

Organizational Capacity Assessment Tool: Participant's Copy

For Organizations Funded by USAID



John Snow, Inc.

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The **Organizational Capacity Assessment (OCA)** Tool was originally developed in 2009 by Initiatives Inc. and John Snow, Inc. (JSI) under the Technical Assistance for New Partners Initiative (TA-NPI) project. This document has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Department of Health & Human Services—Centers for Disease Control and Prevention (CDC) under the terms of Contract No: 200-2004-05316/Task Order 0002.

In 2012, the **Organizational Capacity Assessment (OCA)** Tool was revised by a team led by CBM-US with funding from Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services under grant award number U64HA11466. JSI and Handicap International (HI) provided valuable input into the OCA Tool revisions. In the 2012 revisions, language was added to this tool to assess the capacity of organizations to provide meaningful involvement and equitable participation of people with disabilities within the organization and the programs and services offered by the organization.

In 2014, the **Organizational Capacity Assessment (OCA)** Tool was further revised by JSI to incorporate the topics covered by the United States Agency for International Development (USAID) Non-US Organization Pre-Award Survey (NUPAS).

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Organizational Capacity Assessment Tool

Goal

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

Purpose

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

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

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

OCA Domains

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

Using This Tool

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

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

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

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

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4. The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page. The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

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

Incorporation of Disability Inclusion

This tool is designed with flexibility to reach various key populations and broaden the impact of the OCA. Throughout this tool, key populations will be defined as people with disabilities (PWD). This tool serves as guidance on how effective programs can integrate disability inclusion. While this tool's examples focus on people with disabilities and inclusive practices for PWD, it is important to remember that other key populations should be considered when implementing this tool.

People with physical and/or mental disabilities can be highly functional, but still require adequate assistance to meet their individual needs. Organizations and programs must be highly sensitive to the needs of PWD to ensure this population is provided with adequate opportunity for success.

Definitions:

- The International Classification of Functioning, Disability, and Health define **disability** as a **broad spectrum of impairments and limitations that restrict participation**.
- **Physical disabilities** are defined as **impairments to the body that limit either gross (e.g., running, walking, etc.) and/or fine (e.g., writing, holding a cup, etc.) motor actions**. These kinds of disabilities are often noticed due to physical appearance, but this may not always be the case. For example, physical disabilities can be hidden by clothes or prostheses.
- **Mental disabilities** are defined as **impairments to thought and emotional processes that impact functional ability, personal interactions, and relationships**. These types of disabilities are often not noticed due to appearance. Examples include depression, mental retardation, and disorders caused by substance abuse.
- **Inclusion** is the practice of ensuring that people of all ability levels are provided with equal opportunity to participate in a welcoming environment. It is important for the organization to be sensitive to needs of PWD and promote disability inclusion throughout the organization.
- **Accessibility** is the practice of ensuring physical space, organizational tools, and communication strategies are adapted to meet the needs of PWD, when necessary. Examples include wheelchair ramps, braille, communication equipment for the hearing impaired, and many others.

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Governance

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

Vision/Mission

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

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

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

Organizational Structure

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

Resources: Organizational diagram, organogram or narrative

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

Board Composition and Responsibilities

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

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

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

Legal Status

Subsection Objective: To assess the organization’s legal standing—and therefore sustainability—by checking legal registration and compliance with local tax and labor laws.

Resources: Registration, where possible and feasible, local tax laws, local labor laws

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

Succession Planning

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

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

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

Administration

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

Operational Policies, Procedures and Systems

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

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

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

Travel Policies and Procedures

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

Resources: Travel manual, staff questionnaires, related payment vouchers

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

Procurement

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

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

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

Fixed Asset Control

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

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

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

Information Systems

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

Resources: Information system policies and procedures, staff interviews

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

Human Resources Management

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

Job Descriptions

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

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

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

Recruitment

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

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

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

Staffing Levels and Retention

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

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

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

Management and Staff Diversity

Subsection Objective: To assess the gender, demographic, social and cultural composition of the staff.

Resources: Hiring and retention records, employee files, census data

Management and Staff Diversity ●			
1	2	3	4
The organization has <ul style="list-style-type: none"> • Little diversity in the gender, ethnic, religious, and cultural composition of management and staff. • Made no active efforts to diversify its management and staff. 	The organization has <ul style="list-style-type: none"> • Some diversity in the gender, ethnic, religious, and cultural composition of management and staff, but some groups are significantly under-represented. • Made limited active efforts to diversify its management and staff, but these have not been successful. 	The organization has <ul style="list-style-type: none"> • Significant diversity in the gender, ethnic, religious and cultural composition of management and staff, but some groups remain under-represented. • Made active efforts to diversify its management and staff, but these have been partially successful. 	The organization has <ul style="list-style-type: none"> • Good diversity in the gender, ethnic, religious and cultural composition of management and staff. • Made active efforts to diversify its management and staff that have been successful.

Personnel Policies

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

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

Personnel Policies ★			
1	2	3	4
The organization has <ul style="list-style-type: none"> No personnel policy manual. 	The organization has <ul style="list-style-type: none"> Basic personnel policies, but they are incomplete and/or inappropriate. Inconsistently applied the policies. Not disseminated the policies to all staff and/or required signature statements. 	The organization has <ul style="list-style-type: none"> Good personnel policies that include most or all appropriate components. Policies that are generally adhered to and aligned with HR practices. Not disseminated the policies to all staff or required signature statements. No process for updating personnel policies and manuals. 	The organization has <ul style="list-style-type: none"> Comprehensive and donor compliant personnel policies. Policies that are adhered to and aligned with HR practices. Disseminated policies to all staff and required and filed signature statements. Regularly reviewed and updated policies, manuals. Policies are sensitive to the needs of people with disabilities.

Staff Time Management

Subsection Objective: The objective of this sub-section is to assess whether the organization actively uses timesheets for each staff member, whether timekeeping practices meet USG requirements, and whether the organization has systems in place for reviewing timesheets and using timesheet data for processing payroll.

Resources: Completed staff timesheets, work schedule policies, 2-3 staff files, payroll payment vouchers

Staff Time Management ★			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> • No policy or system for documenting staff work hours. • Not based payroll and labor billings on timesheet data. 	<p>The organization has</p> <ul style="list-style-type: none"> • A staff billing policy and timesheets that do not meet USG requirements. • No policy for review or signature from a supervisor. • Not oriented staff and supervisors to complete the documents properly. • Not based payroll or labor billings on timesheet data. 	<p>The organization has</p> <ul style="list-style-type: none"> • A billing policy and timesheets that conform to USG requirements. • A policy for review and signature on timesheets from a supervisor. • Oriented staff and supervisors to complete documents properly. • Timesheets that are not always completed and submitted in a timely manner. • Not based payroll or labor billings on timesheet data. 	<p>The organization has</p> <ul style="list-style-type: none"> • A billing policy and timesheets that conform to USG requirements. • Trained staff and supervisors to complete the timesheets properly. • Timesheets that are completed and submitted in a timely manner and reviewed and signed by a supervisor. • Based payroll and labor billings on timesheet data.

Staff Salaries and Benefits

Subsection Objective: To review the organization’s systems for setting and managing salaries and benefits and determine whether these conform with legal and donor requirements.

Resources: Salary grades and ranges, 2-3 personnel files from different levels

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

Staff Performance Management

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

Resources: Samples of completed performance appraisals or a blank form

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

Staff Skills Development

Subsection Objective: To review the organization’s systems and processes for assessing and developing staff skills.

Resources: Staff skills development plan, memoranda of understanding with skills development organizations, skills audit reports

Staff Skills Development ●			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> • No skills development program for staff. • No ability to periodically carry out a skills audit and analysis for its staff’s future skills needs. 	<p>The organization has</p> <ul style="list-style-type: none"> • No skills development program but has a process for supporting staff to identify and enroll in skills development program of their choice. • No ability to periodically carry out a skills audit and analysis for its staff’s future skills needs. 	<p>The organization has</p> <ul style="list-style-type: none"> • A process for supporting staff to identify and enroll in skills development programs of their choice. • A clear skills development plan and system that is built around staff competencies and recognizes prior learning. • No assessment tools to measure knowledge gained against criteria set for successful performance of given tasks. • Little motivation to utilize the newly acquired skills of its staff. 	<p>The organization has</p> <ul style="list-style-type: none"> • A process for supporting staff to identify and enroll in skills development programs of their choice, including programs accessible to people with disabilities. • A clear skills development plan and system that is built around staff competencies and recognizes prior learning. • Assessment tools to measure knowledge gained against criteria set for successful performance of given tasks. • A willingness to utilize the newly acquired skills of its staff.

Volunteers and Interns

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

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

Volunteers/Interns ●			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> • No policy for selecting or managing volunteers/interns. • No training program for volunteers or interns. • No job descriptions. • No performance standards or feedback process. • No supervisory guidance to support volunteers/interns. 	<p>The organization has</p> <ul style="list-style-type: none"> • A basic volunteer/intern policy that includes guidance on selection, supervision and support. • Job descriptions. • Orientation and/or training for volunteers that is not consistent. • No performance standards or regular review of performance. • Inconsistent or irregular supervision. • High volunteer turnover that affects program implementation. 	<p>The organization has</p> <ul style="list-style-type: none"> • A comprehensive volunteer/intern policy that includes guidance on selection, supervision and support. • Job descriptions. • Volunteers/interns appropriately trained for their tasks. • Performance standards but no performance review. • Provided regular, consistent supervision and feedback. • Moderate turnover with limited impact on program implementation. 	<p>The organization has</p> <ul style="list-style-type: none"> • A comprehensive volunteer/intern policy which includes selection from all groups of people including people with disabilities, supervision, and support. • Volunteers/interns who are appropriately and consistently trained for their tasks. • Performance standards and regular performance reviews. • Provided regular, consistent supervision and feedback. • Minimal turnover with no effect on program implementation. • Equal opportunity is given to applicants regardless of culture, ethnicity, gender, and/or disability.

Financial Management

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

Accounting System

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

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

Accounting System ★			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> No formal accounting system. Transactions that are either not recorded or are recorded on an ad hoc basis. A filing system that maintains only invoices/receipts for all expenditures and incoming funds. No qualified accounting staff. 	<p>The organization has</p> <ul style="list-style-type: none"> A basic accounting system, but it is incomplete and/or not compliant with accounting standards. Not been consistently and/or accurately recording transactions in the accounting system. Not recruited qualified accounting staff and/or oriented accounting staff on the systems. 	<p>The organization has</p> <ul style="list-style-type: none"> A good accounting system, but it is not compliant with donor regulations. A computerized accounting system that is not fully operational. Been consistently and accurately recording transactions in the accounting system. Recruited and trained qualified accounting staff. No process for reviewing and updating the accounting system. Not included a narrative description of its accounting system in its financial manual. 	<p>The organization has</p> <ul style="list-style-type: none"> A fully operational and donor-compliant computerized accounting system. Been consistently and accurately recording transactions in the accounting system Recruited and trained qualified accounting staff. A process for reviewing and updating the accounting system. A narrative description of its accounting system in its financial manual.

Internal Controls

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

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

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

Financial Documentation

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

Resources: Financial files, finance manual, staff interviews

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

Budgeting

Subsection Objective: To assess the adequacy of the organization’s financial planning systems, budget monitoring systems and its ability to determine additional funding requirements.

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

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

Financial Reporting

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

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

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

Audits

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

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

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

Financial Policies and Procedures

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

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

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

Cost Share

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

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

Cost Share ★			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> • No documented cost-share procedures. • No cost-share plan. 	<p>The organization has</p> <ul style="list-style-type: none"> • Documented some cost-share procedures, but these are incomplete and/or inappropriate. • No procedures for recording and tracking cost share in its accounting system. • No cost-share plan. 	<p>The organization has</p> <ul style="list-style-type: none"> • Documented most or all cost-share procedures and they are appropriate. • Procedures that are not known to staff and are inconsistently adhered to. • Procedures for recording and tracking cost share in its accounting system, but these are not consistently adhered to • A cost-share plan. 	<p>The organization has</p> <ul style="list-style-type: none"> • Complete and appropriately documented cost-share procedures, including procedures for recording and tracking cost share in its accounting system. • Procedures known and understood by staff. • Procedures consistently adhered to, reviewed, and updated. • A cost-share plan.

Organizational Management

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

Strategic Planning

Subsection Objective: To assess the organization's ability to realize its mission and goals by reviewing its strategic plan.

Resources: Strategic plan

Strategic Planning ●			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> No strategic plan. 	<p>The organization has</p> <ul style="list-style-type: none"> A basic strategic plan that does not reflect its vision, mission and values. Not based the plan on an analysis of strengths and weaknesses, the external environment, and client needs. A plan that does not include priorities, measurable objectives or clear strategies. Not used the plan for management decisions or operational planning. No process for regularly reviewing the plan. Not defined its resource needs and does not have a corresponding budget. 	<p>The organization has</p> <ul style="list-style-type: none"> A written strategic plan that reflects its mission, vision and values. Based the plan on a review of strengths and weaknesses, the external environment, and client needs. Included priority areas, measurable objectives, and clear strategies. Not used the plan for management decisions or operational planning. No process for regular reviewing the plan. Not defined its resource needs or does not have a corresponding budget. 	<p>The organization has</p> <ul style="list-style-type: none"> A comprehensive, written strategic plan that reflects its mission, vision and values. Based the plan on a review of strengths and weaknesses, the external environment, and client needs including people with disabilities. Included priority areas, measurable objectives, and clear strategies. Referred to the plan for management decisions and operational planning. Regularly reviewed the plan. Clear resource needs and a corresponding budget.

Operational Planning

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

Resources: Operational plan

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

Resource Mobilization

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

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

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

Financial Sustainability

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

Resources: Organization’s budget, annual financial statements, strategic plan, finance strategy (business plan)

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

Communication Strategy

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

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

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

Knowledge Management

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

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

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

Stakeholder Involvement

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

Resources: List of key stakeholders, stakeholder report

Stakeholder Involvement ●			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> No information about key stakeholders and service providers in the same geographic and/or technical areas in which it operates. 	<p>The organization has</p> <ul style="list-style-type: none"> Some information about stakeholders and service providers in the same geographic and/or technical areas in which it operates. Information that is incomplete and out of date. 	<p>The organization has</p> <ul style="list-style-type: none"> Mostly complete information about stakeholders and service providers in the same geographic and/or technical areas in which it operates, but the information is not regularly updated. Identified what the stakeholders’ expectations are and how/if they can collaborate, but no formal agreements exist. No regular meetings with stakeholders to review relevant activities. 	<p>The organization has</p> <ul style="list-style-type: none"> Complete and up-to-date information about all key stakeholders, including people with disabilities, DPOs, and service providers working in the same geographic and technical area and, if appropriate, collaborative agreements. Regular (at least annually) meetings with stakeholders to review relevant activities and their impact on the organization’s area of operations.

Internal Communication

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

Resources: Staff questionnaires (see Facilitator’s Guide)

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

Decision-Making

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

Resources: Staff questionnaires (see Facilitator’s Guide)

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

Change Management

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

Resources: Policy review plan or timeline

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

Program Management

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

Donor Compliance

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

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

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

Sub-grant Management

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

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

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

Technical Reporting

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

Resources: Most recent technical report, workplan

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

Referral

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

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

Referral ●			
1	2	3	4
The organization has <ul style="list-style-type: none"> • Not mapped referral sites. • Not established links for referring clients for treatment or other health/support services. 	The organization has <ul style="list-style-type: none"> • Mapped referral sites. • Established links for referring but has no agreements with government, private or NGO health or social service providers to ensure that clients requiring treatment or other health or support services have access to them. 	The organization has <ul style="list-style-type: none"> • Mapped referral sites. • A clear referral process, with agreements, with government, private or NGO health or social service providers to ensure that clients requiring treatment or other health or support services have access to them. • A process for following up clients and monitoring quality of care. • Clients who are not always appropriately referred or who encounter problems at referral sites. 	The organization has <ul style="list-style-type: none"> • Mapped referral sites. • A clear referral process, with agreements, and strong linkages with government, private or NGO health, social service and/or disability service providers, self-help groups, and DPOs to ensure that clients requiring health or support services have access to them. • A process for following up clients and monitoring quality of care. • Clients who are consistently referred to appropriate locations and who do not encounter problems at referral sites.

Community Involvement

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

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

Community Involvement ●			
1	2	3	4
<p>The organization has</p> <ul style="list-style-type: none"> • No formal community mobilization plan. • Oriented communities and leaders on its programs, but does not actively include them. 	<p>The organization has</p> <ul style="list-style-type: none"> • A basic community mobilization plan but it is not based on a review of strengths and weaknesses, the external environment, and/or client needs. • Oriented communities and leaders on its programs but rarely engages them in planning and decision-making. 	<p>The organization has</p> <ul style="list-style-type: none"> • A community mobilization plan that is based on a review of strengths and weaknesses, the external environment, and client needs. • Oriented communities and leaders on its program and inconsistently engages them in in planning and decision-making. 	<p>The organization has</p> <ul style="list-style-type: none"> • A community mobilization plan that is based on a review of strengths and weaknesses, the external environment, and client needs including people with disabilities. • Oriented communities and leaders on its program and actively engages them in planning and decision-making.

Culture, Gender, and Disability

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

Resources: Community or client assessments, program plans

Culture, Gender, and Disability ●			
1	2	3	4
<p>The organization</p> <ul style="list-style-type: none"> • Does not consider local cultural, gender or disability issues in programming. • Does not have tools for assessing local cultural, gender or disability issues. • Does not address the role of local culture, gender or disability in program design with staff. 	<p>The organization</p> <ul style="list-style-type: none"> • Does not consider local culture, gender and disability issues in its programming. • Does not have tools for assessing local cultural, gender or disability issues relevant to programs. • Does not address the role of local culture, gender and disability in program design with staff. 	<p>The organization</p> <ul style="list-style-type: none"> • Considers local culture or gender and disability concerns in its programming. • Has tools for assessing local cultural, gender and disability issues relevant to programs. • Has guidelines for culturally relevant and gender and disability sensitive approaches and programming. • Does not train staff on how to use the tools or findings. 	<p>The organization</p> <ul style="list-style-type: none"> • Considers local culture, gender, and disability issues in its programming. • Has tools for assessing the cultural, gender, and disability issues relevant to programs. • Has guidelines for culturally relevant and gender and disability sensitive approaches and programming. • Trains staff on the tools, interpreting findings, and incorporating elements of local culture, gender and disability in program design. • Views successfully addressing cultural, gender, and disability issues as integral to program success.

Project Performance Management

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

Standards

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

Resources: Standards/guidelines used, monitoring reports

Standards ●			
1	2	3	4
The organization has <ul style="list-style-type: none"> No standards for service delivery. 	The organization has <ul style="list-style-type: none"> Minimal standards for service delivery which do not include accessible services to people with disabilities. Not made staff aware of the standards. Not applied the standards appropriately. 	The organization has <ul style="list-style-type: none"> Good standards for service delivery. Made staff aware of the standards and appropriately trained staff to apply and monitor the standards. A process for monitoring standards, but it is not consistently adhered to. 	The organization has <ul style="list-style-type: none"> Solid standards for service delivery to all clients including people with disabilities. Made staff aware of the standards and has trained staff to apply them. A process for monitoring adherence to standards that is consistently adhered to. A process for improving adherence to standards.

Quality Assurance

Subsection Objective: To assess the organization’s ability to identify and address root causes of gaps in meeting performance standards.

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

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

Monitoring and Evaluation (M&E)

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

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

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

Field Oversight Activities

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

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

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

Supervision

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

Resources: Supervision plan or guidelines, supervisors’ reports

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