ACKNOWLEDGEMENTS

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PURPOSE

Partnerships with local non-governmental organizations (NGOs) have become an important part of CARE’s population program. The NGOs bring the advantage of being indigenous organizations with close links to the communities they serve. CARE can provide the financial and technical support that will help local NGOs become effective family planning providers. There has been a joint recognition on the part of the NGOs and the CARE Country Offices that strengthening NGO management capacity is often an important part of the process of becoming an effective service provider.

This questionnaire can help NGO and CARE Country Office managers assess management strengths and weaknesses so that they can jointly formulate and implement a management development program. By using the information provided by the assessment, the NGO and CARE managers can focus resources on the program management areas in greatest need of attention.

This assessment tool is built on the premise that a well managed organization will have at least the following characteristics:

- the size and stability to handle the introduction of a new or expanded family planning program;
- understanding of and support from the communities served by the organization;

1 The analytic underpinnings for this instrument are drawn from the public administration literature. A relevant source is Paul, Samuel Institutional Development in World Bank Projects: A Cross-Sectoral Review World Bank, April 1990, WPS 392; see page 43, Institutional Analysis Analytical Frameworks. The questionnaire, particularly section IX on health facilities, also draws from Fisher, Andrew et. al. Guidelines and Instruments for a Family Planning Situation Analysis, New York: Population Council, 1992
• clear, feasible objectives and work plans that have the support of the organization's staff and key constituencies;

• a basic personnel management system that sets forth clear expectations of staff, appraises staff based on their performance and develops staff skills;

• a system for managing community workers, including volunteers;

• a management information system that provides managers with essential information on a timely basis;

• a functioning commodity logistics system that can support the procurement, storage and distribution of contraceptives;

• adequately staffed and equipped health facilities for NGOs that will be delivering clinical family planning services; and,

• a financial management system that safeguards the integrity of the organization's resources.

The management capacity assessment helps CARE and the NGO managers compare the organization's characteristics against this idealized profile of a well managed NGO.

The questionnaire is divided into nine parts covering the following management topics:

• Part I: Organizational Profile

• Part II: Knowledge of the Community

• Part III: Planning

• Part IV: Human Resources Management

• Part V: Managing Community Workers

• Part VI: Management Information Systems

• Part VII: Commodity Logistics Management

• Part VIII: Financial Management

• Part IX: Health Facilities
As an aid to the user, set of key questions that can be addressed through data provided by this assessment tool have been provided at the beginning of each section of the questionnaire.

In some cases the NGO will already be a provider of family planning services and CARE is working with the NGO to expand and strengthen its family planning program. In other instances, CARE will be helping to introduce family planning in an organization. Accordingly, several of the topics are divided into a general management module and a family planning management module. Each part and module stands alone, so modules can be added or deleted in response to the characteristics of the NGO. Each module generates a score; the higher the score the greater the management capacity. The scores are intended as an aid in interpreting the responses to the questionnaire by drawing the analyst's attention to the areas of relative weakness. The scores also provide a way of tracking changes in management capacity over time, so that the impact of management development interventions can be assessed.

The management capacity assessment will often need to be accompanied by a training needs assessment. Management development and training are not synonymous, though they are complementary. This instrument can help identify weaknesses in management systems, to which training is one possible response.

**Choosing NGO Partners**

Part I of the questionnaire (Organizational Profile) can be used independently in determining whether an NGO meets minimum criteria that qualify it as a plausible candidate for assistance. A CARE Country Office may decide that it will exclude certain local NGOs as potential partners if they are too small, weak or new to become effective family planning service providers. Among the criteria that might be applied are the following:

- age of the organization
- legal status (e.g., incorporated or registered with government)
- religious or political affiliations
- presence of a Board of Directors
- number of employees
- number of beneficiaries served
- stability of leadership
- size of budget
- organizational commitment to family planning

The organizational profile will provide information on all these items.
This assessment tool is intended to be part of a process for strengthening the management of local NGOs that are in partnership with CARE. It provides data that can help in structuring a management development program. The adoption, application and analysis of the questionnaire should be a collaborative process between the NGO and CARE. The NGO must perceive the management capacity assessment as a useful tool that serves its own needs and desires for management development. The following is one suggested process for securing NGO ownership of the management development effort:

(1) A one day planning workshop with key NGO staff that serves to achieve agreement on the utility of a management development initiative and identify the major management issues and concerns that need to be addressed in the assessment. One way of framing the discussion would be to have workshop participants define the characteristics of a “well managed” organization; i.e., the systems and procedures that would indicate strong management capacity.

(2) A data collection and analysis phase in which the appropriate modules from the questionnaire are applied. As appropriate, additional questions may be added in order to respond to the issues identified during the planning workshop. Data collection would normally be carried out by CARE staff, with NGO staff serving as the respondents to the CARE interviewer. There should always be multiple respondents from an NGO; typically respondents will be individuals who have supervisory responsibility. Confidentiality should be maintained. Analysis of the data and writing the report should be a collaborative effort between CARE and the NGO.

(3) Formulation of a management development plan that responds to the findings of the assessment, as well as other information about the NGO. The management development plan should be created and implemented as a cooperative venture between CARE and the NGO.
INTERVIEW OF NGO MANAGER

Name of Organization: _________________________________________________

Address: ____________________________________________________________

Telephone Number: ____________________________________________________

Name of Person Interviewed: ____________________________________________

Position: _____________________________________________________________

Name of Interviewer: ___________________________________________________

Date of Interview: _____________________________________________________
PART I: ORGANIZATIONAL PROFILE

KEY QUESTIONS

Is this a new organization or one that has been operational for a number of years?

How big a grant can the NGO realistically manage?

Where should the family planning project be placed in the NGO organizational structure?

What are the services offered by the NGO to which family planning can be linked?

1. Could you please give me the name and title of two people besides yourself that should serve as contacts for CARE in your organization:

Name _________________________________________________

Title _________________________________________________

Name _________________________________________________

Title _________________________________________________
2. Please give the name, title and length of service in current position of three most senior officials of the organization:

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>YEARS IN CURRENT JOB</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1. In what year was your organization founded? ___________________

2. Is your organization registered with a government agency or umbrella organization?

   Yes [ ]
   No [ ]

   a. If yes, what is the name of the agency or organization

   ____________________________________________________________

3. Is your organization affiliated with a religious group, political organization, trade union or other group?

   Yes [ ]
   No [ ]

   a. If yes, what is the name of the organization ________________
4. Does your organization have a Board of Directors?

Yes ☐

No ☐

If yes:

   a. How many Board member positions are there? ________________

   b. How often are Board members elected:

      Annually ☐
      Bi-annually ☐
      Other ☐
      No policy ☐
5. Would you please tell me which of the following services are offered by your organization to your target population? (mark all that apply)

- Family planning
- Health
- Nutrition/feeding
- Credit
- Income generation
- Agricultural extension
- Natural resource management
- Literacy training

Are there any other services that you provide? (list below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. How many people directly benefited from the services offered by your organization in the last year?

________________________________________________________________________
7. Please tell me as precisely as possible the geographic areas in which the NGO currently offers services, such as a list of villages or districts. If you have a written description of your catchment area I can use that.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

8. How many paid, full-time employees does your organization have?

____________________________

9. Is there an organizational chart?

Yes □ (obtain copy)
No □

10. If your organization started a family planning project, to whom would the project report?

Name __________________________________________

Title ____________________________________________

Answer not known at this time_______
11. Does your organization currently manage volunteers who provide services on your behalf?
   
   Yes ☐
   
   No ☐

   a. If yes, how many volunteers currently work on behalf of the organization?
      ______________________

12. What is the total budget (in local currency) of your organization for the current fiscal year?
    ______________________________________

13. Aside from CARE, is your organization currently receiving money from a foreign donor or international NGO?

   Yes ☐
   
   No ☐

   a. If yes, what is the amount (in local currency) of the largest grant or contract currently being managed by your organization?
      ______________________

14. What donor provided the grant or contract? ______________________
15. Why do you want to start a family planning project with CARE?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________


PART II: KNOWLEDGE OF THE COMMUNITY

KEY QUESTIONS

Does the NGO appear to have a good understanding of the social and political environment in which the family planning project will operate?

Are there quantitative and/or qualitative data on the characteristics of the target population that can help guide the family planning project?

Has the NGO invested in securing the support of local leaders?
1. What is the population of your organization's catchment area?

Population size not known □ (0)

Estimate of population size____________________________ (1)

What is the source of your estimate? __________________________

2. In the last two years, has your organization carried out any studies of the population you serve?

Yes □ (1)

No □ (0)

a. If yes, please briefly describe the studies you have carried out:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________


3. How many Ministry of Health clinics are located in the area served by your organization?

Number _____________ (1)

Don't know __________ (0) ____

4. Can you tell me about the services that are offered at these clinics? If yes, what are your views on the services they offer? (Interviewer should probe for depth of knowledge about public health services)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. To your knowledge are there private or traditional providers of health care in the area served by your organization? If yes, please describe the type of providers, the number and what services they offer. (Interviewer should probe for depth of knowledge about private health providers)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
6. Can you tell me the average income for the people in your area?

Income estimate ________________

a. What is the source of this estimate?

______________________________ (1)

Don't know □ (0)

7. Do you know if there is a women’s association in the area served by your organization?

Yes, there is a women's association □ (1)

No, there is not a women's association □ (1)

Don't know □ (0)

a. If yes, have you met with them in the last three months?

Yes □ (1)

No □ (0)
8. How does your organization promote community participation in its decision-making? (Do not prompt but probe by asking "Any other ways that participation is promoted?")

<table>
<thead>
<tr>
<th>Method of community participation</th>
<th>Check if mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation with community members</td>
<td></td>
</tr>
<tr>
<td>Consultation with community leaders</td>
<td></td>
</tr>
<tr>
<td>Field workers that mobilize community</td>
<td></td>
</tr>
<tr>
<td>User groups or community committees</td>
<td></td>
</tr>
<tr>
<td>Representation on NGO Board</td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY PLANNING MODULE**

1. In the area served by your organization, whose cooperation would you need to start a family planning program? (check those that are mentioned):

<table>
<thead>
<tr>
<th>Leader category</th>
<th>Check if mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government authorities</td>
<td></td>
</tr>
<tr>
<td>Religious leaders</td>
<td></td>
</tr>
<tr>
<td>Village leaders</td>
<td></td>
</tr>
<tr>
<td>Women's groups</td>
<td></td>
</tr>
<tr>
<td>Business/economic leaders</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
1. Of the people you mentioned, which would you say you personally know well or not so well

<table>
<thead>
<tr>
<th>Leader category</th>
<th>Know well</th>
<th>Don’t know well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious leaders</td>
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<tr>
<td>Business/economic leaders</td>
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<tr>
<td>Other (specify)</td>
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</tr>
</tbody>
</table>

1. What is the population of the family planning program catchment area?

   Population size not known ☐

   Estimate of population size ________________________________

   What is the source of your estimate? ________________________

2. What is the number of women of reproductive age in the family planning program catchment area?

   Population size not known ☐

   Estimate of population size ________________________________

   What is the source of your estimate? ________________________
3. Has there been a family planning knowledge-attitudes-practices survey of the target population?

   Yes ☐ (obtain copy)  
   No ☐

4. Has your organization carried out focus group discussions about the family planning program in the targeted communities?

   Yes ☐ (obtain report)  
   No ☐

5. Has your organization held discussions about the family planning program with leaders in the targeted communities?

   Yes ☐

   a. If yes, list the leaders with whom discussions have been held:

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
6. Based on your knowledge of the communities targeted by the family planning program, what are the major obstacles and opportunities?

Obstacles:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Opportunities: __________________________________________________________
I would like to ask you a few questions about how planning takes place in your organization.

**GENERAL MANAGEMENT MODULE**

1. Is there a written statement of the over-all goal of your organization?

   - Yes ☐ (obtain copy) (1)
   - No ☐ (0)

2. Is there a written work plan for your organization that covers the current year?
Yes  □  (obtain copy)  (1)

a. What is the period covered by the plan ___________________

No  □  (go to question 39)  (0)

3. When was the plan approved?
   a. Date _____________

4. Who approves the plan?
   a. ________________
5. Please describe for me the process by which the plan was developed (do not prompt, but probe by asking "Any other steps in the planning process?")

<table>
<thead>
<tr>
<th>Step in planning process</th>
<th>Check if mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing planning guidelines</td>
<td></td>
</tr>
<tr>
<td>Involving staff in planning</td>
<td></td>
</tr>
<tr>
<td>Analysis of external environment</td>
<td></td>
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<tr>
<td>Analysis of organization’s strengths and weaknesses</td>
<td></td>
</tr>
<tr>
<td>Setting goal statement for the organization</td>
<td></td>
</tr>
<tr>
<td>Setting strategies</td>
<td></td>
</tr>
<tr>
<td>Setting annual objectives</td>
<td></td>
</tr>
<tr>
<td>Establishing a calendar of activities</td>
<td></td>
</tr>
<tr>
<td>Preparing a financial plan</td>
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<tr>
<td>Other (specify)</td>
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</tr>
</tbody>
</table>

1. Has the plan been revised since it was first approved?
   a. If so, when __________
2. How do you monitor progress under your plan?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________  

USE QUESTIONS 40 AND 41 ONLY IN THE ABSENCE OF A WRITTEN PLAN

3. Is there a written statement of your organization's objectives for this year?

   Yes    □ (obtain copy)   (1)
   No     □                  (0)  

4. Is there a written calendar of activities for the current year?

   Yes    □ (obtain copy)   (1)
   No     □                  (0)  

FAMILY PLANNING MODULE

5. Is there a written plan for your family planning program?

   Yes    □ (obtain copy)
   No     □ (skip to Section IV)
6. Please describe the process by which the plan was developed (do not prompt, but probe by asking "Any other steps in the planning process?")

<table>
<thead>
<tr>
<th>Step in planning process</th>
<th>Check if mentioned</th>
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</thead>
<tbody>
<tr>
<td>Developing planning guidelines</td>
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<tr>
<td>Analysis of external environment</td>
<td></td>
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<tr>
<td>Analysis of organization's strengths and weaknesses</td>
<td></td>
</tr>
<tr>
<td>Setting goal statement for family planning program</td>
<td></td>
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<tr>
<td>Setting service delivery strategies</td>
<td></td>
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<tr>
<td>Setting annual objectives</td>
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<tr>
<td>Establishing a calendar of activities</td>
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<tr>
<td>Preparing a financial plan</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

1. Has there been a staff meeting to review progress under the current plan?
   - Yes
   a. If yes, when was the meeting (month and year) ______________
   - No

2. Has a target for new acceptors for the current year been set?
   - Yes
3. Has a target for couple-years of protection to be provided during the current year been set?

   Yes  
   No

4. Is there a written calendar of activities for the family planning program covering the current year?

   Yes  (obtain copy)  
   No
EVALUATING THE PLAN

After the interview the CARE analyst should read the plan for the family planning program (if one is available) and score it with respect to each of the indicated elements of a family planning program. Score each element 1 to 5 with 1 being completely unsatisfactory or not addressed and 5 being completely satisfactory.

<table>
<thead>
<tr>
<th>Program element</th>
<th>Unsatisfactory</th>
<th></th>
<th>Satisfactory</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Service delivery objectives</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Staff training</td>
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<td></td>
<td></td>
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<tr>
<td>Information-education-communication</td>
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<tr>
<td>Contraceptive supply</td>
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<tr>
<td>Supervision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Monitoring and evaluation</td>
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<td></td>
<td></td>
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<tr>
<td>Budget &amp; financial management</td>
<td></td>
<td></td>
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<tr>
<td>Monitoring client satisfaction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Operations research</td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Other (specify)</td>
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</table>
PART IV: HUMAN RESOURCES MANAGEMENT

KEY QUESTIONS

Has the NGO put in place the basic tools for effective personnel management?

Does the NGO provide staff with clear expectations and have mechanisms for assessing job performance?

GENERAL MANAGEMENT MODULE

1. Is each employee given a copy of his or her job description?
   - Yes □
   - No □

2. Is there a personnel manual?
   - Yes □ (obtain copy)
   - No □

3. Is there an orientation program for new staff?
   - Yes □
   - No □
4. Are annual performance objectives established for each employee?

Yes ☐ (obtain sample)
No ☐

5. Are annual performance evaluations of staff conducted?

Yes ☐
No ☐

6. Is there a written performance appraisal form used in evaluating staff?

Yes ☐ (obtain copy)
No ☐

7. Is there a written plan for staff training?

Yes ☐ (obtain copy)
No ☐

8. Is there a list of all employees currently employed by your organization?

Yes ☐
No ☐

9. How many of your staff have resigned or been fired over the last twelve months?
FAMILY PLANNING MODULE

10. Is there a manual of clinical procedures that establishes the standards for managing family planning clients?

   Yes ☐ (obtain copy)
   No ☐

11. Has there been a family planning training needs assessment in the last two years?

   Yes ☐ (obtain copy)
   No ☐
12. Please tell me whether a written job description has been prepared for each of the following positions.

<table>
<thead>
<tr>
<th>Personnel category</th>
<th>Job description prepared</th>
<th>Job description not prepared</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor of community health workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health educator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researcher</td>
<td></td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

Ask for a copy of each available job description.
PART V: MANAGING COMMUNITY WORKERS

KEY QUESTIONS

Does the NGO have experience in managing CBD agents?

Does the NGO have a system in place for supervising CBD agents?

Is the NGO ensuring that CBD agents are properly trained and equipped?

GENERAL MANAGEMENT MODULE

1. Does your organization currently employ (whether paid or unpaid) any of the following:

   a. community health workers □
   b. agricultural extension agents □
   c. community development agents □
   d. other community workers (specify)

__________________________________________
(score 0 if no community workers, 1 if community workers are employed)

IF THE NGO DOES NOT EMPLOY ANY COMMUNITY WORKERS GO ON TO PART VI.
2. How many community workers do you employ?
_________________

3. Do you have written selection criteria that are used in choosing community workers?

Yes [ ] (1)
No [ ] (0)

4. Has each community worker been given a written job description?

Yes [ ] (1)
No [ ] (0)

5. Is each community worker given a written statement of his or her objectives for the year?

Yes [ ] (1)
No [ ] (0)

6. Who prepares a community worker’s objectives for the year?

Supervisor [ ] (0)
Community worker (0)

Jointly by community worker and supervisor (1)

7. Is there a standard training program that all community workers attend?

Yes (1)

No (0)

8. Do you provide any equipment or materials to the community workers. If so, what do you provide?

Yes (1)

Specify
________________________________________
________________________________________
________________________________________

No (0)

9. How many supervisors of community workers do you employ?
10. Have the community worker supervisors received any special training in supervision?

   Yes [ ] (1)
   No [ ] (0)

66. Has a supervisory checklist been provided to supervisors of community workers?

   Yes [ ] (1)
   No [ ] (0)

FAMILY PLANNING MODULE

11. What is the number of CBD agents? ______________________

12. Are there written selection criteria for choosing CBD agents?

   Yes [ ] (obtain copy) (1)
   No [ ] (0)

13. Are CBD agents paid any cash compensation by the NGO?

   Yes [ ]
   No [ ]
14. Do CBD agents receive payments from clients for contraceptives or services?
   Yes ☐
   a. If yes, what percentage of the fee charged the client can be retained by the CBD agent?
      ___________________
   No ☐

15. Do CBD agents have maps of their catchment areas that show the households for which they are responsible?
   Yes ☐ (obtain sample) (1)
   No ☐ (0)

16. Is there a standard training program for all CBD workers?
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

17. Which of the following are provided to CBD agents (check those that apply):

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CHECK IF SUPPLIED TO CBD AGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle</td>
<td></td>
</tr>
<tr>
<td>Blood pressure machine</td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
</tr>
<tr>
<td>CBD client register</td>
<td></td>
</tr>
<tr>
<td>CBD procedure manual</td>
<td></td>
</tr>
<tr>
<td>Flip chart on reproductive physiology and contraceptive methods</td>
<td></td>
</tr>
<tr>
<td>Contraceptive sample kit</td>
<td></td>
</tr>
<tr>
<td>Oral contraceptive checklist</td>
<td></td>
</tr>
<tr>
<td>Oral contraceptive instruction sheet</td>
<td></td>
</tr>
<tr>
<td>Condom instruction sheet</td>
<td></td>
</tr>
<tr>
<td>Pamphlets for distribution to clients</td>
<td></td>
</tr>
<tr>
<td>Referral forms for clinical methods</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
1. Are CBD agents given specific targets? (check all that apply)

   New acceptor targets
   Contraceptive prevalence targets
   Client contact targets
   Continuation rate target
   Other (specify)
   No targets

2. What is the number of CBD supervisors? _________________________

3. Is there a schedule for supervisor visits?

   Yes          (obtain copy) (1)
   No

4. Is there a CBD supervisor's checklist?

   Yes          (obtain copy) (1)
   No (0)
5. Have CBD supervisors received any special training in supervision?

Yes ☐ (obtain copy) (1)

No ☐ (0) ----

6. Are there group meetings of CBD agents?

Yes ☐ (1)

a. If yes, when was the last such meeting (month and year) _____________

b. What happens at CBD agent meetings?

_____________________________________________________________________

_____________________________________________________________________

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No □ (0) ___
PART VI: MANAGEMENT INFORMATION SYSTEMS

KEY QUESTIONS

Has the NGO established a clear set of management indicators that it tracks regularly?

Are the mechanics of the management information system in place?

Is the information provided by the management information system used in decision-making?

GENERAL MANAGEMENT MODULE

1. Has your organization established any indicators of the quantity or volume of services provided to your target population?

   Yes □ (1)

   a. What are the indicators?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   No □ (go to question 89) (0)
2. Do you collect data on the quantity or volume of services provided to your target population?

Yes ☐ (1)

a. How? (check all that apply)

Service statistics ☐
Focus groups ☐
Surveys ☐

Other (specify) ____________________________________________________________
______________________________________________________________
______________________________________________________________

No ☐ (0)

3. How often do you personally receive a report on the quantity or volume of services provided?

every 1-3 months ☐ (1)

every 4-6 months ☐ (1)

every 7-12 months ☐ (0)

less than once a year ☐ (0)

other (specify) ____________________________________________________________
______________________________________________________________
4. Do you review the reports with program staff?

Yes □ (1)

No □ (0)

5. How is the information from the reports used?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. Has your organization established any indicators of the impact of services provided on your target population?

Yes □ (1)

a. What are the indicators?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

No □ (go to question 92) (0)
7. Do you collect data on the impact of services provided to your target population?

Yes ☐ (1)

a. How? (check all that apply)

Service statistics ☐
Focus groups ☐
Surveys ☐

Other (specify) __________________________________________________________

No ☐ (0)

___

8. How often do you personally receive a report on the impact of services provided?

every 1-3 months ☐ (1)

every 4-6 months ☐ (1)

every 7-12 months ☐ (0)

less than once a year ☐ (0)

other (specify) _________________________________________________________

___

9. Has your organization established any key indicators of its financial status?

___

46
Yes □ (1)

a. What are the indicators?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
_________________________________________

No □ (go to question 89) (0)

10. How often do you personally receive a report on the financial status of the program you are managing?

   every 1-3 months □ (1)
   every 4-6 months □ (1)
   every 7-12 months □ (0)
   less than once a year □ (0)
   other (specify) ______________________________________________________
   __________________________________________________________

   ____
11. Thinking about the information you have on the financial status of your program, would you say you have:

a. all the information you need to manage the program  □ (1)
b. most of the information you need to manage the program  □ (1)
c. some of the information you need to manage the program  □ (0)
d. little of the information you need to manage the program  □ (0)
e. none of the information you need to manage the program  □ (0)

FAMILY PLANNING MODULE

12. Is there a family planning client record card kept by the health clinic?

   Yes □ (obtain copy) (1)
   No □ (0)

13. Is there a family planning identification card that is kept by the client?

   Yes □ (obtain copy) (1)
   No □ (0)

14. Is there a daily family planning register maintained at the clinic(s)?

   Yes □ (1)
   No □ (0)
15. Is there a client record form that is maintained by each community based distribution agent?

Yes □ (obtain copy) (1)
No □ (0)

16. Do you review reports on any of the following family planning indicators (mark appropriate boxes):

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Monitored</th>
<th>Not monitored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new acceptors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of continuing users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple-years of protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method mix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of client contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptors per provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per couple-year of protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. How often do you personally review a progress report on the family planning program (check the most appropriate box):

- Every month
- Every three months
- Every six months
- Other (specify) _________________________ (0)

OBTAIN A COPY OF ANY MANAGEMENT INFORMATION REPORTS CONTAINING THE INDICATORS PRODUCED DURING THE SIX MONTHS PRECEDING THE INTERVIEW.
2. Do you review the reports with program staff?

   Yes  □  (1)
   No  □  (0)

3. How is the information from the reports shared?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. How are the reports used? (do not prompt but probe by asking "Are there any other ways you use the information?")

<table>
<thead>
<tr>
<th>Use of indicators</th>
<th>Check if mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjust performance targets</td>
<td></td>
</tr>
<tr>
<td>Resource allocation</td>
<td></td>
</tr>
<tr>
<td>Adjust work loads</td>
<td></td>
</tr>
<tr>
<td>Change service delivery strategies</td>
<td></td>
</tr>
<tr>
<td>Contraceptive procurement</td>
<td></td>
</tr>
<tr>
<td>Quality of care interventions</td>
<td></td>
</tr>
<tr>
<td>Staff appraisal</td>
<td></td>
</tr>
</tbody>
</table>
PART VII: COMMODITY LOGISTICS MANAGEMENT

KEY QUESTIONS

Has a working system for tracking and ordering contraceptives been established?

Does the NGO have a reasonable picture of its current and future contraceptive needs?

Does the NGO have a suitable place to store contraceptives?

GENERAL MANAGEMENT MODULE

1. Does your organization currently distribute any of the following commodities to its target population? (check those that apply)

   Food  □
   Drugs □
   Agricultural inputs (e.g., seed, fertilizer) □

Other (specify)________________________________________ □

None □

(score 1 if currently distributing any commodity; 0 if none) _____

IF ORGANIZATION DOES NOT DISTRIBUTE ANY COMMODITIES OR CONTRACEPTIVES GO TO PART IX
2. Does your organization have a written procedure for procuring the commodities?

   Yes ☐ (1)
   No ☐ (0)

3. Do you operate a warehouse or storage facility for the commodities?

   Yes ☐ (1)
   No ☐ (0)

4. Does your organization have a written procedure for controlling inventory?

   Yes ☐ (1)
   No ☐ (0)

5. Does your organization have a written procedure for forecasting commodity requirements?

   Yes ☐ (1)
   No ☐ (0)

6. In the last three years, has there been an audit of your commodity management system?

   Yes ☐ (1)
   No ☐ (0)
FAMILY PLANNING MODULE

7. Is there a contraceptive inventory form used by the clinics?
   
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

8. Is there a form used by clinics for ordering contraceptives?
   
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

9. Is there a contraceptive inventory form used by community based distribution agents?
   
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

10. Is there a form used by CBD agents to order contraceptives?
    
    Yes ☐ (obtain copy) (1)
    No ☐ (0)
11. How does your organization obtain contraceptives?

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___________________
12. Has you been out of stock of any contraceptive method during the last six months?

No □ (1)
Yes □ (0)

a. If yes, circle all methods that have been out of stock:

- Combined pills
- Progesterone only pills
- Condoms
- Spermicides
- IUDs
- Injectables
- NORPLANT

b. How did you respond to the stock-out?

- Told clients to return when contraceptives are available □
- Obtained emergency supply from an alternative source □
- Directed clients to an alternative supply source □
13. Have you prepared a projection of your contraceptive needs?

- Yes [ ] (obtain copy) (1)
- No [ ] (0)

14. How would you characterize the storage facility for contraceptives? (check the box that applies)

- completely satisfactory [ ] (1)
- somewhat satisfactory [ ] (1)
- somewhat unsatisfactory [ ] (0)
- completely unsatisfactory [ ] (0)
- no opinion [ ] (0)
KEY QUESTIONS

Does the NGO have in place a basic set of accounting procedures and controls?

Does the NGO use financial information for program management?

1. Is there a budget for your organization covering the current fiscal year?
   
   Yes  (1)
   No  (0)

2. Is there a budget performance report that compares actual to projected expenditures?
   
   Yes  (1)

   a. If yes, how often is the budget performance report issued:
      
      every month  
      every quarter  
      every six months  
      other (specify)  
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a balance sheet for the organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>(0)</td>
<td></td>
</tr>
<tr>
<td>Has there ever been an external audit of the organization's finances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>(0)</td>
<td></td>
</tr>
</tbody>
</table>
5. Is there a register for recording receipt of cash and checks?

Yes □ (1)
No □ (0) 

6. Is there a fixed assets register?

Yes □ (obtain copy) (1)
No □ (0) 

7. Has an inventory of fixed assets conducted in the last twelve months?

Yes □ (1)
No □ (0) 

8. Are written bids obtained for purchases above a fixed amount?

Yes □ (obtain copy) (1)
No □ (0) 

9. Is there a register of accounts payable?

Yes □ (obtain copy) (1)
No □ (0) 

60
10. Does your organization currently charge user fees for any of its products or services?

Yes □ (1)

a. If yes, please describe what is sold and the amounts charged:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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No □ (0)
PART IX: HEALTH FACILITIES

KEY QUESTIONS

Does the NGO operate one or more facilities through which clinical family planning methods can be offered?

Do the health clinics have the staff to offer family planning services?

Are the basic facilities and equipment necessary to service delivery present?

Is there evidence of acceptable clinic management as indicated by the state of record keeping and inventory control?

1. Does your organization operate a health or family planning clinic? A clinic is a building staffed by at least one health professional offering health or family planning services at least five days a week.

   Yes □
   No □

2. How many clinics does your organization operate?

   No. of clinics _________________
3. Please tell me how many full-time staff you employ in each of the following categories:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number currently employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
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<tr>
<td>Social workers</td>
<td></td>
</tr>
<tr>
<td>Health educators</td>
<td></td>
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<tr>
<td>Community health workers</td>
<td></td>
</tr>
<tr>
<td>Other health staff (specify)</td>
<td></td>
</tr>
</tbody>
</table>
SITE VISIT TO NGO HEALTH CLINIC

Name of NGO ____________________________________________________________

Name/number/site of clinic________________________________________________

Contact person at clinic _________________________________________________

Date ________________________________________________________________
1. **ASK THE CLINIC MANAGER** "For each of the following job categories, please tell me how many people are currently employed by the clinic, if there are any job vacancies or if the job category is not applicable to your clinic"

<table>
<thead>
<tr>
<th>Position</th>
<th>Number currently employed at clinic</th>
<th>Number of vacant positions</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health educators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Are there any alternative arrangements by which doctors, nurses or other health providers use the clinic facilities; e.g., allowing private practitioners to use the facilities or volunteer work by health providers?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. Is there a separate room or area that is used for small group educational activities during clinic hours?

   Yes □ (1)
   No □ (0)

3. Is there at least one separate room that is used for individual counseling of clients during client hours?

   Yes □ (1)

   a. If yes, give number of counseling rooms _____________

   No □ (0)
4. Is there at least one separate room that is used for medical examinations?
   Yes ☐ (1)
   a. If yes, give number of examination rooms
   No ☐ (0)

5. Is there an inventory of medical equipment that are on the clinic premises?
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

6. Is there an inventory of drugs that are on the clinic premises?
   Yes ☐ (obtain copy) (1)
   No ☐ (0)

7. Is there an inventory of the contraceptives that are on the clinic premises?
   Yes ☐ (obtain copy) (1)
   No ☐ (0)
CHECK THE ACCURACY OF THE INVENTORY BY PHYSICALLY COUNTING THE STOCK. USE THE FOLLOWING FORM:

<table>
<thead>
<tr>
<th>Method</th>
<th>Number on inventory form</th>
<th>Number counted in stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined pills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progesterone only pills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spermicides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injectables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORPLANT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Which of the following IEC materials are available for use by clinic staff? (mark each box that applies)

<table>
<thead>
<tr>
<th>IEC MATERIAL</th>
<th>CHECK IF AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip chart on reproductive physiology and contraceptive methods</td>
<td></td>
</tr>
<tr>
<td>Pamphlets for distribution to clients</td>
<td></td>
</tr>
<tr>
<td>Contraceptive sample kit</td>
<td></td>
</tr>
<tr>
<td>Family planning posters</td>
<td></td>
</tr>
<tr>
<td>Contraceptive use instruction sheets for distribution to clients</td>
<td></td>
</tr>
<tr>
<td>Films about family planning</td>
<td></td>
</tr>
<tr>
<td>Videotapes about family planning</td>
<td></td>
</tr>
<tr>
<td>Audiotapes about family planning</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

1. Look at the client record files. Do the client records appear:

- Well ordered [ ] (1)
- Partially ordered but still usable [ ] (1)
- Disordered and unusable [ ] (0)
2. Is there a functioning toilet?

<table>
<thead>
<tr>
<th></th>
<th>(obtain copy)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

3. Is there a working autoclave?

<table>
<thead>
<tr>
<th></th>
<th>(obtain copy)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>