



IMPLEMENTATION GUIDE FOR THE ORGANIZATIONAL
CAPACITY AND VIABILITY ASSESSMENT TOOL
(OCVAT)



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The Organizational Capacity and Viability Assessment Tool (OCVAT)

As adapted by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

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As adapted by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), August 2010

Introduction: Conducting an OCVAT Assessment

Overview: The OCVAT is a semiquantitative assessment tool. It can provide a good understanding of an organization's capacity across all necessary functions (i.e., highlight the key strengths and weaknesses), but it is not as sensitive as a traditional survey tool with lists of questions, nor is it as burdensome as a survey covering the same breadth of functions would be. One of its advantages is that it serves as a learning tool as well as an assessment tool when applied as a self-assessment, giving respondents a concrete image of higher levels of capacity to strive for and a deeper understanding of each other's view of the organization's capacity through the consensus-building process (see Scoring, below).

The tool is considered semiquantitative because indicators are scored on a scale. By providing a specific description of capacity for each potential score on the scale for each indicator, the tool reduces the subjectivity associated with traditional tools that ask respondents to rate indicators on a scale (e.g., from 1 to 10, with 1 and 10 generally defined) and increases reliability (reduces variability between raters). However, the descriptions are considered only a guide. Assessors are to select the stage they feel best describes the capacity of the organization for that indicator at that time, even if not every word in the description is true of the organization.

Structure: The tool assesses 13 capacity areas. Under each capacity area a number of indicators are listed. For each indicator 5 stages of progress are defined.

Scoring: The recommended implementation method for the OCVAT is as a facilitated self-assessment. A staff group from the organization is selected to score each section. The same group may score all sections or different groups may be selected for various sections that pertain most to their job functions. The recommended

number of scorers per capacity area is 8 to 10. The facilitator ensures that everyone has a proper understanding of the indicators. After reading the indicators and associated stages of progress, each member of the group selects the stage he or she feels best describes the current status of the organization for each indicator. Each stage of capacity is broken down into two levels: a lower range and a higher range. For example, the lowest stage ("No or minimal capacity. Not ready for transition. No chance of sustainability.") is broken down into two possible scores, 1 and 2. This allows each participant to adjust the score up or down within each capacity stage that the organization falls within for each indicator. The scores range from 1 to 10, corresponding to the 5 capacity levels.

CATEGORY	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability	
	SCORE	1	2	3	4	5	6	7	8	9

The scores are entered into a predesigned table in Excel, which automatically produces averages, medians, and graphs with the distribution of scores per indicator and capacity area. The facilitator analyzes the scores to find any indicators that have very disparate scores (e.g., some 2s and some 9s).

The facilitator leads the group in a discussion (usually the day following scoring) to analyze the basis of the disparate scores and come to a consensus.

External Validation: The facilitated self-assessment may be coupled with an external validation or audit (more rigorous than validation). The facilitator or other external entity reviews documents, conducts interviews with key staff, and so on, as outlined in the validation steps for each capacity area. Based on this review, those conducting the external validation select the scores for each indicator they feel best represent the organization's status at the time.

The facilitator leads the group in a discussion to analyze the basis of any disparate scores (between the self-assessment and the external assessment) and come to a consensus. Ideally the organization staff members who scored the assessment and the external validators would be present at the discussion. If the external validation is completed ahead of the self-assessment and an experienced facilitator is leading, the consensus-building sessions may be combined. If they are combined, care must be taken not to lose the team-building and learning value of the initial consensus-building session for the self-assessment by jumping to the external validation scores too quickly.

Action Planning: A summary of the results is shared. The facilitator leads an action planning session to identify priorities and specific actions to continue building the capacity of the organization based on the assessment results.

Capacity Area: Governance and Legal Structure

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Legal Recognition	The organization is a legally constituted entity, recognized by the host country government	The organization has no legally recognized status, nor any plans to obtain it. There have never been discussions about obtaining it.		The initial steps necessary to obtain legal status have been identified and are actively being carried out.		Most but not all of the steps necessary to obtain legal status are actively being carried out.		All required documents pertaining to the legal status of the organization have been submitted to the authorities.		The organization has full legal status.		Review a copy of the certificate of registration or incorporation, or a receipt for submission of documents
Governing Committee or Board	Organization has a governance body that meets and makes decisions to guide the organization's development	There is no governing committee, and there are no formal meetings among leaders to make key decisions.		There is a board or governing committee. It operates through informal meetings among leaders, but nothing regular or with formal rules.		Meetings occur but not on a regular basis, and/or meetings occur but decisions are not regularly made.		Meetings occur on a regular basis and decisions are made, but the meetings and decisions are not consistently documented.		Regular meetings occur, with useful decisions made for the organization. All meetings scheduled for the past year have occurred, and minutes of the meetings are properly documented.		Review a copy of the minutes from the last two meetings of the governing board.
Constitution/Bylaws	Organization has a written constitution and/or bylaws accepted and approved by the governance body	There is no constitution, and it is not clear what rules govern the organization.		Some rules and principles are written down, but there is not a complete and comprehensive set of rules or a constitution.		Written constitution exists but is not used or followed.		The written constitution is generally used and followed most of the time.		The written constitution is always used and followed by all representatives of the community and organization.		Review a copy of the articles of association and/or bylaws for the organization.
Accountability/Integrity	Organization has policies/procedures in place to minimize conflicts of interest among leaders and staff through disclosure of conflicts	There are no policies/procedures in place to control conflicts of interest among leaders and staff.		There is some informal recognition among staff and leaders that integrity and preventing conflicts of interest is important.		Policies/procedures aimed at minimizing conflicts of interest have been developed, and they are applied some of the time.		Clear policies/procedures for minimizing conflicts of interest exist for leaders and staff, which (at minimum) require disclosure of conflicts and are applied regularly.		Clear policies/procedures for minimizing conflicts of interest exist for leaders and staff, which require disclosure of conflicts and recusal from decision-making processes where conflicts are present. These policies/procedures are applied regularly.		Review conflict of interest policies/procedures (e.g., staff code of conduct) and conflict disclosure forms for members of governance body.

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	Scores	1 2	3 4	5 6	7 8	9 10	
Mission and Values	Organization has a mission and set of values that are clearly understood, agreed to, and approved by all the members of the organization, and these principles are followed	No clear mission or values have ever been discussed. People not likely to agree if asked.	There is some informal recognition among staff and volunteers as to what the mission and values are, but these have never been agreed upon or written down.	The mission and values are written down and provide a moderately clear or specific understanding of what the organization aspires to become or achieve. However, the document lacks specificity or clarity, or its principles are not widely held and rarely used to direct actions or set priorities.	The mission/values statements are clear and provide a specific statement of what the organization aspires to become or achieve, are well known to most but not all staff, and are sometimes used to direct actions and set priorities.	The mission/values provide a clear and specific understanding of what the organization aspires to become or achieve, are broadly held within the organization, and are consistently used to direct actions and set priorities.	Review mission statement. Review organizational strategic plan to identify that the mission is stated, and concordant strategic objectives and goals are identified. Ask a cross-section of staff members (senior and junior) what they believe the mission and values of the organization are to see they match written document.
Transparency of Decision Making	There is a systematic process so that decisions are made by senior leaders and the governance body in such a way that all staff members are aware of and understand them	Important decisions affecting the organization made by the governance body or senior leaders are not communicated or explained to staff members and other stakeholders.	There is some formal or informal process or forum in which important decisions can be discussed. This forum is occasionally used this way, but decisions are most often not explained.	There are written guidelines/rules of accountability and transparency, governing how decisions made should be discussed and disseminated. The rules are followed and corrective action is taken, not always but about half the time.	There are written guidelines/rules of accountability and transparency, governing how decisions made should be discussed and disseminated. The rules are followed and corrective action is taken, not always but most of the time.	There is a formal and regular (at least quarterly) process in which leaders discuss decisions made. If the rules for discussion and dissemination are not followed, some form of corrective action is taken.	Inquire about communication mechanisms through staff meetings and expectations of department heads regarding communication of decisions to staff. Review guidelines/rules of accountability and transparency.

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Participation in Decision Making (Board / Senior Leadership with All Staff)	All members of organization feel that they have been sufficiently consulted and their concerns addressed for important decisions	The governance body or top executives make all important decisions on their own and without consulting others.	There is an informal process of consultation and/or delegation of decision making by top executive leadership and the governance body for important decisions with a few trusted colleagues, but not necessarily based on their position's relevance to the decision being made.	The governance body and executive leadership determine the individuals within and external to the organization who should be consulted based on the nature of the decision. The appropriate individuals are consulted for many important decisions, but there are periodic lapses.	Formal decision-making mechanisms are sometimes created (committees, procedures, etc.) for some decisions. For others, the governance body and executive leadership determine the individuals within and external to the organization who should be consulted based on the nature of the decision. The appropriate individuals are consulted for most of the important decisions.	There are formal decision-making mechanisms for several types of decisions (committees, procedures, etc.), and these are described in the organization's policy manuals. For others, the governance body and executive leadership determine the individuals within and external to the organization who should be consulted based on the nature of the decision. Claims of a lack of appropriate participation in decision making are rare.	Review relevant standard operating procedures. Ask for an example of an instance when staff input was sought for decision making. Ask for an example of a time when staff input was not sought for decision making.					
Organizational Structure	There is a clear organizational structure in place, with clearly defined roles.	The organization has no formal structure. Department and/or key functions/responsibilities are not clearly defined and/or functions are not clear.	The organization has a basic organizational structure. Departmental roles and responsibilities are not documented in writing. Some aspects may not be a fit with the organization's mission/goals, or the organizational charts do not reflect the current structure in a significant way.	The organization has a clear organizational structure relevant to its mission/goals. An organizational chart exists, but it is not detailed enough or not updated and disseminated regularly. Departmental roles and responsibilities are defined, but there are significant areas of confusion/overlap or the structure is not stable or is frequently changing (significant changes more than once a year).	The organization has a clear organizational structure that is well designed and relevant to its mission/goals; roles and responsibilities of departments and/or functions are mostly clear. The organizational chart is regularly updated and disseminated, and significant changes are not made more than once a year.	The organization has a clear organizational structure that is well designed and relevant to its mission/goals; roles and responsibilities of departments and/or functions are very clear. The organizational chart is regularly updated and disseminated. Significant changes to the organizational structure occur occasionally.	Review organizational chart. Inquire about structures for coordination among departments and how department roles are defined and communicated.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Succession Planning/ Leadership Development	There is a systematic process for developing and choosing new leaders on a periodic basis	There is very strong dependence on chief executive officer or executive director (CEO/ED); organization would cease to exist without this person's presence. There is no plan for how the organization will continue if the CEO/ED leaves. There is no development of new leaders.		There is high dependence on CEO/ED; organization would continue to exist without this person's presence, but likely in a very different form or with significant drops in capability and quality. There is no plan or clear path for advancement in the organization, or there is no plan for how the organization will continue if the CEO/ED leaves.		There is high dependence on CEO/ED; organization would continue to exist without this person's presence, but likely in a very different form or with significant drops in capability and quality. A plan exists for how the organization will continue if the CEO/ED leaves, and there are some paths for advancement within the organization, but no member of management could potentially take on the CEO/ED role.		There is limited dependence on CEO/ED; organization would continue in a similar way without this person's presence, but fundraising operations and/or program quality would suffer significantly during the transition. The current leaders follow active steps to promote and advance new leaders. A plan exists for how organization will continue should the CEO/ED leave, but no member of management could potentially take on the CEO/ED role.		There is reliance but not dependence on CEO/ED; a clear succession plan exists. A smooth transition to a new leader could be expected; fundraising, operations, and program quality would continue without major problems; senior management team can fill in during transition time; one or more members of the management team could take on the CEO/ED role if needed.		Ask for a description of the process for hiring new top-level executives. Review whether performance management systems include leadership development elements.

Capacity Area: Organizational Management

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Strategic Planning	Organization has a strategic plan (an all-encompassing document that guides its programming and aspirations)	The organization does not have a strategic plan.		The organization has a plan, but it is vague and does not reflect specific ideas of the vision, mission, and values of the organization; or does not address strengths and weaknesses, external environment, and client needs; or does not include priority areas, measurable objectives, and clear strategies; or is seldom used for management decisions or operational planning and is seldom reviewed after creation.		The organization has a written strategic plan that reflects its mission; is based on a review of strengths and weaknesses, the external environment, and client needs; and states priority areas, measurable objectives, and clear strategies. It is occasionally referred to for management decisions or operational planning and is only occasionally reviewed.		The organization has a written strategic plan that reflects its mission; is based on a review of strengths and weaknesses, the external environment, and client needs; and states priority areas, measurable objectives, and clear strategies. It is regularly referred to for management decisions or operational planning, but there are occasional deviations. It is regularly reviewed.		The organization has a written strategic plan that reflects its mission; is based on a review of strengths and weaknesses, the external environment, and client needs; and states priority areas, measurable objectives, and clear strategies. The organization always consults it for guidance on direction and programming. It is available to and understood by all employees. It has helped the organization reject appealing but not strategic decisions. It is reviewed and revised (annually or every three to five years).		Review strategic plan document. Ask about how the strategic plan has been distributed among staff and how it is used for programming. Review any departmental work plans that may be linked to the strategic plan.
Annual Organizational Work Plan Development	Organization plans the development of its activities, involving all relevant staff and stakeholders	The organization does not have an annual work plan. It responds to immediate needs with no planning of activities.		The organization seldom practices short-term planning (e.g., major events or monthly activities), and such planning is not done systematically or regularly.		The organization occasionally practices work planning for programmatic activities, with stated goals, measurable objectives, and strategies; it occasionally has stated timelines, responsibilities, and indicators. However, planning is neither linked to a program budget nor developed with participation of staff. Planning is occasionally reviewed.		The organization regularly practices work planning for programmatic activities with stated goals; measurable objectives and strategies; and stated timelines, responsibilities, and indicators. Planning is linked to the program budget and developed with participation of staff. It is regularly reviewed.		The organization always practices a written work plan exercise for program activities with stated goals, measurable objectives and strategies, timelines, responsibilities, and indicators. The work plan is linked to the program budget and developed with participation of staff, has dates for quarterly reviews, and is always submitted on time. All activities are integrated with each other.		Review organizational/departmental work plans and note the date on which they were last updated. Ask key staff about the work planning process: how it is conducted, how often it is done, how the plan is distributed and linked to budgeting, and how often the work plans are used throughout the year to monitor progress.

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		1	2	3	4	5	6	7	8	9	10	
Cross-departmental Communication Process	Organization has systems in place for holding regular cross-departmental meetings and communication of information across departments.	There is no plan to hold regular cross-departmental meetings (defined as meetings including all departments or selected departments by category—operations, program, etc.). Meeting are rarely held and/or poorly organized with no agenda. There are no other forms of communication (e-mail lists, letters, bulletins) across multiple departments.	There is a plan to hold cross-departmental meetings (defined as meetings including all departments or selected departments by category—operations, program, etc.), but they are seldom held and/or an agenda is seldom followed. Other forms of regular cross-departmental communication may have been tried but have not been continued.	Scheduled cross-departmental meetings (defined as meetings including all departments or selected departments by category—operations, program, etc.) are held more than half the time, and/or an agenda is followed more than half the time. At least one other regular form of communication (e-mail lists, letters, bulletins, etc.) across departments exists.	Scheduled cross-departmental meetings (defined as meetings including all departments or selected departments by category—operations, program, etc.) are held the majority of the time, and/or an agenda is followed the majority of the time. One or more other regular form of communication (e-mail lists, letters, bulletins, etc.) across departments exists.	Cross-departmental meetings (defined as meetings including all departments or selected departments by category—operations, program, etc.) are always held as planned or rescheduled, and/or there is always an agenda it is always followed. The organization uses a multitude of other regular forms of communication (e-mail lists, letters, bulletins, etc.) across departments.	Review internal communication plan. If communication plan does not exist look for meeting agendas and communication strategies (e.g., distribution lists). Ask staff about how meetings are scheduled, regularity of key departmental meetings, dissemination of meeting notes, agenda creation, and other formalized communication channels.					
Participation in Decision Making (within Units/Departments)	All members of each unit/department feel that they have been sufficiently consulted and their concerns addressed for important unit and department decisions	Unit/department leaders make all important decisions on their own and without consulting others. Decisions affecting the unit/department are not communicated or explained.	There is an informal process of consultation by unit/department leadership for important decisions with a few trusted colleagues, and/or some delegation of important decision making occurs. Staff ideas are seldom sought for making decisions, or decisions are not consistently explained.	Although there is a formal process of consultation (meetings/discussion) and/or a formal structure for delegation of important decisions, this process is only occasionally followed.	Staff ideas are regularly encouraged and incorporated into decisions. Meetings and discussions are held to explain decisions, but staff do not fully participate in the decision-making process.	Staff ideas are always sought, respected, and incorporated into the decision-making process. Staff members share a sense of responsibility, accountability, and ownership of the decision-making process for their respective units/departments.	Review relevant standard operating procedures. Ask for an example of an instance when staff input was sought for decision making. Ask for an example of a time when staff input was not sought for decision making.					
Quality Improvement System	There is a process to use information-driven approaches to improve organizational learning and performance (at all levels—technical, programmatic, etc.)	There is no notion of quality improvement/assurance among managers. No efforts are made for annual review of the organization's performance.	There are some quality improvement plans/processes in place, but they are not systematically implemented and only few staff members have the knowledge/skills to undertake a quality improvement cycle.	Quality improvement processes are institutionalized but formally applied only in certain areas of the organization.	Quality improvement processes are implemented regularly across all departments of the organization. The findings are sometimes but not consistently acted upon. At least one external evaluation of a project is planned.	Quality Improvement/assurance is institutionalized in the organization's general operation. Process and outcome indicators are selected, measured, and used to inform the organization of its key operational issues and the effectiveness of its initiatives. The information from the quality improvement process is discussed at least annually by managers. Results of key changes agreed upon are regularly followed up. External evaluations of project(s) are undertaken and the results used to improve the program(s).	Review written records outlining the quality improvement processes/systems that the organization has outlined and examples of the most recent quality improvement cycles that have been undertaken.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Annual Work Plan Completion	The organization regularly checks progress against the work plan(s) and revises as necessary	The organization does not check progress against the work plan(s) at any time throughout the year. The work plans are not revised at any time throughout the year.		The organization checks progress against the work plan(s) during some years, or only some departments check progress, but it is not done systematically across the organization.		The organization systematically checks progress against the work plan(s) in all departments at least one time through the year and revises the plan(s) at least by department or project.		The organization systematically checks progress against all work plans (all departments/programs) more than one time through the year and revises the plan(s) at least by department or project.		The organization checks progress against all work plans quarterly and revises plans as needed every time.		Compare latest project reports (annual report, semiannual report, data available) with work plan for the year.

Capacity Area: Project Management

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Beneficiary Targeting	Each project formally defines its beneficiaries; there is a systematic process to ensure that all beneficiaries receive the outputs of the projects	Beneficiaries are not defined or are loosely defined. Projects always try to reach the entire community without an analysis of how to target resources or activities toward those most in need.	The organization recognizes the need to formally define beneficiaries for each project and target resources and activities toward the defined groups, but this is not done for all projects.	The organization formally defines beneficiaries for each project but does not always target resources and activities toward the defined groups or measure whether they have been reached.	The organization formally defines beneficiaries for each project and has a basic system for targeting resources and activities toward the defined groups, though it does not systematically measure whether they have been reached.	The organization formally defines beneficiaries for each project and systematically targets resources and activities toward the defined groups. The organization has a rigorous process for measuring to what extent the beneficiaries have been reached.	Review written records and plans/procedures for defining beneficiary by project, beneficiary involvement in program, and how beneficiaries are targeted.					
Project Planning	Organization has clear objectives linked with interventions and a work plan for each project	The organization does not define clear objectives and interventions and does not have written work plans for projects.	The organization sometimes defines project objectives and interventions, but often objectives and interventions are not effectively linked, objectives are too vague, or there is no work plan that can be used for effective management of the project.	The organization regularly defines project objectives and interventions that are effectively linked to specific project objectives, but either there is no work plan or the work plan is not being used to manage projects.	The organization regularly defines project objectives and interventions that are effectively linked to specific project objectives; it regularly develops a work plan operationalizing the project objectives and interventions. The work plan is inconsistently used for project management.	The organization always defines clear project objectives that are linked with specific interventions to reach project objectives. The project objectives and interventions are operationalized in a written work plan. Work plans are consistently used to manage projects.	Review project management tools (e.g., timelines, Gantt charts, budgets, after-action review notes). Ask about how project management tools are used for improvement and how and when they are consulted during project implementation.					
Project Budgeting	Organization practices project-level budgeting and financial monitoring and evaluation	The organization does not practice project-level budgeting. There is no collaboration between programs and finance.	Project budgets are seldom developed. Activities are driven by technical factors only, with only limited collaboration between programs and finance.	Project budgets are occasionally developed and monitored. Activities are driven by a combination of technical and cost factors. There is a moderate level of cross-functional collaboration for decision making. Program staff members are somewhat proactive in their requests for financial reports.	Project budgets are regularly developed, monitored, and corrected if overage or shortfall is seen. Budget-to-actual is regularly tracked and assessed at the end of each project to determine the accuracy of the budgeting exercise. Activities are driven by a combination of technical and cost factors. Program staff members are proactive in their requests for financial reports.	Project budgets are always developed, monitored, and corrected if overage or shortfall is seen. Budget-to-actual is always tracked and assessed at the end of each project to determine the accuracy of the budgeting exercise. Activities are driven by a combination of technical and cost factors. There is thorough collaboration between programs and finance, and a specific liaison exists in both departments.	Review project budgets and tracking of budget-to-actual spreadsheets.					

Capacity Area: Monitoring and Evaluation

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Development of Monitoring and Evaluation Plans	There are clear monitoring and evaluation (M&E) plans for each program or project; plans are linked to program objectives and interventions, and have well-defined indicators, data sources, and targets	There are no M&E plans or written documentation on how program/project performance will be measured.	There is documentation describing how programs and/or projects will measure performance for some programs/projects. However, documentation does not meet the criteria of an M&E plan (defined indicators, baselines, targets, data sources, etc.) and/or the indicators do not properly align with program/project objectives and interventions.	There is an M&E plan for most programs/projects, with indicators aligned to program/project objectives. But often the plan is not complete (missing some process/outcome indicators, numerator/denominator definitions, data sources, baselines, or targets).	There is an M&E plan for all programs and/or projects, with indicators aligned with project objectives. Most are complete, with numerators and denominators defined for process and outcome indicators that are aligned to program/project objectives, and with data sources, baseline data, and targets for all indicators.	There is a well-defined M&E plan for all programs and/or projects, with process and outcome indicators defined for all program/project objectives. All are complete, with numerators and denominators defined for process and outcome indicators aligned to program/project objectives, and with data sources, baseline data, and targets for all indicators.	Review M&E framework with indicators, targets, and sources of data for each program/project.					
Adequate Resources for Monitoring and Evaluation Systems	There are secure resources (staff, tools, etc.) to carry out M&E activities	There are no resources (staff, tools, etc.) for M&E and no formal strategy has been established to implement M&E activities.	Limited resources have been set aside for M&E activities and some staff members have formal M&E experience/training.	Resources have been secured for M&E and the M&E unit has formal M&E experience/training.	There are secured resources devoted to M&E and a well-trained M&E unit is present. The organization has assessed M&E capacity at every level of the M&E system by conducting a needs assessment.	There are secured resources devoted to M&E and a well-trained M&E unit is present. The organization has assessed M&E capacity needs at every level of the M&E system. The results of the assessment are linked to an overall M&E plan, which describes strategies for data collection, management, and use, as well as data quality measures.	Review annual M&E work plan and budget outlining M&E activities; M&E plan describing data collection, data management, and data use strategies; résumés of M&E staff; organograms of M&E staffing structure; M&E needs assessment results; training curricula for M&E personnel; new staff orientation package; and evidence of professional development activities/workshops related to M&E.					

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	Scores	1	2	3	4	5	6	7	8	9	10	
Monitoring Data Collection and Storage	Monitoring data are regularly and systematically collected and maintained	No monitoring data are collected or maintained on the performance of projects or activities.		The organization collects monitoring data on an irregular basis. There may or may not be a database or other system in which to store the data.		The organization collects monitoring data on a quarterly basis, though collected data may be incomplete. There is a database or system in place for storing data, though it may not be updated regularly to include new or corrected data.		The organization collects monitoring data on at least a quarterly basis. The data are usually of good quality and are collected on time, but there are still occasional problems with the quality, frequency, or timeliness of the data. There is a functional database or other system in place for storing the data, and data are usually kept up to date.		The organization collects data on at least a quarterly basis. Data are always of good quality and collected on time. The organization has a database and data storage system that are fully functional and are always kept up to date.		Review overall database structure, mechanisms built into database that ensure data quality, documented methodologies for monitoring timely data submission, processes that allow correction of inaccurate data, standard operating procedures for data collection and aggregation, systematic repository for data storage (database or other types of systems), documented indicator definitions, data flow chart, standardized registers and monthly aggregation forms, mechanism for confidential storage of patient files, and schedules for supervisory visits.
Data Transformation	There is capacity to process and tabulate raw data into information that can be used for decision making and reporting to donors	There is no capacity to transform or aggregate data so that it can be used for decision making or reporting to donors.		Data are somewhat frequently pulled, but there is no capacity to automatically aggregate or format data for analysis or reporting to donors.		Data are regularly pulled and can be aggregated or transformed in a format for analysis (e.g., trends, summary tables) and donor reporting, but only after significant manipulation, which does not occur regularly.		Data are regularly pulled and can be aggregated or formatted for analysis and reporting to donors after minor manipulation, and/or this transformation takes place some of the time.		Data can automatically or easily be pulled and formatted for analysis and donor reporting each quarter.		Review mechanisms to transform data, whether from databases or paper sources, into aggregate-level information; mechanisms that allow data to be automatically formatted in ready-to-use ways; all reports produced by the database; and charts, graphs, and tables produced.
Decisions Informed by M&E Data	M&E data are systematically used to inform program and management decisions	The organization does not use M&E data. If data are collected, this is only done for donors that require the data.		M&E data are generally not reviewed by any level within the organization or discussed except a handful of times in an informal capacity.		M&E data are sometimes shared with appropriate staff and affiliates (site-level staff), and/or are sometimes discussed at management meetings, but this is not a regular occurrence and there is no expectation that it will occur or system to ensure that it does occur.		M&E data are usually shared with appropriate staff and affiliates and/or discussed at management meetings (at least quarterly). There are usually meetings held and action steps determined based on the recommendations from the evaluation reports. Project evaluations are discussed internally and with stakeholders to determine lessons learned and help inform future actions. However, there are still occasional gaps in frequency or quality.		Project/activity monitoring reports are regularly disseminated to appropriate staff members and affiliates, regularly presented to managers (at least quarterly), and discussed to determine what actions need to be taken. Project evaluations are always discussed internally and with stakeholders to determine lessons learned and help inform future actions.		Review data use plan; evidence that data use activities in the plan are carried out; data analyses conducted; management reports and other reports produced that include data; mechanisms to distribute and discuss data at site, district, and other relevant levels (e.g., PowerPoint presentations); notes from meetings held to discuss program performance data at country office, site, or other relevant levels; abstracts/papers submitted to conferences; and any work plans that reflect activities that respond to decisions made based on the data.

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	Scores	1	2	3	4	5	6	7	8	9	10	
Data Quality Assurance	Data quality is measured systematically and on a routine basis, and quality issues identified are rectified	There are no systems in place to ensure data quality and no concept of data quality assurance among M&E staff.		Data quality is seen as important, but there have been only a few attempts to implement data quality assurance activities. These attempts have been unsystematic and/or they occur rarely.		Some data quality measures have been implemented, including the adoption of routine data quality checklists. Data quality audits occur only a few times a year.		Data quality assurance activities have been institutionalized in the organization's general operations, including the adoption of routine data quality checklists and audits. These activities occur systematically every quarter, with occasional lapses.		Data quality assurance activities have been institutionalized in the organization's general operation, including the adoption of routine data quality checklists and audits. Activities occur systematically every quarter. Quality issues identified are promptly followed up on and appropriate interventions are designed to correct them immediately.		Review data quality checklists, audit/assessment procedures in place, documented data quality issues/outcomes, notes from supportive supervision visits, other data quality measures in place, documented indicator definitions, standard operating procedures, and documented evidence that data quality issues are being followed up on and repaired.

Capacity Area: Technical Capacity

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
	Scores	1	2	3	4	5	6	7	8	9	10	
New Staff Orientation to Job Functions <i>(See Human Resources for overall organizational and operations orientation)</i>	Organization has a systematic process for orienting new staff members to the responsibilities pertaining to their specific positions	Initial orientation and training, if they occur at all, happen completely informally.		Some staff members receive a formal orientation and/or training, but the breadth and quality of the orientation is not uniform across the organization.		Most staff members receive a formal orientation and/or training, but the breadth and quality of the orientation is not uniform across the organization.		The systematic orientation of new staff members is in the process of being established. Staff members feel comfortable asking questions and following up on issues that are unclear.		Initial orientation and/or training is comprehensive and all new staff members receive the same level of orientation.		Review job descriptions, orientation procedures.
Staff Development and Training	The organization has formal systems and processes for staff training and development	There is no attention to staff training and development.		Training is offered on an ad hoc basis but is not based on a formal assessment of organizational needs or staff development objectives.		The organization is starting to formalize its training and development function; there is an annual training budget, but this may not be based on a clear plan.		The organization more and more implements staff training based on assessed needs and inputs from staff members based on their development objectives. Ad hoc, unplanned training is rare. There is a plan or at least clear policies for training, which managers and staff members can refer to. There is an annual training budget.		Training and development is a valued part of the organization, and opportunities are developed for staff based on clear needs assessments with inputs from staff members. The training budget matches the training policy and plans. Training activities are evaluated for effectiveness.		Review training and development plan, and documented activities.
System for Communicating Technical Updates	Organization has an established system for communicating pertinent technical updates to all staff: Examples include e-mails to staff, discussion groups, and internal newsletters	No formal mechanism is in place to communicate updates, and updates happen only by word of mouth.		A process has been started to put systems in place to ensure regular technical updates to staff.		Systems are in place for technical updates and have been used several times.		Systems are in place for technical updates and are regularly utilized by staff members.		Formal, established systems are in place and utilized to communicate relevant technical updates to all relevant staff. The system has been assessed and improved upon over time.		Review written process for providing technical updates to staff members.
Access to Technical Resources	All technical/program staff members have access to and use technical resources necessary for their work	No formal mechanism is in place for access to technical resources, and technical resources are only accessed through individual initiative. National policies and guidelines are not available to staff members.		A process has been started to put a system in place to ensure access to technical resources. National policies and guidelines are available but not regularly used by staff members.		Access to technical resources is in place and most staff members utilize the resources. National policies and guidelines are regularly utilized by staff members. Where appropriate, staff members participate in relevant national working groups and advisory boards.		Access to technical resources is in place and utilized by all relevant staff members. Where appropriate, staff members participate in relevant national working groups and advisory boards. Staff members sometimes share updates from the groups with other staff members. National policies and guidelines are regularly utilized by staff members.		Access to technical resources is in place and utilized by all relevant staff members. Leadership has made an attempt to assess/improve the system. Where appropriate, staff members participate in relevant national working groups and advisory boards. Staff members actively share knowledge and updates from these groups with other staff members in the organization. National policies and guidelines are regularly utilized by staff members, and staff members are part of updating/revising these documents.		Review mechanisms to provide staff members with technical resources.

Capacity Area: Financial Management

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
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Financial Accounts/ Bookkeeping	Organization keeps accounts of money that can be presented on demand	No accounts are kept.		Records are kept of money received and spent, but it is difficult to know how much money is held at any one time because there is no systematic process for keeping records up to date.		A basic/generic accounting system is in place, which tracks expenditures, inflows, and outflows. Individual receivables and payables are tracked, reviewed, and reconciled on a regular basis. External audits may have taken place, but not regularly, and have not been acted upon systematically.		Accounts are kept up to date and reconciled, and balances and statements are prepared at the end of the year. However, not all generally accepted accounting principles (GAAP) standards are followed consistently, and there are minor inaccuracies and incomplete record keeping. The office undergoes an annual audit by an independent accounting firm and receives an unqualified opinion.		The office has adopted an accounting system that is fully compliant with local business standards. Accounting entries are made on a daily basis, based on established accounting procedures, requiring prior approval and review of expense coding. Financial statements are prepared monthly (or as required by local law). The balance sheet completely and accurately reflects the position of the office at any given time. The office obtains an independent audit every year and no critical findings have been noted in the last audit report.		Perform external/internal audit and/or international accounting visit / compliance assessment.
Internal Controls	Organization has designed appropriate internal controls, and controls are operating effectively	No internal controls govern financial transactions in the office. Cash is readily available to any and all requestors and there is no segregation of duties.		Basic internal controls have been designed (multiple approvals are present on payment requests, cash reconciliations are attempted), but these are not operating effectively on a consistent basis. Some differences in reconciliations are investigated, and some segregation of duties exists in major areas, but it is easy to override the system that has been designed (informal processes are frequently used).		Basic segregation of duties exists and a standard format for financial requests is in place. Authorized approvers/signatories are recognized, though not in formal policies. Cash reconciliations are performed monthly, with discrepancies investigated. Respect for formal processes for transactions and disbursements is the norm.		Written procedures that adequately safeguard assets against theft/fraud are in place. The office has no aged staff receivables older than 90 days. Staff members are routinely trained in internal controls. External audits are performed and findings are minor. Cash reconciliations are performed more frequently than monthly. Informal processes to authorize transactions and disbursements are exceptional.		Advanced internal control procedures are in place and documented. Staff members are required to attend a fixed number of external trainings in internal controls. The financial team feels confident in preventing any informal disbursement and transaction processes, even from the highest echelons of the organization.		Review accounting policies and procedures; perform external/internal audit and/or international accounting visit / compliance assessment.
Payroll System	Organization is able to correctly calculate payroll as well as remit all appropriate amounts to employees and to the taxing authority	No payroll system is in use. Time sheets are not completed. Employees are paid in cash. Mandatory taxes are not withheld/remitted.		Manual payroll system in place, with no reconciliation procedures. Employees are frequently incorrectly paid.		Organization utilizes some form of automated payroll system, but the results are never cross-checked, recalculated, and reconciled with source documentation. Errors are uncommon but do occasionally occur, and may not be followed up on immediately. Time sheets are maintained and systems are in place to require them prior to salary payment.		Organization uses an established automated payroll system and reconciles payroll amounts on a monthly basis. Tax remittances are recalculated and independent consultants are brought in to test the accuracy of payroll tax calculations. Errors occur but are immediately investigated.		Organization is in complete compliance with the host country's payroll legislation. Professional pay slips are distributed to staff monthly and reliably. No fines or penalties have been assessed to the organization in a 24-month period.		Review payroll policies and procedures; perform external review by payroll consultant and international accounting visit / compliance assessment.

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	Scores	1	2	3	4	5	6	7	8	9	10	
Accounting Policies and Procedures	Organization has documented all applicable policies and procedures	The organization has no documented/governing policies and procedures. Systems do not exist. Procedures are ad hoc.		The organization has some documented accounting policies, but no procedures. In addition, the policies are either out of date or incomplete. No policies exist for bank safeguards, petty cash management, expense reports, advances, and so on.		Accounting policies and procedures have been written and appropriately compiled, but staff have not been fully trained and therefore frequently and unknowingly violate them.		Accounting policies and procedures have been written and appropriately compiled, and most staff are aware of them. In addition, most staff consistently follow the documented policies and procedures. However, no plans exist to update them and many are slightly out of date.		An accounting policies and procedures manual is updated annually, or more frequently, as needed. Staff members are continually trained in its principles. All staff members consistently adhere to the principles outlined in the manual and are knowledgeable about its contents.		Review accounting policies and procedures; perform external/internal audit and/or international accounting visit / compliance assessment.
Bank Account	Organization has a secure bank account to hold its funds	No business account is maintained. A staff member's personal account is used for operating funds.		A bank account is registered in the organization's name, though a dual signatory structure is not in place. The office does not maintain a list of authorized individuals who are approved to conduct bank business on behalf of the organization. There is little or no control over blank checks and access to statement information. The bank accounts are not reconciled on a regular, recurring basis.		A simple system of controls governs access to bank account funds. Dual signatures are required for transactions exceeding a predetermined threshold, and access to bank accounts is generally limited. Bank accounts are reconciled on a monthly basis. Electronic transfers are not used and most transactions occur by check.		A more advanced system of controls governs access to bank funds. Online banking is utilized, with electronic payments booked as electronic batches and released by an authorized signatory. Bank accounts are reconciled monthly and all discrepancies quickly resolved.		A strong set of internal controls governs access to bank funds. A check log is kept on a periodic basis. The person printing the checks is not the same person who reconciles the bank statement. Bank statements are sent to, opened by, and reviewed by someone outside of the accounting department, and check registers are reviewed by people outside of the check printing process to ensure that checks are not being sent to fictitious vendors. Online banking is utilized (when possible), with a dual authorization process in place. Bank accounts are reconciled each month within five business days after the end of the previous month.		Review last three bank statements; review external/internal audit and/or international accounting visit / compliance assessment.
Record Keeping	Organization maintains organized and standardized supporting documentation for every expenditure	No accounting files exist. Vouchers are not used to document expenses. Office has no requirement for keeping original receipts/invoices.		Receipts and invoices are needed to justify any use of money, and these are kept on file but are rarely reviewed by anyone. The files do not demonstrate the use of standardized forms illustrating the prior request/approval of expenses. A structured filing system is not implemented.		The office has informal filing system guidelines and those guidelines are implemented. Standardized voucher, purchase request, purchase order, and petty cash forms are in use. Prior approval and general purpose are documented for most expenses. Routine office audits of the files are never performed.		The office has documented filing system guidelines, which clearly illustrate the documentation requirements for each transaction. Standardized forms are in use. Memos are present in the files (where appropriate). Occasional office audits of the files are performed.		The office has a very organized set of records and follows all guidance in the record and retention policy. Sensitive files are kept in locked cabinets, and office audits are performed on a periodic basis. All journal entries are properly supported by appropriate documentation, and all transactions have been properly reviewed and approved by authorized individuals. An organized, accurate record exists of all files kept off-site (if any). Invoices are scanned into the general ledger system so as to allow for easy review of historical transactions.		Review accounting files, records management policies and procedures (may be part of accounting policies and procedures), and external/internal audit and/or international accounting visit / compliance assessment

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Scores		1	2	3	4	5	6	7	8	9	10	
Organizational Budgeting and Financial Planning	Organization prepares, monitors, and updates its corporate budget on a regular basis, with input from all departments	A corporate budget is not prepared; financial planning is ad hoc and based on obsolete or inaccurate data.		A corporate budget is prepared, based on availability of existing resources and revenue forecasts, with limited input from relevant departments. The budget is not updated during the year and rarely consulted as a planning tool; there is little budget-to-actual analysis.		The corporate budget is presented annually for review and approval to a board or representative group of members. The budget is based on reasonable forecasts with moderate input from relevant departments and is updated occasionally during the year. Limited budget-to-actual analysis is performed. There has been limited progress in developing a long-term financial plan based on strategic priorities and program targets.		The budget is reviewed and approved by the board, updated during the year, and compared with expenses and planned spending to make sure there will be sufficient resources to sustain the organization. All relevant department units actively participate in the budgeting process. A long-term financial plan is developed, based on strategic priorities and program targets, and is used as a planning tool to anticipate future funding gaps and identify strategies for resource diversification.		The budget is reviewed and approved by the board, and updated during year; budget-to-actual analysis is conducted on quarterly or monthly basis. Departments are consulted regularly to track spending against fiscal-year budget. A standard budget template/tool has been developed. Budgeting is a cross-functional, participatory process from beginning to end. Long-term financial planning models are developed, based on strategic priorities and program targets, and these are regularly consulted as a planning tool to anticipate future funding gaps and identify strategies for resource diversification.		Review corporate budget, budgetary information and financial plan as submitted to the board of directors, and strategic plan and linked budget.
Development and Management of Donor Agreement Budgets	Organization prepares, reviews, and updates donor agreement budgets consistently and accurately	Budgets are prepared at the request of the donor. Budgets do not link to organization's chart of accounts, and are submitted late to donors with inaccurate information and errors. There is no dedicated staff member to track and analyze spending on incoming agreements.		Budgets are prepared in a timely manner for every proposal, but with some errors. No collaboration between finance and program staffs. Budgets are not revisited once funds are secured. There is no dedicated staff to analyze and track donor budgets. Donor budgets do not link to organization's chart of accounts.		Detailed budgets are prepared that meet minimum donor requirements. Collaboration between finance and program staffs is limited to final stages of budget development. Some effort is made at mapping the donor budget to the organization's chart of accounts. Internal financial reports to track spending on agreement are infrequently generated (less than once a quarter). There is no dedicated staff to track spending on agreement budgets.		Detailed budgets are prepared that meet and occasionally exceed all donor requirements, with collaboration between finance and program staffs from beginning of budgeting process. A focal person in the finance department is assigned responsibility for coordinating the budgeting process and tracking spending, and this person receives training in the specific donor's rules and regulations. Quarterly budget-to-actual and pipeline reports link donor budget to chart of accounts.		Detailed and clear budgets are prepared that meet and regularly exceed all donor requirements, with strong collaboration between finance and program staffs from beginning of budgeting process. Dedicated staff person(s) in finance department is assigned task of coordinating budgeting process and tracking agreements, and this person receives training and orientation on donor rules and regulations. Monthly budget-to-actual and pipeline reports are generated to better track spending. Increased experience working with multiple donors.		Review budgets for agreements and pipeline reports; ask about use of reports and budgets for planning.

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Scores		1	2	3	4	5	6	7	8	9	10	
Financial Reporting / Donor Reporting	Organization provides high-quality and timely financial reports as required	The organization has no experience of having to submit financial reports.		The organization has very little experience with submitting donor reports. Past financial reports have frequently been submitted late, with inaccurate and/or obsolete information and little understanding of relevant donor rules and regulations. Country management and program/awards and compliance (A&C) staff are rarely consulted or provide minimal review of financial reports prior to submission.		Some reports get submitted punctually, but sometimes with incomplete information, and the donor often has to follow up with clarifying questions or request more accurate information. Basic training is provided to designated staff on key funders' reporting requirements, rules, and regulations. Input is sought from country leadership and program/A&C staff prior to the finalization of a financial report.		Reports are submitted on time and meet, and occasionally exceed, donor requirements. Designated staff members are well trained in multiple donors' reporting requirements, rules, and regulations. Country leadership and program/A&C staff, as appropriate, understand and give input into all relevant parts of the financial report.		Reports are always submitted punctually and often exceed donor requirements. Information is accurate and up to date. Staff members are well trained in all donors' reporting requirements, rules, and regulations, and are able to respond to ad hoc requests for additional financial reports in a timely manner. Country leadership and program/A&C staff are closely consulted and are well informed about all important donor financial reports.		Review financial reporting policies and procedures. Review last two financial reports submitted to donor. Ask staff about training provided on donor reporting.

Capacity Area: Human Resources

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Human Resources Management Capacity (Staff, Plan, and Budget)	<p>The organization has an adequately resourced human resources (HR) function, with a professionally qualified HR management (HRM) staff, and clear plans and budgets for HR activities. The HR function plays a valued and strategic role.</p> <p>Capacity definitions are based on the following standards for ratio of HR professionals to staff: Fewer than 40 staff = part-time focal person; 40–60 staff = 1 HR staff; 60–100 staff = 2 HR staff; 100–160 staff = 3 HR staff; more than 160 staff = 1 HR staff member per each additional 80 staff members.</p>	There are no staff members specifically charged with HRM. Many critical HR tasks are left undone. There is no HR plan or budget for HR activities.	There may be an HR focal person assigned, but either not enough of the person's time is devoted to HR or this is significantly less than half the number of HR staff the organization should have based on its size. A basic HR plan may exist, but is not based on a formal assessment of organizational goals, staffing needs, and the like; the plan may not be supported by an appropriate budget.	The organization has at least half the recommended ratio of HR professionals to staff members for its size. An annual HR plan exists, based on a formal assessment, but there are no clear mechanisms to monitor and evaluate the plan. There is a limited budget for basic HR activities.	The organization has at least 75% of the recommended ratio of HR professionals to staff members for its size. There are experienced HRM staff members who participate in strategic decisions. A detailed annual HR plan exists and is largely implemented. There is a defined budget for HR activities (training, systems development, etc.).	HR is a valued and respected contributor, and plays a key role in the strategic management and development of the organization. The organization has a comprehensive, structured HR plan supported by appropriate budget resources, which is implemented, evaluated, and used for long-range planning. The recommended ratio of HR professionals to staff members is strictly observed. A detailed report of HR activities and achievements is produced each year.	Review staffing structure, check for existence of HR plan and budget; ask about participation of HR in strategic management and training of HR staff.					
Staff Roles and Responsibilities	Staff roles and responsibilities are clearly written and well understood	Staff members lack job descriptions and are unclear on their key responsibilities. Reporting lines are unclear.	Staff members may have rudimentary job descriptions, but these do not provide details of key responsibilities, essential job functions, and reporting relationships. Staff members are not all clear on their roles.	Job descriptions clearly specify in detail the key responsibilities, essential job functions, and staffing profiles. Staff members clearly understand and can explain their roles.	All key positions are filled by qualified, experienced, and competent personnel on the basis of the staffing structure and clear job descriptions and profiles. The organization is aware of any skills gaps and draws on qualified external consultants and advisors to support as necessary.	The organization is regularly reviewing its personnel structures to ensure the most effective possible approach. The organization has active plans to fill gaps in competency or skills.	Review job descriptions for at least five employees as well as staff understanding of roles and responsibilities. Ask about how skills audits are performed to address gaps.					

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HR Policies and Procedures	The organization has detailed formal HR policies and procedures	No HR policy manual exists. Employees do not have an employee handbook.		Policy manual does exist but it is out of date and does not include all of the relevant and important policies. Employees have an employee handbook, but this may be out of date.		A current policy manual is available, and all employees have an employee handbook, but it is not always rigorously applied as the basis for HR decisions.		An updated HR policy manual and employee handbook are available, and they serve as reference guides to all HR decisions. The manual includes detailed policies and procedures around recruitment, orientation, training and development, remuneration, performance management, discipline, termination and grievance procedures, and so on.		The HR policy manual and the handbook are regularly updated and benchmarked against external best practices, and have been reviewed by an attorney within the last 12 months; all managers understand and have been trained on key policies.		Review HR policy manual and employee handbook. Assess level of managerial understanding of key policies by asking HR personnel about key policies and how manual is updated and disseminated.

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HR Compliance and Essential Documentation	The organization is fully legally compliant, and meets donor and EGPAF compliance and documentation requirements	The organization is not familiar with legal or donor compliance requirements. Essential HR documentation (e.g., contracts, reference checks, salary documentation) is not consistently in place or not properly organized.	Some basic documentation is in place, but documents are often out of date. There is no systematic process for ensuring required documents are in place. Little attention is paid to compliance in practice.	Most required documentation is in place, although some documents may be out of date, and there are gaps in the processes for ensuring required documents are in place. Apart from documentation, there are limited efforts to deal with compliance.	All essential HR and legally required documentation is in place. The organization maintains an attorney on retainer or call for compliance purposes. The organization spends time briefing staff on compliance issues such as conflict of interest.	HR compliance is regularly monitored and reviewed using a compliance checklist. Compliance training is provided to staff in areas such as workplace conduct, diversity, ethics, and harassment.	Conduct compliance assessment and review HR files.					
HR Data and Personnel Files	The organization has up-to-date, accurate, and protected employee data, and maintains an electronic HR information system	No individual employee files or records exist. There is no systematic collection or storage of HR data. There has been no effort to electronically store or manage HR data.	Some or most, but not all, personnel files are in place, but these are not regularly updated. Basic HR data are collected from time to time, but there are no standard systems for data management or reporting. The organization cannot efficiently generate detailed employee reports on request.	Personnel files for all employees are maintained and kept up to date. Files contain all documents stipulated in a detailed personnel file checklist. Most HR data are available and current; however, the organization has not moved to computerize its data and does not use data as a strategic tool.	All files are in place and there are clear policies regarding confidentiality and employee access to files. All HR data are available; systems for collecting and reporting data are in place. Data are used in HR planning and forecasting. The organization is starting to computerize data.	The organization has an integrated computerized HR information system. Staff members are trained in the system. All data files are complete.	Review personnel files and existence of a signed personnel file checklist for each file. Review HR information systems, if any. Look for ability of organization to generate detailed HR reports. Review relevant HR policies/procedures.					
Employee Relations and Staff Welfare and Morale	The organization has mechanisms to promote good employee relations and ensure high staff morale	There are no mechanisms to promote sound employee relations and staff morale/welfare. Staff morale may appear low.	Staff concerns are dealt with on an ad hoc basis.	The organization has basic internal complaints, grievance, and disciplinary procedures; however, these are not always consistently followed. Managers may lack training in handling employee concerns.	There are formal channels and procedures for airing and addressing employee concerns. The organization is looking for ways to enhance staff morale (e.g., motivating events, fun committees, award ceremonies). Staff health, safety, and welfare are considered.	The organization is systematically seeking to enhance staff motivation and morale as well as the working environment. Climate/morale surveys are conducted regularly and acted upon. Managers are trained in handling employee concerns and discipline issues effectively. The organization offers work-life balance programs. There are functioning staff safety and welfare committees.	Look for existence of grievance and disciplinary procedures, evidence of climate / morale surveys, and evidence of manager training in relevant skills.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Staff Satisfaction	Staff members feel satisfied and well treated by the organization	There is no system in place to determine if staff members and volunteers are satisfied with work conditions. Such concerns are not discussed among managers.		There have been informal discussions among managers about the conditions of work for staff members and volunteers as problems or complaints have arisen. But there is no system for regularly collecting this information or acting upon it.		There is a system in place for determining staff/volunteer satisfaction (e.g., meetings in absence of supervisors, surveys, interviews). There are examples of information being acted on in the past.		There is a system in place for determining staff/volunteer satisfaction (e.g., meetings in absence of supervisors, surveys, interviews). Action is usually taken to improve based on the feedback. There are clear examples from the last two years of action following information.		There is a system in place for determining staff/volunteer satisfaction (e.g., meetings in absence of supervisors, surveys, interviews) that is used consistently. The results usually indicate satisfaction. When they do not, action is always taken to improve in a timely manner.		Review process/procedures for assessing staff satisfaction, formal input given by staff, and evidence that recommendations have been incorporated.

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Remuneration System	A formal remuneration policy, job classification system, and salary scale are in place	The organization has no defined remuneration policy, salary scale, or job classification system. Salaries are paid in an ad hoc manner. Essential benefits such as medical and other insurances, and pension/provident fund are not offered.	The organization has its own internally developed salary scale and grading structure, but it is unevenly applied, incomplete, and not benchmarked against external best practices. Not all essential benefits are available.	Most aspects of a formal remuneration system are in place, and most are in line with external/EGPAF best practice. Salaries are mostly, but not always, paid in line with the defined salary scale.	The organization has a clear salary scale. Job grades are logical and consistent. All national positions are graded. Staff members understand the grading structure and mechanism. Salary and grading adjustments are carried out only with board approval. The organization has appropriate medical and other required insurances in place.	The organization has an effective, up-to-date remuneration policy and system that allows it to attract and retain qualified staff. Salaries are regularly benchmarked against external market rates. The organization is competitive vis-à-vis its competitors (at least 50th percentile).	Review remuneration policy, salary scale, and actual salaries as budgeted for payroll.					
Recruitment	There are effective systems to support high-quality staff recruitment	No formal recruitment exists. Recruitment is done haphazardly (e.g., by personal contacts). Vacant positions are usually not advertised.	A formal recruitment procedure is being developed, and the organization is striving to formalize and structure its practices. Recruitment is often unplanned and unstructured.	A formal written recruitment procedure exists and is followed for most or all positions. Recruitment is based on clear competency profiles to ensure the right candidates are selected. The organization is using tools such as interview checklists to ensure consistency in selection panels.	A formal written recruitment policy and procedure exists, and it is followed and monitored. It specifies recruitment steps, approvals needed, and responsibilities and authorities. Recruitment processes are clearly documented and on file for audit purposes.	The organization is utilizing innovative techniques to widen its recruitment pool (e.g., building linkages with universities; involving senior management, HR officers, and peer networks) and to improve its selection quality (e.g., using tests, combining perspectives of different staff members, being thorough in checking references). Managers are trained and skilled in interview techniques.	Review recruitment policy and procedures; review recruitment files and documentation.					
New Staff Orientation, Organizational and Operational Overview	There are effective onboarding procedures in place to orient staff to the office and general operational procedures of the organization	There are no formal onboarding procedures. New staff are oriented ad hoc.	There is some attempt at formal onboarding, but it is minimal and not carried out consistently with all new employees.	There is a basic list of onboarding steps carried out with all new employees, but it is not comprehensive or customized.	There are comprehensive onboarding procedures in place, and most are carried out with all employees.	New staff members are offered innovative, customized onboarding programs tailored for their unique needs.	Review documents describing onboarding procedures.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Performance Management	The organization has formal systems for performance management	There is no performance management or appraisal system in place; staff members are not appraised.		Basic performance appraisals are conducted, but not always regularly. The system is poorly documented, and there is no linkage to work plans and performance objectives.		Performance appraisals regularly take place at the end of each year, but the relationship to a formal performance management system is not clear to employees.		All key staff members have individual development plans. The full performance management cycle is in place, including probationary and midyear appraisals.		There is a well-functioning performance management system in place. Supervisors and employees develop work plans jointly, and staff members receive regular feedback and appraisals. Appraisals are properly documented. Line managers have been trained in appraisal skills.		Review policies and procedures documents describing performance management process and templates. If permitted, ask to see the development plans of a number of randomly selected staff members.

Capacity Area: Grant and Sub-grantee Management

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Award, Agreement, and Donor Management	Organization has a well-functioning monitoring system for managing its agreements and incoming awards	The organization does not meet the donor's requirements of the agreement. No documented policy and procedure guidelines in place. Executed award documents are not on file and key staff members have no access to award documents. Key staff members are not aware of the applicable award terms and conditions.		No documented policy and procedure guidelines in place. Executed award documents are available on file but only the project director has access to the award documents. Only the project director is aware of the applicable award terms and conditions. The organization is partially compliant in meeting the donor's requirements of the agreement, and submits complete and timely requests for approvals, technical deliverables, and reports.		Documented policy and procedure guidelines are partially developed. Executed award documents are available on file but only limited key staff members have access to the award documents. Not all key staff members are aware of the applicable award terms and conditions. The organization meets the donor's requirements of the agreement by submitting complete and timely requests for approvals, technical deliverables, and reports.		Documented policy and procedure guidelines are substantially developed. Executed award documents are available on file and all key project staff members have access to the award documents. All key staff members are aware of the applicable award terms and conditions. The organization meets the donor's requirements of the agreement by submitting complete and timely requests for approvals, technical deliverables, and reports.		The organization has documented policy and procedures guidelines. Award terms and conditions relating to financial and program reporting are observed and adhered to. All award documents are kept on file and key staff members have access to and knowledge of the applicable award terms and conditions. The organization meets the donor's requirements of the agreement by submitting complete and timely requests for approvals, technical deliverables, and reports.		Review external audit reports, including written feedback; internal audit reports; compliance reports; and would-be donor and self-administered capacity assessment reports.
Compliance Management (Donor, Host Country, and Internal)	Organization has a well-developed and functional system to identify, operationalize, and evaluate adherence to various compliance requirements	No donor compliance policy and procedure guidelines exist. The organization is not cognizant of various applicable rules and regulations and is wholly noncompliant.		The organization has a limited awareness of rules and regulations, and is only partially compliant. No compliance policy and procedure guidelines exist.		Policy and procedure guidelines are partially developed, but systems are not in place to ensure full compliance. Copies of applicable donor, host country, and internal rules and regulations are maintained on-site. The organization is substantially compliant with rules and regulations. A system exists for meeting programmatic deliverables, such as technical deliverables and reports.		Policy and procedure guidelines are substantially developed and systems are in place to ensure full compliance. The organization is compliant with rules and regulations. A system exists for meeting programmatic deliverables, such as technical deliverables and reports.		The organization has documented policy and procedure guidelines. Compliance checklists specific to the donor and host country are in place and are periodically administered. Staff members are oriented and trained on donor, host country, and internal compliance requirements. Compliance assessments are periodically conducted, compliance gaps identified, and remedial action formulated and accordingly implemented. A system exists for meeting programmatic deliverables, such as technical deliverables and reports. The organization is compliant with rules and regulations.		Review external audit reports, internal audit reports, compliance reports, would-be and donor and self-administered capacity assessment reports.

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Grants Management	Organization has a well-functioning monitoring and support system for achieving technical and programmatic targets and goals as stated in donor agreement, as well as procedures for compliant selection, start-up, monitoring, support, and close-out	The organization does not have systems in place to monitor its grant-making processes nor its grantees. No preaward assessments are conducted in selecting sub-awardees. Monitoring, support, and risk assessment are not conducted at all.	No documented policy and procedure guidelines exist. Organization is aware of preaward requirements, risk assessments, and monitoring and support requirements, but these initiatives are not fully enforced.	Policy and procedure guidelines are partially developed. Organization performs some preaward assessment and risk assessment, but lacks postaward monitoring and support initiatives. Sub-agreement templates are developed but require improvement.	Policy and procedure guidelines are substantially developed. Preaward assessment, risk assessment, and monitoring and support are substantially performed. Relevant grants management templates are developed and actually in use.	Organization has documented policy and procedure guidelines in place. Sub-awardee preaward surveys, risk assessments, and postaward monitoring and support activities are conducted as required. Adequate and relevant sub-grants management tools for start-up, monitoring, and close-out are developed and in use. Relevant sub-agreement templates are used and periodically reviewed for changing circumstances.	Review external audit reports, internal audit reports, financial reports from grantees, compliance reports, and would-be donor and self-administered capacity assessment reports.					
Supportive Supervision to Sub-awardees	Organization has a system for supportive supervision and capacity building to help sub-awardees meet technical and programmatic targets	The organization does not have systems in place to offer technical assistance (TA) or supportive supervision. Sub-awardees do not adhere to donor policies.	Sub-awardees occasionally adhere to donor policies. Technical and programmatic deliverables are occasionally met, on time, and accurate.	The organization ensures that technical and programmatic deliverables are met, and that reporting of targets is always met, on time, and accurate, through regular supportive supervision, TA, and shared policies. Sub-awardees adhere to donor policies and receive some capacity-building assistance as well as access to tools and support.	The organization ensures that technical and programmatic deliverables are regularly met, and that reporting of targets is always met, on time, and accurate, through regular supportive supervision. Sub-awardees adhere to donor policies and receive a good level of capacity-building assistance as well as access to tools and support.	The organization ensures that technical and programmatic deliverables are regularly met, and that reporting of targets is always met, on time, and accurate, through regular supportive supervision. Sub-awardees adhere to donor policies and receive an appropriate level of capacity-building assistance, tools, and support.	Review external audit reports, internal audit reports, financial reports from grantees, compliance reports, and would-be donor and self-administered capacity assessment reports.					

Capacity Area: Office Operations

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
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Procurement System	Organization has a procurement system that maximizes competition, obtains best value, and observes compliance requirements	There are no documented policy and procedure guidelines. Procurement is performed in a haphazard manner and is not guided by any systems. Authorization and approval levels are not developed. There are no forms to regulate transaction execution. System does not meet basic donor requirements.	There are no documented policy and procedure guidelines in place. Basic procurement steps are followed, though inconsistently. Relevant procurement forms are being developed to strengthen procurement process. Organization is not cognizant of donor procurement requirements. Full and open competition to the extent practical is not observed.	Documented policy and procedure guidelines are partially developed. Purchase thresholds, authorization levels, requisitioning, ordering, and receiving processes are defined and most often followed. Relevant procurement forms are fully developed and in use. Organization is aware of donor procurement requirements. Full and open competition to the extent practical is inconsistently observed.	Documented policy and procedure guidelines are substantially developed. Purchase thresholds, authorization levels, requisitioning, ordering, and receiving processes are clearly followed. Relevant procurement forms are fully developed and in use. Organization is fully aware of donor procurement requirements. Full and open competition to the extent practical is consistently observed.	Organization has documented procurement policy and procedure guidelines. Procurement procedures clearly stipulate purchase thresholds, authorization levels, requisitioning, ordering, and receiving processes. Internal requisition forms, purchase order forms, and goods received forms are developed and used as required. The system meets donor requirements and supports full and open competition. IN ADDITION, two of the following are true: *Procurement systems have passed an audit at least once; *Procurement of essentials is efficient and seamless; *The organization has shown ability to handle major procurements efficiently.	Review external audit reports, Internal audit reports, compliance reports, procurement policies/procedures.					
Security and Safety Management	Organization has a security system that effectively identifies and manages all physical and staff security	There are no documented policy and procedure guidelines in place. Access to assets, facilities, and resources is not restricted at all. Security measures are nonexistent.	There are no documented policy and procedure guidelines in place. Access to assets, facilities, and resources is not restricted at all. Only very basic security measures are in place.	Documented security policy and procedure guidelines are partially developed. Security around physical assets, facilities, and cash resources is occasionally effected. Communication trees and evacuation plans are in place, drills / mock evacuations are conducted, and safety equipment is tested for functionality.	Documented security policy and procedure guidelines are substantially developed. Security around physical assets, facilities, and cash resources is adequately effected. Communication trees and evacuation plans are in place, drills / mock evacuations are conducted, and safety equipment is tested for functionality. Security risks are clearly identified and reviewed for changing circumstances.	Organization has documented security policy and procedure guidelines for physical assets, staff safety, facilities access, cash resources, and so on. Communication trees and evacuation plans are in place, drills / mock evacuations are conducted, and safety equipment is tested for functionality. Security risks are clearly identified and reviewed for changing circumstances.	Review internal/external audit reports and compliance review reports; review security policies/procedures, business continuation plan, communication trees, and evacuation plans. Inquire of staff about security/safety training.					

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Physical Infrastructure: Buildings and Office Space	Organization has sufficient office space, meeting space, and equipment for handling its business	There is no office space. What is used is borrowed or improvised and do not meet local legal requirements.		Inadequate infrastructure and/or equipment results in loss of effectiveness and efficiency. There is insufficient workspace for individual employees and no space for teamwork.		Physical infrastructure and/or equipment can be made to work well enough to suit the most important and immediate needs. There is no good office space for teamwork and no possibility of holding confidential discussions; employees share desks.		The organization has fully adequate physical infrastructure and equipment for its current needs. There is sufficient individual and team office space, and possibility for confidential discussions.		Physical infrastructure and equipment are well tailored to current and anticipated future needs, well designed and thought out to enhance organization's efficiency and effectiveness. Plentiful office space encourages teamwork and layout increases critical interactions among staff.		Tour office space and review physical infrastructure.
Technological Infrastructure: Telephone and Fax	Organization has sufficient telephone and fax facilities, which allow for efficient and effective communication	There are no telephone or fax facilities in the office. Staff members' mobile phone handsets are borrowed for making business calls. Fax facilities are outsourced from external sources.		There is a limited number of telephone and fax facilities. Day-to-day effectiveness and efficiency is impeded.		There are adequate basic telephone and fax facilities accessible to most staff; the system may be moderately reliable or user friendly but lacks certain features that would increase effectiveness and efficiency.		There are solid telephone and fax facilities accessible to entire staff; facilities cater to day-to-day communication needs with essentially no problems and include additional features that contribute to effectiveness and efficiency.		Organization has sophisticated and reliable telephone and fax facilities accessible to all staff. These are supplemented by additional equipment such as mobile phones for selected staff.		Tour office space and review available telephones and fax machines for staff. Inquire about the availability of mobile phones and pagers.
Asset and Property Management	Organization has a system and process in place to manage and protect assets and property	There are no documented policy and procedure guidelines. Management of assets and property is not at all exercised.		The organization has no documented policy and procedure guidelines in place. No inventory logs are kept, and assets are not regularly verified. Asset location is not tracked, insurance is not systematically secured, assets are not marked and tagged for easy identification. Asset management is not segregated, and organization does not comply with donor disposal requirements.		The organization has partially documented policy and procedure guidelines. Inventory logs are kept though not updated, and assets are occasionally verified. Asset location is tracked, insurance is systematically secured, assets are marked and tagged for easy identification. Asset management is fairly segregated and organization does comply with donor disposal requirements.		The organization has substantially documented policy and procedure guidelines. Inventory logs are kept updated, and assets are regularly verified. Asset location is tracked, insurance is systematically secured, assets are marked and tagged for easy identification. Asset management is adequately segregated and organization does comply with donor disposal requirements.		The organization has documented policy and procedure guidelines for asset maintenance, servicing, transfer, and disposal. Inventory logs are correctly maintained and updated, physical verification is conducted, asset location is tracked, and adequate insurance is secured. Asset management roles are adequately segregated, and donor compliance requirements for asset disposal are actually observed.		Review inventory log, inventory/property management policies/procedures, internal/external audit reports, and compliance review reports.

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Motor Vehicle Management	Organization has a system that manages, protects, and controls motor vehicle usage	There are no documented policy and procedure guidelines. Motor vehicle use is not authorized or approved. There are no log books in place, insurance coverage is not systematically secured, and repairs and maintenance are not planned. No safety measures for vehicle use are observed. No distinction is made between business and personal use of vehicles.	No documented policy and procedure guidelines are in place. Motor vehicle use is not authorized or approved. Log books are in place but are not correctly completed. Insurance coverage is systematically secured, and repairs and maintenance are planned for, but warranty requirements are not observed. No safety measures for vehicle use are observed. No distinction is made between business and personal use.	Documented policy and procedure guidelines are partially developed. Motor vehicle use is not authorized and approved. Log books are in place and correctly completed. Insurance coverage is systematically secured, repairs and maintenance are planned for, and warranty requirements are observed. Safety measures for vehicle use are observed. No distinction is made between business and personal use.	Documented policy and procedure guidelines are substantially developed. Motor vehicle use is authorized and approved. Log books are in place and correctly completed. Insurance coverage is systematically secured, repairs and maintenance are planned for, and warranty requirements are observed. Safety measures for vehicle use are observed. A distinction is sometimes made between business and personal use, although the guiding policy is not clear.	The organization has documented usage policy and procedure guidelines in place. Authorization procedures, log book management, repairs and maintenance, insurance coverage, and fuel control processes are documented and followed. Motor vehicles are fitted with fire extinguishers, first aid kits, spare wheels, and pen flashlights to meet safety requirements. Warranty requirements are adequately met. Vehicles are used for business purposes only, or for both business and personal purposes based on clearly established and noncontroversial policies concerning benefits to employees.	Review vehicle use policy/procedures, vehicle logs, internal/external audit reports, and compliance review reports; review current vehicle insurance policies, and ask to see vehicles to examine condition and availability of proper safety equipment.					
Travel Management	Organization has a travel management system that efficiently manages both domestic and international travel	No policy and procedure guidelines are in place. Travel authorizations, approvals, and advance issuance and liquidation processes are not observed. No distinction is made between international and domestic travel.	No policy and procedure guidelines are in place. Travel authorizations, approvals, and advance issuance processes are observed in a limited manner. Advance liquidation is not accurately or timely accounted for. No distinction is made between international and domestic travel.	Policy and procedure guidelines are partially developed. Travel authorizations, approvals, and advance issuance and liquidation processes are partially observed. A clear accounting distinction is made between international and domestic travel.	Policy and procedure guidelines are substantially developed. Travel authorizations, approvals, and advance issuance and liquidation processes are largely observed. A clear accounting distinction is made between international and domestic travel. Appropriate per diem rates are utilized.	The organization has documented policy and adequate procedure guidelines for both international and domestic travel. Appropriate per diem rates in line with donor and host-country requirements are used at all times. Travel authorization, prior approvals, and advance issuance and liquidation processes are accurately observed as required.	Review internal/external audit reports and compliance review reports; review travel policies/procedures.					

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Records and Information Management	Organization has a management system that manages records filing, retention, and archiving, observing legal and compliance requirements	No policy and procedure guidelines are in place. Disjointed paper-based filing is in place. Document filing facilities are not secured and access is largely unrestricted. Organization is not aware of records retention requirements and hence is noncompliant.	No policy and procedure guidelines are in place. Document filing facilities are scarcely secured and access is largely unrestricted. Some staff members are aware of records filing, retention, and archiving requirements, but compliance with requirements is lacking. Filing is largely paper based with little and unorganized electronic filing.	Policy and procedure guidelines are partially developed. Document filing facilities are adequate and reasonably secured, and access is fairly restricted. Staff members are aware of records retention requirements and largely comply with retention requirements. Paper-based filing is well developed, but electronic filing is selectively developed and utilized.	Policy and procedure guidelines are substantially developed. Document filing facilities are adequate. Staff members are aware of records filing, retention, and archiving requirements and fully comply with retention requirements. Paper filing system is fully developed. Electronic filing has been developed but still duplicates paper filing on occasion.	The organization has documented policy and procedure guidelines in place. Filing facilities are fully secured and access to records adequately restricted. Records filing and retention periods for host country, donor, and organization are documented and fully observed. Electronic filing is fully developed and well complemented with an equally efficient but minimal paper-based filing system.	Review internal/external audit reports and compliance review reports. View filing systems (paper based and electronic) and records retention policies, and conduct spot checks of 10 files. Inquire of staff about the availability and organization of files.					

Capacity Area: Information Technology

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Technological Infrastructure: Computers, Applications, Network and Internet Facilities	Organization has state-of-the-art, fully networked and integrated computing resources. Organization maintains servers for key applications either in-house or via a hosted service	There is an insufficient number of computers or other technologies for day-to-day activity. Servers are on-site but have inadequate specifications. Internet access is spotty.	There are limited computers, applications, and network and Internet facilities. Information technology facilities are little-used as a result. Internet access is spotty.	Organization is well equipped at central level but limited at satellite locations. Equipment sharing is common. There is a basic Web site that contains general information on current developments. Site maintenance is occasionally performed. Internet access is stable but has bandwidth limitations.	There is solid hardware and software infrastructure accessible by central and satellite staff; no sharing of equipment is necessary. A comprehensive Web site contains basic information on the organization. Most information is organization-specific and easy to maintain.	The organization has state-of-the-art, fully networked computing hardware with a comprehensive range of up-to-date software applications. All staff members have individual computer access and e-mail. There is a comprehensive and interactive Web site that is regularly maintained and kept up to date. Internet access is stable and bandwidth does not limit functionality.	Review internal/external audit reports, compliance reports, and self-administered capacity assessment reports. Check availability of Internet connection. Inquire of staff members about difficulties with Internet access. Review computing resources on-site for functionality and review organizational Web site.					
Software Systems	Systems are in place that allow the organization to track, report, and transform contracts and grants data and program data; organization is using a formal accounting system	A dump of data from past systems has occurred, but there is insufficient infrastructure and support to maintain needed levels of functionality and scalability.	The organization is accessing data via basic systems (e.g., Excel, Access) and exploring in-house and hosted options to allow for scalability. Support is insufficient.	The organization is accessing and updating data via basic systems (e.g., Excel, Access) and has either improved infrastructure sufficiently to allow for scalability or identified a hosted solution that will meet needed infrastructure standards. Organization is exploring system options beyond the basic that will improve performance and level of service. Support for systems is inconsistent.	The organization is accessing, updating, and reporting data via basic systems (e.g., Excel, Access) and has either improved infrastructure sufficiently to allow for scalability or identified a hosted solution that will meet needed infrastructure standards. Organization has identified a system beyond the basic that will improve performance and level of service. Systems are supported more consistently.	The organization is accessing, updating, and reporting data via a system comparable to or better than the industry standard or current Foundation systems at global level (GP, GLASER, CGIS) and has either improved infrastructure sufficiently to allow for scalability or identified a hosted solution that will meet needed infrastructure standards. Systems are supported consistently.	Review relevant internal/external audit reports, compliance reports, and self-administered capacity assessment reports. View electronic versions of business systems for accounting, M&E, budgeting, contracts/grants management, and other relevant areas. Ask staff about usability of systems and availability of support.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Software Licensing	Organization is current (uses the updated version) and keeps a list of all software licenses, which can be presented on demand	The organization has an informal list of purchased software but does not follow detailed licensing procedures.		The organization has a formal list of all software, tracking the total number of licenses purchased.		The organization has a formal list of all software that tracks total number of licenses purchased, expiration dates, and renewal dates/prices.		The organization has a software list that tracks total number of licenses purchased, expiration dates, and renewal dates/prices.		The organization has a software list that tracks total number of licenses purchased, expiration dates, and renewal dates/prices. The list is monitored to ensure that the organization does not go over the licensed number of users.		Review internal/external audit reports, compliance reports, and self-administered capacity assessment reports. Review list of software licenses.

Capacity Area: Resource Mobilization

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
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Identification and Tracking of Funding Opportunities	The organization has a systematic manner of identifying and tracking new funding opportunities in order to make strategic decisions	The organization has not identified or reacted to any funding opportunity. It does not seek out available opportunities or gather in-country funding intelligence.		The organization is completely reactive to opportunities. No formal tracking or assessment takes place.		The organization has the "WHAT, HOW": a formal process for tracking and identifying opportunities. Organization does not have a formal planning process for bidding or strategic direction to drive resource mobilization efforts. Organization is largely reactive to opportunities.		The organization has the "WHAT, HOW, WHEN": a formal process for tracking and identifying opportunities and a formal planning process for bidding. Organization does not have strategic direction to drive resource mobilization efforts.		The organization has the "WHAT, HOW, WHEN, WHY": a formal process for tracking and identifying opportunities, a formal planning process for bidding, and a strategic direction to drive resource mobilization efforts.		Review internal process for tracking and disseminating funding opportunities, utilizing a database or other searchable mechanism.
Capacity to Develop Funding Proposals	There is satisfactory capacity to write, budget, partner on, and manage the proposal development process.	The organization does not have the capacity to develop and submit proposals.		The organization has the capacity to develop simple concepts for projects, but does not have the capacity to think through cost implications and develop budgets or full proposals.		The organization has the capacity to develop high-level concept papers and can think through cost implications to develop budget summaries.		The organization has the capacity to develop and submit a full proposal with general budget breakdown.		The organization has the capacity to develop complex proposals that include extensive staffing plans, detailed budgets, full narratives, and implementation plans.		Review proposals for compliance, validity, technical soundness, and cost-effectiveness.
Success Rate in Winning Bids	Organization has been successful in raising donor funds	Organization has not won funds via grant application. Organization has not completed or submitted a large proposal.		Organization has written and completed the submission of at least one major or two small proposals to obtain funding for its activities.		Organization has written a number of proposals and won at least one. However, proposals are frequently poorly framed, developed, and completed; and organization staff members consider their chances of winning future bids below the norm for comparable organizations.		Organization has won at least two proposals and feels confident in its capacity to put together well-presented, complete, and timely proposals. There is, however, a good deal of improvisation and opportunism in seeking and winning grants. Some proposals are poorly aligned with the organization's mission.		Organization regularly tracks possible grants to apply for and regularly completes proposals for grants that match its mission. It has won a number of proposals and considers its win rate to be reasonably strong.		Review completed proposals, awarded grants, and financing opportunities tracking plan (or a list of sources of funding examined or researched via Web sites).

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability	Emerging capacity Transition not advisable Little chance of sustainability	Minimal acceptable level of capacity May be considered for transition Some chance of sustainability	Good level of capacity Ready for transition of functions Good chance of sustainability	Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability	External Validation (Please note: Items in this column may not be exhaustive)
	Scores	1 2	3 4	5 6	7 8	9 10	
Resource Diversification	Organization relies on a diversified resource base	The organization has funds from only one project and from its initial source of funding only. There has been no attempt to obtain funding from other sources.	The organization has started obtaining funding apart from its initial source of funding. There is not a clear strategy for resource diversification, and opportunities are taken up in an ad hoc manner. One single project may still contribute more than 90% of all funds.	The organization has two or more sources of funding. Leaders of the organization are taking steps to diversify funding sources. No single project contributes more than 90% of all funds.	The organization has established guidelines for the balance it would like to maintain between different sources of funding. No single project contributes more than 70% of all funds.	The organization has diversified sources of funding that meet its guidelines for diversification. No single project contributes more than 50% of all funds.	Review guidelines for resource diversification, memorandum from board or executive director, annual financial report.

Capacity Area: Networking

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Coordination with Other Nongovernmental Implementers	Organization has relations with other implementers, including community-based organizations and actors, in order to coordinate service delivery and avoid duplication of services	The organization works in isolation. There is no knowledge of the strategies or work of other organizations.		There is knowledge of other organizations' work, informal internal discussions occur when planning projects, and an effort is made not to duplicate services.		There have been discussions with other organizations about specific opportunities for collaboration, and there have been joint activities.		When planning projects there is always internal discussion as well as consultation with other organizations; regular joint activities are done involving formal or informal agreements. However, networking happens within technical or senior-management level without a lot of information sharing.		The organization has numerous formal partnerships with a range of organizations to ensure comprehensive service delivery. Most involve formal agreements and/or joint funding. Networking happens at both senior and technical levels and is encouraged.		Review partnership agreements. Ask senior managers or program directors what partnerships they have for each project.
Collaboration with Relevant Government Agencies	Organization has relations with government entities for coordinated implementation and/or advocacy for policy change	The organization has no meetings or relations with relevant government agencies. There is little or no knowledge of relevant government policies or service plans.		The organization has some knowledge of relevant government agencies' health policies and plans, but there have been no discussions or meetings.		The organization has knowledge of relevant government health policies and plans. Managers discuss these matters and how the organization should work within these parameters. Organization has met with government at national and/or district levels for advocacy and information exchange at least once.		The organization has had multiple meetings with relevant government agencies at national and/or district levels to jointly plan; organization participates in technical working groups and has knowledge of their plans/policies.		The organization has regularly scheduled meetings with relevant government agencies at national and/or district levels, has detailed knowledge of their plans and policies, participates in technical working groups, and engages in joint planning and/or evidence-based advocacy.		Review memorandums of understanding (MOUs) with government agencies. Ask senior managers regarding their relationship with government entities.

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
		1	2	3	4	5	6	7	8	9	10	
Partnerships for Technical Assistance	Organization has partnerships for provision of technical assistance from agencies (including UN agencies, large nongovernmental organizations, local universities, and others) and knows where it can get technical assistance when needed	The organization has no contact with or knowledge of the activities or competencies of technical agencies in the country.		The organization has some knowledge about technical competencies of some agencies, but it relies on outside support (from hired consultants or partner organizations) to make contact if help is needed in a particular technical area.		The organization has been put into contact with technical agencies and technical staff, and staff members of the organization attend events at least several times a year, for either information exchange or training; however, the organization relies on outside support to maintain contact.		The organization knows where it can turn for technical assistance but has no ongoing formal relationship with outside technical agencies.		The organization has regular, formal, ongoing partnerships with multiple technical agencies.		Ask senior managers or staff members dedicated to knowledge management (if any) which technical agencies they have partnerships with. Review MOUs with technical partners.
Relations with Potential Donors for Funding	Organization maintains relations with a diverse set of potential donors and keeps them informed of its work, so that it can efficiently take advantage of funding opportunities as they arise	The organization has no contacts or knowledge of the plans or funding priorities of potential donors with activities in the country.		The organization has prioritized funding needs, has begun to research potential donors, and is developing a plan to contact these key donors.		The organization has contacts with some key donors, and there is planning for regular meetings with them. These meetings occur, but not regularly.		The organization has regular contact with most if not all donors. There is general knowledge of donor strategy.		The organization has prioritized current and potential donors and has regular contact with them. Organization has consistent knowledge of donor strategy and carries out outreach, lobbying, and education efforts with donors.		Review donor relations strategy document if one exists. Ask development staff members regarding the organization's efforts to build donor relationships.

Capacity Area: Communications

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
Scores		1	2	3	4	5	6	7	8	9	10	
Branding/ Messaging	Organization has an official name, a mission statement, a logo, and clearly defined messages to communicate its mission to the public.	The organization does not have an official name, logo, or clearly defined mission statement; or one or more of the above are not properly aligned. Organization has not designed a logo or produced messages to communicate its mission and work to the public.	The organization leadership has created a clear, concise mission statement and a list of three or four goals that will help accomplish that mission.	In addition to accomplishing the tasks in stage 2, the organization has a logo that is eye catching and easy to reproduce, and matches the organization's mission and goals. Organization has developed one message that conveys its mission in a few words and can be used in combination with the logo on the organization's Web site and in collateral materials.	In addition to accomplishing the tasks in stages 2 and 3, organization has developed conversational messages that communicate its mission and goals to a variety of audiences and in various formats, both online and in print. Messaging is used with consistency across all platforms.	The organization has a clear and concise mission statement. It has a professionally designed logo that is recognizable and easy to reproduce, along with brief branding guidelines for its use. Organization has a tagline that communicates its mission in a few words, as well as a series of goals and messages that communicate specific aspects of the mission. It has the capacity to modify and create new messaging when needed.	Review the mission statement, logo, and messages for conciseness and clarity.					
Media/Public Relations	Organization has a media strategy, including a process to identify and communicate with media (including print, broadcast, and online), respond to media requests, and produce press releases/statements.	The organization does not have any trained media staff or capacity to produce press releases or media materials, or a strategy for communicating its messages to the media.	The organization has designated staff members to respond to media requests, but it has no strategy for proactive outreach and no capacity for producing press releases and other external communications, or for managing communications at high-profile events.	The organization has identified staff members to respond to media requests, produce press releases and other media materials, and manage communications at high-profile events on an as-needed basis.	The organization has at least one full-time staff person trained to identify and communicate with media, write and distribute press releases, arrange media interviews, and manage communications at high-profile events.	The organization has at least one full-time staff person devoted solely to developing media strategy, identifying and communicating with media, writing and distributing press releases and other media materials, arranging media interviews, and managing communications at high-profile events.	Review media-trained staff, templates for press releases and other media materials, and lists of media contacts.					

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Scores		1	2	3	4	5	6	7	8	9	10	
Online Presence	Organization has an engaging, fully functional Web site and can communicate with a variety of audiences through targeted online and e-mail communications	The organization does not have a Web site nor the capacity to communicate online with potential donors/supporters.	The organization has registered a URL and hired staff to create online content. Site is not operational and online communication has not been initiated.	The organization has static Web site with 5–7 pages, communicating basic mission and goals.	The organization has a dynamic Web site, with 10–12 pages, which can be modified through a content management system. Content is added on a monthly basis. Organization has begun compiling addresses for an e-mail list of supporters.	The organization has a dynamic Web site and registered URL. Web site is professionally designed and clearly communicates the organization's mission. Site communicates the depth and breadth of the organization's work and can be modified and expanded on a daily basis using a content management system. Organization has a robust e-mail list of its supporters and sends e-mail messages communicating about its work on a monthly basis.	Review Web site for visual appeal and clarity of message. Look for stat-tracking tool to evaluate number and length of site visits.					

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability		Emerging capacity Transition not advisable Little chance of sustainability		Minimal acceptable level of capacity May be considered for transition Some chance of sustainability		Good level of capacity Ready for transition of functions Good chance of sustainability		Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability		External Validation (Please note: Items in this column may not be exhaustive)
Scores		1	2	3	4	5	6	7	8	9	10	
Brochures/ Collateral Materials	Organization has a well-designed set of collateral materials for marketing purposes and the capacity to produce reports and other publications when needed	The organization has no fact sheets, brochures, or print publications, nor the capacity to produce them.	The organization has created a basic fact sheet or tri-fold brochure about its work, produced and printed in-house using desktop publishing tools. Organization has hired a staff person to write content for brochures and collateral materials.	The organization has engaged a designer to create a visually appealing, professionally printed brochure that communicates the organization's mission, goals, and accomplishments.	The organization has a well-established relationship with a designer. It has a well-designed brochure, which it updates annually. It has begun to create issue-specific fact sheets and reports on specific aspects of its work.	The organization has a professionally designed brochure, which communicates its mission with engaging copy and imagery. It produces issue-specific fact sheets and reports to inform the public about its work. It produces an annual report to inform donors and supporters of its progress each year. It has the capacity to produce printed public service announcements, postcards, or other materials to enhance visibility of its work.	Review brochures and other materials for visual appeal and clarity of message.					

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INTRODUCTION

Purpose of the Implementation Guide

The purpose of the Organizational Capacity and Viability Assessment Tool (OCVAT) Implementation Guide is to provide an external facilitator with the tools and background necessary to lead the OCVAT capacity assessment process with local partner organizations are engaged in capacity building activities. The OCVAT can also be used to assess the readiness of local organizations to assume responsibilities from the implementation of HIV/AIDS prevention, care and treatment programs from international NGOs.

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

- ✓ Preparing the organization for the self-assessment
- ✓ Gathering and processing self-assessment data
- ✓ Directing a validation exercise and facilitating the Self-Assessment process in-country

While this guide presents the overall steps necessary to conduct the OCVAT Assessment, there are a number of additional resources that might be helpful for the successful completion of the assessment process, including further information on principles of organizational development, facilitation skills, self assessments and participatory approaches. Facilitators are encouraged to seek additional resources as necessary. Additional resources are available from the Elizabeth Glaser Pediatric AIDS Foundation (the Foundation; www.pedaids.org) and the ICF International CEDARS Center (see www.cedarscenter.com).

ACKNOWLEDGEMENTS

The efforts of many people have gone into the development of the OCVAT Implementation Guide. The organizational development expertise and experience of each of these individuals has contributed to the development of a high quality tool, which aims to support positive capacity development of organizations involved in the fight against pediatric AIDS.

Rozalin Wise, Technical Officer for Sustainability, and Stephanie Cálves, Senior Technical Officer, Affiliation and Organizational Development, at the Foundation have provided the leadership, guidance, and steadfast support to make the development of this tool possible. The participation and feedback of a broad range of staff from administrative, financial, programs, and communications units at the Foundation ensured that each section of the tool was of high quality and well tailored to the needs and challenges that face local organizations involved in HIV/AIDS programming. Jacqueline Dreesen, Shauna Eisenberg, Silva Mulambo, John Stephen, Ashley Thompson, and Dorace Trottier helped to implement the tool and improve methodology to ensure that the process was able to facilitate the achievement of measurable results. We would also like to thank the many participants from the Centers for Infectious Disease Research Zambia (CIDRZ), Africa Directions, and the Foundation country offices in Cote d'Ivoire, Mozambique, and Tanzania for their enthusiastic participation and rich feedback, which has helped to shape and improve this tool so that it will effectively serve the needs of other local organizations. The support of the Project HEART team at the Foundation was also critical to being able to make the development of this tool possible. The OCVAT was produced with financial support from the Centers for Disease Control and Prevention (CDC).

Ilona Varallyay, CEDARS Coordinator, and Eric Sarriot, CEDARS Director, at ICF, provided the template for the OCVAT and contributed to the adaptation of the methodology and measures to suit the Foundation's needs. Special thanks goes to Jim Ricca and the Sustainable Health Outcomes group (SHOUT) who participated in the original development of the OCVAT structure, which served as the basis for the development of this tool.

Acknowledgments to the field of organizational development and capacity building: experts in these fields have developed approaches, tools, theories, and methodologies which have had a major influence on this work. All of those mentioned in the bibliography have contributed to the thinking and design of this tool. We honor that work and hope that this tool will serve as an additional contribution to the field for others to use and learn from to help strengthen local organizations to participate in the HIV/AIDS response.

CHAPTER 1: WHAT IS THE OCVAT?

A. Who and what does the OCVAT target?

This version of the OCVAT, as adapted by the Foundation, was originally designed to assess local partners assuming management responsibilities for program activities under Project HEART¹, but is applicable to all medium-large size organizations implementing health sector improvement programs. The assessment process is geared to engage a broad range of staff in discussions around the organization's capacity across the designated capacity areas, with a view to developing detailed action plans that will help the organization prepare for the transition process. However, due to the design of the tool, it is available for broader usage with other local partners to facilitate organizational capacity building to strengthen management systems

The OCVAT exercise is conducted in-country with the local partner being assessed, and can be supplemented by a validation scoring of the organization's capacity carried out by an external team². The role of external scores play a dual function: 1) to provide an external evaluation of the local partner capacity which can serve as a point of comparison to the self-assessment scores 2) to formally assess the capacity of the local partner to assume autonomous responsibility for implementation of the program and determine how to allocate resources accordingly.

B. What does the OCVAT assess?

The OCVAT targets 13 specific organizational capacity areas, which are self-assessed by the staff of an organization and can also be externally assessed by an outside party working closely with the organization. The assessment solicits both quantitative and qualitative input from the participants, contributing to the determination of strengths and areas of improvement within an organization. When an organization conducts the OCVAT, it will receive scores that are calculated for each capacity area through its self-assessment tools (which indicate areas of strength and areas of needed improvement). Questions with the highest scores (on a scale of 1-10) and highest agreement between the self-assessment and external review identify areas of strength, and questions with lowest scores and lowest agreement identify areas for improvement or further assessment. Qualitative information, which is also considered an important source of assessment data, is obtained through discussions and written recommendations.

Table 1. 13 Capacity Areas Measured by the OCVAT

#	Organizational Capacity Sub-Components	Focus Areas
Leading/Directing		
1	Governance & Legal Structure	Legal recognition; governing committee/Board; Constitution/ by-laws; accountability/integrity;

¹Project HEART (Help Expand Anti-retroviral Therapy for Children and Families) focuses on the rapid scale-up of high quality adult and pediatric HIV care and treatment services and PMTCT services in Cote d'Ivoire, Mozambique, South Africa, Tanzania, and Zambia. This program promoted the decentralization and integration of services within primary care systems as key strategies to improve access and coverage and to ensure local ownership and sustainability of these services. A key long-term goal of this project was to transition the provision of these services to national organizations or governments. The project was funded by CDC through a cooperative agreement that started in 2004 and will be completed in early 2012.

² This external team can be selected by the local partner and should be an entity that has good knowledge and understanding of the partner's capacity and performance. Chapter 2 discusses this in further detail.

#	Organizational Capacity Sub-Components	Focus Areas
		mission and values; transparency of decision-making; organizational structure and internal coordination; succession planning/leadership development; participation in decision-making.
2	Program Management	Strategic planning; annual organizational workplan development; cross-departmental communication process; participation in decision-making (with Units/Departments); quality improvement system; annual workplan completion.
Organizing for Implementation		
3	Technical Capacity	Staff orientation; staff development & training; system for communicating technical updates; access to technical resources.
4	Grants & Sub-grantee Management	Award, agreement & donor management; compliance management; grants management; supportive supervision to sub-awardees.
5	Project Management	Beneficiary targeting; project planning; project budgeting.
Learning		
6	Monitoring & Evaluation (M&E)	Resources for M&E; monitoring data collection & storage; data transformation; M&E data informs decisions; data quality assurance.
Resources Management		
7	Financial Management	Accounting systems; corporate budgeting structures; donor agreement budgets; financial reporting.
8	Human Resources	HR management capacity; staff roles & responsibilities; HR policies/ procedures; HR compliance & essential documentation; HR data and personnel files; employee relations and staff welfare/morale; staff satisfaction; remuneration system; recruitment; new staff on-boarding; performance management.
9	Office Operations	Procurement system; safety and security; office space and equipment; communications facilities; assets management; motor vehicle management; travel management system; filing system;
10	Information Technology (IT)	Technological infrastructure; software systems; software licensing.
Organizational Viability Sub-Components		
11	Communications	Branding/messaging; media/public relations; on-line presence; brochures/collateral materials.
12	Resource Mobilization	Identification of funding opportunities; capacity to develop funding proposals; success rate; resource diversification.

#	Organizational Capacity Sub-Components	Focus Areas
13	Networking	Networking with NGOs; collaboration with government agencies; partnerships for technical assistance; relations with potential donors for funding.

C. Nature of the Assessment

The OCVAT is fundamentally a self-assessment tool, complemented by an external element assessment and a document review. It provides semi-quantitative measures (scores) assigned by members of the organization. These scores are, however, triangulated with other sources: external scores and comments based on verification of documentation, the facilitated discussion of the organization members themselves, and finally the analyses of the facilitation team, based on all information, quantitative and qualitative. It can provide a good understanding of an organization's capacity across all the necessary functions of an organization (i.e. highlight the key strengths and weaknesses) but it is not as sensitive as a traditional survey tool with lists of questions, nor as burdensome as a survey covering the same breadth of functions would be. One of its advantages is that it serves as a learning tool as well as an assessment tool when applied as a self-assessment, giving respondents a concrete image of higher levels of capacity to strive for and a deeper understanding of each other's view of the organization's capacity through the consensus building process.

The tool is considered semi-quantitative because indicators are scored on a scale. By providing a specific 'word picture' description of capacity for each potential score on the scale for each indicator, the tool reduces the subjectivity associated with traditional tools. Indicators and associated scores (scale from 1 through 10) are clearly defined to reduce variability between raters and increase reliability of the results. . The tool assesses 13 capacity areas; under each capacity area there are a number of specific indicators listed.

Each stage of capacity is broken down into two levels: a lower range and a higher range. This allows each participant to adjust the score up or down within each capacity stage that the organization falls within for each indicator. The scores range from 1 to 10, corresponding to the five capacity stages and word pictures. Assessors are to select the stage they feel best describes the capacity of their organization for that indicator at the time, even if every word in the description is not an exact reflection of the organization.

Scoring the OCVAT: Five Stages of Capacity

1. No or minimal capacity
2. Emerging capacity
3. Minimal acceptable level of capacity
4. Good level of capacity
5. Excellent level of capacity

The OCVAT exercise serves the purpose of assessing the capacity of an organization and identifying an organization's capacity building needs. Additionally, the process itself stimulates valuable discussions among staff regarding the state of an organization's development as perceived by various perspectives within the organization.

D. Overview of the Major Phases of the OCVAT

The OCVAT process involves seven main phases: preparation, scoring of OCVAT by external entity for validation scores, an autonomy analysis, conducting the self-assessment, data analysis, action planning, and follow-up.

Further detail on each of these phases can be found in the following chapters. The chart below outlines the major activities necessary to complete each phase of the OCVAT as well as an estimated timeframe.

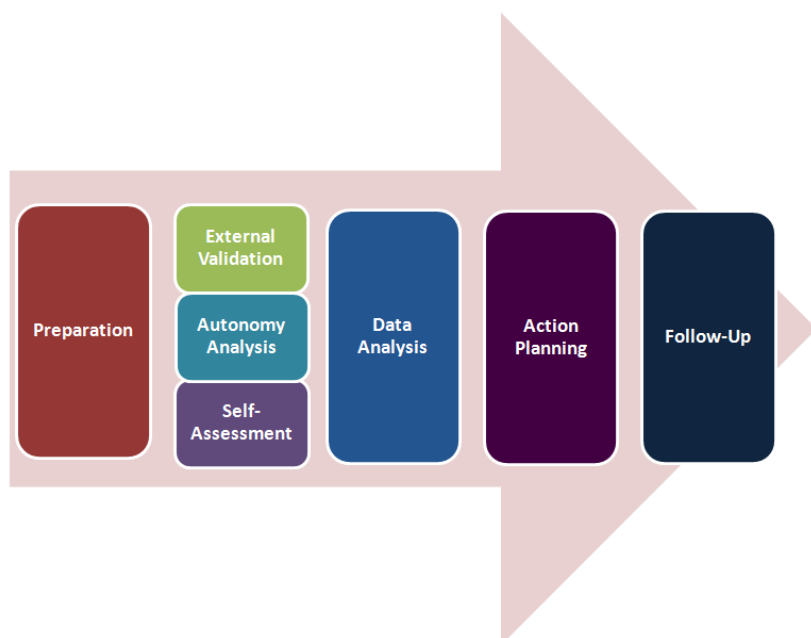


Table 2. Phases of the OCVAT Process

Phase	Activities	Timeframe
<i>I. Preparation</i>	<ul style="list-style-type: none"> • Selection of facilitators (2) • Roles and responsibilities of the facilitators and participants are clarified • Communicate with organization to initiate planning <ul style="list-style-type: none"> • Schedule OCVAT dates • Share agenda • Share OCVAT tool and instructions on process • Selection of participants to score each capacity area • Selection of an individual to coordinate the organizational capacity building process 	4-6 weeks before the self-assessment
<i>II. External Validation (optional)</i>	<ul style="list-style-type: none"> • Selection of individuals to conduct an external validation of each capacity area for each country program (may be the OCVAT facilitators) • Orientation of individuals conducting external validation to OCVAT • Scoring of OCVAT by external validators • Submission of score sheets to facilitators by external validators (at least one week prior to the OCVAT) • Data Entry of external validation scores 	Approximately 2-3 weeks before the self-assessment
<i>III. Autonomy Analysis</i>	<ul style="list-style-type: none"> • Select 1 to 3 individuals in leadership to complete an autonomy worksheet • Identification whether the organization is fully, partially, or not autonomous in the performance of core functions • Submission of autonomy worksheet to facilitators • Data Entry of autonomy scores 	Approximately 1 week before the self-assessment
<i>IV. Self-</i>	<ul style="list-style-type: none"> • Orientation & overview of the OCVAT process 	Day 1 of the

Assessment	<ul style="list-style-type: none"> • Guided group discussion, followed by individual scoring for each OCVAT capacity area • Input all participant data entry sheet into analysis program 	Self-Assessment. All Participants
V. Data Analysis	The assessment team conducts analyses and produces the first report for feedback to the participants.	Day 2 of Self-Assessment. Assessment Team
VI. Action Planning	<p>The OCVAT team reconvenes two days after self-assessment meeting to:</p> <ul style="list-style-type: none"> • Review results of the self-assessment scores and external validation • Facilitated discussion on OCVAT outcomes and next steps • Development of a capacity building action plan 	Day 3 of the Self-Assessment. All Participants
VII. Follow up	<p><i>Short-term:</i> The organization that was assessed will schedule meetings to develop pending capacity building plans on remaining capacity areas; draft action plans will be shared with facilitators and lead capacity building coordinator.</p> <p><i>Long-term:</i> Approximately 3 months after the OCVAT Meeting, the facilitator and lead capacity building coordinator will contact the organization to assess the degree to which the organization has addressed its priority needs. Additional referrals are made as appropriate for support & assistance.</p>	Immediately after Self-Assessment & 3 months after Action Planning meeting

CHAPTER 2: PREPARING FOR THE OCVAT

A. Facilitation of the OCVAT Process

As the facilitators will be responsible for organizing and planning all the steps of the OCVAT process, it is important that they ensure that all parties involved are informed and prepared to participate in the exercise. They will play a critical role in guiding the discussions during the OCVAT sessions, helping the participants to take into consideration all relevant factors and steering the discussions in order to generate concrete recommendations and action points for inclusion in the capacity building plan. The table below highlights the key players in the OCVAT and their roles:

Table 3. Roles and Responsibilities in the OCVAT Exercise

Title/Role	Main Responsibilities
Facilitator(s)	<ul style="list-style-type: none"> ▪ Lead the overall OCVAT exercise ▪ Prepare all materials (soft and hard copy, as necessary) for the exercise ▪ Facilitate all sessions so as to encourage in-depth discussion by the participants ▪ Guide discussions to ensure the focus remains on the task at hand and that concrete and specific recommendations are generated ▪ If more than one person will be facilitating (recommended), while one facilitator oversees the discussion of the specific capacity area, the other facilitator should take notes on the computer to capture the discussion. (Usually, it is best if the facilitators rotate between guiding group discussion and taking notes, since this provides some variety for both the facilitators as well as the participants.) ▪ Answer any questions and respond to any concerns
External Validator	<ul style="list-style-type: none"> ▪ Provide an objective, well-informed perspective on the capacity of the organization ▪ Conduct a thorough document review covering all capacity areas to assess evidence of organizational capacity ▪ Conduct interviews with key country staff ▪ Complete the external validation score sheet and provide data to the facilitators
Participant	<ul style="list-style-type: none"> ▪ Review OCVAT documents prior to exercise and reflect on the organization's capacity in each of the areas outlined in the OCVAT tool ▪ Actively contribute to the scoring discussions for each of the assigned capacity areas, sharing specific examples that provide a rationale for the proposed score ▪ Reflect on findings of OCVAT presented on Day Three and brainstorm critical actions needed to respond to the capacity issues raised. ▪ Engage in fruitful discussions about how to prioritize the key recommendations generated ▪ Raise relevant questions as they arise
Organizational Capacity Building Leader	<ul style="list-style-type: none"> ▪ Provide support to OCVAT team in developing organizational capacity building plan ▪ Check in roughly three months after the OCVAT exercise to assess the degree to which the organization has addressed its priority needs. ▪ Make additional referrals for support & assistance as appropriate.

B. Identifying Key Facilitators

The OCVAT exercise requires one to two facilitators to lead and document the process. Two facilitators is ideal because while one guides the discussions, the other facilitator takes detailed notes of the discussions, capturing key quotes and ideas shared by participants during the sessions. This information will serve as the basis of the qualitative data for the OCVAT. These roles can alternate between the two facilitators throughout the assessment process.

In identifying a lead facilitator and co-facilitator for the OCVAT process, it is helpful to consider a couple of key criteria for these facilitation roles. The facilitators should have strong interpersonal, communication, and listening abilities. Prior experience with group facilitation, facilitated self-assessments and experience in participatory assessments and methodologies are all key for this type of exercise. Given the nature of the assessment, it is also helpful if the facilitators have a good understanding of organizational development dynamics and international development work more broadly. Multicultural sensitivity and an understanding of confidentiality issues are also very helpful in ensuring a smooth and open interaction among participants.

C. Selecting Participants

The OCVAT exercise is intended to bring together a diverse group of staff, from all departments and levels of the organization in order to paint a more complete picture of the reality on the ground. Ideally, participation in the OCVAT will include senior level as well as junior level staff and also a good representation of administrative, program/technical and operations staff. Involvement of key decision makers in the organization is critical in order to move forward with action points agreed upon during the OCVAT; the role of high-level staff in providing organizational leadership throughout this process is key to the success of this exercise.

In order to ensure that discussion groups for scoring are manageable, about eight to twelve “scorers” should be selected for each capacity area, including a mix of “providers” and “clients” (i.e. those who deliver on each capacity area and those who use the services within each capacity area). Participants can be assigned to more than one capacity area, though each scoring group should be varied enough to provide a diversity of perspectives within the organization. These “scorers” should have a good grasp of the organization’s capacity in the specific capacity area and should be able to make informed arguments as to the appropriate score. In selecting the participants for each capacity area, it is important to bear in mind potential biases that may arise, depending on the mix of individuals involved in the discussions. If participants are all from one professional or office “culture” for example, they are unlikely to be aware of the weaknesses perceived from other “cultures” within the organization. It is important to understand that the limitation in the number of active participants and scorers has come from the practicality of having productive discussions in a time bound manner. It comes with the risk of missing out on important perspectives, and the facilitation team needs to strive to limit the risk of selection bias in inviting participants.³

³ A large organization wishing to produce quantified metrics of employee perspective on capacity, cooperation and work satisfaction, can opt for another type of tool, where all employees are able to score on potentially all questions.

In addition, to avoid another risk during the discussions—the participation bias—the facilitators should take caution so as to ensure that all perspectives are taken into account and that no single participant in the scoring group dominates the discussion.

The facilitators should emphasize to the organization that participation in the two days of the self-assessment requires a significant time investment of high-level staff (see box), who should be present for the relevant discussion sessions on day one and for the entire morning feedback session on day three. It is important to communicate early on the required time commitment, as it can be challenging to ensure everyone’s consistent participation.

D. Communicating to the Local Partner

About six weeks prior to the OCVAT, the facilitators should send a formal communication (i.e. a letter and/or email) to the country/local partner teams informing them of the OCVAT exercise (see sample letter in Annex A). This communication will serve not only to invite the teams to select the participants, but also to give a brief overview of the process and what it entails. Some key pieces of information for inclusion in the communication are:

- Introduction to the OCVAT process and self-assessment meeting
- Introduction to OCVAT tool and description of domains (share a copy of the OCVAT tool)
- Guidance on how to select staff to participate
- Preparation for participants (read OCVAT and pre-score each capacity area)
- Explanation of process/purpose of scoring
- A copy of the agenda for the two days of the OCVAT assessment

E. External Validation Exercise (Optional)

The OCVAT self-assessment can be complemented by an external validation step carried out by an external entity. This step allows for a comparison with the self assessment data to address any internal self-assessment biases that may occur during the assessment process. If the external validation exercise will be conducted, the external validation team reviews country program documents, conducts interviews with key country staff, etc. as outlined in the validation steps for each capacity area in the OCVAT tool (See Annex D for a list of documents to be reviewed). Based on this, the individual(s) conducting the external validation select the scores for each indicator they feel best represents the organization's status at the time. External validators can be assigned sections to review and score based on their area of expertise (i.e financial management, M&E, IT, etc.). The external validation team carries out this external validation at least a week before the OCVAT exercise in country and submits their scores to the facilitators prior to the self-assessment exercise in-country.

The Role, Risk and Importance of Organizational Leaders in the OCVAT

Leaders of the organization have a fundamental role in encouraging positive change. Their role is thus critical in supporting the OCVAT, participating with transparency and being effectors of change based on lessons from an OCVAT.

The challenge is to keep discussions open and honest, when senior executives are present. On one hand, their absence might allow freer, more critical exchanges; on the other, their absence would be opposed to building ownership and consensus in engaging capacity building (aka “change”).

The OCVAT is designed for an organization in which these principles of transparency exist, and where the motivation for capacity building is widely recognized, allowing fruitful critical discussions.

About six weeks prior to the OCVAT, the facilitators should also communicate with the external validation team regarding the external validation process. The external validation team needs to decide who will take part in the external scoring for each of the capacity areas. Again, these individuals should be selected according to their knowledge and exposure to a particular capacity area. The communication to the external validators should include the following:

- Introduction to the OCVAT process and self-assessment meeting
- Introduction to OCVAT tool and description of domains (share a copy of the OCVAT tool)
- Explanation of process/purpose of external validation scoring
- Guidance on how to select staff to participate
- Guidance on review of specific evidence, such as key organization documents (include specific list of documents to review for each capacity area)
- Timeframe within which external scores need to be submitted to the facilitators

The facilitators should ensure that the team who is scoring the external validation submits their results in a timely manner (prior to the self-assessment). Through a formal communication, the facilitators should also inform the local partner of their role in the external validation, specifying which documents to make available for the external validation team and which staff to prepare for interviews.

☞ FACILITATOR TIP

Selecting an External Validation Team

It is important that the team identified to conduct the external validation exercise is sufficiently familiar with the organization, its policies and systems, and its programmatic activities so as to be able to make an informed assessment about the capacity of the organization along the 13 OCVAT capacity areas. However, it is equally important to ensure that this external entity will be able to make impartial judgments about the organization, and ensure as much as possible, an objective perspective on where the organization's strengths and weaknesses lie.

F. Conducting the Autonomy Analysis (Optional)

In some settings, the OCVAT has been conducted before a local institution has gained its full autonomy as an independent organization. Since an institution which is not fully independent may not be conducting certain management functions, it is important to assess its autonomy in the various capacity areas to identify where capacity building will need to be targeted for the development of new systems. Thus, in those cases, the OCVAT should be coupled with a parallel assessment of functional autonomy in the different capacity areas of the OCVAT.

In such a situation, the boundaries of the assessment need to be very clearly spelled out to participants. Participants will have to score the capacity of their organization as it currently operates, since it is impossible to assess something that is not (i.e. how their organization would operate without existing relations to the parent organization.) In this situation, the autonomy analysis provides a different type of information to guide the capacity building plan.

FACILITATOR TIP

Instructing Participants Regarding Organizational Autonomy

Where the autonomy analysis will be performed, participants should be instructed to score the organization as it currently functions, not as it should function or would function if it were fully independent. If, for example, the organization does not have an independent legal registration because it is serving as a branch of another organization, the participants should score it accordingly.

To conduct the autonomy analysis, 1 to 3 individuals in leadership positions within the organization should be selected to complete an autonomy worksheet, where they will identify whether the organization is fully, partially, or not autonomous in the performance of the functions. A sample Autonomy Analysis Worksheet is provided in Annex J. The autonomy analysis should be carried out prior to Day 2 of the OCVAT workshop to ensure that the results can be used in the data analysis process.

G. Scheduling and Planning the OCVAT Assessment Meeting

Scheduling the OCVAT

Coordination with the organization being assessed is critical in order to ensure optimal participation in the OCVAT exercise by all relevant staff. The facilitators should begin the general dialogue with the participating organization and external validation team at least two months prior to the expected OCVAT dates in order to allow sufficient time for planning and preparations.

The **specific** dates that need to be agreed on in advance are:

- when communications will go out to organization’s staff with an introduction to the OCVAT process, background materials, introduction to the OCVAT.
- when the deadline will be to receive all completed validation scores from external validators
- when you will receive a confirmed list of all staff participating in the OCVAT meeting
- when the participants will read and consider the scores they will assign prior to the assessment meeting
- when the Self-Assessment meeting will take place in-country (three days)

Planning the OCVAT Agenda

A group discussion of each and every indicator in the OCVAT taken one by one would be unruly, unmanageable and lead to redundancy in discussions. In planning out the daily agenda for the OCVAT meeting, it will be very helpful to break down all of the capacity areas into sections. Table 6 outlines a suggested breakdown of indicators to be reviewed by groups of participants (A, B, C, and D, where necessary), based on the expected amount of time required to cover each capacity area. See also the sample agenda in Annex B.

Table 4. Suggested Regrouping of Indicators for Scoring Sessions

Governance	
A	Legal Recognition

	Governing Committee or Board
	Constitution / Bylaws
B	Accountability/Integrity
	Mission and values
	Transparency of Decision-making
C	Organizational Structure and Internal Coordination
	Succession Planning/Leadership Development
	Participation in Decision-Making (Board/Senior Leadership with all staff)
Grants and Sub-grantees Management	
A	Award, Agreement and Donor Management
	Compliance Management (Donor, Host Country and Internal)
B	Grants Management
	Supportive Supervision to Sub Awardees
Resource Mobilization	
A	Identification and tracking of funding opportunities
	Organization has the capacity to develop funding proposals
	Success rate in winning bids
B	Resource diversification
Financial Management	
A	Financial accounts/bookkeeping
	Internal Controls
	Payroll System
B	Accounting policies and procedures
	Bank account
	Record Keeping
C	Organizational Budgeting and Financial Planning
	Development and management of donor agreement budgets
	Financial reporting/Donor Reporting
Office Operations	
A	Procurement System
B	Security and Safety Management
	Physical infrastructure
	Technological infrastructure
	Assets and Property Management
	Motor Vehicles Management
C	Travel Management
	Records and Information Management
Human Resources	
A	HR Management Capacity (HR staff, plan& Budget)

	Staff Roles & Responsibilities
	HR Policies & Procedures
	HR Compliance & Essential Documentation
	HR Data & Personnel Files
B	Employee Relations & Staff Welfare & Morale
	Staff satisfaction
	Remuneration System
C	Recruitment
	New Staff On-boarding
	Performance Management
Program Management	
A	Strategic planning
B	Annual Organizational Work plan Development
	Annual workplan completion
C	Cross-departmental Communication Process
	Participation in Decision-Making (within Units/Departments)
D	Quality Improvement System
Project Management	
A	Beneficiary Targeting
B	Project Planning
	Project Budgeting
Networking	
A	Networking to coordinate with other non-governmental implementers
	Collaborating with relevant government agencies
B	Partnerships for technical assistance
	Relations with potential donors for funding
Technical Capacity	
A	Staff orientation
	Staff development and training
B	System for communicating technical updates
	Access to technical resources
Monitoring & Evaluation	
A	Resources and a foundation for monitoring and evaluation systems
	Monitoring data collection and storage
B	Data transformation
	M&E data informs decisions
	Data Quality Assurance
Information Technology	
	Technological infrastructure

A	Software Systems
	Software Licensing
Communications	
A	Branding/Messaging
	Media/Public Relations
B	Online Presence
	Brochures/Collateral Materials

H. Summary of preparation steps

- Identify qualified facilitators with solid organizational development experience.
- About six weeks prior to the OCVAT exercise, facilitators should send formal communication (i.e. a letter and/or email) to the local partner teams inviting the teams to select the participants, but also to give a brief overview of the process and what it entails.
- Local organization leader selects appropriate members of the organization to participate in the OCVAT exercise, including several high-level decision makers.
- Local organization identifies suitable external validation team. No later than one week prior to the OCVAT, the external validation team should carry out their assessment, including document reviews and interviews, as necessary; and share documented feedback to the OCVAT facilitators at least three days prior to the OCVAT.
- About a week prior to the OCVAT, the selected participants should be reminded to review the OCVAT material in detail and begin to reflect on their scoring decisions and the corresponding rationale.
- Ensure all materials (soft and hard copies, as necessary) are prepared and that all logistical arrangements are confirmed prior to the 3 day workshop.

CHAPTER 3: DAY 1- CONDUCTING THE SELF-ASSESSMENT

Chapters three through five provide guidance to the facilitators in conducting the three day OCVAT workshop. Facilitation tips specific to each task are provided throughout these chapters to aid facilitators in addressing potential challenges and ensuring optimal participation by the entire OCVAT team.

A. Introducing the OCVAT Self-Assessment Meeting

Objectives: By the end of the process outlined in this section, the facilitator will have:

- ✓ Reviewed the presentation of the overall purpose and process of the OCVAT assessment with the participants including:
 - the 13 OCVAT domain areas to be covered
 - the scoring process and purpose of scoring

Timeframe: 1 hour

Handouts:

- List (table) of OCVAT domains & definitions
- OCVAT tool (should have been shared with and read by participants before the meeting)
- If facilitator uses powerpoint, share handouts of presentation
- Agenda for Day 1 (See Annex B)

Guidance for Facilitators:

- Follow appropriate local protocol. Welcome participants and thank them for their participation. Introduce yourselves (facilitators) and have participants introduce themselves (and their roles/positions in the organization).
- Briefly mention that notes will be taken during the meeting so that all of the ideas discussed are captured and documented. These notes will inform qualitative aspects of the OCVAT Report, but not report on personal opinions or persons.
- Provide a brief overview of the purpose of the OCVAT and the expected outcomes of this process. At this point it will also be useful to review the overall OCVAT process/major phases, and the various domains to be covered.
- Review the overall agenda for the three days of OCVAT self-assessment meeting, only two of which will require the participation of all staff selected for the exercise as Day 2 will only involve the facilitation team. (See Annex B for sample OCVAT Schedule.)
- Present the perspectives of the assessment: both internal and external perspectives and the value of each in assessing the capacity for transition.
- Clarify the roles of both participants and facilitators and address the issue of maintaining confidentiality of the discussions. Strict confidentiality cannot be promised with a large group, but the table below highlights some basic principles of confidentiality and respect to be stressed at the onset of the exercise. These can be amended and need to be discussed in context.

Potential limitations and boundaries of the OCVAT process:

In some settings, the OCVAT has been conducted before a local institution has gained its full autonomy. This has required adjustments notably by conducting a parallel assessment of autonomy in the different organizational functions of the OCVAT. In such a situation, the boundaries of the assessment need to be very clearly spelled out. Participants will have to score the capacity of their organization *as it currently operates*, since it is impossible to assess something that is not (i.e. how their organization *would* operate without existing relations to the supporting organization or entity.) In this situation, the autonomy analysis provides a different type of information to guide the capacity building plan.

- Briefly review the OCVAT tool and key capacity areas being assessed. Ensure that all participants are clear about what they will be scoring.
- Review the instructions on scoring, explaining that:

A group of about eight to ten staff from the organization are selected to score each section. The facilitator will ensure everyone has a proper understanding of the indicators. After reading the indicators and associated stages of progress, each member of the group will select the stage he/she feels best describes the current status of the organization for each indicator. There are five capacity levels: 1) “No or minimal capacity” 2) “Emerging capacity” 3) “Minimal acceptable level of capacity” 4) “Good level of capacity” and 5) “Excellent level of capacity;” each stage of capacity is broken down into two levels: a lower range and a higher range so that scores are based on a scale from 1 to 10 (See Table 5 below). For example, the lowest stage (“No or minimal capacity”) is broken down into two possible scores, one and two. This allows each participant to further refine their assessment of capacity by adjusting the score up or down within each capacity stage for each indicator. This also provides greater variability among the individual scores.

Table 5: Excerpt of OCVAT tool illustrating scoring scale

Indicator Names	Indicator Descriptions	No or minimal capacity Not ready for transition No chance of sustainability	Emerging capacity Transition not advisable Little chance of sustainability	Minimal acceptable level of capacity May be considered for transition Limited chance of sustainability	Good level of capacity Ready for transition of functions Good chance of sustainability	Excellent level of capacity Ready for full organizational independence Excellent chance of sustainability
	Scores	1 2	3 4	5 6	7 8	9 10
Legal Recognition	The organization is a legally constituted entity, recognized by the host country government	The organization has no legally recognized status, nor any plans to obtain it. There have never been discussions about obtaining it.	The initial steps necessary to obtain legal status have been identified and are actively being carried out	Most but not all of the steps necessary to obtain legal status are actively being carried out.	All required documents pertaining to the legal status of the organization have been submitted to the authorities.	The organization has full legal status.

☞ FACILITATION TIP
Explaining the Instructions

- It is important to ensure that instructions on how to score are clearly understood by all participants. Remind participants that the word pictures for each stage of development are only guides for determining the score for a given indicator. Scorers are to select the stage they feel best describes the capacity of their organization for that indicator at the time, even if every word in the description does not exactly reflect the reality within the organization.
- It is also critical to ensure that participants are aware that they are free not to score on indicators which they feel they do not have enough knowledge about or experience in to assess accurately (they should score 'DK' for don't know). This will limit uninformed and invalid scores.
- In order to reassure participants and encourage honest and open scoring, it is important to remind participants that their scores will remain anonymous.

- Review and agree on the ground rules for the OCVAT self-assessment meeting. It is important to establish these general guidelines, so that an environment is created where the participants feel free and open to discuss their opinions. Request the participants to define their own ground rules; record them on a flip chart and post them up in the meeting room where they are visible to all. If not mentioned by the group, a couple of important suggested ground rules can be proposed by the facilitator and agreed upon by the group:
 - All opinions are valid and all participants should contribute
 - Participants should not “debate” points, since this meeting is about sharing a range of opinions and reaching a common understanding of the measurements and ensuring that individuals have sufficient information available for scoring, NOT about reaching a consensus.
 - The process is about sharing experiences and examples, not about convincing others or resolving problems.
 - Honest and candid viewpoints are encouraged
 - Confidentiality of group discussions--what is discussed in this meeting is confidential and information from this meeting should stay within the participant group
 - Use critical judgment, common sense, and respect
 - Individuals should be present and active participants (ex. no cell phones or email)

Table 6 below highlights key principles of conduct for all those involved in the OCVAT exercise.

Table 6. Principles of Respect and Confidentiality in the Conduct of the OCVAT

For the Facilitator	For the Participants	For Senior Management
<ul style="list-style-type: none"> - Will focus on principles not personalities - Will keep individual names and opinions confidential in report - Will listen to all and solicit the voice of more reserved participants 	<ul style="list-style-type: none"> - Will focus on principles not personalities - Will be open to critical comments referring to capacity “in their shop” - Will be respectful of persons when providing critical insights into organizational 	<ul style="list-style-type: none"> - Will focus on principles not personalities - Will be open to critical comments about the capacity of the organization - Will not take identified weaknesses personally

	<p>processes and capacity</p> <ul style="list-style-type: none"> - Will keep individual names and opinions confidential in water-cooler discussions, and keep those focused on principles and operations 	<p>and will demonstrate transparency</p> <ul style="list-style-type: none"> - Will commit to focus further discussions and planning on principles and operations rather than individuals
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Lastly, open up the floor to answer any questions the participants may have about the OCVAT process.

B. Facilitating the OCVAT Discussion and Scoring Sessions

Objectives: By the end of the process outlined in this section, the facilitator will have:

- ✓ Facilitated discussions around each of the 13 OCVAT domains, using guiding questions.
- ✓ Guided the participants on how to score each domain.
- ✓ Received scores on each domain from all participants.
- ✓ Entered initial scores into excel

Timeframe: The implementation of the tool for all 13 domains will take up the majority of day one. The capacity areas are all of varying length, so some may require more time to complete than others. The shorter capacity areas can be completed in about 20 minutes, while the longest may take up to 45 or 50 minutes (Sessions expected to require *less time*: project management, technical capacity, grants & sub-grant management, IT, office operations, resource mobilization, communications ; Sessions expected to require *more time*: M&E, governance, human resources, program management, and financial management.)

Tools/Handouts:

- OCVAT Tool
- Data entry sheets (soft copies or hard copies)

During this part of the OCVAT meeting, the facilitators will be guiding group discussions on 13 capacity areas and scoring of specific capacity items within each area (see Annex C).

Guidance for Facilitators:

- Review the key definitions of each domain used in the tool, referring to the OCVAT tool, and ensure that participants are clear on the components they are expected to assess.
- Introduce the first capacity area, summarizing what this capacity area addresses based on the introductory paragraph found before each set of word pictures and highlight the importance of this capacity area for the good functioning of the organization.
- Guide the discussions on each capacity area: discussions per capacity area will be carried out for groups of related indicators at once (as suggested in Table 4 in Chapter 2). Introduce each discussion session by describing the 2-3 indicators in the groups and then ask the participants:

‘When you looked at these indicators in the previous week and pre-scored the capacity areas, which description best suited your assessment?’

Once the participants have shared their initial responses, then you can probe further to elicit their reactions (whether they agree or disagree with a statement, whether they scored higher or lower and why).

Ask the group if any of these questions particularly “grab them” or bring up thoughts or issues they would like to react to. If so, have the participants share these thoughts and opinions with the group.

In guiding these discussions, you should remember to:

- Encourage broad participation and sharing of diverse viewpoints
 - Avoid debates (consensus is not needed, and some issues will not be amenable to resolution in this forum)
 - Encourage participants to relate their own experiences to each capacity area (which can inform scoring), and
 - Allow for sufficient time for scoring of all capacity areas
 - The discussion time should be long enough to ensure all participants have in mind all relevant issues and question, but often has to be cut when participants shift to problem solving or recommendations since those issues will be addressed on Day 3
 - Accept that the first discussions are usually longer than the last.
 - Remind participants not to share the exact score they plan to give, but rather share the reasons they feel the organization is weak or strong in certain areas. (Sharing exact scores tends to influence others to provide the same score without reflecting on their own perceptions.)
- As the dialogue continues, you should help the participants discuss the key issues in each capacity area by targeting or emphasizing certain key questions that are emerging as most important for the organization. For example, if the input indicates that staff have serious concerns about project start up issues (low scores), the facilitator may ask the following guiding question to the group for discussion:

“Thinking of the two most recently initiated health projects in your organization: what types of strategies do you use to facilitate start-up at the project site?”

- **Recording the Discussion:** While one facilitator oversees the discussion of the specific capacity area, the other facilitator should take notes on the computer to capture the discussion and, to the extent possible, document key quotes from participants. These notes are important so that you maintain a memory of the themes that arise during the self-assessment and are able to capture the rationale behind the eventual scores. This qualitative input can later be factored into the overall analysis of the OCVAT data and can be included in the final report. Usually, it is best if the facilitators rotate between guiding group discussion and taking notes, since this provides some variety for both the facilitators as well as the participants.
- **Recording and Collecting Scores:** Once it appears that all the major issues for the capacity area have been raised in the discussion, then you should instruct the participants to take a few

minutes to individually score the capacity area in the OCVAT score sheet. Each person is encouraged to reflect on the discussion they just had with their colleagues and their knowledge of this capacity area as they score. Again, in some instances, participants in a group may have little to no connection with issue targeted by certain indicators; in such cases, as the facilitator you should inform scorers that they can opt out if they don't feel they have enough of a basis to form an opinion on the issue and should mark "DK" (don't know) on the score sheet.

Participants should enter their scores in an Excel data entry sheet on the computer after each discussion session is completed. Data entry can also be done on paper, with a print out of the data entry sheet; when all participants have completed their scoring, they should pass their OCVAT score sheets in to the facilitators, who will then enter this data into the analysis sheet (see Annex E). Chapter 4 and Annex F deal specifically with the mechanics of data entry, processing, and analysis.

When all participants are finished scoring, you will repeat this process for the rest of the capacity areas:

- Introduce the capacity area (summarizing what this area involved)
- Facilitate discussion according to the indicator groups outlined above (while one of the facilitators takes notes on the discussion) for 10-15 minutes
- Individual (silent) scoring of questions in each capacity area for 3-5 minutes by rating statements for each domain in the OCVAT tool.

Participants will submit their scores either on hard copies of the score sheets or on soft copies. Chapter 4, Section A provides guidance on the collection of soft copies of data. To ensure that data collection is complete, be sure to collect all data before participants leave the workshop on Day 1.

☞ FACILITATOR TIP:

During the Self-Assessment Meeting

- Participants will come to this meeting with issues that are deeply important to them. They will want to share these thoughts early in the process, even if their issues relate to a capacity area other than the one being discussed. Make note of their comments and probe further when that capacity area is discussed. The issues that are brought to the table at the "wrong time" may be extremely important for the organization!
- Encourage further comments on the topic at hand. Do not discourage the expression of opinion by being too rigid in your facilitation style.
- If issues arise during the meeting where you have particular expertise or a strong opinion, refrain from sharing your thoughts. During the Action Planning session, you can share your feedback or ideas with the participants.

CHAPTER 4: DAY 2- DATA ENTRY AND ANALYSIS AND PRELIMINARY FEEDBACK REPORT

Objectives: By the end of the process outlined in this chapter, the facilitator will have:

- Entered participant responses from Self-Assessment into the Excel data entry tables and calculated averages, median, and distribution graphs for each indicator.
- Analyzed both quantitative and qualitative in-country OCVAT data
- Prepared presentations and materials for Day 3 of the workshop.

Timeframe: Comprehensive data entry and analysis takes place during day two of the exercise (this is a free day for the participants). The presentation of overall results will take up the first half of the morning on day three, with subsequent group discussions during the second half of the morning.

Materials:

See Annex B for a sample agenda for Day Two.

A. Data Processing

In this first section, we describe how to mechanically handle the data, from data collection to inputting summary tables and graphs in the MS Word report template.

★ **ATTENTION:** Electronic scoring files mentioned in this section may be obtained by contacting Stephanie Calves, Senior Technical Officer, Affiliation and Organizational Development, at the Elizabeth Glaser Pediatric AIDS Foundation (scalves@pedaids.org).

The next section will deal with the process of analyzing and understanding the data.

I. Data entry

File naming convention—Before asking the participants to enter their scores (on paper or electronically), it is important to have a file naming convention for the files or document they will return. This convention should be followed for both paper and electronic documents:

- Use the file **OCVAT File Names.xls** to list all participants' names in the left column. They are duplicated automatically on the right side of the file.
- Cut the page in two vertically. Post one half on the wall of the room where the assessment is conducted. Use the remaining one to cut out individual tags and ask each participant to take the tag with his/her name on it.
- Each participant now has a non-duplicated name for the file in which s/he will enter his/her score.

★ **Attention:** this step may seem trivial, but without it the facilitator could easily end up with duplicated score sheets or miss out on the answers of one participant without knowing it. It is particularly critical for electronic data entry.

- Each participant should receive the file **OCVATPartiBlank.xls** the day before the assessment.
- At the start of the assessment day, using the steps described above, the facilitator will ask each participant to rename his/her data entry file as shown on **OCVAT File Names.xls** (now posted on the wall and cut in tags for each participant.) File names will now be **OCVATParti1.xls**, **OCVATParti2.xls**, **OCVATParti3.xls**, etc.

For electronic data entry—

- During the assessment exercise, participants will be instructed to enter their individual score in their individual data entry forms after each session of discussion. (If data entry is done on paper, the same form should be printed out and will be entered by the assessment team at the end of the day.)

II. Transfer of participant scores to the analysis spreadsheet.

Open the file **OCVAT Analysis Blank.xls** and rename as you see fit.

- Simply copy the data from the HQ score sheet and paste it on the worksheet “Data Entry” and the “External Score” column (Column C).
- Follow the file naming conventions for the participant scores and copy paste each set of scores in the corresponding column on **OCVAT Analysis Blank.xls** – on the worksheet “Data Entry” (Column D to AU).

Double check the data to ensure that there are no errors or incomplete entries so that graphs and summary tables can be produced. Make sure to save the document and, that’s it. You’re ready to look at summary tables and graphs produced automatically for you.

III. Production of graphs and summary tables

The OCVAT analysis sheet automatically produces a number of variables. While they are available and can be used by the analysts, only a few are required in most cases. See Annex F for a description of how to produce and report on the main variables.

B. Making Sense of the Information

I. Setting up the analysis process

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

Following this general discussion, examine the same graph with divergent external scores represented and again discuss any impressions, surprises and additional questions that arise.

These discussions will help the facilitation team tune in to the key findings from the assessment and will help guide the subsequent analysis of each capacity area.

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

II. Guidance on conducting the analysis

Overall, in discussing and presenting the analysis, it is important to use the language of capacity description suggested by the OCVAT scale itself. As facilitators conduct their analysis by capacity area, they should identify the big, obvious findings first. Priority areas should be determined based on weaker capacity or lower autonomy for the particular capacity area.

It is fundamental to take the time to discuss and remember the key qualitative findings: comments from participants, tensions, consensus, and documentation review from the validation exercise. **Scores assist in the analysis; they are not the analysis.**

Interpreting scores:

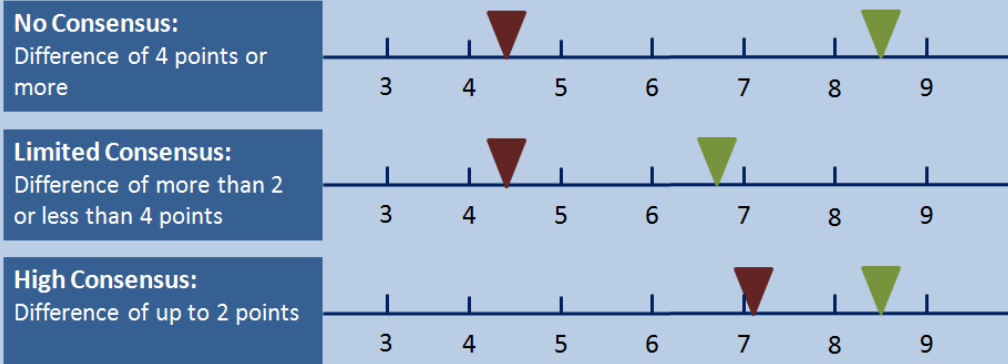
From the score data entered in the Excel tables, the facilitators will be able to compare results between capacity areas and identify trends that indicate strengths or opportunities for improvement. The following principles will provide some conceptual guidelines on what to do with the data, and how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

- Scores that deviate from the median and lower scores are identified as areas where further discussion or exploration is indicated
- The range of scores provides information on where there is consensus (or not) among the participants and for identifying “critical questions” (where further discussion or exploration is necessary).

Definition of Consensus: Consensus as defined in the OCVAT exercise means that there is minimal discrepancy in scores (either among staff, or between the self-assessment and external review). Generally, an absolute difference in scores of less than two points indicates overall consensus for a particular indicator; a difference between two and four is understood as limited consensus; and a difference of greater than four points is considered to have a lack of consensus. See the diagram below for a visual depiction of these broad definitions.⁴

⁴⁴ Note that the graphic of summary scores presents external scores only if the difference is greater than 1.5. This is an arbitrary decision, but it means that external scores will be shown even if external consensus is high (less than 2.0).

Definition of Consensus



FACILITATOR TIP:

Deciding What Data To Report Back to Participants

Not all analytical details need to be reported and shared back to the participants. A key element of leading the OCVAT is turning data into useful information (this is why not all variables of the OCVAT are reported to the participants.)

When analyzing the data, note that within each capacity area:

- Both internal and external scores should be analyzed closely
- Indicators with the highest scores and the highest level of consensus indicate areas of strength
- Indicators with the lowest scores indicate areas for further improvement or assessment and may be considered priority areas for action planning
- Indicators with low consensus among the scores of the participants indicate areas where further discussion is necessary to determine relevant issues and potential for action planning.
- Quantitative data (scoring) from participants is complemented by qualitative input (recommendations & discussion)

In analyzing the various capacity areas, you should also address the following elements:

- **Validation comments:** Review comments from the external validation regarding the scores for the external assessment and highlight any key points that may explain divergence (between external validation and participant scores) or particularly high/low scores. The divergence of scores between external validation and the participants will highlight areas that require capacity building.
- **Qualitative data:** Self-assessment discussion notes. The facilitators should review the notes from the daily discussions and identify recurring themes that can inform the rationale for the quantitative scoring. It will be very useful for facilitators to capture specific descriptive quotes

from participants (“quotable quotes”) on a particular capacity area, especially during the scoring discussions. Quotes can remain anonymous and simply refer to the relevant capacity area.

Many self-assessment exercises lead to inflated scores. Given the resulting skewed nature of the data, take time to pay attention to exceptions (i.e. minimum scores, as questioning the consensus) and what these might indicate about the capacity of the organization. Discuss among the assessment team:

“Do we have qualitative information suggesting this is a critical issue which is being silenced, or is it just a variance in interpretation and perception of organizational capacity?”

Once again, the analyses should include triangulation of data sources (internal and external). As a separate component of the analysis, the facilitators’ opinions and recommendations should also be recorded but clearly as such.

C. Preparing the Feedback

The assessment team should prepare a couple of bullet points on each capacity area to present to the participants on Day Three. The information to be presented includes:

- 1-2 bullets on how the capacity areas fared to depict the “big picture” –strengths, weaknesses, whether a contentious area or not, etc.
 - Detail on Indicators (and autonomy if appropriate). Create a table with all indicators from the capacity areas you are reviewing, with internal and external scores side by side and a separate column with the level of reported autonomy. Sample tables are provided in Annex F.
 - **Descriptive Analysis:** In a few bullets highlight the key points that the participants should remember from these data
 - Strengths vs. weaknesses in indicators: how does this explain the overall scoring of these capacity areas?
 - Refer to your notes and validation data: Draw points that confirm your analysis, or put it into question. As needed present whether there are extreme gaps in external or internal consensus on any question.

D. Facilitators’ Conclusions

Facilitators should share their informed opinion about the capacity areas they reviewed in short statements. In developing the conclusions, the facilitators should consider the following questions:

- The OCVAT will help establish capacity building priorities. How does the analysis help in this?
- What priorities do the facilitators see emerging from this?
- What conclusions can be drawn on problematic issues (i.e. divergence between quantitative and qualitative information, even validity of findings...)?
- The OCVAT is just a tool used to guide capacity building efforts. The facilitators should share any questions / suggestions / puzzlements / encouragements generated from their analysis about the overall transition exercise.

Facilitators should share with other members of the facilitation team for critical review prior to presenting on Day Three.

E. Preparing for the Feedback Session on Day 3

Once the data analysis is complete, the lead facilitator will then compile all of the inputs into one presentation for the feedback session. The presentation should be divided into 2 primary sections

1. Presentation of results and the facilitators' conclusions.
2. Presentation of capacity building recommendations identified by the facilitators.

The first section will be used early in the day to relate the results of the OCVAT to the participants. The second section will not be presented until the end of Day 3, after the participants have completed their own capacity building plans. These recommendations are designed to complement the plans developed by the participants.

In preparation for Day 3, the facilitators may decide to print out summary sheets of the data for each capacity area (see template in Annex G).

CHAPTER 5: DAY 3 - FACILITATING THE FEEDBACK AND ACTION PLANNING SESSIONS

A. Feedback Session

Objectives: By the end of the process outlined in this section, the facilitator will have:

- ✓ Presented key findings per capacity area based on data from all sources (participant scores, HQ scores, qualitative inputs from discussions)
- ✓ Highlighted key issues of concern or issues requiring further discussion
- ✓ Established a common understanding among participants on OCVAT findings

Timeframe: 45 minutes

Tools/Handouts:

- Powerpoint Presentation of analysis and findings prepared by Facilitators
- See Annex B for sample agenda for Day Three.

I. Purpose of the feedback session

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

II. Facilitating the feedback session

Ice Breaker

Day three will begin with an ice breaker that will not only recap what was covered during day one, but also gear the participants into thinking about key take-home messages. The facilitators will guide a discussion to answer questions such as:

- What did you think of day one?
- Was it as you had expected? Were there any surprises?
- What impressions/key messages about your organization did you glean from the discussions?

The facilitators can capture key comments from the participants on flip chart paper or take detailed notes for inclusion in the final report. Following this exercise, the facilitators may share some feedback to the participants about how day one went and frame the discussion around how the scoring outcomes will shape the action planning activities. This will be an opportunity for the facilitators to highlight the

key objectives for the day, review the OCVAT process, if necessary, and also to explain how the external validation scores will be looked at and the purpose behind comparing external validation and participant scores.

III. Overview of assessment results from feedback session

First, the facilitators will present an overview of the “big picture,” highlighting key trends in the various capacity areas, particularly around areas of strength and areas of weakness in the organization. They will then present more specific data on the findings in the various capacity areas.

External validation scores will also be compared with in-country self-assessment scores; this exercise will serve to exchange the external perspective with the internal perspective and identify areas of convergence and divergence. The facilitators will stimulate a discussion among participants to explore the areas of strength, (where there is a high score, high internal consensus, and high consensus with the external validation scores) and areas of weakness (areas with low scores, low internal consensus, or low convergence with external validation scores). The facilitators will also guide the discussion around the possible reasons and implications of any diverging scores; the divergence of scores between the external validators and the participants will highlight areas that require attention.

FACILITATOR TIP:

Providing Useful Feedback to Participants

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

- **What’s the point?**
Remember that the feedback serves to discuss major strengths and weaknesses of the organization prior to developing a capacity building plan. The point is not to report numbers—participants can always read numbers later. What is needed during this session is a presentation of the major lessons learned from the analysis.
- **Use the numbers, but don’t let them speak for you.**
The OCVAT provides much more than just numbers; make use of the qualitative information and your organizational acumen to present meaningful findings. And in doing so, make use of numbers: Is there a substantial disagreement between the external validation and participants? Is one capacity area notably weaker than others? Does one indicator in a well scored area stand out because it is much lower than others? Is there a disconnect between a positive overall score and comments you heard on Day 1?
- **“Of two numbers, one is usually greater!” (D. Balestracci)**
Scores between indicators is not necessarily comparable. Do *not* report, for example, that HR capacity at 6.4 is greater than financial management capacity at 6.1. Consider how those scores are produced; it would be very unlikely that two scores would end up being the same, so one will usually be greater than the other. In this example, baring additional information, the capacity for HR and financial management is assessed similarly by participants. Do not overstate the precision of the OCVAT. The tool is primarily designed to help develop a common understanding of capacity, not to achieve specific numbers.
- **Keep both eyes on the process.**
In spite of all best efforts, facilitators will occasionally run into a situation where office politics, issues of trust, context, or biases introduced in preparation for the assessment can derail the exercise. Self-assessment scores can quickly lose reliability in such conditions and the entire exercise can be at risk. In

these circumstances, you will have to use experience and judgment to decide how to proceed, bearing in mind your ultimate purpose: help an organization learn about itself and grow.

You will not be able to read through all of the data for each capacity area. You should highlight areas that appear the most significant to the organization – for example, which questions revealed the greatest disagreement between participants and external validators, where there were particularly low participant scores, where discussions from the Self-Assessment meeting consistently reinforced that this is a key capacity area, where you note trends, or where you see cross-cutting issues between this capacity area and another.

In the spirit of a self-assessment exercise, the organization should focus on the OCVAT data that the participants think is most relevant to their capacity building needs. As a facilitator, you can help the organization narrow down their priorities by identifying what seem to be the most critical issues based on all the data you have examined.

B. Development of Capacity Building Plan

Objectives: By the end of the process outlined in this section, the facilitator will have supported the organization in the ‘assessment to action’ process by:

- ✓ Facilitating a prioritization exercise to determine three to four key issues to be addressed during the action planning session
- ✓ Introducing the purpose of the capacity building plan development exercise (serves to demonstrate how the organization will replicate the capacity building planning for other indicators not covered during the exercise)
- ✓ Sharing key recommendations on how to conduct capacity building planning
- ✓ Facilitating the development of capacity building plans for the 3 or 4 priority areas identified by the participants

Timeframe: The agenda of group processes needs to be managed with care and flexibility. Presented timelines are suggested.

- The prioritization activity (“Into Action –Capacity Building Priorities”) can be carried out in about 45-60 minutes. This provides the participants’ priorities and suggests a first list of recommendations.
- The facilitator can take 20-30 minutes to summarize the work of the participants and relate it with the preliminary recommendations of the assessment team.
- The participants will be organized in small groups and take the next couple hours to develop capacity building plans for each of the 3 or 4 priority capacity areas.
- 30-60 minutes should be allotted for sharing feedback to the whole group.

Note: The nature of the group, the capacity building needs, the priorities, the ease with which capacity building plans can be developed, the level of detail participants are ready to commit to—all these factors can and will affect how the day’s agenda will unfold. Some groups will be cursory in planning for a lot of activities, having identified all the activities they want to pursue. Other groups may choose to be thorough in working out the details of the very top priorities, and leave for later further action planning on secondary issues.

Tools/Handouts:

- 6”x8” index cards or stickie notes, markers and tape. Blank wall space.
- Presentation on Recommendations from facilitators
- Capacity Building Plan Template
- Flip Chart Paper

I. Purpose of the Session

The purpose of this session is to allow for a participant-driven analysis of the assessment results presented in the Feedback Session and to give participants an opportunity to play a pro-active role in steering the discussions for the action planning session. In this session, participants will agree upon

three to four priority capacity areas that will be addressed in detail during the action planning session and for which capacity building plans will be developed.

II. Prioritization Exercise: *Into Action* – Capacity Building Priorities

Following the feedback sessions, the facilitators will then facilitate a brainstorming session to help the group process the significance of the results and determine which capacity areas are the most critical to the transition process. There are many ways to lead such an exercise; the following is one possible template for leading such an activity, which we have called “*Into Action*.”

What is *Into Action*? *Into Action* captures the energy of the group through creating an open space where all participants will share suggestions for further actions to be taken by the organization. It serves as an alternative to other group processes that involve listing issues, carrying out a prioritization exercise (vote, ranking, or other), then develop action plans for the top priorities. It builds on the fact that many people are action-oriented, rather than concept-oriented. Through *Into Action* priorities and large themes are inferred from a collective brainstorm of ideas for action (as opposed to deducing actions to be taken from the definition of priority themes). Although more structured than Open Space methods, *Into Action* borrows from this approach.

Guidance for Facilitators:

- Before starting the presentation of the feedback from the assessment team, you will have asked participants to write down their thoughts about remedies to problems and actions to be taken to strengthen the organization.
- Immediately after the presentation, request participants to review the notes taken during the feedback presentation and discussions and ask them to rapidly jot down on an index card what they believe are important, big or small actions for capacity building of their organization. Each index card should have only one (1) action item. (This should take no more than five minutes, although participants have been known to demand more. Remind them that there will be time to work out the details.) Participants should be encouraged to make specific suggestions, using key action words (“Who does what?”).
- Post sheets of flip chart paper with the titles of each capacity area (one capacity area per sheet), and then ask each participant to post their index cards of action points under the corresponding capacity area.
- Read each action point aloud and make any clarifications necessary and proceed to group the suggested action points into related themes within each capacity area.
 - You will then be able to help the group identify the common themes emerging from the participants’ suggestions. It’s preferable to limit discussions at this point, but allow clarification questions. It’s sometimes hard to keep the participants from explaining the rationale for their recommendation sometimes at some length.
 - Little by little, dominant thoughts and recommendations will emerge. Main categories of recommendations having gathered with many cards will often represent a high priority for the group. As the facilitator, you will still have a role to play beyond counting cards, which is discussed below.

 **FACILITATOR TIP:**
Keeping Time

- The Action Planning group leader needs to keep track of time and decide when it is more important to move on to another action area rather than focusing on very detailed steps for an action item. As the facilitator, you can assist with this task.
- It is important for the assessment team to take notes on these discussions for the final report, as these commentaries and explanations often represent the more salient conclusions that participants have taken home about their organization. However, there is a delicate balance that needs to be struck by the facilitators so that fruitful discussions are encouraged, while also keeping track of the time available.

III. From Priorities to Action Planning

Now that all the recommended action points have been presented, the facilitators should guide the participants to prioritize the three or four capacity areas that are most critical for the organizational development of the local partner. S/he should start by reviewing the themes of the recommendations that have been posted on the wall per capacity area, and comment not only on their importance in terms of number of participant-formulated recommendations, but also in terms of qualitative importance, based on his/her organizational development experience.

This is the time to rapidly present and review the recommendations produced by the assessment team. Do they align with participants' concerns? Are there gaps, blind spots, tensions? This is a time for robust and critical thinking.

In many cases, there will be a quick consensus about what actions are most important for the organization to act on, based on the *Into Action* activity and the assessment team recommendations. It is best to let participants self-select which group they want to contribute to, and to work with knowledgeable assessment team members to adjust group composition on the margins. There are several options on how to divide the participants into groups for action planning:

1. Each group is given one capacity area to focus on – leads to more detailed Action Plans
2. Each group is given 2-3 capacity areas – leads to higher level Action Plans
3. Select smaller groups to cover more capacity areas
4. The team may want to extend Action Planning to an additional day to cover more capacity areas.

The facilitators should make a judgment as to which approach makes the most sense, based on the number of priority capacity areas identified, the time available, and other factors agreed upon by participants or organization leaders.

In some cases, the number of capacity building areas and priorities identified will be too great to address all of them immediately. In that case, an approach that can be used to arrive at an agreement on priority actions is simple voting in the large group (raising of hands, assigning 1-3 votes per participant). Another option is to categorize the actions according to those that are easy or hard to achieve, against the impact expected (high or low), as shown in the prioritization matrix below. This way, the organization can maintain a perspective on the amount of resources needed to follow up on a recommendation, and plan for both shorter and longer-term actions.

Whatever approach used, it is recommended that Action Planning groups should enter action items directly into an electronic action plan template to be provided to each group leader. If time permits, facilitators should prepare handouts ahead of time summarizing the scores, key analysis points and

comments from the discussions for each capacity area. Hand these out to the group assigned to do action planning for the specific capacity area (See the template in Annex G).

Table 7. Prioritization Matrix for Capacity Building Interventions

	High Expected Impact	Low Expected Impact
Simple to Achieve	High priority	Low cost and payoff
Difficult to Achieve	High cost and payoff	Low priority

IV. Overview of Key Steps for Facilitators:

- 1) Review the emerging themes of the recommendations per capacity area
- 2) Decide on method for identifying priority areas and highlight emerging priority areas
- 3) Determine (based on number of priority areas, available time, other suggestions from group) how to divide into smaller groups.
- 4) Allow participants to break into groups and identify one focal person to facilitate the discussion for each group.
- 5) Groups develop the action plans on their priority areas.

☞ FACILITATOR TIP:
Developing Detailed Action Plans

- The facilitators should guide the participants through a process where they think through the steps necessary to accomplish a recommended action. It is extremely important that realistic steps are outlined for accomplishing proposed actions – including the designation of a person who is responsible for ensuring that the organization follows through with each action step; a realistic target date (‘Timeframe’), for when certain steps will be accomplished; the ‘status’ of the activity; and ‘other comments’ which capture details on the progress (See sample Capacity Building Plan below).
- To assist the participants in developing their proposed action steps, ask participants to think about the following questions:
 - Which of the OCVAT recommendations/findings do you think would be easiest to act on?
 - Which could be done with little or no additional resources?
 - Which recommendations/proposed actions fit into what the organization is already planning to do? (examples: distributing a procurement policy to all staff that is already developed, collecting best practices at a previously planning regional conference)
 - Which of the proposed recommended actions would have the greatest positive impact on your organization’s capacity to transition?
 - What steps can be taken to begin to move towards acting on these recommendations?

It is important to note that the time allowed for action planning is limited and may not be sufficient for the participants to fully develop their plan for transition capacity building across all indicators. However, the facilitators will guide the participants through the action planning process and in doing so, will impart key recommendations for replicating the action planning activity at a later time for the remaining indicators.

Table 8. Sample Capacity Building Plan

Activity	Global and Country Leads	Timeframe	Status	Other Comments
Grants Management and Compliance				
Improve compliance on USG rules and regulations by attending relevant training/workshops, including Fraud awareness	Internal Audit Director	June 2010 (initial)		
Regular communication new award information to the rest of the organization	Grants & Contracts Manager	Late June 2010		
Sharing of internal audit checklist tool by the Foundation	Internal Audit	Mid July 2010		

CHAPTER 6: WRAPPING UP AND CLOSING THE OCVAT MEETING

A. Discussion of Next Steps for Action Planning

Objectives: By the end of the process outlined in this chapter, the facilitator will have:

- ✓ Ensured that focal persons have been identified to lead the development of capacity building plans for all of the remaining capacity areas not covered during the OCVAT Workshop
- ✓ Recapped key guidance points for carrying out capacity building plan development
- ✓ Discussed OCVAT Follow up Steps
- ✓ Introduced and administered the Participant Evaluation of the OCVAT Workshop
- ✓ Formally closed the workshop

Timeframe: This section should take no more than 30 minutes.

Handouts:

- OCVAT Evaluation Form

After the action planning session has been drawn to a close, it will be helpful to:

- Identify participants who will take the lead in carrying out the action planning and development of capacity building plans for the remaining OCVAT sections
- Share a copy of the notes from the scoring discussions with all of the selected focal persons so that the groups can reflect on the key points raised.
- Establish a timeline within which capacity building plans will be finalized

It is recommended that about three months after the OCVAT a meeting be held with all of the staff involved in the capacity building activities to discuss progress on implementation of action plans, share achievements and challenges, and make any adjustments to the plans, if necessary.

When the facilitators compile the report of the OCVAT exercise it should be shared with both the external validation team and the organization's OCVAT team to help guide the finalization of capacity building plans (this report should be submitted a maximum of two weeks after completion of OCVAT). Annex I outlines the structure of the overall OCVAT report.

B. Participant Evaluation

It is very important and useful to get feedback from the participants on how they felt the OCVAT process went; their feedback will help inform any modifications that need to be made to improve the process and will help to gauge the perceived success of the exercise. The facilitators should introduce the Evaluation (See Annex H) and encourage participants to share their honest and detailed feedback,

informing them that their comments will be used to make any modifications to the process and improve the exercise in the future. Reassure them that their feedback will be anonymous.

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

C. Closing the Meeting

The facilitators should thank all of the participants for their active involvement in the OCVAT exercise and reinforce the importance of this exercise for their transition processes. The facilitators should also be sure to encourage the participants to follow up on the initial actions that they have prioritized, stressing the importance of meeting and following up on their defined commitments according to the action plan.

ANNEX A: SAMPLE COMMUNICATION TO ORGANIZATION FROM FACILITATORS

January 4, 2012

Dear [Local Partner Organization] Director:

Greetings from the OCVAT Facilitation Team! We are excited to be preparing for the implementation of the Organizational Capacity and Viability Assessment Tool (OCVAT) with your organization.

The OCVAT methodology, which was developed in collaboration between ICF/CEDARS and the Foundation, includes both an in-country self-assessment process and an optional validation exercise to be conducted by an external assessment team. This assessment process will:

- provide your organization with an objective analysis of its strengths
- highlight areas for improvement that are pre-requisite for a sustained effective and efficient program implementation
- identify key action points to enhance the overall capacity of the organization

An important part of the OCVAT is collecting input from the organization itself through participation of your staff in the assessment exercise. In order to do this, a three-day meeting will be held at your offices between *[insert dates]*. Only days one and three will be “active” days, with one gap day in between to allow the facilitators to conduct the analysis and prepare for Day Three. Day One involves discussion and scoring along each of the 13 capacity areas and Day Three focuses on a review of the findings, identification of priority areas for capacity building, and initiation of capacity building plan development for these priority areas.

Enclosed in this communication is 1) a copy of the meeting schedule, 2) a copy of the OCVAT tool, which outlines the 13 capacity areas and indicators along which your organization will be assessed, and 3) the list of documents that should be ready for review. Please ensure that the team that will be engaged in the OCVAT exercise has the opportunity to review and become familiar with the OCVAT tool and pre-score each of the capacity areas. The participants will be expected to come to the OCVAT meeting with their pre-scores in hand to move the discussions along more efficiently.

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

It is our hope that you and your team will be able to fully participate in this OCVAT process and benefit from the findings. Attached you will find an overview of the OCVAT exercise to assist in preparing for this work (see below). Thank you in advance for your candid input, which will help us help you improve your organization’s capacity in the future! If you have any question about this process please contact _____ at _____.

Sincerely,

XXX

Overview of OCVAT Exercise [SAMPLE]

I. Objectives in the Context of the Foundation's Project HEART Transition

The Organizational Capacity and Viability Assessment Tool (OCVAT) is a participatory assessment process which fosters honest dialogue across all departments and staff levels across an organization and provides a bird's eye view of an organization's capacity. The OCVAT was developed in collaboration between ICF/CEDARS and the Elizabeth Glaser Pediatric AIDS Foundation (the Foundation).

The OCVAT can be used to achieve following objectives:

1. Establish a systematic process for the development of capacity building plans for organizational development of local partners.
2. Create a common vision and understanding among organizational staff of the current capacity of the organization and priority areas for capacity building.

II. Brief Description of the OCVAT Tool

The OCVAT is a semi-quantitative assessment tool. It can provide a good understanding of an organization's capacity across all the necessary management functions (i.e. highlight the key strengths and weaknesses) but it is not as sensitive as a traditional survey tool with lists of questions, nor as burdensome as a survey covering the same breadth of functions would be. One of its advantages is that it serves as a learning tool as well as an assessment tool when applied as a self-assessment, giving respondents a concrete image of higher levels of capacity to strive for and a deeper understanding of each other's view of the organization's capacity.

The tool is considered semi-quantitative because indicators are scored on a scale. By providing a specific description of capacity for each potential score on the scale for each indicator, the tool reduces the subjectivity associated with traditional tools which ask respondents to rate indicators on a scale (i.e. from 1-10 with 1 and 10 generally defined) and increases reliability (less variability between raters). However, the descriptions are considered only a guide. Assessors are to select the stage they feel best describes the capacity of their organization for that indicator at the time, even if every word in the description is not true of the organization.

The OCVAT assesses thirteen capacity areas. Under each capacity area there are a number of indicators listed. For each indicator, five stages of progress are defined.

III. The OCVAT Implementation Process

The OCVAT assessment will be conducted in two stages, an external validation assessment and a self-assessment conducted through the OCVAT Self-Assessment Workshop.

A. The External Validation Assessment:

The OCVAT self-assessment will be complemented by an external validation step carried out by an external entity. This step allows for a comparison with the self assessment data to address any internal self-assessment biases that may occur during the assessment process.

For each capacity area in the OCVAT, an external validation team will conduct a review of program documents, interviews with key country staff, etc. as outlined in the validation steps for each capacity area in the OCVAT tool (See Annex D for a list of documents to be reviewed). Based on this, the individual(s) conducting the external validation select the scores for each indicator they feel best represents the organization's status at the time. External validators will be assigned sections to review and score based on their area of expertise (i.e. financial management, M&E, IT, etc.). This review will be conducted at least a week before the OCVAT exercise in country and submits their scores to the facilitators prior to the self-assessment exercise in-country.

B. The Self-Assessment

Selection of Participants:

Prior to the assessment, the organization being assessed will determine which staff members will participate in the scoring and discussions for each capacity area. For logistical reasons, it is recommended that the capacity areas be grouped with each group including 3-4 capacity areas. Each group of capacity areas will then be scored by the same group of staff members. Each scoring group should ideally include 8-12 participants (a few more or less is fine). The participants in each scoring group should include 4 to 6 staff working in the relevant departments and/or familiar with the internal workings of these functions and 4 to 6 staff working in other departments, benefiting and/or contributing to these functions (i.e. linked in as “internal clients”).

Furthermore, to the extent possible there should be a balance of senior leaders/managers and in-line staff. If the organization has field offices, it is recommended to include some representatives from the field offices in some or all scoring groups.

Please note that grouping capacity areas often means that not everyone in the room is familiar with all the functions they will be scoring. This is perfectly fine and even encouraged as much learning occurs for everyone during the discussions as those who know more explain the organization's processes and answer the others' questions. During scoring those who feel they have no basis upon which to score certain indicators will have the option to not enter a score.

Prior to the Workshop:

A few days prior to the start of the workshop, all scorers will be provided with hard and soft copies of the OCVAT tool and an Excel based scoring template. Scorers should read through the capacity areas they will be scoring/discussing and begin thinking about the stage of progress they believe the organization is in at the time for each indicator (i.e. the score they would select). They should come to the first day of the workshop with any questions or clarifications they want on the indicators.

Workshop Facilitators:

The self-assessment workshop will be facilitated by an external facilitator, who has been trained in conducting OCVAT assessments. For assessments of [ORGANIZATION NAME], the lead facilitator will be [NAME]. The lead facilitator will be assisted by [NAME] as a co-facilitator. The co-facilitator will not only

support the lead facilitator during the workshop sessions but will also participate in planning for sessions and the analysis of scores.

Workshop Day 1:

The day will be divided into scoring sessions with 3-4 capacity areas being scored in each session as mentioned above (see Selection of Participants). In each scoring session, the facilitators introduce one capacity area at a time, review the indicators to ensure proper understanding, and allow a brief discussion aiming at establishing a mutual understanding among the participants of the organizations processes surrounding the indicators. Once discussion is closed, participants enter their scores for each indicator under the capacity area they are scoring. The process is repeated for each capacity area being scored by that group.

Scores are compiled into an automated table which produces summary tables and graphs with scores for each indicator and composite scores for each capacity area. The facilitators analyze the scores to identify capacity areas/indicators with significantly disparate scores (determined by a formula) in addition to identifying areas of relative strengths vs. need for capacity development.

This schedule will be reviewed and discussed with the team prior to the assessment, in order to ensure that it is appropriate based on staff availability and overall objectives.

Workshop Day 3:

The facilitators present the results of the self-assessment highlighting the strongest and weakest capacity areas/indicators. If there are any indicators which received significantly disparate scores (determined via a formula) from the organization's staff and the facilitators are not able to correct for it (i.e. by removing a single outlier, etc.). The facilitators will lead a discussion to explore the reasons for the disparate scores and bring the group to a consensus.

After a break, during which any new self-assessment consensus scores are entered, the facilitators present the results of the external assessment compared with the self-assessment. If there are any capacity areas/indicators with significantly disparate scores between the external and self-assessments, the facilitators will lead the group in a discussion to understand the reasons resulting in the disparate scores. At least one representative from the external assessment team must be present during this discussion. If consensus is not easily reached through the discussion, the lead external facilitator will determine the final score based on his or her assessment of the discussion and the evidence presented.

The day ends with the facilitators leading a participatory process to select priority capacity areas for the development of capacity building plans. During the workshop, the participants divide into groups to begin developing the capacity building plan for each capacity area. It is not expected that that all the groups will completely finish the planning process in the time allotted. Each group will go as far as possible. After the OCVAT, Foundation staff will follow up with relevant staff of the transition partner to finalize the plans and discuss the implementation of the plan in detail.

An example of a schedule for Day 1-3 of the OCVAT Workshop is as follows:

DAY 1: [DATE]

TIME	ACTIVITY	PARTICIPANTS
8:30 am	Welcome and Introductions Agenda Review, Ground Rules OCVAT Overview presentation	Facilitator: Participants: All Selected for Scoring
9:30 am	Scoring Session 1– Project Management, Grants Management, Technical Capacity, M&E	Participants: TBD
11:15 am	BREAK	
11:30 am	Scoring Session 2– Governance & Organizational Management	Participants: TBD
1:00 pm	LUNCH BREAK	
2:00 pm	Scoring Session 3– Financial Management, HR Management, and IT	Participants: TBD
3:40 pm	BREAK	
3:55 pm	Scoring Session 4 – Office Operations, Resource Mobilization, Networking, and Communications	Participants: TBD
5:20 pm	Review of Agenda for Wednesday	Facilitator: Participants: All
5:45 pm	CLOSE OF THE DAY	

DAY 2: [DATE]

Review of data collected from Day 1 scoring sessions and planning for Day 3. This only requires the participation of the facilitators for the assessment.

DAY 3: [DATE]

TIME	ACTIVITY	PARTICIPANTS
8:00 am	Review Agenda of the Day Debrief on Day 1: <ul style="list-style-type: none"> • What did you think of Day 1? • Were there any surprises? • What impressions/messages about your organization did you take home? 	Facilitator: Participants: All

8:30 am	OCVAT Results Presentation <ul style="list-style-type: none"> • Summary of Scores – external vs. internal comparison • Key Strengths and Weaknesses 	Presenters: TBD
10:00 am	BREAK	
10:15 am	Detailed Review of Priority Capacity Areas and Discussion <ul style="list-style-type: none"> • Indicator scores, spread of High vs. Low Scores • Consensus on results • Identify Key Capacity Building Needs and Develop Plans 	Facilitators: TBD Participants: Small Groups Per Capacity Area (Divided as for Day 1 Scoring)
12:00 pm	LUNCH BREAK	
1:00 pm	Continue Detailed Review of Priority Capacity Areas and Discussion	Small Groups
3:00 pm	BREAK	
3:15 pm	Presentation on Capacity Building Plans	Presenters: Small Group Spokespersons
4:15 pm	Review Next Steps for Implementation of Capacity Building Plan	All
4:45 pm	Evaluation of OCVAT Exercise	All
5:00 pm	CLOSE OF DAY	

ANNEX B (HANDOUT): OCVAT SCHEDULE

Day 1 : Self-assessment Meeting	
8:30 am	Welcome and Introductions
8:45	OCVAT Overview, Agenda Review, Ground Rules
9:30	Discussion/Scoring Session 1 – Governance, Grants Management, Resource Mobilization
11:15	- BREAK -
11:30	Discussion/Scoring Session 2 – Financial Management, Office Operations, HR
1:00	- LUNCH BREAK -
2:00	Discussion/Scoring Session 3 – Program Management, Project Management, and Networking
3:40	- BREAK -
3:55	Discussion/ Scoring Session 4 – Technical Capacity, M&E, IT, Communications
5:20	Preview of Objectives/Agenda for Day 3 Discussion
5:45	Close of the Day
Day 2: Analysis and Preparation of feedback session (by OCVAT Facilitation Team only)	
8:30 am	Produce Main Analytical Tables / Graphs (Lead Facilitator)
9:30	Review ‘Big Picture’ Together / Take Notes (All Facilitators)
10:10	Guidelines for Analysis / Assignments (Lead Facilitator / All)
10:30	Write analytical summaries; Discuss with colleagues (Per Analysis Teams)
1:00	- LUNCH BREAK -
1:30	Analysis Team continue to write analytical summaries
2:30	Joint Review of All Analytical Summaries (All) [Time allowing: consolidated scores]
3:30	Facilitation team’s proposed priorities (All)
16:00	Consolidate / Finalize Summaries into PPT (Lead Facilitator)
Day 3: Feedback and Action Planning	
8:30 am	Overview & Objectives for the Day; Icebreaker: “What did you think of Day 1? Were there any surprises? What impressions/messages about your organization did you take home?”

9:00 am	Overview of Assessment Results by the Facilitators a. Overall findings b. Relative Strengths and Weaknesses in Capacity Areas (big trends) c. Rapid review of each capacity area (handouts: pages from the preliminary report)
9:45 am	Into Action—Capacity Building Priorities. [Whole Group Activity]
10:45	- BREAK -
11:00	Discussions on priority areas identified by participants, now with facilitators' recommendations
11:30	Set up Small Groups for Transition Planning Start group work
1:00	-- Lunch Break --
2:00	Group work continues on priority capacity building areas
3:15	-- Break --
3:30	Group presentations and discussions
4:30	Overview of Follow up Steps to OCVAT
5:00	Evaluation of OCVAT exercise
5:15	Close of Meeting

ANNEX C (HANDOUT): THE 13 CAPACITY AREAS MEASURED BY THE OCVAT

#	Sub-Components	Focus Areas
Organizational Capacity		
1	Governance & Legal Structure	Legal recognition; governing committee/Board; Constitution/by-laws; accountability/integrity; mission and values; transparency of decision-making; organizational structure and internal coordination; succession planning/leadership development; participation in decision-making.
2	Program Management	Strategic planning; annual organizational workplan development; cross-departmental communication process; participation in decision-making (with Units/Departments); quality improvement system; annual workplan completion.
3	Technical Capacity	Staff orientation; staff development & training; system for communicating technical updates; access to technical resources.
4	Grants & Sub-grantee Management	Award, agreement & donor management; compliance management; grants management; supportive supervision to sub-awardees.
5	Project Management	Beneficiary targeting; project planning; project budgeting.
6	Monitoring & Evaluation (M&E)	Resources for M&E; monitoring data collection & storage; data transformation; M&E data informs decisions; data quality assurance.
7	Financial Management	Accounting systems; corporate budgeting structures; donor agreement budgets; financial reporting.
8	Human Resources	HR management capacity; staff roles & responsibilities; HR policies/ procedures; HR compliance & essential documentation; HR data and personnel files; employee relations and staff welfare/morale; staff satisfaction; remuneration system; recruitment; new staff on-boarding; performance management.
9	Office Operations	Procurement system; safety and security; office space and equipment; communications facilities; assets management; motor vehicle management; travel management system; filing system;
10	Information Technology (IT)	Technological infrastructure; software systems; software licensing.
11	Communications	Branding/messaging; medial/public relations; on-line presence; brochures/collateral materials.
Organizational Viability		
12	Resource Mobilization	Identification of funding opportunities; capacity to develop funding proposals; success rate; resource diversification.
13	Networking	Networking with NGOs; collaboration with government agencies; partnerships for technical assistance; relations with potential donors for funding.

ANNEX D (HANDOUT): LIST OF DOCUMENTS FOR REVIEW BY CAPACITY AREA

Indicators	Documents for review
Capacity Area: Governance	
Legal Recognition: The organization is a legally constituted entity, recognized by the host country government	Certificate of Registration/ Incorporation
	Receipt for submission of documents
Governing Committee or Board: Organization has a governance body that meets and makes decisions that guide the organization's development	Minutes from the last two Governing Board meetings
Constitution / Bylaws: Organization has a written constitution and/or bylaws accepted and approved by the governance body	Articles of Association and bylaws for the organization
Accountability/Integrity: Organization has policies/procedures in place to minimize conflicts of interest among leaders and staff through disclosure of conflicts.	Conflict of interest policies/procedures (ex. Staff Code of Conduct)
	Conflict disclosure forms for members of governance body
Mission and values: Organization has a mission and set of values which are clearly understood, agreed and approved by all the members of the organization and these are used	Review statements of mission, vision and values
	Organizational strategic plan
Transparency of Decision-making: There is a systematic process so that decisions are made by senior leaders and the governance body in a way that all in staff are aware of them and understand	Guidelines/rules of accountability and transparency
Organizational Structure and Internal Coordination: There is a clear organizational structure in place, with clearly defined roles and effective coordination and communication among departments.	Organizational Chart

Succession Planning/Leadership Development: There is a systematic process for developing and choosing new leaders on a periodic basis	Performance management system and whether they include leadership development elements
Participation in Decision-Making (Board/Senior Leadership with all staff): Everyone in organization feel that they have been sufficiently consulted and their concerns addressed for important decisions	Standard Operating Procedure (SOPs)
Capacity Area: Human Resources (HR)	
HR Management Capacity (HR staff, plan & Budget: The organization has an adequately resourced HR function, with professional qualified HRM staff, and clear plans & budgets for HR activities the HR function plays a valued & strategic role.	Staffing structure
	HR plan & budget
Staff Roles & Responsibilities: Staff roles and responsibilities are clearly written and well understood	Job descriptions for at least 5 employees
	Staff understanding of roles & responsibilities
HR Policies & Procedures: The organization has detailed formal HR policies & procedures	HR policy manual & employee handbook
HR Compliance & Essential Documentation: The organization is fully legally compliant, and meets donor & local legal compliance & documentation requirements	Compliance review reports and HR files
HR Data & Personnel Files: The organization has up-to-date, accurate & protected employee data, and maintains an electronic human resource information system.	Personnel files
	Existence of a signed personnel file checklist for each file
	HRIS
	Ability of organization to generate detailed HR reports. HR policies/procedures
Employee Relations & Staff Welfare & Morale: The organization has mechanisms to promote good employee relations and ensure high staff morale.	Grievance & disciplinary procedures
	Climate / morale surveys and records of managerial trainings
Staff satisfaction: Staff feel satisfied and well treated by the organization	Process/procedures for assessing staff satisfaction

Remuneration System: A formal remuneration policy, job classification & salary scale is in place.	Remuneration policy and salary scale
Recruitment: There are effective systems to support high quality staff recruitment.	Recruitment policy & procedures
	Recruitment files / documentation
New Staff On-boarding: There are effective on-boarding procedures in place to orient staff to the office and general operational procedures of the organization.	Documents describing on-boarding procedures
Performance Management: The organization has formal systems for performance management.	Policy and procedures documents describing performance management process, templates for employee appraisals
	Development plans of randomly selected staff
Capacity Area: Project Management	
Beneficiary Targeting: Each project formally defines its beneficiaries. There is a systematic process to ensure that all beneficiaries receive the outputs of the projects.	Written record and plans/procedures that outlines: defining beneficiary by project, beneficiary involvement in program, how beneficiaries are targeted
Project Planning: Organization plans for and maps out individual projects that fall under the overall organization work plan	Project management tools (i.e. timelines/GANTT charts, budgets, after action review notes, etc)
Project Budgeting: Organization practices project- level budgeting, monitoring and evaluation.	Project management tools (i.e. timelines/GANTT charts, budgets, after action review notes, etc)
Capacity Area: Monitoring & Evaluation (M&E)	
Resources and a foundation for monitoring and evaluation systems: There are secure resources (staff, tools, etc.) to carry out M&E activities and a monitoring and evaluation strategy with indicators and targets has been established.	M&E framework with indicators, targets, and sources of data; new staff orientation package
	Program's strategic plan
	Annual M&E workplan
	CVs of M&E staff
	Organizational charts of the M&E staffing structure
	M&E needs assessment results
	Training curricula for M&E personnel
Monitoring data collection and	Professional development activities/workshops related to M&E
	Database structure mechanisms that ensure data quality

storage: Data are regularly and systematically collected and maintained.	Methodologies for monitoring timely data submission
	SOPs for data collection and aggregation
	Repository for data storage (database or other types of systems)
	Indicator definitions
	Data flow chart
	Standardized registers and monthly aggregation forms
	Mechanism for confidential storage of patient files
Data transformation: There is capacity to process and tabulate raw data into information that can be used for decision-making and for reporting to donors.	Mechanisms to transform data, whether from databases or paper sources, into aggregate level information
	Reports produced by database; charts, graphs, and tables.
	Mechanisms that allow data to be automatically formatted in "ready-to-use" ways
	Data use plan
	Data analyses recently conducted
	Management reports and other reports produced that include data
	Mechanisms to distribute and discuss data at site, district, and other relevant levels (e.g., PowerPoint presentations)
M&E data informs decisions: Monitoring and evaluation data are systematically used to inform program and management decisions.	Notes on program performance data at country office, sites, or other relevant levels
	Abstracts/papers from conferences
	Workplan
Data Quality Assurance: Data quality is measured systematically and on a routine basis and quality issues identified are rectified.	Data quality checklists
	Audit/assessment procedures
	Documents on data quality issues/outcomes
	Notes from supportive supervision visits
	Indicator definitions
	SOPs
Documents regarding follow-up on data quality issues	
Capacity Area: Financial Management	
Financial accounts/bookkeeping: Organization keeps accounts of money that can be presented on demand	External/Internal Audit
	Compliance review report
Internal Controls: Organization has	Review Accounting Policies and Procedures

designed appropriate internal controls and controls are operating effectively	External/Internal Audit
	Compliance review report
Payroll System: Organization is able to correctly calculate payroll as well as remit all appropriate amounts to employees and to the taxing authority	Payroll Policies and Procedures
	External review by payroll consultant or auditor
	Internal audit reports
Accounting policies and procedures: Organization has documented all applicable policies and procedures	Accounting Policies and Procedures.
	External/Internal Audit
	Compliance review report
Bank account: Organization has a secure bank account to hold its funds	Last three bank statements
	External/Internal Audit
	Last three bank statements. External/Internal Audit.
Record Keeping: Organization maintains organized and standardized supporting documentation for every expenditure	Accounting Files
	Records management policies and procedures (may be part of Accounting Policies and Procedures)
	External/Internal Audit and/or compliance review report
Organizational Budgeting and Financial Planning: Organization prepares, monitors, and updates its corporate budget on a regular basis, with input from all departments	Compliance review report
	Corporate budget
	Budgetary information and financial plan as submitted to the Board of Directors
	Strategic Plan and linked budget
Development and management of donor agreement budgets: Organization prepares, reviews, and updates donor agreement budgets consistently and accurately.	Compliance review report
	Budgets for Agreements and pipeline reports
Financial reporting/Donor Reporting: Organization provides high quality and timely financial reports as required	Financial reporting policies and procedures
	Last two financial reports submitted to donor
Capacity Area: Technical Capacity	
Staff orientation: Organization has a systemic process for orienting new staff and preparing for their new responsibilities.	Job descriptions
	Orientation procedures
Staff development and training: The organization has formal systems & processes for staff training	Training & development plan
	Documented Activities

&development	
System for communicating technical updates: Organization has an established system for communicating pertinent technical updates to all staff: examples include emails to staff, discussion groups, internal newsletters, etc.	Written process for providing technical updates to staff
Access to technical resources: All technical/program staff have and use access to technical resources necessary for their work.	Mechanisms to provide staff with technical resources
Capacity Area: Office Operations	
Procurement System: Organization has a procurement system that maximizes competition, obtains best value, and observe compliance requirements.	External audit report
	Internal audit reports
	Procurement policies/procedures
Security and Safety Management: Organization has a security system that effectively identifies and manages all physical and staff security.	Internal/External audit reports
	Compliance Review Reports
	Security policies/procedures, business continuation plan, communication trees and evacuation plans
Physical infrastructure - buildings and office space: Organization has sufficient office space, meeting space, and equipment for handling its business.	Tour of office space
	Physical infrastructure
Technological infrastructure - telephone/fax: Organization has sufficient telephone and fax facilities which allow for efficient and effective communication.	Tour of office space
	Availability of telephones/fax for staff
	Availability of mobile phones/pagers
Assets and Property Management: Organization has a system and process in place to manage and protect assets and property: There are no documented.	Inventory Log
	Inventory/property management policies and procedures
	Internal/External Audit Reports and Compliance Review Reports
Motor Vehicles Management: Organization has a system that	Vehicle Use policy/procedures
	Vehicle logs

manages, protects and controls motor vehicle usage.	Internal/External Audit Reports and Compliance Review Reports; current vehicle insurance policies.
Travel Management: Organization has a travel management system that efficiently manages both domestic and international travel.	Internal/External Audit Reports and Compliance Review Reports
	Travel policies/procedures Internal/external audit reports and compliance review reports.
Records and Information Management: Organization has a management system that manages records filing, retention and archiving, observing legal and compliance requirements.	Filing systems (paper based and electronic).
	Records retention policies and conduct spot-checks of 10 files.
Capacity Area: IT	
Technological infrastructure - computers, applications, network and internet facilities: Organization has state of the art fully networked and integrated computing resources. Organization maintains servers for key applications either in-house or via a hosted service	Internal / external audit reports, compliance review reports, and self administered capacity assessment reports
	Self administered capacity assessment reports
	Availability of internet connection
	Computing resources on-site for functionality and organizational website
Software Systems: Systems are in place which allow the organization to track, report, and transform Contracts & Grants and Program data. Organization is using a formal accounting system.	Internal / external audit reports
	Compliance reports
	Review relevant Internal / external audit reports, compliance reports
	Self administered capacity assessment reports
	Electronic versions of business systems for accounting, M&E, budgeting, contracts/grants management and other relevant areas
Name and title of staff interviewed on usability of systems and availability of support	
Software Licensing: Organization is current (updated version) and keeps a list of all software licenses which can be presented on demand.	Internal / external audit reports, compliance review reports
	Self administered capacity assessment reports
	List of software licenses
Capacity Area: Communications	

Branding/Messaging: Organization has an official name, a mission statement, a logo, and clearly defined messages to communicate its mission to the public.	Mission statement, logo, and messages for concise-ness and clarity
Media/Public Relations: Organization has a media strategy, including a process to identify and communicate with media (including print, broadcast/radio, and online), respond to media requests, and produce press releases/ statements.	Templates for press releases and other media materials
	Lists of media contacts
Online Presence: Organization has an engaging, fully functional Web site, and can communicate with a variety of audiences through targeted online and e-mail communications.	Review website for visual appeal and clarity of message
	Website should have stat-tracking tool to evaluate number and length of site visits
Brochures/Collateral Materials: Organization has a well-designed set of collateral materials for marketing purposes, and the capacity to produce reports and other publications when needed.	Brochures/materials for visual appeal and clarity of message
Capacity Area: Program Management	
Strategic planning: Organization has a strategic plan (an all-encompassing document that guides its programming and aspirations)	Strategic plan document
	Departmental workplans that may be linked to the strategic plan
Annual Organizational Work plan Development: Organization plans the development of its activities, involving all relevant staff and stakeholders	Organizational and departmental work plans and note the date on which it was last updated
Cross-departmental Communication Process : Organization has systems in place for holding regular cross-departmental meetings and communication of information across departments.	Internal communication plan or meeting agendas
	Communication strategies (i.e. distribution lists)
Participation in Decision-Making (within Units/Departments): Everyone in unit/ department feels that they have been sufficiently consulted and their concerns	SOPs

addressed for important unit and department decisions	
Quality Improvement System: There is a process to use information-driven approaches to improve organizational learning and performance (at all levels--technical, programmatic, etc).	Records outlining the QI processes/systems
	Records outlining the QI processes/systems QI cycles that have been undertaken
Annual workplan completion: The organization regularly checks progress against the workplan and revises plan as necessary.	Latest project reports (annual report, semi-annual report, data available) to workplan for the year
Capacity Area: Grants & Sub-grantees Management	
Award, Agreement and Donor Management: Organization has a well functioning monitoring system for managing its agreements and incoming awards	External audit reports, CTO written feedback, Internal audit reports, Compliance review reports
	Compliance review reports
	Donor and self administered capacity assessment reports; subgrantee policies/procedures.
	Sample of available awards on file
Compliance Management (Donor, Host Country and Internal): Organization has a well developed and functional system to identify, operationalize and evaluate adherence with various compliance requirements.	Policies/procedures related to compliance reviews
	External audit reports, Internal audit reports, Compliance review reports
	Donor and self administered capacity assessment reports
Grants Management: Organization has a well functioning monitoring and support system for achieving technical and programmatic targets and goals as stated in donor agreement, as well as procedures for compliant selection, start-up, monitoring, support, and close-out.	Policies/procedures on subgrant management
	Templates for subgrants, pre-awardee assessments, and subgrant monitoring
Supportive Supervision to Sub Awardees: Organization has a well a system for supportive supervision and capacity building to help sub awardees meet technical and programmatic targets.	External audit reports
	Financial reports from grantees
	Internal audit reports and compliance review reports
	Donor and self administered capacity assessment reports
Capacity Area: Resource Mobilization	
Identification and tracking of funding opportunities: The organization has a systematic	Documentation on internal process for tracking and disseminating funding opportunities

manner of identifying and tracking new funding opportunities in order to make strategic decisions.	Database or other searchable mechanism utilized to track funding opportunities
Organization has the capacity to develop funding proposals: There is satisfactory capacity to write, budget, partner and manage the proposal development process.	Existing project proposals; awarded Grants
Success rate in winning bids: Organization has been successful in raising donor funds.	Board or ED memorandum; Financing opportunities tracking plan (or at list of sources of funding examined / web sites)
Resource diversification: Organization relies on a diversified resource base.	Guidelines for resource diversification; Annual financial report demonstrating broad portfolio of funding sources
Capacity Area: Networking	
Networking to coordinate with other non-governmental implementers: Organization has relations with other implementers to include CBO's and community based actors in order to coordinate service delivery and avoid duplication of services.	Partnership agreements
Collaborating with relevant government agencies: Organization has relations with government entities, for coordinated implementation and/or advocacy for policy change	MOUs with Government agencies
Partnerships for technical assistance: Organization has partnerships for provision of technical assistance from agencies that include: UN agencies, large NGOs, local universities, and others)	MOUs with technical partners
Relations with potential donors for funding: Organization maintains relations with a diverse set of potential donors and keeps them informed of its work, so that it can efficiently take advantage of funding opportunities as they arise	Donor relations strategy document

ANNEX E (HANDOUT): EXCERPT OF PARTICIPANT OCVAT SCORE SHEET & EXTERNAL VALIDATION SCORE SHEET(SEE ACCOMPANYING EXCEL FILES FOR HANDOUTS)

OCVAT Score Sheet Excerpt

Capacity Area	(Sample) Indicators	Score
Governance	Mission and values: Organization has a mission and set of values which are clearly understood, agreed and approved by all the members of the organization and these are used	
	Governing Committee or Board: Organization has a governance body that meets and makes decisions that guide the organization's development	
Human Resources	HR Management Capacity (HR staff, plan& Budget: The organization has an adequately resourced HR function, with professional qualified HRM staff, and clear plans & budgets for HR activities the HR function plays a valued &strategic role.	
	Staff Roles & Responsibilities: Staff roles and responsibilities are clearly written and well understood	
	Performance Management: The organization has formal systems for performance management.	
Project Management	Beneficiary Targeting: Each project formally defines its beneficiaries. There is a systematic process to ensure that all beneficiaries receive the outputs of the projects.	
	Project Planning: Organization plans for and maps out individual projects that fall under the overall organization work plan	
	Project Budgeting: Organization practices project- level budgeting, monitoring and evaluation.	
Monitoring & Evaluation	Resources and a foundation for monitoring and evaluation systems: There are secure resources (staff, tools, etc.) to carry out M&E activities and a monitoring and evaluation strategy with indicators and targets has been established.	
	Monitoring data collection and storage: Data are regularly and systematically collected and maintained.	

Etc. for all capacity areas and all corresponding indicators.

External Validation Score Sheet Excerpt

Capacity Area	Indicators	Score	Documents viewed, People interviewed	Viewed/ Interviewed	Justification
Governance	Legal Recognition: The organization is a legally constituted entity, recognized by the host country government		Certificate of Registration/ Incorporation.		
			Receipt for submission of documents.		
	Governing Committee or Board: Organization has a governance body that meets and makes decisions that guide the organization's development		Minutes from the last two Governing Board meetings.		
	Constitution / Bylaws: Organization has a written constitution and/or bylaws accepted and approved by the governance body		Articles of Association. Bylaws for the organization.		
	Accountability/Integrity: Organization has policies/procedures in place to minimize conflicts of interest among leaders and staff through disclosure of conflicts.		COI policies/procedures (ex. Staff Code of Conduct).		
			Conflict disclosure forms for members of governance body.		
	Mission and values: Organization has a mission and set of values which are clearly understood, agreed and approved by all the members of the organization and these are used		Review Mission statement .		
			Organizational strategic plan.		
			Name and title of staff interviewed on mission and values:		
			Name and title of staff interviewed on mission and values:		

Etc. for all capacity areas and all corresponding indicators.

ANNEX F: PRODUCTION OF GRAPHS AND SUMMARY TABLES

The OCVAT Tool itself presents all available variables on the Introduction worksheet of the full OCVAT scale description with details of variables on the OCVAT Analysis spreadsheet Introduction worksheet.

a. Producing The OCVAT Summary Graph in Excel

- Go to the *Summary* Tab of the OCVAT Analysis spreadsheet
- Select: Graph Table [cells I1:K14; in yellow highlight]
- Sort: Making sure the entire table is selected, sort by the column “internal score” from largest to smallest
- Select the Summary Graph in Excel
- Copy
- Go to the Word Document Report, and paste with the option “Paste Special / Picture”.
(If you paste normally, the entire spreadsheet will be pasted each time you paste a graph, leading to a huge and cumbersome Word document.)

b. Using Capacity Area Groups to start breaking down the data and organize the report

Given the number of capacity areas and indicators, it is often useful to first consider the ‘big picture’ of the organizational assessment. This starts with displaying and commenting on the Summary Data (see above). Another useful intermediary step before diving into each capacity area and indicator, is to consider the Capacity Area Groups.

The last tab/worksheet in the Analysis spreadsheet is called “Capacity Area Groups” and present the capacity area under five groups:

- Leading
- Managing Resources
- Organizing Implementation
- Learning and
- Viability.

Once the summary data have been provided, these five groups allow to structure the presentation of the data in the Word document. The Capacity Area Groups worksheet offers summary graphs which can be used in the report, simply:

- Copy the appropriate graph, and
- Paste/Special, as a graphic into the Word document.

c. Producing Summary Tables per Capacity Area in Excel

The *OCVAT Analysis Blank.xls* spreadsheet has one worksheet per capacity area.

For each capacity area, the following procedure needs to be followed:

- Go to the worksheet of the area you are working on in the OCVAT report (MS Word document).
- In the top left corner of the work, copy the three columns headed “indicators”, “external score” and “internal score”.
- Then go to the Word document and paste in the appropriate space as follows:

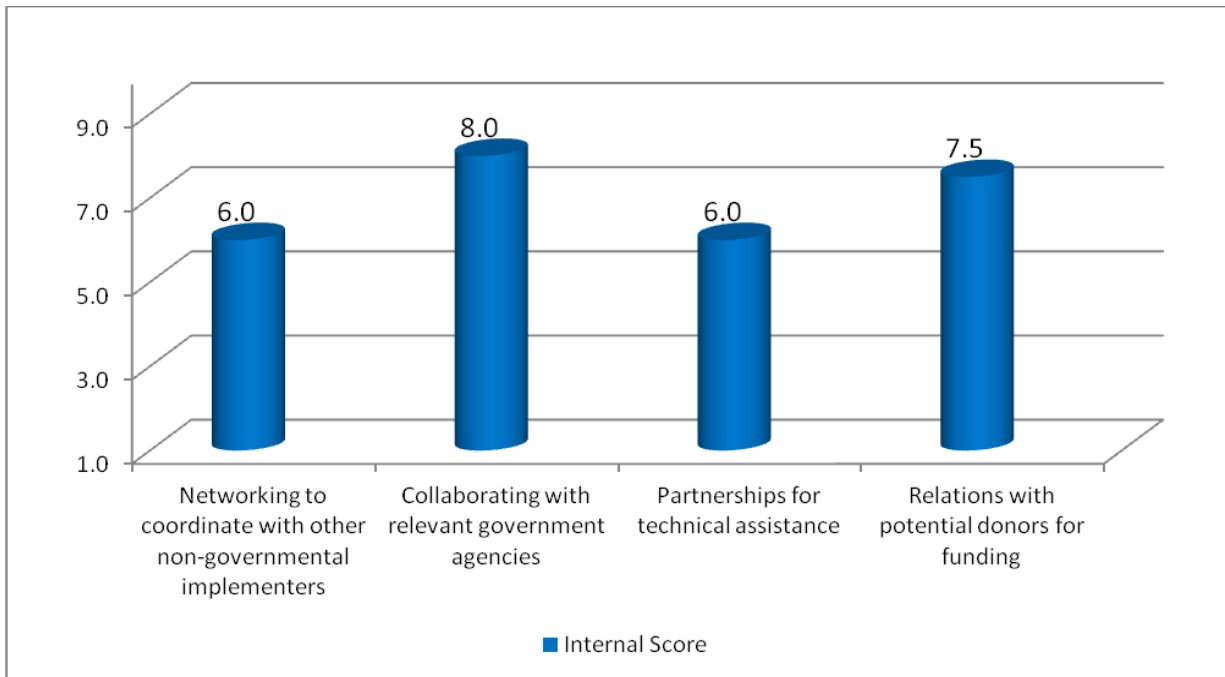
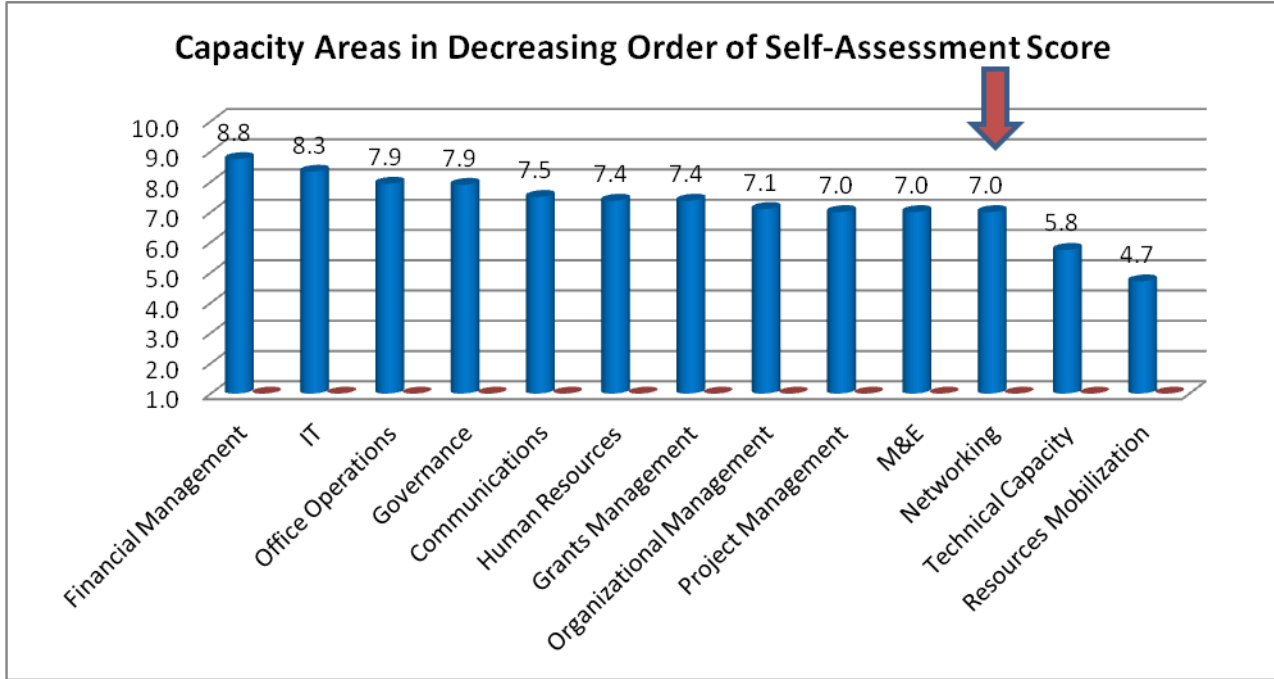
Indicator Name	External Score	Internal Score
Legal Recognition	1.0	2.0
Governing Committee/Board	1.0	2.0
Constitution/By-laws	1.0	2.0
Accountability/Integrity	1.0	2.0
Mission and values	1.0	2.0
Transparency of Decision-making	1.0	2.0
Organizational Structure and Internal Coordination	1.0	2.0
Succession Planning/Leadership Development	1.0	2.0
Participation in Decision-Making (Board/Senior Leadership with all staff)	1.0	2.0

- To enhance the presentation, select the table, right click and choose “Autofit to Window” to obtain the following result:

Indicator Name	External Score	Internal Score
Legal Recognition	1.0	2.0
Governing Committee/Board	1.0	2.0
Constitution/By-laws	1.0	2.0
Accountability/Integrity	1.0	2.0
Mission and values	1.0	2.0
Transparency of Decision-making	1.0	2.0
Organizational Structure and Internal Coordination	1.0	2.0
Succession Planning/Leadership Development	1.0	2.0
Participation in Decision-Making (Board/Senior Leadership with all staff)	1.0	2.0

ANNEX G (HANDOUT): EXAMPLE FOR SHARING FEEDBACK BY CAPACITY AREA

Capacity Area Group: Viability Capacity Area: Networking



Detail on Indicators:

Indicator Name	Median Participant Score	Consensus	Autonomy (who is involved in decision making)
Networking to coordinate with other non-governmental implementers	6	Limited	Sub Office Country Office Headquarters
Collaborating with relevant government agencies	8	Limited	Sub Office Country Office
Partnerships for technical assistance	6	None	Country Office
Relationships with potential donors for funding	7.5	Limited	Country Office

Analysis:

In this capacity area, one of the indicators that scored the lowest was networking with other implementers and partnerships for technical assistance, and staff felt we could be doing a lot more. Increased and/or improved communication with other implementers will be key to reduce duplication of efforts.

The other indicator that scored somewhat lower, at the minimal acceptable level for transition, was partnerships for technical assistance. The participants discussed how they could probably be doing more to build relationships with other organizations. There was no consensus on this in the scoring, however.

Discussion Highlights:

On Networking to coordinate with other non-governmental implementers: “This could be improved. There is no place we can go to share the things we do, leading to a duplication of efforts. We are doing a TB training this week and spoke to another NGO and found out they had done the same type of training recently.”

On Collaborating with relevant government agencies: “We share our plans with districts, but when we want to do specific things, there not a lot of sharing. This goes the other way around as well; they just go ahead with plans and don’t let us know.”

On Relations with potential donors for funding: “We have good relations with CDC and USAID because of our previous experience with them, but our relations are extremely limited with other donors.”

Facilitators’ Conclusions:

In order to successfully transition to a new independent organization, the suboffice will need to build its capacity for networking with other NGOs, government agencies, and potential donors. Key priorities include:

- Developing a list of potential partners for collaboration, networking, and technical assistance.
- Developing SOPs for engagement of and collaboration with these potential partners.

ANNEX H (HANDOUT): OCVAT PARTICIPANT EVALUATION FORM

For the following questions, please read the sentence and then show much you agree. If you circle a 1 it means that you completely disagree. If you circle a 2 it means that you disagree less strongly and so on until 5, which means that you completely agree.

	Do not agree		→		Agree
1. I think that OCVAT self-assessment is important and useful	1	2	3	4	5
2. I understand why the OCVAT self-assessment is done	1	2	3	4	5
3. I feel that I was able to actively contribute to the OCVAT discussions	1	2	3	4	5
4. I feel that overall the outcomes of the OCVAT scores reflect the reality of my organization.	1	2	3	4	5
5. I feel that the discussion groups effectively conducted a dialogue to score our organization along the various capacity areas	1	2	3	4	5
6. I feel that the OCVAT tool captures the most critical aspects of capacity building for our organization	1	2	3	4	5
7. I understand the next steps in the action planning process	1	2	3	4	5
8. I am confident that the action plans developed are feasible and relevant.	1	2	3	4	5
9. I feel that the facilitators were effective and helpful in guiding the OCVAT discussions	1	2	3	4	5

We would like your honest answers for the last two questions. This will help us to improve the OCVAT exercise in the future.

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

11. My suggestions for improving the OCVAT are:

ANNEX I: OUTLINE OF OCVAT REPORT (TO BE PREPARED BY FACILITATORS)

The following outline serves as a guide for the overall content of the assembled OCVAT report:

I. Introduction: Background

- A. Background on organization
- B. Objectives of OCVAT Meeting

II. Implementation

- A. Summary of OCVAT Inputs and Preparation
- B. Overall implementation description

III. OCVAT Findings

- A. OCVAT Assessment Results Overview
- B. General Trends by Capacity Area (External vs. Self-assessment and Strengths/weaknesses)
- C. Priority Areas Identified
- D. Specific Findings by Capacity Area Groups
 - 1) **Viability** (includes Resource Mobilization, Networking, and Communications)
 - 2) **Leadership** (includes the capacity areas of Governance/Legal Structures and Program Management)
 - 3) **Resources Management** (includes a number of important capacity areas: Financial Management, Human Resource Management, Office operations and Information technology)
 - 4) **Organizing Work and Learning** (includes: Technical Capacity, Project Management, Grants Management and M&E)

Detailed Findings per Capacity Area Group:

- *Summary Scores on Capacity Area Group and bar charts to illustrate overall trends by technical capacity area
- * Detail on indicators per Capacity Area: internal and external scores and self-assessed level of autonomy
- *Key comments from the external validation team
- *Key comments from staff discussions on scoring and action planning
- *Facilitator Analysis and Conclusions

IV. List of annexes to the OCVAT Report (a sample of each is attached):

- Annex 1: OCVAT Agenda and List of Participants
- Annex 2: OCVAT Introductory Presentation
- Annex 3 : OCVAT Findings Presentation
- Annex 4: Lessons Learned on the OCVAT
- Annex 5: Participant Evaluation of the OCVAT

The final report should be shared with the local partner organization within two weeks of completion of the OCVAT exercise.

ANNEX J: AUTONOMY ANALYSIS WORKSHEET

SCORING DEFINITIONS

0 = No Autonomy: The organization does not perform any of the activities or functions described in the indicator independently.

1 = Partial Autonomy: The organization performs some, but not all, of the activities or functions described in the indicator independently.

2 = Full Autonomy: The organization performs all of the activities or functions described in the indicator independently.

Domain	Indicators	Autonomy
Governance	Legal Recognition	
Governance	Governing Committee or Board	
Governance	Constitution / Bylaws	
Governance	Accountability/Integrity	
Governance	Mission and values	
Governance	Transparency of Decision-making	
Governance	Organizational Structure and Internal Coordination	
Governance	Succession Planning/Leadership Development	
Governance	Participation in Decision-Making (Board/Senior Leadership with all staff)	
Human Resources	HR Management Capacity (HR staff, plan& Budget)	
Human Resources	Staff Roles & Responsibilities	
Human Resources	HR Policies & Procedures	
Human Resources	HR Compliance & Essential Documentation	
Human Resources	HR Data & Personnel Files	
Human Resources	Employee Relations & Staff Welfare & Morale	
Human Resources	Staff satisfaction	
Human Resources	Remuneration System	
Human Resources	Recruitment	
Human Resources	New Staff On-boarding	
Human Resources	Performance Management	
Project Management	Beneficiary Targeting	
Project Management	Project Planning	

Domain	Indicators	Autonomy
Project Management	Project Budgeting	
M&E	Resources and a foundation for monitoring and evaluation systems	
M&E	Monitoring data collection and storage	
M&E	Data transformation	
M&E	M&E data informs decisions	
M&E	Data Quality Assurance	
Financial management	Financial accounts/bookkeeping	
Financial management	Internal Controls	
Financial management	Payroll System	
Financial management	Accounting policies and procedures	
Financial management	Bank account	
Financial management	Record Keeping	
Financial management	Organizational Budgeting and Financial Planning	
Financial management	Development and management of donor agreement budgets	
Financial management	Financial reporting/Donor Reporting	
Technical Capacity	Staff orientation	
Technical Capacity	Staff development and training	
Technical Capacity	System for communicating technical updates	
Technical Capacity	Access to technical resources	
Operations	Procurement System	
Operations	Security and Safety Management	
Operations	Physical infrastructure	
Operations	Technological infrastructure	
Operations	Assets and Property Management	
Operations	Motor Vehicles Management	
Operations	Travel Management	
Operations	Records and Information Management	

Domain	Indicators	Autonomy
IT	Technological infrastructure	
IT	Software Systems	
IT	Software Licensing	
Communication	Branding/Messaging	
Communication	Media/Public Relations	
Communication	Online Presence	
Communication	Brochures/Collateral Materials	
Program Management	Strategic planning	
Program Management	Annual Organizational Work plan Development	
Program Management	Cross-departmental Communication Process	
Program Management	Participation in Decision-Making (within Units/Departments)	
Program Management	Quality Improvement System	
Program Management	Annual workplan completion	
Subagreement Management	Award, Agreement and Donor Management	
Subagreement Management	Compliance Management (Donor, Host Country and Internal)	
Subagreement Management	Grants Management	
Subagreement Management	Supportive Supervision to Sub Awardees	
Resource Mobilization	Identification and tracking of funding opportunities	
Resource Mobilization	Organization has the capacity to develop funding proposals	
Resource Mobilization	Success rate in winning bids	
Resource Mobilization	Resource diversification	
Networking	Networking to coordinate with other non-governmental implementers	

Domain	Indicators	Autonomy
Networking	Collaborating with relevant government agencies	
Networking	Partnerships for technical assistance	
Networking	Relations with potential donors for funding	