

# **The Organizational Capacity and Viability Assessment Tool (OCVAT)**

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

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### **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	
	1	2	3	4	5	6	7	8	9	10

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)
	Scores	1   2	3   4	5   6	7   8	9   10	
<b>Legal Recognition</b>	<b>The organization is a legally constituted entity, recognized by the host country government</b>	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
<b>Governing Committee or Board</b>	<b>Organization has a governance body that meets and makes decisions to guide the organization's development</b>	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.
<b>Constitution/Bylaws</b>	<b>Organization has a written constitution and/or bylaws accepted and approved by the governance body</b>	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.	A 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.
<b>Accountability/Integrity</b>	<b>Organization has policies/procedures in place to minimize conflicts of interest among leaders and staff through disclosure of conflicts</b>	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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	Scores	1   2	3   4	5   6	7   8	9   10	
<b>Participation in Decision Making (Board / Senior Leadership with All Staff)</b>	<b>All members of organization feel that they have been sufficiently consulted and their concerns addressed for important decisions</b>	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.
<b>Organizational Structure</b>	<b>There is a clear organizational structure in place, with clearly defined roles.</b>	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

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	Scores	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 <b>does not</b> have an annual work plan. It responds to immediate needs with no planning of activities.		The organization <b>seldom</b> practices short-term planning (e.g., major events or monthly activities), and such planning is not done systematically or regularly.		The organization <b>occasionally</b> practices work planning for programmatic activities, with stated goals, measurable objectives, and strategies; it <b>occasionally</b> has stated timelines, responsibilities, and indicators. However, planning is neither linked to a program budget nor developed with participation of staff. Planning is <b>occasionally</b> reviewed.		The organization <b>regularly</b> 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 <b>regularly</b> reviewed.		The organization <b>always</b> 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 <b>always</b> 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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	Scores	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 <b>seldom</b> 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 <b>occasionally</b> followed.		Staff ideas are <b>regularly</b> 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 <b>always</b> 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)	
	Scores	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 does 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 <b>sometimes</b> 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 <b>regularly</b> 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 <b>regularly</b> defines project objectives and interventions that are effectively linked to specific project objectives; it <b>regularly</b> develops a work plan operationalizing the project objectives and interventions. The work plan is inconsistently used for project management.		The organization <b>always</b> 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 <b>seldom</b> developed. Activities are driven by technical factors only, with only limited collaboration between programs and finance.		Project budgets are <b>occasionally</b> 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 <b>regularly</b> 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 <b>always</b> developed, monitored, and corrected if overage or shortfall is seen. Budget-to-actual is <b>always</b> 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

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	
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 <b>some</b> 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 <b>most</b> 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 <b>all</b> 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 <b>all</b> 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	
<b>Data Quality Assurance</b>	<b>Data quality is measured systematically and on a routine basis, and quality issues identified are rectified</b>	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  (See Human Resources for overall organizational and operations orientation)	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)				
	Scores	1	2	3	4	5	6	7	8	9	10	
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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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**

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	
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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	Scores	1   2	3   4	5   6	7   8	9   10	
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.

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	
<b>HR Compliance and Essential Documentation</b>	<b>The organization is fully legally compliant, and meets donor and EGPAF compliance and documentation requirements</b>	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.
<b>HR Data and Personnel Files</b>	<b>The organization has up-to-date, accurate, and protected employee data, and maintains an electronic HR information system</b>	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.
<b>Employee Relations and Staff Welfare and Morale</b>	<b>The organization has mechanisms to promote good employee relations and ensure high staff morale</b>	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	
<b>Staff Satisfaction</b>	<b>Staff members feel satisfied and well treated by the organization</b>	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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	Scores	1	2	3	4	5	6	7	8	9	10	
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)
	Scores	1	2	3	4	5	6	7	8	9	10	
<b>Award, Agreement, and Donor Management</b>	<b>Organization has a well-functioning monitoring system for managing its agreements and incoming awards</b>	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.
<b>Compliance Management (Donor, Host Country, and Internal)</b>	<b>Organization has a well-developed and functional system to identify, operationalize, and evaluate adherence to various compliance requirements</b>	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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	Scores	1   2	3   4	5   6	7   8	9   10	
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)
	Scores	1   2	3   4	5   6	7   8	9   10	
<b>Procurement System</b>	<b>Organization has a procurement system that maximizes competition, obtains best value, and observes compliance requirements</b>	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.
<b>Security and Safety Management</b>	<b>Organization has a security system that effectively identifies and manages all physical and staff security</b>	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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	Scores	1	2	3	4	5	6	7	8	9	10	
<b>Physical Infrastructure: Buildings and Office Space</b>	<b>Organization has sufficient office space, meeting space, and equipment for handling its business</b>	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.
<b>Technological Infrastructure: Telephone and Fax</b>	<b>Organization has sufficient telephone and fax facilities, which allow for efficient and effective communication</b>	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.
<b>Asset and Property Management</b>	<b>Organization has a system and process in place to manage and protect assets and property</b>	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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<b>Motor Vehicle Management</b>	<b>Organization has a system that manages, protects, and controls motor vehicle usage</b>	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.
<b>Travel Management</b>	<b>Organization has a travel management system that efficiently manages both domestic and international travel</b>	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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<b>Records and Information Management</b>	<b>Organization has a management system that manages records filing, retention, and archiving, observing legal and compliance requirements</b>	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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	Scores	1	2	3	4	5	6	7	8	9	10	
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

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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).

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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

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<b>Coordination with Other Nongovernmental Implementers</b>	<b>Organization has relations with other implementers, including community-based organizations and actors, in order to coordinate service delivery and avoid duplication of services</b>	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.
<b>Collaboration with Relevant Government Agencies</b>	<b>Organization has relations with government entities for coordinated implementation and/or advocacy for policy change</b>	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.

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<b>Partnerships for Technical Assistance</b>	<b>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</b>	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.
<b>Relations with Potential Donors for Funding</b>	<b>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</b>	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

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<b>Branding/ Messaging</b>	<b>Organization has an official name, a mission statement, a logo, and clearly defined messages to communicate its mission to the public.</b>	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.
<b>Media/Public Relations</b>	<b>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.</b>	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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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.



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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.