



Monitoring and Evaluation Systems Assessment Guide

Version 2.0: With PEPFAR Strategic Information Capacity Assessment Standards

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1.0 Introduction

A program or project-level monitoring and evaluation (M&E) system organizes the collection, analysis, dissemination, and use of strategic information (SI) to measure achievements against objectives, benchmarks, and targets to inform course corrections as well as assess the impact of the interventions. FHI 360 recognizes the importance of robust M&E systems in both accountability for funds spent and facilitating program/project success and learning through the development of evidence-based projects. Our extensive experience guiding the development of these systems in health and other development programs led to the development of the [Monitoring and Evaluation Systems Assessment Tool \(M&ESAT\) Version 1.0](#) to assess compliance with the minimum standards set for project M&E systems in general. Version 2.0 of the tool includes [PEPFAR Strategic Information Capacity Assessment \(PSICA\)](#) performance standards (see Appendix I or access the [Excel version](#)). The inclusion of the PSICA performance standards helps ensure that tool users including program/project staff, implementing partners, and host government representatives responsible for President’s Emergency Plan for AIDS Relief (PEPFAR)-funded programs/projects can monitor and evaluate their M&E systems according to the PSICA standards.

The tool uses a participatory process for assessing system quality and developing interventions for system strengthening. This tool seeks to guide teams to conduct a comprehensive assessment of their M&E systems to identify gaps and develop plans for strengthening their M&E system to ensure the availability of human capacity, financial resources, infrastructure, equipment, and supplies to support the timely production of high-quality strategic information. The process of implementing this tool also provides a valuable mentoring and capacity-building opportunity between experienced technical assistance (TA) providers and program/project-level M&E teams, while generating metrics that provide a picture of strengths and weaknesses. This tool can also be used to assess and support M&E system strengthening for PEPFAR programs/projects and implementing partners that are supported by FHI 360. The process of assessing the M&E system using the tool is highly participatory, with scores representing consensus from the program/project counterparts; each standard has a means of verification intended to enhance the objectivity and validity of the findings. This guide was developed to provide tool users with information about the purpose of the tool, how it is organized, and the necessary steps to implement the tool successfully when conducting an M&E system assessment.

2.0 Objectives of the M&E System Assessment Guide and Tool

The goal is to provide a systematic approach to strengthen the quality of M&E systems at FHI 360 offices and at PEPFAR local implementing partners.

Specifically, the tool has been designed to:

- Provide a comprehensive overview of the functionality, effectiveness, strengths, and weaknesses of a program/project/partner M&E system.
- Guide the development of specific quality improvement plans to address gaps and strengthen M&E systems.
- Ensure that M&E systems by programs/projects and partners are aligned at national, regional, and global levels and with pertinent PEPFAR standards.

- Build capacity in M&E systems analysis, improvement, and implementation at FHI 360 and local implementing partners.
- Identify human resource and capacity-related needs for a well-functioning PEPFAR SI/M&E system.

3.0 How to Use the Monitoring and Systems Assessment Tool

The M&ESAT was developed for programs/projects to critically examine their existing M&E systems, identify areas performing well and critical gaps, and develop a quality improvement plan to maintain strengths and overcome weaknesses. Repeated measurements using this tool can help document improvements in the M&E system over time. This tool can also be used at start-up to document compliance with the minimum standards and performance expectations required for a functional PEPFAR SI/M&E system. It can be used in M&E training, as technical guidance, or to identify needs for technical assistance and capacity-building activities. Programs/projects can choose to use all or some of the modules in the tool based on the structure and stage of development of their system. As such, we recommend that this tool be used at the start of all newly awarded program/project to establish a baseline and repeated annually or biannually throughout the life of the program/project—when the system should be fully established—to assess and inform functionality and effectiveness continually.

While the tool was designed for programs/projects/partners that deliver services, it can be adapted for use in government settings and smaller projects/sites. It is very flexible; only the standards that apply to the program/project being assessed need to be scored.

4.0 Organization of the Monitoring and Systems Assessment Tool

This tool is designed around the M&E systems standards defined by FHI 360 and selected PSICA performance standards. It is divided into 12 domains of a functional M&E system as defined by FHI 360. A series of key questions is used to assess whether the benchmarks/standards conform with the minimum standards for a particular domain. While most, if not all, domains apply to all programs/projects, some standards will be program/project specific. Below is a brief explanation of what each domain attempts to answer as defined by the standards:

Table 1. M&E System Standards

Domain	Domain Name	Key Questions
1	Human Resources Capacity and Management	Is M&E adequately resourced? Are staff competent? Is capacity building for staff and partners standardized? Have staff, including partners, received training and mentoring?
2	M&E Plans and Standard Operating Procedures	Is there adequate documentation for all aspects of the M&E system? Are documentation roles clearly outlined?
3	Data Collection and Management	Is there a well-functioning data collection and management system for routine data that employs standardized forms and aggregation procedures for both paper-based and electronic data including individual-level data systems?
4	Data Safety and Security	Are processes and systems in place to ensure the security of program data from collection to storage and retrieval?
5	Data Systems	Are there processes and systems to ensure appropriate data systems are in place, functional, and maintained to generate data for PEPFAR, USAID, and program reporting?

6	Data Quality Assurance	Are processes and systems in place to generate quality data from various sources? Are results reported accurately and can they be substantiated?
7	Data Analysis, Use, and Feedback	Is there a system to ensure data are well analyzed and used for program management and improvement?
8	Learning	Are systems in place to document lessons learned and facilitate learning at different levels?
9	Evaluation	Is there adequate planning, implementation, and use of evaluations?
10	M&E Leadership	Is there adequate planning and capacity to demonstrate leadership through forums, conferences, and publications?
11	M&E System Assessment	Is there a system to periodically assess the functionality of the M&E system as needed?
12	Budgeting	Is there a standard budget to support the M&E work plan including resources for data collection, data management, analysis, data quality assurance, and for hardware and software technology and maintenance?

4.1 Scoring

The overall score is determined by the number of questions within each of the 12 domains. Each domain has a subtotal score based on the number of questions, with M&E plans and standard operating procedures, data safety and security, data quality assurance, and data analysis use and feedback domains comprising 63% of the overall score. This reflects the high importance attached to these elements and, specifically, to data quality and use, and the need for having strong M&E systems to support all program functions. Scores for each of the 12 domains are automatically calculated and tabulated on the Summary sheet so tool users can readily identify which domains need urgent attention. The comment section is to record any additional information that may provide clarification or help inform remediation plans. Comments may include insights into the cause of the problem since the scores simply highlight whether a problem exists, not why it does. It is also an opportunity to acknowledge performance that meets the standards as reflected in the high scores.

Final Score: The final score is a total of the subtotal scores for all 12 domains. It appears on the Summary sheet and is rendered as a bar graph and radar chart on the Charts sheet in the MS Excel version. The overall percentage for each site/organization is used for categorizing and prioritizing programs/projects in need of remediation actions and technical assistance. The scores are categorized as follows:

Color (% Range)	Description	Follow-up Action
Green (90%–100%)	Strong capacity , where there are no deficiencies or significant weaknesses. Needs minor improvement.	Repeat assessment after 12 months. Monitor progress every 6 months.
Yellow (70%–89%)	Adequate capacity , where there are no deficiencies. Needs improvement.	Repeat assessment after 12 months. Monitor progress quarterly.
Orange (50%–69%)	Weak capacity , where there are some deficiencies and significant weaknesses. Needs urgent remediation.	Repeat assessment after 6 months. Monitor progress monthly.
Red (Less than 49%)	Inadequate capacity , where there are key deficiencies and significant weaknesses. Needs very urgent remediation.	Repeat assessment after 3 months. Monitor progress monthly.

Following the assessment, recommendations are generated to address the gaps and the needed frequency of assessments to monitor progress. A participatory prioritization exercise is done to agree on priority recommendations that will form the basis for a quality improvement plan.

4.2 Methodology

This tool is a participatory, standards-based self-assessment. For each standard, a means of verification is suggested, which provides a method for objectively verifying the extent to which each standard is met. This verification is important for grounding the results in evidence and reducing desirability bias from the self-assessment process. Detailed steps for implementing the tool are described below.

This tool is also designed to complement FHI 360's [Data Verification and Improvement Guide](#) which is used for data verification.

4.3 Assessment Team

An assessment team comprising program/project/implementing partner M&E staff and SI backstop or other implementing partner (IP) staff as applicable should be formed. The number of participating project staff will depend on the size and organization of the M&E team, but critical to this process is the SI/M&E Advisor, Data Manager, or Health Management Information System (HMIS) Manager and any other designated technical staff who are familiar with the M&E system of the program/project.

The scope of work for the assessment team includes:

1. Inform the program/projects to be assessed at least two weeks prior to the exercise to ensure the availability of documents and personnel required for the exercise.
2. Conduct an introductory meeting with the program/staff to highlight the objectives of the assessment and expectations.
3. Review previous assessment reports and improvement action plans.
4. Interview staff involved in the M&E system implementation including data collection, compilation, analysis, and reporting to understand how the system functions.
5. Record scores and complete the M&ESAT including comment sections where appropriate. In the process, the team will review the availability of all verifiable documents and observe any processes as expected. Explanations for any observations will be sought and recorded in the comments section.
6. Calculate and record the program/project's overall score and categorization.
7. Develop a draft action plan with the project/program team.

5.0 How to Complete the Tool

To complete the tool, most standards rely on some form of documentation and/or interview with key staff members at programs/projects and implementing partners, as well as observations. Scores are allocated for the performance of the system against each identified standard on a scale from 0–2, where:

0 = standard is not met

1 = standard is partially met

2 = standard is fully met

N/A = standard is not applicable, or not available for review purposes

The M&ESAT is included in Appendix I. The M&ESAT can be printed and the paper form scored and tabulated manually. However, it is highly recommended that users access and use the MS Excel version of the tool, which automatically calculates the scores in each domain, aggregates the scores in the Summary tab, generates a visual display in the Charts tab, and serves as an electronic record of the assessment. Some tool users prefer to take notes on a paper form during their interviews and observations and then transfer their scores into the Excel version to ensure the scores are accurately tabulated and the feedback can be easily shared with the program/project staff in a digital format.

6.0 Frequency of Implementation

For newly awarded programs/projects, this tool should first be implemented at start-up to establish a baseline and then annually to assess progress with implementation of the action plan. In instances where severe deficiencies are identified, the assessment can be conducted more frequently depending on the size of the gap identified ([see table, Section 4.1](#)). Existing programs with no baseline assessment and at least two years until the end of the program/project should implement the tool at the earliest opportunity and follow up as needed. Assessment results should be tracked over time to demonstrate progress in improving the M&E system over the life of the project.

7.0 Improvement of Action Plans

The assessment team should work with the program/project/partner to jointly develop an improvement action plan (see Appendix II for template) to ensure identified gaps are clearly articulated and a work plan is developed to address them. The improvement planning process should determine areas of priority, based on performance for each domain. The work plan should include provisions to monitor implementation of the corrective actions.

8.0 After the Assessment

The assessment team should provide feedback on findings of the M&E system assessment to the M&E team and program/project management with recommendations, and an action plan on how to address challenges identified, and timelines. The SI headquarters (HQ) backstop will provide regular follow-up to ensure plans are followed through to logical conclusion.

9.0 Report Writing

Following completion of the M&E system assessment, the assessment team will provide a detailed written report of the exercise to program/project management within two weeks. The report will detail assessment methodologies, findings, recommendations, action plans, and limitations/challenges of the exercise. Relevant data summarization/visualization including infographics, charts, maps, and tables will be used to summarize the findings as appropriate.

Appendix I: FHI 360 M&E Systems Assessment Tool Version 2.0: With PEPFAR Strategic Information Capacity Assessment Standards

Name of country/Program/ Project Name		
Date of assessment		
Program Lead: <i>[Name and position of staff]</i>		Other staff members: <i>[Name and position of staff interviewed]</i>
External Lead: <i>[Name and position of staff]</i>		Other external team members
Level of data collection <i>[Program/IP/Service delivery point, etc.]</i>		

Methodology and Scoring: This tool is a facilitated self-assessment, using a standards-based tool. For each standard, a means of verification is suggested that provides a method for objectively verifying the extent to which it is met. Select an appropriate score **0=does not meet, 1=partially meets, 2=fully meets, N/A=standard is not applicable, or not available for review purposes**. Ask to verify all documentation.

NB: Questions highlighted in blue are PSICA standards.

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
1. Human Resources Capacity and Management			
1. Does your program have adequate and dedicated staff for monitoring and evaluation (M&E) including an advisor, M&E officer, database manager, health informatics officer, and at least one data entry clerk (DEC) or equivalent? For care and treatment sites, at least one DEC for those with more than 1,000 patients currently on antiretroviral therapy (ART).	Discussion, review of M&E structure and organogram		
2. Do the qualifications and experience of staff hired for all strategic information (SI)/M&E positions match the requirements of their job descriptions related to PEPFAR SI?	Discussions, review of M&E structure, CVs, and job descriptions		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
3. Have all the relevant (M&E, implementing partner) staff received initial M&E training using a standard M&E curriculum?	Discussion, review of curriculum and training records		
4. Does the M&E lead visit all M&E team members for mentorship/technical support/supervision at least twice a year?	Discussion with partners, review supervision reports		
5. Are the Strategic Information staff able to complete all SI work without routinely working >5 hours overtime per week (on average)?	Discussions with SI staff, review of timesheets		
Subtotal Score:			<i>Maximum Score=10; Score < 5 (49%) is RED</i>
2. M&E Plans and Standard Operating Procedures (SOPs)			
1. Does the program have an up-to-date (annual updates) Monitoring Evaluation and Learning Plan (MELP)/Performance Monitoring Plan (PMP) that includes a graphic Results Framework or Theory of Change outlining how project/program goals, intermediate results, and outcomes or outputs are linked?	Discussion, review of MELP/PMP		
2. Does the program set targets for key performance indicators to achieve every month and quarter for each intervention?	Discussion, review of MELP/PMP		
3. Does the MELP have a dataflow chart that clearly demonstrates how data flows and is reviewed from implementation sites to reach program managers and donors/government?	Discussion, review of MELP/PMP		
4. Does the MELP plan have an organogram describing the organization of the M&E unit in relation to the overall project team?	Discussion, review of MELP/PMP		
5. Does the program have performance indicator reference sheets that include clear operational definitions consistent with U.S. President's Emergency Plan for AIDS Relief (PEPFAR) monitoring,	Discussion, review of MELP/PMP		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
evaluation, and reporting (MER) guidance and relevant national/global indicators (e.g., PEPFAR, PMI, UNGASS, etc.)?			
6. Does the M&E team understand PEPFAR indicators and PEPFAR types of support?	MER discussion		
7. Does the program have an up-to-date Data Quality Assessment (DQA) plan available (virtual and in person, annually updated) with SOP and guidelines?	Discussion, review of DQA plan		
8. Has your program provided implementing partner(s)/sites with standard guidelines describing reporting requirements (what to report on, due dates, data sources, report recipients, etc.)?	Discussion, review of Reporting guidelines		
9. Do you have standard data collection tools and reporting template(s) for use across all implementing partner(s)/sites?	Discussion, review of standard reporting tools		
10. Do you have written clear instructions/guidance on how to complete all data collection tools for implementing partners or service delivery points?	Discussion, and review of tools for clear instructions/guidance		
11. Does your program allocate program target up to facility- or service-site level?	Target division matrix		
Subtotal Score:			<i>Maximum Score=22; Score < 11 (49%) is RED</i>
3. Data Collection and Management			
1. Has your program included all required program indicators with required PEPFAR/USAID disaggregation in (manual and electronic) data collection tools?	Review of program data collection tools		
2. Has your program clearly defined the data sources and collection methods for each indicator including indicators earmarked for the national program (government)?	Review of reporting guidelines, manuals, and protocols		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
3. Does the data collected on the source documents have sufficient precision/detail to measure the indicator(s)?	Review of program data collection tools		
4. Do you have data management guidelines that cover both physical file storage/management and electronic data, if applicable are in place?	Review of data management guidelines, manuals		
5. Was the organization's monthly data collection and management in the last 12 months done entirely with staff employed directly by the organization and without external support from prime partners, international partners, or consulting firms?	Discussion, review of program data collection tools, data management plans, and review of data management systems		
Subtotal Score:			<i>Maximum Score=10; Score < 5 (49%) is RED</i>
4. Data Safety and Security			
1. Is there a filing protocol for physical records/registers with client-level personal information that is proper, and information is easily retrievable (where applicable)?	Review of filing SOP, discussions		
2. Are relevant personal data maintained according to national (preferable) or international confidentiality guidelines, including using unique alpha-numerical IDs (where applicable)?	Observations and records review		
3. Is there restricted access to personal identifiable information through providing (where applicable) lockable rooms/filing cabinets?	Observation and records review		
4. Is there restricted access to both the program database and any personal identifiable information through password-protected datasets/databases?	Observation and records review		
5. Is there a protocol for changing password when staff depart?	Observation and review		
6. Does a back-up system for electronic data exist and is it up to date?	Observation and review		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
7. Are there protocols/guidelines for sharing data with other partners?	Observation and review		
8. Is there a list of individuals (s) with rights to destroy data (e.g., in case of a pending police raid)?	Observation and review		
9. Is there a protocol for safe data destruction of records?	Observation and review		
10. Have employees been trained in data confidentiality within the past year?	Observation and review		
11. Are protocols in place to guide action in case of individuals who may have intentionally violated data confidentiality regulations?	Observation and review		
Subtotal Score:			<i>Maximum Score=22; Score < 11 (49%) is RED</i>
5. Data Systems			
1. Does your program have a longitudinal individual-level database/tracker to track, verify, analyze, and present data to program/technical teams at all levels, including HIV cascade data support, other program data support, and finances?	Discussion and review of database		
2. Does your program have an electronic client-level database to generate data for PEPFAR and USAID required reporting?	Discussion and review of database		
3. Does your organization electronic data management system(s) have a complete and updated data dictionary?	Discussion and review of database dictionary		
4. Has your organization purchased/licensed all hardware and software currently used for data collection, analysis, and reporting (exclusive of PEPFAR and national databases and tools)?	Discussion and review of licenses		
5. Does your program implement a unique identifier code (UIC) to provide individual-level data and track individual beneficiaries along the HIV cascade?	Discussion and review of database		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
6. Does your program implement a unique identifier code (UIC) to provide individual-level data and track individual beneficiaries along the HIV cascade?	Discussion and review of database		
7. Are training and support provided to the staff members on UIC generation, implementation, and use?	Discussion and review of database		
Subtotal Score:			<i>Maximum Score=14; Score < 7 (49%) is RED</i>
6. Data Quality Assurance			
1. Does your program have a system to ensure standard forms/tools are used consistently within and between partners/site levels?	Discussion and review of records		
2. Are definitions and interpretations for indicators uniformly understood and followed correctly (latest PEPFAR MER guidance)?	Discussion, review of guidance		
3. Is there a system to adjust for double counting at site level on a quarterly basis?	Discussion and review of records		
4. Is there a system in place to detect missing data?	Review of system		
5. Are 100% of the sites visited at least once a year (where applicable) and more frequently for high-volume sites for data quality audits for key indicators?	Discussion and review of site visit and DQA reports		
6. Have sites supported by the organization applied procedures and tools to verify the accuracy and completeness of reported HIV program data in the last 4 quarters?	Discussion and review of SOPs, records		
7. Has the organization conducted an internal, formal data quality assessment (internal DQA) at sample sites in each of the last 4 quarters?	Discussion and review of DQA reports		
8. Did the most recent internal DQA results demonstrate the acceptable level of variance	Review of DQA reports		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
(+5%/-5%), per site across all sampled sites, for reported results against recounted data?			
9. Are the data quality problems clearly documented including how these problems have been resolved?	Discussion and review of site visit reports		
10. Do staff directly employed by the organization lead routine quality improvement processes without external support from a prime partner, international partner, or consulting firm?	Discussion and review of data quality improvement plans and status		
11. Is there a clear data reporting schedule that corresponds with donor-specified report periods and program needs?	Discussion and review of site visit reports		
12. Does the program have minimal transcription stages (manual transfer of data from one form to another) to limit transcription errors?	Discussion and review of site visit reports		
13. Are reports received within reporting time from the service sites/facility?	Discussion and review of site visit reports		
14. Has the organization submitted the quarterly narrative reports to USAID on time as scheduled in the last 4 quarters?	Discussion and review of reports, submission emails		
15. Has the organization responded to all USAID HFR requirements on time in the last 12 months?	Discussion and review of reports, submission emails		
16. Has the organization consistently provided HFR data in the format expected by USAID in the last 12 months?	Discussion and review of reports, submission emails		
17. Has the organization consistently submitted data into DATIM on time in the last 4 quarters?	Discussion and review of reports, submission emails		
18. Has the organization responded to all PEPFAR ER requirements on time in the last 4 quarters?	Discussion and review of reports, submission emails		
19. Has the organization consistently provided ER data in the format expected by PEPFAR in the last 4 quarters?	Discussion and review of reports, submission emails		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
20. Has the organization responded to all Mission/Agency report requests on time and in the format required in the last 12 months?	Discussion and review of reports, submission emails		
21. Were the PEPFAR quarterly reports and DATIM submissions in the last 4 quarters, produced without contributions or review by a support agency (e.g., prime partner, international partner, consulting firm)?	Discussion and review of reports, submission emails		
22. Does the program hold periodic sessions with all program staff to create awareness on data quality and integrity?	Review of records/minutes		
Subtotal Score:			<i>Maximum Score=44; Score < 22(49%) is RED</i>
7. Data Analysis, Use, and Feedback			
1. Does the program conduct regular analysis including trends in performance indicators over time (e.g., real time, daily, weekly, monthly, or quarterly or as may be required) - and disaggregated by sex and/or age, location?	Discussion and review of records		
2. Have staff directly employed by the organization analyzed PEPFAR data without external technical assistance or support from a prime partner, international partner, or consulting firm in the last 4 quarters?	Discussion and review of analysis plan and outputs		
3. Does the program have a senior staff member (e.g., Program Manager) responsible for reviewing aggregated data prior to release of reports from M&E unit?	Discussion and review of records		
4. Are there documented procedures to ensure regular (at least monthly) review of M&E data by program/project managers and/or chief of party, M&E staff, other technical staff, and partners?	Discussion and review of SOP, records		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
5. Does your program document reasons for under- or over-performance (e.g., not achieving important targets)?	Discussion and review of SOP, records		
6. Is there evidence that performance issues (e.g., not meeting targets) are followed up with partners/others and documented?	Review of records		
7. Does your program hold at least one data review and interpretation meeting in a quarter at the national/program level involving managers and program/technical staff?	Discussion and review of SOP, records		
8. Does your program hold at least one data review and interpretation meeting in a month with local implementing partners/site level involving partner managers and program/technical staff?	Discussion and review of SOP, records		
Subtotal Score:			<i>Maximum Score=16; Score < 8 (49%) is RED</i>
8. Learning			
1. Does your program conduct secondary analysis?	Discussion and review of records		
2. Does your program document, present the lessons learned, and facilitate the exchange of information among partners and stakeholders?	Discussion and review of records		
Subtotal Score:			<i>Maximum Score=4; Score < 2 (49%) is RED</i>
9. Evaluation			
1. Does your program conduct mapping, collect, and review existing size estimates and mapping data for target populations?	Review of records		
2. When applicable, does your program conduct process evaluation or mid-term review, outcome, or impact evaluation in line with the implementation phase and donor requirements?	Review of records		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
3. Does your program facilitate the use of evaluation/mapping data for programming?	Discussion and review of records		
Subtotal Score:			<i>Maximum Score=6; Score < 3 (49%) is RED</i>
10. M&E Leadership			
1. Does your program participate in national/state/province M&E Technical Working Groups (TWGs) or other fora accordingly?	Discussion		
2. Has your program presented any components of M&E system as abstracts, posters, or publications at national conferences or other meetings at least once in the past two years?	Records review		
Subtotal Score:			<i>Maximum Score=4; Score < 2 (49%) is RED</i>
11. M&E System Assessment			
1. Does your program conduct an internal M&E system assessment for the program and implementing partners (where applicable) in the initial year of program and annually, or as needed, thereafter?	Discussion and records review		
Subtotal Score:			<i>Maximum Score=2; Score < 2 (49%) is RED</i>
12. Budgeting			
1. Is the monitoring and evaluation (M&E) budget between 5%–10% of the overall program budget?	Discussion and review of budget		
2. Does the annual project budget include resources for data collection, data management, analysis, and data quality assurance?	Discussion and review of budget		
3. Are the resources budgeted for data collection, data management, analysis, and data quality sufficient to support high-quality SI management?	Discussion and review of budget		
4. Does the annual project budget include resources for hardware and software technology and upkeep needed to sustain high-quality SI?	Discussion and review of budget		

Key Questions (Standards)	Means of Verification	Score (0, 1, 2, NA)	Observations, rationale for rating and recommendations
5. Does your organization have a budget, internal expertise, or a contract with an external vendor for hardware and software maintenance?	Discussion and review of vendor contracts		
Subtotal Score:			<i>Maximum Score=10; Score < 5 (49%) is RED</i>
Total Score		_____/122	_____%

Appendix II: Template for Improvement Action Plan

	Identified gaps	Description of action point	Responsible(s)	Timeline	Technical assistance needs
1					
2					
3					
4					
5					
6					
7					
8					
Overall score for systems assessment					