

Organizational Capacity Assessment Tool: Participant's Copy

For RRHO-supported Impact Partners



JSI RESEARCH & TRAINING INSTITUTE, INC.

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Organizational Capacity Assessment Tool

Purpose

The purpose of the OCA tool is to assist institutions in assessing the critical elements for effective organizational management, and identifying those areas that need strengthening or further development. As a facilitated self-assessment tool it is designed to enable institutions to identify gaps, articulate capacity needs, and develop an improvement plan. It provides the leadership and staff with objective criteria against which to measure their own performance.

Although many capacity assessment tools exist, the structure and process of this tool distinguishes it from others. It requires multi-level and multi-department involvement, and fosters team building and organizational learning. Inclusion of management, compliance, and program components ensures a holistic understanding of the institution's strengths and challenges, and the guided self-assessment by skilled facilitators instills ownership across all staffing levels and helps to foster buy-in and commitment to making change.

OCA Domains and sub-domains

This version of the OCA tool assesses organizational capacity in three main domains, each with several sub-domains:

1. Governance, Leadership, and Strategic Management
 - Governance: Board Composition, Board Oversight, Mission
 - Leadership: Organizational Structure, Decision-Making, Internal Communication, Succession Planning, Resilience and Sustainability
 - Strategic Management: Strategic Planning, Operational Planning, Resource Mobilization, External Communication Strategy
2. Administration, Human Resources, and Financial Management
 - Administration: Procurement, Fixed Asset Control
 - Human Resources: Staffing Levels and Retention, Personnel Policies
 - Financial Management: Financial Policies and Procedures, Accounting System, Budgeting, Audits
3. Strategic Information
 - Monitoring & Evaluation
 - Quality Management
 - Information Systems
 - Knowledge Management

Using the OCA Tool

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

Recognizing that institutional development is an iterative process, using the OCA tool results in concrete action plans and a road map for supporting change efforts at different levels. The OCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

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

The value of the OCA is in its collaborative, self-assessment process. The framework provides the opportunity to collaboratively reflect on the institution's current status against recognized best practices. Lively discussions also provide an opportunity for management, administration, and other staff (faculty, preceptors, health providers, etc.) to learn how each functions, thereby strengthening and reinforcing the inter-relatedness of the three OCA domains.

Each subdomain is examined along a continuum from 1-4. Through the guiding questions, the facilitator asks open-ended and probing questions, and participants are encouraged to determine where the organization sits along the continuum. The description under each score is meant to serve only as a guide; participants will select the score that best reflects their institution, even if the description does not completely capture all aspects of its situation/operations. Furthermore, the scores are designed to set priorities and are not used to judge performance. Notes are taken, and these notes are later used for the action planning. This process enables the board, management and staff to identify areas that must be strengthened and track progress, as well as enable the institutional teams to view improvement and note where progress is still needed.

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Governance, Leadership, and Strategic Management

Governance

Subdomain Objective: To assess the institution's stability by reviewing its guiding principles and oversight structure

➤ Board Composition

Objective: To assess the board's composition and established procedures to effectively guide the institution

Resources: Board by-laws, board membership, board meeting minutes

Board Composition			
1	2	3	4
<p>The board:</p> <ul style="list-style-type: none"> • Is drawn from a narrow spectrum; members have little or no relevant experience • Has no term limits • Has not established membership criteria or a process for electing members • Has not appointed officers (at a minimum board chair, secretary and treasurer) • Has no by-laws outlining board composition and procedures 	<p>The board:</p> <ul style="list-style-type: none"> • Is drawn from a somewhat broad spectrum; some members have relevant experience • Has term limits that are defined but these are unreasonable • Has identified criteria for board membership but has no process in place for electing board members • Has informally assigned board officer responsibilities, but the roles are not clearly defined • Has by-laws, but they are incomplete and/or not appropriate 	<p>The board:</p> <ul style="list-style-type: none"> • Is drawn from a broad spectrum of skills and experience, but has minimal diversity with respect to ethnicity, gender, disability, and/or age • Has term limits that are defined and reasonable • Informally chooses board members, but these appointments do not reflect the criteria established for board membership • Has clearly identified the board officer positions and responsibilities, but officers are informally appointed • Has clear by-laws but these are no appropriate and/or applied consistently 	<p>The board:</p> <ul style="list-style-type: none"> • Is drawn from a broad spectrum of skills and experience, and is diverse with respect to ethnicity, gender, disability, and/or age • Has term limits that are defined and reasonable • Has members elected/appointed according to board procedures • Has board officers appointed according to board procedures • Has clear and appropriate by-laws which are consistently applied

➤ **Board Oversight**

Objective: To assess the board’s effectiveness in providing oversight and strategic guidance to the institution.

Resources: Board by-laws, board meeting minutes

Board Oversight			
1	2	3	4
<p>The board:</p> <ul style="list-style-type: none"> • Has infrequent, poorly attended and undocumented meetings • Does not have TOR that detail its key functions • Has limited understanding of its functions • Does not have a conflict of interest policy • Is not involved in strategic planning/policy formulation or fundraising. 	<p>The board:</p> <ul style="list-style-type: none"> • Has meetings at regular intervals, but attendance and/or documentation is irregular. • Has TOR but they are incomplete and/or do not provide appropriate separation of roles from the executive management team • Has some understanding of its functions as defined in the TOR, but these are inconsistently carried out. • Has a conflict of interest policy, but it is not appropriate and/or not consistently adhered to • Is rarely or not involved in strategic planning/policy formulation or fundraising 	<p>The board:</p> <ul style="list-style-type: none"> • Has well-planned, documented meetings held at regular intervals, but with limited attendance • Has clear TOR reflecting appropriate separation of roles from the executive management team • Has a good understanding of its functions as defined in the TOR and mostly carries them out • Has an appropriate conflict of interest policy, but it is inconsistently applied • Is involved in strategic planning/policy formulation, and fundraising but participation is inconsistent 	<p>The board:</p> <ul style="list-style-type: none"> • Has regular, well-planned meetings with good attendance • Has clear TOR that reflects appropriate separation of roles from the executive management team • Has a good understanding of its functions which are consistently applied • Has an appropriate conflict of interest policy that is consistently applied • Participates in strategic planning/policy formulation, fundraising, and in addressing institutional issues as they arise

➤ **Mission**

Objective: To learn what drives the institution, review how the mission statement reflects what it does, and how this is communicated and understood.

Resources: Mission statement

Mission			
1	2	3	4
<p>The mission is:</p> <ul style="list-style-type: none"> • Not a clearly stated description of what the institution aspires to achieve or become 	<p>The mission is:</p> <ul style="list-style-type: none"> • A moderately clear or specific statement of what the institution aspires to become or achieve • Not widely known within the institution • Rarely used by board and management team to direct actions or to set priorities 	<p>The mission is:</p> <ul style="list-style-type: none"> • A clear, specific statement of what the institution aspires to become or achieve • Known to most but not all board members and staff • Sometimes used to direct actions and to set priorities 	<p>The mission is:</p> <ul style="list-style-type: none"> • A clear and specific statement of what the institution aspires to become or to achieve. • Well-communicated and understood by board and staff • Consistently used to direct actions and to set priorities

Leadership

Subdomain Objective: To assess the institution’s approach to leadership as it implements its programs and activities.

➤ Organizational Structure

Objective: To determine if the institution’s structure is in line with its mission, goals and programs, and if systems exist to ensure appropriate delegation of authority and coordination among departments or functions.

Resources: Organogram or organizational narrative

Organizational Structure			
1	2	3	4
The institution has: <ul style="list-style-type: none"> • No formal structure 	The institution has: <ul style="list-style-type: none"> • A basic structure, but it is incomplete and/or undocumented • A structure that is not aligned with its mission/goals, and programs • Unclear definitions of departmental functions • Unclear lines of authority and communication within and among departments 	The institution has: <ul style="list-style-type: none"> • A well-designed and documented structure relevant to its mission/goals, and programs • Somewhat defined departmental functions and responsibilities • Somewhat defined lines of authority and communication between departments • No formal mechanism to foster engagement within and across departments 	The institution has: <ul style="list-style-type: none"> • A well-designed and documented structure relevant to its mission/goals, and programs • Clearly defined and appropriate functions and responsibilities within departments • Clear, appropriate lines of authority and communication between departments • A clear mandate from senior management to ensure intra/ interdepartmental collaboration

➤ **Decision-Making**

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

Resources: Staff questionnaires

Decision-Making			
1	2	3	4
<p>The leadership team:</p> <ul style="list-style-type: none"> • Does not seek staff input or ideas in any decision process • Does not communicate or explain decisions that affect the institution and/or their work 	<p>The leadership team has:</p> <ul style="list-style-type: none"> • An unclear process for seeking and including staff input and ideas • Inconsistently communicates or explains decisions to staff 	<p>The leadership team:</p> <ul style="list-style-type: none"> • Encourages staff to provide input and ideas, but these are seldom incorporated into decisions • Communicates and explains its decisions to staff 	<p>The leadership team:</p> <ul style="list-style-type: none"> • Seeks, respects, and incorporates staff input into decision-making regardless of position or title • Communicates and explains its decisions to staff, especially those that impact their work • Ensures that its staff feel a sense of responsibility, accountability and ownership in the decision process

➤ **Internal Communication**

Objective: To review the institution’s approach to communicating internally with all levels of staff (and students).

Resources: Staff questionnaires

Internal Communication			
1	2	3	4
<p>The leadership team:</p> <ul style="list-style-type: none"> • Limits communication between and among management, academic staff, admin staff and students • Offers few structured opportunities to exchange ideas or to discuss management, academic or administrative issues • Does not encourage staff and students to raise issues or concerns that affect their work/study environment • Has created an environment in which staff and/or students do not feel comfortable raising issues 	<p>The leadership team:</p> <ul style="list-style-type: none"> • Limits communication between and among management, academic staff, admin staff and students • Offers structured opportunities to exchange ideas or to discuss management, academic or administrative issues but their ideas and concerns are rarely considered • Sometimes encourages staff and students to raise issues (usually those of interest to the leadership team) • Has created an environment in which staff and/or students do not generally feel uncomfortable raising issues 	<p>The leadership team:</p> <ul style="list-style-type: none"> • Maintains open channels of communication between and among management, academic staff, admin staff and students • Offers regular opportunities to exchange ideas or to discuss management, academic or administrative issues • Encourages staff and student ideas and input • Has created an environment in which staff and/or students are comfortable initiating discussions but find it more difficult to raise challenging issues 	<p>The leadership team:</p> <ul style="list-style-type: none"> • Maintains open channels of communication between and among management, academic staff, admin staff and students • Offers regular opportunities to exchange ideas or to discuss management, academic or administrative issues • Consistently encourages and incorporates staff and student ideas and input • Has created an environment in which staff and/or students are comfortable initiating discussions and raising challenging issues

➤ **Succession Planning**

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

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

Succession Planning			
1	2	3	4
<p>The institution:</p> <ul style="list-style-type: none"> • Is very dependent on the current leader (Principal/CMO/Other) • Would cease to exist or function smoothly without the current leader (Principal/CMO/Other) • Has no plan for how it would continue if the current leader (Principal/CMO/Other) were to resign or retire 	<p>The institution:</p> <ul style="list-style-type: none"> • Is dependent on the current leader (Principal/CMO/Other) • Would continue to exist without the current leader (Principal/CMO/Other) but with significantly reduced capability and quality • Has a basic transition/succession plan describing how the institution will continue if the current leader (Principal/CMO/Other) resigns or retires 	<p>The institution:</p> <ul style="list-style-type: none"> • Has limited dependence on the current leader (Principal/CMO/Other) (e.g., s/he does not have sole control of the finance and planning functions) • Would continue to exist without the current leader (Principal/CMO/Other) but with somewhat reduced capability and quality • Has a documented plan for how it would continue should the current leader (Principal/CMO/Other) resign or retire, but no current member of the leadership team could assume the role (temporarily or permanently) 	<p>The institution:</p> <ul style="list-style-type: none"> • Is reliant but not dependent on the current leader (Principal/CMO/Other) • Can smoothly transition to a new leader with the same level of capability and quality • Has a clearly documented transition/succession plan and is actively implementing it • Has developed sufficient bench strength to handle the transition by filling the position by a member of the leadership team (temporarily or permanently)

➤ **Resilience and Sustainability**

Objective: To assess the institution’s capacity to adapt and remain relevant by reviewing its systems and processes for responding to emerging internal and/or external situations.

Resources: Policy review plan or timeline

Resilience and Sustainability			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No process for responding to internal changes (staffing, leadership and funding issues) • No process to plan for or respond to external changes (shifting government policies, donor priorities/funding) 	<p>The institution:</p> <ul style="list-style-type: none"> • Has a basic process for reviewing internal changes, such regular reviews of policy, the operational plan, and budget monitoring • Has a basic process to plan for or respond to external changes, such as regular reviews of the funding environment, policy and regulatory environment • Involves staff in reviewing the effectiveness of new/revised management systems and policies, though inconsistently • Encounters significant delays or problems in responding to change 	<p>The institution:</p> <ul style="list-style-type: none"> • Has established processes for reviewing internal change • Has established processes to plan for and respond to external change • Consistently involves staff in reviewing the effectiveness of new/revised management systems and policies, processes, programs • Encounters few delays or major problems in responding to change 	<p>The institution:</p> <ul style="list-style-type: none"> • Has established effective and consistent routines for planning, reviewing, responding to internal and external change • Consistently involves staff in reviewing the effectiveness of new/revised management systems and policies • Has a system for monitoring whether changes are implemented and lead to improvements • Gauges staff comfort with how change is introduced and addressed

Strategic Management

Objective: To assess the institution's strategic management processes to ensure continued relevance and sustainability of its mandate.

➤ Strategic Planning

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

Resources: Strategic plan

Strategic Planning			
1	2	3	4
<p>The institution:</p> <ul style="list-style-type: none"> Does not have a documented strategic plan 	<p>The institution has:</p> <ul style="list-style-type: none"> A basic strategic plan that does not adequately reflect its mission and vision A plan that does not include measurable objectives, clear strategies, and performance metrics Not based the plan on an analysis of strengths and weaknesses, the external environment, and needs No process for regular reviews/updates Not used the plan for management decisions or operational planning Not defined the resources required to implement the plan 	<p>The institution has:</p> <ul style="list-style-type: none"> A strategic plan that reflects its mission and vision A plan that includes measurable objectives, clear strategies and performance metrics Based the plan on an analysis of strengths and weaknesses, the external environment, and needs No process for regular reviews/updates Not used the plan for management decisions or operational planning. Not defined the resource required to implement plan 	<p>The institution has:</p> <ul style="list-style-type: none"> A comprehensive strategic plan that reflects its mission and vision, and includes measurable objectives, clear strategies and performance metrics Based the plan on a review of strengths and weaknesses, the external environment, and needs A process for regular reviews/updates Used the plan for management decisions and operational planning Identified the resource required to implement the plan

➤ **Operational Planning**

Objective: To assess the institution’s ability to operationalize its strategic plan and achieve its goals.

Resources: Annual operational plan

Operational Planning			
1	2	3	4
<p>The institution:</p> <ul style="list-style-type: none"> Does not have a documented operational plan 	<p>The institution:</p> <ul style="list-style-type: none"> Has a basic annual operational plan that includes measurable objectives, strategies and activities, but no timelines, assigned responsibilities or performance metrics, and the plan is not budgeted Has not included staff in developing the operational plan Does not do quarterly plan reviews Does not use the plan for management decision-making 	<p>The institution:</p> <ul style="list-style-type: none"> Has a budgeted annual operational plan that includes measurable objectives, strategies and activities, as well as timelines, responsibilities, and performance metrics Has not included staff in developing the operational plan Does not do quarterly plan reviews Does not use the plan for management decision-making 	<p>The institution:</p> <ul style="list-style-type: none"> A budgeted annual operational plan that includes measurable objectives, strategies and activities, as well as timelines, responsibilities, and performance metrics Has included staff fully in developing the operational plan Has set dates for quarterly reviews Uses the plan for management decision-making

➤ **Resource Mobilization**

Objective: To assess the organization’s ability to identify its resource needs and capitalize on new opportunities.

Resources: Strategic plan, resource mobilization plan

Resource Mobilization			
1	2	3	4
<p>The institution:</p> <ul style="list-style-type: none"> • Does not have an estimate for its future resource needs • Has not taken steps to identify additional local, national or international resources or opportunities to support its activities, either directly or through partnerships • Runs at a deficit that impacts its ability to realize its mission and goals 	<p>The institution:</p> <ul style="list-style-type: none"> • Has taken preliminary steps to estimate its future resource needs based on activities in its strategic plan • Has identified a roster of resource providers/funders but does not yet have a plan for fundraising or proposal writing • Runs at a deficit that impacts its ability to realize its mission and goals 	<p>The institution:</p> <ul style="list-style-type: none"> • Has analyzed its resource needs based on activities in its strategic plan • Has identified a roster of resource providers/funders • Has received support from at least one source or has a clear plan for fundraising or proposal writing • Runs at a deficit that impacts its ability to realize its mission and goals 	<p>The institution:</p> <ul style="list-style-type: none"> • Has analyzed its resource needs based on activities in its strategic plan • Has identified a roster of resource providers/funders • Received support from one or more funding sources and writes proposals and fundraising letters regularly • Has sufficient funds to realize its mission and goals, and to implement activities

➤ **External Communication Strategy**

Objective: To assess the comprehensiveness and effectiveness of the institution’s external communication strategy.

Resources: External communication strategy, sample communication materials (brochures, pamphlets, website, social media, etc.)

External Communication Strategy			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No strategy or approach for promoting the institution’s work to prioritized target audiences and external stakeholders (funders, students, government, alumni, etc.) • Not tasked staff to develop/manage its communication strategy • Not developed a policy for institutional branding/marketing (e.g., logo, colors, font style) 	<p>The institution has:</p> <ul style="list-style-type: none"> • An incomplete communication strategy, that lacks clear goals/objectives, responsibility, timelines and dissemination mechanisms, with no focus on attracting resources • Tasked staff to manage implementation of the communications strategy • No process/tools for testing materials/messages • Not developed a branding/marketing policy for the institution 	<p>The institution has:</p> <ul style="list-style-type: none"> • A communication strategy document that clearly states objectives, responsibilities, timelines, dissemination mechanisms but does not lay out a plan for attracting resources • Tasked staff to manage implementation of the communication strategy • A basic process for testing materials/messages, but does not systematically revise materials based on findings • An institutional branding/marketing policy, but this policy is not consistently applied 	<p>The institution has:</p> <ul style="list-style-type: none"> • A comprehensive communication strategy document that clearly states objectives, responsibilities, timelines, dissemination mechanisms, and lays out a plan for attracting additional resources • Tasked staff to manage implementation of the communication strategy • A process for testing, measuring, and revising communication materials/messages based on results. • An institutional branding/marketing policy and instituted a system to monitor compliance

Administration, Human Resources, and Financial Management

Administration

Subdomain Objective: To assess the institution's capacity to effectively support its operations through its procurement and asset management systems.

➤ Procurement

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

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

Procurement			
1	2	3	4
<p>The institution has</p> <ul style="list-style-type: none"> No documented procurement policies or procedures. No process for identifying procurement needs and develop a plan 	<p>The institution has</p> <ul style="list-style-type: none"> Documented some procurement policies and procedures, but they are incomplete or inappropriate. Policies and procedures that are not well-known or understood by staff and inconsistently adhered to. No process for identifying procurement needs and develop a plan 	<p>The institution has</p> <ul style="list-style-type: none"> Documented most or all procurement policies and procedures, and they are appropriate. Policies and procedures that are generally known and understood by staff but inconsistently adhered to. A process for identifying procurement needs, but the procurement plan is not comprehensive 	<p>The institution has</p> <ul style="list-style-type: none"> Complete and appropriate written procurement policies and procedures that incorporate donor-specific policies (as applicable). Policies and procedures that are known and understood by trained staff. Policies and procedures that are consistently adhered to, reviewed, and updated. A comprehensive procurement plan that is revised/updated on a regular basis

➤ **Fixed Asset Control**

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

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

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

Human Resources

Subdomain Objective: To assess the institution’s ability to implement best practices in human resources in order to maintain a satisfied and skilled workforce.

➤ Personnel Policies

Objective: To assess the institution’s personnel policies and procedures and its adherence to them.

Resources: Personnel manual, work schedule policies, salary scale, 2–3 personnel files, payment vouchers, sample job descriptions (across levels/position)

Personnel Policies			
1	2	3	4
<p>The institution:</p> <ul style="list-style-type: none"> Does not have a manual that document prevailing personnel policies (including guidelines for job descriptions, salary scale and benefits, performance reviews, etc.) 	<p>The institution:</p> <ul style="list-style-type: none"> Has a basic manual that outlines personnel policies, but it is incomplete and/or outdated Either employs personnel practices that are not reflected in the manuals, or does not consistently apply policies in the manual Has not disseminated the personnel policy manual to all staff Does not require staff who have received the manual to sign that they have received and read it 	<p>The institution:</p> <ul style="list-style-type: none"> Has a personnel policies manual that include most or all appropriate components Has policies that are generally adhered to and aligned with HR best practices (minimal inconsistencies between policy and practice) Has not disseminated the personnel policy manual to all staff or required their signature Has no process for updating its personnel policies and manual 	<p>The institution:</p> <ul style="list-style-type: none"> Has comprehensive personnel policies that are aligned with labor law and acceptable to funders Has policies that are adhered to and aligned with HR best practices (no inconsistencies between policy and practice) Disseminates policies to all staff and files their signed statement Regularly reviews and updates its policies and manual

➤ **Staffing Levels and Retention**

Objective: To assess the institution's management of staffing—positions available, positions filled, vacancies—and the means for ensuring staffing levels are and remain adequate and that staff are provided with opportunities to grow within the institution.

Resources: Staffing plan and/or organogram, vacancy and turnover data, attendance information, retention policy, sample performance reviews or template

Staffing Levels and Retention			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No formal staffing plan and no data on positions/vacancies • No system to ensure that positions are filled quickly • Many key positions remain open or filled by staff without the right qualifications or skills • High staff turnover and severe problems with attendance • No staff retention policy linked to staff performance 	<p>The institution has:</p> <ul style="list-style-type: none"> • A basic staffing plan with some data on positions/vacancies, but it is incomplete • No system to ensure that positions are filled quickly • Some key positions are filled with qualified and skilled staff • High staff turnover or problems with staff attendance • No staff retention policy linked to staff performance • Not provided opportunities for staff professional development and/or career advancement 	<p>The institution has:</p> <ul style="list-style-type: none"> • A staffing plan with complete data on positions, vacancies and active recruitments • A system to ensure that positions are filled quickly • Qualified and skilled staff in all key positions • Moderate turnover or minor attendance problems • A staff retention policy that is only somewhat linked to performance • Not provided opportunities for staff professional development and/or career advancement 	<p>The institution has:</p> <ul style="list-style-type: none"> • A staffing plan with complete data on positions, vacancies and ongoing recruitments • A system to ensure that positions are filled quickly • Qualified and skilled staff in all positions • Minimal turnover and no attendance problems • A staff retention policy which includes providing opportunities for staff professional development and/or career advancement based on performance

Financial Management

Subdomain Objective: To assess the quality and reliability of the institution's financial system, policies and procedures.

➤ Financial Policies and Procedures

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

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

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

➤ **Accounting System**

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

Resources: Financial manual, accounting journals, chart of accounts, payment vouchers.

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

➤ **Budgeting**

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

Resources: Institution’s budget, budget worksheet, chart of accounts, budget tracking worksheet

Budgeting			
1	2	3	4
The institution has <ul style="list-style-type: none"> • No formal organizational annual budget • No budget monitoring system. 	The institution has <ul style="list-style-type: none"> • A basic organizational budget, but it is incomplete and is not aligned with the strategic plan. • An inconsistent methodology for including organizational costs in grant budgets (if any) • A basic budget monitoring system, but the financial data is not reviewed to address shortfalls. 	The institution has <ul style="list-style-type: none"> • A comprehensive organizational budget that is generally aligned with the strategic plan. • A consistent methodology for including organizational costs in grant budgets (if any) but it is not consistently applied. • A good budget monitoring system where the financial data is reviewed by senior managers, but corrective action is not consistently taken. 	The institution has <ul style="list-style-type: none"> • A comprehensive organizational budget that is aligned with the strategic plan. • A consistent methodology for including organizational costs in grant budget (if any) that is consistently applied. • A complete and appropriate budget monitoring system where the financial data is regularly reviewed by senior managers and corrective action taken systematically to address shortfalls.

➤ **Audits**

Objective: To assess whether the institution undergoes routine audits that meet statutory and donor requirements (if applicable) and has a system for addressing audit findings.

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

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

Strategic Information

Monitoring and Evaluation (M&E)

Subdomain Objective: To assess how the institution collects and uses data to plan, monitor and evaluate its programs and activities (course offerings; curricula; clinical practicums; faculty, staff, and student performance).

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

Monitoring and Evaluation			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No M&E plan • No process for monitoring implementation of programs • Not identified indicators to monitor program implementation • No system for data processing: tools, trained/experienced data collectors, data quality review or a plan for analyzing and using information 	<p>The institution has:</p> <ul style="list-style-type: none"> • A basic M&E plan • Identified some limited indicators (either process or outcome, but not both) • No Trained and/or experienced M&E staff • Developed data collection tools, but has no system for regularly collecting, analyzing or reporting data • No process for data quality review 	<p>The institution has:</p> <ul style="list-style-type: none"> • A well-defined M&E plan • Identified process and outcome indicators • Trained and/or experienced M&E staff • Evidence of consistently using data/findings for monitoring, planning and reporting against targets • A process for data quality review but issues are not systematically addressed • No process for sharing results with stakeholders 	<p>The institution has:</p> <ul style="list-style-type: none"> • A well-defined M&E plan • Identified process and outcome indicators • Trained and/or experienced M&E staff • Evidence of consistently using data/findings for monitoring, planning and reporting against targets, as well as regular sharing of information with stakeholders, including students and the community • A process for data quality review with evidence of addressing identified issues

Quality Management

Subdomain Objective: To assess whether there are institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing educational services.

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

Quality Management			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> Unclear performance expectations among faculty and staff No process for monitoring the quality of services it provides, either through program evaluations, quality monitoring or supervision 	<p>The institution has:</p> <ul style="list-style-type: none"> Performance expectations, but no process to assess performance against standards Not taken the satisfaction of key stakeholders (students, government, donors, patients at teaching facilities, etc.) into consideration 	<p>The institution has:</p> <ul style="list-style-type: none"> Performance expectations and a process that assesses performance against standards Taken into consideration the satisfaction of key stakeholders (students, government, donors, patients at teaching facilities, etc.) Analyzed gaps or weaknesses to identify root causes, but has not developed an improvement plan to address weaknesses 	<p>The institution has:</p> <ul style="list-style-type: none"> Performance expectations and a process that assesses performance against standards Taken into consideration the satisfaction of key stakeholders (students, government, donors, patients at teaching facilities, etc.) Analyzed gaps or weaknesses to identify root causes Developed an improvement plan to address root causes of gaps or weaknesses. Evidence of implementing action items listed in improvement plan

Information Systems

Subdomain Objective: To assess the functionality of the institution’s information systems and documentation of policies and procedures.

Resources: Information system policies and procedures, staff interviews

Information Systems			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No documented policies and procedures for its information system • An insufficient information system to manage operations and/or programs/services offered • No one designated to manage the information system • No ability to collect, store and retrieve needed data for planning, monitoring, reporting and improving service quality 	<p>The institution has:</p> <ul style="list-style-type: none"> • Documented policies and procedures, but they are incomplete or inappropriate • An information system that supports operations and programs at basic levels of functionality • No one designated to manage the information system • No ability to collect, store and retrieve needed data for planning, monitoring, reporting and improving service quality 	<p>The institution has:</p> <ul style="list-style-type: none"> • Documented most or all of its policies and procedures • An information system that adequately supports operations and programs at an acceptable level of functionality without major inputs • Staff (or vendor) designated to manage some aspects of the information system (e.g., only some IS components, hardware/server maintenance) • Limited or sporadic ability to collect, store and retrieve needed data for planning, monitoring, reporting and improving service quality 	<p>The institution has:</p> <ul style="list-style-type: none"> • Complete and appropriate policies and procedures • An information system that effectively and efficiently supports operations and programs at a high level of functionality and maintenance • Staff (or vendor) designated to manage all aspects (e.g., hardware and software) of the information system • Adequate and consistent ability to collect, store and retrieve needed data for planning, monitoring, reporting and improving service quality

Knowledge Management

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

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

Knowledge Management			
1	2	3	4
<p>The institution has:</p> <ul style="list-style-type: none"> • No technical linkages with external institutions and government, national or international institutions, to share best practices or program/operational experiences • No process for ensuring faculty and staff are continuously updated on best practices 	<p>The institution has:</p> <ul style="list-style-type: none"> • Basic technical linkages with other institutions, and shares best practices or program/operational experiences • Updates staff on best practices, but not regularly • No process for ensuring learning is applied to the program/operations 	<p>The institution has:</p> <ul style="list-style-type: none"> • Essential and appropriate links with other institutions, and shares best practices or program/operational experiences • A process for routinely sharing technical expertise and experiences with staff and stakeholders • Applied new knowledge or best practices to ongoing programs/operations or shared them with stakeholders, though inconsistently • A basic process for reviewing/integrating new/current knowledge and best practices in annual planning 	<p>The institution:</p> <ul style="list-style-type: none"> • Has active links with appropriate institutions, and proactively shares best practices or program/operational experiences • Has a process for routinely sharing technical expertise and experiences with staff and stakeholders • Applies best practices to its program/operations • Reviews and integrates new/current knowledge and best practices in its annual plans

