The Make A Difference Trust

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Part

**Partner Organisation**

**Assessment Tool**

This tool should be used to assess the organisational strength and capacity of partners before entering into a partnership and prior to submission of any concept note and proposal. If the organization is evaluated to have weaknesses in one or several areas or has an overall average score below 76%, an analysis describing how risks will be mitigated will need to be outlined and approved before a partnership can be formed.

**SECTION A. ORGANISATIONAL PROFILE**

|  |  |
| --- | --- |
| Name of Partner |  |
| Date of Review |  |
| Established (year) |  |
| Contact Details (Name, Position, Email, Phone Number, Address, Website |  |
| Districts/locations |  |
| Staff and structure (how many, SMT positions etc.) |  |
| Number and nature of project sites (facilities, communities, support groups, CBOs) |  |
| Current activities / projects including total grant values and current donors |  |

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| **B1. GOVERNANCE, STRATEGY, AND VALUES - INDICATORS** | **Rating****1-4** |
| 1. There is a written constitution accepted and approved by all the members of the organisation / the Board / the General Assembly |  |
| Capacity Rating:1 = No written constitution; 2 = Some rules/principles written down; 3 = Written constitution exists but wasn’t widely approved; 4 = Written constitution approved by members / board / general assembly (as applicable) |
| 2. There is a governing committee / executive committee / board that regularly meets and governs the organisation |  |
| Capacity Rating:1 = No board/committee; 2 = Board established but doesn’t meet; 3 = Occasional meetings but no minutes; 4 = regular meetings (at least per quarter) with minutes taken and disseminated |
| 3. At least three quarters of the board attend each board meeting |  |
| Capacity Rating:1 = Less than 50% attended the last 2 meetings/there are no meetings/minutes; 2 = 50-75% attended last 2 meetings; 3 = 75% - 95% attended last 2 meetings; 4 = 100% board members have attended last 2 meetings |
| 4. The board’s composition includes the varied interests of the beneficiaries |  |
| Capacity Rating:1 = No representative from targeted groups on the board; 2 = 1 representative from targeted groups on board; 3 = 25% of board from targeted groups; 4 = member-led board |
| 5. The board has an appropriate gender balance |  |
| Capacity Rating: \*(appropriate gender balance will need to consider the purpose of the organisation = women focused group? – an MSM/LGBT group – to consider what is appropriate for this indicator)1 = No female board member; 2 = only 1 female board member; 3 = 25% of board from targeted groups; 4 = 50% equal gender balance |
| 6. A written Mission, Vision and Values exists and all staff members are aware of it |  |
| Capacity Rating:1 = No clear mission or values; 2 = staff can describe the mission / values but they have never been formally agreed or written down; 3 = Mission and/or Vision and/or Values are written down but few people can describe them or know what they are; 4 = Mission/Vision/Values were agreed in participatory manner, they are written, and they are regularly used by staff to guide activities |
| 7. The organisation is properly registered with the correct authorities and the registration is update |  |
| Capacity Rating:1 = The organisation is unregistered; 2 = the organisation is registered but the registration is out of date; 3 = the organisation is registered but staff are not aware of how the organisation is categorised; 4 = the organisation is registered, up to date, registration certificate filed in Administration office, and relevant staff are aware of the status and the process |
| 8. The organisation is in compliance with local reporting, tax and labour requirements |  |
| Capacity Rating:1 = The organisation cannot show compliance with local reporting, tax and labour requirements; 2 = the organisation can show some evidence of some compliance with local reporting, tax and labour requirements but records are not complete and/or not up to date; 3 = the organisation can show evidence of compliance with all local reporting, tax and labour requirements but not all administrative and executive staff are fully aware of requirements; 4 = the organisation can show recorded evidence of total compliance with up-to-date local reporting, tax and labour requirements and all administrative and executive staff are aware of these requirements |
| 9. The organisation has a written strategic plan with a clear timeframe |  |
| Capacity Rating:1 = The organisation has no written strategic plan; 2 = the organisation has a written strategic plan that is out of date; 3 = the organisation has a current written strategic plan with a defined timeframe but which few staff members are aware of; 4 = the organisation has a current written strategic plan that all/most staff members are aware of and working towards |
| 10. The organisation’s strategic plan has goals and objectives which are SMART – specific, measurable, achievable, realistic and time-bound |  |
| Capacity Rating:1 = The organisation has no written strategic plan and is unable to vocalise goals and objectives for the organisation; 2 = the organisation has a written strategic plan with goals and objectives that have not been updated or are overly ambitious and unlikely to be achieved within the strategic timeframe stated; 3 = the organisation has a strategic plan with stated goals and objectives but there are no SMART indicators in place for measuring those goals and objectives; 4 = the organisation has a written strategic plan with SMART indicators for each goal and objective stated therein |
| **TOTAL** |  **/40** |

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| **B2. ADMINISTRATION AND HUMAN RESOURCES MANAGEMENT - INDICATORS** | **Rating****1-4** |
| 1. The organisation has a defined organisational structure in place showing lines of reporting and delineating clear responsibility between roles |  |
| Capacity Rating:1 = There is no written organisational organogram and staff are unclear as to how reporting lines work; 2 = there is an outdated written organogram that has not been updated as the organisational organisation has changed/grown; 3 = there is an up-to-date written organisational organogram but staff outside of SMT are not aware of it; 4 = there is an updated organisational organogram clearly showing all positions within the organisation with clear and direct reporting lines |
| 2. There is a written Code of Conduct in place |  |
| Capacity Rating:1 = There is no written or understood Code of Conduct; 2 = there is an outdated Code of Conduct that is rarely referred to; 3 = there is an up-to-date Code of Conduct that admin/HR staff and SMT are aware of but a general lack of awareness amongst all staff; 4 = there is an up-to-date Code of Conduct that all staff are aware of AND adhere to and ideally is displayed within offices |
| 3. All staff have an updated job description and are fully aware of their role and responsibility and reporting lines with clear lines of distinction between different roles and decision-making authority within each role |  |
| Capacity Rating:1 = There are no job descriptions/job frameworks available; 2 = there are some job descriptions/frameworks in place but not for all roles; 3 = there are job descriptions/frameworks in place but some of them are out-of-date and do not necessarily align with roles that people are performing; 4 = there are up-to-date job descriptions/frameworks in place that all staff are aware of and in general agree that their JD is reflective of the role they do |
| 4. The organisation has a clear recruitment policy including: a transparent, defined, and externally competitive recruitment process, clearly structured salaries and benefits, clearly defined job descriptions |  |
| Capacity Rating:1 = There is no written recruitment policy/manual and a lack of consistency as to how staff are recruited; 2 = there is an outdated written recruitment policy/manual but no evidence that it is adhered to in current recruitment; 3 = there is a up-to-date recruitment policy/manual but no evidence that it is adhered to; 4 = there is an up-to-date recruitment policy/manual and evidence from the most recent recruitments over the past 3-6 months that the policy has been followed (i.e job framework, job advert, CVs received, CV shortlisting ranking strengths of candidates against job framework, interview notes, references received etc) |
| 5. The organisation has a clear and easily accessible human resources manual relating to LEAVE ENTITLEMENTS (annual leave, sick leave, maternity leave etc) |  |
| Capacity Rating:1 = There is no written policy regarding leave entitlements for staff and no staff are aware of their entitlements; 2 = there is a written policy regarding leave entitlements but no staff (few staff) are aware of their entitlements; 3 = there is a written policy regarding leave entitlements and staff are generally aware of their entitlements but there is no process for keeping records of how many leave days have currently been taken by staff or process for follow-up with those that have taken more than entitled to or less than entitled to by the end of the year; 4 = there is a written policy regarding leave entitlements and all staff are aware of their entitlements AND HR keep a record of all leave taken and follow-up regularly with staff regarding this |
| 6. The organisation has a clear and easily accessible human resources manual relating to PERFORMANCE MANAGEMENT (annual appraisals, objectives, disciplinary procedures such as verbal warnings, first, second written warnings before termination etc) |  |
| Capacity Rating:1 = The organisation does not have a performance management policy; 2 = the organisation has a written performance management policy that is not adhered to (i.e appraisals have not been done in the last 12 months/for recent terminations there is no evidence that the procedure has been followed); 3 = the organisation has a written performance management policy and there is evidence that it has been followed but staff in general are not aware of what the policy is; 4 = the organisation has a written performance management policy and there is evidence that it has been followed (i.e evidence that appraisals have taken place in the last 12 months/policy around dismissal/termination has been followed) and staff in general are aware of the policy |
| 7. The organisation has a clear and easily accessible human resources manual relating to PROFESSIONAL DEVELOPMENT (training, career aspirations for staff, promotion policies etc) |  |
| Capacity Rating:1 =The organisation does not have a professional development policy; 2 = the organisation has a written professional development policy but with no evidence that it has ever been followed; 3 = the organisation has a written professional development policy and there is evidence that it has been followed (i.e staff have attended training relevant to their current roles and to their career aspirations) but staff in general are not aware of what the policy is; 4 = the organisation has a written professional development policy and there is evidence that it has been followed (i.e staff have attended training relevant to their current roles and to their career aspirations) and staff in general are aware of the policy and how to apply for training/career development |
| 8. There is a qualified HR Officer in place |  |
| Capacity Rating:1 =There is no full-time role in charge of HR (HR is dealt with by executive director or the like); 2 = there is a full-time HR role but the role is currently un-staffed and or has had a high turn-over over the last 12 month (more than 3 people in the role); 3 = there is a full-time HR Manager/Officer but without relevant qualifications or prior HR experience; 4 = there is a full-time HR Manager/Officer with appropriate HR qualifications and prior experience |
| 9. There are appropriate policies in place includingA. An Anti-Discrimination, within the workplace, Policy (including PLHIV)B. An Ethical PolicyC. A Child Protection PolicyD. A Whistle-blowing Policy |  |
| Capacity Rating:1 = There are none of the above mentioned policies in place; 2 = there is one of the above mentioned policies in place; 3 = there are at least 2 of the above mentioned policies in place but staff in general are not aware of them; 4 = there are at least 3 of the above mentioned policies in place and staff in general are aware of them |
| 10. Staff meetings are regularly held |  |
| Capacity Rating:1 = Staff meetings are never/rarely held (not in the last 3 months); 2 = staff meetings are sporadically held with not all staff members attending and no record of the meetings; 3 = staff meetings are regularly held (at least once a month) with most of staff attending but no record of the meetings; 4 = staff meetings are regularly held (at least once a month) with most of staff attending and records of the meetings exist |
| **TOTAL** |  **/40** |

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| **B3. FINANCIAL MANAGEMENT - INDICATORS** | **Rating****1-4** |
| 1. The organisation has a Finance Manual/Policy in place that outlines the controls in place to protect the organisation from fraud, theft, and misappropriation in line with both local law and international good practice – such as dual signatories for release of funds, authorisation limits attached to specific roles, regular audit of inventory, periodic reconciliation of accounts etc. |  |
| Capacity Rating:1 =There is no written finance manual/policy in place; 2 = there are various policies/guidelines in place but not collated into one financial manual, not consistently adhered to, and not covering all the issues above; 3 = there is a financial manual/policy in place but it doesn’t cover all the issues above and/or is not consistently adhered to; 4 = there is an updated written financial manual in place that covers all of the above and recent adherence is evidenced |
| 2. The organisation has a purchasing/procurement manual/policy in place outlining rules for purchasing such as 3 quotations over a certain value AND the organisation adheres to either their internal policy or the donor-prescribed procurement policy, whichever is more stringent |  |
| Capacity Rating:1 =There is no written procurement policy in place; 2 = there are various policies/guidelines in place but not collated into one procurement manual and not consistently adhered to; 3 = there is procurement manual/policy in place but it is not consistently adhered to; 4 = there is an updated written procurement manual in place and recent adherence is evidenced |
| 3. Actual expenses are regularly monitored against the budget and variances are investigated |  |
| Capacity Rating:1 =There is no evidence that actual expenses are regularly/periodically cross-checked against budgets; 2 = there is evidence that actual expenses are cross-checked against budgets but variances are not investigated; 3 = there is evidence that actual expenses are cross-checked against budgets and that variances are investigated; 4 = there is evidence that actual expenses are cross-checked against budgets, variances are investigated, resolved, and further controls are established to minimise as far as possible unnecessary variances |
| 4. The organisation has a financial system that is capable of tracking funds from different donors |  |
| Capacity Rating:1 =The organisation cannot easily distinguish either through accounts or within the bank funds from different donors; 2 = the organisation can distinguish funds from different donors by income on their bank statements but finds it difficult to reconcile that with expenditure; 3 = the organisation tracks funding from different donors by maintaining separate and parallel systems for each donor project; 4 = the organisation can track different donor funds through income/bank statements/expenditure within one system that is maintained on a regular weekly/monthly basis |
| 5. All financial transactions are recorded with relevant supporting documentation |  |
| Capacity Rating:1 =The organisation does not record all financial transactions with relevant supporting documentation; 2 = the organisation records most financial transactions but rarely with necessary relevant supporting documentation; 3 = the organisation records all financial transactions with mostly relevant supporting documentation; 4 = the organisation records all financial transactions always with relevant supporting documentation |
| 6. An annual external audit is conducted and includes a review of management practices |  |
| Capacity Rating:1 =There has not been an external annual audit conducted within the last year; 2 = there has been an external annual audit conducted within the last year but it did not contain a review of management practices; 3 = there has been an external annual audit conducted in the last year which included a review of management practices but recommendations have not yet been put in place; 4 = there has been an external audit conducted in the last year which included a review of management practice and there is evidence that the recommendations have been acted upon |
| 7. Internal audits are systematically conducted and recommendations made in audits are implemented |  |
| Capacity Rating:1 =There has not been any internal audit conducted within the last year; 2 = there has been at least one internal audit conducted within the last year but it did not contain a review of policies; 3 = there has been at least one internal audit conducted in the last year which included a review of policies but recommendations have not yet been put in place; 4 = there has been at least one internal audit conducted in the last year which included a review of policies and there is evidence that the recommendations have been acted upon |
| 8. District-level financial reporting is standardised – so all sub-offices/districts produce financial data and information to the head office in a standardised form and with a deadline of the same date each month |  |
| Capacity Rating:1 =There is no procedure in place for regular standard or consistent collection of sub-office/sub-district financial data; 2 = there is a procedure in place for regular (monthly) collection of sub-office/sub-district financial data but no standardised template so each sub-office submits information in different formats; 3 = there is a procedure in place for regular (monthly) collection of financial data with a standardised template but this is not uniformly adhered to – i.e over the past 3 months more than 25% of sub-offices/sub-districts have failed to submit financial data or submitted it late or on a different template; 4 = there is a procedure in place for regular (monthly) collection of financial data with a standardised template and this is routinely adhered to – i.e over 90% of sub-offices have submitted data on time and in the correct format over the past 3 months. |
| 9. There is a set deadline for financial information from sub-offices/districts every month and all districts adhere to this: lateness is promptly and efficiently followed-up  |  |
| Capacity Rating:1 =There is no monthly financial deadline for the collection of financial data from field sites; 2 = there is an understood monthly financial deadline for the collection of financial data from field sites but it is rarely adhered to/there is no recorded evidence of whether it is adhered to or not; 3 = there is a written procedure for the deadline for receipt of financial data from field sites which is routinely adhered to – in the last 3 months 75% of field sites were able to submit data by the deadline – but there is no process for follow-up for those that are consistently late; 4 = there is a written procedure for the deadline for receipt of financial data from field sites and in the last 3 months over 90% of field sites submitted data by the deadline; there is a process to promptly follow-up and rectify lateness of submission of financial data |
| 10. The person in charge of finance has the appropriate financial professional qualifications |  |
| Capacity Rating:1 =There is no full-time role in charge of finance (finance is dealt with by executive director or the like); 2 = there is a full-time finance role but the role is currently un-staffed and or has had a high turn-over over the last 12 month (more than 3 people in the role); 3 = there is a full-time Finance Manager/Director but without accounting qualifications; 4 = there is a full-time Finance Manager/Director with appropriate (i.e ACA equivalent) accounting qualification |
| 11. There have been sufficient unrestricted funds available in the balance sheet for the last three years (It should be at least 5% of the total incoming resources) |  |
| Capacity Rating:-10(minus ten) = there have not been sufficient unrestricted funds available in the balance sheet for the last three years. More than 5% of the total income.0 = there have been sufficient unrestricted funds available in the balance sheet for the last three years. More than 5% of the total income.  |
| 12. Is there control mechanism to ensure no funds are being transferred on to a proscribed bank or financial institution at any point in the chain? (the lists can find in <https://www.gov.uk/government/publications/financial-sanctions-consolidated-list-of-targets/consolidated-list-of-targets>) ( i.e. to ensure not only that any funds sent to an implementing partner’s bank are going to an acceptable bank but also that any funds implementing partners send on (e.g. to sub-contractor) are also only going to suitable banks/financial institutions.  |  |
| Capacity Rating:-10(minus ten) = No0 = Yes  |
| **TOTAL** |  **/40** |
| **B4. PROJECT CYCLE MANAGEMENT INCLUDING FINANCIAL REPORTING - INDICATORS** | **Rating****1-4** |
| 1. DESIGN Each project has a defined goal and defined outcomes including well-defined stakeholders and beneficiary communities |  |
| Capacity Rating:1 =No projects have a defined goal, outcomes, stakeholders or beneficiary communities; 2 = at least 50% of projects have at least 2 out of the above four (i.e. two out of a defined goal, outcomes, stakeholders, beneficiary communities); 3 = all projects have at least 2 out of the above four (i.e two out of a defined goal, outcomes, stakeholders, beneficiary communities); 4 = all projects have all of the above four (i.e a defined goal, outcomes, stakeholders, beneficiary communities) |
| 2. DESIGN The NGO has mechanisms in place to meaningfully involve the correct staff members/stakeholders/community members in programme design, indicator development, implementation and monitoring and evaluation |  |
| Capacity Rating:1 =There are no mechanisms in place to involve relevant staff members/stakeholders/community members in programme design, indicator development, implementation and M&E; 2 = the organisation can articulate what mechanisms are in place to involve relevant staff members/stakeholders/community members in at least 2 out of the above 4 programme areas but there is no evidence that this has been done for recent projects; 3 = the organisation can articulate what mechanisms are in place to involve relevant staff members/stakeholders/community members in all four of the above programme areas but there is no evidence that this has been done for recent projects; 4 = the organisation can articulate AND provide evidence that mechanisms are in place and have been followed to involve relevant staff members/stakeholders/community members in all four of the above programme areas |
| 3. DESIGN All projects have logframes (or an equivalent project framework) upon which activity level workplans are based |  |
| Capacity Rating:1 =No current project has a logframe (or equivalent project framework); 2 = some, but not all, projects have logframes (or equivalent project framework) but they are not used on a regular basis to monitor ongoing activities against stated objectives or outcomes; 3 = all projects have a logframe (or equivalent project framework) but they are not consistently used on a regular basis to monitor ongoing activities against stated objectives or outcomes; 4 = all projects have a logframe (or equivalent project framework) and there is evidence to show that they are consistently/regularly used to monitor ongoing activities against stated objectives or outcomes |
| 4. IMPLEMENTATION All projects have quarterly workplans which are used to check implementation and progress of the project |  |
| Capacity Rating:1 =There are no written workplans in place; 2 = there are written workplans in place for some projects but they are out of date/not current and there is no evidence to show that they are followed and used to check implementation of activities and progress of the project; 3 = there are updated (current) written workplans in place for all projects but no evidence to show how they are used to check implementation of activities and progress of the project; 4 = there are updated (current) written workplans in place for all projects and evidence to show how they are used to monitor implementation of activities and progress of the project |
| 5. REPORTING Financial reports are provided to funders as appropriate – accurate and on time and against approved budget |  |
| Capacity Rating:1 =There is no central list of when donor financial reports are due and no evidence to show (over the last 6 months) which reports have been submitted on time AND no written financial control/procedure in place to check the accuracy of the reports; 2 = there is a central list of when financial reports are due and (over the last 6 months) more than 50% have been submitted in time but there is no written financial control procedure in place to check the accuracy of the reports; 3 = there is a central list of when financial reports are due and (over the last 6 months) more than 75% have been submitted on time and there is a written financial control procedure in place to check the accuracy of the reports; 4 = there is a central list of when financial reports are due and (over the last 6 months) 100% have been submitted on time and there is a written financial control procedure in place to check the accuracy of the reports and evidence that this procedure is followed |
| 6. REPORTING Narrative reports are provided to funders as appropriate – accurate and on time and demonstrating implementation of activities leading/contributing towards stated objectives and impact -\*note – narrative reports should also highlight concerns, issues, unintended negative impact and suggestions/recommendations as to how to mitigate problems |  |
| Capacity Rating:1 =There is no central list of when donor narrative reports are due and no evidence to show (over the last 6 months) whether reports have been submitted on time or at all; 2 = there is a central list of when donor narrative reports are due and (over the last 6 months) more than 50% of reports have been submitted on time; 3 = there is a central list of when donor narrative reports are due and (over the last 6 months) more than 75% of reports have been submitted on time AND define how activities in the last reporting period contribute towards stated objectives and impact; 4 = there is a central list of when donor narrative reports are due and (over the last 6 months) 100% of reports have been submitted on time AND define how activities in the last reporting period contribute towards stated objectives and impact whilst also highlighting concerns, issues, and recommendations on how to mitigate some of the problems encountered over the last reporting period |
| 7. REPORTING Financial reports are cross-checked with project narrative reports to ensure accuracy and consistency of reported expenditure to donor |  |
| Capacity Rating:1 =There is no procedure in place to cross-check financial reports with narrative reports (does the person responsible for the narrative report see the financial report to ensure that it says the same thing as the narrative and check expenditure against budget and activities?) before sending to the donor and no evidence that this occurs; 2 = there is no procedure in place to cross-check financial reports with narrative reports but there is evidence to show that the person responsible for the narrative report sees the financial report (i.e the person writing the narrative report is aware of expenditure against each budget line); 3 = there is a procedure in place to ensure that financial and narrative reports are cross-checked before being sent to the donor but no evidence that this is consistently adhered to; 4 = there is a procedure in place to ensure that financial and narrative reports are cross-checked before being sent to the donor and evidence to show that this is consistently adhered to (i.e the people responsible for writing the narrative report for each project are aware of the financial reports for each project and cross-check actual expenditure with activities and budget to ensure both financial and narrative reports are consistent for each reporting period) |
| 8. M&E AND LEARNING Impact indicators have been developed to monitor and evaluate the impact on communities against the stated project objectives |  |
| Capacity Rating:1 =There are no impact indicators for any project; 2 = there are some written impact indicators for some projects but not for all and these have not been used in regular (monthly or quarterly) monitoring; 3 = there are written impact indicators for all projects but these have not been consistently used for regular (monthly or quarterly) monitoring; 4 = there are written impact indicators for all projects and there is evidence that these are regularly (monthly or quarterly) used to monitor and evaluate the impact of the projects on communities  |
| 9. M&E AND LEARNING The NGO has in place a documented organisational impact/M&E/learning and documentation system to collate project-level information into organisational-level impact evidence and use this to influence future programming [\*note – organisational-level documentation and learning is different from project-specific M&E] |  |
| Capacity Rating:1 =There is no organisational impact/M&E/learning and documentation system in place nor has this ever been considered; 2 = there is no documented organisational impact/M&E/learning and documentation system in place but there is an understanding within the organisation of how this differs from project-specific M&E and what the benefits of it are; 3 = there is a documented organisational impact/M&E/learning and documentation system in place but there is no evidence that this is used by the organisation to influence and inform future programming; 4 = there is a documented organisational impact/M&E/learning and documentation system in place and evidence that this is consistently used by the organisation to influence and inform future programming  |
| 10. SUSTAINABILITY The NGO has developed systems for, or has evidence of having considered, the continuation of its programme activities with the community |  |
| Capacity Rating:1 =There is no evidence that sustainability is considered in project or programme activities; 2 = there is evidence that sustainability is considered in some projects (such as being written into a proposal) but no evidence to show that ongoing sustainability is monitored through the life of the project; 3 = there is evidence to show that sustainability is considered in all projects/programmes (such as being written into a proposal) but no evidence to show that ongoing sustainability issues are monitored throughout the life of the project; 4 = there is evidence to show that sustainability is considered within all projects and through all aspects of project cycle management from design, to implementation, included within M&E frameworks and is highlighted in project evaluation |
| **TOTAL** |  **/40** |

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| **B5. SECURITY MANAGEMENT - INDICATORS** | **Rating****1-4** |
| 1. The NGO has a security policy in place |   |
| Capacity Rating:1 =The organisation does not have a security policy; 2 = the organisation has a written security policy but with no evidence that it has ever been followed; 3 = the organisation has a written security policy and there is evidence that it has been followed (i.e. staff have attended training) but staff in general are not aware of what the policy is; 4 = the organisation has a written security policy and there is evidence that it has been followed (i.e. staff have attended training) and staff in general are aware of the policy and how to apply |  |
| 2. The NGO consistently budgets for security in donor proposals |   |
| Capacity Rating:1 =The organisation has never budgeted for security; 2 = the organisation sometimes budgets for security; 3 = the organisation often budgets for security ; 4 = the organisation budgets for security consistently |  |
| 3. The relevant NGO ensures staff receive appropriate training in security |   |
| Capacity Rating:1 =The organisation does not provide professional security training to the relevant staff; 2 = the organisation provides security training to relevant staff but it is not obligatory; 3 = the organisation provides security training and it is obligatory to the relevant staff but not all staff has completed the training 4 = The organisation provides professional security training to staff and it is obligatory to the relevant staff and all are completed the training |  |
| 4. All staff have security briefings before field travel and debriefs on return |   |
| Capacity Rating:1 =Staff do not have security briefings before field travel and debriefs on return ; 2 = Some staff have security briefings before field travel and debriefs on return ; 3 = Most of staff have security briefings before field travel and debriefs on return; 4 = It is compulsory to have security briefings before field travel and debrief on return and it is evidenced that all staff have security briefings before field travel and debrief on return |  |
| 5. Security guidelines are in place for all staff |   |
| Capacity Rating:1 =The organisation does not have security guidelines; 2 = the organisation has written security guidelines but with no evidence that it has ever been followed; 3 = the organisation has written security guidelines and there is evidence that it has been followed (i.e. staff have attended training) but staff in general are not aware of what the guidelines are; 4 = the organisation has written security guidelines and there is evidence that it has been followed (i.e. staff have attended training) and staff in general are aware of the policy and how to apply |  |
| 6. Psychological support for staff is available if needed |  |
| Capacity Rating:1 =The organisation does not have psychological support for staff; 2 = the organisation can provide psychological support for staff but staff are not aware of the support; 3 = the organisation provides psychological support for staff and staff in general are aware of the support; 4 = the organisation provides psychological support for staff and staff in general are aware of the support and it is always available for the staff if needed |  |
| 7. There is a dedicated security focal point in the NGO  |   |
| Capacity Rating:1 =There is not a dedicated security focal point ; 2 = There is a dedicated security focal point but not functional; 3 = There is a dedicated security focal point and it is functional but all staff are not aware of the function of focal point; 4 = There is a dedicated security focal point and it is functional and staff are aware of the function of the focal point |  |
| **TOTAL** |  **/28** |

**SECTION C. SUMMARY ANALYSIS MATRIX**

Complete each of the coloured TOTAL boxes in Section B with date of assessment and name of Plan facilitator.

Note: there are columns for up to six self-assessments to be performed under this summary matrix. The minimum should be two – one at the beginning of the project as a baseline and one at the end of the project as an endline. However, if desired by the partner more “mid-term” self-assessments can be facilitated to monitor progress. The action plan should be completed for the initial self-assessment and further assessment will require an extra “Section D” Action plan sheet.



**SECTION D. FOLLOW UP MATRIX**

The matrix below is a guideline of minimum requirements for each organizational aspect. Please consider such requirements as you develop the action plan listed in section E.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 0-10 | 11-20 | 21-30 | 31-40 |
| B1. Governance, strategy and values |   |   |   |   |
| B2. Administration and Human Resources |   |   |   |  |
| B3. Financial Management  |   |   |   |  |
| B4. Project Cycle Management |   |   |   |   |
| B5. Security Management |  |  |  |  |
|  |  |  |  |  |

**SECTION E. ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation Development Need | Recommended Action | Agreed? ✓ / 🗶 / ? | Who? | When? |
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Updated Jan 2020