustainability	8.2	Program Sustainability	Project/program sustainability plans; examples of project results related to community capacity development
Sustainability	8.3	Resource Mobilization and Sustainability	Resource Mobilization and Sustainability Strategy; financial projections
Management of Community Cadres	9.1	Performance Based Management of Community Cadres (CC)	Performance Based Management of Community Cadres Strategy; workplans for community cadres; reports from meetings to train/orient community cadres on roles and project
Management of Community Cadres	9.2	Volunteer Documentation	Volunteer Management policy; sample of volunteer files and records
Management of Community Cadres	9.3	Community Volunteer Management Guidelines	Community Volunteer Management guidelines
Management of Community Cadres	9.4	Community Volunteer Supportive Supervision	Community Volunteer Supportive Supervision policy, tools, and reports
OVC Comprehensive	10.1.1	OVC Case Management: SOPs	OVC Case Management SOPs
OVC Comprehensive	10.1.2	OVC Case Management: Identification and Enrollment	OVC Case Management SOPs; Sample of HIV risk assessment tools for OVC; OVC eligibility requirements and sample of enrollment forms.
OVC Comprehensive	10.1.3	OVC Case Management: Target Achievement	OVC M&E reports
OVC Comprehensive	10.1.4	OVC Case Management: Care Planning	Sample of Care Plans for OVC
OVC Comprehensive	10.1.5	OVC Case Management: Case Closure	Sample of exit/graduation forms for OVC
OVC Comprehensive	10.1.6	OVC Case Management: Graduation	Sample of graduation forms for OVC
OVC Comprehensive	10.1.7	OVC Case Management: Service Maps	Service maps for referral services
OVC Comprehensive	10.2.1	OVC Health: Known HIV status and case finding	OVC care plan; sample of HIV risk assessments for OVC
OVC Comprehensive	10.2.2	OVC Health: Referral Mechanisms	OVC Referral and Linkages Strategy; sample of referral records for OVC
OVC Comprehensive	10.2.3	OVC Health: Facility MOUs	MoU with Health Facilities
OVC Comprehensive	10.2.4	OVC Health: Training of case managers on Treatment for CLHIV	Training Module of Cytomegalovirus (CMV) on Treatment for CLHIV; training reports
OVC Comprehensive	10.2.5	OVC Health: C/ALHIV Treatment Linkage, Adherence, and Retention	Sample of OVC care plans for C/ALHIV; sample of referral and case management forms for C/ALHIV
OVC Comprehensive	10.2.6	OVC Health: Nutrition and Immunization Monitoring	OVC Health Nutrition Strategy; sample of care plans and case management forms for OVC
OVC Comprehensive	10.2.7	OVC Health: Teen Caregivers	OVC Health Teen Strategy, trainings, and related reports; sample of care plans and case management forms for teen caregivers

Capacity Area	Indicator Number	Indicator Title	Documents for verification
OVC Comprehensive	10.3.1	OVC Safety: Identification of Abuse	Strategy, tools, and training materials and reports for identification and response to violence against children (VAC) for CMV; sample of case management forms for instances of VAC
OVC Comprehensive	10.3.2	OVC Safety: Referrals for Survivors	VAC/GBV response service map; sample of referral and case management forms for survivors of VAC/GBV
OVC Comprehensive	10.4.1	OVC Education: School Enrollment	Sample of care plans for OVC; sample of education referrals and case management forms
OVC Comprehensive	10.4.2	OVC Education: School Attendance Tracking	Sample of case management forms
OVC Comprehensive	10.4.3	OVC Education: Performance	OVC school performance form and sample of case management forms
OVC Comprehensive	10.5.1	OVC Stability: Access to Social Services	Sample of care plans and case management forms
OVC Preventative	11.1	Target Populations	Guidelines for OVC Preventative Program, implementation for relevant curricula (ex. Families Matter Program (FMP), Adolescent Sexual and Reproductive Health Rights (ASRHR)); report for OVC Preventative Beneficiary Enrollment
OVC Preventative	11.2.1	Evidence-Based Curricula for Primary Prevention: Selection	Evidence Based Curriculum
OVC Preventative	11.2.2	Evidence-Based Curricula for Primary Prevention: Training of Facilitators	Training report for Facilitators on Evidence Based Curriculum
OVC Preventative	11.2.3	Evidence-Based Curricula for Primary Prevention: Implementation with Fidelity	Program monitoring reports for Evidence Based Curriculum implementation
OVC Preventative	11.3	Referrals for OVC Comprehensive Support	OVC Referral and Linkages Strategy; training reports for facilitators
OVC Preventative	11.6	Kids Clubs	Kids Club meeting reports; training materials and related reports for Kids Clubs
Systems Strengthening	12.1.1	Advocacy: Strategy	Advocacy strategy and sample of advocacy materials
Systems Strengthening	12.1.2	Advocacy: Staff Roles and Competencies	Training reports, job descriptions, and CVs for staff with advocacy responsibilities
Systems Strengthening	12.2.1	Government Policy and Planning: Understanding of Policy Context	Training reports and CVs of staff with systems strengthening responsibilities
Systems Strengthening	12.2.2	Government Policy and Planning: Analysis	Systems strengthening tools, examples of policy analyses
Systems Strengthening	12.2.3	Government Policy and Planning: Dialogue and Engagement	Examples of participation in technical working groups or other advocacy initiatives
Systems Strengthening	12.3	Health and Social Welfare System Financing	Job descriptions and CVs of staff with related responsibilities; examples of budget expenditure analyses or participation in budgeting and planning processes
Systems Strengthening	12.4	Social Accountability Approaches	Social accountability tools, training materials, and reports
Gender Based Violence	13.1	Capacity to Provide Post-Violence Care Services: Policies & Procedures	Organizational policy on GBV prevention and response; referral system for any services not provided
Gender Based Violence	13.2	Capacity to Provide First-Line Response for Gender-Based Violence	Training module on GBV reporting mechanism; person trained (e.g., counselor) to respond to GBV issues

Capacity Area	Indicator Number	Indicator Title	Documents for verification
Gender Based Violence	13.3	Follow-up and Case Management of GBV Survivors	Is there a referral system for GBV survivors?, Follow-up and case management of GBV response for survivors?
Gender Based Violence	13.4	GBV Training: Prevention and Response	GBV focal person or Master Trainer on GBV (with GBV training in their job description); Existing module on GBV prevention and response that caters for specific needs of both men and women (e.g., breast feeding mothers, pregnant women, single mothers etc.)
Gender Based Violence	13.5	GBV Training: Policy and Counterpart Relationships	Is GBV mainstreamed in policies (show such policies)?
Gender Based Violence	13.6	Tools for GBV Education and Response	Mentorship guide, education materials on GBV
Gender Based Violence	13.7	Self-Care for GBV Case Workers	Is there a mental health or psychosocial support system? Are there policies in place to support self-care (e.g., time off, time for mentorship)?
DREAMS	14.1	Youth Engagement Strategy	Youth Engagement Strategy
DREAMS	14.2	Targeted Behavior Change Communications	Training Module on Life Skills and SRHR
DREAMS	14.3	AGYW Vulnerability Risk Assessment, Enrollment, and Saturation Monitoring	Guidelines for Enrollment OVC / DREAMS
DREAMS	14.4	Promotion of SRH Services	Training module on SRHR
DREAMS	14.5	Support for AGYW Mothers	Training module of FMP
DREAMS	14.6	Parent and Caretaker Engagement	Training module of FMP
Economic Strengthening	15.1	Gender Specific Entrepreneurship and Income Generation Skills Development	Review attendance registers, ratio of participants (men to women), training agenda reflects gendered needs, mentorship plan, linkages plan, documented directory of service providers, linkage with financial institutions
Economic Strengthening	15.2	Market Informed Economic Strengthening (ES)	Market assessment guide, entrepreneurship training modules and collaborative framework (MoUs) with industry stakeholders
Economic Strengthening	15.3	Savings Groups	Savings Groups training manual, business development and collaborative framework with Formal Financial Institutions
Economic Strengthening	15.4	Vocational Training Programs	Technical Vocational Educational Training (TVET) guide, entrepreneurship training modules, collaborative framework with trades industry, job opportunity map
Economic Strengthening	15.5	Business Start-up Support	Business Development Curriculum
Economic Strengthening	15.6	Linkages for Wage Employment	Labor Market Assessment report, Job Opportunity Map and MoU with private sector
Economic Strengthening	15.7	Access to Social and Business Networks	Agreement with Social and Business Network
Economic Strengthening	15.8.1	Evidence-Based Approach for DREAMS ES: Selection	Economic Strengthening model
Economic Strengthening	15.8.2	Evidence-Based Approach for DREAMS ES: Training of Facilitators	Trainer certification process
Economic Strengthening	15.8.3	Evidence-Based Approach for DREAMS ES: Implementation with Fidelity	Curriculum and Certification Process guide

## Annex D: ITOCA Agenda Template – Participant Version (In-Person Workshop)

[This template can be adapted for other ITOCA workshop formats.]

**Venue**

**Date**

### Workshop Objectives

The objectives of the ITOCA workshop are as follows:

- Systematically assess organizational capacity assets and needs across technical and operational areas related to PEPFAR program implementation;
- Assess organizational performance across 10 domains using the OPI to establish a baseline;
- Develop a capacity action plan that addresses capacity needs and organizational priorities; and
- Create a common vision and understanding among organizational staff of the current capacity of the organization and priority areas for capacity building.

### Detailed Agenda

Time	Activity	Facilitator/ Participants
<b>Day 1: Introduction and Scoring of Organizational Capacity Components</b>		
8:00am-8:30am	<b>REGISTRATION</b>	
8:30am-8:45am	<b>Welcome and Opening, and Introductions</b>	<b>Facilitator:</b> ACHIEVE, Local Partner Project Director or CEO <b>Participants:</b> All
8:45am-9:00am	<b>Agenda Review and Ground Rules</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
9:00am-9:30am	<b>Overview of ITOCA Tool and Process</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
9:30am-10:30am	<b>Scoring Session 1: Governance &amp; Legal Structure</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
10:30am-10:45am	<b>TEA BREAK</b>	
10:45am-12:00pm	<b>Scoring Session 2: Financial Management</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
12:00pm-1:00pm	<b>LUNCH</b>	
1:00pm-2:00pm	<b>Scoring Session 3: Program Planning &amp; Management</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
2:00pm-3:00pm	<b>Scoring Session 4: Sustainability, Partnerships and Communications</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
3:00pm-3:15pm	<b>TEA BREAK</b>	

<b>Time</b>	<b>Activity</b>	<b>Facilitator/ Participants</b>
3:15pm-4:45pm	<b>Scoring Session 5: Procurement and Agreement Management, Human Resources Management</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
4:45pm-5:00pm	<b>Wrap Up and Closing</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
<b>Day 2: Scoring of Technical Capacity Components</b>		
8:30am-9:00am	<b>Review of Day 1 Outcomes; Day 2 Agenda Review</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
9:00am-9:30am	<b>Scoring Session 5: Management of Community Cadres</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
9:30am-10:15am	<b>Scoring Session 6: OVC Preventative</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
10:15am-10:30am	<b>TEA BREAK</b>	
10:30am-12:00pm	<b>Scoring Session 7: OVC Comprehensive</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
12:00pm-1:00pm	<b>LUNCH</b>	
1:00pm-2:00pm	<b>Scoring Session 8: DREAMS</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
2:00pm-3:00pm	<b>Scoring Session 9: Systems Strengthening, Other</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
3:00pm-3:30pm	<b>Wrap Up and Closing</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
<b>Day 3: Review of Results and Capacity Action Planning</b>		
8:30am-8:45am	<b>Review of Agenda</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
8:45am-10:00am	<b>ITOCA Results Presentation</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
10:00am-10:15am	<b>TEA BREAK</b>	
10:15am-12:00am	<b>Detailed Review of Priority Organizational Capacity Areas and Capacity Action Planning</b> <ul style="list-style-type: none"> <li>• Review of individual indicator scores,</li> <li>• Consensus on results</li> <li>• Identify Key Capacity Development Needs and Develop Plans</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
12:00pm-1:00pm	<b>LUNCH and Voting</b>	
1:00pm-2:00pm	<b>Detailed Review of Priority Technical Capacity Areas and Capacity Action Planning</b>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
2:00pm-2:45pm	<b>Presentation of Capacity Action Plans</b>	<b>Facilitator:</b> ACHIEVE, Small Group Spokespersons <b>Participants:</b> All
2:45pm-3:00pm	<b>TEA BREAK</b>	

Time	Activity	Facilitator/ Participants
3:00pm-4:00pm	<b>Prioritizing Activities and CAP Development</b>	<b>Facilitator:</b> ACHIEVE, Small Group Spokespersons <b>Participants:</b> All
4:00pm-4:30pm	<b>Review of Next Steps for Capacity Action Plans</b>	<b>Facilitator:</b> Organization's senior leader/Project Director; ACHIEVE <b>Participants:</b> All
4:30pm-5:00pm	<b>Wrap Up and Closing</b> <ul style="list-style-type: none"> <li>• Evaluation of ITOCA Process</li> <li>• Closing and Thanks</li> </ul>	<b>Facilitator:</b> ACHIEVE, Organization's senior leader/Project Director <b>Participants:</b> All

## Annex E: ITOCA Agenda Template – Facilitator Version (In-Person Workshop)

### Venue

### Date

### Workshop Objectives

The objectives of the ITOCA workshop are as follows:

- Systematically assess organizational capacity assets and needs across technical and operational areas related to PEPFAR program implementation;
- Assess organizational performance across 10 domains using the OPI to establish a baseline;
- Develop a capacity action plan that addresses capacity needs and organizational priorities; and
- Create a common vision and understanding among organizational staff of the current capacity of the organization and priority areas for capacity building.

### Materials

In advance of the workshop, the facilitators should print or procure the following:

- Handouts for Participants (one per person) – in local language
  - ITOCA Scoring Sheet
  - ITOCA Tool (print all relevant capacity areas)
  - ITOCA Overview Presentation
- Printed Facilitator Materials (one per facilitator)
  - ITOCA Tool
  - ITOCA Scoring Sheet
  - ITOCA Overview Presentation
  - Detailed Facilitator Agenda and ITOCA Guidance Manual
- Facilitation Supplies
  - Computer and LCD Projector
  - Flip Charts
  - Stationery and pens for participants
  - Tape

- Extra-large colored notecards or Sticky Notes
  - Markers
  - Colored small circle shaped stickers or sticky dots in at least 3 colors (red, yellow, green)
  - Individually wrapped candies or dried beans
- Participant registration form

## Detailed Agenda

The agenda below provides guidance on how each agenda item should be led. Facilitators should adapt activities and timeframes based on the group that is being assessed. The agenda provides different examples of discussion activities that can be used during scoring sessions. Facilitators are encouraged to be creative with these sessions and more guidance on other types of discussion activities is available in the Pact OCA Facilitator's Guide.

Time	Activity	Facilitator/ Participants
<b>Day 1: Introduction and Scoring of Organizational Capacity Components</b>		
8:00am-8:30am	<b>REGISTRATION</b>  <b>Method:</b> All participants should be asked to sign the participant form, provided with name tags/tents, and given copies of meeting materials.  <b>Materials:</b> Participant registration form, name tags/tents, participant handouts, pens	
8:30am-8:45am	<b>Welcome and Opening, and Introductions</b> <b>Method:</b> Facilitated discussion <ul style="list-style-type: none"> <li>• <i>Welcome from ACHIEVE (5 minutes):</i> The facilitator should welcome all participants to the meeting and provide a short statement about the purpose of the workshop.</li> <li>• <i>Opening from Local Partner (5 minutes):</i> The Local Partner's Project Director or CEO/President should also welcome all participants and provide a short overview of their expectations of the ITOCA from ACHIEVE.</li> <li>• <i>Introductions (5 minutes or more, depending on number of participants):</i> Ask each individual in the room to introduce themselves, with the following information:               <ul style="list-style-type: none"> <li>○ Name</li> <li>○ Position within the Organization</li> <li>○ Expectations from the ITOCA Process.</li> </ul> </li> </ul> <p>As the participants present their expectations, a facilitator should record the expectations on a flip chart. Only record new ideas, not duplicates.</p> <p>Instruct the participants that on Day 3, these expectations will be reviewed to see if they were met. Leave the flip chart on the wall for reference throughout the workshop.</p> <b>Materials:</b> Flip chart, markers	<b>Facilitator:</b> ACHIEVE, Local Partner Project Director or CEO <b>Participants:</b> All
8:45am-9:00am	<b>Agenda Review and Ground Rules</b> <b>Method:</b> Facilitated Discussion	<b>Facilitator:</b> ACHIEVE



Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>• <i>Agenda Review (5 minutes):</i> The facilitator will review the objectives and agenda for the workshop, covering all three days.</li> <li>• <i>Ground Rules (10 minutes):</i> The facilitator will ask participants to brainstorm and share ideas for ground rules for the workshop. As ideas are shared, the facilitator should write them on a flip chart. Some examples of ground rules to propose, if they are not readily generated by participants, include: <ul style="list-style-type: none"> <li>○ All opinions are valid and all participants should contribute;</li> <li>○ Participants should not “debate” points;</li> <li>○ The process is about sharing experiences and examples, not about convincing others or resolving problems;</li> <li>○ Honest and candid viewpoints are encouraged;</li> <li>○ Confidentiality of group discussions--what is discussed in this meeting is confidential and information from this meeting should stay within the participant group;</li> <li>○ Use critical judgment, common sense, and respect; and</li> <li>○ Individuals should be present and active participants (ex. no cell phones or email).</li> </ul> <p>The flip chart should be posted on the wall and will remain there throughout the workshop. The facilitator should tell participants that he/she will remind them of the ground rules throughout the workshop if participants do not follow them.</p> <li>• <i>Housekeeping (5 mins):</i> The facilitator should review any relevant housekeeping issues. For example, the location of bathrooms and location of tea breaks and lunch.</li> </li></ul> <p><b>Materials:</b> agenda, markers, flip chart</p>	<b>Participants:</b> All
9:00am-9:30am	<p><b>Overview of ITOCA Tool and Process</b></p> <p><b>Method:</b> Presentation</p> <ul style="list-style-type: none"> <li>• The facilitator will present a slide deck with an overview of the ITOCA tool and scoring process. During the presentation, participants should be encouraged to ask questions and for clarifications.</li> <li>• The presentation should include a review of the ITOCA scoring methodology.</li> </ul> <p><b>Materials:</b> ppt presentation, computer, projector</p>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
9:30am-10:30am	<p><b>Scoring Session I: Governance &amp; Legal Structure</b></p> <p><b>Method:</b> Group Discussion</p> <ul style="list-style-type: none"> <li>• <i>Review of Indicators (10 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li>• <i>Discussion (40 minutes):</i> The participants should be instructed to ask questions of other participants if they feel like they need more information</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD

Time	Activity	Facilitator/ Participants
	<p>about any particular indicator. The facilitator can lead this process by asking a participant to read out each indicator or a group of indicators in a capacity area and enabling discussion for each, if required. The facilitator should use the ORID methodology to ask questions and lead the discussion.</p> <ul style="list-style-type: none"> <li>○ In the discussion, the facilitator should ask participants to provide examples of documentation that underlies scoring for relevant indicators.</li> <li>○ Participants should be encouraged to share information about their own observations of capacity in the relevant area, including the performance and quality of systems. Discussions should focus on objective observations and fact, rather than opinion.</li> <li>○ If there is a particularly contentious area of capacity, the facilitator should either intervene to mediate the discussion to resolution or discontinue it, based on the team dynamics.</li> </ul> <ul style="list-style-type: none"> <li>● <i>Scoring (10 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores. <ul style="list-style-type: none"> <li>○ Reassure participants that scores are anonymous and their names will not be associated with the scoring sheets. Remind them to NOT write their names on the scoring sheets.</li> </ul> </li> </ul> <p><i>*Facilitator Note:</i> Depending on the indicators selected for the ITOCA and local partner priorities, the distribution of capacity areas to be covered in each scoring session can be shifted. When making shifts, it will be important to make sure that you have them structured based on the expertise required from participants for the discussion and the time available.</p> <p><b>Materials:</b> ITOCA tool, scoring sheets</p>	
10:30am-10:45am	<b>TEA BREAK</b>	
10:45am-12:00pm	<p><b>Scoring Session 2: Financial Management</b></p> <p><b>Method:</b> Traffic Light Activity</p> <ul style="list-style-type: none"> <li>● <i>Review of Indicators (10 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li>● <i>Traffic Light Activity (1 hour):</i> <ul style="list-style-type: none"> <li>○ Advanced preparation: On a sheet of flip chart paper, write the indicator titles, one per row. Draw an empty column to the right, resulting in two columns.</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>○ Ask participants some objective-level questions: What are some examples of each of the items listed on the flip chart paper? Are there any core sub-components missing?</li> <li>○ Distribute red, yellow, and green markers or sticky dots to each participant. Explain that red = needs improvement, yellow = satisfactory, and green = excellent.</li> <li>○ Ask participants to “vote” on performance for each of the indicators by placing a dot in the empty column to the right of the indicator and then return to their seats.</li> <li>○ Ask participants some reflective-level questions: Where do you observe favorable or unfavorable votes? Are there similarities in scores across indicators? Which? Any differences? Which? How do these scores surprise you or reflect what you felt? Is there a lot of consensus or disagreement?</li> <li>○ Ask participants some interpretative level questions: Why do you think someone may have provided a red dot on a particular indicator? Are policies and procedures/roles and responsibilities clear? Do people follow them? Why?</li> </ul> <ul style="list-style-type: none"> <li>• <i>Scoring (10 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> scoring sheets, ITOCA tool, Flip chart paper; colored markers or sticky dots in red, yellow, and green</p>	
12:00pm-1:00pm	<b>LUNCH</b>	
1:00pm-2:00pm	<p><b>Scoring Session 3: Program Planning &amp; Management</b></p> <p><b>Method:</b> Success and Fail Fest</p> <ul style="list-style-type: none"> <li>• <i>Review of Indicators (10 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li>• <i>Group Brainstorm (40 minutes):</i> Break participants into two groups – one to focus on successes and the other to focus on failures. <ul style="list-style-type: none"> <li>○ <i>Individual Reflection:</i> Ask each participant to reflect individually and write down on a piece of paper 3 examples of successes or failures in the area of program planning and management, based on their group’s selected topic.</li> <li>○ <i>Small Group Discussion:</i> In the small groups, each participant should share their example of a success or failure with the other group members, in round robin fashion. Repeat ideas should be skipped. A notetaker should document the examples from the group. Each group should select 5 of the most spectacular</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>examples of successes or most challenging failures from members to present back in the plenary session. The group should select a spokesperson for the presentation. Each idea should be written on an individual large sticky note or notecard.</p> <ul style="list-style-type: none"> <li>○ Small Group Report Back: The spokesperson for each group should provide their examples in plenary session. As each idea is discussed, it should be posted on the wall.</li> <li>○ Plenary Discussion: The presenter should ask participants to identify any themes across the successes and failures. Group the notecards into these themes on the wall. Some examples of questions are: <ul style="list-style-type: none"> <li>▪ Are there similarities in terms of why these things happened?</li> <li>▪ Were any of the successes and failures linked?</li> <li>▪ What has the organization learned from the successes/failures?</li> <li>▪ Does the organization do anything the same or differently as a result of the successes or failures?</li> </ul> </li> <li>• <i>Scoring (10 minutes)</i>: The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> markers, large sticky notes.</p>	
2:00pm-3:00pm	<p><b>Scoring Session 4: Sustainability, Partnerships and Communications</b></p> <p><b>Method:</b> Candy Mapping</p> <ul style="list-style-type: none"> <li>• <i>Review of Indicators (10 minutes)</i>: The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li>• <i>Candy Mapping (30 minutes)</i>: This activity is used to assess capacity in an area with multiple indicators or across multiple capacity areas. Use this activity near the end of the day because participants can get an energy boost by eating the sweets. <ul style="list-style-type: none"> <li>○ Advance Preparation: Write one indicator each on different pieces of colored paper. If assessing more than one capacity area, use a different color for the indicators under each of the capacity areas. For example, if assessing Sustainability and Partnerships and Communications capacity areas, use blue paper for Sustainability indicators and pink paper for Partnerships and Communications indicators.</li> <li>○ Take the colored paper with sub-components and lay them in a circle formation on a large table or the floor. Place a single large pile of candies in the center of the circle. Ask the group if the</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>colored paper accurately reflects the sub-components of the primary component being discussed. Specifically, are any elements missing? If so, add additional sub-component on new sheets of paper.</p> <ul style="list-style-type: none"> <li>○ Ask participants to briefly explain the meaning of each sub-component. Then, begin discussions by asking Objective-level questions.</li> <li>○ Tell participants that they will be working together at the same time, but without speaking. Ask them to redistribute the candies in piles on the sub-components according to where they feel their organizational strengths lie. Clarify that this is not a vote, but a silent conversation, and that it is OK for participants to move all candies, even after another participant moves them.</li> <li>○ Watch the group closely as they work. Notice any debates or patterns in terms of how and where the candies are moved. As soon as you notice that the “conversation” is either winding down or reached a deadlock, stop the movement of candies.</li> <li>○ Follow up with O-, R-, and I-level questions about the debates or patterns you noticed.</li> </ul> <ul style="list-style-type: none"> <li>• <i>Scoring (5 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> Colored paper, markers, individually wrapped candies (in absence of candy, dried beans or pebbles can be used)</p>	
3:00pm-3:15pm	<b>TEA BREAK</b>	
3:15pm-4:45pm	<p><b>Scoring Session 5: Procurement and Agreement Management, Human Resources Management</b></p> <p><b>Method:</b> Card ranking</p> <ul style="list-style-type: none"> <li>• <i>Card Ranking Activity (75 minutes):</i> This exercise helps groups identify and discuss relative capacity strengths and weaknesses. <ul style="list-style-type: none"> <li>○ Advanced preparation: Prepare two identical sets of cards, with one set in one color and the second in a different color. Cards should have short phrases representing different indicators of the Capacity Area in question.</li> <li>○ Divide the participants into two groups – one group for each capacity area. If one capacity area has significantly more indicators, more than one group can be assigned across indicators so that each group has a similar set of indicators to review. Distribute one set of cards to each group.</li> <li>○ Before initiating discussion, ask for one volunteer to read each card aloud. Ask if there are any questions about the general</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>meaning of the terms on the indicators. If there are, answer them. If not, proceed with the instructions.</p> <ul style="list-style-type: none"> <li>○ Instruct the groups to work together to rank the cards in order of their organization's strengths. This activity requires the group to discuss the meaning of each card, its relation to their organization, and how strong the organization is in this aspect. The ranking can be done vertically or horizontally. Cards can be on the same level if they have similar ranking. The ranking can be done by placing the cards on the wall using tape or large sticky notes.</li> <li>○ Bring the groups into a plenary once both have completed ranking. Display the cards on the wall side by side.</li> <li>○ Proceed with ORID questions. Examples include: <ul style="list-style-type: none"> <li>▪ Objective: What differences/similarities do you observe in the ranking across both groups?</li> <li>▪ Reflective: How did this process go in your group? How did you feel about having to rank some areas ahead of others? Was your group able to easily come to consensus on ranking? Why or why not?</li> <li>▪ Interpretative: How do its strengths and weaknesses identified here impact your work? What do these differences in ranking mean for how your organization approaches this work?</li> </ul> </li> <li>• <i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some "quiet time" to record their scores.</li> </ul> <p><b>Materials:</b> Two colors of large note cards or paper, tape</p>	
4:45pm-5:00pm	<p><b>Wrap Up and Closing</b></p> <p><b>Method:</b> <i>Reflections on the Day</i></p> <ul style="list-style-type: none"> <li>• <i>Individual Reflections (10 minutes):</i> Ask participants to think of one thing that went well during the day/workshop and one that the facilitator should improve upon for the future. Participants should write their answers on the corresponding index cards: things that went well on green index cards and things to improve on red index cards. When they are done, have them leave their cards in two stacks (color coded) on a designated table before departing. Inform participants that the reflections will be revisited in the morning on Day 2.</li> <li>• <i>Group Discussion (5 minutes):</i> The facilitator should review the expectations identified in the morning session and ask for comments from participants on whether they had been addressed. If not, the expectation should be highlighted for follow-up on Days 2 and 3.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>○ The facilitator should also provide some high level observations on the day.</li> <li>○ Instruct participants on any “homework” that is required before day 2, including a review of the indicators for the capacity areas in the agenda for Day 2.</li> </ul> <p><b>Materials:</b> Index cards, one red and one green per participant, and pens</p>	
<b>Day 2: Scoring of Technical Capacity Components</b>		
8:30am-9:00am	<p><b>Review of Day 1 Outcomes; Day 2 Agenda Review</b></p> <p><b>Method:</b> Discussion</p> <ul style="list-style-type: none"> <li>• <i>Reflections on Day 1 (20 minutes):</i> Before Day 2, the facilitator should review the reflections from Day 1 and post the cards on a flip chart or the wall with tape in themed areas. <ul style="list-style-type: none"> <li>○ As participants are ready, the facilitator should provide observations from the review of the reflections. The facilitator can also use ORID questions to lead a discussion among the participants about reflections from Day 1, with a focus on setting priorities for the discussions on Day 2.</li> <li>○ Write any priority expectations or issues to address on Day 2 on a flip chart.</li> </ul> </li> <li>• <i>Agenda Review (10 minutes):</i> Present the agenda for Day 2.</li> </ul> <p><b>Materials:</b> Reflections note cards from Day 1, tape, markers, flip chart.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>
9:00am-9:30am	<p><b>Scoring Session 5: Management of Community Cadres</b></p> <p><b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>
9:30am-10:15am	<p><b>Scoring Session 6: OVC Preventative</b></p> <p><b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>
10:15am-10:30am	<b>TEA BREAK</b>	
10:30am-12:00pm	<p><b>Scoring Session 7: OVC Comprehensive and Economic Strengthening</b></p> <p><b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>
12:00pm-1:00pm	<b>LUNCH</b>	
1:00pm-2:00pm	<p><b>Scoring Session 8: DREAMS</b></p> <p><b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>



Time	Activity	Facilitator/ Participants
2:00pm- 3:00pm	<b>Scoring Session 9: Systems Strengthening, Other</b> <i>Method:</i> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator's Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
3:00pm- 3:30pm	<b>Wrap Up and Closing</b> <i>Method:</i> Group Activity – Passing the Ball <ul style="list-style-type: none"> <li><i>Ball Activity<sup>5</sup> (20 minutes):</i> Ask all participants to stand up and gather around the room in a circle. The facilitator should have a ball available. <ul style="list-style-type: none"> <li>Instruct the participants that when they receive the ball, they should mention at least one thing that they learned during the workshop. The individual should then throw the ball to another person of their choosing. Each person should receive the ball at least one time. The facilitator may start by providing an example of something that he/she learned, before throwing it to another person.</li> </ul> </li> <li><i>Closing and Thanks (10 minutes):</i> The facilitator should close the day and thank the participants for their participation in the scoring sessions. Provide an overview of the agenda for Day 3.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
3:30pm- 5:00pm	<b>ITOCA Data Analysis</b> During this time, the facilitators should enter participant ITOCA scores into the ITOCA database or CSP. Tables and charts with ITOCA results should be produced and discussed to develop the Feedback Presentation for Day 3.	<b>FACILITATORS ONLY</b>
<b>Day 3: Review of Results and Capacity Action Planning</b>		
8:30am- 8:45am	<b>Review of Agenda</b> <i>Method:</i> Group discussion <ul style="list-style-type: none"> <li><i>Review of Agenda (10 minutes):</i> Welcome the participants to the meeting. Provide a short review of the agenda for the meeting. Review the ground rules established on Day 1, noting that sometimes the presentation of data can elicit responses and issues that require discussion.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
8:45am- 10:00am	<b>ITOCA Results Presentation</b> <ul style="list-style-type: none"> <li>Summary of scores</li> <li>Key strengths and weaknesses</li> </ul> <p><b>Method:</b> Presentation and discussion</p> <ul style="list-style-type: none"> <li>Deliver presentation with ITOCA scoring results. During the presentation, allow for discussion on each slide to enable participants to ask questions and provide comments on the data.</li> <li>Use ORID questions during the presentation, especially on areas where the data shows lower levels of capacity or disagreement between external validator and participants scores.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All

<sup>5</sup> Use this activity if all participants are similarly able bodied and will be able to get up and move around the room to pass the ball.

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>During the discussion, if ideas around CD priorities come out of the discussion, record them on a flip chart to be considered in the CAP development process.</li> </ul> <p><b>Materials:</b> computer, ppt presentation, projector, flip chart, markers</p>	
10:00am-10:15am	<b>TEA BREAK</b>	
10:15am-12:00am	<p><b>Detailed Review of Priority Organizational Capacity Areas and Capacity Action Planning</b></p> <ul style="list-style-type: none"> <li>Review of individual indicator scores,</li> <li>Consensus on results</li> <li>Identify Key Capacity Development Needs and Develop Plans</li> </ul> <p><b>Method:</b> Identifying Organizational Strengths and Challenges</p> <ul style="list-style-type: none"> <li><i>Instructions (5 minutes):</i> On a flipchart, write the name of the first Capacity Area at the top. Create a T-chart with two columns, and label one “Strengths” and the other “Challenges”. Instruct participants that they should think of strengths and challenges for the relevant capacity area. <ul style="list-style-type: none"> <li>Rules for the statements include: one idea per statement, stay focused on the Capacity Area, be as specific and clear as possible.</li> <li>Instruct participants that strengths can still have challenges associated with them, especially if they are activities or systems that need to be sustained.</li> </ul> </li> <li><i>Plenary Activity (20 minutes):</i> With all participants, brainstorm the individual strengths and challenges of the first Capacity Area. Instead of participants simply re-stating the indicators, make sure they name more specific strengths and challenges that underly the scores for the indicator. Record the responses on the flip chart in the relevant column.</li> <li><i>Small Group Activity (50 minutes)</i> <ul style="list-style-type: none"> <li>Divide participants into small groups, focusing each on a select group of Capacity areas. The groups can self select based on interest and expertise into the small groups. Determine the number of groups based on the number of participants in the room. No group should have more than 5 people.</li> <li>Ask them to brainstorm the strengths and challenges for each remaining Capacity Areas on their own on pieces of flip chart paper, like the larger group did for the first Capacity Area. As groups are working, rotate between them to ensure they are being specific and clear in their strengths and challenges.</li> </ul> </li> <li><i>Gallery Walk (30 minutes):</i> After all Capacity Areas have been analyzed and strengths and challenges drafted, hang up the flip charts for a gallery walk. Ensure flip charts are properly labeled with the Capacity Area name and strengths and challenges are divided on the paper.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>○ Ask participants to walk around the room, review the flip charts, and raise questions with their colleagues. Encourage questions, discussion, and thoughts from all participants, keeping time in mind. They may also want to write down questions and ideas for actions to address challenges on a note pad.</li> </ul> <p><b>Materials:</b> Printed copies of results for participants, flip chart paper, markers</p>	
12:00pm-1:00pm	<p><b>LUNCH and Voting</b></p> <p><b>Method:</b> Voting on Challenges</p> <ul style="list-style-type: none"> <li>• This activity is something that can be done during the lunch period as participants start to think about the challenges and their priorities.</li> <li>• Make sure all the lists of strengths and challenges for each Capacity Area are posted on the wall and accessible to everyone. Give each participant sticker dots of the same color. Each participant should be given 8-10 dots/votes.</li> <li>• Explain to participants that they will vote on the challenges that they most want to and think they can most feasibly address in the coming year. Encourage participants to vote for challenges that will have the greatest impact on their organization and work, as well as those that are possible within a year. Explain that they will develop activities to address these challenges after lunch. Re-emphasize that the challenges will be addressed by them and their organization and that there is no guarantee that partners will support any of these activities.</li> <li>• Participants can distribute their stickers across challenges or place all or several stickers on one that they feel should be prioritized. The point of this exercise is to develop a more-narrowed list of high priorities that will be developed into actions for their organization's CAP.</li> <li>• Have participants take a few minutes to reread all the Capacity Areas and their challenges. Then, have them vote.</li> <li>• At this point in the exercise, take note of the challenges with no stickers and ensure these are documented for possible consideration in future rounds of CAP development. For those with stickers, you must now make a judgment about how many should be included in the next activity. For larger organizations or those that you feel are mature and capable enough to address a greater list, consider up to 35. For organizations that are smaller or less developed, consider limiting the priorities to the top 10–15.</li> <li>• Write the top-voted challenges on a separate piece of flip chart paper. These will be used for planning after lunch.</li> </ul> <p><b>Materials:</b> sticky dots</p>	

Time	Activity	Facilitator/ Participants
	<p><i>*Facilitator Note:</i> Depending on the timing of activities, the voting process can be incorporated into the morning session, enabling participants to have a fully open lunch without any additional activities.</p>	
1:00pm-2:00pm	<p><b>Detailed Review of Priority Technical Capacity Areas and Capacity Action Planning</b></p> <ul style="list-style-type: none"> <li>Identify Key Capacity Development Needs and Develop Plans</li> </ul> <p><b>Method:</b> Brainstorming CAP Activities</p> <ul style="list-style-type: none"> <li><i>Advance Preparation:</i> Prepare a list of verbs that participants can use to start their action planning statements. Write the list of action words on a flip chart. The words should fit the types of challenges participants have come up with. For example: write, change, review, practice, learn, visit, share, teach, talk, request, listen, clarify.</li> <li><i>Actions versus problems (5 minutes):</i> Warm up participants by asking them about the differences between an “action” and a “problem.” Clarify or correct if there is a need. <ul style="list-style-type: none"> <li>“Now I want to give you an example of an action and a problem. ‘I am hungry’ is a problem, and my action to solve this problem may be ‘shop for food,’ ‘cook dinner,’ or ‘eat something.’ Does this make sense?”</li> <li>Post a list of “action words” on the wall on a flip chart.</li> </ul> </li> <li><i>Brainstorming (55 minutes):</i> Break participants into small groups, based on the same groups as the morning session. Distribute stacks of note cards to each participant, and tell them they will start by working on their own. If the group has lower literacy levels, pair or group them so there is at least one strong writer in each group. <ul style="list-style-type: none"> <li>Review the list of challenges developed in the morning session. Read a challenge and ask participants to come up with a specific action to address that challenge. Point to a list of action words and explain that participants can use some of these to help draft their actions. <ul style="list-style-type: none"> <li>As a volunteer offers a suggestion, ask clarifying questions to make the suggested action as specific as possible. Then write the action on a note card and tape it next to the challenge. Repeat with another challenge.</li> </ul> </li> <li>Now that they understand the process, have participants work in their small groups. Instruct participants to think about the organization’s prioritized challenges on the flip chart. <ul style="list-style-type: none"> <li>Instruct participants to write only one action per card to strengthen the priority challenges identified. Actions should be brief, not long sentences, and easily understood by all.</li> <li>Within each group, participants can divide up challenges among pairs or individuals. The group should manage their time and come back together to share ideas and come to</li> </ul> </li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>consensus on which actions they believe are realistic and feasible to implement. The group should also discuss whether there are any gaps that have not been addressed and come up with new actions to address those gaps.</p> <ul style="list-style-type: none"> <li>The group should select a spokesperson to report back on the task in the next session.</li> </ul> <p><b>Materials:</b> Flip chart with Action Words, note cards, pens, masking tape, list of prioritized challenges from morning session.</p>	
2:00pm-2:45pm	<p><b>Presentation of Capacity Action Plans</b></p> <p><b>Method:</b> Small Group Spokespersons Make Presentations</p> <ul style="list-style-type: none"> <li>Ask spokespersons to present their CAPs. Divide the time and give each group an equal amount of time for presentation and at least 5 minutes for discussion and questions.</li> <li>After each presentation invite discussion, questions, and comments from other participants. The facilitator can also provide relevant comments.</li> <li>Use markers and note cards to record any relevant notes or updates to small group CAPs.</li> </ul> <p><b>Materials:</b> Note cards, pens, masking tape, list of prioritized challenges from morning session.</p>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>
2:45pm-3:00pm	<b>TEA BREAK</b>	
3:00pm-4:00pm	<p><b>Prioritizing Activities and CAP Development</b></p> <p><b>Method:</b> Planning Pyramid</p> <ul style="list-style-type: none"> <li><i>Advance Preparation:</i> Create the planning pyramid on the floor, per the example on the next page, using tape and note cards with the categories below. If on an outside floor, consider using chalk to draw and label the pyramid. <ul style="list-style-type: none"> <li>Short Term (90 days or less)</li> <li>Long Term (more than 90 days)</li> <li>Things we can do ourselves</li> <li>Things we can do with help from the community</li> <li>Things we need external assistance to achieve</li> </ul> </li> <li><i>Introduce the Planning Pyramid (5 minutes):</i> Ask participants to move close to the pyramid, and explain that this activity is to help prioritize actions that the organization can implement both in the short term and long term.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>



Time	Activity	Facilitator/ Participants
	<p>Prioritizing helps organizations understand things that they can do and things that require community and external support for them to achieve.</p> <ul style="list-style-type: none"> <li>○ Point to or stand in different areas of the pyramid to make sure participants understand what each of the areas mean. Make the difference between community support and external assistance clear. Note that external assistance can include assistance from ACHIEVE. Ask participants why they think each area of the pyramid is the size it is.</li> <li>● <i>Plotting the Pyramid (35 minutes)</i>: Read aloud the action cards from the previous activity, and ask participants to suggest where on the pyramid the note cards should be placed. Use tape to stick the cards where the participants decide that the cards should be placed. <ul style="list-style-type: none"> <li>○ If there are more than 40 cards total, place all of the cards around the pyramid for everyone to read and understand. Ask participants to each pick up and place 5–8 cards on the pyramid.</li> <li>○ After placement, read each card out loud and make sure that the group agrees it is in the right place. Now is also the time to identify cards that are multiples of the same action. If you find repeats, agree on the clearest card of the bunch, place it back onto the pyramid, and discard the remaining cards.</li> </ul> </li> <li>● <i>Voting on top actions to prioritize (10 minutes)</i>: Now participants will prioritize three actions for the short term and five actions for the long term. <ul style="list-style-type: none"> <li>○ Give each participant three stickers of one color for short-term actions and five stickers of another color for long-term actions, and ask them to vote by placing a sticker on the note card of the action(s) they choose. Take a photo of the completed planning pyramid. Ask participants what they observe.</li> </ul> </li> <li>● <i>Selecting Actions for CAP (10 minutes)</i>: The top actions, calculated by the number of votes received, will be used by the organization to develop the CAP. Larger, more established organizations should prioritize a greater proportion of actions for the long term, ideally 20–30 actions to complete. Those organizations with fewer staff or more restricted funding should have 10–20 actions.</li> </ul> <p><i>* Facilitator’s Note:</i> Some organizations may choose a greater or smaller number of actions. The ultimate number of actions should take into consideration the allocation of resources, the length of partnership with ACHIEVE or other partners, and the time available to implement the plan.</p> <p><b>Materials:</b> Note cards with actions from the previous activity, masking tape, 8 sticky dots per participant (3 of one color and 5 of another color)</p>	
4:00pm- 4:30pm	<p><b>Review of Next Steps for Capacity Action Plans</b></p> <p><b>Method:</b> Discussion</p>	<p><b>Facilitator:</b> Organization’s</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>The Organization's senior leader/Project Director should provide guidance to participants on how the CAP implementation process will be coordinated. This should include the following:               <ul style="list-style-type: none"> <li>Designation of a focal person for oversight</li> <li>Designation of timeline to fill out CAP template with activities to share with ACHIEVE</li> <li>Set out a process for internal discussion and review of CAP progress and communication on activities where collaboration across units is required</li> <li>Designate a timeframe for follow-up with ACHIEVE</li> <li>Request specific technical support, training, and mentorship from ACHIEVE.</li> </ul> </li> <li>The ACHIEVE Facilitator should set a timeline for follow-up meetings with the organization to review CAP progress. Discuss use of the CSP and/or excel tools for monitoring progress.</li> <li><i>The expected outcome of this session will be a timeline and action plan for follow-up on CAP implementation within the organization and with ACHIEVE.</i></li> </ul> <p><i>*Faciliator Note:</i> It is important for the facilitator to discuss planning for this session with the Organization's senior leader/Project Director at least 2 days in advance so that individual has an opportunity to prepare. During the planning of this session, reinforce the importance of how the organization can set a positive tone for the CD process through the manner in which it is led and coordinated internally.</p>	senior leader/Project Director; ACHIEVE <b>Participants: All</b>
4:30pm-5:00pm	<p><b>Wrap Up and Closing</b></p> <ul style="list-style-type: none"> <li>Evaluation of ITOCA Process</li> <li>Closing and Thanks</li> </ul> <p><b>Method:</b> Individual work and discussion</p> <ul style="list-style-type: none"> <li><i>Evelution of ITOCA Process (10 minutes):</i> Ask participants for commnets on activities and parts of the ITOCA process that went well or were challenging. Record notes on a flip chart.               <ul style="list-style-type: none"> <li>Provide each participant with a copy of the ITOCA evaluation form. Ask each participant to complete the form and put it into the designated envelope on the registration desk/table/ podium before departing.</li> <li>Instruct participants that the evaluation is anonymous. The participants should not put their names on the forms. Participants are encouraged to provide honest feedback and comments so that the results can be used to improve future ITOCA processes.</li> </ul> </li> <li><i>Closing and Thanks (20 minutes):</i> The facilitator should thank participants for their active participation in the ITOCA process and provide comments on highlights from the assessment process. Provide some additional encouraging comments about the organization's CD process</li> </ul>	<b>Facilitator:</b> ACHIEVE, Organization's senior leader/Project Director <b>Participants: All</b>



Time	Activity	Facilitator/ Participants
	<p>and progress in the future and how ACHIEVE will be able to support them.</p> <ul style="list-style-type: none"> <li>○ The organization's most senior leader or Project Director should provide a thanks to the participants and any comments on next steps following the ITOCA process, including CAP implementation. These comments will be critical to setting the tone for CAP implementation into the future.</li> </ul> <p><b>Materials:</b> Participant evaluation forms, pens, envelope.</p>	

## Annex F: ITOCA Agenda Template – Facilitator Version (In-Person Workshop with Social Distancing)

*This version of the ITOCA Agenda includes adaptations to facilitation techniques to accommodate the need for social distancing, in response to the COVID-19 pandemic. As such, activities involve less interpersonal interaction, sharing of materials, and close contact among individuals. Some of these activities can also be done virtually, if a virtual option is required to respond to COVID related restrictions on workshops.*

### Venue

### Date

### Workshop Objectives

The objectives of the ITOCA workshop are as follows:

- Systematically assess organizational capacity assets and needs across technical and operational areas related to PEPFAR program implementation;
- Assess organizational performance across 10 domains using the OPI to establish a baseline;
- Develop a capacity action plan that addresses capacity needs and organizational priorities; and
- Create a common vision and understanding among organizational staff of the current capacity of the organization and priority areas for capacity building.

### Materials

In advance of the workshop, the facilitators should print or procure the following:

- Handouts for Participants (one per person) – in local language
  - ITOCA Scoring Sheet
  - ITOCA Tool (print all relevant capacity areas)
  - ITOCA Overview Presentation
- Printed Facilitator Materials (one per facilitator)
  - ITOCA Tool
  - ITOCA Scoring Sheet
  - ITOCA Overview Presentation
  - Detailed Facilitator Agenda and ITOCA Guidance Manual

- Facilitation Supplies
  - Computer and LCD Projector
  - Flip Charts
  - Stationery and pens for participants
  - Tape
  - Extra-large colored notecards or Sticky Notes
  - Markers
  - Colored small circle shaped stickers or sticky dots in at least 3 colors (red, yellow, green)
  - Individually wrapped candies or dried beans
- Participant registration form

## Detailed Agenda

The agenda below provides guidance on how each agenda item should be led. Facilitators should adapt activities and timeframes based on the group that is being assessed. The agenda provides different examples of discussion activities that can be used during scoring sessions. Facilitators are encouraged to be creative with these sessions and more guidance on other types of discussion activities is available in the Pact OCA Facilitator's Guide.

Time	Activity	Facilitator/ Participants
<b>Day 1: Introduction and Scoring of Organizational Capacity Components</b>		
8:00am-8:30am	<b>REGISTRATION</b>  <b>Method:</b> All participants should be asked to sign the participant form, provided with name tags/tents, and given copies of meeting materials.  <b>Materials:</b> Participant registration form, name tags/tents, participant handouts, pens	
8:30am-8:45am	<b>Welcome and Opening, and Introductions</b> <b>Method:</b> Facilitated discussion <ul style="list-style-type: none"> <li>• <i>Welcome from ACHIEVE (5 minutes):</i> The facilitator should welcome all participants to the meeting and provide a short statement about the purpose of the workshop.</li> <li>• <i>Opening from Local Partner (5 minutes):</i> The Local Partner's Project Director or CEO/President should also welcome all participants and provide a short overview of their expectations of the ITOCA from ACHIEVE.</li> <li>• <i>Introductions (5 minutes or more, depending on number of participants):</i> Ask each individual in the room to introduce themselves, with the following information:               <ul style="list-style-type: none"> <li>○ Name</li> <li>○ Position within the Organization</li> <li>○ Expectations from the ITOCA Process.</li> </ul> </li> </ul> <p>As the participants present their expectations, a facilitator should record the expectations on a flip chart. Only record new ideas, not duplicates.</p>	<b>Facilitator:</b> ACHIEVE, Local Partner Project Director or CEO <b>Participants:</b> All

Time	Activity	Facilitator/ Participants
	<p>Instruct the participants that on Day 3, these expectations will be reviewed to see if they were met. Leave the flip chart on the wall for reference throughout the workshop.</p> <p><b>Materials:</b> Flip chart, markers</p>	
8:45am-9:00am	<p><b>Agenda Review and Ground Rules</b>  <b>Method:</b> Facilitated Discussion</p> <ul style="list-style-type: none"> <li>• <i>Agenda Review (5 minutes):</i> The facilitator will review the objectives and agenda for the workshop, covering all three days.</li> <li>• <i>Ground Rules (10 minutes):</i> The facilitator will ask participants to brainstorm and share ideas for ground rules for the workshop. As ideas are shared, the facilitator should write them on a flip chart. Some examples of ground rules to propose, if they are not readily generated by participants, include: <ul style="list-style-type: none"> <li>○ All opinions are valid and all participants should contribute;</li> <li>○ Participants should not “debate” points;</li> <li>○ The process is about sharing experiences and examples, not about convincing others or resolving problems;</li> <li>○ Honest and candid viewpoints are encouraged;</li> <li>○ Confidentiality of group discussions--what is discussed in this meeting is confidential and information from this meeting should stay within the participant group;</li> <li>○ Use critical judgment, common sense, and respect; and</li> <li>○ Individuals should be present and active participants (ex. no cell phones or email).</li> </ul> </li> </ul> <p>The flip chart should be posted on the wall and will remain there throughout the workshop. The facilitator should tell participants that he/she will remind them of the ground rules throughout the workshop if participants do not follow them.</p> <ul style="list-style-type: none"> <li>• <i>Housekeeping (5 mins):</i> The facilitator should review any relevant housekeeping issues. For example, the location of bathrooms and location of tea breaks and lunch.</li> </ul> <p><b>Materials:</b> agenda, markers, flip chart</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> All</p>
9:00am-9:30am	<p><b>Overview of ITOCA Tool and Process</b>  <b>Method:</b> Presentation</p> <ul style="list-style-type: none"> <li>• The facilitator will present a slide deck with an overview of the ITOCA tool and scoring process. During the presentation, participants should be encouraged to ask questions and for clarifications.</li> <li>• The presentation should include a review of the ITOCA scoring methodology.</li> </ul> <p><b>Materials:</b> ppt presentation, computer, projector</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> All</p>
9:30am-10:30am	<p><b>Scoring Session I: Governance &amp; Legal Structure</b>  <b>Method:</b> Group Discussion</p>	<p><b>Facilitator:</b> ACHIEVE</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li><i>Review of Indicators (10 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li><i>Discussion (40 minutes):</i> The participants should be instructed to ask questions of other participants if they feel like they need more information about any particular indicator. The facilitator can lead this process by asking a participant to read out each indicator or a group of indicators in a capacity area and enabling discussion for each, if required. The facilitator should use the ORID methodology to ask questions and lead the discussion. <ul style="list-style-type: none"> <li>In the discussion, the facilitator should ask participants to provide examples of documentation that underlies scoring for relevant indicators.</li> <li>Participants should be encouraged to share information about their own observations of capacity in the relevant area, including the performance and quality of systems. Discussions should focus on objective observations and fact, rather than opinion.</li> <li>If there is a particularly contentious area of capacity, the facilitator should either intervene to mediate the discussion to resolution or discontinue it, based on the team dynamics.</li> </ul> </li> <li><i>Scoring (10 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores. <ul style="list-style-type: none"> <li>Reassure participants that scores are anonymous and their names will not be associated with the scoring sheets. Remind them to NOT write their names on the scoring sheets.</li> </ul> </li> </ul> <p><i>*Facilitator Note:</i> Depending on the indicators selected for the ITOCA and local partner priorities, the distribution of capacity areas to be covered in each scoring session can be shifted. When making shifts, it will be important to make sure that you have them structured based on the expertise required from participants for the discussion and the time available.</p> <p><b>Materials:</b> ITOCA tool, scoring sheets</p>	<b>Participants:</b> TBD
10:30am-10:45am	<b>TEA BREAK</b>	
10:45am-12:00pm	<b>Scoring Session 2: Financial Management</b> <b>Method:</b> Same as Session 1	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
12:00pm-1:00pm	<b>LUNCH</b>	

Time	Activity	Facilitator/ Participants
1:00pm- 2:00pm	<p><b>Scoring Session 3: Program Planning &amp; Management</b></p> <p><b>Method:</b> Success and Fail Fest</p> <ul style="list-style-type: none"> <li><i>Review of Indicators (10 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li><i>Group Brainstorm (40 minutes):</i> Break participants into two groups – one to focus on successes and the other to focus on failures. <ul style="list-style-type: none"> <li><i>Individual Reflection:</i> Ask each participant to reflect individually and write down on a piece of paper 3 examples of successes or failures in the area of program planning and management, based on their group’s selected topic.</li> <li><i>Small Group Discussion:</i> In the small groups, each participant should share their example of a success or failure with the other group members, in round robin fashion. Repeat ideas should be skipped. A notetaker should document the examples from the group. Each group should select 5 of the most spectacular examples of successes or most challenging failures from members to present back in the plenary session. The group should select a spokes person for the presentation.</li> <li><i>Small Group Report Back:</i> The spokesperson for each group should provide their examples in plenary session. As each idea is discussed. The facilitator will write it on a flip chart or post it on the wall using a large sticky note.</li> <li><i>Plenary Discussion:</i> The presenter should ask participants to identify any themes across the successes and failures. Group the notecards into these themes on the wall. Some examples of questions are: <ul style="list-style-type: none"> <li>Are there similarities in terms of why these things happened?</li> <li>Were any of the successes and failures linked?</li> <li>What has the organization learned from the successes/failures?</li> <li>Does the organization do anything the same or differently as a result of the successes or failures?</li> </ul> </li> </ul> </li> <li><i>Scoring (10 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> markers, large sticky notes or flip chart.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>
2:00pm- 3:00pm	<p><b>Scoring Session 4: Sustainability, Partnerships and Communications</b></p> <p><b>Method:</b> Card ranking</p>	<p><b>Facilitator:</b> ACHIEVE</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>• <i>Card Ranking Activity (45 minutes):</i> This exercise helps groups identify and discuss relative capacity strengths and weaknesses.               <ul style="list-style-type: none"> <li>○ Advanced preparation: Prepare two identical sets of cards, with one set in one color and the second in a different color. Cards should have short phrases representing different indicators of the Capacity Area in question.</li> <li>○ Divide the participants into two groups – one group for each capacity area. Designate an ACHIEVE facilitator for each group. If one capacity area has significantly more indicators, more than one group can be assigned across indicators so that each group has a similar set of indicators to review. Distribute one set of cards to each group.</li> <li>○ Before initiating discussion, the group’s facilitator should read each card aloud. Ask if there are any questions about the general meaning of the terms on the indicators. If there are, answer them. If not, proceed with the instructions.</li> <li>○ Instruct the groups to discuss together to rank the cards in order of their organization’s strengths. This activity requires the group to discuss the meaning of each card, its relation to their organization, and how strong the organization is in this aspect. The ranking can be done vertically or horizontally. Cards can be on the same level if they have similar ranking. As the participants provide feedback, the facilitator should do the arranging of the cards, which can be done by placing the cards on the wall using tape or large sticky notes</li> <li>○ Bring the groups into a plenary once both have completed ranking. The facilitators should display the cards on the wall side by side.</li> <li>○ Proceed with ORID questions. Examples include:                   <ul style="list-style-type: none"> <li>▪ Objective: What differences/similarities do you observe in the ranking across both groups?</li> <li>▪ Reflective: How did this process go in your group? How did you feel about having to rank some areas ahead of others? Was your group able to easily come to consensus on ranking? Why or why not?</li> <li>▪ Interpretative: How do its strengths and weaknesses identified here impact your work? What do these differences in ranking mean for how your organization approaches this work?</li> </ul> </li> </ul> </li> <li>• <i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> Two colors of large note cards or paper, tape</p>	<p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
3:00pm-3:15pm	<b>TEA BREAK</b>	
3:15pm-4:45pm	<b>Scoring Session 5: Procurement and Agreement Management, Human Resources Management</b> <i>Method:</i> Card Ranking Activity from Session 4	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
4:45pm-5:00pm	<b>Wrap Up and Closing</b> <i>Method:</i> Reflections on the Day <ul style="list-style-type: none"> <li><i>Individual Reflections (5 minutes):</i> Ask participants to think of one thing that went well during the day/workshop, something that was a challenge, and something that they learned from the discussions throughout the day.</li> <li><i>Group Discussion 10 minutes):</i> The facilitator should ask the participants to offer up their reflections. The facilitator should also review the expectations identified in the morning session and ask for comments from participants on whether they had been addressed. If not, the expectation should be highlighted for follow-up on Days 2 and 3. <ul style="list-style-type: none"> <li>The facilitator should also provide some high level observations on the day.</li> <li>Instruct participants on any “homework” that is required before day 2, including a review of the indicators for the capacity areas in the agenda for Day 2.</li> </ul> </li> </ul> <p><i>Materials:</i> Index cards, one red and one green per participant, and pens</p>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
<b>Day 2: Scoring of Technical Capacity Components</b>		
8:30am-9:00am	<b>Review of Day 1 Outcomes; Day 2 Agenda Review</b> <i>Method:</i> Discussion <ul style="list-style-type: none"> <li><i>Reflections on Day 1 (20 minutes):</i> The facilitator should ask participants if they have any new reflections from the previous day to share. The facilitator can also use ORID questions to lead a discussion among the participants about reflections from Day 1, with a focus on setting priorities for the discussions on Day 2. <ul style="list-style-type: none"> <li>Write any priority expectations or issues to address on Day 2 on a flip chart.</li> </ul> </li> <li><i>Agenda Review (10 minutes):</i> Present the agenda for Day 2.</li> </ul> <p><i>Materials:</i> Reflections note cards from Day 1, tape, markers, flip chart.</p>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
9:00am-9:30am	<b>Scoring Session 5: Management of Community Cadres</b> <i>Method:</i> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
9:30am-10:15am	<b>Scoring Session 6: OVC Preventative</b> <i>Method:</i> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD



Time	Activity	Facilitator/ Participants
10:15am-10:30am	<b>TEA BREAK</b>	
10:30am-12:00pm	<b>Scoring Session 7: OVC Comprehensive and Economic Strengthening</b> <b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator's Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
12:00pm-1:00pm	<b>LUNCH</b>	
1:00pm-2:00pm	<b>Scoring Session 8: DREAMS</b> <b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator's Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
2:00pm-3:00pm	<b>Scoring Session 9: Systems Strengthening, Other</b> <b>Method:</b> Select a method from among those used on Day 1 or from those available in the Pact OCA Facilitator's Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
3:00pm-3:30pm	<b>Wrap Up and Closing</b> <b>Method:</b> Discussion <ul style="list-style-type: none"> <li>The facilitator should ask participants to go around the room and mention at least one thing that they learned during the workshop. The facilitator may start by providing an example of something that he/she learned.</li> <li><i>Closing and Thanks (10 minutes):</i> The facilitator should close the day and thank the participants for their participation in the scoring sessions. Provide an overview of the agenda for Day 3.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
3:30pm-5:00pm	<b>ITOCA Data Analysis</b> During this time, the facilitators should enter participant ITOCA scores into the ITOCA database or CSP. Tables and charts with ITOCA results should be produced and discussed to develop the Feedback Presentation for Day 3.	<b>FACILITATORS ONLY</b>
<b>Day 3: Review of Results and Capacity Action Planning</b>		
8:30am-8:45am	<b>Review of Agenda</b> <b>Method:</b> Group discussion <ul style="list-style-type: none"> <li><i>Review of Agenda (10 minutes):</i> Welcome the participants to the meeting. Provide a short review of the agenda for the meeting. Review the ground rules established on Day 1, noting that sometimes the presentation of data can elicit responses and issues that require discussion.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
8:45am-10:00am	<b>ITOCA Results Presentation</b> <ul style="list-style-type: none"> <li>Summary of scores</li> <li>Key strengths and weaknesses</li> </ul> <b>Method:</b> Presentation and discussion <ul style="list-style-type: none"> <li>Deliver presentation with ITOCA scoring results. During the presentation, allow for discussion on each slide to enable participants to ask questions and provide comments on the data.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>Use ORID questions during the presentation, especially on areas where the data shows lower levels of capacity or disagreement between external validator and participants scores.</li> <li>During the discussion, if ideas around CD priorities come out of the discussion, record them on a flip chart to be considered in the CAP development process.</li> </ul> <p><b>Materials:</b> computer, ppt presentation, projector, flip chart, markers</p>	
10:00am-10:15am	<b>TEA BREAK</b>	
10:15am-12:00am	<p><b>Detailed Review of Priority Organizational Capacity Areas and Capacity Action Planning</b></p> <ul style="list-style-type: none"> <li>Review of individual indicator scores,</li> <li>Consensus on results</li> <li>Identify Key Capacity Development Needs and Develop Plans</li> </ul> <p><b>Method:</b> Identifying Organizational Strengths and Challenges</p> <ul style="list-style-type: none"> <li><i>Instructions (5 minutes):</i> On a flipchart, write the name of the first Capacity Area at the top. Create a T-chart with two columns, and label one “Strengths” and the other “Challenges”. Instruct participants that they should think of strengths and challenges for the relevant capacity area. <ul style="list-style-type: none"> <li>Rules for the statements include: one idea per statement, stay focused on the Capacity Area, be as specific and clear as possible.</li> <li>Instruct participants that strengths can still have challenges associated with them, especially if they are activities or systems that need to be sustained.</li> </ul> </li> <li><i>Plenary Activity (20 minutes):</i> With all participants, brainstorm the individual strengths and challenges of the first Capacity Area. Instead of participants simply re-stating the indicators, make sure they name more specific strengths and challenges that underly the scores for the indicator. Record the responses on the flip chart in the relevant column.</li> <li><i>Small Group Activity (50 minutes)</i> <ul style="list-style-type: none"> <li>Divide participants into small groups, focusing each on a select group of Capacity areas. The groups can self select based on interest and expertise into the small groups. Determine the number of groups based on the number of participants in the room. No group should have more than 5 people.</li> <li>Ask them to brainstorm the strengths and challenges for each remaining Capacity Areas on their own on pieces of flip chart paper, like the larger group did for the first Capacity Area. As groups are working, rotate between them to ensure they are being specific and clear in their strengths and challenges.</li> </ul> </li> <li><i>Gallery Walk (30 minutes):</i> After all Capacity Areas have been analyzed and strengths and challenges drafted, hang up the flip charts for a gallery walk.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>Ensure flip charts are properly labeled with the Capacity Area name and strengths and challenges are divided on the paper.</p> <ul style="list-style-type: none"> <li>○ Ask participants to walk around the room, review the flip charts, and raise questions with their colleagues. Encourage questions, discussion, and thoughts from all participants, keeping time in mind. They may also want to write down questions and ideas for actions to address challenges on a note pad.</li> </ul> <p><b>Materials:</b> Printed copies of results for participants, flip chart paper, markers</p>	
12:00pm-1:00pm	<p><b>LUNCH and Voting</b></p> <p><b>Method:</b> Voting on Challenges</p> <ul style="list-style-type: none"> <li>• This activity is something that can be done during the lunch period as participants start to think about the challenges and their priorities.</li> <li>• Make sure all the lists of strengths and challenges for each Capacity Area are posted on the wall and accessible to everyone. Give each participant a colored marker. Each participant should be instructed that they can have 8-10 dots/votes.</li> <li>• Explain to participants that they will vote on the challenges that they most want to and think they can most feasibly address in the coming year. They can vote by putting an X, check, dot, or star on the challenges. Encourage participants to vote for challenges that will have the greatest impact on their organization and work, as well as those that are possible within a year. Explain that they will develop activities to address these challenges after lunch. Re-emphasize that the challenges will be addressed by them and their organization and that there is no guarantee that partners will support any of these activities.</li> <li>• Participants can distribute their votes across challenges or place all or several votes on one that they feel should be prioritized. The point of this exercise is to develop a more-narrowed list of high priorities that will be developed into actions for their organization's CAP.</li> <li>• Have participants take a few minutes to reread all the Capacity Areas and their challenges. Then, have them vote.</li> <li>• At this point in the exercise, take note of the challenges with no votes and ensure these are documented for possible consideration in future rounds of CAP development. For those with votes, you must now make a judgment about how many should be included in the next activity. For larger organizations or those that you feel are mature and capable enough to address a greater list, consider up to 35. For organizations that are smaller or less developed, consider limiting the priorities to the top 10–15.</li> <li>• Write the top-voted challenges on a separate piece of flip chart paper. These will be used for planning after lunch.</li> </ul> <p><b>Materials:</b> colored markers</p>	

Time	Activity	Facilitator/ Participants
	<p><i>*Facilitator Note:</i> Depending on the timing of activities, the voting process can be incorporated into the morning session, enabling participants to have a fully open lunch without any additional activities.</p>	
1:00pm-2:00pm	<p><b>Detailed Review of Priority Technical Capacity Areas and Capacity Action Planning</b></p> <p><b>Method:</b> Brainstorming CAP Activities</p> <ul style="list-style-type: none"> <li>• <i>Advance Preparation:</i> Prepare a list of verbs that participants can use to start their action planning statements. Write the list of action words on a flip chart. The words should fit the types of challenges participants have come up with. For example: write, change, review, practice, learn, visit, share, teach, talk, request, listen, clarify.</li> <li>• <i>Actions versus problems (5 minutes):</i> Warm up participants by asking them about the differences between an “action” and a “problem.” Clarify or correct if there is a need. <ul style="list-style-type: none"> <li>○ “Now I want to give you an example of an action and a problem. ‘I am hungry’ is a problem, and my action to solve this problem may be ‘shop for food,’ ‘cook dinner,’ or ‘eat something.’ Does this make sense?”</li> <li>○ Post a list of “action words” on the wall on a flip chart.</li> </ul> </li> <li>• <i>Brainstorming (55 minutes):</i> Break participants into small groups, based on the same groups as the morning session. Ask each to designate a person to write down their ideas on a flip chart. <ul style="list-style-type: none"> <li>○ Review the list of challenges developed in the morning session. Read a challenge and ask participants to come up with a specific action to address that challenge. Point to a list of action words and explain that participants can use some of these to help draft their actions. <ul style="list-style-type: none"> <li>▪ As a volunteer offers a suggestion, ask clarifying questions to make the suggested action as specific as possible. Then write the idea on a flip chart and reference the challenge from the previous session (consider using a numbering scheme). Repeat with another challenge.</li> </ul> </li> <li>○ Now that they understand the process, have participants work in their small groups. Instruct participants to think about the organization’s prioritized challenges on the flip chart. <ul style="list-style-type: none"> <li>▪ Actions should be brief, not long sentences, and easily understood by all.</li> <li>▪ Within each group, participants can divide up challenges among pairs or individuals. The group should manage their time and come back together to share ideas and come to consensus on which actions they believe are realistic and feasible to implement. The group should also discuss whether there are any gaps that have not been addressed and come up with new actions to address those gaps.</li> </ul> </li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>The group should select a spokesperson to report back on the task in the next session.</li> </ul> <p><b>Materials:</b> Flip chart with Action Words, flip chart paper, markers</p>	
2:00pm-2:45pm	<p><b>Presentation of Capacity Action Plans</b></p> <p><b>Method:</b> Small Group Spokespersons Make Presentations</p> <ul style="list-style-type: none"> <li>Ask spokespersons to present their CAPs. Divide the time and give each group an equal amount of time for presentation and at least 5 minutes for discussion and questions.</li> <li>After each presentation invite discussion, questions, and comments from other participants. The facilitator can also provide relevant comments.</li> <li>Use markers and flip charts to record any relevant notes or updates to small group CAPs.</li> </ul> <p><b>Materials:</b> Flip chart paper, pens, masking tape, list of prioritized challenges from morning session.</p>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>
2:45pm-3:00pm	<b>TEA BREAK</b>	
3:00pm-4:00pm	<p><b>Prioritizing Activities and CAP Development</b></p> <p><b>Method:</b> Planning</p> <ul style="list-style-type: none"> <li><i>Advance Preparation:</i> Provide each participant with a hard or soft copy of the CAP template.</li> <li><i>Introduce the Planning Pyramid (5 minutes):</i> Explain that this activity is to help prioritize actions that the organization can implement both in the short term and long term. Prioritizing helps organizations understand things that they can do and things that require community and external support for them to achieve.               <div data-bbox="675 1087 1250 1512" data-label="Diagram"> </div> </li> <li>Point to different areas of the pyramid to make sure participants understand what each of the areas mean. Make the difference between community support and external assistance clear. Note that external assistance can include assistance from ACHIEVE. Ask participants why they think each area of the pyramid is the size it is.</li> <li><i>Developing the CAP (50 minutes):</i> Ask participants in their small groups to use the information from the previous sessions to complete the CAP template for a designated capacity area. They may write a description of CAP activities on a flip chart, with a separate flip chart per capacity area.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>• <i>Voting on top actions to prioritize (10 minutes):</i> Now participants will prioritize three actions for the short term and five actions for the long term. <ul style="list-style-type: none"> <li>○ Give each participant three stickers of one color for short-term actions and five stickers of another color for long-term actions, and ask them to vote by placing a sticker on the note card of the action(s) they choose.</li> </ul> </li> <li>• <i>Selecting Actions for CAP (10 minutes):</i> The top actions, calculated by the number of votes received, will be used by the organization to develop the CAP. Larger, more established organizations should prioritize a greater proportion of actions for the long term, ideally 20–30 actions to complete. Those organizations with fewer staff or more restricted funding should have 10–20 actions.</li> </ul> <p><i>* Facilitator’s Note:</i> Some organizations may choose a greater or smaller number of actions. The ultimate number of actions should take into consideration the allocation of resources, the length of partnership with ACHIEVE or other partners, and the time available to implement the plan.</p> <p><b>Materials:</b> Note cards with actions from the previous activity, masking tape, 8 sticky dots per participant (3 of one color and 5 of another color)</p>	
4:00pm-4:30pm	<p><b>Review of Next Steps for Capacity Action Plans</b></p> <p><b>Method:</b> Discussion</p> <ul style="list-style-type: none"> <li>• The Organization’s senior leader/Project Director should provide guidance to participants on how the CAP implementation process will be coordinated. This should include the following: <ul style="list-style-type: none"> <li>○ Designation of a focal person for oversight</li> <li>○ Designation of timeline to fill out CAP template with activities to share with a ACHIEVE</li> <li>○ Set out a process for internal discussion and review of CAP progress and communication on activities where collaboration across units is required</li> <li>○ Designate a timeframe for follow-up with ACHIEVE</li> <li>○ Request specific technical support, training, and mentorship from ACHIEVE.</li> </ul> </li> <li>• The ACHIEVE Facilitator should set a timeline for follow-up meetings with the organization to review CAP progress. Discuss use of the CSP and/or excel tools for monitoring progress.</li> <li>• The expected outcome of this session will be a timeline and action plan for follow-up on CAP implementation within the organization and with ACHIEVE.</li> </ul> <p><i>*Faciliator Note:</i> It is important for the facilitator to discuss planning for this session with the Organization’s senior leader/Project Director at least 2 days in advance</p>	<p><b>Facilitator:</b> Organization’s senior leader/Project Director; ACHIEVE</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	so that individual has an opportunity to prepare. During the planning of this session, reinforce the importance of how the organization can set a positive tone for the CD process through the manner in which it is led and coordinated internally.	
4:30pm- 5:00pm	<p><b>Wrap Up and Closing</b></p> <ul style="list-style-type: none"> <li>• Evaluation of ITOCA Process</li> <li>• Closing and Thanks</li> </ul> <p><b>Method:</b> Individual work and discussion</p> <ul style="list-style-type: none"> <li>• <i>Evaluation of ITOCA Process (10 minutes):</i> Ask participants for comments on activities and parts of the ITOCA process that went well or were challenging. Record notes on a flip chart. <ul style="list-style-type: none"> <li>○ Provide each participant with a copy of the ITOCA evaluation form. Ask each participant to complete the form and put it into the designated envelope on the registration desk/table/ podium before departing.</li> <li>○ Instruct participants that the evaluation is anonymous. The participants should not put their names on the forms. Participants are encouraged to provide honest feedback and comments so that the results can be used to improve future ITOCA processes.</li> </ul> </li> <li>• <i>Closing and Thanks (20 minutes):</i> The facilitator should thank participants for their active participation in the ITOCA process and provide comments on highlights from the assessment process. Provide some additional encouraging comments about the organization's CD process and progress in the future and how ACHIEVE will be able to support them. <ul style="list-style-type: none"> <li>○ The organization's most senior leader or Project Director should provide a thanks to the participants and any comments on next steps following the ITOCA process, including CAP implementation. These comments will be critical to setting the tone for CAP implementation into the future.</li> </ul> </li> </ul> <p><b>Materials:</b> Participant evaluation forms, pens, envelope.</p>	<p><b>Facilitator:</b> ACHIEVE, Organization's senior leader/Project Director <b>Participants:</b> All</p>



## Annex G: Data Management and Analysis in ITOCA Excel Database

### Data entry

During the scoring sessions, each participant should complete a scoring sheet, where they record their scores (1-4) for each indicator. Each participant sheet should be numbered, so that it corresponds to a participant column number in the excel database, so that data quality can be checked and maintained throughout the data entry process. Participant names do not need to be recorded on the scoring sheets, as scoring should remain anonymous. One of the members of the facilitation team should be designated as responsible for collecting scoring sheets and entering the data into the excel database, into the relevant participant data entry worksheet.



#### Facilitator Tip: Managing the ITOCA Database

The ITOCA excel database is locked so that only cells that are for data entry are accessible to users. All cells with formulas for data analysis are locked so that there are accidental changes made to formulas. In the event that a problem is identified with calculations from a formula, the user of the database should contact either the ACHIEVE Global Director of Country Programs and CD or M&E Director, who can troubleshoot the issue.

Participant scores should be entered into Columns F-AW of the the “ITOCA Data Entry” worksheet. Figure 3 below provides a screen shot of the database, with illustrative data. The columns colored in red are places where participant scores should be entered.

Data from the external validators should also be entered into the “ITOCA Data Entry” worksheet. Those scores should be entered into column E. Of note is that the database is locked so that only values of 1-4 can be entered into the relevant cells for participants or external validator scores.

**Figure 3: Participant and External Validator Score Data Entry Worksheet**

	A	B	C	D	E	F	G	H	I	J	K	L
	Capacity Area	Indicator Number	Included in Assessment (Y/N)	Indicator Title	External Score							
1												
2	Governance & Legal Structure	1.1	y	Local organization	2	1	1	1	1	1	1	4
3	Governance & Legal Structure	1.2	y	Legal Requirements	3	1	1	1	1	1	1	4
4	Governance & Legal Structure	1.3	y	Organizational Structure	4	1	1	1	1	1	1	4
5	Governance & Legal Structure	1.4	y	Governance	2	1	1	1	1	1	1	4
6	Governance & Legal Structure	1.5	y	Control Environment	3	1	1	1	1	1	1	4
7	Governance & Legal Structure	1.6	y	Code of Conduct	4	1	1	1	1	1	1	4

During the data entry process, it is important for the excel file to be saved regularly, so that data is not lost. Likewise, if participant scores are provided in electronic form, each score sheet should be separately saved, along with any paper based scoring sheets, so that it can be included in project files in accordance with the projects records retention and filing policy.

### Data Analysis in ITOCA Excel Database

The ITOCA excel database is set up to automatically do data analysis and produce graphics of results, once data is entered as above. Through the excel database, indicator scores within each domain are analyzed against various analytics in the “ITOCA Data Entry” worksheet, columns AX-BG. Figure 4 provides an example of what the individual indicator level data analysis looks like.

**Figure 4: Indicator level data analytics**

	A	B	C	D	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG
	Capacity Area	Indicator Number	Included in Assessment (Y/N)	Indicator Title	Internal Score (Average)	87.5 centile	12.5 centile	75% range	Internal Consensus	Outliers	External Internal (abs)	External Consensus	min	max
1														
2	Governance & Legal Structure	1.1	y	Local organization	2.4	4.0	1.0	3.0	Limited	Outliers	0.4	High	1	4
3	Governance & Legal Structure	1.2	y	Legal Requirements	2.4	4.0	1.0	3.0	Limited	Outliers	0.6	High	1	4
4	Governance & Legal Structure	1.3	y	Organizational Structure	2.4	4.0	1.0	3.0	Limited	Outliers	1.6	High	1	4
5	Governance & Legal Structure	1.4	y	Governance	2.4	4.0	1.0	3.0	Limited	Outliers	0.4	High	1	4
6	Governance & Legal Structure	1.5	y	Control Environment	2.4	4.0	1.0	3.0	Limited	Outliers	0.6	High	1	4
7	Governance & Legal Structure	1.6	y	Code of Conduct	2.4	4.0	1.0	3.0	Limited	Outliers	1.6	High	1	4

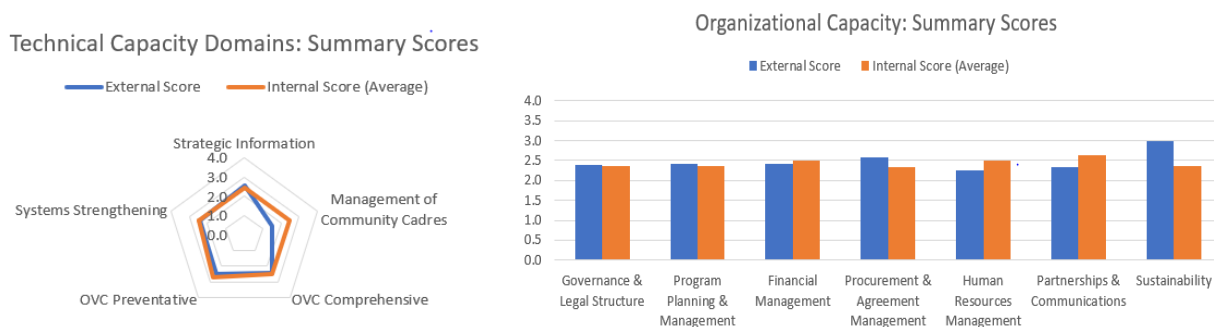
The database does the calculations indicated in Table 2 below, each of which is to be used in the process to identify where there are specific capacity gaps or a lack of consensus among participants.

**Table 2: ACHIEVE ITOCA Consensus Measures**

Analytic	Calculation	How to interpret the result
<b>Internal Score (Average)</b>	Calculates the average of all participant scores for the relevant indicator.	This analytic is used as the summary score from the facilitated self-assessment process. The value of this score may indicate strengths or weaknesses, when compared with measures of consensus and external validator scores.
<b>Internal Consensus</b>	Consensus means that there is minimal discrepancy in scores among participants or between the participant scores and external validation score. An absolute difference in scores of less than two points indicates overall consensus for a particular indicator; a difference between two and four is understood as limited consensus; and a difference of between two and four points is considered to have limited consensus.	Internal consensus indicates the level of agreement among participants about capacity in a particular area. <i>High</i> consensus indicates a high level of agreement, also reflecting that participants have similar levels of knowledge about a particular area of capacity. <i>Limited</i> consensus indicates disagreement among participants or a lack of knowledge among some around a particular area.
<b>External Consensus</b>		External consensus indicates the level of agreement about capacity between the average participant score and the external validator score. <i>High</i> consensus indicates a high level of agreement, meaning that the score is likely valid and reliable based on source documentation. <i>Limited</i> consensus indicates disagreement, meaning that the self assessment score may be biased or the external validator did not have accurate information available. This will require further discussion and inquiry.
<b>Outliers</b>	Identifies if there are any participant scores that are outliers based on whether the difference between the Max and Min is greater than 2.	Outliers demonstrate that at least one person has a significantly different opinion of scores from the rest of the participants. This may indicate a need for discussion among participants to resolve any disagreements, build consensus, or address any information inequities.
<b>Min</b>	Identifies the lowest score from among all participant scores.	Min value indicates the lowest potential level of capacity that the organization may demonstrate on a particular indicator.
<b>Max</b>	Identifies the highest score from among all participant scores.	Max value indicates the lowest potential level of capacity that the organization may demonstrate on a particular indicator.

The ITOCA excel database also does data analytics at the level of each capacity domain. The “Domain Summary,” “Tech Cap Summary,” and “Org Cap Summary” worksheets provide summary analytics for each indicator within the relevant capacity domains, along with a summary table and chart. The tables and charts on each of these worksheets can be used for domain level data interpretation and reporting. Examples of charts are provided below in Figure 5.

**Figure 5: Charts with Summary Results for Technical Capacity and Organizational Capacity Domains**



Of note is that a number of indicators within the ITOCA are broken down into separate components. For example, as shown in Figure 6, indicator 6.2, Human Capacity for PEPFAR Strategic Information is broken into separate components for staffing (6.1.1) and training (6.1.2). During the scoring process, participants will provide individual scores for both components. At the level of reporting, the ITOCA Database will analyze the average of both scores to determine the score for Indicator 6.1, inclusive of both components.

**Figure 6: Strategic Information Indicator 6.1 - Example**

	Capacity Area	Indicator Number	Included in Assessment (Y/N)	Indicator Title	External Score	Internal Score (Average)
11						
12	<b>6. Strategic Information</b>					
13	Strategic Information	6.1.1	y	Human Capacity for PEPFAR Strategic Information - Staffing	3	2.2
14	Strategic Information	6.1.2	y	Human Capacity for PEPFAR Strategic Information - Training	4	2.7
15	Strategic Information	6.1		Human Capacity for PEPFAR Strategic Information	3.5	2.5

## NUPAS Data Analysis

The “NUPAS Report Table” worksheet provides an analysis of the external reviewer scores for each NUPAS indicator, along with charts to show performance in each capacity domain. The NUPAS Report Table only provides external reviewer scores because the NUPAS, as a free standing tool, is designed to be a pre-award assessment, which is only scored via an external review process. Thus, if the ITOCA process being undertaken is being linked to a pre-award assessment of the local partner, the NUPAS data can be separately analyzed through this reporting tool to inform subaward management processes.

The NUPAS assessment team will write a report for the partner describing the score determined for each area and the justification for the score. The report will also include a list of special conditions and an action plan for the partner, if relevant. Data from the NUPAS will be recorded in the ACHIEVE/Pact CSP.

## Annex H: ITOCA/OPI-Plus Report: TEMPLATE

[The ITOCA/OPI-Plus report should be put on the relevant branded ACHIEVE template for the buy-in.]

**Organization Name:**

**Date of Assessment:**

### I. Introduction

- A. Background on ACHIEVE**
- B. Background on organization**
- C. Objectives of ITOCA/OPI**

### II. Implementation

- A. Summary of ITOCA/OPI Inputs and Preparation**
- B. Overall Implementation Process**

### III. ITOCA Findings

- A. Assessment Results Overview**
- B. General Trends by Capacity Domain (External vs. Self-assessment and Strengths/Weaknesses)**
- C. Priority Areas Identified**
- D. Specific Findings by Capacity Domain Groups**
  - a. Organizational*
    - 1. Capacity Area: XXXX
      - **Overview of Quantitative Scores, including self-assessed scores and externally validated scores**
      - **Graph with indicator data**
      - **Discussion of strengths and weaknesses from self-assessment and external validation team**
      - **Capacity Development Plan Priorities**
    - 2. Capacity Area: XXXX
      - **Overview of Quantitative Scores, including self-assessed scores and externally validated scores**
      - **Graph with indicator data**
      - **Discussion of strengths and weaknesses from self-assessment and external validation team**
      - **Capacity Development Plan Priorities**

*b. Technical*

3. Capacity Area: XXXX

- **Overview of Quantitative Scores, including self-assessed scores and externally validated scores**
- **Graph with indicator data**
- **Discussion of strengths and weaknesses from self-assessment and external validation team**
- **Capacity Development Plan Priorities**

4. Capacity Area: XXXX

- **Overview of Quantitative Scores, including self-assessed scores and externally validated scores**
- **Graph with indicator data**
- **Discussion of strengths and weaknesses from self-assessment and external validation team**
- **Capacity Development Plan Priorities**

## **IV. OPI Findings**

### **A. Assessment Results Overview**

### **B. Results by Performance Domain: Domain **A****

*a. Overview of Quantitative Results*

*b. Subdomain **A** Results*

1. Data Sources

2. Justification

*c. Subdomain **B** Results*

3. Data Sources

4. Justification

## **V. Conclusions**

## **VI. Annexes**

**Annex 1: ITOCA Agenda and List of Participants**

**Annex 2: ITOCA Introductory Presentation**

**Annex 3 : ITOCA Findings Presentation**

**Annex 4: Lessons Learned on the ITOCA**

**Annex 5: Participant Evaluation of the ITOCA**

## Annex I: CAP Template

v1.0	Detailed Capacity Action Plan							
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED				REQUIRED
Capacity Domain	Capacity Area	Activity Description	Type of Activity	Is Pact supporting activity?	Person Responsible	Deliverable	Resource Requirements	Deadline
Governance	Procurement	Improve skills of finance staff on procurement procedures	Training	Yes	user@pactworld.com	New updated procurement system	TBD	5/20/2020

## Annex J: ITOCA Participant Evaluation

For the following questions, please read the sentence and then show much you agree. Check the box that most closely indicates your level of agreement, as shown in the table below.

	Statement	Disagree	Partially Disagree	Neutral	Partially Agree	Agree
1	I think that the ITOCA self-assessment is useful for my organization					
	Comments:					
2	I understand why the ITOCA self-assessment was done					
	Comments:					
3	I feel that I was able to actively contribute to the ITOCA discussions					
	Comments:					
4	I feel that the ITOCA scores reflect the reality of my organization					
	Comments:					
5	I feel that the discussion groups effectively conducted a dialogue to score our organization in the various capacity areas.					
	Comments:					
6	I feel that the ITOCA captures the most critical aspects of capacity development for our organization as related to PEPFAR and USAID project implementation					
	Comments:					
7	The Capacity Action Plans (CAP) are feasible for implementation					
	Comments:					
8	I feel that the CAP reflects important organizational priorities					
	Comments:					
9	I understand the next steps in the CAP process.					
	Comments:					



10	I feel that the facilitators were effective and helpful in guiding ITOCA discussions					
Comments:						

10. The part of the ITOCA that I liked best was:

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11. My suggestions for improving the ITOCA are:

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## Annex K: Virtual ITOCA Agenda – Facilitator Version

**Venue**

**Date**

### Workshop Objectives

The objectives of the ITOCA workshop are as follows:

- Systematically assess organizational capacity assets and needs across technical and operational areas related to PEPFAR program implementation;
- Assess organizational performance across 10 domains using the OPI to establish a baseline;
- Develop a capacity action plan that addresses capacity needs and organizational priorities; and
- Create a common vision and understanding among organizational staff of the current capacity of the organization and priority areas for capacity building.

### Materials

In advance of the workshop, the facilitators the following to each participant in soft-copy:

- Handouts for Participants – in local language
  - ITOCA Scoring Sheet
  - ITOCA Tool
  - ITOCA Overview Presentation
  - ITOCA Virtual Workshop Agenda
- Link to the online platform for the meetings (ex. Zoom, GoTo meeting, or Teams link with dial-in information)
- Meeting request for individual calendars for participation in each virtual session.
- Cloud-based shared drive (ex. google drive, MS One Drive, Box, Dropbox) for ITOCA documents and notes, which will be shared with all participants so that they have access rights to edit or view documents.
- Virtual Whiteboard: A blank document where ideas from the discussion are recorded (similar to a flip chart that would be used during an in-person meeting). The document should be in a shared screen or active online for participants to see during the discussion, while ideas are recorded in real time by the facilitator. Some platforms for these include use of a google document, Google Jamboard, or MS Word Document on MS One Drive.

### Meeting Schedule

Date	Time	Session
Day 1	3 hours	<ul style="list-style-type: none"><li>• Welcome and Opening, and Introductions</li><li>• Agenda Review and Ground Rules</li><li>• Overview of ITOCA Tool and Process</li><li>• Scoring Session 1: Governance &amp; Legal Structure</li></ul>
Day 2	4 hours	<ul style="list-style-type: none"><li>• Scoring Session 2: Financial Management, Procurement and Agreement Management, Human Resources Management</li></ul>
Day 3	3 hours	<ul style="list-style-type: none"><li>• Scoring Session 3: Program Planning and Management, Sustainability, Partnerships and Communications</li></ul>
Day 4	4 hours	<ul style="list-style-type: none"><li>• Scoring Session 4: OVC Comprehensive, OVC Preventative, Strategic Information</li></ul>

Day 5	4 Hours	<ul style="list-style-type: none"> <li>Scoring Session 5: Management of Community Cadres, Systems Strengthening, GBV</li> </ul>
Day 6	4 hours	<ul style="list-style-type: none"> <li>Scoring Session 6: DREAMS, Economic Strengthening</li> </ul>
Day 7	3 hours	<ul style="list-style-type: none"> <li>ITOCA Results Presentation</li> <li>Detailed Review of Priority Organizational Capacity Areas and Introduction to Capacity Action Planning</li> </ul>
Day 8	3 hours	<ul style="list-style-type: none"> <li>Capacity Action Planning</li> <li>Workshop Wrap-up and next steps</li> </ul>

## Detailed Agenda

The agenda below provides guidance on how each workshop session should be led. Facilitators should adapt activities and timeframes based on the group that is being assessed. The agenda provides different examples of discussion activities that can be used during scoring sessions. Additionally, with virtual facilitation, each session will include a short reflection and wrap up section, to link discussions from day to day. Facilitators are encouraged to be creative with these sessions and more guidance on other types of discussion activities is available in the Pact OCA Facilitator's Guide.

This agenda provides recommended timing for each session, which can be adjusted based as needed. For each session, the facilitator should also try to program in at least one 5 to 10 minute break for participants.

Time	Activity	Facilitator/Participants
<b>Session I: Introduction and Scoring of Organizational Capacity Components</b>		
45 minutes	<p><b>Welcome and Opening, and Introductions</b></p> <p><b>Method:</b> Facilitated discussion</p> <ul style="list-style-type: none"> <li><i>Welcome from ACHIEVE (10 minutes):</i> The facilitator should welcome all participants to the meeting and provide a short statement about the purpose of the workshop.</li> <li><i>Opening from Local Partner (10 minutes):</i> The Local Partner's Project Director or CEO/President should also welcome all participants and provide a short overview of their expectations of the ITOCA from ACHIEVE.</li> <li><i>Introductions (15 minutes or more, depending on number of participants):</i> Ask each individual in the room to introduce themselves, with the following information: <ul style="list-style-type: none"> <li>Name</li> <li>Position within the Organization</li> <li>Expectations from the ITOCA Process.</li> </ul> </li> </ul> <p>As the participants present their expectations, a facilitator should record the expectations on virtual whiteboard. Only record new ideas, not duplicates.</p> <p>Instruct the participants that at the end of the ITOCA process, these expectations will be reviewed to see if they were met. The document should be shared in a cloud-based drive (ex. google drive) that all participants can access for future reference.</p> <p><b>Materials:</b> Virtual Whiteboard</p>	<p><b>Facilitator:</b> ACHIEVE, Local Partner Project Director or CEO</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
20 minutes	<p><b>Agenda Review and Ground Rules</b>  <b>Method:</b> Facilitated Discussion</p> <ul style="list-style-type: none"> <li>• <i>Agenda Review (5 minutes):</i> The facilitator will review the objectives and agenda for the workshop, covering all three days.</li> <li>• <i>Virtual Facilitation Housekeeping (5 minutes):</i> Provide an orientation to participants on how to use the mute button, chat function, “raise hands,” and any other necessary functions in the virtual meeting platform. Instruct participants that they should remain muted when not speaking.</li> <li>• <i>Ground Rules (10 minutes):</i> The facilitator will ask participants to brainstorm and share ideas for ground rules for the workshop. As ideas are shared, the facilitator should write them on a virtual whiteboard. Some examples of ground rules to propose, if they are not readily generated by participants, include: <ul style="list-style-type: none"> <li>○ All opinions are valid and all participants should contribute;</li> <li>○ Participants should not “debate” points;</li> <li>○ The process is about sharing experiences and examples, not about convincing others or resolving problems;</li> <li>○ Honest and candid viewpoints are encouraged;</li> <li>○ Confidentiality of group discussions--what is discussed in this meeting is confidential and information from this meeting should stay within the participant group;</li> <li>○ Use critical judgment, common sense, and respect; and</li> <li>○ Individuals should be present and active participants (ex. no cell phones or email).</li> </ul> </li> </ul> <p>The flip chart should be posted in the cloud-based shared drive for the meeting. The facilitator should tell participants that he/she will remind them of the ground rules throughout the workshop if participants do not follow them.</p> <p><b>Materials:</b> Virtual Whiteboard</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> All</p>
35 minutes	<p><b>Overview of ITOCA Tool and Process</b>  <b>Method:</b> Presentation</p> <ul style="list-style-type: none"> <li>• The facilitator will present a slide deck with an overview of the ITOCA tool and scoring process. During the presentation, participants should be encouraged to ask questions and for clarifications. The slide presentation should be shared virtually and available in the cloud-based shared drive for the meeting, so that participants can follow during the discussion.</li> <li>• The presentation should include a review of the ITOCA scoring methodology.</li> </ul> <p><b>Materials:</b> ppt presentation</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> All</p>
1 hr, 20 minutes	<p><b>Scoring Session: Governance &amp; Legal Structure</b>  <b>Method:</b> Group Discussion</p> <ul style="list-style-type: none"> <li>• <i>Review of Indicators (15 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the</li> </ul>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<p>indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</p> <ul style="list-style-type: none"> <li>• <i>Discussion (40 minutes):</i> The participants should be instructed to ask questions of other participants if they feel like they need more information about any particular indicator. The facilitator can lead this process by asking a participant to read out each indicator or a group of indicators in a capacity area and enabling discussion for each, if required. The facilitator should use the ORID methodology to ask questions and lead the discussion. <ul style="list-style-type: none"> <li>○ In the discussion, the facilitator should ask participants to provide examples of documentation that underlies scoring for relevant indicators.</li> <li>○ Participants should be encouraged to share information about their own observations of capacity in the relevant area, including the performance and quality of systems. Discussions should focus on objective observations and fact, rather than opinion.</li> <li>○ If there is a particularly contentious area of capacity, the facilitator should either intervene to mediate the discussion to resolution or discontinue it, based on the team dynamics.</li> <li>○ Key discussion points can be recorded on an online whiteboard as notes.</li> </ul> </li> <li>• <i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores. <ul style="list-style-type: none"> <li>○ Reassure participants that scores are anonymous and their names will not be associated with the scoring sheets. Remind them to NOT write their names on the scoring sheets.</li> </ul> </li> </ul> <p><i>*Facilitator Note:</i> Depending on the indicators selected for the ITOCA and local partner priorities, the distribution of capacity areas to be covered in each scoring session can be shifted. When making shifts, it will be important to make sure that you have them structured based on the expertise required from participants for the discussion and the time available.</p> <p><b>Materials:</b> ITOCA tool, Online WhiteBoard</p>	
10 minutes	<p><b>Reflection and Next Steps</b></p> <p><b>Method:</b> Group Discussion</p> <ul style="list-style-type: none"> <li>• The facilitator should review the outcomes of the day and ask for any comments or challenges related to use of the virtual platform or discussion process. Challenges should be noted and action items should be identified to address them for the next session.</li> <li>• Introduce the topic of the next session and remind participants to review the relevant ITOCA indicators before the next meeting and come with questions, to streamline the scoring process.</li> </ul> <p><b>Materials:</b> None</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
<b>Session 2: Scoring Financial Management, Procurement and Agreement Management, Human Resources Management</b>		
5 minutes	<b>Welcome and Session Overview</b> <b>Method:</b> Facilitated Discussion <ul style="list-style-type: none"> <li>• Welcome all participants to the meeting and request that they all introduce themselves via the virtual chat function.</li> <li>• Provide an overview of the agenda for the session.</li> <li>• Remind participants of workshop ground rules and virtual platform “housekeeping”</li> <li>• Ask participants if they have any questions from previous sessions that need to be addressed.</li> </ul>	<b>Facilitator:</b> ACHIEVE
1 hour, 25 minutes	<b>Scoring Session: Financial Management</b> <b>Method:</b> Same as Governance and Legal Structure	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
1 hour	<b>Scoring Session: Procurement and Agreement Management</b> <b>Method:</b> Card ranking <ul style="list-style-type: none"> <li>• <i>Card Ranking Activity (45 minutes):</i> This exercise helps groups identify and discuss relative capacity strengths and weaknesses. <ul style="list-style-type: none"> <li>○ Advanced preparation: On the Google Jamboard platform, prepare two identical sets of cards, with one set in one color and the second in a different color. Cards should have short phrases representing different indicators of the Capacity Area in question.</li> <li>○ Divide the participants into two groups. Designate an ACHIEVE facilitator for each group. Provide the link to all group members to access the online platform for the card ranking. The facilitator should also have the platform up on a shared screen.</li> <li>○ Before initiating discussion, the group’s facilitator should read each card aloud. The facilitator can also ask one of the participants to read the cards aloud instead. Ask if there are any questions about the general meaning of the terms on the indicators. If there are, answer them. If not, proceed with the instructions.</li> <li>○ Instruct the groups to discuss together to rank the cards in order of their organization’s strengths. This activity requires the group to discuss the meaning of each card, its relation to their organization, and how strong the organization is in this aspect. The ranking can be done vertically or horizontally. Cards can be on the same level if they have similar ranking. As the participants provide feedback, the facilitator should do the arranging of the cards, which can be done moving the cards around in the Google Jamboard.</li> <li>○ Bring the groups into a plenary once both have completed ranking. The facilitators should show the results of the discussion via the Google Jamboard.</li> <li>○ Proceed with ORID questions. Examples include:</li> </ul> </li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>▪ Objective: What differences/similarities do you observe in the ranking across both groups?</li> <li>▪ Reflective: How did this process go in your group? How did you feel about having to rank some areas ahead of others? Was your group able to easily come to consensus on ranking? Why or why not?</li> <li>▪ Interpretative: How do its strengths and weaknesses identified here impact your work? What do these differences in ranking mean for how your organization approaches this work?</li> </ul> <ul style="list-style-type: none"> <li>• <i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> Google Jamboard</p>	
1 hour, 20 minutes	<p><b>Scoring Session: Human Resources Management</b></p> <p><b>Method:</b> Card Ranking</p> <ul style="list-style-type: none"> <li>• Adapt the Card Ranking approach from the Program Planning and Management activity to have two different break-out groups looking at different sets of HRM indicators. In the plenary discussion, have each group report back on their ranking activity, for comments and questions from the other group.</li> </ul> <p><b>Materials:</b> Google Jamboard</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>
10 minutes	<p><b>Reflection and Next Steps</b></p> <p><b>Method:</b> Group Discussion</p> <ul style="list-style-type: none"> <li>• The facilitator should review the outcomes of the day and ask for any comments or challenges related to use of the virtual platform or discussion process. Challenges should be noted and action items should be identified to address them for the next session.</li> <li>• Introduce the topic of the next session and remind participants to review the relevant ITOCA indicators before the next meeting and come with questions, to streamline the scoring process.</li> </ul> <p><b>Materials:</b> None</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>
<b>Session 3: Program Planning and Management, Sustainability, Partnerships and Communications</b>		
5 minutes	<p><b>Welcome and Session Overview</b></p> <p><b>Method:</b> Facilitated Discussion</p> <ul style="list-style-type: none"> <li>• Welcome all participants to the meeting and request that they all introduce themselves via the virtual chat function.</li> <li>• Provide an overview of the agenda for the session.</li> <li>• Remind participants of workshop ground rules and virtual platform “housekeeping”</li> <li>• Ask participants if they have any questions from previous sessions that need to be addressed.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p>



Time	Activity	Facilitator/ Participants
1 hour, 25 minutes	<p><b>Scoring Session 3: Program Planning &amp; Management</b>  <b>Method:</b> Success and Fail Fest</p> <ul style="list-style-type: none"> <li><i>Review of Indicators (15 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li><i>Group Brainstorm ( minutes):</i> Break participants into two groups – one to focus on successes and the other to focus on failures. <ul style="list-style-type: none"> <li><i>Individual Reflection:</i> Ask each participant to reflect individually and write down on a piece of paper 3 examples of successes or failures in the area of program planning and management, based on their group’s selected topic.</li> <li><i>Small Group Discussion:</i> In the small groups, each participant should share their example of a success or failure with the other group members, in round robin fashion. Repeat ideas should be skipped. A notetaker should document the examples from the group in an online whiteboard. Each group should select 5 of the most spectacular examples of successes or most challenging failures from members to present back in the plenary session. The group should select a spokesperson for the presentation.</li> <li><i>Small Group Report Back:</i> The spokesperson for each group should provide their examples in plenary session. As each idea is discussed. The facilitator will write it on a flip chart or post it on the wall using a large sticky note.</li> <li><i>Plenary Discussion:</i> The presenter should ask participants to identify any themes across the successes and failures. Group the notecards into these themes on the wall. Some examples of questions are: <ul style="list-style-type: none"> <li>Are there similarities in terms of why these things happened?</li> <li>Were any of the successes and failures linked?</li> <li>What has the organization learned from the successes/failures?</li> <li>Does the organization do anything the same or differently as a result of the successes or failures?</li> </ul> </li> </ul> </li> <li><i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores.</li> </ul> <p><b>Materials:</b> Online whiteboard</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> TBD</p>
1 hour, 15 minutes	<p><b>Scoring Session 4: Sustainability, Partnerships and Communications</b>  <b>Method:</b> Group Discussion (same as Governance and Legal Structure)</p> <p><b>Materials:</b> Online WhiteBoard</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> TBD</p>
15 minutes	<p><b>Wrap Up and Closing</b>  <b>Method:</b> Reflections on the Day</p>	<p><b>Facilitator:</b> ACHIEVE  <b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li><i>Individual Reflections (5 minutes):</i> Ask participants to think of one thing that went well during the sessions so far, something that was a challenge, and something that they learned from the discussions throughout the sessions.</li> <li><i>Group Discussion (10 minutes):</i> The facilitator should ask the participants to offer up their reflections and write them down on the Google Jamboard. The facilitator should also provide some high level observations on the day.</li> </ul> <p><b>Materials:</b> Google Jamboard</p>	
<b>Session 4: OVC Comprehensive, OVC Preventative, Strategic Information</b>		
5 minutes	<p><b>Welcome and Session Overview</b></p> <p><b>Method:</b> Facilitated Discussion</p> <ul style="list-style-type: none"> <li>Welcome all participants to the meeting and request that they all introduce themselves via the virtual chat function.</li> <li>Provide an overview of the agenda for the session.</li> <li>Remind participants of workshop ground rules and virtual platform “housekeeping”</li> <li>Ask participants if they have any questions from previous sessions that need to be addressed.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p>
1 hour, 15 minutes	<p><b>Scoring Session: Strategic Information</b></p> <p><b>Method:</b> “How do we?” Activity</p> <ul style="list-style-type: none"> <li><i>Review of Indicators (15 minutes):</i> The facilitator should ask participants to review the indicators and ask any questions they might have or for clarifications on the indicators themselves or the scoring criteria. The facilitator should respond to questions accordingly.</li> <li><i>Small Group Activity (45 minutes)</i> <ul style="list-style-type: none"> <li><i>Small Group Discussion - Instructions:</i> Instruct participants that they will be broken out into small groups of 2 or 3 individuals. Each group will be responsible for reviewing a set of indicators from the capacity domain. For each indicator or group of indicators, the group will answer the question, “How do we?” for the relevant activity or technical activity. The group will write down a general process for how each thing is done. In that process, the group should review the process against the indicator scoring criteria to identify any gaps. It will be important for indicators to be assigned to groups with individuals that have enough information about organizational processes in the relevant area to provide informed content to the group discussion.</li> <li><i>Small Group Discussion:</i> Break participants into groups of 2 or 3 for a small group discussion in a virtual breakout room, based on the instructions. Each group should record the results of their discussion on a virtual whiteboard, to be shared back in the plenary session. The group should also select an individual who will be responsible for reporting back.</li> <li><i>Report Back and Plenary Discussion:</i> Each group should present the results of their small group discussions. Following the presentation, other participants should provide comments or fill in gaps.</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li><i>Scoring (15 minutes):</i> The facilitator should ask the participants to review their scoring sheets and refer them to the relevant capacity areas for scoring. Participants should be given some “quiet time” to record their scores, based on what they learned during the activity.</li> </ul>	
1 hour, 30 minutes	<b>Scoring Session: OVC Comprehensive</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
1 hour	<b>Scoring Session: OVC Preventative</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
10 minutes	<b>Reflection and Next Steps</b> <b>Method:</b> Group Discussion <ul style="list-style-type: none"> <li>The facilitator should review the outcomes of the day and ask for any comments or challenges related to use of the virtual platform or discussion process. Challenges should be noted and action items should be identified to address them for the next session.</li> <li>Introduce the topic of the next session and remind participants to review the relevant ITOCA indicators before the next meeting and come with questions, to streamline the scoring process.</li> </ul> <b>Materials:</b> None	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
<b>Session 5: Management of Community Cadres, Systems Strengthening, GBV</b>		
5 minutes	<b>Welcome and Session Overview</b> <b>Method:</b> Facilitated Discussion <ul style="list-style-type: none"> <li>Welcome all participants to the meeting and request that they all introduce themselves via the virtual chat function.</li> <li>Provide an overview of the agenda for the session.</li> <li>Remind participants of workshop ground rules and virtual platform “housekeeping”</li> </ul> Ask participants if they have any questions from previous sessions that need to be addressed.	<b>Facilitator:</b> ACHIEVE
45 minutes	<b>Scoring Session: Management of Community Cadres</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
55 minutes	<b>Scoring Session: Systems Strengthening</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
1 hour	<b>Scoring Session: GBV</b>	<b>Facilitator:</b> ACHIEVE

Time	Activity	Facilitator/ Participants
	<b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Participants:</b> TBD
15 minutes	<b>Wrap Up and Closing</b> <b>Method:</b> <i>Reflections on the Day</i> <ul style="list-style-type: none"> <li><i>Individual Reflections (5 minutes):</i> Ask participants to think of one thing that went well during the sessions so far, something that was a challenge, and something that they learned from the discussions throughout the sessions.</li> <li><i>Group Discussion (10 minutes):</i> The facilitator should ask the participants to offer up their reflections and write them down on the Google Jamboard. The facilitator should also provide some high level observations on the day.</li> </ul> <b>Materials:</b> Google Jamboard	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
<b>Session 6: DREAMS and Economic Strengthening</b>		
5 minutes	<b>Welcome and Session Overview</b> <b>Method:</b> Facilitated Discussion <ul style="list-style-type: none"> <li>Welcome all participants to the meeting and request that they all introduce themselves via the virtual chat function.</li> <li>Provide an overview of the agenda for the session.</li> <li>Remind participants of workshop ground rules and virtual platform “housekeeping”</li> </ul> Ask participants if they have any questions from previous sessions that need to be addressed.	<b>Facilitator:</b> ACHIEVE
45 minutes	<b>Scoring Session: DREAMS</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
55 minutes	<b>Scoring Session: Economic Strengthening</b> <b>Method:</b> Select a method used for other sessions (ex. Group Discussion, Card Ranking, “How do we?” Activity, Success and Fail Fest) or from those available in the Pact OCA Facilitator’s Manual.	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD
30 minutes	<b>Wrap Up and Closing</b> <b>Method:</b> <i>Reflections on the Day</i> <ul style="list-style-type: none"> <li><i>Individual Reflections (10 minutes):</i> Ask participants to think of one thing that went well during the sessions so far, something that was a challenge, and something that they learned from the discussions throughout the sessions.</li> <li><i>Group Discussion (20 minutes):</i> The facilitator should ask the participants to offer up their reflections and write them down on the Google Jamboard. The reflections should be discussed in terms of how they may impact scoring from the participants. The facilitator should also provide some high level observations on the scoring sessions. The facilitator should also remind participants to share their scoring sheets with the facilitator, for data analysis.</li> </ul> <b>Materials:</b> Google Jamboard	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All

Time	Activity	Facilitator/ Participants
<b>Session 7: Review of Results and Capacity Action Planning</b>		
15 minutes	<b>Review of Agenda</b> <b>Method:</b> Group discussion <ul style="list-style-type: none"> <li><i>Review of Agenda (15 minutes):</i> Welcome the participants to the meeting. Provide a short review of the agenda for the meeting. Review the ground rules established on Day 1, noting that sometimes the presentation of data can elicit responses and issues that require discussion.</li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
1 hour, 15 minutes	<b>ITOCA Results Presentation</b> <ul style="list-style-type: none"> <li>Summary of scores</li> <li>Key strengths and weaknesses</li> </ul> <b>Method:</b> Presentation and discussion <ul style="list-style-type: none"> <li>Deliver presentation with ITOCA scoring results. During the presentation, allow for discussion on each slide to enable participants to ask questions and provide comments on the data. If the presentation is shared via ppt, share the slide deck in the cloud-based shared drive for the meeting and via a shared screen with participants.</li> <li>Use ORID questions during the presentation, especially on areas where the data shows lower levels of capacity or disagreement between external validator and participants scores.</li> <li>During the discussion, if ideas around CD priorities come out of the discussion, ask a designated notetaker to record them on an online whiteboard, that can be shared after the meeting. Participants should be encouraged to also share ideas in the meeting chatbox.</li> </ul> <b>Materials:</b> ppt presentation, online whiteboard	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> All
2 hours	<b>Detailed Review of Priority Organizational Capacity Areas and Capacity Action Planning</b> <ul style="list-style-type: none"> <li>Review of individual indicator scores,</li> <li>Consensus on results</li> <li>Identify Key Capacity Development Needs and Develop Plans</li> </ul> <b>Method:</b> Identifying Organizational Strengths and Challenges <ul style="list-style-type: none"> <li><i>Instructions (5 minutes):</i> On an online whiteboard, write the name of the first Capacity Area at the top. Create a table with two columns, and label one “Strengths” and the other “Challenges.” Instruct participants that they should think of strengths and challenges for the relevant capacity area. <ul style="list-style-type: none"> <li>Rules for the statements about strengths and challenges include: one idea per statement, stay focused on the Capacity Area, be as specific and clear as possible.</li> <li>Instruct participants that strengths can still have challenges associated with them, especially if they are activities or systems that need to be sustained or scaled.</li> </ul> </li> </ul>	<b>Facilitator:</b> ACHIEVE <b>Participants:</b> TBD

Time	Activity	Facilitator/ Participants												
	<ul style="list-style-type: none"><li><b>Plenary Activity (25 minutes):</b> With all participants, brainstorm the individual strengths and challenges of the first Capacity Area. Instead of participants simply re-stating the indicators, make sure they name more specific strengths and challenges that underly the scores for the indicator. Record the responses an online whiteboard in the relevant column. An example of the format of the online whiteboard table is below:  <b>Capacity Area:</b> Governance and Legal Structure <table><tr><th></th><th>Description</th><th>Comments/Questions</th><th>Vote</th></tr><tr><td>Success</td><td><ul style="list-style-type: none"><li>Board holds regular meetings</li></ul></td><td></td><td></td></tr><tr><td>Challenge</td><td><ul style="list-style-type: none"><li>Board members do not fully understand their governance roles and often involve themselves with day-to-day activity management</li></ul></td><td></td><td></td></tr></table></li><li><b>Small Group Activity (60 minutes):</b><ul style="list-style-type: none"><li>Divide participants into small groups, focusing each on a select group of capacity areas. The groups can self select based on interest and expertise into the small groups. Determine the number of groups based on the number of participants in the room. No group should have more than 5 people. Each group should select a person that will be the “recorder,” who will record the discussion on the table in the online whiteboard.</li><li>Ask them to brainstorm the strengths and challenges for each remaining Capacity Areas on their own tables in respective online whiteboards, like the larger group did for the first Capacity Area. Each group will be put into a breakout room on the online platform. As groups are working, the faciliator should rotate between them to ensure they are being specific and clear in their strengths and challenges. Instruct each group to share their tables in the cloud-based shared drive for the ITOCA process, with the capacity area in the file name.</li></ul></li><li><b>Gallery Walk (30 minutes):</b> After all Capacity Areas have been analyzed and strengths and challenges drafted, bring all participants back into the plenary group on the virtual platform. Instruct the participants to review the various online whiteboards. Questions or comments can be recorded on each whiteboard by partipants as they conduct their review.</li></ul> <p><b>Materials:</b> Online whiteboard files with a table for each capacity area.</p>		Description	Comments/Questions	Vote	Success	<ul style="list-style-type: none"><li>Board holds regular meetings</li></ul>			Challenge	<ul style="list-style-type: none"><li>Board members do not fully understand their governance roles and often involve themselves with day-to-day activity management</li></ul>			
	Description	Comments/Questions	Vote											
Success	<ul style="list-style-type: none"><li>Board holds regular meetings</li></ul>													
Challenge	<ul style="list-style-type: none"><li>Board members do not fully understand their governance roles and often involve themselves with day-to-day activity management</li></ul>													
15 minutes	<p><b>Voting on Priorities</b></p> <p><b>Method:</b> Voting</p> <ul style="list-style-type: none"><li>This activity is something that can be done during or after the meeting.</li><li>Make sure all of the online whiteboard tables from the previous activity are saved in the cloud-based shared drive for the meeting. Instruct each participant that they have up to 10 votes in total.</li><li>Explain to participants that they will vote on the challenges that they most want to and think they can most feasibly address in the coming year. They can vote by</li></ul>													

Time	Activity	Facilitator/ Participants
	<p>putting an “X” in the voting column for each online whiteboard table for the challenges or successes that they would like to prioritize in the Capacity Action Plan. Encourage participants to vote for challenges that will have the greatest impact on their organization and work, as well as those that are possible within a year. Explain that they will develop activities to address these challenges after lunch. Re-emphasize that the challenges will be addressed by them and their organization and that there is no guarantee that partners will support any of these activities.</p> <ul style="list-style-type: none"> <li>Participants can distribute their votes across challenges or place all or several votes on one that they feel should be prioritized. The point of this exercise is to develop a more-narrowed list of high priorities that will be developed into actions for their organization’s CAP.</li> <li>Encourage participants participants take a few minutes to reread all the Capacity Areas and their challenges. Then, have them vote. If the voting process will take place on the participants own time after the meeting provide a clear deadline by which they should complete their voting, so that the results can be analyzed prior to the next session.</li> </ul> <p><b>Materials:</b> Online Whiteboard.</p> <p><i>*Facilitator Note:</i> Following this session, the facilitator will need to review the results of the voting process. The facilitator should take note of the challenges/successes with no votes and ensure these are documented for possible consideration in future rounds of CAP development. For those with votes, you must now make a judgment about how many should be included in the next activity. For larger organizations or those that you feel are mature and capable enough to address a greater list, consider up to 35. For organizations that are smaller or less developed, consider limiting the priorities to the top 10–15. Write the top-voted challenges on a separate document or presentation, that can be shared via the online whiteboard in the next session.</p>	
<b>Session 8: Capacity Action Planning and Workshop Wrap-up</b>		
15 minutes	<p><b>Review of Agenda</b></p> <p><b>Method:</b> Group discussion</p> <p><i>Review of Agenda (15 minutes):</i> Welcome the participants to the meeting. Provide a short review of the agenda for the meeting. Review the ground rules established on Day 1, noting that sometimes the presentation of data can elicit responses and issues that require discussion.</p>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> All</p>
1 hour	<p><b>Detailed Review of Priority Technical Capacity Areas and Capacity Action Planning</b></p> <p><b>Method:</b> Brainstorming CAP Activities</p> <ul style="list-style-type: none"> <li><i>Advance Preparation:</i> Prepare a list of verbs that participants can use to start their action planning statements. Write the list of action words on a powerpoint slide or online whiteboard. The words should fit the types of challenges participants have come up with. For example: write, change, review, practice, learn, visit, share, teach, talk, request, listen, clarify.</li> </ul>	<p><b>Facilitator:</b> ACHIEVE</p> <p><b>Participants:</b> TBD</p>



Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>• <i>Actions versus problems (5 minutes):</i> Warm up participants by asking them about the differences between an “action” and a “problem.” Clarify or correct if there is a need. <ul style="list-style-type: none"> <li>○ “Now I want to give you an example of an action and a problem. ‘I am hungry’ is a problem, and my action to solve this problem may be ‘shop for food,’ ‘cook dinner,’ or ‘eat something.’ Does this make sense?”</li> <li>○ Post a list of “action words” on the wall on a flip chart.</li> </ul> </li> <li>• <i>Brainstorming (55 minutes):</i> Break participants into small groups, based on the groups from the previous session. Ask each to designate a person to write down their ideas on an online whiteboard. <ul style="list-style-type: none"> <li>○ Review the list of challenges/successes developed in the previous session. Read a challenge and ask participants to come up with a specific action to address that challenge. Point to a list of action words and explain that participants can use some of these to help draft their actions. <ul style="list-style-type: none"> <li>▪ As a volunteer offers a suggestion, ask clarifying questions to make the suggested action as specific as possible. Then write the idea on a flip chart and reference the challenge from the previous session (consider using a numbering scheme). Repeat with another challenge.</li> </ul> </li> <li>○ Now that they understand the process, have participants work in their small groups. Each group will be moved into an online breakout room in the virtual platform. An ACHIEVE facilitator should circulate among the small groups to provide assistance in the discussions. Instruct participants to think about the organization’s prioritized challenges on an online whiteboard or Google Jamboard. <ul style="list-style-type: none"> <li>▪ Actions should be brief, not long sentences, and easily understood by all.</li> <li>▪ Within each group, participants can divide up challenges among pairs or individuals. The group should manage their time and come back together to share ideas and come to consensus on which actions they believe are realistic and feasible to implement. The group should also discuss whether there are any gaps that have not been addressed and come up with new actions to address those gaps.</li> <li>▪ The group should select a spokesperson to report back on the task in the next session.</li> </ul> </li> </ul> </li> </ul> <p><b>Materials:</b> Online whiteboard/slide with Action Words, online whiteboard or Google Jamboard for discussion of CAP activities</p>	
45 minutes	<p><b>Presentation of Capacity Action Plans</b></p> <p><b>Method:</b> Small Group Spokespersons Make Presentations</p> <ul style="list-style-type: none"> <li>• Ask spokespersons to present their CAPs. Divide the time and give each group an equal amount of time for presentation and at least 5 minutes for discussion and questions. The spokesperson for the group should share their screen for the</li> </ul>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	<p>presentation to show the online whiteboard or Google Jamboard with their list of CAP activities.</p> <ul style="list-style-type: none"> <li>After each presentation invite discussion, questions, and comments from other participants. The facilitator can also provide relevant comments.</li> <li>Use markers and flip charts to record any relevant notes or updates to small group CAPs.</li> </ul> <p><b>Materials:</b> Flip chart paper, pens, masking tape, list of prioritized challenges from morning session.</p>	
45 minutes	<p><b>Prioritizing Activities and CAP Development</b></p> <p><b>Method:</b> Planning</p> <ul style="list-style-type: none"> <li><i>Advance Preparation:</i> Provide each participant with a hard or soft copy of the CAP template. Set up the Planning Pyramid in Google Jamboard and write up a “note card” for each action item from one of the capacity areas from the previous session.</li> <li><i>Introduce the Planning Pyramid (10 minutes):</i> Explain that this activity is to help prioritize actions that the organization can implement both in the short term and long term. Prioritizing helps organizations understand things that they can do and things that require community and external support for them to achieve. <ul style="list-style-type: none"> <li>Point to different areas of the pyramid to make sure participants understand what each of the areas mean. Make the difference between community support and external assistance clear. Note that external assistance can include assistance from ACHIEVE. Ask participants why they think each area of the pyramid is the size it is.</li> </ul> </li> <li><i>Developing the CAP (35 minutes):</i> Select one capacity area. Set up the pyramid structure on Google Jamboard. Ask the participants to review the action items from the previous session for the selected capacity area. Create a “note card” in the Jamboard for each action item. Lead a discussion among participants to put each “note card” into the relevant box in the pyramid.</li> </ul> <p><b>Materials:</b> Online whiteboard, Google Jamboard</p>	<p><b>Facilitator:</b> ACHIEVE, Small Group Spokespersons</p> <p><b>Participants:</b> All</p>
30 minutes	<p><b>Review of Next Steps for Capacity Action Plans</b></p> <p><b>Method:</b> Discussion</p> <ul style="list-style-type: none"> <li><i>Selecting Actions for CAP (10 minutes):</i> Instruct participants to meet in small groups after the workshop to carry out a similar activity for each of the capacity domains to come up priority CAP activities and to input each one into the CAP template,</li> </ul>	<p><b>Facilitator:</b> Organization’s senior leader/Project</p>



Time	Activity	Facilitator/ Participants
	<p>with a timeframe and set of resource requirements identified for each. Note that an ACHIEVE facilitator can be available for each of these discussions to aid in CAP completion.</p> <ul style="list-style-type: none"> <li>○ <i>Instruct participants that</i> some organizations may choose a greater or smaller number of actions. The ultimate number of actions should take into consideration the allocation of resources, the length of partnership with ACHIEVE or other partners, and the time available to implement the plan.</li> <li>• <b>Next Steps (20 minutes):</b> The Organization's senior leader/Project Director should provide guidance to participants on how the CAP implementation process will be coordinated. This should include the following: <ul style="list-style-type: none"> <li>○ Designation of a focal person for oversight</li> <li>○ Designation of timeline to fill out CAP template with activities to share with a ACHIEVE</li> <li>○ Set out a process for internal discussion and review of CAP progress and communication on activities where collaboration across units is required</li> <li>○ Designate a timeframe for follow-up with ACHIEVE</li> <li>○ Request specific technical support, training, and mentorship from ACHIEVE.</li> </ul> </li> <li>• The ACHIEVE Facilitator should set a timeline for follow-up meetings with the organization to review CAP progress. Discuss use of the CSP and/or Excel tools for monitoring progress.</li> <li>• The expected outcome of this session will be a timeline and action plan for follow-up on CAP implementation within the organization and with ACHIEVE.</li> </ul> <p><i>*Facilitator Note:</i> It is important for the facilitator to discuss planning for this session with the Organization's senior leader/Project Director at least 2 days in advance so that individual has an opportunity to prepare. During the planning of this session, reinforce the importance of how the organization can set a positive tone for the CD process through the manner in which it is led and coordinated internally.</p>	<p>Director; ACHIEVE <b>Participants:</b> All</p>
30 minutes	<p><b>Wrap Up and Closing</b></p> <ul style="list-style-type: none"> <li>• Evaluation of ITOCA Process</li> <li>• Closing and Thanks</li> </ul> <p><b>Method:</b> Individual work and discussion</p> <ul style="list-style-type: none"> <li>• <i>Advance Preparation:</i> Put the ITOCA evaluation form into an online survey tool (ex. Survey Monkey), with a link to the survey to be shared with participants in advance of the session.</li> <li>• <i>Evaluation of ITOCA Process (10 minutes):</i> Ask participants for comments on activities and parts of the ITOCA process that went well or were challenging. Record notes on an online whiteboard. <ul style="list-style-type: none"> <li>○ Refer participants to the online ITOCA Evaluation Tool. Ask each participant to complete the form online by a specified deadline.</li> </ul> </li> </ul>	<p><b>Facilitator:</b> ACHIEVE, Organization's senior leader/Project Director <b>Participants:</b> All</p>

Time	Activity	Facilitator/ Participants
	<ul style="list-style-type: none"> <li>○ Instruct participants that the evaluation is anonymous. Participants are encouraged to provide honest feedback and comments so that the results can be used to improve future ITOCA processes.</li> <li>• <i>Closing and Thanks (20 minutes):</i> The facilitator should thank participants for their active participation in the ITOCA process and provide comments on highlights from the assessment process. Provide some additional encouraging comments about the organization's CD process and progress in the future and how ACHIEVE will be able to support them. <ul style="list-style-type: none"> <li>○ The organization's most senior leader or Project Director should provide a thanks to the participants and any comments on next steps following the ITOCA process, including CAP implementation. These comments will be critical to setting the tone for CAP implementation into the future.</li> </ul> </li> </ul> <p><b>Materials:</b> Online survey tool</p>	



# ACHIEVE Integrated Technical and Organizational Capacity Assessment Tool

## Introduction

ACHIEVE's ITOCA is a comprehensive, participatory, and strengths-based approach for achieving organizational change, learning, and development. The ITOCA supports organizations to measure their capacity, prioritize organizational challenges, and implement improvement strategies at a detailed level. The ITOCA is both a methodology and a tool used to guide the process. The ITOCA methodology is composed of a series of key activities:

- A. Tool Adaptation:** Participatory ITOCA tool design empowers organizations to identify relevant indicators for evaluating their skills, abilities, and knowledge. The adaptation of the tool is typically completed during a half-day workshop with representatives of the partner who will participate in the assessment process. The tool uses “word pictures” of capacity across 4 levels to enable learning, as well as to provide objective criteria for scoring.
- B. Facilitated Self-Assessment Workshop:** The adapted ACHIEVE ITOCA tool serves as the basis for a facilitated self assessment process. This assessment leads staff and, in some instances, board members and volunteers through structured discussion activities followed by individual scoring on a series of rigorous capacity indicators. This interactive session is completed on Days 1 and 2 of a three-day assessment and planning workshop. Data from the facilitated self-assessment is validated through a review of source documentation and evidence.
- C. Building Consensus:** A key goal of the assessment process is to open up communication among different units within an organization to promote and enhance the culture of sharing and learning. Individual scoring data enables an evaluation of consensus amongst participants to help guide change management processes within teams. Data from the assessment is used to set realistic capacity benchmarks, so that the organization can identify a vision for the future to guide action planning and priority setting.
- D. Capacity Action Planning (CAP):** Data-guided planning provides organizations with an opportunity to interpret the self-assessment data and identify capacity development priorities and activities that can be supported by ACHIEVE, implemented independently, or completed in partnership with third parties. Using the ACHIEVE CAP Template, the CAP process is initiated on Day 3 of the assessment and planning workshop. Though, additional follow-up to finalize the plans is often required.
- E. Reassessment:** Repeating the tool for continual learning allows organizations to monitor change, track outputs of their capacity development efforts, and integrate new learning as their needs change and capabilities increase.

The ITOCA brings together an analysis of NUPAS related indicators with additional measures of organizational and technical capacity, providing a full picture of an organization's capacity across various domains essential for sustainability, program implementation, and technical quality. These domains include:

## Domains

- 1. Governance and Legal Structure
- 2. Program Planning and Management
- 3. Financial Management
- 4. Procurement & Agreement Management
- 5. Human Resources Management
- 6. Strategic Information
- 7. Partnerships & Communications
- 8. Sustainability
- 9. Management of Community Cadres
- 10. OVC Comprehensive
- 11. OVC Preventative
- 12. Systems Strengthening
- 13. GBV
- 14. DREAMS
- 15. Economic Strengthening

Each domain has indicators, which contain a series of descriptors corresponding to the four qualifying stages. The domains and sub-domains in the tool are also designed to be included in the assessment process as appropriate to the organization’s context. Some indicators are required to be assessed of all partners, including those aligned with the NUPAS, and others are considered optional. When planning the assessment with the partner, optional indicators should be discussed in advance of the assessment workshop and noted accordingly on the ITOCA Data Entry tab next to the relevant indicator.

## Assessment Process

- How long does it take?** The ITOCA is undertaken in two phases: A half day workshop to adapt the tool; a 3 day workshop for scoring and action planning.
- Where is it done?** The ITOCA should be conducted on site with the organization at their offices to enable access to source documentation for data validation and to provide an opportunity for holistic inclusion of staff in the process. If space is insufficient, it can be held in an outside location.
- Who should participate?** Generally, up to 10 individuals designated from the organization will participate. They will be drawn from various units and functions across the organization, which should include finance, administration, grants management, human resources, technical and program management, and monitoring and evaluation. Participation should also include a balance of organizational leadership and lower level staff.
- How is the data collected and analyzed?** The ITOCA is best implemented using a self-assessment process, which is coupled with an external review of underlying documentation to verify results. External evaluator results will be recorded on the ITOCA Data Entry table, along with participant results from the self-assessment workshop. External evaluator results are required for all NUPAS related indicators. External evaluator scores will be documented by a designated team from ACHIEVE.

Instructions for Use of the Tool

✓

The following information **CAN BE** modified on the Domain Tabs: Key Questions, Means of Verification, Comments.

✓

Assessors should only enter data on the **ITOCA Data Entry tab** in the relevant cells for scoring. All cells containing formulas are locked. In the event of a problem with cell formulas, please contact Stephanie Calves at scalves@pactworld.org or Erica Kuhlik at ekuhlik@pactworld.org.

✓

The Scoring Sheet tab may be printed and provided to all participants for manual scoring during an assessment workshop. It is important to make sure that each participant provides their designated participant number on the scoring sheet to ensure that data is managed cleanly and that there are no duplicate data entries.

✓

Data in the NUPAS Report Table CANNOT be modified. The results for the NUPAS reporting will be automatically calculated based on data entered in the ITOCA Data Entry tab.

Scoring	
Scoring is within a continuum of Stages I - 4	
Score	Interpretation
Level 1	No or minimal capacity; Not ready for transition; No chance of sustainability
Level 2	Emerging capacity; Transition not advisable; Minimal chance of sustainability
Level 3	Satisfactory level of capacity; May be considered for transition of function with some further actions required to minimize risk; Good chance of sustainability
Level 4	Excellent level of capacity; Ready for full organizational independence; Excellent chance of sustainability

Data Entry, Analysis, and Reporting

Data are entered in the tool by selecting from a dropdown list. Data are automatically analyzed and presented to the participants as dashboards. The organization/entity being assessed knows their final capacity score at the end of the assessment the exercise. The findings are used to compile a report that specifically lists the capacity gaps identified. The findings will also be used on the final day of the assessment to develop an organization specific capacity action plan that includes activities to address the organization's capacity development priorities.

Confidentiality

ACHIEVE will maintain confidentiality of all CSO's/government entity information pertaining to the assessment, including organizational, financial, program, or technical issues, panel discussions, and issues identified that will need capacity strengthening. ACHIEVE will not disclose data to any unauthorized parties. However, scores from this assessment, may be required to be reported to USAID in accordance with the ACHEIVE Monitoring, Evaluation, and Learning Plan.

## Organizational Overview and Summary

Name of organization							
Country				Type of Organization			
Primary Office Location (City, District, Province)							
Programmatic Scope							
Type of ACHIEVE Partner		If a USAID Prime Implementer, Project Name:		Funding Amount:		Project Timeframe: (Start and End Date)	
Date of ITOCA			Type of assessment (check one)				

## Participants

[illegible]




External Evaluators				
Number	First Name	Surname	Position	Sex
1				
2				
3				
4				
5				

Scoring Definitions	Scoring Criteria
Level 1	No or minimal capacity; Not ready for transition; No chance of sustainability
Level 2	Emerging capacity; Transition not advisable; Minimal chance of sustainability
Level 3	Satisfactory level of capacity; May be considered for transition of function with some further actions
Level 4	Excellent level of capacity; Ready for full organizational independence; Excellent chance of sustainability

Participant No.					
Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
Governance & Legal Structure	1.1	Mandatory		Local Organization	
Governance & Legal Structure	1.2	Mandatory		Legal Requirements	
Governance & Legal Structure	1.3	Mandatory		Organizational Structure	
Governance & Legal Structure	1.4	Mandatory		Governance	
Governance & Legal Structure	1.5	Mandatory		Control Environment	
Governance & Legal Structure	1.6	Mandatory		Code of Conduct	
Governance & Legal Structure	1.7	Mandatory		Board of Directors - Roles and Responsibilities	
Governance & Legal Structure	1.8	Mandatory		Stakeholder Engagement	
Governance & Legal Structure	1.9	Mandatory		Organizational Constitution or Bylaws	
Governance & Legal Structure	1.10	Mandatory		Mission & Vision	
Program Planning & Management	2.1.1	Mandatory		Project Management Systems: Policies & Procedures	
Program Planning & Management	2.1.2	Mandatory		Project Management Systems: Personnel Capacity	
Program Planning & Management	2.2	Mandatory		Annual Work Plan	
Program Planning & Management	2.3	Mandatory		Program Design and Modification	
Program Planning & Management	2.4	Mandatory		Strategic Planning	
Program Planning & Management	2.5	Mandatory		Service Delivery: Quality Management	
Program Planning & Management	2.6	Mandatory		Service Delivery: Beneficiary Satisfaction	
Program Planning & Management	2.7	Mandatory		Risk Management	
Program Planning & Management	2.8	Mandatory		Donor Award Management	
Program Planning & Management	2.9	Optional		Supportive Supervision of Field Offices	
Program Planning & Management	2.1	Mandatory		Child Safeguarding Policy	
Program Planning & Management	2.11	Mandatory		Policy on Rights of Beneficiaries	
Financial Management	3.1.1	Mandatory		Banking Relationship & Accounts: Bank Account	
Financial Management	3.1.2	Mandatory		Banking Relationship & Accounts: Bank Reconciliation	
Financial Management	3.1.3	Mandatory		Banking Relationship & Accounts: Policies & Procedures	
Financial Management	3.2	Mandatory		Accounting/Bookkeeping System	
Financial Management	3.3.1	Mandatory		Chart of Accounts, General Ledger, and Financial Statements: Chart of Accounts & General Ledger	
Financial Management	3.3.2	Mandatory		Chart of Accounts, General Ledger, and Financial Statements: Recording of Transactions	
Financial Management	3.3.3	Mandatory		Chart of Accounts, General Ledger, and Financial Statements: Financial Statements	

Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
Financial Management	3.4.1	Mandatory		Variance Analysis (Budget to Actual Cost): Analysis Reports	
Financial Management	3.4.2	Mandatory		Variance Analysis (Budget to Actual Cost): Use of Variance Analysis	
Financial Management	3.4.3	Mandatory		Variance Analysis (Budget to Actual Cost): Policies & Procedures	
Financial Management	3.5.1	Mandatory		Allowable and Unallowable Cost: Personnel Capacity	
Financial Management	3.5.2	Mandatory		Allowable and Unallowable Cost: Policies & Procedures	
Financial Management	3.6.1	Mandatory		Direct and Indirect Costs: Personnel Capacity	
Financial Management	3.6.2	Mandatory		Direct and Indirect Costs: Cost Objectives	
Financial Management	3.6.3	Mandatory		Direct and Indirect Costs: Cost Allocation	
Financial Management	3.6.4	Mandatory		Direct and Indirect Costs: Cost Accumulation	
Financial Management	3.7.1	Mandatory		Payments - Segregation of Duties: Supporting Documentation	
Financial Management	3.7.2	Mandatory		Payments - Segregation of Duties: Policies & Procedures	
Financial Management	3.8	Mandatory		Accounting Cycle - Segregation of Duties	
Financial Management	3.9.1	Mandatory		Financial Records Management: Policies and Procedures	
Financial Management	3.9.2	Mandatory		Financial Records Management: Contingency Planning	
Financial Management	3.10.1	Mandatory		Sources of Funding: Financial Tracking	
Financial Management	3.10.2	Mandatory		Sources of Funding: Personnel Capacity	
Financial Management	3.10.3	Mandatory		Sources of Funding: Diversification	
Financial Management	3.11	Mandatory		Financial Reporting	
Financial Management	3.12.1	Mandatory		Audit and Review of Financial Statements: Audit of Financial Statements	
Financial Management	3.12.2	Mandatory		Audit and Review of Financial Statements: Audit Opinion	
Financial Management	3.12.3	Mandatory		Audit and Review of Financial Statements: Findings on Internal Controls	
Financial Management	3.12.4	Mandatory		Audit and Review of Financial Statements: Resolution of Audits	
Financial Management	3.13.1	Mandatory		Financial Management Personnel: Professional Training	
Financial Management	3.13.2	Mandatory		Financial Management Personnel: Technical Qualifications	
Financial Management	3.14.1	Mandatory		Cash Flow Management: Monitoring Cash Flow	
Financial Management	3.14.2	Mandatory		Cash Flow Management: Management Involvement	
Financial Management	3.14.3	Mandatory		Cash Flow Management: Payment History	
Financial Management	3.14.4	Mandatory		Cash Flow Management: Liquidation of Advances	
Financial Management	3.15	Mandatory		Gender Sensitive Budgeting	
Procurement & Agreement Management	4.1.1	Mandatory		Procurement Policies, Procedures and Practices: Availability	

Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
Procurement & Agreement Management	4.1.2	Mandatory		Procurement Policies, Procedures and Practices: Personnel Capacity	
Procurement & Agreement Management	4.2.1	Mandatory		Compliance with Policies and Procedures – Reasonableness of Price: Policies & Procedures	
Procurement & Agreement Management	4.2.2	Mandatory		Compliance with Policies and Procedures – Reasonableness of Price: Supporting Documentation	
Procurement & Agreement Management	4.3.1	Mandatory		Procurement of Subawards: Policies & Procedures	
Procurement & Agreement Management	4.3.2	Mandatory		Procurement of Subawards: Conflict of Interest	
Procurement & Agreement Management	4.3.3	Mandatory		Procurement of Subawards: Personnel Capacity	
Human Resources Management	5.1.1	Mandatory		Overall Human Resources (HR) Policies and Procedures: Adequacy	
Human Resources Management	5.1.2	Mandatory		Overall Human Resources (HR) Policies and Procedures: Content	
Human Resources Management	5.2.1	Mandatory		Gender and Non-Discrimination: Policy Availability	
Human Resources Management	5.2.2	Mandatory		Gender and Non-Discrimination: Policy Application	
Human Resources Management	5.2.3	Mandatory		Gender and Non-Discrimination: Staff Knowledge and Skills	
Human Resources Management	5.3.1	Mandatory		Staff Time Management: Labor Activity System	
Human Resources Management	5.3.2	Mandatory		Staff Time Management: Completion of Timesheets	
Human Resources Management	5.3.3	Mandatory		Staff Time Management: Approval of Timesheets	
Human Resources Management	5.3.4	Mandatory		Staff Time Management: Labor Cost Distribution	
Human Resources Management	5.3.5	Mandatory		Staff Time Management: Employee Payments	
Human Resources Management	5.4.1	Mandatory		Payroll System: System	
Human Resources Management	5.4.2	Mandatory		Payroll System: Reconciliation with General Ledger	
Human Resources Management	5.4.3	Mandatory		Payroll System: Compensation and Benefits Policy	
Human Resources Management	5.5.1	Mandatory		Travel Policies and Procedures: Availability	
Human Resources Management	5.5.2	Mandatory		Travel Policies and Procedures: Application	
Human Resources Management	5.5.3	Mandatory		Travel Policies and Procedures: Documentation	
Strategic Information	6.1.1	Mandatory		Human Capacity for PEPFAR Strategic Information - Staffing	
Strategic Information	6.1.2	Mandatory		Human Capacity for PEPFAR Strategic Information - Training	
Strategic Information	6.2.1	Mandatory		Organizational Processes for PEPFAR Strategic Information - Independence	
Strategic Information	6.2.2	Mandatory		Organizational Processes for PEPFAR Strategic Information - Alignment with PEPFAR Requirements	
Strategic Information	6.2.3	Mandatory		Organizational Processes for PEPFAR Strategic Information - Reporting Compliance	

Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
Strategic Information	6.2.4	Mandatory		Organizational Processes for PEPFAR Strategic Information - Planning and Budgeting	
Strategic Information	6.3.1	Mandatory		Technology, Infrastructure & Systems for PEPFAR Strategic Information - Tools and Systems	
Strategic Information	6.3.2	Mandatory		Technology, Infrastructure & Systems for PEPFAR Strategic Information - IT Systems Management	
Strategic Information	6.3.3	Mandatory		Technology, Infrastructure & Systems for PEPFAR Strategic Information - Data Storage and Security	
Strategic Information	6.4.1	Mandatory		PEPFAR Data Quality & Use - Data Quality Assurance	
Strategic Information	6.4.2	Mandatory		PEPFAR Data Quality & Use - Quality Improvement Processes	
Strategic Information	6.4.3	Mandatory		PEPFAR Data Quality & Use - Feedback Cycles	
Strategic Information	6.5	Mandatory		Learning Agenda	
Strategic Information	6.6	Mandatory		Ethical Use of Data	
Strategic Information	6.7	Mandatory		Gender Sensitive MERL Processes	
Strategic Information	6.8	Optional		Target Setting	
Partnerships & Communications	7.1	Mandatory		Branding	
Partnerships & Communications	7.2	Mandatory		Partnerships, Networking and Collaboration	
Partnerships & Communications	7.3	Mandatory		Community Presence and Involvement	
Partnerships & Communications	7.4	Mandatory		External Communication Strategy	
Partnerships & Communications	7.5	Mandatory		Communication Materials	
Partnerships & Communications	7.6	Mandatory		Gender Sensitive Communications	
Sustainability	8.1	Mandatory		Absorptive Capacity	
Sustainability	8.2	Mandatory		Program Sustainability	
Sustainability	8.3	Mandatory		Resource Mobilization and Sustainability	
Management of Community Cadres	9.1	Optional		Performance Based Management of Community Cadres (CC)	
Management of Community Cadres	9.2	Optional		Volunteer Documentation	
Management of Community Cadres	9.3	Optional		Community Volunteer Management Guidelines	
Management of Community Cadres	9.4	Optional		Community Volunteer Supportive Supervision	
OVC Comprehensive	10.1.1	Optional		OVC Case Management: SOPs	
OVC Comprehensive	10.1.2	Optional		OVC Case Management: Identification and Enrollment	
OVC Comprehensive	10.1.3	Optional		OVC Case Management: Target Achievement	
OVC Comprehensive	10.1.4	Optional		OVC Case Management: Care Planning	
OVC Comprehensive	10.1.5	Optional		OVC Case Management: Case Closure	
OVC Comprehensive	10.1.6	Optional		OVC Case Management: Graduation	
OVC Comprehensive	10.1.7	Optional		OVC Case Management: Service Maps	
OVC Comprehensive	10.2.1	Optional		OVC Health: Known HIV Status and Case Finding	
OVC Comprehensive	10.2.2	Optional		OVC Health: Referral Mechanisms	
OVC Comprehensive	10.2.3	Optional		OVC Health: Facility MOUs	

Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
OVC Comprehensive	10.2.4	Optional		OVC Health: Training of Case Managers on Treatment for CLHIV	
OVC Comprehensive	10.2.5	Optional		OVC Health: C/ALHIV Treatment Linkage, Adherence, and Retention	
OVC Comprehensive	10.2.6	Optional		OVC Health: Nutrition and Immunization Monitoring	
OVC Comprehensive	10.2.7	Optional		OVC Health: Teen Caregivers	
OVC Comprehensive	10.3.1	Optional		OVC Safety: Identification of Abuse	
OVC Comprehensive	10.3.2	Optional		OVC Safety: Referrals for Survivors	
OVC Comprehensive	10.4.1	Optional		OVC Education: School Enrollment	
OVC Comprehensive	10.4.2	Optional		OVC Education: School Attendance Tracking	
OVC Comprehensive	10.4.3	Optional		OVC Education: Performance	
OVC Comprehensive	10.5.1	Optional		OVC Stability: Access to Social Services	
OVC Preventative	11.1	Optional		Target Populations	
OVC Preventative	11.2.1	Optional		Evidence-Based Curricula for Primary Prevention: Selection	
OVC Preventative	11.2.2	Optional		Evidence-Based Curricula for Primary Prevention: Training of Facilitators	
OVC Preventative	11.2.3	Optional		Evidence-Based Curricula for Primary Prevention: Implementation with Fidelity	
OVC Preventative	11.3	Optional		Referrals for OVC Comprehensive Support	
OVC Preventative	11.6	Optional		Kids Clubs	
Systems Strengthening	12.1.1	Optional		Advocacy: Strategy	
Systems Strengthening	12.1.2	Optional		Advocacy: Staff Roles and Competencies	
Systems Strengthening	12.2.1	Optional		Government Policy and Planning: Understanding of Policy Context	
Systems Strengthening	12.2.2	Optional		Government Policy and Planning: Analysis	
Systems Strengthening	12.2.3	Optional		Government Policy and Planning: Dialogue and Engagement	
Systems Strengthening	12.3	Optional		Health and Social Welfare System Financing	
Systems Strengthening	12.4	Optional		Social Accountability Approaches	
Gender Based Violence	13.1	Optional		Capacity to Provide Post-Violence Care Services: Policies & Procedures	
Gender Based Violence	13.2	Optional		Capacity to Provide First-Line Response for Gender-Based Violence	
Gender Based Violence	13.3	Optional		Follow-Up and Case Management of GBV Survivors	
Gender Based Violence	13.4	Optional		GBV Training: Prevention and Response	
Gender Based Violence	13.5	Optional		GBV Training: Policy and Counterpart Relationships	
Gender Based Violence	13.6	Optional		Tools for GBV Education and Response	
Gender Based Violence	13.7	Optional		Self-Care for GBV Case Workers	
DREAMS	14.1	Optional		Youth Engagement Strategy	
DREAMS	14.2	Optional		Targeted Behavior Change Communications	
DREAMS	14.3	Optional		AGYW Vulnerability Risk Assessment, Enrollment, and Saturation Monitoring	

Capacity Area	Indicator Number	Mandatory or Optional	Included in Assessment (Y/N)	Indicator Title	Score
DREAMS	14.4	Optional		Promotion of SRH Services	
DREAMS	14.5	Optional		Support for AGYW Mothers	
DREAMS	14.6	Optional		Parent and Caretaker Engagement	
Economic Strengthening	15.1	Optional		Gender Specific Entrepreneurship and Income Generation Skills Development	
Economic Strengthening	15.2	Optional		Market informed economic strengthening (ES)	
Economic Strengthening	15.3	Optional		Savings Groups	
Economic Strengthening	15.4	Optional		Vocational Training Programs	
Economic Strengthening	15.5	Optional		Business Start-Up Support	
Economic Strengthening	15.6	Optional		Linkages for Wage Employment	
Economic Strengthening	15.7	Optional		Access to Social and Business Networks	
Economic Strengthening	15.8.1	Optional		Evidence-Based Approach for DREAMS ES: Selection	
Economic Strengthening	15.8.2	Optional		Evidence-Based Approach for DREAMS ES: Training of Facilitators	
Economic Strengthening	15.8.3	Optional		Evidence-Based Approach for DREAMS ES: Implementation with Fidelity	



	1. Governance & Legal Structure								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	1.1	Local organization	NUPAS 1.1	Confirm compliance with USAID “local organization” definition.	Organization does not meet the definition and has no plan or capacity to change.	Organization does not meet the definition and has a plan by which it will meet the definition within 2 – 4 months.	Organization meets the definition and there are some contingencies or conditions that make maintaining such status challenging or uncertain.	Organization meets the definition and has stable conditions for maintaining such status.	[Only applicable if the Mission intends to limit competition to local organizations.]
Mandatory	1.2	Legal Requirements	NUPAS 1.2	Confirm compliance with legal registration requirements and other material licenses, permits, laws and regulations.	Organization is not legally registered or registration has expired. Organization lacks one or more required permits or licenses to operate. Organization is not aware of its obligations under required licenses and permits or applicable tax, labor, occupational health and safety, environmental, or other material laws and regulations. Or, the organization is aware but has not yet applied for the permits/licenses.	Organization has applied for legal status and is not yet a legally recognized entity in the country in which it operates. Organization has applied for and has not yet obtained one or more required permits or licenses to operate. Organization is aware of its obligations under required licenses and permits or applicable tax, labor, occupational health and safety, environmental, or other material laws and regulations.	Organization is legally registered and has all required permits and licenses to operate. Organization is aware of its obligations under its licenses and permits and applicable tax, labor, occupational health and safety, environmental, and other material laws and regulations; is in substantial compliance with all such legal obligations. The organization is taking (or plans to take,) corrective action where needed.	Organization is legally registered; has, and is fully compliant with, all required permits and licenses to operate; is aware of its tax status and is fully compliant with applicable tax, labor, occupational health and safety, environmental, and other material laws and regulations relevant to its operations.	
Mandatory	1.3	Organizational Structure	NUPAS 1.3	Confirm that the organization’s charter, by-laws and other foundational/operational documents support its mission and goals.	Organization has no formal organizational structure; there are clearly inadequate or entirely missing definitions of departmental or functional responsibilities and lines of responsibility; lines of communication among departments or key functions are weak. The organization has no defined mission.	Organization has less than an adequate organizational structure; roles and responsibilities of departments or functions and lines of communication are not well defined, and the organization does not have a defined mission.	Organization has an adequate organizational structure, adequately designed and relevant to its mission and goals, roles and responsibilities of departments or functions and lines of communication are adequately defined and appropriate.	Organization has a strong organizational structure, well designed and highly relevant to its mission and goals, roles and responsibilities of departments or functions and lines of communication are well-defined and highly appropriate.	
Mandatory	1.4	Governance	NUPAS 1.4	Confirm that the organization emphasizes the importance of and practices good corporate governance in all key areas.	Management of the organization does not adequately emphasize and the organization does not practice good corporate governance in key areas. Deficiencies and significant weaknesses in key areas of corporate governance are not remediable prior to award.	There is marginal involvement by organization’s management in addressing the importance of good corporate governance in key areas. Deficiencies and significant weaknesses in one or more key areas of corporate governance may not be easily remediable.	Organization’s management addresses the importance of good corporate governance in key areas, and there are a few weaknesses in one or more areas of corporate governance. Those are remediable.	Organization’s management regularly and consistently emphasizes the importance of and practices good corporate governance (as broadly defined) in all key areas.	[Refer to OECD Principles of Corporate Governance: right and equitable treatments of shareholders (only used for public organizations), interests of other stakeholders, role and responsibility of the board, integrity and ethical behavior, disclosure and transparency.]
Mandatory	1.5	Control Environment	NUPAS 1.5	Confirm that adequate safeguards exist within the organization to ensure fidelity to fiduciary obligations and prevent officials from obtaining financial or non-financial benefits on the basis of decisions made or actions taken in their official capacity.	Board does not have terms of reference or a clear understanding of its key functions. Board term limits are not defined or are unreasonable. There is no approved process for electing/ appointing/removing Board members and officers. Organization has no or negligible fiduciary risk controls covering Board members, officers, and employees; there are no credible mechanisms for enforcement of such policies and controls. The control environment is so deficient it presents an unacceptable level of risk.	Board has incomplete or otherwise inadequate terms of reference and lacks an adequate understanding of its key functions; key functions are carried out inconsistently. Board term limits are not defined or are unreasonable. No approved process for electing, appointing or removing Board members and officers is in place. Organization has inadequate fiduciary risk controls covering Board members, officers, and employees; there are inadequate mechanisms for enforcement of such policies and controls.	Board has adequate terms of reference and an adequate understanding of its key functions and those functions are carried out generally well. Board term limits are defined and reasonable. Board members and officers are elected/ appointed/ removed in an acceptable manner. Organization has fiduciary risk controls covering Board members, officers, and employees; adequate mechanisms for enforcement of such policies and controls are in place.	Board has clear terms of reference and a good understanding of its key functions and those key functions are carried out consistently well. Board term limits are defined and reasonable. Board members and officers are elected/appointed/ removed in accordance with applicable laws and approved, written procedures. Organization has fiduciary risk controls covering Board members, officers, and employees; effective mechanisms for enforcement of such policies and controls are in place.	

	1. Governance & Legal Structure								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	1.6	Code of Conduct	Custom	(Conflict of interest/fraud) A code of ethics policy is adopted by all staff who know how to postpone fraud, theft, abuse, in a secure and confidential manner.	There is no policy on the code of conduct on ethics that deals with conflicts of interest and reports on fraud, wastage, and abuse that are made available to all staff and no training.	There is an incomplete code of ethics that deals with conflicts of interest and reports on fraud, waste, and abuse that are made available to all staff and no training is provided.	There is a comprehensive code of ethics that deals with conflicts of interest and reports on fraud, waste, and abuse that are made available to all staff, but no training is provided.	There is a comprehensive code of ethics that deals with conflicts of interest and reports on fraud, waste, and abuse that are made available to all staff and periodic training are provided.	
Mandatory	1.7	Board of Directors - Roles and Responsibilities	Custom	The members of The organization Board of Directors understand their roles and responsibilities.	The organization's Board of Directors is inactive or does not exist.	Board of Directors exists, but has not yet defined its responsibilities. It operates through informal meetings among leaders, but nothing regular or with formal rules.	The responsibilities of the Board of Directors are documented and known and are understood by the staff. Board meetings occur on a regular basis and decisions are made, but the meetings and decisions are not consistently documented.	The Board of Directors knows their responsibilities, the staff understands them as well, there is documentation on responsibilities and the Board of Directors regularly provides feedback to staff and/or the community. Regular meetings occur, with useful decisions made for the organization. All meetings scheduled for the past year have occurred, and minutes of the meetings are properly documented.	
Mandatory	1.8	Stakeholder engagement	Custom	There is a systematic process so that decisions are made by senior leaders and the governance body in such a way that all staff members are aware of and understand them	Important decisions affecting the organization made by the governance body or senior leaders are not communicated or explained to staff members and other stakeholders.	Senior leaders sometimes share decisions with staff through informal processes and/or forums. Staff are not regularly consulted to provide input during decision making processes.	There are written guidelines/rules of accountability and transparency, governing how decisions made should be discussed and disseminated. The rules are followed and decisions are shared with staff most of the time. Staff and stakeholder inputs sometimes, but not always, considered and reflected in the decisions of senior leaders.	There is a formal and regular (at least quarterly) process in which leaders discuss decisions made and consult staff and organizational shareholders in decision-making processes. Staff and stakeholder inputs are regularly considered and reflected in the decisions of senior leaders.	
Mandatory	1.9	Organizational Constitution or Bylaws	Custom	Organization has a written constitution and/or bylaws accepted and approved by the governance body, that sets out the guiding principles for organizational governance.	There is no constitution/bylaws, and it is not clear what rules govern the organization.	Some rules and principles are written down, but there is not a complete and comprehensive set of rules or a constitution.	A written constitution or set of bylaws exist that provides guidance on organizational governance (ex. Board meetings and management, succession, roles and responsibilities of the Board and Executive Leadership, etc.). The Constitution is not consistently respected, consulted, or used to guide governance processes.	A written constitution or set of bylaws exist that provides guidance on organizational governance (ex. Board meetings and management, succession, roles and responsibilities of the Board and Executive Leadership, etc.) which is consistently respected, consulted, and used to guide governance processes and is revised and updated to reflect changes. The staff of the organization and organizational shareholders are aware of the constitution and associated principles for organizational governance.	

	1. Governance & Legal Structure								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	1.10	Mission & Vision	Custom	The mission and vision of the organization are well understood and guide its activities.	The organization does not have a mission or vision that is documented.	The objective of the Organization is defined by a written mission and vision statement reflecting the Organization's current activities. The objective is well understood by senior management and is communicated to Board of Directors and to stakeholders.	The objective of the Organization is clearly defined by a written mission and vision statement. The objective is well understood by senior management and is communicated to the Board of Directors and stakeholders. The organization implements the strategies and activities described in the strategic plan.	The objective of the Organization is clearly defined by a written mission and vision statement. The financial statements are up to date and are reflected in the Organization's strategic plan and day-to-day work. The organization implements the strategies and activities described in the strategic plan. The strategic plan is regularly updated.	

	2. Program Planning & Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	2.1.1	Project Management Systems: Policies & Procedures	NUPAS 5.2	Confirm that the organization has adequate capacity to manage and monitor projects with little donor guidance or intervention.	Organization has an inadequate project management system.	Organization has a weak project management system for monitoring progress on projects. Organization's project management policies, procedures and practices are weak. Organization produces reasonably adequate project management reports.	Organization has an adequate project management system in place to monitor progress on projects on a regular basis. Organization's project management policies and procedures are generally followed. Organization produces adequate project management reports on a fairly regular basis.	Organization has a comprehensive and well documented project management system in place to monitor progress on projects on a regular basis. Organization consistently produces useful project management reports.	Verify that the organization has a well documented project management manual, including a results framework/ other tool to guide the accomplishment of project/ programmed objectives? Is there a compliance officer monitoring and reporting on deliverables?
Mandatory	2.1.2	Project Management Systems: Personnel Capacity	NUPAS 5.2	Confirm that the organization has adequate capacity to manage and monitor projects with little donor guidance or intervention.	Organization does not have sufficiently qualified project management personnel.	Organization has an incomplete project management manual that is seldom used. Organization has too few qualified project managers for its overall purposes.	Organization has an adequate project management manual that is generally followed. Organization has an adequate number of qualified project managers.	Organization has a comprehensive project management manual that informs and guides actual performance. Organization has a sufficient number of qualified project managers to meet its needs and the capacity to obtain additional qualified personnel as needed.	Verify that the organization has a well documented project management manual, including a results framework/ other tool to guide the accomplishment of project/ program objectives? Does the organization have suitably skilled project managers to achieve objectives and do they have the authority and capacity to appoint additional qualified personnel as needed?
Mandatory	2.2	Annual work plan	Custom	Organization has an annual work plan linked to the strategy and budget, with measurable results, activities, timelines, responsibilities and indicators. The work plan was developed collaboratively, is monitored and informs decision-making.	There is an informal idea of an annual work plan, but nothing formally agreed upon. Priority activities are based on immediate needs OR donor requests.	There is a written annual work plan for the organization and/or individual programs. But it is vague and does not have measurable results or indicators. The annual work plan was not developed in a participatory manner NOR is widely known by staff.	There is an annual work plan for the organization and individual programs which is linked to the strategy and budget. It has activities, timeframes and measurable results but some aspects of the work plan are unclear. The work plan was developed in a participatory manner with staff. Implementation of the work plan is monitored and sometimes used to inform decision making.	There is an annual work plan for the organization and individual programs which is aligned to the strategy and budget. It has measurable results, activities and indicators, due dates and responsible people are clearly stated. The work plan was developed in a participatory manner involving staff and beneficiaries. Implementation of the work plan is monitored on an ongoing basis and consistently informs decision-making. Program activities are synchronized to support and enhance one another.	
Mandatory	2.3	Program design and modification	Custom	Organization undertakes assessment of gaps and adjusts existing programs and creates new ones in response to needs identified by communities and beneficiaries.	New programs are largely initiated or existing ones adjusted in response to funding availability and donor preferences.	Organization undertakes some assessment of gaps in the ability of existing programs to meet community and beneficiary needs. Organization has some ability to modify existing program and create new ones in response to community and beneficiary needs.	Organization undertakes regular assessment of gaps in the ability of existing programs to meet community and beneficiary needs. Organization has the ability to modify and fine-tune existing programs and create new programs to meet community and beneficiary needs, subject to the availability of funding.	Organization undertakes continual assessment of gaps in ability of existing programs to meet community and beneficiary needs and adjustments are continually made. Organization creates new, innovative programs which meet the needs of communities and beneficiaries, based on evidence and best practice. There is a continuous pipeline of new ideas.	

	2. Program Planning & Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	2.4	Strategic Planning	Custom	Organization implements programs in line with the strategic plan and has periodic review meetings to report results, share knowledge, experience and lesson learned and re-strategize.	Organization has a strategic plan which is occasionally used to guide program implementation. Implementation is reviewed informally. OR Review meetings have occurred in the past at the donor's behest, but not recently.	Organization usually implements programs in line with the strategic plan, but there are occasional deviations. Review meetings occur periodically, involving staff, where learning, knowledge and experience are discussed.	Organization has a strategic plan which is used to guide program implementation, with occasional deviations. Review meetings occur regularly involving staff and beneficiaries, where learning, knowledge and experience are discussed and strategic plan reviewed.	Organization has a strategic plan which is used to guide program implementation. Review meetings occur frequently, involving staff, beneficiaries and other stakeholders, where knowledge, experience and lessons learned are discussed and the strategic plan reviewed.	
Mandatory	2.5	Service delivery: Quality Management	Custom	Organization has written quality standards for service delivery which adhere to national (or regional) standards and are monitored. Communities and beneficiaries express satisfaction with service delivery.	Quality standards for service delivery exist only informally OR are outdated OR were developed only at donor behest and are not monitored. Organization often falls short and beneficiaries are dissatisfied with service delivery.	Written quality standards exist for some aspects of service delivery but not all. They are not entirely clear and are not monitored regularly. Organization is believed to be making a positive difference but is unable to demonstrate concrete results. Beneficiaries are somewhat satisfied with service delivery.	Written quality standards exist for most aspects of service delivery. These take community/ beneficiary needs into account and are mostly in line with national standards. Organization is monitored against quality standards. Beneficiaries are satisfied with service delivery.	Written quality standards exist for all aspects of service delivery which take community/beneficiary needs into account and fully adhere to national standards. Organization is monitored regularly against quality standards. Beneficiaries are consistently satisfied with service delivery.	
Mandatory	2.6	Service delivery: Beneficiary Satisfaction	Custom	Communities and beneficiaries express satisfaction with service delivery.	Organization often falls short and beneficiaries are dissatisfied with service delivery.	Organization is believed to be making a positive difference but is unable to demonstrate concrete results. Beneficiaries are somewhat satisfied with service delivery.	Beneficiaries are satisfied with service delivery.	Beneficiaries are consistently satisfied with service delivery.	
Mandatory	2.7	Risk Management	Custom	There is an risk plan in place and it is being applied and monitored regularly. It includes a risk assessment, analysis, and mitigation strategies.	The organization has a draft risk plan. However, it is still in development and has not been operationalized, used in program management or decision making.	There organization has a risk plan in place. However, it has not been operationalized and is not being used to assist program management and decision making.	There is an risk plan in place, however, it is not consistently being implemented and monitored. Information from risk plan implementation and monitoring is not always used to inform decision-making.	There is an risk plan in place. It is implemented, monitored, and the information is used to inform decision-making.	
Mandatory	2.8	Donor Award Management	Custom	Project staff are proficient in award management protocols and have adequate skills to apply them to facilitate compliance with donor requirements.	In general, employees who work on donor-funded projects have limited to no knowledge about specific funding modalities, conditions and policies	Framing documents are available for review by staff working on donor-funded projects so that they can familiarize themselves with specific grant/contract modalities, conditions and policies donor funding. However no training was conducted.	Staff involved in the budgets/grants/compliance of donor-funded projects are familiar or knowledgeable about the specific terms, conditions and funding policies of grants/funding.	All programmatic staff working on donor-funded projects are proficient in the application of terms, conditions and policies of funders and funding programs. Programmatic and financial staff receive regular training and policy updates on terms, conditions, and policies to refresh knowledge and skills.	

	2. Program Planning & Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	2.90	Supportive Supervision of Field Offices	Custom	Organization has clear support supervision system that enables the Field Officers to effectively deliver services within the community	The PM has a basic plan for supportive supervision and site visits to field offices. The plan is inconsistently updated and shared.	A comprehensive plan for site visits to provide supportive supervision to field offices is in place at the PM level. PM provides at least one onsite supportive supervision in a quarter. Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed.	A comprehensive plan for site visits to provide supportive supervision to field offices is in place at the PM level. The PM shares the supportive supervision schedule with Director and the PM provides at least two onsite supportive supervision to each Field Officer in a quarter. A checklist is used to guide supportive supervision that covers all aspects of the program. Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed.	A comprehensive plan for site visits to provide supportive supervision to field offices is in place at the PM level. The PM shares the supportive supervision schedule with Director. PM provides at least one monthly onsite supportive supervision to each Field Officer. A checklist is used to guide supportive supervision that covers all aspects of the program. Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed. The checklist is updated regularly based on data and lessons learned from the supportive supervision process.	
Mandatory	2.10	Child Safeguarding Policy	Custom	The Organization has a child safeguarding policy that meets global safeguarding standards and minimum USG requirements* and supports all staff, volunteers and other agents (e.g. contractors, board members, visitors, etc.) to understand the policy. The policy includes standards on recruitment and training, program design and risk assessment, code of conduct, reporting mechanisms, confidentiality, online safety, and communications.	Organization does not have a child safeguarding policy or has a policy that does not include most of the required standards.	Organization has a policy that does not include many of the required standards, or does not systematically make the policy known to and understood by staff, volunteers and other agents.	Organization has a policy that does not include some of the required standards, or the policy is known to and understood by most, but not all, staff, volunteers and other agents. Documentation on file includes a copy signed child safeguarding policy for staff members and an orientation package on the policy.	Organization has a child safeguarding policy that complies with all global standards and is widely disseminated and understood by all staff, volunteers and other agents. Staff and volunteers are trained on the policy upon engagement or when they are recruited and refresher trainings are provided annually. Documentation on file includes a copy of the signed child safeguarding policy for each staff member, training curricula, and attendance registers for trainings.	
Mandatory	2.11	Policy on Rights of Beneficiaries	Custom	The Organization has a written statement or policy describing the rights of all beneficiaries/clients and protection against stigma and discrimination regardless of age, disability, gender identity, HIV status, race or affiliated group, religion, or sex.	Organization has a policy describing the rights of all beneficiaries/clients and protection against stigma and discrimination. Some staff and volunteers are aware of the policy. Some beneficiaries are aware of their rights under the policy.	Organization has written policy describing the rights of all beneficiaries/clients and protection against stigma and discrimination. All staff are trained at least once on the policy. The organization makes the policy available to all beneficiaries and most beneficiaries are verbally informed of the policy.	Organization has written policy describing the rights of all beneficiaries/clients and protection against stigma and discrimination. All staff are trained on the policy and it is easily accessible to all staff. All beneficiaries are actively made aware of the policy and how to report violations, which is documented most of the time. The organization checks in with beneficiaries on protection and rights on a regular basis, but it is not consistently documented or acted upon.	Organization has written policy describing the rights of all beneficiaries/clients and protection against stigma and discrimination. All staff are trained on the policy and the policy is easily accessible to all staff. All staff are refreshed on the policy on an annual basis. All beneficiaries are actively made aware of the policy and how to report violations, which is documented all of the time. The organization checks in with beneficiaries on protection and rights on at least an annual basis, which is documented and used to inform course corrections.	

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.1.1	Banking Relationship & Accounts: Bank Account	NUPAS 2.1	The organization has a banking relationship with a registered commercial bank in country, and that the organization has adequate policies, procedures and practices in place to ensure regular reconciliation of bank accounts with the accounting records.	Organization has no banking relationship. Organization uses the bank account of a senior employee and funds are commingled with personal funds.	Organization has no banking relationship, and plans to establish a bank account in a registered banking institution prior to an award.	Organization has a bank account in a registered banking institution and the account is adequate for its mission/ goals. Opening and maintaining additional accounts limited to specific purposes may be beneficial.	Organization has bank accounts in a registered commercial banking institution that are appropriate for its mission/goals.	Does org have a dedicated bank account with registered commercial bank in the country (and appropriate for its mission/ goals)?
Mandatory	3.1.2	Banking Relationship & Accounts: Bank Reconciliation	NUPAS 2.1	The organization has a banking relationship with a registered commercial bank in country, and that the organization has adequate policies, procedures and practices in place to ensure regular reconciliation of bank accounts with the accounting records.	Bank accounts are rarely or never reconciled.	Bank accounts are periodically reconciled. Documentary evidence does not exist to determine, review and approve monthly bank reconciliations.	Bank accounts are reconciled on a monthly basis. Adequate documentary evidence exists to determine, review and approve monthly bank reconciliations.	Bank accounts are accurately reconciled on a monthly basis. Documentary evidence exists to show the dates the monthly bank reconciliations were prepared, and who prepared, reviewed and approved them, with corresponding signatures affixed. <i>[Note: This includes credible financial management records sufficient for internal and external audit trail purposes.]</i>	If the organization has a/ multiple bank account(s), Are bank reconciliations performed, and how often? If performed, are supporting documents filed with the recon? Are there segregation between the functions of performing and approval of the reconciliations, and is it possible to clearly view the preparer and reviewer (i.e. corresponding signatures attached)?
Mandatory	3.1.3	Banking Relationship & Accounts: Policies & Procedures	NUPAS 2.1	The organization has a banking relationship with a registered commercial bank in country, and that the organization has adequate policies, procedures and practices in place to ensure regular reconciliation of bank accounts with the accounting records.	Overall, the organization's policies, procedures and practices in this area are not adequate.	Policies do not stipulate requirements for regular bank reconciliation. Less than adequate action is taken on outstanding items over 60 days.	Policies stipulate adequate requirements covering regular bank reconciliation. Adequate action is taken on outstanding items over 60 days.	Polices stipulate sound requirements covering regular bank reconciliation. Appropriate action is taken on any outstanding item over 60 days.	Is a financial management policy in place specifically addressing bank reconciliations? Does this section (for recons) specify the frequency of reconciliations, individuals responsible for performing and approving, filing requirements. Does the policy state actions to be taken for long outstanding items (longer than 60 days)?
Mandatory	3.2	Accounting/Bookkeeping System	NUPAS 2.2	The organization has an accounting/ bookkeeping system, and that financial transactions are entered into the system on a consistent basis in accordance with applicable standards, policies and procedures.	Organization does not have an adequate accounting/ bookkeeping system.	Organization's accounting/ bookkeeping system is weak. Financial transactions are not entered into the system on a regular or consistent basis. The bookkeeping system lacks some functionality to automatically reconcile summaries of transactions to the detailed transactions.	Organization has an adequate double entry accounting/ bookkeeping system. Financial transactions are entered into the system on a regular basis. The bookkeeping system has some functionality to automatically reconcile subsidiary ledgers to the main ledger.	Organization has a reliable double entry accounting/bookkeeping system that meets its needs and is otherwise appropriate. Financial transactions are entered into the system on a daily basis. The bookkeeping system has functionalities to automatically reconcile subsidiary ledger to the main ledger.	<div>[Note: For very small organizations and awards, a manual (handwritten in books) double entry accounting system may be acceptable provided it is established and used consistently in accordance with acceptable accounting principles.]</div> <div>Does the organization have a double entry accounting/ bookkeeping system? Is the system consistently used, as well as in accordance with GAAP? Are transactions recorded timely and consistently? Does the system have the functionality to automatically reconcile summaries of transactions to the detailed transactions (or done manually)? Are entries adequately cross-referenced to source documents? Are subsidiary ledgers reconciled to the main ledger (manually/ automatically)?</div>

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.3.1	Chart of Accounts, General Ledger, and Financial Statements: Chart of Accounts & General Ledger	NUPAS 2.3	The organization has a chart of accounts and corresponding General Ledger that are used to prepare financial statements on a regular and consistent basis	Organization does not have a chart of accounts or General Ledger or those are not adequate for purposes of the award.	Organization has an incomplete and otherwise weak chart of accounts and General Ledger.	Organization has a chart of accounts and corresponding General Ledger that is adequate.	Organization has a chart of accounts and corresponding General Ledger that meet its needs and are otherwise appropriate.	Verify that the org has a complete and relevant chart of accounts Verify that there is a code to capture unallowable costs
Mandatory	3.3.2	Chart of Accounts, General Ledger, and Financial Statements: Recording of Transactions	NUPAS 2.3	The organization has a chart of accounts and corresponding General Ledger that are used to prepare financial statements on a regular and consistent basis	The General Ledger numbering system does not follow applicable statutory country requirements (if any). Material financial transactions are not recorded regularly and consistently in accordance with approved accounting standards.	The General Ledger numbering system does not follow all applicable statutory country requirements (if any). Material financial transactions are not recorded regularly and consistently in accordance with approved standards.	The General Ledger numbering system follows statutory country requirements (if any) in all material respects. Material financial transactions are recorded regularly and consistently in accordance with approved and otherwise adequate accounting standards, principles and practices.	The General Ledger numbering system follows statutory country requirements (if any) with no exceptions. All financial transactions are recorded regularly and consistently in accordance with approved standards, principles and practices.	Verify that the general ledger numbering system follows applicable statutory country requirements (if any), otherwise in accordance with accounting standards, and other guidance notes. Verify that sub-ledgers are also assigned numbers
Mandatory	3.3.3	Chart of Accounts, General Ledger, and Financial Statements: Financial Statements	NUPAS 2.3	The organization has a chart of accounts and corresponding General Ledger that are used to prepare financial statements on a regular and consistent basis	Financial Statements are not produced, or if produced, are not derived from the General Ledger (trial balance) in accordance with acceptable accounting standards.	Financial Statements are not derived from the General Ledger (trial balance) in an acceptable manner. Financial Statements are not prepared on a consistent basis in accordance with approved accounting standards.	Financial Statements are derived from the General Ledger (trial balance) in an adequate manner. Financial Statements are prepared in accordance with national standards.	Financial Statements are regularly and consistently derived from the General Ledger (trial balance). Financial statements are prepared in accordance with applicable national and international standards.	Verify that financial statements are regularly and consistently derived from the General Ledger (trial balance), Verify that financial statements are prepared in accordance with applicable national and international standards
Mandatory	3.4.1	Variance Analysis (Budget to Actual Cost): Analysis Reports	NUPAS 2.4	The organization has adequate policies, procedures and practices in place to ensure regular variance analysis (budget to actual cost) of program and operating financial data.	Organization does not have any or adequate systems to analyze actual data versus budget data.	Financial reports are accompanied by incomplete or otherwise weak budget data and variance analysis (budget to actual cost) reports.	Adequate financial reports are accompanied by budget data and variance analysis (budget to actual cost) reports.	Appropriate financial reports are accompanied by budget data and variance analysis (budget to actual cost) reports.	Verify that appropriate financial reports (per program/ project) are accompanied by budget data and variance analysis (budget to actual cost) reports.
Mandatory	3.4.2	Variance Analysis (Budget to Actual Cost): Use of Variance Analysis	NUPAS 2.4	The organization has adequate policies, procedures and practices in place to ensure regular variance analysis (budget to actual cost) of program and operating financial data.	Management is unable to articulate the necessity of variance analysis or to institutionalize the process.	Program managers do not have the necessary knowledge, skills, and abilities to objectively review the reports and take corrective action.	Program managers generally review financial reports and take corrective action.	Program managers consistently review financial reports and take corrective action.	Verify that program managers consistently review financial reports and take corrective action, including reporting in agreement with existing reward conditions
Mandatory	3.4.3	Variance Analysis (Budget to Actual Cost): Policies & Procedures	NUPAS 2.4	The organization has adequate policies, procedures and practices in place to ensure regular variance analysis (budget to actual cost) of program and operating financial data.	Overall, the organization does not have adequate policies, procedures and practices in place.	The organization’s policies, procedures and practices for variance analysis are weak.	The organization has adequate policies, procedures and practices in place for adequate variance analysis (budget to actual cost) of program and operating financial data.	The organization has appropriate policies, procedures and practices in place to ensure appropriate regular variance analysis (budget to actual cost) of program and operating financial data.	Verify that the organization has appropriate policies, procedures and practices in place to ensure appropriate regular variance analysis (budget to actual cost) of program and operating financial data. For funds transferred to other programs, verify that these are made in compliance with award conditions/ internal rules if award conditions are not applicable.



	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.5.1	Allowable and Unallowable Cost: Personnel Capacity	NUPAS 2.5	Organization’s finance personnel or management do not have an adequate understanding or are unable to articulate the concepts surrounding allowable or unallowable cost.	Organization’s finance personnel or management do not have an adequate understanding or are unable to articulate the concepts surrounding allowable or unallowable cost.	Organization finance/program personnel have weak understanding of the concept of allowable and unallowable costs from a donor restriction perspective.	Organization finance/program personnel have an adequate level of understanding of the concept of allowable and unallowable costs from a donor restriction perspective.	Organization finance/ program personnel have an appropriate level of understanding of the concept of allowable and unallowable costs from a donor restriction perspective.	Through discussions with finance personnel, verify that they have an appropriate understanding of costs in this regard. Through inspection of policies and procedures, determine whether the organization has documented methods/ controls to segregate allowable- and unallowable costs, and that specific reference is made to donor requirements.
Mandatory	3.5.2	Allowable and Unallowable Cost: Policies & Procedures	NUPAS 2.5	The organization has adequate policies, procedures and practices in place to segregate allowable and unallowable and to otherwise satisfy donor requirements.	Organization does not have adequate policies, procedures and practices in place to segregate allowable and unallowable cost nor to otherwise satisfy other donor requirements.	The ability of the organization to track unallowable cost is weak.	Organization has an adequate system (formal or informal) to adequately track unallowable cost.	Organization has an appropriate system to track unallowable cost. Organization has effective policies, procedures and practices in place to ensure clear lines of communication between finance and program staff relative to allowable and unallowable cost.	Verify that the organization has an appropriate system to track unallowable cost. Verify that these include effective policies, procedures and practices to ensure clear lines of communication between finance and program staff relative to allowable and unallowable cost. Select a sample of projects from an existing award/ similar donor-funded project, and verify that these procedures were followed.
Mandatory	3.6.1	Direct and Indirect Costs: Personnel Capacity	NUPAS 2.6	The organization's accountants/bookkeepers have an understanding of direct costs and indirect costs (including cost allocation principles).	Organization's accountants/bookkeepers do not understand direct costs, indirect costs or cost allocation principles.	Organization’s accountants/ bookkeepers have a weak understanding of direct costs, indirect costs and cost allocation principles.	Organization’s accountants/ bookkeepers have an adequate understanding of direct costs, indirect costs and cost allocation principles.	Organization’s accountants/ bookkeepers have an appropriate understanding of direct costs, indirect costs and cost allocation principles.	Through interviews, determine whether the organization’s accountants/ bookkeepers have an appropriate understanding of direct costs, indirect costs and cost allocation principles.
Mandatory	3.6.2	Direct and Indirect Costs: Cost Objectives	NUPAS 2.6	The organization's accountants/bookkeepers have an understanding of direct costs and indirect costs (including cost allocation principles).	Organization’s accounting records are maintained by personnel with negligible knowledge about direct and indirect costs.	Organization’s accountants/ bookkeepers have a weak understanding of the concept of “cost objectives” in relation to intermediate and final “cost objectives.”	Organization’s accountants/ bookkeepers have an adequate understanding of the concept of “cost objectives” in relation to intermediate and final “cost objectives.”	Organization’s accountants/ bookkeepers have an appropriate understanding of the concept of “cost objectives” in relation to intermediate and final “cost objectives.”	Through interviews, determine whether the organization’s accountants/ bookkeepers have an appropriate understanding of the concept of “cost objectives” in relation to intermediate and final “cost objectives.”
Mandatory	3.6.3	Direct and Indirect Costs: Cost Allocation	NUPAS 2.6	The organization's accountants/bookkeepers have an understanding of direct costs and indirect costs (including cost allocation principles).	The overall capacity of the organization’s accountants/ bookkeepers to accurately allocate indirect cost to grants, projects, and other cost objectives according to causal beneficial relationships is negligible.	Organization’s accountants/ bookkeepers ability to accurately allocate indirect cost to grants, projects, and other cost objectives according to causal beneficial relationships is weak.	Organization’s accountants/ bookkeepers can accurately allocate indirect cost to grants, projects, and other cost objectives according to causal beneficial relationships.	Organization’s accountants/ bookkeepers have the requisite level of knowledge, skills and experience in this area to accurately allocate indirect cost to grants, projects, and other cost objectives according to causal beneficial relationships.	Obtain the organization's accountants/ bookkeepers resumes, and verify that they have the <u>requisite level</u> of knowledge, skills and experience in this area to accurately allocate indirect cost to grants, projects, and other cost objectives according to causal beneficial relationships.

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.6.4	Direct and Indirect Costs: Cost Accumulation	NUPAS 2.6	The organization's accountants/bookkeepers have an understanding of direct costs and indirect costs (including cost allocation principles).	The organization lacks the ability to develop or acquire the minimum acceptable level of capacity in accumulating direct and indirect costs by project.	Organization's capacity to accumulate direct and indirect costs by project in an acceptable manner is weak.	Organization has adequate capacity to accumulate direct and indirect costs by project.	Organization's skill in accumulating direct and indirect costs by project in an appropriate manner is strong.	Through review of financial records and operating reports, determine whether the organization's skill in accumulating direct and indirect costs by project in an appropriate manner is <u>strong</u> .
Mandatory	3.7.1	Payments - Segregation of Duties: Supporting Documentation	NUPAS 2.7	The organization has policies, procedures and practices in place regarding segregation of duties to ensure that funds above a certain threshold can only be disbursed with dual signatures and are supported by documentation.	There are Deficiencies and SW in the payments cycle that lack proper segregation of duties.	Payments are not supported by complete documentation (e.g. missing vendor invoices).	Payments are supported by adequate documentation. Policies, procedures and practices may fall short of best practices.	There are well thought out and documented policies, procedures and practices that safeguard the payment process.	Request the payments policy and verify that the following were addressed: - The process for payments is adequately outlined (eg request, approval, release/ payment) - Individuals responsible for each step - Timelines for payment (maximum cycle-time) - Verify that the policy makes provision for auxiliary procedures (eg in case key individuals take leave, one person may perform two normally incompatible duties but with supervision from another/ stand-in to fulfil the segregated duty)
Mandatory	3.7.2	Payments - Segregation of Duties: Policies & Procedures	NUPAS 2.7	The organization has policies, procedures and practices in place regarding segregation of duties to ensure that funds above a certain threshold can only be disbursed with dual signatures and are supported by documentation.	Written policies and procedures do not exist, or those that do, are clearly inadequate.	Adequate written financial practices (e.g. internal controls and audit) are absent or deficient.	Approved policies and procedures are generally followed.	Approved policies and procedures are consistently followed.	Verify that the policy and procedures were consistently followed, and where deviations occurred that these were properly motivated. For a sample of deviations from policy, assess the reasonableness thereof, and, if applicable, that they were performed in accordance with the deviations section in the policy.
Mandatory	3.8	Accounting Cycle - Segregation of Duties	NUPAS 2.8	The organization has adequate policies, procedures and practices in place to ensure proper segregation of duties associated with the accounting cycle.	Organization does not have the minimum acceptable set of policies, procedures and practices to ensure proper segregation of duties in relation to the management and disbursement of funds.	The organization does not have adequate policies, procedures and practices in place for purposes of the award to ensure proper segregation of duties associated with the accounting cycle. Funds are disbursed without prior approvals and documentation is inadequate.	Organization has an adequate delegation of authority system to ensure that no one person does all the work relating to a full accounting cycle transaction. Approval is usually obtained prior to disbursement of funds and approvals are adequately documented.	Organization has a sound and well documented delegation of authority system appropriate to the size of the organization to ensure that no one person does all the work relating to a full accounting cycle transaction. Organization has sound policies, procedures and practices to ensure that all approvals are documented prior to cash disbursements.	[Note: The adequacy of segregation of duties will vary according to the size of the organization and complexity of its operation.]

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.9.1	Financial Records Management: Policies and Procedures	NUPAS 2.9	the organization has adequate policies, procedures and practices in place to ensure proper filing and management of financial records and their ease of access.	Organization does not have adequate policies, procedures and practices in place to ensure proper filing and management of financial records and their ease of access.	Organization has incomplete and relatively weak policies, procedures and practices to safeguard financial records. <i>[The filing system operates on an ad-hoc, informal basis.]</i>	Organization has adequate policies, procedures and practices in place to safeguard important documents including financial records. <i>[The filing system is not necessarily centralized or optimal.]</i>	Organization has sound policies, procedures and practices in place to safeguard important documents including financial records. <i>[This includes offsite storage of copies of financial records.]</i>	Verify that the organization has sound policies, procedures and practices in place to safeguard important documents including financial records. [This includes offsite storage of copies of financial records.] Verify that the organization also maintains a listing of off-site documents (retention register), indicating the location, date stored, and the nature of documents. This should include signature of dispatching and receiving officials to ensure accountability. If in place, select a sample of off-site documents and verify whether the mentioned controls are in place.
Mandatory	3.9.2	Financial Records Management: Contingency Planning	NUPAS 2.9	the organization has adequate policies, procedures and practices in place to ensure proper filing and management of financial records and their ease of access.	Organization has no contingency plan that includes procedures for backup/recovery of financial data for financial and operational continuity.	Management does not require filing and records management practices. Organization has a weak contingency plan that has significant gaps in procedures for backup/recovery of financial data for financial and operational continuity.	Management supports adequate filing and records management practices throughout the organization. Organization has an adequate contingency plan in place for financial and operational continuity.	Management emphasizes and supports standard, practical, efficient and effective filing and records management practices. Organization has a contingency plan for the organization that includes procedures for backup/recovery for financial and operational continuity.	Perform a walk-through of management's current filing and records management practices and review for reasonableness. Verify that the organization has a contingency plan in place, and whether disaster recovery simulations are performed from time to time to verify the adequacy and effectiveness of the current controls in place (however review necessity based on the size/ complexity of the organization's operations).
Mandatory	3.10.1	Sources of Funding: Financial Tracking	NUPAS 2.10	the organization has other activities/programs and/or potential sources of funding adequate for continuity of operations during the period of the award and for long term sustainability.	Organization does not have procedures in place to track sources of funding and lacks the capacity to develop and implement such procedures within a reasonable timeframe.	Organization does not have a system in place to track sources of funding. Organization's bookkeeping system tracks sources of funding through one revenue account.	Organization tracks the sources of funding through offline records. Organization's accounting/ bookkeeping system adequately tracks sources of funding.	Organization has an effective system in place to track sources of funding.	Verify that the organization has an effective system in place to track sources of funding, including whether reporting obligations are tracked/ monitored as well, depending on the award conditions.
Mandatory	3.10.2	Sources of Funding: Personnel Capacity	NUPAS 2.10	the organization has other activities/programs and/or potential sources of funding adequate for continuity of operations during the period of the award and for long term sustainability.	The level of professional knowledge, skills and experience of finance personnel in job cost accounting, fund accounting, etc. is negligible.	The level of professional knowledge, skills and experience of finance personnel in job cost accounting, fund accounting, etc. is weak.	Finance personnel have an adequate level of professional knowledge, skills and experience in job cost accounting, fund accounting, etc.	Finance personnel have an appropriate level of professional knowledge, skills and experience in job cost accounting, fund accounting, etc.	Obtain the resumes of the finance personnel and verify that they have the relevant level of knowledge and skills.

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.10.3	Sources of Funding: Diversification	NUPAS 2.10	the organization has other activities/programs and/or potential sources of funding adequate for continuity of operations during the period of the award and for long term sustainability.	Organization has insufficient sources of funding from other activities /programs and/or from other alternative potential sources of funding.	Organization has weak sources of funding from other activities /programs. Organization has weak business development practices in place.	Organization has adequate sources of funding from other activities /programs and/or from other potential sources of funding. Management articulates the importance diversification of sources of funding. Organization has adequate practices in place for business development and it has a satisfactory reputation for satisfactory work.	Organization has good sources of funding from other activities/programs and/or from other potential sources of funding. Management clearly articulates the importance of diversification of sources of funding. Organization has good practices in place for business development and has a reputation for good work.	Verify that a funding policy is in place which addresses the following (otherwise to incorporate into vision/ mission): - Funding methodology/ donor preferences - Diversification strategy and rationale - Practices to be followed to promote business development - How to protect and enhance reputation, especially for good work.
Mandatory	3.11	Financial Reporting	NUPAS 2.11	The organization has adequate written policies, procedures and practices in place to produce reliable monthly and year-to-date financial statements (income and expenditure report and balance sheet).	Organization does not have the minimum acceptable set of written policies, procedures and practices in place to produce reliable monthly financial statements (income and expenditure report).	Financial statements are seldom reviewed by management. Management seldom takes corrective actions based its review of financial statements.	Organization produces reasonably adequate financial statements on a regular basis that meet the needs of the organization. Financial statements are reviewed by management. Management generally takes corrective actions based on its review of financial statements.	Organization consistently and accurately produces reliable monthly financial statements from the General Ledger in accordance with its written procedures. The financial statements are reviewed by organization's management and corrective actions are taken when necessary.	
Mandatory	3.12.1	Audit and Review of Financial Statements: Audit of Financial Statements	NUPAS 2.12	The organization has adequate policies, procedures and practices in place to ensure that its financial statements are audited or reviewed on a regular basis by a third party recognized under the laws of the country such as a chartered accounting firm or regulatory body or both.	Financial statements are not usually audited or reviewed.	Organization has incomplete and otherwise weak policies, procedures and practices in place. Financial statements are seldom audited or reviewed on a regular basis by a third party recognized under the laws of the country.	Organization has adequate policies, procedures and practices in place. Its financial statements are audited or reviewed on a regular basis by a third party recognized under the laws of the country.	Organization has appropriate policies, procedures and practices in place. Its financial statements are audited annually by a third party recognized under the laws of the country.	Verify that the financial management policy includes the requirement of an audit/ independent review (based on the laws of the country)
Mandatory	3.12.2	Audit and Review of Financial Statements: Audit Opinion	NUPAS 2.12	The organization has adequate policies, procedures and practices in place to ensure that its financial statements are audited or reviewed on a regular basis by a third party recognized under the laws of the country such as a chartered accounting firm or regulatory body or both.	Organization produces internal financial statements with limited or no Notes to the Financial Statements.	Organization has received a Qualified Opinion, Adverse Opinion, or Disclaimer of Opinion.	When financial statements are audited, a Qualified Opinion is acceptable as long as the audit issues raised are not material to financial management and pose either no or very low fiduciary or performance risk.	Audited financial statements receive an unqualified (unmodified) audit opinion (no Qualified Opinion, Adverse Opinion, or Disclaimer of Opinion).	Enquire, request report
Mandatory	3.12.3	Audit and Review of Financial Statements: Findings on Internal Controls	NUPAS 2.12	The organization has adequate policies, procedures and practices in place to ensure that its financial statements are audited or reviewed on a regular basis by a third party recognized under the laws of the country such as a chartered accounting firm or regulatory body or both.	If Financial Statements were to be audited, an audit firm would be unable to issue an opinion due to the quality of the financial records. If audited, Organization would most likely receive, a Qualified Opinion, Adverse Opinion, or Disclaimer of Opinion. An auditor, accountant, regulatory body or other third party has communicated a "Deficiency" or "Significant Deficiency" in internal control that cannot be easily remedied.	An auditor, accountant, regulatory body or other third party has communicated a "Deficiency" or "Significant Deficiency" in internal control. Management is unable to represent that no Deficiency or Significant Deficiency in internal control presently exists.	An auditor, accountant, regulatory body or other third party has communicated any "Deficiency" or "Significant Deficiency" in internal control. Management was able to represent that no Deficiency of Significant Deficiency in internal control presently exist.	No auditor, accountant, regulatory body or other third party has communicated any "Deficiency" or "Significant Deficiency" in internal control.	Enquire, request report

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.12.4	Audit and Review of Financial Statements: Resolution of Audits	NUPAS 2.12	The organization has adequate policies, procedures and practices in place to ensure that its financial statements are audited or reviewed on a regular basis by a third party recognized under the laws of the country such as a chartered accounting firm or regulatory body or both.	Review of the financial statements reveals “Going Concern Issues.”	Organization’s policies, procedures and practices for managing and closing audit findings and recommendations are weak.	Organization has adequate policies, procedures and practices in place for managing and closing audit findings and recommendations.	Organization has appropriate policies, procedures and practices in place for managing and closing audit findings and recommendations.	Enquire, request report. Is there an audit charter in place, addressing the manner in which audit findings are resolved, including time frames for resolution, and follow up audits?
Mandatory	3.13.1	Financial Management Personnel: Professional Training	NUPAS 2.13	The individuals responsible for discharging accounting and other financial management functions within the organization have the requisite accounting and other financial management qualifications and experience.	The day-to-day financial management is done by a person with neither formal accounting training nor finance related experience.	The accountant/ bookkeeper is not professionally trained as an accountant and has a limited understanding of management and financial accounting standards, principles and practices.	The accountant/ bookkeeper is adequately trained and has adequate qualifications and experience.	The accountant/ bookkeeper has professional accounting qualifications that clearly meet the needs of the organization.	Refer previous procedure relating to resumes of finance personnel
Mandatory	3.13.2	Financial Management Personnel: Technical Qualifications	NUPAS 2.13	The individuals responsible for discharging accounting and other financial management functions within the organization have the requisite accounting and other financial management qualifications and experience.	The individuals responsible for discharging accounting and financial management functions do not have the minimum acceptable level of qualifications and experience needed.	The accountant/ bookkeeper is unable to articulate and apply important concepts, principles and practices and lacks the technical capacity to prepare and monitor operational and project budgets.	The accountant/ bookkeeper is able to articulate and apply basic concepts, principles and practices of management and financial accounting and reporting. The accountant/ bookkeeper has adequate capacity to prepare and monitor budgets including adequate cash flow projections and statements.	The accountant/ bookkeeper has strong ability to apply concepts, principles and practices of management and financial accounting and reporting. The accountant/ bookkeeper has strong technical capacity and experience to prepare and monitor appropriate budgets including cash flow projections and statements.	Refer previous procedure relating to resumes of finance personnel, also perhaps interview with technical questions to further test abilities
Mandatory	3.14.1	Cash Flow Management: Monitoring Cash Flow	NUPAS 6.1	The organization demonstrates good discipline in developing, monitoring and using cash flow budgets effectively and in actually managing its cash and payables in a responsible manner.	Organization has no or little history of developing, monitoring and using cash flow budgets .	Organization has weak discipline in developing and monitoring and using cash flow budgets.	Organization has adequate discipline in developing and monitoring and using cash flow budgets.	Organization has good discipline in developing, monitoring and using cash flow budgets.	Is there a cash flow strategy in place (is there a mission to prioritize inflows and negotiate longer terms for outflows?) - otherwise does it form part of the finance policies and procedures? Who monitors cash flow, and how often? Do they prepare cash flow statements, and in accordance with GAAP principles?
Mandatory	3.14.2	Cash Flow Management: Management Involvement	NUPAS 6.1	The organization demonstrates good discipline in developing, monitoring and using cash flow budgets effectively and in actually managing its cash and payables in a responsible manner.	Organization has inadequate capacity to develop, monitor, update and use comprehensive cash flow projections.	Management is not adequately involved with finance personnel in daily or weekly cash flow management.	Management is adequately involved with finance personnel in daily or weekly cash flow management.	Management is actively involved with finance personnel in daily cash flow management.	Is this addressed in finance policies and procedures (cash management practices, roles and responsibilities, etc.)? Enquire from relevant personnel how often cash flow is monitored and managed (including who). Is monthly meetings held and minutes maintained regarding strategic decisions taken?

	3. Financial Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	3.14.3	Cash Flow Management: Payment History	NUPAS 6.1	The organization demonstrates good discipline in developing, monitoring and using cash flow budgets effectively and in actually managing its cash and payables in a responsible manner.	Due to poor cash management practices and weak results of operation, payments to creditors and/or employee are often late and remain past due well beyond the terms of payment.	Often, payments are not made on time due to fluctuations in cash inflow and outflow and weak cash management practices.	Organization has a reasonably satisfactory history of making payments to creditors and employees on time. There are no material past due accounts (singly or in the aggregate).	Organization has a good history of making payments to creditors and employees on time.	For a sample of creditor payments, verify that these were made in accordance with contracts/ agreements. For a sample of employees' salary payment dates, verify that these were made in accordance with their employment contracts. For another sample, conduct interviews with employees to determine whether they were paid on time.
Mandatory	3.14.4	Cash Flow Management: Liquidation of Advances	NUPAS 6.1	The organization demonstrates good discipline in developing, monitoring and using cash flow budgets effectively and in actually managing its cash and payables in a responsible manner.	There are material past due accounts, that are seriously delinquent. There are unliquidated advances over 1 yr.	There are no unliquidated advances over 90 days.	There are no unliquidated advances over 60 days.	There are no material past due accounts (singly or in the aggregate). These include long outstanding advances.	Obtain the age analysis for creditors and determine whether there are any past due accounts. If there are any, enquire why this is the case.
Mandatory	3.15	Gender Sensitive Budgeting	Custom	Organization specifically allocates funds (budget) to further develop organizational capabilities in gender mainstreaming and integration and support project-level activities.	Gender is not considered in financial planning and budgeting processes. The organization does not specifically allocate funds to further develop organizational capabilities in gender mainstreaming and integration and support project-level activities.	Gender is sometimes considered in financial planning and budgeting processes. The organization allocates some funds to further organizational capabilities in gender mainstreaming and integration and/or support project-level activities on an adhoc basis.	Gender programming is considered in financial planning and budgeting processes most of the time. The organization specifically allocates funds to further develop organizational capabilities in gender mainstreaming and integration and support project-level activities.	Gender programming is always considered in financial planning and budgeting processes. The organization specifically allocates funds to further develop organizational capabilities in gender mainstreaming and integration and support project-level activities, and monitors progress. Spending against gender program related funding is tracked and reviewed in financial reporting and planning processes.	Gender Integration in Organizational Capacity Checklist (to be developed)

	4. Procurement & Agreement Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	4.1.1	Procurement Policies, Procedures and Practices: Availability	NUPAS 3.1	Organization has procurement policies, procedures and practices in place that are adequate.	Organization has no or highly inadequate procurement policies, procedures and practices.	Organization has less than adequate procurement policies and procedures and practices. In some cases, they are incomplete or otherwise inadequate.	Organization has adequate procurement policies, procedures and practices in place that are generally appropriate given the country conditions. Any minor exceptions are easily remediable.	Organization has complete and well documented procurement policies, procedures and practices that are appropriate to the country conditions.	Request the procurement policy, and verify that the following general aspects are addressed: - Initiating a purchase requisition (based on a needs assessment), for large purchases - Development of requirements (technical, timing, quality, constraints) - Requisition approval - Solicitation of bids - Bid/ proposal review and award - Contract management responsibility. - Contract closure requirements. For less significant purchases, a dedicated budget as well as a threshold can be applicable with a need merely for approval. Supporting documents need to be listed as well.
Mandatory	4.1.2	Procurement Policies, Procedures and Practices: Personnel Capacity	NUPAS 3.1	Organization has procurement policies, procedures and practices in place that are adequate.	Staff has not received any or sufficient training in this area. Management has not emphasized the importance of this area.	Organization's procurement policies, procedures and practices are not well known to staff and are not consistently followed. Staff needs additional training, and management needs to emphasize the importance of procurement procedures.	Organization's procurement policies, procedures and practices are known to staff and are generally adhered to.	Organization's procurement policies, procedures and practices are known and understood by trained staff and are consistently adhered to, reviewed and updated as necessary.	Request a list of purchases and awarded contracts, select a sample of transactions and verify whether the procurement policy was adhered to. In case of exceptions, the staff's understanding may be tested by way of the exit interview/ close-out meeting.
Mandatory	4.2.1	Compliance with Policies and Procedures – Reasonableness of Price: Policies & Procedures	NUPAS 3.2	Organization complies with its own policies and procedures for how determinations of reasonableness are made for purchases and who in the organization is responsible.	Organization has no policies and procedures for how determinations of reasonableness are made for purchases and who in the organization is responsible.	Organization has informal policies and procedures for how determinations of reasonableness are made for purchases and who in the organization is responsible.	Organization has adequate policies and procedures that cover competitive procedures, how determinations of reasonableness are to be made, and who is responsible for purchases.	Organization has well thought out, well documented, and effective policies and procedures that require competitive procedures and dictate how determinations of reasonableness are to be made and specify who is responsible for purchases.	Verify that competitive bidding is defined (eg 3 quotations for purchases under a certain amount, higher amounts formal open tendering/ competitive bidding), document how reasonableness is demonstrated (if it is clear enough in the policy). Verify that responsibilities for purchases are also outlined.
Mandatory	4.2.2	Compliance with Policies and Procedures – Reasonableness of Price: Supporting Documentation	NUPAS 3.2	Organization complies with its own policies and procedures for how determinations of reasonableness are made for purchases and who in the organization is responsible.	Little or no supporting documentation exists to verify that competitive procedures are used or that determinations of reasonableness are made in an acceptable manner.	Supporting documentation to verify compliance is incomplete or otherwise weak.	Adequate supporting documentation exists to verify compliance.	Complete and accurate supporting documentation exists to verify compliance.	Addressed in procedure 19
Mandatory	4.3.1	Procurement of Subawards: Policies & Procedures	NUPAS 3.3	Organization has adequate policies, procedures and practices in place for procurement and sub-award processes using arm's length bargaining.	Organization does not have adequate procurement and sub-award management policies, procedures and practices in place.	Organization has incomplete and relatively weak policies and procedure covering sub-grant awards and management.	Organization has adequate policies and procedures that are adequately communicated and generally effective.	Organization has well documented and communicated policies and procedures that are effective in practice, guiding appropriate sub-grant awards and management.	Verify that these aspects are addressed, specifically that a fair bargaining process was followed, the necessity of having contracts with the subawardee

	4. Procurement & Agreement Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	4.3.2	Procurement of Subawards: Conflict of Interest	NUPAS 3.3	Organization has adequate policies, procedures and practices in place for procurement and sub-award processes using arm’s length bargaining.	There are no effective policies and procedures to prevent or detect conflicts of interest.	Policies, procedures and practices are inappropriate and may lend themselves to potential conflicts of interest and actions that are not in the best interests of the organization.	Employees are expected to avoid conflicts of interests and achieve value for money in this area, by acting in a manner consistent with the best interests of the organization.	Organization’s policies, procedures and practices in this area reflect arm’s length bargaining principles and avoid the potential for conflicts of interest.	Verify that directors of the main recipient and other officials sign a Conflic of Interest declaration.
Mandatory	4.3.3	Procurement of Subawards: Personnel Capacity	NUPAS 3.3	Organization has adequate policies, procedures and practices in place for procurement and sub-award processes using arm’s length bargaining.	Training, mentoring and oversight is negligible.	Formal training in this area is non-existent or weak. .	Employees have been trained and generally follow policies and procedures.	Employees are well trained and consistently follow the organization’s policies and procedures.	Enquire whether training has ever taken place, whether a highly qualified individual is perhaps employed to guide and keep the procurement team up to date, Select a sample of subawarded grants and verify whether these procedures (20 and 21) were applied.



	5. Human Resources Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	5.1.1	Overall Human Resources (HR) Policies and Procedures: Adequacy	NUPAS 4.1	The organization has and follows HR policies, procedures and practices.	Organization does not have HR policies, procedures and practices (formal or informal) that satisfy its minimum level of needs and those that do exist are clearly inadequate.	Organization has weak HR policies, procedures and practices that fail to satisfy all of its key needs and are otherwise not adequate.	Organization has HR policies, procedures and practices that meet its needs and are adequate	Organization has comprehensive, well thought out, well documented, and effective HR policies, procedures and practices that meets its needs and reflect best practices.	Request HR policy, perform benchmarking exercise keeping in mind local regulations
Mandatory	5.1.2	Overall Human Resources (HR) Policies and Procedures: Content	NUPAS 4.1	The organization has and follows HR policies, procedures and practices.	Organization’s approach to hiring, promotion and recognition, retention, retirement, compensation and benefits, supervision, transfer and termination of employees is ad hoc, following no discernible guidelines. Organization has no organizational chart or written job descriptions; no standard benefits / compensation practices; and no discernible policies and practices outlining roles and responsibilities and delegations of authority.	There are serious gaps in the organization’s HR policies and practices including those related to the collection, management, use and storage of HR information. Organization lacks a reasonably complete organizational chart, up-to-date written position descriptions, a benefits/ compensation plan, and reasonably adequate policies and practices outlining roles and responsibilities and delegations of authority.	Organization has an organizational chart and written job descriptions; adequate benefits/ compensation practices; and adequate policies and practices outlining roles and responsibilities and delegations of authority.	Strong approaches for retaining competent staff are reviewed by management and modified to ensure effectiveness. Organization has an up-to-date and complete organizational chart and written job descriptions for all key employees; a formal benefits/compensation plan and practices that meet its needs; and sound policies and practices outlining roles and responsibilities and delegations of authority.	Review policy to see whether staff retention is addressed, Request organizational chart and verify whether job descriptions for key employees exist, Request compensation plan/ if other title used and verify whether methods and calculation basis for types of compensation are defined, and that it is relevant to the organisation. Verify that roles and responsibilities & delegations of authority is addressed
Mandatory	5.2.1	Gender and Non-Discrimination: Policy Availability	Custom	Organization has a written gender and non-discrimination policy that includes addressing GBV and affirms a commitment to gender equality	Organization does not have a written gender policy that affirms a commitment to equality as related to gender. Gender is informally recognized as an issue to be considered in program and staff management.	Organization does not have a written gender and non-discrimination policy, but does have some ad hoc procedures and practices present that reflect a commitment to gender equality.	Organization has an institutional written gender and non-discrimination policy that affirms a commitment to equality. The policy includes clearly defined and written strategies for gender considerations in institutional culture including - non-discrimination, workplace harassment, counter trafficking in persons. The policy has been shared with all staff, at least in writing.	Organization has an institutional written gender and non-discrimination policy that affirms a commitment to equality that includes addressing GBV. The policy includes clearly defined and written strategies for gender considerations in institutional culture including - non-discrimination, workplace harassment, counter trafficking in persons. Senior managers are responsible for ensuring supervisees adhere to policy, and all staff know about and understand the policy. The policy is reviewed at least annually for updates, if necessary.	Gender Integration in Organizational Capacity Checklist (to be developed)
Mandatory	5.2.2	Gender and Non-Discrimination: Policy Application	Custom	Organization's leadership takes responsibility for the development and implementation of the gender policy.	Organization does not have clear accountability structure for development and implementation of a gender and non-discrimination policy.	Organization's has adhoc accountability for the development and implementation of the gender and non-discrimination policy.	Organization's management is responsible for the development and implementation of the gender and non-discrimination policy.	Organization's management is responsible for the development and implementation of the gender and non-discrimination policy, and has clear guidelines for policy enforcement and revision.	Gender Integration in Organizational Capacity Checklist (to be developed)

	5. Human Resources Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	5.2.3	Gender and Non-Discrimination: Staff Knowledge and Skills	Custom	Organization's staff have a basic understanding of issues regardng gender and marginalized populations (including workplace harassment and GBV), are committed to the implementation of a gender and non-discrimination policy, and express support for incorporating programming aimed at achieving equity goals in the organization's work	Organization's staff have not been sensitized or trained gender/marginalized populations issues or the organization's gender/non-discrimination policy, and do not incorporate programming aimed at achieving equity goals in the organization's work.	Organization's staff have been sensitized on gender/marginalized populations issues and to the organization's gender/non-discrimination policy, and sometimes incorporate programming aimed at achieving equity goals in the organization's work.	Organization's staff have been sensitized or trained on gender/marginalized populations issues and the implementation organization's gender/non-discrimination policy, and incorporate programming aimed at achieving equity goals in the organization's work most of the time.	Organization's staff have been sensitized or trained on gender/marginalized populations issues (including workplace harassment and GBV) and they implement the organization's gender/non-discrimination policy, and lead the incorporation of programming aimed at achieving equity goals in all aspects of the organization's work.	Capacity developed through gender trainings; Activities tracked through activity tracking sheet
Mandatory	5.3.1	Staff Time Management: Labor Activity System	NUPAS 4.2	The organization has an established, reliable and documented labor activity system that it enforces (i.e., timesheets).	Organization does not have an established and appropriately documented labor activity system.	Organization has weak labor activity policies, procedures and practices.	Organization has an adequate labor activity system that adequately captures, allocates and reports labor time, activities and costs.	Organization has a strong, comprehensive, well documented, and regularly and consistently used labor activity system that properly captures, allocates and reports labor time, activities and costs.	Verify the following in the system: - Completion of timesheets are monitored (eg to prevent manipulation) - Hours are timely and accurately charged to projects - Time usage is analysed and used for future planning (eg resource expansion) - Statutory reporting functionality is available
Mandatory	5.3.2	Staff Time Management: Completion of Timesheets	NUPAS 4.2	The organization has an established, reliable and documented labor activity system that it enforces (i.e., timesheets).	Employees do not provide, sign or written timesheets/activity reports that reflect actual time worked on all projects as well as indirect activities.	Timesheets/activity reports are often based on rough estimates of work hours rather than actual, verifiable data.	Employees provide written timesheets/activity reports that reflect actual time worked on all projects as well as indirect activities.	Employees maintain written timesheets/activity reports that reflect actual time worked on all projects as well as indirect activities.	Request a sample of timesheets and firstly verify whether the sheets are adequately designed, secondly whether they are accurately completed
Mandatory	5.3.3	Staff Time Management: Approval of Timesheets	NUPAS 4.2	The organization has an established, reliable and documented labor activity system that it enforces (i.e., timesheets).	Timesheets/activity reports are often based on rough estimates or plug figures.	Timesheets/activity reports are not consistently completed nor verified and approved by supervisors.	Timesheets/activity reports are not consistently signed and approved by supervisors.	Timesheets/activity reports are signed/certified and approved by supervisors.	Request a sample of timesheets and verify that supervisors sign as approval (including the date signed)
Mandatory	5.3.4	Staff Time Management: Labor cost distribution	NUPAS 4.2	The organization has an established, reliable and documented labor activity system that it enforces (i.e., timesheets).	Labor costs are distributed among projects based on unreliable estimates.	Labor costs are distributed among projects and indirect activities based on budget estimates or other rough estimates of work hours.	Labor costs are generally distributed among projects and indirect activities based on the data derived from the timesheets/activity reports.	Labor costs are accurately distributed among projects and indirect activities based on the data derived from the timesheets/ activity reports.	Obtain cost policy statement/ similar policy, and a sample of employees' timesheets (who are identified as having direct- and indirect contributions), verify that allocation was correct.
Mandatory	5.3.5	Staff Time Management: Employee Payments	NUPAS 4.2	The organization has an established, reliable and documented labor activity system that it enforces (i.e., timesheets).	Payment of salaries and wages does not consistently correspond to verifiable information provided by employees.	Payment of salaries and wages does not consistently correspond to verifiable information derived from timesheets/activity reports.	Payment of salaries and wages generally corresponds to the information documented. Errors or omissions are few or not material.	Payment of salaries and wages corresponds to the information documented in the timesheets/activity reports.	Request data reports from the payroll administrator as well as individual timesheets, verify agreement

	5. Human Resources Management								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	5.4.1	Payroll System: System	NUPAS 4.3	Confirm that the organization has a payroll system that is adequate for purposes of the award.	Organization does not have a payroll system (either in electronic or hard copy format).	Organization has an incomplete and otherwise weak payroll system.	Organization has an adequate payroll system that meets it key needs.	Organization has a well thought out, well documented, and effective payroll system (either in electronic or hard copy format) founded on sound payroll policies and procedures that are consistently followed.	Enquire whether the organization has a payroll system, request a sample of salary slips, and verify that processing took place in accordance with local laws, as well as Human Resource specific policies and procedures
Mandatory	5.4.2	Payroll System: Reconciliation with General Ledger	NUPAS 4.3	Confirm that the organization has a payroll system that is adequate for purposes of the award.	Organization disburses pay to employees on an irregular basis. Payroll records are incomplete, and are otherwise not reliable.	Payroll records often contain errors. Payroll is infrequently reconciled to the General Ledger.	Payroll is regularly reconciled to the General Ledger.	Payroll is accurately reconciled to the General Ledger at least monthly.	Verify that this reconciliation is performed on a monthly (or more frequent) basis.
Mandatory	5.4.3	Payroll System: Compensation and Benefits Policy	NUPAS 4.3	Confirm that the organization has a payroll system that is adequate for purposes of the award.	Payroll is seldom, if ever, reconciled to the General Ledger. Organization has no discernible policy or standard acceptable practices on compensation (salary scales and increases) and benefits for the different types and levels of employees.	Organization has less than an adequate documented and followed policy on compensation (scales and increases) and benefits for the different types and levels of employees.	Organization has and uses an adequate policy on compensation (salary scales and increases) and benefits for the different types and levels of employees.	Organization has and uses an appropriate and well documented policy on compensation (salary scales and increases) and benefits for the different types and levels of employees.	Refer to cell R8 compensation plan
Mandatory	5.5.1	Travel Policies and Procedures: Availability	NUPAS 4.4	The organization has and follows appropriate travel policies and procedures.	Organization does not have adequate travel policies, procedures and practices.	Organization has incomplete travel policies and procedures.	Organization has travel policies and procedures that are adequate.	Organization has complete documented travel policies and procedures.	Request and perform benchmarking exercise to similar clients' policies
Mandatory	5.5.2	Travel Policies and Procedures: Application	NUPAS 4.4	The organization has and follows appropriate travel policies and procedures.	Practices are inconsistent and made on an ad hoc basis.	Acceptable travel policies and procedures are not consistently followed in practice by management or other employees.	Travel policies and procedures are generally followed in practice by management or other employees.	Management emphasizes the importance of adherence to approved travel policies and leads by example.	Inspect a sample of employees' contracts and verify that such a clause is included, otherwise separate signed form. Select a sample of managers' travel related expenses, verify that these indeed conformed to existing policies and procedures
Mandatory	5.5.3	Travel Policies and Procedures: Documentation	NUPAS 4.4	The organization has and follows appropriate travel policies and procedures.	Recordkeeping for compliance and other control and verification purposes is inadequate.	Records to verify compliance are incomplete and otherwise weak.	Records are kept to verify compliance.	Travel policies and procedures are understood by staff and are consistently adhered to, reviewed and monitored for compliance.	Select a sample of staff (lower than management) travel related expenses, verify that these indeed conformed to existing policies and procedures. Verify that supervisors monitor compliance (eg system check prior to approval/ processing) For limits exceeded, verify that appropriate measures were followed, eg payroll deductions For frequent occurings of noncompliance, hold interviews with a sample of staff members and obtain their interpretation of policies.

	6. Strategic Information								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Mandatory	6.1.1	Human Capacity for PEPFAR Strategic Information - Staffing	Aligned with PSICA	Organization has dedicated SI staff with clear roles and responsibilities	The organization does not have any dedicated Strategic Information staff	The organization has dedicated Strategic Information staff; responsibilities are not clearly defined; the number of staff is not adequate	The organization has dedicated Strategic Information staff; responsibilities are clearly defined; the number of staff is not adequate	The organization has dedicated Strategic Information staff, responsibilities are clearly defined in job descriptions and the number of permanent positions is adequate	
Mandatory	6.1.2	Human Capacity for PEPFAR Strategic Information - Training	Aligned with PSICA	Organization's SI staff are trained to carry out their roles and responsibilities effectively	Staff are not trained to carry out the organization's Strategic Information mandate for PEPFAR planning, reporting, and performance monitoring	Staff are trained in an ad hoc manner to carry out the organization's Strategic Information mandate for PEPFAR planning, reporting, and performance monitoring with some gaps	Staff are trained in an ad hoc manner to carry out the organization's Strategic Information mandate for PEPFAR planning, reporting, and performance monitoring with few gaps	Staff are trained in a systematic manner to carry out the organization's Strategic Information mandate for PEPFAR planning, reporting, and performance monitoring with no gaps	
Mandatory	6.2.1	Organizational Processes for PEPFAR Strategic Information - Independence	Aligned with PSICA	Organization is able to independently complete PEPFAR SI processes	The organization is not able to complete PEPFAR Strategic Information processes without external technical assistance	The organization is able to complete PEPFAR Strategic Information processes with substantial external technical assistance	The organization is able to complete PEPFAR Strategic Information processes with limited external technical assistance	The organization is able to complete PEPFAR Strategic Information processes with no external technical assistance required	
Mandatory	6.2.2	Organizational Processes for PEPFAR Strategic Information - Alignment with PEPFAR Requirements	Aligned with PSICA	Organization has well defined processes for data collection and reporting that align with PEPFAR requirements	The organization does not follow standard processes for data collection and reporting of MER, ER, HFR, SRE, and other PEPFAR data streams	The organization sometimes follows processes for data collection and reporting of MER, ER, HFR, SRE, and other data streams in line with PEPFAR and Agency-defined guidance	The organization mostly follows processes for data collection and reporting of MER, ER, HFR, SRE, and other data streams in line with PEPFAR and Agency-defined guidance	The organization follows well-defined processes for data collection and reporting of MER, ER, HFR, SRE, and other data streams in line with PEPFAR and Agency-defined guidance	
Mandatory	6.2.3	Organizational Processes for PEPFAR Strategic Information - Reporting Compliance	Aligned with PSICA	Reports are timely and compliant with format requirements	PEPFAR and Agency required reporting are not received in the format and frequency expected by PEPFAR stakeholders	PEPFAR and Agency required reporting are infrequently received in the format and frequency expected by PEPFAR stakeholders	PEPFAR and Agency required reporting are mostly received in the format and frequency expected by PEPFAR stakeholders	PEPFAR and Agency required reporting are fully received in the format and frequency expected by PEPFAR stakeholders	
Mandatory	6.2.4	Organizational Processes for PEPFAR Strategic Information - Planning and Budgeting	Aligned with PSICA	SI functions and needs are accounted for in routine planning and budgeting.	The organization does not account for Strategic Information functions in routine planning and budgeting	The organization insufficiently accounts for Strategic Information functions in routine planning and budgeting	The organization adequately accounts for Strategic Information functions in routine planning and budgeting, with some gaps	The organization fully accounts for Strategic Information functions in routine planning and budgeting	
Mandatory	6.3.1	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Tools and Systems	Aligned with PSICA	The organization's tools and systems for routine data collection and management fully meet the needs for PEPFAR and Agency-required reporting	Essential paper tools and IT systems for routine data collection and management are not available	The organization's tools and systems for routine data collection and management do not meet the needs for PEPFAR and Agency-required reporting	The organization's tools and systems for routine data collection and management meet the needs for PEPFAR and Agency-required reporting with some gaps	The organization's tools and systems for routine data collection and management fully meet the needs for PEPFAR and Agency-required reporting	

	6. Strategic Information								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Mandatory	6.3.2	Technology, Infrastructure & Systems for PEPFAR Strategic Information - IT Systems Management	Aligned with PSICA	The organization is independently able to maintain and/or support IT systems and infrastructure without external technical assistance	The organization is not able to maintain or support IT systems and infrastructure without external technical assistance	The organization is able to maintain and/or support IT systems and infrastructure with substantial external technical assistance	The organization is able to maintain and/or support IT systems and infrastructure with limited external technical assistance	The organization is fully able to maintain and/or support IT systems and infrastructure without external technical assistance	
Mandatory	6.3.3	Technology, Infrastructure & Systems for PEPFAR Strategic Information - Data Storage and Security	Aligned with PSICA	The service delivery organization securely stores and manages client-level data in digital form for case management and/or patient monitoring	The service delivery organization does not collect client-level data for case management and/or patient monitoring	The service delivery organization stores and manages client-level data in paper form for case management and/or patient monitoring with some gaps	The service delivery organization stores and manages client-level data in digital form for case management and/or patient monitoring with some gaps	The service delivery organization securely stores and manages client-level data in digital form for case management and/or patient monitoring	
Mandatory	6.4.1	PEPFAR Data Quality & Use - Data Quality Assurance	Aligned with PSICA	Policies, procedures, and tools for data quality assurance are available and routinely implemented with results demonstrating less than +/- 5% variance from reported results	Policies, procedures, and tools for data quality assurance are not available or implemented	Policies, procedures, and tools for data quality assurance are available but not routinely implemented or demonstrates greater than +/- 10% variance from reported results	Policies, procedures, and tools for data quality assurance are available and routinely implemented with results demonstrating greater than +/- 5% variance from reported results	Policies, procedures, and tools for data quality assurance are available and routinely implemented with results demonstrating less than +/- 5% variance from reported results	
Mandatory	6.4.2	PEPFAR Data Quality & Use - Quality Improvement Processes	Aligned with PSICA	Organization has a data quality improvement process	The organization does not follow a process for quality improvement	Organization depends on external support to achieve a stable and predictable quality of data	Organization implements episodic efforts to achieve a stable and predictable quality of data, with some external support	Organization independently implements a well-defined, continuous, and systematic effort to achieve a stable and predictable quality of data, suitable to serve organizational purposes	
Mandatory	6.4.3	PEPFAR Data Quality & Use - Feedback Cycles	Aligned with PSICA	The organization has a feedback cycle to adapt programs based on data.	The organization does not follow a cycle of routine analysis of results	The organization partially implements a feedback cycle to adapt program implementation based on routine or episodic analysis of results, with substantial external support	The organization implements a feedback cycle to adapt program implementation based on routine analysis of results, with some external support	The organization independently implements a robust feedback cycle to adapt program implementation based on routine analysis of results	
Mandatory	6.5	Learning Agenda	Custom	The organization intentionally learns to improve, develop best practices, and measures project outcomes.	The organization does not conduct or only occasionally conducts outcome evaluations or a learning agenda.	The organization has a formal plan to conduct outcome evaluations and/or a learning agenda, but often does not complete the plan or does not always collect baseline data to enable comparison over time.	The organization is familiar with USAID CLA (collaborating, learning, and adapting) principles. Some of the organization's formal M&E plans include an evaluation plan that focuses on program outcomes and a clearly articulated learning agenda. Baseline data is always collected and results are consistently used to inform programs and shared with stakeholders. A formal learning event is conducted at least yearly.	The organization is familiar with USAID CLA (collaborating, learning, and adapting) principles and integrates them throughout the program cycle. The organization always plans for and conducts evaluations and/or research to assess program outcomes for all projects. Baseline data is always collected and results are always shared with stakeholders. The organization has an articulated learning agenda (in the M&E plan or elsewhere) that is followed. A formal learning event is conducted at least twice per year.	Evaluation reports, M&E Plans

	6. Strategic Information								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Mandatory	6.6	Ethical Use of Data	Custom	The organization follows minimum standards of data and research ethics, and staff are able to adhere to standards.	The organization has no data ethics or research ethics policy.	The organization has no data ethics or research ethics policy, but key staff are trained or certified on data and research ethics and adhere to minimum industry standards.	The organization has an up-to-date data ethics or research ethics policy. Key staff are trained or certified on data and research ethics and adhere to minimum industry standards.	The organization has an up-to-date data ethics and research ethics policy. All project and M&E staff are trained or certified on data and research ethics, and adhere to minimum industry standards.	Ethics policy
Mandatory	6.7	Gender Sensitive MERL Processes	Custom	Organization considers gender throughout its M&E processes and uses information to make informed and strategic decisions	Organization collects disaggregated data (ex. sex, age) and gender-sensitive indicators related its project-level activities on an ad hoc basis or as directed by donors. Gender is not considered in the design of MERL systems, data management processes, or learning activities.	Organization collects and incorporates disaggregated data and/or gender-sensitive indicators into some project-level activities. Gender is sometimes considered in the design of MERL systems, data management processes, or learning activities.	Organization collects and incorporates disaggregated data and gender-sensitive indicators into all project-level activities. Gender is actively considered in the design of MERL systems, data management processes, or learning activities.	Organization collects and incorporates disaggregated data and gender-sensitive indicators into its project-level activities and used to identify gaps and targets interventions. Gender is actively considered in the design of MERL systems, data management processes, or learning activities, such that the organization has a series of gender related tools and guidelines related to MERL processes and actively undertakes gender focused learning activities.	Gender Integration in Organizational Capacity Checklist (to be developed)
Optional	6.8	Target Setting	Custom	The organization is proficient with setting OVC targets by site and program area, in line with PEPFAR requirements. Targets are set based on data from previous reporting periods, available data regarding HIV prevalence and risk in relevant catchment areas, data on PEPFAR priority subpopulations, and an understanding of absorptive capacity of relevant sites. Targets are reportable against DATIM and the PEPFAR DataPack.	The organization has set OVC comprehensive and preventative targets by site and program area. Targets are set based on guidance from PEPFAR and are aligned with funding availability. The organization does not have a methodology in place to distribute targets across sites and geographic areas and does not utilize technical assistance for target setting. Targets are reported and recorded using spreadsheets that are not in line with the PEPFAR data management tools.	The organization has set OVC comprehensive and preventative targets by site and program area. Targets are set based on guidance from PEPFAR and are aligned with funding availability. The organization does not have a methodology in place to distribute targets across sites and geographic areas. The organization is reliant upon external technical assistance to set targets. Targets are reported and recorded using spreadsheets that are not in line with the PEPFAR data management tools.	The organization is proficient with setting OVC comprehensive and preventative targets by site and program area, in line with PEPFAR requirements. Targets are set based on data from previous reporting periods and available data regarding HIV prevalence and risk, violence statistics, orphan estimates, and key population estimates in relevant catchement areas. Targets are aligned with funding availability. The organization has a methodology in place to distribute targets across sites and geographic areas. Targets are reportable against DATIM and the PEPFAR DataPack.	The organization is proficient with setting OVC comprehensive and preventative targets by site and program area, in line with PEPFAR requirements. Targets are realistic and set based on data from previous reporting periods; available data regarding HIV prevalence and risk, violence statistics, orphan estimates, and key population estimates in relevant catchement areas; an understanding of absorptive capacity of relevant sites; data on PEPFAR priority subpopulations; and funding availability. Target setting is done in partnership with relevant CBOs. Targets are reportable against DATIM and the PEPFAR DataPack.	

	7. Partnerships & Communications								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	7.1	Branding	Custom	Organization has a clear brand that is clear and consistent across all modes of communication and collateral materials.	The organization does not have an official name, logo, or messaging about its mission; or one or more of the above are not properly aligned. Organization has not designed a logo or produced messages to communicate its work to the public.	The organization has a logo, but it has not been professionally designed and is not graphically clear. The organization has some messages that are used to communicate its work, but they are not clear, concise, or fully aligned with the mission and goals. The logo/brand is seldom used on communications materials and there are only informal guidelines on the use of the logo/brand.	The organization has a logo that is eye catching and easy to reproduce and matches the organization's mission and goals. The logo/brand is used on most internal and external communications materials. The organization has developed conversational messages that communicate its mission and goals to a variety of audiences, which are used most of the time. The organization has branding guidelines that are used most of the time.	The organization has a professionally designed logo that is recognizable and easy to reproduce, along with branding guidelines for its use. The logo/brand is consistently used across all communications materials, internally and externally. The organization has a tagline that communicates its mission in a few words, as well as a series of goals and messages that communicate specific aspects of the mission. It has the capacity to modify and create new messaging when needed.	
Mandatory	7.2	Partnerships, networking and collaboration	Custom	Organization is knowledgeable about the strategies and work of other organizations, consults when planning/ implementing and collaborates with partners.	Organization has some knowledge of the strategies and work of other organizations in the local area. Organization has had some informal discussions about collaboration of some kind.	Organization has good knowledge of the strategies and work of other organizations in the local area. Organization consults with other organizations when planning programs to ensure there is no duplication. There has been at least one instance of collaboration with a partner in the last two years.	Organization has good knowledge of the strategies and work of other organizations in the local area and some knowledge of the strategies and work of organizations at other levels. Organization consults with other organizations when planning projects to ensure there is no duplication. There is at least one on-going program being conducted jointly with other partners/stakeholders. Organization has some contact with other organization/NGO networks.	Organization has good knowledge of the strategies and work of other organizations in the local area and at other levels. Organization consults extensively when planning programs and activities to ensure there is no duplication. Organization is implementing more than one programs in partnership with other organizations and makes referrals to other organizations. Organization is active in organization/NGO networks.	Websites; newsletters; other products clearly geared to external stakeholders.
Mandatory	7.3	Community presence and involvement	Custom	Organization is well known and viewed as a constructive and empowering presence by the community.	Organization's presence in the community is not recognized or generally regarded as positive. A few members of local community engage with the organization.	Organization's presence is somewhat recognized, and generally regarded as positive within the community. Some members of the local community engage with organization.	Organization is well known within community, is viewed as a constructive presence and perceived as being open and responsive to community needs. Members of the community are actively involved in the organization.	Organization is widely known within the community. Organization is viewed as a constructive and empowering presence and perceived as being extremely open responsive to community needs. There is downwards accountability to communities and beneficiaries. Members of the community, including women and vulnerable groups are actively and constructively involved in the organization (e.g. board, fund-raising).	
Mandatory	7.4	External communication strategy	Custom	External communication strategy exists and is used to communicate effectively with key stakeholders, including the community.	Organization has an informal communication strategy but nothing formally agreed upon or documented.	Organization has a basic communication strategy which has been formalized/ documented but is not comprehensive or widely known about. Some efforts have been made to identify and communicate key messages however there are often deviations from these.	Organization has a communication strategy which has been formalized/documentd and is comprehensive and known by most staff. Key messages are identified for communication to stakeholders and these are fairly consistently communicated. The organization has performed an informal stakeholder analysis and identified priority stakeholders at local levels.	Organization has a communication strategy which has been formalized/documentd, is comprehensive, widely known by all staff and is reviewed regularly. Key messages have been identified for communication to various stakeholder groups and these are consistently communicated. Organization has performed a stakeholder analysis and identified priority stakeholders at local and national levels; the stakeholder analysis is updated regularly.	

	7. Partnerships & Communications								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	7.5	Communication materials	Custom	Appropriate communication materials exist and are used to communicate effectively with key stakeholders.	Organization has some basic communication materials, which were developed some time ago and are outdated.	Organization has some standard communication materials such as leaflets and brochures, some of which are outdated.	Organization has a range of communication materials for different purposes which are used for internal and external communication.	Organization has a wide range of communication materials for different purposes tailored for different audiences. Communication materials are updated regularly and have a consistent "look and feel".	
Mandatory	7.6	Gender sensitive communications	Custom	Organization's communications (including media), advocacy, and outreach approaches and campaigns (including fundraising) planned and informed by a gender equality perspective	Organization's communications, advocacy, and outreach approaches and campaigns are not informed by a gender equality perspective.	Organization's communications, advocacy, and outreach approaches and campaigns are sometimes informed by a gender equality perspective, without clear implementation strategy.	Organization's communications, advocacy, and outreach approaches and campaigns are informed by a gender equality perspective most of the time. The organization has an implementation strategy in place for gender focused communications campaigns and messaging.	Organization's communications, advocacy, and outreach approaches and campaigns are always informed by a gender equality perspective and influenced by diverse stakeholders working in the gender field (ex. women's organizations, other networks/experts). The organization has an implementation strategy in place for gender focused communications campaigns and messaging. The implementation strategy is known to all staff that apply it and reviewed and updated annually.	Scale for gender-sensitive and socially inclusive language, imagery, and content.



	8. Sustainability								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Mandatory	8.1	Absorptive Capacity	NUPAS 6.2	The organization has adequate absorptive capacity (i.e., can rise to the level of effort required to implement an additional project).	Organization does not have capacity to absorb the level of effort required to implement an additional project/activity.	Organization’s absorptive capacity is weak for purposes of the award (i.e., the organization may be hard pressed to rise to the level of effort required to take on an additional project/activity).	Organization’s absorptive capacity is adequate. Given its resources and ability to obtain additional resources, organization has adequate capacity to absorb the level of effort required.	Organization’s absorptive capacity is more than adequate. Given its resources, organization has the capacity to absorb the level of effort required to implement an additional project/activity.	Does the organization have a track record in this regard? Review the organization's current staff complement, including skill set and level of experience
Mandatory	8.2	Program Sustainability	Custom	Communities contribute and feel ownership of programs. Organization has a clear exit strategy and takes steps to ensure sustainability.	Communities feel limited ownership towards programs and may make a minimal commitment/contribution. Organization does not have an exit strategy or plan but appreciates the importance of having one.	Communities feel some ownership of programs and express commitment/make contributions. Organization is starting to initiate skills transfer/capacity building activities which will form the basis of an exit strategy.	Communities feel strong ownership of programs and express their commitment through financial and/or in-kind contributions. Organization is taking steps to build community capacity to sustain programs (i.e. through skills transfer and other capacity building activities) and has an exit strategy for several programs.	Beneficiaries, including women and vulnerable groups, feel strong ownership of programs. Community commitment is expressed through financial and/or in-kind contributions. Skills transfer has taken place and exit strategies have been discussed with communities and beneficiaries in all project/program areas, who are prepared to sustain programs thereafter.	
Mandatory	8.3	Resource mobilization and sustainability	Custom	Organization understands the local funding environment and has a resource mobilization strategy which is being implemented.	Organization has limited understanding of the local funding environment. A resource mobilization strategy exists only informally.	Organization has a good understanding of the local funding environment. A documented resource mobilization strategy exists, however it is not entirely clear and is not being monitored or fully implemented.	Organization has a good understanding of the local funding environment. A documented resource mobilization strategy, with targets, tools and processes exists, and is being monitored and implemented.	Organization has an excellent understanding of the local funding environment. A documented resource mobilization plan, with targets, tools and processes exists, and is being monitored and implemented. The organization is on track to exceed targets for revenue generation to meet its vision and mission.	

	9. Management of Community Cadres								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	9.1	Performance based management of Community Cadres (CC)	Custom	The organization applies performance based management strategies for to continually improve the performance of Community Cadres, which includes support for professional development.	Community based cadres have little understanding of the expectations of their roles and responsibilities and targets to be reached within specified timeframes.	Community based cadres have a basic understanding the organization's mandate and targets. Workplans for community cadres are in place but not updated or used regularly.	Community based cadres have a clear understanding the organization's mandate and targets. The organization has a written workplan for community cadres that is structured around individual targets. The workplan is shared, but not tracked and reviewed regularly.	Community based cadres have a clear understanding the organization's mandate and targets. The organization has a written workplan template for community cadres that is structured around individual targets. The workplan is shared with all relevant community cadres and supervisors. The workplan is reviewed and updated regularly. Workplans include professional development activities to develop capacity of community cadres.	
Optional	9.2	Volunteer Documentation	Custom	The organization has up to date volunteer files with all volunteer information including USAID required information.	The organization does not have a comprehensive set of volunteer files that are kept within the organization.	The organization has volunteer files kept within the organization, that includes the community cadre profile (community volunteer file). Files are disorganized and not updated regularly.	The organization has volunteer files kept within the organization, that includes the community cadre profile, required documentation based on host country law and PEPFAR requirements, and up to date performance history. (completed performance appraisal forms). Files are organized and updated regularly.	The organization has volunteer files kept within the organization that includes community cadre profile, required documentation based on host country law and PEPFAR requirements, up to date performance history and updated professional development activities of the community cadre. (training registers/ certificates). Files are organized and updated regularly.	
Optional	9.3	Community Volunteer Management Guidelines	Custom	The organization has policies and procedures to for community volunteer management, retention, and motivation, inclusive of recruitment, management processes, and documentation requirements.	The organization does not have volunteer management guidelines or procedures.	The organization has ad hoc procedures and tools for volunteer management, which are not widely shared or used.	The organization has written policies and procedures to for community volunteer management, inclusive of recruitment, management processes, and documentation requirements. These materials have been widely shared with staff and community volunteers.	The organization has written policies and procedures to for community volunteer management, inclusive of recruitment, management processes, and documentation requirements. The organization has procedures and processes to retain and motivate community volunteers (ex. professional development support, incentive structures). Community Volunteer Management procedures are widely shared with staff and community volunteers. All relevant staff and volunteers are trained on the procedures. These procedures are reviewed annually with inputs from volunteer cadres.	Written code of ethics; feedback loop for beneficiaries.

	9. Management of Community Cadres								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	9.4	Community Volunteer Supportive Supervision	Custom	Organization has clear support supervision and coaching and mentorship system that enables the community cadres to effectively deliver services within the community	Community cadres have written plans that are sometimes shared with the Field Office (FO). Plans are inconsistently updated and shared. Documentation of community cadre weekly plans is on file when available. Supportive supervision schedules are in place in some field offices.	Community Cadres have written weekly plans that are used by the FO to develop onsite support supervision schedules in all field offices. FOs provides at least one onsite supportive supervision visit in a quarter. Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed.	Community Cadres have written weekly plans that are used by the FO to develop onsite support supervision schedules in all field offices. The FO shares supportive supervision schedules with Project Manager and the FO provides at least two onsite supportive supervision to each cadre in a quarter. A checklist is used to guide supportive supervision that covers all aspects of the program. Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed. Supportive supervision visits include individual level coaching and mentoring for Community Volunteers on an as needed basis.	Community Cadres have written weekly plans that are used by the FO to develop onsite support supervision schedules in all field offices. FO provides at least one monthly onsite supportive supervision visit to each cadre Documentation of scheduled onsite support (ex. visit notes, agendas) is collected and filed. Supportive supervision visits include individual level coaching and mentoring for all Community Volunteers.	

	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.1.1	OVC Case Management: SOPs	Custom, aligned with SIMS CEE S_06_04	The organization has written standard operating procedures for case management of children and families affected by HIV, including SOPs for identification, assessment, enrollment, case plan development, service delivery (for directly provided services), referrals, case plan monitoring, case plan achievement/graduation, case closure, transfer and attrition, case file confidentiality)	The organization has no written SOPs for any or most of the steps of the case management process. SoPs are not widely shared or fully understood by staff.	The organization has written SOPs for only some steps of the case management process. Procedures are not consistently reviewed against national or other relevant mandated Case Management Protocols or guidelines. SoPs are not widely shared or fully understood by staff.	The organization has written SOPs for most but not all steps of the case management process. SoPs are mostly consistent with national or other relevant mandated Case Management Protocols or guidelines. SoPs are widely shared and all relevant staff are trained on content.	The organization has written SOPs for all steps of the case management process. SoPs are consistent with national or other relevant mandated Case Management Protocols or guidelines. SoPs and relevant job aids are widely shared and all relevant staff are trained on content, with annual refresher trainings. SoPs are reviewed on an annual basis and updated based on relevant changes in OVC case management protocols.	
Optional	10.1.2	OVC Case Management: Identification and Enrollment	Custom	The organization uses a systematic approach to identify beneficiaries based on assessed needs and specific criteria and enrolls them into comprehensive case management services. Selection criteria are aligned with PEPFAR and applicable national guidelines.	The organization identifies beneficiaries based on selection criteria that are not in line with PEPFAR and applicable national guidelines. The organization enrolls less than 50% of OVC meeting relevant risk criteria into comprehensive case management services. Enrollment forms are completed and documented in project databases and individual beneficiary files some of the time.	Organization identifies beneficiaries after assessing needs according to selection criteria that are not documented and not in line with PEPFAR and applicable national guidelines. The organization enrolls at least 50% of OVC meeting relevant risk criteria into case management services, which are sometimes family-centered. Enrollment forms are completed and documented in project databases and individual beneficiary files most of the time.	Organization identifies beneficiaries after assessing needs according to selection criteria that are documented. Selection criteria are consistent with applicable national guidelines. The organization enrolls at least 75% of OVC meeting relevant risk criteria into comprehensive family-based case management services. Enrollment forms are completed and documented in project databases and individual beneficiary files.	Organization identifies beneficiaries after assessing needs according to a selection criteria that is documented and results of the assessment are documented. Selection criteria are aligned with PEPFAR and applicable national guidelines. The organization enrolls at least 90% of OVC meeting relevant risk criteria into comprehensive family-based case management services. Enrollment forms are completed and documented in project databases and individual beneficiary files.	
Optional	10.1.3	OVC Case Management: Target Achievement	Custom	The organization meets PEPFAR targets for applicable PEPFAR MER indicators, as measured at the end of the last reporting period.	The organization has met less than 50% of applicable PEPFAR MER indicator targets, as measured at the end of the last reporting period.	The organization has met between 50% and 74% of applicable PEPFAR MER indicator targets, as measured at the end of the last reporting period.	The organization has met between 75% and 89% of applicable PEPFAR MER indicator targets, as measured at the end of the last reporting period.	The organization has 90% or more of applicable PEPFAR MER indicator targets, as measured at the end of the last reporting period.	
Optional	10.1.4	OVC Case Management: Care Planning	Custom; Aligned with SIMS S_06_04	All enrolled OVC have updated care plans in place that include specific benchmarks in the domains of healthy, stable, safe, and schooled.	The partner has Care plans in place for less than 50% of beneficiaries Care plans are not regularly updated.	The partner has care plans in place for 50%-74% of beneficiaries Care plans are not all updated at least once a year based on a home visit by a case manager.	The partner has Care plans in place for at least 75% of beneficiaries. Care plans are updated at least twice a year based on a home visit by a case manager.	The partner has Care plans in place for all beneficiaries. Care plans are updated at least once a quarter based on a home visit by a case manager. Care plans are filed and available to and consistently used by case managers for beneficiary support all of the time.	

	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.1.5	OVC Case Management: Case Closure	Custom	The organization has a register or other documentation of all households who have exited the program, by graduation, transfer, or attrition, with relevant documentation to support the case closure decision (for graduation: assessment against benchmarks, date; for transfer: organization and date of transfer; for attrition: reason, documentation of efforts to retain, date of exit)	The organization does not systematically document households which have exited the program.	The organization inconsistently documents households which have exited the program or documents only certain categories of exit.	The organization has documentation to account for most households which have exited the program, but has failed to document some cases or categories of exit.	The organization keeps timely documentation of all households who have exited the program, by graduation, transfer, or attrition, with relevant documentation to support the case closure decision (for graduation: assessment against benchmarks, date; for transfer: organization and date of transfer; for attrition: reason, documentation of efforts to retain, date of exit).	
Optional	10.1.6	OVC Case Management: Graduation	Custom	The organization has a systematic and documented approach for beneficiary graduation/ case plan completion, which is aligned with PEPFAR MER requirements or any PEPFAR approved exceptions.	The organization does not have benchmarks against which they graduate beneficiaries from the program.	The organization has graduation benchmarks, but they do not align with the PEPFAR benchmarks (or approved exceptions), and/or are not documented, and/or are not consistently followed.	The organization has graduation benchmarks which are either not fully documented, not fully aligned with the PEPFAR benchmarks (or approved exceptions), or not consistently followed.	The organization has documented SOPs for beneficiary graduation which are consistently followed and are consistent with PEPFAR MER requirements and any PEPFAR approved exceptions.	
Optional	10.1.7	OVC Case Management: Service Maps	Custom	Organization maintains an up to date directory of health care facilities, community based organizations, and community workers, along with their services relevant to the project service package and contact details.	The organization does not maintain a directory of health service and or community based service providers.	The organization has developed a directory of health and community based services but it is incomplete and/or not kept up to date.	The organization has developed a directory of health and community based services which is mostly but not fully complete, relevant for all beneficiary populations, or up to date.	Organization has identified and mapped all health care facilities and community based service providers in the respective geographic area. The map includes contact details and outlines the services available which are relevant to the project's service package and beneficiary populations. The map is updated at least every 6 months to ensure relevance.	Review directory, with all health care providers and key contact persons and date last updated.
Optional	10.2.1	OVC Health: Known HIV status and case finding	Custom	Case workers document reported OVC and caregiver HIV status in the OVC case files. Case files with unknown/undisclosed HIV status have documentation of a referral to HIV testing or of risk screening showing that a test is not indicated. HIV-exposed infants are tested and re-tested according to national guidelines. Appropriate HIV testing approaches (ex. index testing) are applied for relevant target populations.	Case workers do not consistently ask about and/or record HIV status of OVC beneficiaries or caregivers.	Fewer than 75% of OVC beneficiaries and caregivers have a recorded HIV status (positive/negative/unknown). No documentation exists that those with unknown or undisclosed status are being assessed for risk or referred for testing.	Between 75%-94% of OVC beneficiaries and caregivers have a recorded HIV status (positive/negative/unknown). Those with unknown or undisclosed status are being assessed for risk or referred for testing, with appropriate supporting documentation of risk assessment and/or referral.	At least 95% of OVC beneficiaries and caregivers have a known and recorded HIV status (positive/negative/test not required), and documentation is available to show that those with unknown or undisclosed status have been assessed for risk or referred for testing. Beneficiaries with a prior reported status of "negative" are routinely followed up to identify when risk status has changed and testing may be required. Referrals for testing are followed up to ensure completion and recording of results. Home visiting cadres receive refresher trainings on appropriate HIV testing approaches and/or risk assessments on an annual basis or when guidelines change.	Review OVC family files for evidence of documented HIV status and referral and screening tools. Review care plans. Review training registers for community cadre.

	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.2.2	OVC Health: Referral Mechanisms	Custom	Case workers assess and refer project beneficiaries for PEPFAR required clinical services including SRH, VMMC, GBV response, and HTS, as well as non-clinical services according to the agreed service package. All referrals are followed up to ensure referral completion.	No evidence exists to show that case workers are referring enrolled beneficiaries to available services in accordance with the project's service package.	Case workers refer enrolled beneficiaries to available services in line with assessed needs but support and/or follow-up to ensure referral completion is missing.	Referrals, referral support, and follow-up to ensure referral completion are sometimes but not always occurring and/or documented, or are occurring for some, but not all, services within the project's service package.	Case workers refer, support, follow up, and document all clinical and nonclinical services according to the agreed service package. Case workers also receive and document facility to community referrals. The organization tracks and works to increase rates of referral completion by service.	Review evidence of bi-directional completed referrals, HCF visit scheduled, and training registers and schedules.
Optional	10.2.3	OVC Health: Facility MOUs	Custom	The Organization has established MOUs with PEPFAR supported health facilities for referrals of beneficiaries for health services. The MOUs address key issues such as bi-directional referral protocols, case conferencing, shared confidentiality and joint case identification.	The Organization has not established MOUs with PEPFAR supported health facilities for referrals of beneficiaries for health services.	The Organization has established MOUs with fewer than half of the PEPFAR supported health facilities with which it works, for referrals of beneficiaries for health services. The MOUs address some of the following issues: bi-directional referral protocols, case conferencing, shared confidentiality and joint case identification.	The Organization has established MOUs with more than half but not all of the PEPFAR supported health facilities with which it works, for referrals of beneficiaries for health services. The MOUs address the following issues: bi-directional referral protocols, case conferencing, shared confidentiality and joint case identification. MOUs have also been negotiated and agreed to with local government entities, CBOs, and other stakeholders, as relevant. The MOUs are known to relevant organizational leadership and staff of partner entities.	The Organization has established MOUs with all PEPFAR supported health facilities for referrals of beneficiaries for health services. The MOUs address key issues such as bi-directional referral protocols, case conferencing, shared confidentiality and joint case identification. MOUs are negotiated and agreed to with local government entities, CBOs, and clinic leadership, as relevant. The MOUs are known to and fully understood by relevant organizational leadership and staff of partner entities. MOUs are reviewed on an annual basis and updated based on relevant changes in OVC case management protocols.	

	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.2.4	OVC Health: Training of case managers on Treatment for CLHIV	Custom	Community OVC case workers are trained in areas such as adherence, retention, and disclosure. OVC cadres are trained on ARV transitions and drug administration (LPV/r granules and pellets), viral load testing and suppression and U=U; and ARV transitions. OVC cadres reinforce counseling on appropriate administration of ARVs received from the facility.	OVC case workers are not trained on basic concepts related to ARV treatment, viral load testing, and adherence.	OVC case workers are trained at least once on basic concepts related to ARV treatment, viral load testing, and adherence.	OVC case workers are trained at least once on basic and intermediate concepts related to ARV transitions and drug administration (LPV/r granules and pellets), viral load testing and suppression and U=U; and ARV transitions. OVC cadres sometimes reinforce counseling on appropriate administration of ARVs received from the facility.	Treatment clinicians are engaged to participate in training community OVC case workers to build their knowledge in areas such as adherence, retention, and disclosure. OVC cadres are trained on basic and intermediate concepts related to ARV transitions and drug administration (LPV/r granules and pellets), viral load testing and suppression and U=U; and ARV transitions through a comprehensive training program, that includes annual refresher trainings. The training program is updated annually based on updates in standards of care and program results. OVC cadres reinforce counseling on appropriate administration of ARVs received from the facility.	
Optional	10.2.5	OVC Health: C/ALHIV Treatment Linkage, Adherence, and Retention	Custom	All C/ALHIV receive treatment adherence and retention support at household level. All C/ALHIV not on treatment are linked to treatment within 30 days of identification.	C/ALHIV are not regular tracked and/or supported by OVC cadres in terms of their treatment.	Case workers maintain an up-to-date list of C/ALHIV in their geographical service area, but provision of treatment adherence and retention tracking and support at household level by case workers is infrequent.	All C/ALHIV receive a treatment adherence and retention support visit at household level at least once a month. C/ALHIV not on treatment are linked to treatment within 30 days of identification.	All C/ALHIV receive a -treatment adherence and retention support visit at household level at least once a month. Case workers may collaborate with Expert Clients and Health care facilities to identify CLHIV/ALHIV who are lost to follow up and to implement strategies to relink them to care and treatment. Where possible, case workers follow up on HVL testing and results. C/ALHIV not on treatment are linked to treatment within 30 days of identification.	Review Training register/agenda, date of last update of the C/ALHIV list per community cadre; home visit forms and complete referrals.
Optional	10.2.6	OVC Health: Nutrition and Immunization Monitoring	Custom	Case workers monitor nutrition and immunization status for all children aged less than 5 years, and support caregivers to take child to health care facility for immunization or nutritional support as needed.	Nutritional status or immunization status of under-5 children is not routinely monitored by case workers.	Case workers only irregularly monitor nutrition and immunization status for under-5 children and support caregivers to take child to health care facility for immunization or if there are signs of malnutrition. Referrals for immunizations and for nutritional support are provided some of the time and are not well documented.	Case workers monitor and document immunization and nutritional status of under-5 children on a routine basis. Referrals for children with signs of malnutrition and in need of immunizations are completed and documented most of the time, but not always.	Case workers are well-trained on nutrition and immunization monitoring and support. Case workers monitor and document immunization and nutritional status of children under 5 years on a regular basis. Children with signs of malnutrition or in need of immunization are consistently referred to HCFs and other organizations that provide nutritional support services and immunizations. Referrals are consistently documented.	Review Home visit form and completed referrals.

	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.2.7	OVC Health: Teen Caregivers	Custom	Case workers equip teen mothers (who have children aged 5 years and below) with knowledge and skills for early childhood development.	Teen mothers with children aged 0 to 5 are not routinely identified and enrolled in ECD activities or programs.	Teen mothers with children aged 0 to 5 may be identified, but the project does not have specific interventions or training designed to support such mothers with ECD or early stimulation activities.	Case workers receive training in ECD. Case workers identify and assess most teen mothers and their children for ECD milestones, resulting in development of ECD-focused plans and linkages where needed. Some teen mothers engage children 5 years and below in ECD activities for early stimulation.	Case workers receive training in ECD. Case workers consistently assess teen mothers and their children for ECD milestones resulting in development of ECD-focused plans and linkages. Most teen mothers engage children 5 years and below in ECD activities for early stimulation, including one or more of the following: Cognitive, emotional, social, physical and language development activities.	Review children assessment reports, mentorship plans, teen mother enrollment lists, and training agendas and registers.
Optional	10.3.1	OVC Safety: Identification of Abuse	Custom	The organization trains community workers to identify children with signs of neglect, exploitation, or physical, emotional, or sexual abuse. Procedures for reporting or referring identified cases of neglect, exploitation and abuse are documented and followed.	Procedures for identifying and reporting cases of child neglect, exploitation, and abuse are not documented or implemented regularly, and/or case workers do not receive training in such procedures.	Case workers are trained to identify signs of neglect, exploitation, or physical, emotional, or sexual abuse against children, but procedures to report or refer identified abuse cases are not fully clear or implemented.	Case workers are trained to identify signs of neglect, exploitation, or physical, emotional, or sexual abuse against children. Procedures to report or refer identified cases of neglect, exploitation, and abuse are documented but not consistently implemented.	Case workers are trained to identify signs of neglect, exploitation, or physical, emotional, or sexual abuse against children, and receive refresher training at least annually. Procedures to report or refer identified cases of neglect, exploitation, or abuse are documented, and case workers consistently follow correct procedures.	Review monthly reports, proof reports and agendas, attendance registers, guidelines for reporting of abuse cases, and training registers.
Optional	10.3.2	OVC Safety: Referrals for Survivors	Custom; aligned with SIMS S_06_01	The organization has written procedures for making referrals to post-violence (sexual, physical, emotional violence) care services for children and adolescents and all staff and volunteers are trained on them. Post-violence care services provided are documented (by age, sex, type of violence, and type of service).	Procedures for making referrals to post-violence care services are not documented or implemented regularly, and/or case workers do not receive training in such procedures.	The organization has some ad hoc procedures for making referrals to post-violence (sexual, physical, emotional violence) care services for children and adolescents. Procedures are not consistently documented or followed, and/or services provided are not documented.	The organization has written procedures making referrals to post-violence (sexual, physical, emotional violence) care services for children and adolescents, and most or all staff and volunteers are trained in them. Procedures for referrals and/or documentation of referral completion (service provision) are usually but not always followed.	The organization has comprehensive and clear written procedures for making referrals to post-violence (sexual, physical, emotional violence) care services for children and adolescents. All staff and volunteers are trained on the referral procedures, with annual refresher trainings. Procedures are reviewed and updated annually to reflect changes in the standards of care, best practices, and lessons learned from implementation. Documentation of referral completion (service provision) is consistently done, in accordance with procedures.	



	10. OVC Comprehensive								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	10.4.1	OVC Education: School Enrollment	Custom	Case workers identify children of school-going age who are not enrolled in school and/or have dropped out of school. The organization has a system to support enrolment that includes advocacy for school enrollment to be addressed at the community level.	Case workers do not systematically identify children of school-going age who are not enrolled in school or have dropped out for purposes of re-enrolment to school.	The organization identifies and documents community-level barriers for school enrollment (e.g. stigma around HIV status, community acceptance of teen pregnancy) and supports the enrollment of children who are not in school in case management programs. Strategies for addressing school enrollment are not a program priority.	Case workers monitor school enrollment in some households. The organization identifies child-specific barriers to school enrollment, and develops advocacy activities and/or action plans to address barriers.	Case workers monitor school enrollment in all households and identify child-specific barriers to school enrollment. The organization develops advocacy activities and action plans to address school enrollment barriers. Action and advocacy plans are used for advocacy efforts focused on different levels including household and community. Case workers follow up and support implementation of plans for enrollment/re-enrollment.	
Optional	10.4.2	OVC Education: School Attendance Tracking	Custom	Case workers track children's school attendance and progression, engage families to discuss school attendance, and implement plans of action to address irregular school attendance.	Case workers do not systematically track child school attendance and progression or encourage improved attendance or performance at school.	Case workers track child school attendance and progression on at least a once per term basis. Families are engaged to discuss school attendance and academic performance and to discuss financial or other constraints.	Case workers track child school attendance and progression more than once per term. Families are engaged to discuss school attendance and performance. Support plans are developed to address the causes of poor attendance or performance.	Case workers consistently track child school attendance and progression throughout the term. Families are engaged to discuss school attendance. Plans of action to address irregular attendance, poor performance, or lack of school progression are documented, implemented, and monitored on a monthly basis. Children receive support to enhance learning and increase the potential for graduation.	
Optional	10.4.3	OVC Education: Performance	Custom	Case workers track children's performance in school, identify performance issues, and engage families to address them in a timely manner.	Case workers track children's performance in school to identify performance issues only on an ad hoc basis.	Case workers track children's performance in school, identify performance issues, and engage families to address them in a timely manner for some eligible beneficiaries. Families are engaged to discuss risk factors and challenges related to performance.	Case workers consistently track children's performance in school, identify performance issues, and engage families to address them in a timely manner. When performance issues are identified, families are supported to identify challenges and come up with plans to support the child to improve performance.	Case workers consistently track children's performance in school, identify performance issues, and engage families to address them in a timely manner. When performance issues are identified, families are supported to identify challenges and come up with plans to support the child to improve performance. These plans are monitored on a monthly basis.	
Optional	10.5.1	OVC Stability: Access to Social Services	Custom	The organization systematically monitors access for all children to needed social services, including access to birth registration and documentation, and facilitates linkages where needed.	The organization does not systematically assess and link children with needed social services including birth registration documentation.	The organization links children to appropriate social services some of the time, including those in need of birth registration documentation.	The organization consistently links children to appropriate social services, including those in need of birth registration documentation. Complicated cases are referred to government social welfare agencies or other relevant structures.	The organization always links children to appropriate social services, including those in need of birth registration documentation. Complicated cases are referred to government social welfare agencies or other relevant structures. Referrals and progress are monitored on a monthly basis.	

	11. OVC Preventive								
Mandatory/ Optional	Indicator no.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	11.1	Target Populations	Custom	The Preventative Program focuses on children aged 9-14 years in high burden SNUs. Children in the preventive program area are recruited in groups from community settings of high burden SNUs, such as schools, community centers, and faith-based groups. Children from the case management program are referred to the preventative program.	The Preventative Program does not define age groups or risk factors for catchment areas. Children in the preventive program area are recruited only from the case management program. Targeting is not consistently documented in project workplans and documents.	The Preventative Program focuses on children aged 9-14 years in high burden SNUs. Children in the preventive program area are sometimes recruited in groups from community settings of high burden SNUs, such as schools, community centers, and faith-based groups, in addition to the case management program. Targeting is not consistently documented in project workplans and documents.	The Preventative Program focuses on children aged 9-14 years in high burden SNUs. Children in the preventive program area are recruited from the case management setting and in groups from community settings of high burden SNUs, such as schools, community centers, and faith-based groups. Targeting is documented in the project workplans and shared with project staff.	The Preventative Program focuses on children aged 9-14 years in high burden SNUs. Children in the preventive program area are recruited from the case management setting and in groups from community settings of high burden SNUs, such as schools, community centers, and faith-based groups. Program targeting is documented in workplans for staff and project teams. Partnerships are established through MOUs or otherwise with schools, community centers, FBOs, CBOs, and government units to facilitate access to target populations.	
Optional	11.2.1	Evidence-Based Curricula for Primary Prevention: Selection	Custom	The organization is using PEPFAR approved evidence based curricula (FMP, Sinovuyo, CBIM, IMPower, or Stepping Stones) for primary prevention that are relevant to the scope of services provided for OVC, target populations reached by the organization, community needs, and cultural context. The selected curricula includes content from the three PEPFAR required modules targeting 9-14 year olds.	The organization uses curricula for primary prevention that are not among the list of PEPFAR approved evidence based curricula and do not cover content from the PEPFAR modules. Evaluations of the curricula applied have not taken place to validate use and results.	The organization is in the process of selecting and/or adapting one of the PEPFAR approved evidence-based curricula for use with target populations, or adapting other curricula to include content from the PEPFAR modules.	The organization has identified and is using PEPFAR approved evidence based curricula for primary prevention that are relevant to the scope of services provided for OVC, target populations reached by the organization, community needs, and cultural context. The curricula have been adapted for the country context. The selected curricula includes content from the three PEPFAR required modules targeting 9-14 year olds.	The organization has identified and is using PEPFAR approved evidence based curricula for primary prevention that are relevant to the scope of services provided for OVC, target populations reached by the organization, community needs, and cultural context. The curricula have been adapted to the local context and are reviewed for applicability and updating on an annual basis based on outcome data from curricula implementation. The selected curricula includes content from the three PEPFAR required modules targeting 9-14 year olds.	
Optional	11.2.2	Evidence-Based Curricula for Primary Prevention: Training of Facilitators	Custom	The organization's trainers are certified by the relevant implementing partner to deliver the PEPFAR approved evidence-based curricula modules.	The organization does not have trainers that are certified to deliver the PEPFAR approved evidence-based curricula training modules. The trainers have not had any training or experience with the training modules other than access to written materials.	The organization's trainers are using the PEPFAR approved evidence based curricula training modules and have participated in a minimal level of training on their content and have access to written materials. Training facilitators have experience with but are not formally trained on handle disclosure of HIV status or experience of sexual violence including up to date protocols of how and where to refer children for appropriate services and information on mandatory reporting and SOPs for reporting. The organization's trainers are not certified by the relevant implementing partner.	The organization's trainers are certified by the relevant implementing partner to deliver PEPFAR approved evidence-based curricula training modules. Training facilitators are trained in how to handle disclosure of HIV status or experience of sexual violence including up to date protocols of how and where to refer children for appropriate services and information on mandatory reporting and SOPs for reporting.	The organization's trainers are certified by the relevant implementing partner to deliver PEPFAR approved evidence-based curricula training modules. Training facilitators are trained in how to handle disclosure of HIV status or experience of sexual violence including up to date protocols of how and where to refer children for appropriate services and information on mandatory reporting and SOPs for reporting. The organization has master trainers that are certified by the relevant implementing partner to train other trainers in the country.	

	11. OVC Preventive								
Mandatory/ Optional	Indicator no.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	11.2.3	Evidence-Based Curricula for Primary Prevention: Implementation with Fidelity	Custom	The organization delivers the evidence-based curricula with fidelity, with monitoring in place to confirm adherence to training standards.	The organization delivers the evidence-based curricula but either does not monitor adherence to training standards, or has monitoring in place to confirm adherence to training standards and implementation adheres to training requirements and quality standards less than 50% of the time.	The organization delivers the evidence-based curricula with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards between 50%-74% of the time.	The organization delivers the evidence-based curricula with fidelity with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards between 75%-89% of the time.	The organization delivers the evidence-based curricula with fidelity, with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards at least 90% of the time. Annual evaluations of outcomes from the evidence based curricula are conducted and data is used to inform adaptation and implementation.	
Optional	11.3	Referrals for OVC Comprehensive Support	Custom	Training facilitators are trained to recognize risk signs and to make referrals to the comprehensive program (and/or DREAMS) when they observe that children require more intensive support and actively make referrals in line with that training. Referrals are made for all eligible OVC beneficiaries.	Training facilitators have minimal experience making referrals to OVC comprehensive programs.	Training facilitators have experience in making referrals to the OVC comprehensive program, but are not formally trained to do so. Referrals are made some of the time.	Training facilitators are trained to recognize risk signs and to make referrals to the comprehensive program (and/or DREAMS) when they observe that children require more intensive support and actively make referrals in line with that training. Referrals are made most of the time.	Training facilitators are trained to recognize risk signs and to make referrals to the comprehensive program (and/or DREAMS) when they observe that children require more intensive support and actively make referrals in line with that training. Referrals are made all of the time.	
Optional	11.6	Kids Clubs	Custom	Organization supports the facilitation of and/or linkages to facility- or community based childrens and adolescent clubs (held in a safe space) that builds capacity of soft skills for youth to navigate health and livelihood decision-making.	Referrals and linkages to clubs for program beneficiaries are provided on an ad hoc basis.	Organization sometimes supports the facilitation of and/or linkages for beneficiaries to facility- or community based childrens and adolescent clubs (held in a safe space) that builds capacity of soft skills for youth to to navigate health and livelihood decision-making. Clubs activities are not regularly monitored.	Organization consistently supports the facilitation of and/or linkages for beneficiaries to facility- or community based childrens and adolescent clubs (held in a safe space) that builds capacity of soft skills for youth to to navigate health and livelihood decision-making. OVC FOs plan and collaborate with facilities or CBOs to facilitate and/or monitor monthly teen clubs meetings.	Organization consistently supports the facilitation of and/or linkages for beneficiaries to facility- or community based childrens and adolescent clubs (held in a safe space) that builds capacity of soft skills for youth to to navigate health and livelihood decision-making. OVC FOs plan and collaborate with facilities or CBOs to facilitate and/or monitor monthly teen clubs meetings. Debrief meetings with club facilitators are always done at the end of each club meeting.	List of club participants; meeting notes from regular meetings including facilitators and participants present, topics covered, any ongoing activities, and details of the next meeting.

	12. Systems Strengthening								
Mandatory/ Optional	Indicator no.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	12.1.1	Advocacy: Strategy	Custom	The organization has a complete and current advocacy strategy that is linked to its organizational mission, which is being implemented and monitored.	The organization does not have a documented advocacy strategy. Advocacy is limited to basic awareness raising about key issues at community level. Specific priorities and activities have not been identified or implemented.	The organization has an advocacy strategy, but it does not include all of the key elements (stakeholder mapping and analysis, target messages, engagement mechanisms, advocacy action plan, and monitoring plan), is not up to date, and is not fully implemented. Some advocacy priorities have been identified based on local needs.	The organization has a complete, current advocacy strategy in place that includes stakeholder mapping and analysis, target messages, engagement mechanisms, advocacy action plan, and a monitoring plan. Advocacy priorities have been identified in the plan and formally documented based on local needs. The advocacy strategy is not fully implemented and some elements or strategies are not yet operational.	The organization has a complete, current advocacy strategy in place that includes stakeholder mapping and analysis, target messages, engagement mechanisms, advocacy action plan, and a monitoring plan. Short, medium and long term advocacy priorities have been identified and documented in the plan, based on local needs and informed by evidence. The advocacy strategy is being implemented according to the approved timeline. It is regularly updated and monitored.	
Optional	12.1.2	Advocacy: Staff Roles and Competencies	Custom	The organization has relevant staff with competencies in advocacy programming who are assigned advocacy roles and responsibilities.	The organization does not have advocacy staff or staff who are assigned advocacy responsibilities.	The organization has staff with advocacy related roles, but specific responsibilities are not clear. These staff have limited advocacy related competencies.	The organization has advocacy staff or staff who are assigned advocacy responsibilities. These staff have the relevant competencies, and have clearly assigned responsibilities; however, they do not always perform their advocacy function as stated in their roles.	The organization has advocacy staff or staff who are assigned advocacy responsibilities. These staff have the relevant competencies, have clearly assigned responsibilities, and perform their advocacy functions as stated in their roles.	
Optional	12.2.1	Government Policy and Planning: Understanding of Policy Context	Custom	The organization has a comprehensive understanding of the health and social welfare policy context, that it analyzes and uses to inform advocacy program implementation.	Organization has limited knowledge of relevant government agencies' health and social welfare policies and plans and has only basic understanding of the policy context.	Organization has some understanding of the policy context, including knowledge of relevant government health and social welfare policies and plans at national and subnational levels. Managers discuss these issues and use this information and work within relevant parameters for program implementation.	Organization has a good understanding of the policy context, including comprehensive knowledge of relevant government health and social welfare policies and plans at national and subnational levels. Staff are oriented on relevant policy information and have access to policy documents.	Organization has a good understanding of the policy context, including comprehensive knowledge of relevant government health and social welfare policies and plans at national and subnational levels. Staff are oriented on relevant policy information and have access to policy documents. Refresher trainings are conducted regularly. Job aids and other materials are shared with and available to staff.	

	12. Systems Strengthening								
Mandatory/ Optional	Indicator no.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	12.2.2	Government Policy and Planning: Analysis	Custom	The organization conducts policy analyses on priority issues and shares results among staff to inform advocacy and program implementation.	The organization has not carried out policy analyses. The organization sometimes reviews policy analysis data from secondary sources.	The organization sometimes uses data and research to define problems that can be addressed through policy action, primarily using data from secondary sources. On an ad hoc basis, the organization will directly collect data for policy analysis, using qualitative and quantative data collection methodologies that are note tested for reliability or validity.	Most of the time, the organization systematically uses data and research (ex. feasibility studies, cost benefit/effectiveness analyses, political economy analyses, entry point mapping, legal and environmental assessments) to define problems that can be addressed through policy action. Policy analyses are carried out with the engagement of most of the relevant government entities at the national and subnational levels, civil society, the private sector, and other relevant stakeholders. Policy analysis methodologies include quantative and qualitative data collection, but are not always reviewed for reliability and validity. The organization communicates results to relevant stakeholders most of the time.	The organization always systematically uses data and research (ex. feasibility studies, cost benefit/effectiveness analyses, political economy analyses, entry point mapping, legal and environmental assessments) to define problems that can be addressed through policy action. Policy analyses are carried out with the engagement of all relevant government entities at the national and subnational levels, civil society, the private sector, and other relevant stakeholders. Policy analysis methodologies include quantative and qualitative data collection and are always reviewed for reliability and validity. The organization proactively communicates policy analysis results to decisionmakers to facilitate their use in policy decision making, strategy development, and program planning.	
Optional	12.2.3	Government Policy and Planning: Dialogue and Engagement	Custom	Organization is actively involved in policy dialogue and engagement at different levels (i.e. local, district, national or international). Organization has relations with government entities, implementing partners, and other stakeholders, to facilitate advocacy and coordination of systems strengthening activities.	The organization has not participated in meetings with government stakeholders around policy development or planning. Organization is not aware of possibilities nor has the ability to influence policy-making.	Organization is aware of some possibilities to influence policy-making, possesses some of the skills to participate in policy discussion and is occasionally invited to participate in local policy discussions (ex. ad hoc meetings with relevant government entities at the national or subnational levels).	Organization is aware of possibilities to influence policy-making and is sometimes invited to participate in policy discussions at the local and other levels. Organization has had multiple meetings with relevant government agencies at National and/ or District levels to jointly plan, participates in technical working groups and has knowledge of their plans/policies.	Organization influences policy-making at local and other levels and is often called on to participate in substantive policy discussions. Organization has regularly scheduled meetings with relevant government agencies at National and/ or District levels, participates in technical working groups and engages in joint planning and/or evidence-based advocacy. The organization actively engages other implementing partners, civil society organizations, community leaders, and/or other stakeholders to inform and participate in government technical support, planning, and advocacy activities.	

	12. Systems Strengthening								
Mandatory/ Optional	Indicator no.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	12.3	Health and Social Welfare System Financing	Custom	The organization has a comprehensive understanding of health and social welfare system budgeting structures and financing mechanisms. The organization actively influences planning, advocacy, and policy engagement related to systems strengthening and government accountability for health and social welfare plans and priorities.	The organization does not have an understanding of government health and social welfare budgeting structures, systems, or funding levels.	The organization has a general understanding of health and social welfare system budgeting structures (ex, budget calendars, tools, planning frameworks) and financing mechanisms. The organization sometimes participates in and provides input into budget planning processes for relevant health and social welfare programs at the national and/or subnational levels.	The organization has a comprehensive understanding of health and social welfare system budgeting structures (ex, budget calendars, tools, planning frameworks) and financing mechanisms, which is applied to influence planning, advocacy, and policy engagement. The organization has at least one technical expert that provides technical leadership on health and social welfare economics and/or financing. The organization regularly participates in and provides input into budget planning processes for relevant health and social welfare programs at the national and/or subnational levels.	The organization has a comprehensive understanding of health and social welfare system budgeting structures (ex, budget calendars, tools, planning frameworks) and financing mechanisms, which is applied to influence planning, advocacy, and policy engagement. The organization has at more than one technical expert that provide technical and thought leadership on health and social welfare economics and/or financing. The organization regularly participates in and provides input into budget planning processes for relevant health and social welfare programs at the national and/or subnational levels. The organization participates in and/or leads budget expenditure analyses, the results of which are shared with relevant government entities at the national and/or subnational levels and other stakeholders.	
Optional	12.4	Social Accountability Approaches	Custom	The organization applies social accountability tools, with are reliable and valid, to assess policy impacts among communities and beneficiaries. Results of social accountability assessments are used to inform advocacy and program planning and shared with relevant external stakeholders.	Social accountability activities are based on general information and experience of staff and are not informed by the use of systematic data collection processes that involve communities or beneficiaries.	The organization has applied social accountability approaches to assess policy impacts among communities and beneficiaries on an ad hoc basis. Social accountability processes have included data collection from communities and beneficiaries using scorecards, social audits, or surveys, but without a comprehensive sampling and data collection methodology.	The organization applies social accountability tools to assess policy impacts among communities and beneficiaries. The organization has applied appropriate social accountability tools based on the context (ex. community scorecards, social audits, citizen charters, surveys), with comprehensive sampling and data collection methodologies. Social accountability tools have not been tested for reliability and validity. Results from social accountability assessments are sometimes used to inform advocacy and program planning and are shared with relevant external stakeholders, including government and donors.	The organization applies social accountability tools to assess policy impacts among communities and beneficiaries. The organization regularly applies appropriate social accountability tools based on the context (ex. community scorecards, social audits, citizen charters, surveys). Social accountability tools have been tested for reliability and validity and are implemented with fidelity to the applicable sampling, data collection, and analysis methodology. Results from social accountability assessments are always used to inform advocacy and program planning and are shared with relevant external stakeholders, including government and donors.	

	13. GBV								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Optional	13.1	Capacity to Provide Post-Violence Care Services: Policies & Procedures	Custom, aligned with SIMS S_06_01	Each site providing has written procedures for provision of accessible and affordable post-violence care services for adults, adolescents, and children.	The sites do not have written procedures for the provision of post-violence care services.	The sites have some procedures for the provision of post-violence care services, but they are outdated and/or not comprehensive. Not all staff are aware of and have access to the procedures.	The organization has written procedures or algorithms for post-violence care services in place at each service delivery site, which include clear written procedures for dosing post-exposure prophylaxis (PEP) and other medications differently for adults and children as well as providing additional supportive services. The organization has a system in place to document service delivery, which includes all required data elements.	The organization has written procedures or algorithms for post-violence care services in place at each service delivery site, which include clear written procedures for dosing post-exposure prophylaxis (PEP) and other medications differently for adults and children as well as providing additional supportive services. The organization has a system in place to document service delivery, which includes all required data elements.	Written procedures for provision of accessible and affordable post-violence care services for adults, adolescents, and children. Registries or case files documenting service delivery.
Optional	13.2	Capacity to Provide First-Line Response for Gender-Based Violence	Custom	Each site has the capacity to provide first-line response: listening with empathy; inquiring about the client’s immediate needs and concerns; validating the client’s experience; assessing and helping enhance the person’s safety; and linking the client to other support.	Organization does not provide training to staff on client support or first-line response to GBV.	All staff interacting with clients are trained at least once on the following skills: listening with empathy; inquiring about the client’s immediate needs and concerns; validating the client’s experience; assessing and helping enhance the person’s safety; and linking the client to other support.	All staff are trained on the following skills: listening with empathy; inquiring about the client’s immediate needs and concerns; validating the client’s experience; assessing and helping enhance the person’s safety; and linking the client to other support. Refresher trainings on the above topics are provided annually. Staff skills in these areas are assessed annually and client feedback mechanisms are in place for performance management. Professional development support (ex. training, coaching, mentorship) is provided when weaknesses are identified.	Includes all of level 3 and staff score at least 80% on skills assessment.	Training curriculum that includes GBV prevention and response; Training records for staff. Review a sample of performance management/professional development related personnel records for staff.
Optional	13.3	Follow-up and case management of GBV survivors	Custom	Each site has referral system in place to ensure GBV survivors are connected to all necessary services.	No evidence exists to show that case workers are referring GBV survivors to available services in accordance with needs.	The referral system includes: Site has a referral directory and case workers offer to provide the survivor with written information about the time, location, contact person, and directions for the referral appointment; and support to identify a trusted family member/friend to attend the appointment.	The referral system includes the elements of level 2 and: Case workers provide GBV survivors with offers to assist with making an appointment for services, making a call with or for her, or offering a private place where she can make a call; Confidentiality and informed consent is prioritized; staff only share the information that the client has agreed can be shared.	The referral system includes the elements under Level 3 and assistance for the survivor to think through how to address any logistical issues that might make it difficult for her to go to the appointment, such as not having transport or childcare, and/or assistance in actually accessing the service, such as accompanying her to the service.	Referral system protocols and client registers or other documentation of services provided.

	13. GBV								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Optional	13.4	GBV Training: Prevention and Response	Custom	Organization provides training to staff and community cadre who are engaged in GBV prevention and response activities including detailed information on the documentation of services, privacy, confidentiality, and respect for survivors of GBV.	Organization does not provide training to staff and associated community members who are engaged in GBV prevention and response activities.	Organization provides ad hoc trainings for staff and associated community members engaged in GBV prevention and response activities.	Organization provides training to staff at least once a year for staff and associated community members engaged in GBV prevention and response activities. Staff are provided with training on GBV as part of their onboarding and orientation.	Organization provides multiple training and onboarding options for staff and associated community members engaged in GBV prevention and response activities throughout the year to accommodate workers and equip them with the capacities they need to perform their job. Refresh courses are available to workers who's training may be out of date. Feedback from trainings used to improve future capacity building activities. Trainings for staff are tracked to ensure that training requirements are met.	Training curriculum that includes GBV prevention and response
Optional	13.5	GBV Training: Policy and Counterpart Relationships	Custom	All staff members working directly on GBV prevention and response activities are trained on the relevant national and state (or department or province) GBV policies and know counterpart contacts the health and justice sectors and are familiar with case procedures and referral protocols.	Staff members working directly on GBV prevention and response have limited awareness of national or state level GBV policies and to not have established contacts in other sectors that deal with GBV.	All staff members working directly on GBV prevention and response activities are aware of relevant national and state (or department or province) GBV policies, but formal training is not provided. The organization has some contacts with counterparts in the health and justice sectors, but they are not documented or formally established.	All staff members working directly on GBV prevention and response activities are formally trained on the relevant national and state (or department or province) GBV policies. The organization has a comprehensive list of counterpart contacts the health and justice sectors that has been shared with staff.	All staff members working directly on GBV prevention and response activities are formally trained on the relevant national and state (or department or province) GBV policies. Staff undergo refresher trainings annually or when policies are updated. The organization has a comprehensive list of counterpart contacts the health and justice sectors that is updated regularly and shared with staff. Relationships with counterparts are formalized where appropriate.	Documented list of existing policies, physical and/or electronic copies on file
Optional	13.6	Tools for GBV Education and Response	Custom	The organization has evidence-based tools for GBV education and response.	Organization does not have tools for GBV education and response.	Organization has some tools for GBV education and response.	Organization has updated tools for GBV education and response and select members know how to use them.	Organization has evidence-based tools for GBV education, response, all staff and associated community members involved in GBV education, outreach, and response activities, have skills in GBV prevention, and know how to use the tools with diverse audiences.	Physical tools such as manuals, job aids, flip books, theater scripts, etc.
Optional	13.7	Self-Care for GBV Case Workers	Custom	Organization facilitates both one on one and group based de-brief sessions for all case workers.	Organization has a documented standard procedure for self care.	Organization has a documented standard procedure for self care and easily accessible to Case Workers.	Organization has a documented standard procedure for self care and is accessible to Case Workers. Debrief sessions are facilitated at least once every two months.	Organization has a documented standard procedure for self care and is accessible to Case Workers. Debrief sessions are facilitated at least once every two months. case workers have an opportunity to participate in group debrief sessions as well as one on one sessions.	Self care standards documented in HR policies, debriefing reports



	14. DREAMS								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Optional	14.1	Youth Engagement Strategy	Custom	Organization has a relevant and flexible strategy to engage youth and promote their health, well-being, education, and livelihoods.	Organization does not have a strategy to engage youth and promote, health, well-being, education, and livelihoods.	Organization is developing a youth engagement strategy to engage youth and promote their health, well-being, education and livelihoods.	Organization has a written youth engagement strategy to engage youth and promote their health, well-being, education and livelihoods.	Organization has a written youth engagement strategy to engage youth and promote their health, well-being, education and livelihoods that has been implemented for more than one year and senior managers are responsible for ensuring are responsible for ensuring supervisees implement, monitor and report activities in line with the strategy.	Youth engagement strategy and related policies, checklists, and forms; meeting minutes and activity reports with feedback /recommendations from the youths.
Optional	14.2	Targeted Behavior Change Communications	Custom	Organization identifies target audience's health needs or wants, tailors youth-friendly (HIV, FP, STI, PSS, GBV etc.) prevention, care, and treatment messages in response to these needs, and uses multiple communication channels to disseminate messages.	Organization has taken some steps on an ad hoc basis to identify what its target audience needs or wants related to their health and well-being.	Organization has identified the target audience's health needs or wants through ad hoc feedback mechanisms, and tailors youth-friendly (HIV, FP, STI, PSS, GBV etc.) prevention, care, and treatment messages in response to these needs.	Organization has identified the target audience's health needs or wants through formal feedback mechanisms (ex. focus groups, interviews, surveys, community meetings), tailors youth-friendly (HIV, FP, STI, PSS, GBV etc.) prevention, care, and treatment messages in response to these needs, and uses multiple communication channels to disseminate messages.	Organization has identified the target audience's health needs or wants through formal feedback mechanisms (ex. focus groups, interviews, surveys, community meetings), tailors youth-friendly (HIV, FP, STI, PSS, GBV etc.) prevention, care, and treatment messages in response to these needs, and uses multiple communication channels to disseminate messages. Youth are given opportunities to provide feedback to further improve messages.	Youth needs assessment
Optional	14.3	AGYW Vulnerability Risk Assessment, Enrollment, and Saturation Monitoring	Custom	Organization identifies AGYW vulnerable to early pregnancy, STIs including HIV, and GBV, enrolls them and monitors saturation/coverage of the geographic area.	Organization does not take any steps to identify vulnerable AGYW.	Organization has informal systems to assess and identify AGYW vulnerable to early pregnancy, and STIs including HIV. The organization is able to conduct risk assessments and identify some vulnerable AGYW.	Organization has formalized systems to assess and identify AGYW vulnerable to early pregnancy, and STIs including HIV and conducts risk assessments and identify some vulnerable AGYW. The organization enrolls eligible AGYW into DREAMS activities.	Organization has formalized systems to assess and identify AGYW vulnerable to early pregnancy, and STIs including HIV and conducts risk assessments and identify some vulnerable AGYW. The organization enrolls eligible AGYW into DREAMS activities. The organization monitors saturation and programming coverage in their geographic areas against national datasets, such as census data.	Assessment tools and SOPs; Number of AGYW enrolled; Saturation analysis reports

	14. DREAMS								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard of Excellence	Level 1	Level 2	Level 3	Level 4	Methods for Verification
Optional	14.4	Promotion of SRH Services	Custom	Organization high quality conducts demand creation activities to promote uptake of SRH services (e.g. FP, GBV, STI screening, HTS, PrEP, condoms) and tracks service uptake and referral completion.	Organization rarely promotes educational activities related to SRH services and does not track referrals or service uptake.	Organization promotes some SRH services at the community and health facility levels and tracks referrals.	Organization regularly promotes activities related to SRH services at more than one level, which are consistent with applicable service quality standards. The organization tracks service uptake or referral completion and uses data/results to further tailor demand creation activities.	Organization regularly and consistently conducts demand creation activities related to SRH services, which are consistent with applicable service quality standards and are culturally relevant. The organization tracks service uptake or referral completion and uses data/results to further tailor demand creation activities. The organization receives feedback from AGYW on what services they find most useful, and tailors interventions to meet their SRH service needs.	Number of youth friendly SRH activity, type of activity, number of youth that engage in education activity, number of youth that screen for STIs/GBV, number of youth that engage in FP services, PrEP, condom uptake. Certificate of completion in SRH Training by the trainers.
Optional	14.5	Support for AGYW Mothers	Custom	Organization equips AGYW mothers (who have children aged 5 years and below) with knowledge and skills for early childhood development.	Organization has informal activities for AGYW mothers that are not systematically implemented or monitored.	Organization trains staff to identify and develop activities for AGYW mothers with children under 5, using the nationally approved curriculum, as appropriate, to build their capacity to take care of their children.	Organization regularly provides ongoing mentorship and support to AGYW mothers.	Organization consistently provides ongoing mentorship and support to AGYW mothers. Organization assesses AGYW mother and their child/ren for ECD milestones (children under 5) and normal child development (children over 5) and addresses gaps through continued skills building.	Number of activities for AGYW mothers, type of activity, number of AGYW mother who engage in activities, number of mothers who pass assessments; tools used for assessments/monitoring/training of AGYW on child development.
Optional	14.6	Parent and Caretaker Engagement	Custom	The organization engages parents and/or caregivers of target peer groups before and throughout youth-based activities for their approval and support.	Organization rarely engages parents and/pr caregivers of AGYW groups.	Organization engages parents and/pr caregivers of AGYW during the enrollment process.	Organization engages parents and/pr caregivers of AGYW during the enrollment process to provide written consent and support for youth based activities for those under age 18 and are informed when the AGYW completes the program.	Organization systematically and regularly engages parents and/pr caregivers of AGYW during the enrollment process to provide written consent and support for youth based activities for those under age 18, through at least quarterly caregiver interactions for case management or otherwise, and are informed when the AGYW completes the program.	Parental/caregiver engagement tracker

	15. Economic Strengthening								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	15.1	Gender specific Entrepreneurship and Income Generation Skills Development	Custom	The organization supports capacity development on financial literacy, entrepreneurship and employment skills for AGYW and OVC caregivers to enable sustainable economic resiliency, in a gender responsive manner.	The organization does not implement activities designed to increase financial literacy of AGYW or OVC caregivers and/or strengthen pathways to employment or sustainable income generation.	The organization provides limited opportunities for AGYW or OVC caregivers to increase their financial literacy or soft skills or to strengthen pathways to employment or sustainable income generation.	The organization provides gender responsive financial literacy training for AGYW or OVC caregivers and has interventions designed to strengthen pathways to employment or sustainable income generation. Gender responsive programming: directly responding to different community/system needs based on gender.	The organization provides financial literacy training for AGYW or OVC caregivers and has interventions designed to strengthen pathways to employment or sustainable income generation, that are gender-transformative. The organization provides opportunities for mentorship, coaching and practicing entrepreneurship and soft skills. Gender transformative programming: directly engages in transforming gender relations (in the positive) and promotes both equality and equity.	Review attendance registers (segregated by sex), training agenda, mentorship plan, linkages plan, documented directory of service providers.
Optional	15.2	Market informed economic strengthening (ES)	Custom	Local market assessments are carried out to guide ES interventions. OVC caregivers or AGYW are enrolled in market-linked ES activities (such as, job placement, vocational training, and entrepreneurial training). Barriers to access ES and social protection services are addressed and documented.	Organization has programs to strengthen OVC/AGYW household economic status. Interventions are not linked to any market assessment, and there is no targeted support for job placement, or vocational or entrepreneurial training.	Organization has programs to strengthen OVC/AGYW household economic status, assesses OVC/AGYW households, and enrolls eligible households to the programs. Organization documents OVC/AGYW household economic status assessments and monitors progress on a quarterly basis.	The organization conducts local market assessments focused on opportunity mapping, but does not conduct a comprehensive analysis of environment forces, market trends, entry barriers, competition, risks and opportunities. The organization has programs to strengthen OVC/AGYW household economic status, assesses OVC/AGYW households and enrolls eligible households to the programs. Organization documents OVC/AGYW household economic status assessments and monitors progress on a quarterly basis.	The organization conducts market opportunities mapping and carries out a comprehensive analysis of environment forces, market trends, entry barriers, competition, risks and opportunities. The organization integrates findings from the assessment and analysis to design relevant entrepreneurial and employment trainings. The organization has programs to strengthen OVC/AGYW household economic status, assesses OVC/AGYW households, and enrolls eligible households to the programs. Job placements, vocational training and entrepreneurial support is guided by local market assessments. Organization consistently documents OVC/AGYW household economic status assessments and monitors progress. Barriers to access to economic strengthening and social protection services are assessed and documented.	

	15. Economic Strengthening								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	15.3	Savings Groups	Custom	Eligible AGYW and/or OVC caregivers are enrolled into savings and loan groups (SLG). SLGs are used as safe spaces to provide linkages to health services and social assets building.	The organization conducts community mobilization for beneficiaries to join SLGs and train SLG members on core functional modules.	The organization conducts community mobilization, trains SLGs beneficially on core functional modules and financial education and business development. The organization provides coaching for SLGs to strengthen management through community-based professionals and supports standardized record keeping and reporting.	The organization conducts community mobilization and trains SLGs beneficially on core functional modules, financial education, and business development. The organization provides coaching for SLGs to strengthen management through community-based professionals and supports standardized record keeping and reporting. SLG members are encouraged to establish micro-enterprises and are supported to track profitability. The organization tracks SLG performance and facilitates linkages to formal financial institutions.	The organization conducts community mobilization and trains SLGs beneficially on core functional modules, financial education, and business development. The organization strengthens coaching through community-based professionals and supports standardized record keeping and reporting. SLG members are encouraged to establish micro-enterprises and are supported to track profitability. The organization tracks SLG performance and facilitates linkages to formal financial institutions. Savings groups are used as safe spaces to provide linkages to health services and social asset building.	Review SGs training manual, business development and collaborative framework with Formal Financial Institutions.
Optional	15.4	Vocational training programs	Custom	OVC and/or AGYW are supported to gain technical and vocational skills required to enter specific trades. The program supports linkages to apprenticeships or support for developing a business.	The organization conducts an assessment of marketable trades and supports the enrollment of OVC and AGYW into those trades through accredited institutions.	The organization conducts an assessment of marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization provides entrepreneurship training and facilitates linkage to enterprise development and/or wage employment for at least 50% of beneficiaries.	The organization conducts an assessment of marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization provides entrepreneurship training and facilitates linkages to enterprise development and/or wage employment for at least 75% of beneficiaries.	The organization conducts assessment of marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization provides entrepreneurship training and facilitates linkages to enterprise development and/or wage employment for at least 90% of beneficiaries. The organization provides follow-up support to beneficiaries completing vocation training programs at 6 months, to monitor and support enterprise development and/or wage employment.	Review of TVET guide, entrepreneurship training modules, collaborative framework with trades industry, job opportunity map.
Optional	15.5	Business start-up support	Custom	AGYW and/or OVC caregivers are supported to access wage employment or for business-start-up kits.	The organization provides business coaching and links AGYW and/or OVC caregivers to external business opportunities	The organization provides business coaching and links AGYW and/or OVC caregivers to external business opportunities. It supports business plan development and provides mid-term coaching.	The organization provides business coaching and links AGYW and/or OVC caregivers to external business opportunities. It supports business plan development, provides mid-term coaching, and provides start-up capital.	The organization provides business coaching and links AGYW and/or OVC caregivers to external business opportunities. It supports business plan development, provides mid-term coaching and start-up capital, supports marketing, and tracks business performance.	Review of business development curriculum

	15. Economic Strengthening								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	15.6	Linkages for Wage Employment	Custom	OVC and/or AGYW are trained to meet the labor market needs based on skill gaps assessment. The program supports linkages to wage employment through job opportunity mapping and regular job fairs. The organization offers female-specific workforce training to prepare young women to respond to safety challenges in the workplace and develops mentor networks for female employers and young women entering the workforce.	The organization uses labor market assessments to orient OVC/AGYW on marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions.	The organization uses labor market assessments to orient OVC/AGYW on marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization conducts job opportunity mapping and supports job fairs to link graduates to potential employers.	The organization uses labor market assessments to orient OVC/AGYW on marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization conduct job opportunity mapping and supports job fairs to link graduates to potential employers. The organization supports professional internship and job shadowing opportunities and has MoUs with private companies in various business domains.	The organization uses labor market assessments to orient OVC/AGYW on marketable trades and supports the enrollment of OVC and AGYW in those trades through accredited institutions. The organization conduct job opportunity mapping and supports job fairs to link graduates to potential employers. The organization supports professional internship and job shadowing opportunities and has MoUs with private companies in various business domains. The organization offers female-specific workforce training to prepare young women to respond to safety challenges in the workplace and develops mentor networks for female employers and young women entering the workforce.	
Optional	15.7	Access to Social and Business Networks	Custom	AGYW and/or OVC caregivers are supported to access business networks through coaching and mentoring from other entrepreneurs or professionals or other networking or training opportunities.	The organization does not support AGYW and/or OVC caregivers to participate in social and business networks.	The organization provides information about social and business networks to AGYW and/or OVC caregivers. There is no specific support provided to access the networks.	The organization provides information about social and business networks to AGYW and/or OVC caregivers. Advice and support are provided to integrate into co-working spaces but the collaboration with other entrepreneurs, professional, or other business networks is not formalized.	The organization provides information about social and business networks to AGYE and OVC caregivers. The organization supports AGYW and/or OVC caregivers to integrate into co-working spaces and have established partnership agreements with social and business networks.	Review of business development curriculum and partnership agreements with social and business networks.

	15. Economic Strengthening								
Mandatory/ Optional	Indicator No.	Standard Title	NUPAS or Custom	Standard	Level 1	Level 2	Level 3	Level 4	Comments
Optional	15.8.1	Evidence-Based Approach for DREAMS ES: Selection	Custom	The organization is using a PEPFAR approved evidence based approach (ELA, VUSHA, Personal Initiative Training and STEP, Siyakha Girls, WINGS) for economic strengthening that is relevant to the scope of services provided for AGYW, target populations reached by the organization, community needs, and cultural context.	The organization uses curricula for comprehensive ES package that are not among the list of PEPFAR approved evidence based curricula and do not cover content from the PEPFAR modules. Evaluations of the curricula applied have not taken place to validate use and results.	The organization is in the process of selecting and/or adapting one of the PEPFAR approved evidence-based curricula for use with target populations, or adapting other curricula to include content from the PEPFAR modules.	The organization has identified and is using PEPFAR approved evidence based curricula for comprehensive ES package that are relevant to the scope of services provided for OVC, target populations reached by the organization, community needs, and cultural context.	The organization has identified and is using PEPFAR approved evidence based curricula for comprehensive ES package that are relevant to the scope of services provided for OVC, target populations reached by the organization, community needs, and cultural context. The curricula have been adapted to the local context and are reviewed for applicability and updating on an annual basis based on outcome data from curricula implementation	Review of organization's ES model and curricula against benchmark from PEPFAR approved evidence based approach
Optional	15.8.2	Evidence-Based Approach for DREAMS ES: Training of Facilitators	Custom	The organization's trainers are certified by the relevant implementing partner to deliver the PEPFAR approved evidence-based curricula modules.	The organization does not have trainers that are certified to deliver the PEPFAR approved evidence-based curricula training modules. The trainers have not had any training or experience with the training modules other than access to written materials.	The organization's trainers are using the PEPFAR approved evidence based curricula training modules and have participated in a minimal level of training on their content and have access to written materials. Training facilitators have experience with but are not formally trained on entrepreneurship and group/common business management. The organization's trainers are not certified by the relevant implementing partner.	The organization's trainers are certified by the relevant implementing partner to deliver PEPFAR approved evidence-based curricula training modules. Training facilitators are trained on entrepreneurship and group/common business management in accordance with the curricula.	The organization's trainers are certified by the relevant implementing partner to deliver PEPFAR approved evidence-based curricula training modules. Training facilitators are trained on entrepreneurship and group/common business management in accordance with the curricula. The organization has master trainers that are certified by the relevant implementing partner to train other trainers in the country.	Review of trainers certification process
Optional	15.8.3	Evidence-Based Approach for DREAMS ES: Implementation with Fidelity	Custom	The organization delivers the evidence-based curricula with fidelity, with monitoring in place to confirm adherence to training standards.	The organization delivers the evidence-based curricula but either does not monitor adherence to training standards, or has monitoring in place to confirm adherence to training standards and implementation adheres to training requirements and quality standards less than 50% of the time.	The organization delivers the evidence-based curricula with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards between 50%-74% of the time.	The organization delivers the evidence-based curricula with fidelity with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards between 75%-89% of the time.	The organization delivers the evidence-based curricula with fidelity, with monitoring in place to confirm adherence to training standards. Implementation adheres to training requirements and quality standards at least 90% of the time. Annual evaluations of outcomes from the evidence based curricula are conducted and data is used to inform adaptation and implementation.	Review of curricula and certification of trainers