

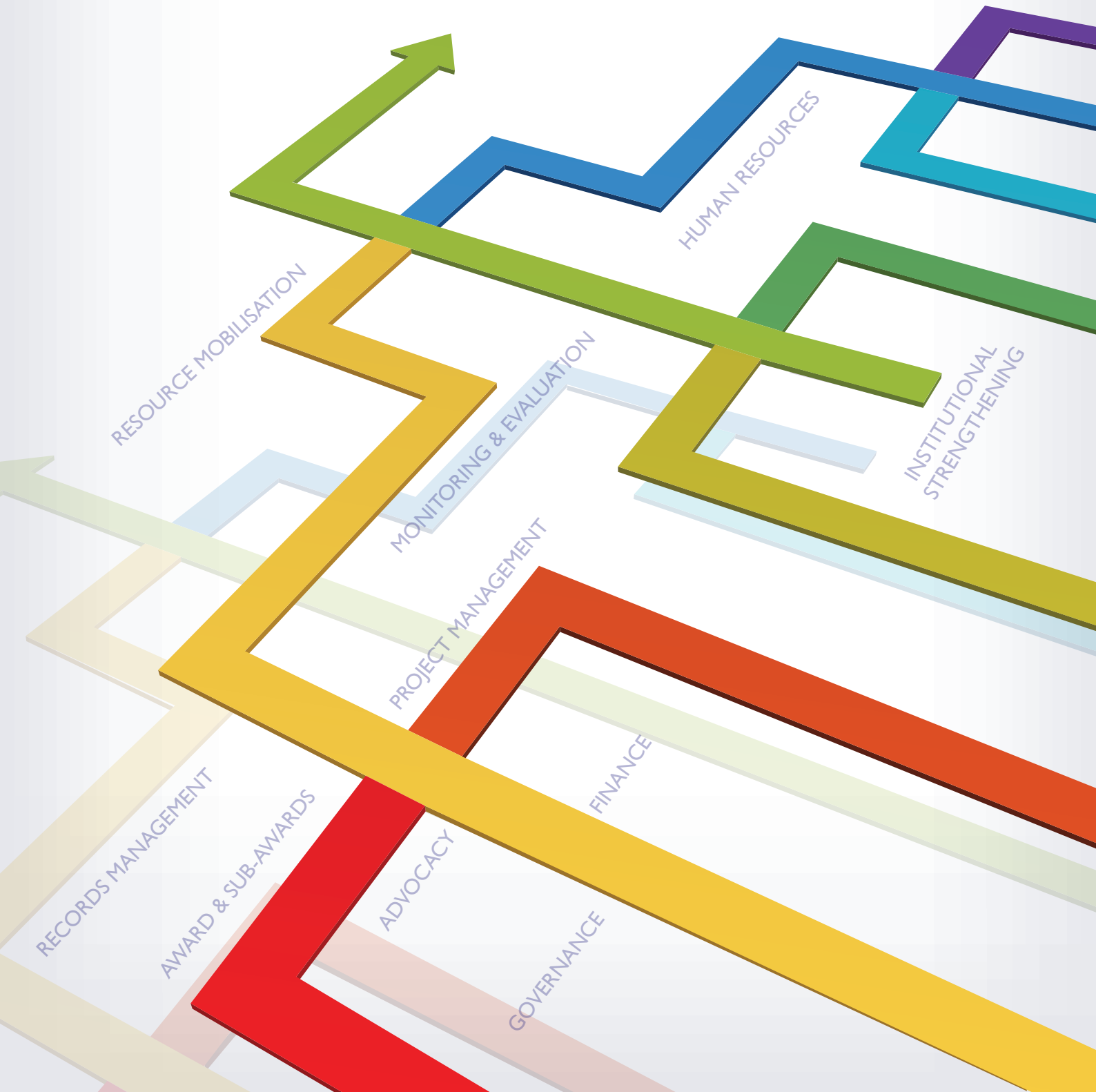


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FANIKISHA
Institutional Strengthening Project

The Institutional Strengthening Standards for Kenyan Civil Society Organisations



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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organisation
CEO	Chief Executive Officer
CSO	Civil Society Organisation
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRM	Human Resources Management
ICT	Information and Communication Technology
M&E	Monitoring and Evaluation
MERL	Monitoring, Evaluation, Reporting and Learning
MSH	Management Sciences for Health
NGO	Non-Governmental Organisation
OCA	Organisational Capacity Assessment
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
RATN	Regional AIDS Training Network
SOP	Standard Operating Procedures
TWG	Technical Working Group
USAID	United States Agency for International Development

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We are indebted to the role played by the Institutional Strengthening Standards and Indicators Technical Working Group in steering and providing technical support to the standards and indicators development process. Structured along specific areas of institutional strengthening, the Technical Working Group comprised a significant number of organisations drawn from the civil society, private, public and academic sectors.

Government institutions such as the Kenya Bureau of Standards and the Kenya Non-Governmental Organisations Co-ordination Board provided immense technical input to the standards and indicators. These agencies' invaluable knowledge and experience in the development of standards went a long way in supporting the actualisation of this document.

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This document would not have been possible, however, without the generous and timely funding support by USAID/Kenya and the United States President's Emergency Plan for AIDS Relief (PEPFAR). We have no doubt that civil society organisations and stakeholders in institutional strengthening will find this document a rich resource to inform and influence institutional strengthening among a variety of organisations, including local civil society organisations.

INTRODUCTION

The overarching goal of the FANIKISHA Institutional Strengthening Project is to develop the capacity of national-level civil society organisations (CSOs) to maximize their ability to contribute to improvements in the health and well-being of all Kenyans. One of the project's goals is to improve the quality of institutional strengthening for all CSOs in Kenya. In moving toward this goal, a wide range of stakeholders, in Kenya and beyond, came together to develop standards and indicators for institutional strengthening that draw upon global best practices, while being uniquely customized and relevant to the Kenyan context.

The development of the CSO standards and indicators presented here were facilitated by the FANIKISHA Institutional Strengthening Project through an inclusive, participatory process, led by the Institutional Strengthening Standards and Indicators Technical Working Group (TWG). The TWG consisted of 41 participants drawn from the Project's consortium partners, Government of Kenya, donors, academic institutions, local and international industry technical experts, and various professional bodies.

Members of the TWG met on three occasions in 2012 to develop a shared vision for the institutional strengthening standards and indicators; develop common definitions of key institutional strengthening concepts; harmonise and integrate the knowledge and experience of TWG members; and provide input and recommendations for developing this standards and indicators document.



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¹ The FANIKISHA Institutional Strengthening Project is a five-year cooperative agreement (2011-2016) funded by USAID/Kenya and implemented by Management Sciences for Health, Pact, Danya International, and the Regional AIDS Training Network.

These standards and indicators were developed in response to the fact that—despite the wide range of institutional strengthening initiatives undertaken by donors and CSOs in Kenya in the recent past—there have been no clearly agreed upon institutional strengthening standards and indicators to measure or evaluate this work. This situation has generally compromised the quality and measurement of these institutional strengthening initiatives.

The standards and indicators in this document have been developed for the following 10 institutional strengthening areas: Governance; Organisational Planning and Resource Mobilisation; Finance and Operations; Award and Sub-award Management; Human Resources Management; Project Management; Advocacy, Networking and Alliance Building; Communications and Records Management; Monitoring, Evaluation, Reporting, and Learning (MERL); and Institutional Strengthening and Change Management. The standards document includes a qualitative standard expression for each institutional category and a set of verifiable indicators. The standards are intended to improve the quality of institutional strengthening and foster more effective, efficient, relevant, sustainable, and results-oriented CSOs in Kenya.

These institutional strengthening standards and indicators are already being applied in the implementation of the FANIKISHA Project, and many of the capacity strengthening tools and guidelines are structured along these standards and indicators. We hope that CSOs in Kenya will see value in the clarity and approach outlined in this document and adopt the standards for their institutional strengthening initiatives.

This standards and indicators document is a living document, with flexibility for change and improvement as the context for CSOs in Kenya evolves and as new practices and norms emerge over time. We hope that the document will provide the opportunities for Kenyan actors in the CSO sector to take these standards further, including considering using them as the basis for accreditation, certification and funding.

SECTION A

Kenya Civil Society Organisations and Institutional Strengthening Challenges



AI: Synopsis of Civil Society Organisations and the Institutional Strengthening Experience in Kenya

Over the last decade, civil society organisations have increasingly become strategic players in Kenya's socioeconomic and political development. They have been advocacy champions for social justice, sustainable development, and accountability and transparency in the management of public affairs. In the health sector, CSOs have become increasingly involved in development and have emerged as an instrument of great potential for better service delivery, especially at the community level. In particular, the presence of community-based organisations (CBOs) in rural areas makes them important partners if the government is to effectively address the issues that hamper demand for and utilisation of health services in rural areas.

This potential, however, has not been fully realised because most of these organisations are faced with critical challenges related to limited institutional and technical capacities to deliver their mandates most effectively. CSOs must have robust technical capacities, efficient management systems, and focused leadership structures if development is to be sustainable and centred on people.

There have been many efforts—driven mostly by the donor community—to develop CSO capacity over the last three decades. These efforts have not been sustainable because they have been mainly focused on achieving specific project aims with little emphasis on or prioritisation of developing strong, organisation-wide systems, structures and processes that are essential for sustainability.

Today, Kenya's government, civil society and development partners recognize that for organisations to deliver their mandates effectively and sustainably, capacity strengthening initiatives must address organisation-wide systems for leadership, management and governance. They must adopt an integrated approach that addresses knowledge, skills and attitudes of individuals; the systems, structures and processes within organisations; and institutional culture and environment in order to generate sustainable results.

An increasing number of donors currently advocate for and provide grants to local CSOs for institutional strengthening. There are, however, no clear standards to guide the implementation of institutional capacity strengthening technical assistance, nor are there comprehensive indicators that can be used to measure results of institutional strengthening.



In the health sector, CSOs have become increasingly involved in development...



A2: Introduction to CSO Institutional Strengthening Standards

The standards and indicators are intended to support CSOs, donors and beneficiaries of CSO work by ensuring consistent language and common understanding of:

- (a) What it means to be a strong and sustainable CSO
- (b) What it means to deliver high quality institutional strengthening services to Kenyan CSOs

The standards are also intended to foster more effective, efficient, relevant, sustainable and results-oriented CSOs in Kenya. In general, it is hoped that the standards and indicators, when adopted and applied, will strengthen accountability and trust among CSOs, providers of institutional strengthening services, and those who partner with CSOs, including funding agencies. The standards and indicators presented in this document were developed for and apply to institutional strengthening for CSOs operating in Kenya.

For the purposes of these institutional strengthening standards, we have defined institutional strengthening as “the strengthening of internal organisational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organisational, team and individual performance.”

Likewise, we are defining a CSO as “an organisation that is indigenous to a particular context and is neither a for-profit institution, nor an institution of government. CSOs include community-based organisations, non-governmental organisations (NGOs), faith-based organisations (FBOs) and networks or umbrella organisations of CBOs, NGOs and/or FBOs.”

Based on a review of existing practices in institutional strengthening, a group of technical experts identified the most critical components that define a strong and sustainable CSO. Working closely with the TWG, the group developed the following 10 institutional strengthening categories and constituent subcategories, outlined in Table 1, below:

Table 1: Institutional Strengthening Areas/Categories and Subcategories under the FANIKISHA Institutional Strengthening Project

	Area or Category	Subcategories
1	Organisational Governance: The ability to effectively guide and manage an organisation	<ul style="list-style-type: none"> • Governing body formation • Governing body documentation • Governing body operations
2	Organisational Planning and Resource Mobilisation: The ability to plan for the future of an organisation, including mobilisation of financial and non-financial resources	<ul style="list-style-type: none"> • Organisational planning • Resource mobilisation

2 “Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations and Networks,” AIDSTAR-Two Technical Brief No. 2, January 2011, http://www.aidstar-two.org/upload/AS2_TechnicalBrief-2_4-Jan-2011.pdf

3 “Introduction to Organizational Capacity Development: Pact Organizational Development Toolkit,” Pact, 2010, <http://www.k4health.org/sites/default/files/PACTIntrotoOODFirstEdition.pdf>

	Area or Category	Subcategories
3	<p>Finance, Operations and Compliance: The ability of an organisation to plan and manage its financial and physical resources effectively and in accordance with established rules and regulations</p>	<ul style="list-style-type: none"> • Financial policies and procedures • Budgeting management • Accounting and record keeping • Internal control systems • Purchasing and procurement • Asset management • Payroll • Cash and bank management • Financial reporting • Audit • Operations
4	<p>Award Management: The ability of an organisation to plan, manage, and account for funds provided to the organisation by a donor</p>	<ul style="list-style-type: none"> • Award consistency with mission • Program management policies and procedures
	<p>Sub-award Management: The ability of an organisation to plan, manage, and account for funds that the awardee provides to sub-awardees under an existing award</p>	<ul style="list-style-type: none"> • Sub-award planning and management • Sub-award monitoring • Sub-award management personnel • Sub-award close-out
5	<p>Human Resources Management: The ability of an organisation to recruit and retain workers, including staff and volunteers</p>	<ul style="list-style-type: none"> • Human resources (HR) policies and procedures guidelines/manual • Organisational structure and job descriptions • HR data and personnel files • Performance management
6	<p>Project Management (Programming): The ability of an institution to plan, effectively and efficiently manage activities, and deliver results</p>	<ul style="list-style-type: none"> • Project design, initiation and planning • Project planning and management tools • Project execution and implementation • Project monitoring and evaluation (M&E) • Project reporting
7	<p>Advocacy, Networking and Alliance Building: The ability of an organisation to articulate key messages about itself and its work and to work in concert with other organisations to advance common goals</p>	<ul style="list-style-type: none"> • Advocacy • Networking and alliance building
8	<p>Communications and Records Management: The ability of an organisation to manage information and communicate key messages effectively both internally and externally</p>	<ul style="list-style-type: none"> • Communication strategy and planning • Internal and external communication • Records management and documentation
9	<p>Monitoring, Evaluation, Reporting and Learning: The ability of an organisation to measure, report upon, and learn from its work</p>	<ul style="list-style-type: none"> • M&E planning • M&E staffing • Data collection, management and reporting
10	<p>Institutional Strengthening and Change Management: The ability and readiness of an organisation to effectively implement planned changes within its operating environment by identifying and acting upon areas of need for internal strengthening</p>	<ul style="list-style-type: none"> • Institutional strengthening readiness

SECTION B

CSO Institutional Strengthening Standards and Indicators



In this section, the standards and indicators are presented for each of the 10 institutional strengthening categories and their constituent subcategories. To assist in the identification, location and review of each standard, the TWG developed a reference system. Each standard is labelled with an institutional strengthening standard (ISS) number that runs consecutively across all standards, followed by a categorical abbreviation and number that runs consecutively within each institutional strengthening category. The abbreviations used within each category are presented in Table 2 below:

Table 2: Abbreviations of Institutional Strengthening Categories Used with Categorical Numbers

	Institutional Strengthening Category	Abbreviation
1	Organisational Governance	GV
2	Organisational Planning and Resource Mobilisation	OPRM
3	Finance, Operations and Compliance	FO
4	Award Management Sub-award Management	AM SAM
5	Human Resources Management	HR
6	Project Management	PM
7	Advocacy Networking and Alliance Building	AD NA
8	Communications and Records Management	CR
9	Monitoring, Evaluation, Reporting and Learning	ME
10	Institutional Strengthening and Change Management	CM

As an example, **ISS-001 GV01** refers to the first institutional strengthening standard among all standards and the first standard in the Organisational Governance category. Similarly, **ISS-14 OPRM05** refers to the fourteenth standard among all standards and the fifth standard in the category of Organisational Planning and Resource Mobilisation.

BI: Organisational Governance Standards

Governance is the process by which an organisation is constituted and determines how authority is exercised. Governance determines how the leadership of an organisation makes decisions and takes action to ensure that the organisation conducts itself in accordance with its vision, mission, values, guiding principles and legal statutes. The responsibility for governance is commonly in the hands of a board of directors, the primary group of selected or elected individuals with legal, fiduciary, and ethical responsibility for the organisation. The board of directors—sometimes known as the board of trustees or governors—directs resources and exercises power in a manner that reflects the organisation’s values and mission, and protects and promotes the interests of beneficiaries, donors, the public and other stakeholders.

A well-governed organisation makes decisions that promote program excellence and sustainability through transparent and accountable transactions. The combination of financial stability and high-quality programming is likely to result in the achievement of the desired impacts among the population served.

Table 3: Organisational Governance Standards and Indicators

Standards	Verifiable Indicators
ISS-001 GV01 Registration: The organisation is duly registered according to existing legal frameworks such as the Public Benefit Organisations Act of 2012 or section 20 of Company Act # 486, or appropriate exemptions provisions.	<ul style="list-style-type: none"> a. A valid registration certificate b. Current and past annual returns certificates to the relevant authorities such as from the NGOs Co-ordination Board, and others
ISS-002 GV02 Constituting Document: The organisation has a constituting document that defines its identity and delimitation of powers in accordance with national law.	<ul style="list-style-type: none"> a. Board-approved constitution document b. Board-approved by-laws document
ISS-003 GV03 Board of Directors: The organisation has a board of directors/trustees/governors that is constituted, operates and convenes meetings according to stipulations set out in the constitution document.	<ul style="list-style-type: none"> a. Board-approved constitution document stipulating the need and role of the board of directors b. Letters of appointment and acceptance of the members of the board of directors c. Profiles/resumes of members of the board d. Signed minutes of board meetings
ISS-004 GV04 Governance Guidelines: Governing guidelines exist that stipulate the expectations, functions and responsibilities of the board of directors. The board of directors recommit annually to uphold this document.	<ul style="list-style-type: none"> a. Board-approved governance manual
ISS-005 GV05 Board Roles: Members of the governing body have position descriptions with clearly defined roles and responsibilities.	<ul style="list-style-type: none"> a. Board-approved governance manual with up-to-date descriptions of board members’ positions, roles, responsibilities and deliverables b. Minutes from the board of directors meetings, showing that board members perform their statutory roles

Standards	Verifiable Indicators
<p>ISS-006 GV06 Code of Conduct: The organisation's governing body has adopted and ratified a code of conduct that includes clear policies around declaration and management of conflict of interest situations.</p>	<ul style="list-style-type: none"> a. Board-approved governance manual with clearly stipulated provisions for code of conduct and conflict of interest b. Approved code of conduct document signed by all board members c. Signed conflict of interest declaration forms for each member of the board of directors
<p>ISS-007 GV07 Representation: The governing body includes members that are representative of primary constituency groupings of the organisation.</p>	<ul style="list-style-type: none"> a. Board-approved governance manual clearly articulating desired representations of key constituents b. Profiles/resumes of the current members of the board of directors
<p>ISS-008 GV08 Board Orientation: New members of the governing body receive an orientation to the organisation and have copies of board constituting and governance documents, board rules and policies.</p>	<ul style="list-style-type: none"> a. Board-approved orientation plan for new board members b. Report(s) of the orientation of new board members
<p>ISS-009 GV09 Governing Board and Chief Executive Officer Performance Review: The governing body undertakes an annual performance review of itself and that of the organisation's chief executive officer (CEO)/executive director against set targets and takes appropriate actions based on the findings and recommendations.</p>	<ul style="list-style-type: none"> a. Board-approved governance manual with provisions and tools for an annual evaluation of the performance of the members of board and the CEO b. Annual performance evaluation reports of the members of board and the CEO including recommendations and an action plan

B2: Organisational Planning and Resource Mobilisation Standards

Organisational planning is the process of focusing and directing organisational resources to achieve objectives in the most efficient and effective way. A strategic plan establishes the general direction and strategic objectives of the organisation, while annual work plans detail specific activities that link into the strategic plan and allow the organisation to achieve its short-term goals. All organisational plans take into consideration the external environment and internal realities, articulating the organisation's approach to: (a) addressing the needs of its constituents and key stakeholders; and (b) undertaking activities that will advance its mission.

Resource mobilisation refers to the acquisition and management of the financial and material inputs needed to implement planned activities and advance organisational goals. Organisations may mobilise resources from a wide range of resource providers which include: community members; local or national businesses; local or national government agencies; larger national or international NGOs; bilateral or multilateral donors; and foundations. Resources are mobilised using a wide range of resource opportunities/strategies, which often include: proposal writing; private sector partnerships; income generating activities; direct solicitation; fee-for-service activities; acquisition of in-kind donations; and/or membership fees.

Building a reliable and diverse resource base supports organisational stability and sustainability, while simultaneously enabling a CSO to reach its target population with planned activities and services. An organisation that effectively plans for and implements resource mobilisation activities is therefore better positioned to achieve its mission and adapt to changes in its operating environment.



Building a reliable
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Table 4: Organisational Planning and Resource Mobilisation Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-010 OPRM01 Strategic Plan: An up-to-date strategic plan exists, which reflects the vision, mission and strategic objectives of the organisation. The mission and vision are known, appreciated and applied by staff in their daily work. The organisation’s activities are guided by the strategic plan.</p>	<ul style="list-style-type: none"> a. Board-approved strategic plan document b. Strategic plan document is known, available and referenced by all staff c. Mission and vision statements are posted in open and strategic locations in the organisation
<p>ISS-011 OPRM02 Participatory Planning: The organisation’s strategic plans are developed in a participatory way involving staff, members of the governing body, beneficiaries and partner organisations.</p>	<ul style="list-style-type: none"> a. Strategic planning process report shows the involvement and participation of key stakeholders
<p>ISS-012 OPRM03 Strategy Monitoring: Implementation of the organisation’s strategic plan is monitored regularly. The organisation has a strategic plan with a monitoring and evaluation framework with well-defined indicators.</p>	<ul style="list-style-type: none"> a. Strategic plan implementation monitoring plan and report
<p>ISS-013 OPRM04 Linkages to Strategy: The strategic plan is the main reference document in all the organisation’s operations and all organisational strategies are linked to it.</p>	<ul style="list-style-type: none"> a. Management-approved operational plan with clear linkages to the strategic plan
<p>ISS-014 OPRM05 Operational Planning: An annual operational plan exists. The operational plan is implemented as scheduled, and is reviewed regularly based on performance indicators.</p>	<ul style="list-style-type: none"> a. Management-approved operational plans b. Operational plans’ review reports
<p>ISS-015 OPRM06 Resource Mobilisation Strategy: The organisation has a clearly defined resource mobilisation strategy and is implementing a resource mobilisation plan. The board annually reviews a three- to five-year resource mobilisation projection as well as an annual plan. The organisation has a resource mobilisation monitoring plan.</p> <p><i>The resource mobilisation plan, which may be included in the organisation’s strategic plan, includes: resource needs, strategies and activities for securing resources, budget, persons responsible, and timelines. Methods of fundraising may include: proposal writing, private sector partnerships, income generating activities, direct solicitation, fee-for-service activities, acquisition of in-kind donations, membership fees, and others.</i></p>	<ul style="list-style-type: none"> a. Board-approved resource mobilisation strategy b. Management-approved resource mobilisation plan c. Resource mobilisation plan report d. Minutes from the board of directors’ meetings, indicating their involvement in mobilising resources for the organisation e. Documentation of the amount of funding achieved over a period—usually in one year—segregated by source f. Documentation of the funding pipeline

Standards	Verifiable Indicators
<p>ISS-016 OPRM07 Resource Mobilisation Personnel: The organisation has deployed sufficient personnel to move its resource mobilisation agenda forward. The governing board leads and oversees the resource mobilisation initiatives. The organisation has a focal person or team with relevant qualifications/experience with sufficient time and financial resources dedicated to resource mobilisation.</p>	<ul style="list-style-type: none"> a. A resource mobilisation subcommittee of the board of directors in place b. A management resource mobilisation team in place c. At least 30% of submitted proposals are won annually
<p>ISS-017 OPRM08 Funding Diversification: The organisation has a diversified funding base and continues to engage in diverse resource mobilisation to support its programs.</p>	<ul style="list-style-type: none"> a. Board-approved budget showing diversified sources of income b. Not more than 60% of the total budget is from a single source c. Resource mobilisation reports with indications that the organisation is engaged in diverse resource mobilisation activities to support its programs
<p>ISS-018 OPRM09 Reserve Fund: The organisation has a clear plan to deal with a funding shortfall, and maintains a reserve fund that can cover basic operating costs for at least three months.</p>	<ul style="list-style-type: none"> a. Board-approved organisational contingency funding plan b. A cash ratio showing sufficient funds to cover at least three months of operating expenses

B3: Finance, Operations, and Compliance Standards

Financial management is the process of planning, allocating, accounting, controlling and reporting organisational resources to optimize their use and minimize risk. This process entails activities such as budgeting, cash flow management, bookkeeping, internal controls, cost management, preparation of financial statements, investing, financial analysis and auditing. Sound financial management must be based on International Accounting Standards and Generally Accepted Accounting Principles, and comply with national legal requirements and donor rules and regulations.

Irrespective of their mission, organisations tend to be more effective and attain better results when sound financial practices are in place. Organisations that demonstrate transparency and accountability are more likely to enhance donors' confidence, improve community engagement, and gain support from volunteers and other stakeholders. Organisations with strong financial management are better equipped to attain high-impact development results and achieve organisational sustainability.

Efficient operations are vital to enable organisations to provide quality services at the best value and are an important part of being an effective implementer. Compliance management means conforming to stated requirements. It is achieved through management processes which identify the applicable requirements.



Organisations that demonstrate transparency and accountability are more likely to enhance donors' confidence, improve community engagement, and gain support from volunteers and other stakeholders.



Table 5: Finance and Operations Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-019 FO01 Financial Policies: Financial policies and procedures are clearly documented, readily available and used. All staff and the members of the board of directors are oriented to relevant financial procedures that are requisite for them to perform their role.</p> <p><i>Financial policies should include: management and control of finances; roles and responsibilities of finance staff; review and approval processes; reporting processes and procedures; procedures for analysis, variance detection and mitigation; and cash flow analysis. Policies must be compliant with Kenyan law, donor regulations, International Accounting Standards and Generally Accepted Accounting Principles.</i></p>	<ul style="list-style-type: none"> a. Board-approved financial policies and procedures manual b. Staff orientation reports on the organisation’s financial policies and procedures manual c. Board of directors’ orientation reports on the organisation’s financial policies and procedures manual
<p>ISS-020 FO02 Budgeting: The organisation prepares a detailed budget that is aligned with annual work plans and is based on historical data, actual data and market rates. Budgets are developed through a participatory process and are approved by the board of directors, management and donors before implementation.</p>	<ul style="list-style-type: none"> a. Approved activity-based budgets with detailed budget notes
<p>ISS-021 FO03 Budget Monitoring: The organisation monitors income and expenditures against budget. Progress/management reports are produced monthly and analysed by relevant staff and necessary remedial actions taken.</p>	<ul style="list-style-type: none"> a. Up-to-date income and expenditure reports b. Remedial action reports
<p>ISS-022 FO04 Chart of Accounts: The chart of accounts is in use and is customized according to the needs of the organisation. Revenues and expenses are recognized on an accrual or cash basis, and a mechanism is in place that enables identification and corrections where mischarging occurs.</p> <p><i>The chart of accounts includes categories representing: income, expenditures, assets and liabilities, and account codes for all budget line items.</i></p>	<ul style="list-style-type: none"> a. Up-to-date alphanumeric chart of accounts in use
<p>ISS-023 FO05 Segregation of Duties: The organisation ensures clear segregation of duties for accounting and financial staff. Appropriate checks and balances are in place for all financial transactions to ensure accountability and transparency.</p>	<ul style="list-style-type: none"> a. Board-approved financial policy and procedures manual with clear segregation of duties adhered to
<p>ISS-024 FO06 Procurement: The organisation is guided by established and transparent procurement policies and procedures. Manual outlines proper procurement authorisations with defined procurement thresholds levels.</p>	<ul style="list-style-type: none"> a. Board-approved procurement and supplies policies and procedures b. Unqualified audit reports

Standards	Verifiable Indicators
<p>ISS-025 FO07 Financial Statements: The organisation generates periodic and final financial statements according to internal policies, International Accounting Standards and donor requirements. The reports are reviewed and recommendations implemented.</p>	<ul style="list-style-type: none"> a. Approved financial reports b. Unqualified audit reports
<p>ISS-026 FO08 External Audit: Independent external audits are conducted annually by a reputable audit firm within three months after the end of the financial year. External audit findings and recommendations are reviewed and addressed in a timely manner.</p>	<ul style="list-style-type: none"> a. Board-approved annual audit report(s) b. A timely audit recommendations implementation report
<p>ISS-027 FO09 Asset Register: The organisation maintains an asset register/inventory that is updated regularly.</p> <p><i>Asset registers include: a description of the item; a unique identification number assigned by the organisation and marked on the asset itself; the date the item was purchased or received; the date it was disposed of or taken out of service; vendor information; model numbers and serial numbers, if applicable; location where the item is put into service; and the person responsible for the item.</i></p>	<ul style="list-style-type: none"> a. An up-to-date asset management register/inventory system
<p>ISS-028 FO10 Internal Controls: Internal controls on cash exist, and are monitored and applied consistently.</p> <p><i>Specific controls include: secure storage of petty cash, restricted access to and use of cash, payment of purchases by check, a system for tracking cash advances and collecting outstanding advances, provision of evidence that cash was disbursed for the stated purpose and received by the intended recipient, limited access to bank accounts, maintaining copies of bank records at the organisation, and prohibition of personal or unallowable expenses.</i></p>	<ul style="list-style-type: none"> a. Updated cash advance register b. Bank reconciliation statement c. Board-approved financial policy and procedures manual with clear segregation of duties d. Updated cash book e. Proper accounting record retention and management systems in place f. Financial records back-up system in place
<p>ISS-029 FO11 Operations: The organisation has operations and administrative policies and procedures known and used by all staff.</p>	<ul style="list-style-type: none"> a. Board-approved operations and administrative policies and procedures adhered to

B4: Award Management and Sub-award Management Standards

Award management refers to the process of planning, managing and accounting for funds provided to the organisation by a donor. An award is a contractual document providing funds to an organisation to accomplish a stated purpose. Potential donors include government agencies, large national or international NGOs, bilateral or multilateral organisations, corporations and/or foundations. Each donor has rules and regulations with which awardees are required to comply. In order to meet the expectations of donors, organisations need to adhere to these rules and procedures as they plan, implement, administer, report, monitor and close-out organisational activities relevant to the award. Effective award management encompasses managing donor funding, mitigating risk and delivering high quality programs and services. Compliance with donor rules and regulations creates donor confidence, enhancing the awardee’s reputation and increasing the potential for additional funding or interest from other donors.

Sub-award management refers to the process of planning, managing and accounting for funds that the awardee provides to sub-awardees under an existing award. A sub-award is a contractual document providing funds under an existing award to an organisation in order to accomplish the award objectives. Effective sub-award management covers the entire sub-award cycle including: solicitation, selection, award, administration, and monitoring (oversight).

Table 6a: Award Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-030 AM01 Award Consistency with Mission: Awards held by the organisation are consistent with its mission and mandate.</p>	<p>a. The scopes of work in the organisation’s awards are in accordance with the organisation’s board-approved strategic plan, mission and vision statement</p>
<p>ISS-031 AM02 Program Management Policies and Procedures: The organisation has functional program management policies and procedures that are clearly documented, approved and applied.</p>	<p>a. Board-approved program management policies and procedures that address:</p> <ul style="list-style-type: none"> • Program start-up • Compliance with award terms and conditions • Filing and retrieval system • Program close-out

Table 6b: Sub-award Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-032 SAM01 Sub-Award Planning and Management: The organisation has a sub-award management system which includes guidelines and procedures on planning, solicitation, selections, award, monitoring and close-out.</p>	<p>a. Board-approved sub-award management policies and procedures</p>
<p>ISS-033 SAM02 Sub-Award Monitoring and Reporting: The organisation has a system and tools to track the technical and financial performance of the sub-award.</p>	<p>a. A sub-award monitoring and reporting system b. Reporting and monitoring tools</p>
<p>ISS-034 SAM03 Sub-Award Management Personnel: The organisation has sufficient staff with the relevant knowledge and skills to manage sub-awards.</p>	<p>a. Staff profiles indicating knowledge and skills in sub-award management</p>
<p>ISS-035 SAM04 Sub-Award Close-Out: The organisation has a documented and approved sub-award close-out plan that is used to ensure smooth close out of the contractual, programmatic, financial and administrative aspects of the sub-award.</p>	<p>a. Sub-award close out plan and letter templates b. Property transfer letter template</p>



Effective award management encompasses managing donor funding, mitigating risk and delivering high quality programs and services.



B5: Human Resources Management Standards

Human resources management (HRM) refers to the integrated use of strategies, policies, systems, and management and leadership practices to plan for necessary staff and to attract, motivate, develop and retain staff. Human resources management in a CSO should meet or exceed legislative and statutory requirements and be informed by international best practice. Additionally, the process of managing vital human resources must reflect the ethics, values, strategic plan, and by-laws of the organisation.

The most important asset of any CSO is the people working there, the human resources. Without reliable and effective staff, the goals of an organisation will not be met. The main purpose of human resources management is to ensure that the organisation has the right number of staff with the appropriate skills mix, competence and motivation, to align their performance with the achievement of the organisation's strategic objectives.

Table 7: Human Resources Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-036 HR01 Human Resources Function: The organisation has human resources function. Depending on the size of the organisation, this could be a HR department, unit or a focal person.</p>	<ul style="list-style-type: none"> a. HR positions included in the approved organisational structure/organogram b. HR positions occupied by qualified personnel with relevant competencies c. Board-approved organisational budget indicating the allocation for the HR functions
<p>ISS-037 HR02 Human Resources Policy: The organisation has a human resources policy and procedure manual that is compliant with legislative and statutory requirements and provides clear guidelines on the terms and conditions of employment. The policies are followed and applied consistently.</p> <p><i>Human resources policy includes: staff recruitment and selection; code of conduct; performance management and appraisal; disciplinary and grievance processes; holidays and leave policy; salaries, benefits and allowances; interns and volunteers; training and development; as well as workplace security and safety.</i></p>	<ul style="list-style-type: none"> a. Board-approved human resources policies and procedures manual, in place and accessible to staff b. Written acknowledgements in staff files indicating that all staff have received, read and understood the human resources policy c. Compliance and /or audit reports favourable to organisation's HRM practices and decisions
<p>ISS-038 HR03 Recruitment: The organisation routinely follows a standardized and competitive recruitment process. Vacancies are advertised, applicants screened by a panel, interviewed and references checked prior to hiring. Successful candidates are issued with employment agreements.</p>	<ul style="list-style-type: none"> a. Copies of job advertisements, application letters, shortlisting reports, interview reports, bio-data forms, letters of offer, acceptance and appointments for all substantive recruitments in the organisation b. Current employment contracts for all staff

Standards	Verifiable Indicators
<p>ISS-039 HR04 Organisational Structure: An organisational structure exists that depicts job titles, lines of authority and reporting relationships. Job descriptions exist for all positions, and detail key responsibilities and minimum job requirements.</p>	<ul style="list-style-type: none"> a. Board-approved operational and up-to-date organisational structure document and chart (organogram) b. Board-approved staffing register and plan c. Board-approved and updated detailed job descriptions
<p>ISS-040 HR05 Pay and Benefits: The organisation has an equitable and competitive pay and benefits structure based on job evaluation and regular salary reviews.</p>	<ul style="list-style-type: none"> a. Board-approved and up-to-date, operational salary scales and other employment benefits b. Monthly pay slips prepared and provided to staff
<p>ISS-041 HR06 Time and Attendance: The organisation monitors and tracks staff attendance, using attendance records—in conjunction with the chart of accounts—to support salary and wage payments. Records detail hours worked in a day, types of leave taken and appropriate charge codes. Time worked is approved by the employee’s supervisor before payment is made.</p>	<ul style="list-style-type: none"> a. A manual or electronic time attendance system and/or time sheets capturing levels of effort prepared and submitted by all staff
<p>ISS-042 HR07 Payroll and Payroll Deductions: Written compensation and payroll policies exist and are applied.</p> <p><i>The organisation remits all deductions from payroll (pension, medical aid, taxes) to the respective institutions. Submissions are always in the current pay period. All staff receive notification of their deductions.</i></p>	<ul style="list-style-type: none"> a. A manual or electronic functional and compliant payroll system b. Pay change advice issued to staff in respect to all statutory deductions from their salaries c. Current and previous payrolls showing evidence of statutory deductions according to Kenyan law
<p>ISS-043 HR08 Performance Management: The organisation has a performance management system whereby objectives are agreed and reviewed annually through a participatory appraisal process. The results of the appraisal are reviewed together with the employee, and used to develop a plan for improvement, growth and annual staff increment.</p>	<ul style="list-style-type: none"> a. Board-approved HR policies and procedures manual outlining the staff performance management policy, and clear guidelines for performance management planning and review process b. Board-approved performance management tools/forms used for staff appraisal c. Current and previous staff performance reports available in all staff files

Standards	Verifiable Indicators
<p>ISS-044 HR09 Competency Strengthening (Staff Development): Staff and volunteer competencies are routinely strengthened to enhance their ability to meet performance targets and organisational objectives.</p> <p><i>Competency strengthening may be achieved through: initial orientation, relevant in-service trainings, mentoring, attending conferences, and others.</i></p>	<p>a. Staff development plans and budgets in place and implemented</p>
<p>ISS-045 HR10 Personnel Data: The organisation maintains accurate, confidential and updated personnel data that effectively facilitate proper management and development of staff.</p> <p><i>Personnel data includes: CVs, appointment letters, annual appraisals reports, grievances, disciplinary notices and others.</i></p>	<p>a. An up-to-date-personnel file for each employee</p> <p>b. A secure, locked file area to ensure confidentiality of personnel data</p>

B6: Project Management Standards

Project management refers to the processes, procedures, approaches and systems by which an organisation initiates, designs, plans, implements, monitors, evaluates and closes out projects and services within set timeframes and with available resources.

Projects are the primary interface between an organisation and its target population. Stakeholders' participation, effective project management and sustainability planning are critical to the delivery of evidence-informed, high-impact interventions. Good project management ensures that projects are delivered according to a plan, on time, on budget, involve stakeholders as appropriate and are regularly monitored for progress.

Table 8: Project Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-046 PM01 Project Design: Project design is evidence-based and involves participation of relevant stakeholders.</p> <p><i>Relevant stakeholders may include: staff, volunteers, beneficiaries, partner CSOs, government agencies, community groups, traditional leaders, and others.</i></p>	<ol style="list-style-type: none"> Approved project design consistent with the organisation's objectives Needs assessment reports upon which the projects are informed and designed Board-approved project start up plan Approved structure of the project internal coordination unit
<p>ISS-047 PM02 Project Risk Management: Project risk assessments are carried out and appropriate risk mitigation strategies put in place and reviewed regularly.</p>	<ol style="list-style-type: none"> Management-approved risk plans Monitoring plan for the risk plans
<p>ISS-048 PM03 Project Quality Standards: Projects are designed and implemented in accordance with the project key deliverables as well as national and international standards.</p>	<ol style="list-style-type: none"> Documented and approved project quality standards for all the projects Standardised tools for project quality planning and quality assurance Project audit and implementation improvement plan
<p>ISS-049 PM04 Conceptual (Framework) Model: Project activities are developed in accordance with a clearly articulated conceptual model or theory of change that specifies intended outputs and outcomes.</p>	<ol style="list-style-type: none"> Project results framework including outputs, activities and impact
<p>ISS-050 PM05 Project Management Tools: The organisation has relevant project management tools to guide implementation.</p> <p><i>Project management tools include: project management guidelines, communication and dissemination guidelines, risk and mitigation plans, start-up and closeout plans, supervision plans, and others.</i></p>	<ol style="list-style-type: none"> Approved project management guidelines including tools and templates for all the project management phases Project implementation tools consistently used by staff

Standards	Verifiable Indicators
<p>ISS-051 PM06 Stakeholder Engagement: Project goals and activities are shared and discussed with primary stakeholders to harmonize expectations, articulate roles and build joint ownership of the project.</p>	<ul style="list-style-type: none"> a. Names of primary stakeholders and profiles b. Stakeholder consultations reports indicating number of stakeholders consulted and engaged in during project conceptualisation and implementation c. Stakeholder communication schedule
<p>ISS-052 PM07 Project Work Plan and Budget: A detailed project work plan shared with relevant stakeholders.</p> <p><i>Plans include: project goals, activities necessary to achieve goals, persons responsible, timeline and resources required.</i></p>	<ul style="list-style-type: none"> a. Management-approved project work plan and budget shared with all key stakeholders b. Management-approved financial plan c. Management-approved procurement plan d. Relevant tools for tracking project implementation progress e. Work plan implementation progress report(s)
<p>ISS-053 PM08 Project Team Roles and Responsibilities: Roles and responsibilities are well articulated and internal coordination is approved by the board of directors.</p>	<ul style="list-style-type: none"> a. An approved work breakdown structure b. Individual project staff work plan approved by the program manager
<p>ISS-054 PM09 Project Implementation, Monitoring and Evaluation: Project implementation is monitored and reviewed frequently. Where challenges are found, they are addressed and the work plan is updated as appropriate.</p>	<ul style="list-style-type: none"> a. Detailed project implementation plan indicating how relevant stakeholders are involved in project implementation b. Monitoring reports of project implementation c. Project quarterly review meetings
<p>ISS-055 PM10 Project Closure: Project closure plan and procedures developed at the start of the project and communicated to all relevant stakeholders.</p>	<ul style="list-style-type: none"> a. Board-approved project close out plans b. Communication and activity schedule c. Clear guidelines on closure including human resources management d. HR, administrative, finance and programmatic close out

B7: Advocacy, Networking, and Alliance Building Standards

Advocacy is a strategic series of actions designed to influence those who hold governmental, political, economic, community or private power to formulate and implement policies and practices that benefit the community. Alleviating poverty, fighting oppression, challenging injustice, and supporting sustainable development are all common themes of CSO advocacy initiatives.

Well implemented advocacy campaigns can yield real improvements in people's lives. Effective advocacy can strengthen civil society's role in influencing decision-making and expand people's awareness of their rights and responsibilities as citizens. It can also strengthen relationships between the different spheres of society and improve the accountability of government institutions and stakeholders in the development process.

Networking and alliance building involves the collaboration and convergence of independent organisational entities that share a common goal. Collaboration may be between groups of like-minded organisations, or may involve organisations from diverse sectors including government agencies and for-profit businesses. Relationships may be governed by a formal agreement, or they may be informal and operate on the basis of trust.

By forming effective alliances and joining together in networks with other organisations from the public, private and non-profit sectors, organisations can tackle complex multifaceted issues; avoid duplication of efforts and services; increase trust between sectors; increase synergies; enhance their effectiveness by speaking in unison; scale up proven approaches; and engage in sharing and learning around successes and challenges.

Table 9: Advocacy, Networking, and Alliance Building Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-056 AD01 Advocacy Staff: The organisation has identified a focal person or team with relevant qualifications/ experience and time dedicated to advocacy work.</p>	<ul style="list-style-type: none"> a. Board-approved organisational structure indicating the position of advocacy function b. CV/resume of the designated staff member(s) who have an advocacy function c. Job descriptions for the designated advocacy staff, with clear roles and responsibilities
<p>ISS-057 AD02 Advocacy Strategy: The organisation has a documented advocacy strategy that is up-to-date and is being implemented.</p> <p><i>The advocacy strategy may form part of the organisation's strategic plan, or may be a separate document. Key elements of an advocacy strategy include: situational analysis, challenges to be addressed, advocacy goals, target audiences, activities to be undertaken, resources required and a corresponding monitoring plan.</i></p>	<ul style="list-style-type: none"> a. Approved advocacy strategy document b. Approved advocacy plan and budget c. Implementation report(s) of the advocacy strategy

Standards	Verifiable Indicators
<p>ISS-058 AD03 Advocacy Messages: The organisation develops evidence-based advocacy messages, which are pretested and tailored to appropriate target audiences.</p>	<ul style="list-style-type: none"> a. Research/analysis reports that inform the advocacy message b. Research analysis reports that inform the identification of target audience and tailoring of messaging c. Advocacy materials containing specific messages that inform, persuade and call for action
<p>ISS-059 AD04 Policy Engagement: Organisation actively participates in policy formulation, analysis and/or implementation initiatives.</p>	<ul style="list-style-type: none"> a. Reports on the organisation's participation in policy formulation, analysis, and/or the implementation of activities
<p>ISS-060 AD05 Alliance Building: The organisation builds relevant alliances and coalitions in support of its advocacy objectives.</p>	<ul style="list-style-type: none"> a. Documentation of the organisation's membership and participation in relevant alliances and coalitions established for advocacy work
<p>ISS-061 AD06 Advocacy Monitoring: The organisation monitors its advocacy efforts and uses the results to adapt its approach.</p>	<ul style="list-style-type: none"> a. Advocacy strategy monitoring plan is in place b. Report(s) of the implementation of the advocacy monitoring plan c. Report(s) of advocacy monitoring information system showing how it is used to guide and strengthen the advocacy efforts/strategies
<p>ISS-062 NA07 Partnering: The organisation establishes formal and informal relationships and engages in joint action that advances its mission with appropriate government agencies, civil society organisations and/or private businesses. Formal relationships are governed by a signed agreement or memorandum of understanding.</p>	<ul style="list-style-type: none"> a. Approved partnering and networking framework document b. Copies of signed agreements or memoranda of understanding signifying formal relationships between CSO and other stakeholders c. Partnering implementation report(s) showing active joint action with collaborating organisations
<p>ISS-063 NA08 Participation in Networks: The organisation participates in formal coalitions and/or networks that are relevant to its programs and services.</p>	<ul style="list-style-type: none"> a. Approved networking framework document outlining strategies for building new networks and/or coalitions b. Networking implementation reports showing active participation in coalitions and/or networks
<p>ISS-064 NA09 Sharing Lessons: The organisation regularly shares lessons learned and promising practices with external stakeholders including beneficiaries.</p>	<ul style="list-style-type: none"> a. Documentation on learning and sharing forums for collaborating organisations

B8: Communications and Records Management Standards

Communications and records management refers to the system and practice of documenting, sharing and using the information generated by the organisation. Internal communication is the transfer of information between different organisational units as well as up and down the organisational hierarchy. External communication is the two-way flow of information between the organisation and its various stakeholder groups. Records management is the storage and use of information related to projects, staff and organisational assets.

Good communication is essential for every successful organisation. For activities and services to be implemented to maximum effect, it is critical that the right information is with the right people and at the right time. External communication is critical to an organisation's reputation, and can assist to publicize organisational successes and mitigate challenges as they arise. A functional records management system is vital for institutional memory, and ensures that the organisation maintains the information required by stakeholders and by national law.

Table 10: Communications and Records Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-065 CR01 Communications Strategy: The organisation has a communications strategy that is aligned with the organisation's vision and mission.</p>	<ul style="list-style-type: none"> a. Approved communications strategy document, implementation plan and budget b. Communications plan implementation and monitoring report (s) indicating adherence
<p>ISS-066 CR02 Communications Staff: The organisation has identified a focal person or team with relevant qualifications/experience and time dedicated to communication work.</p>	<ul style="list-style-type: none"> a. Approved organisational structure document showing the position of the communication function b. CVs/resumes of the designated staff member(s) who have a communications function c. Job description of the designated staff with clear roles and responsibilities for communications function in place
<p>ISS-067 CR03 Branding and Marking: The organisation has an up-to-date branding and marking plan, which is adhered to, and its branding is easily recognized.</p>	<ul style="list-style-type: none"> a. Approved branding and marking guideline document b. Branding and marking guideline implementation and monitoring report indicating adherence
<p>ISS-068 CR04 Internal Communications: The organisation uses multiple mechanisms for internal communications.</p> <p><i>Communication mechanisms may include: intranet, newsletters, emails, regular staff meetings, brown bag lunches, and others.</i></p>	<ul style="list-style-type: none"> a. Documentation describing the organisation's multiple internal communications mechanisms b. Copies of newsletters, stories or other internal communications pieces

Standards	Verifiable Indicators
<p>ISS-069 CR05 Staff Feedback: The organisation uses multiple measures for soliciting and responding to staff feedback.</p> <p><i>Feedback mechanisms may include: annual organisational culture surveys, lunch meetings with senior staff, a staff suggestions box, annual retreats, and others.</i></p>	<p>a. Documentation showing multiple mechanisms is available for staff to provide feedback or suggestions</p>
<p>ISS-070 CR06 External Communications: The organisation uses multiple mechanisms for sharing information with external stakeholders.</p> <p><i>Sharing mechanisms may include: a website, external newsletter/publication, annual event, social media presence and others.</i></p>	<p>a. Documentation describing the organisation's multiple mechanisms for sharing information with external stakeholders</p> <p>b. Copies of stories, newsletters or other communications materials disseminated to external stakeholders</p>
<p>ISS-071 CR07 Records Management: The organisation has policies and procedures for records management that covers all print and electronic records. Documents are maintained according to the needs of institutional memory, stakeholder and statutory requirements.</p>	<p>a. Approved records management policy document</p> <p>b. Adherence report(s) on implementation of the records management policy and procedures</p>
<p>ISS-072 CR08 Information and Communication Technology (ICT) Policy: The organisation has an approved ICT policy document that is updated at least on an annual basis. The policy covers all pertinent ICT information for the organisation.</p>	<p>a. Approved ICT policy guideline document</p> <p>b. Report(s) on the implementation of ICT policy indicating adherence</p>

B9: Monitoring, Evaluation, Reporting and Learning Standards

Monitoring, evaluation, reporting and learning (MERL) refers to the systems, processes and procedures by which the organisation obtains and makes use of data to gauge the efficiency and effectiveness of its work.

Monitoring is the process of collecting and analysing information to track the efficiency of an organisation in achievement of its goals. Monitoring provides regular feedback and helps an organisation track costs, personnel, implementation time, organisational development, and economic and financial results to compare what was planned against what actually occurred.

Evaluation is the process of collecting and analysing information to assess the effectiveness of an organisation in the achievement of its goals. Evaluations are conducted at predefined intervals in order to provide feedback that helps an organisation to analyse the outcomes, results and consequences of its actions.

Reporting is the documentation and dissemination of useful information at periodic intervals. Reporting provides regular feedback that informs an organisation and others (stakeholders, partners, donors, etc.) about the progress, challenges, successes, and lessons of program implementation.

Learning refers to the use of monitoring and evaluation data for reflection and continuous improvement. In order for organisations to be effective in implementing high-quality interventions, they need to know on a regular basis how well they are doing. A strong MERL function supports learning from both successes and failures, and can give clear signals about what is valued and how it can be achieved.

Table 11: Monitoring, Evaluation, Reporting and Learning Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-073 ME01 Monitoring & Evaluation Plan: The organisation has an institutionalized M&E process and undertakes comprehensive and regular M&E of its programs, projects, and operational activities.</p> <p><i>M&E plans contain: anticipated results, indicators, information on who is responsible for collecting data, means of data collection, frequency of data collection, data quality assurance, and targets to be achieved.</i></p>	<ul style="list-style-type: none"> a. Approved M&E plan and budget that guides the monitoring and evaluation of programs/projects in the organisation b. Approved programmatic performance indicators document c. M&E plan implementation reports
<p>ISS-074 ME02 M&E Staff: The organisation has identified a focal person or team with relevant qualifications/ experience and time dedicated to monitoring, evaluation, reporting and learning. These functions are included in the job descriptions of non-dedicated staff as appropriate.</p>	<ul style="list-style-type: none"> a. Approved organisational structure document showing the existence and position of the M&E function in the organisation b. CVs/resumes and job descriptions of M&E staff indicating that M&E function is led by qualified, trained and dedicated staff c. Job description of other program / project staff whose role includes some M&E functions

Standards	Verifiable Indicators
<p>ISS-075 ME03 Indicators: The organisation tracks progress against a range of appropriate and clearly defined indicators linked to its M&E plan.</p>	<ul style="list-style-type: none"> a. Approved indicator reference sheets/ definitions document(s) b. Presence of updated indicator tracking documents, e.g. performance monitoring plan (PMP) c. Presence of M&E plan matrix containing indicators with respective data source and frequency of data collection
<p>ISS-076 ME04 Data Management: The organisation has a data management system for collecting, collating, analysing, reporting, storing and retrieving data. Sufficient infrastructure, including computers and internet to support data management, are available to facilitate data retrieval and analysis. The system supports reporting into national level systems.</p>	<ul style="list-style-type: none"> a. Presence of an appropriate operational data management infrastructure b. Approved data management standard operating procedures (SOPs) document c. Presence of appropriate quality project reports d. Data quality reports exist e. Data reporting document showing the organisation's reporting is linked to the national reporting system
<p>ISS-077 ME05 Data Utilisation: The organisation has institutionalized a system for using data on successes and challenges to support evidence-informed decision making.</p>	<ul style="list-style-type: none"> a. Presence of study reports showing project data is used for decision-making within the organisation b. Presence of study reports showing project reports are used to inform project implementation
<p>ISS-078 ME06 Data Quality: Data quality assessments/ audits are conducted according to a schedule. Reports from data quality audits are shared and acted upon to improve the quality of data produced.</p>	<ul style="list-style-type: none"> a. Approved data quality assessment/audit plan/protocol b. Data quality assessment reports indicating that the organisation provides feedback on data quality to all reporting entities
<p>ISS-079 ME07 Baseline: The organisation establishes a baseline at the beginning of each program/project.</p>	<ul style="list-style-type: none"> a. Baseline data for all projects in place b. Project implementation monitoring report(s) indicating regular comparison of routine project monitoring data with baseline data

Standards	Verifiable Indicators
<p>ISS-080 ME08 Evaluation: The organisation conducts evaluations/assessment to establish program outcomes. Monitoring and evaluation results are always shared with beneficiaries and key stakeholders for feedback and joint learning.</p>	<ul style="list-style-type: none"> a. Project evaluation plan b. Program evaluation reports indicating that evaluations are carried out according to the M&E plan c. Appropriate project evaluation reports exist d. Evaluation report dissemination plan showing report shared with all relevant stakeholders
<p>ISS-081 ME09 Reporting: The organisation submits reports to donors on time, providing M&E data and analysing/explaining results. Reports follow donor templates and guidelines where applicable.</p>	<ul style="list-style-type: none"> a. Project reports produced based on reporting schedules and shared with relevant audiences b. Program reports shared with relevant audiences according to schedule c. Success stories, best practices reports prepared and disseminated to relevant stakeholders—donors, partners, government



A strong MERL function supports learning from both successes and failures, and can give clear signals about what is valued and how it can be achieved.



BI0: Institutional Strengthening and Change Management Standards

Institutional strengthening encompasses the deliberate actions taken to strengthen internal organisational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organisational, team and individual performance. Change management refers to the intentional process of effectively identifying, planning for, implementing, managing and communicating organisational initiatives that impact routines, systems, policies, practices, norms and structures within the organisation. Change management initiatives are often initiated in support of institutional strengthening, and ensure that changes are thoroughly and smoothly implemented, and that the lasting benefits of change are achieved.

Successful change management for institutional strengthening should be led by internal rather than external actors. Effective and holistic management of change initiatives ensures that the organisation is able to successfully undergo the change process. It includes regular communication with staff and key stakeholders, in order to allay concerns and ensure the change process is successful for organisational growth and long-term stability.

Table 12: Institutional Strengthening and Change Management Standards and Indicators

Standards	Verifiable Indicators
<p>ISS-082 CM01 Institutional Strengthening Plan: The organisation systematically and regularly determines capacity gaps and acts to address them. Institutional strengthening plan (or similar document) is in place; this may be included within the organisation's strategic plan and/or annual work plan.</p> <p><i>Institutional strengthening plans include: activities, anticipated results, individuals responsible, timelines, and budget/resources needed.</i></p>	<ol style="list-style-type: none"> Annual institutional capacity assessment report(s) Board-approved institutional strengthening strategy Annual institutional strengthening plans and implementation reports
<p>ISS-083 CM02 Institutional Strengthening Lead: The organisation has identified a focal person or team with relevant qualifications/experience, time and financial resources, dedicated to institutional strengthening and change management.</p>	<ol style="list-style-type: none"> Job descriptions guiding the roles and responsibilities of the institutional strengthening focal staff CVs/resumes of the institutional strengthening focal person indicating competence Financial allocation in the organisational budget to support institutional strengthening functions
<p>ISS- 084 CM03 Change Management Support: Institutional strengthening and change management support is drawn both from within and outside of the organisation.</p>	<ol style="list-style-type: none"> Institutional strengthening reports show adaptation of best practices from internal and external sources
<p>ISS-085 CM04 Change Management Teams: Cross-organisational teams and structures are constituted; and trained and empowered to implement internal change projects.</p>	<ol style="list-style-type: none"> Names, designations and qualifications of change management team or champions in place Terms of reference of the teams Reports of the teams' meetings Training plan and implementation report

Standards	Verifiable Indicators
<p>ISS-086 CM05 Change Champions: Change champions are identified and oriented to support the implementation and institutionalisation of the change process.</p>	<ul style="list-style-type: none"> a. Names, numbers (how many), title of change champions oriented, providing support to institutional change b. Terms of reference vis à vis the change agenda
<p>ISS-087 CM06 Feedback Forums: The organisation's leadership institutes or uses regular forums to brief staff about changes and provide opportunities for staff to ask questions and provide feedback about internal change processes.</p>	<ul style="list-style-type: none"> a. Documented organisational change communication to staff b. Staff feedback forums reports
<p>ISS-088 CM07 Evaluating Change: The organisation conducts an evaluation of change management and internal strengthening initiatives against approved plans. Lessons learnt are documented and shared across the organisation.</p>	<ul style="list-style-type: none"> a. Documentation of change implementation results, successes and challenges b. Documentation of application of lessons learnt across the organisation

SECTION C

Institutional Strengthening Process Guidelines



CI: Overview and Uses of the Technical Standards for Institutional Strengthening Processes

The institutional strengthening process guidelines outlined in this section provide a quick reference on how to undertake institutional strengthening activities and attain the desired standards. They outline the guiding principles and key actions that an organisation is recommended to undertake in order to successfully implement an institutional strengthening intervention. These processes can be customised to suit the needs of different organisations. Some suggested uses for these process guidelines include the following:

1. Framework for which an organisation can gauge its capacities and work towards achieving standards
2. Reference for institutional strengthening service providers to guide their institutional strengthening service processes to address client needs
3. Reference for organisations, staff and change leaders to enrich their internal institutional strengthening mechanisms

The following Kenyan institutional strengthening process guidelines draw heavily on the work of FANIKISHA implementing partners, Management Sciences for Health and Pact. They also draw upon the performance standards articulated by the International Society for Performance Improvement.

These guidelines are divided into two sections: Cross-cutting Guiding Principles relating to all types of institutional strengthening support processes and all stages within an institutional strengthening intervention, and four Key Stages of an institutional strengthening intervention and how these stages should best be implemented. Table 13, starting on page 43, describes how these guidelines may be applied to an institutional strengthening intervention. Each institutional strengthening provider has their own style or approach, and the institutional strengthening process guidelines should not be used to constrain or to require uniformity. Rather, they should be used to ensure that regardless of the provider or type of service, best practices in institutional strengthening are always integrated and applied.



...the institutional strengthening process guidelines should not be used to constrain or to require uniformity.



C2: Guiding Principles

The process of an institutional strengthening intervention should be guided by the following six principles:

- 1. Focus on Results:** Institutional strengthening must be implemented to attain specific results and have a mechanism to measure progress with clear indicators. Focusing on results enables all stakeholders to reconfirm that they are working towards the same goal, analyse the results of an intervention, assess the contribution of an intervention to the organisation's overall institutional performance, monitor progress and make course corrections as appropriate.
- 2. Work in Partnership:** Institutional strengthening processes must create trust-based relationships between an organisation and its partners. This means involving all key stakeholders in the decision-making around each step in the institutional strengthening process, and taking mutual responsibility for design, implementation and results. True partnership is developed through listening to each other's needs and acceptance of each partner's roles, challenges and opportunities.
- 3. Provide Demand-Driven Support:** For institutional strengthening to be useful and effective, the organisation should be responsible for—that is, “own”—its specific needs. The governing body, senior management and other stakeholders must commit to the institutional process. In a situation where the institutional strengthening is being provided by an external provider, the client organisation must play a central and active role. Furthermore, when it is possible for the client organisation to implement changes without external support, they must be empowered to do so.
- 4. Customise Interventions:** Institutional strengthening interventions must be tailored to the specific needs, values, challenges, opportunities and the current capacity of organisations. In particular, interventions must be responsive to the sociocultural, geographical, economic and political context within which the institution operates.
- 5. Take a Systems Approach:** Organisations wishing to strengthen their overall capacity must learn to view themselves as an open system. One intervention focused on one team or department may have wide-reaching implications for other teams or departments across the organisation. As a result, it is essential that any institutional strengthening support cuts across the organisation.
- 6. Provide High-Quality Support:** Institutional strengthening services must be evidence-based, appropriate to the situation, and clearly articulated so that organisations understand their choices and are empowered to make decisions.

C3: Key Stages

The following four stages should form a part of any institutional strengthening intervention:

- 1. Analysis:** The specific organisational needs and areas for institutional strengthening support must be determined through a process of analysis. The role of the institutional strengthening provider in the analysis phase is to support the client to determine the type and depth of analysis to be applied, to develop the necessary analysis tools, and to support the client in carrying out data collection and analysis. Where relevant analyses such as an organisational capacity assessment (OCA) may have already been completed, it is important to build upon these rather than repeating them.
- 2. Planning:** The results of analyses are discussed with partners and used to inform the development of a plan for institutional strengthening. The role of the institutional strengthening provider in the planning phase is to support the identification of root causes, enable the client to determine where to intervene, facilitate the exploration of options and identification of a solution, and aid in the development of a comprehensive plan to support the solution. Institutional strengthening plans should identify the goal of the support; what must happen and by when; who is responsible; what resources are available; and how progress will be monitored. Where possible, institutional strengthening providers are encouraged to leverage existing capacity and resources within the client organisation, before turning to external options.
- 3. Action:** Once everyone is comfortable with the plan that is in place, it is time to implement the institutional strengthening intervention. The role of the institutional strengthening provider in the action phase is to support design of the institutional strengthening solution, facilitate a pilot of the solution as appropriate, and assist organisational stakeholders to manage change, deploy the solution, and gather feedback from the client. Experience has shown that training alone is rarely enough to further institutional change. Institutional strengthening solutions should apply a wide range of approaches including mentoring, peer learning, materials development and infrastructure changes in addition to training.
- 4. Learning:** Continuous learning and improvement throughout the institutional strengthening process ensures the relevancy of the solution and increases the chances of successful implementation. The role of the institutional strengthening provider in the learning phase is to ensure that the proposed outcomes of the intervention are stated in measurable terms, support the design and implementation of a measurement strategy, ensure regular opportunities for feedback and analysis, enable course correction as appropriate, and support the client to measure the impact of the completed intervention. Strong measurement and learning not only facilitate the success of the institutional strengthening solution, they also build the confidence of clients and donors for future institutional strengthening processes.

Table 13: Four Key Stages of the Institutional Strengthening Process

Stage	Key Activities	Guiding Principles
Analysis	<ul style="list-style-type: none"> • Scan the environment in which the organisation works • Complete an Organisational Capacity Assessment or review existing OCA data • Critically evaluate the potential implications of the OCA • Summarize strategic choices available 	<ul style="list-style-type: none"> • Results – Baseline analysis should be completed in a manner that promotes measurement of change over time. Analysis should be objective-oriented. • Partnership – Analysis tools should be shared and/or refined with the organisation. Analysis should involve engagement of primary and secondary stakeholders. • Demand-driven analysis – The organisation must play a central role in identifying its own needs • Customisation – Analysis tools and approach should be customized to the organisation • Systemic – Analysis should consider the diverse ways in which the objectives of the CSO can be achieved • Quality – Analysis tools should be evidence based and have built-in mechanism for quality assurance

Stage	Key Activities	Guiding Principles
Planning	<ul style="list-style-type: none"> • Prioritise the organisational capacity needs • Develop intervention plan • Identify who is responsible for implementation • Define the resources to be employed • Develop indicators for monitoring 	<ul style="list-style-type: none"> • Results – Plans should include indicators of success to support monitoring of implementation • Partnership – Plans should be developed by or together with the organisation. Responsibility for implementing plans should sit partly with the organisation’s staff. Plans should foster broad-based ownership. • Demand-driven – The organisation should be empowered to decide what it needs and how to implement the institutional strengthening process • Customisation – Plans should be developed by the organisation, for the organisation • Systemic – Plans should consider interdependencies and impacts on other areas of the organisation • Quality – Planning tools should be evidence based and used by skilled facilitators.
Action	<ul style="list-style-type: none"> • Form a team to implement the plan • Deploy resources to implement the plan • Implement the plan • Identify barriers and challenges to implementation (trouble shooting) • Create a feedback mechanism 	<ul style="list-style-type: none"> • Results – Regular check-ins should be scheduled to ensure that implementation is on track • Partnership – Institutional strengthening provider should mentor the organisation as they implement • Demand-driven – The organisation should decide whether plans remain relevant. Leadership should seek to keep staff engaged and motivated. • Customize activities based on need. • Systemic – Implementation should involve staff from multiple departments, and should take account of impacts on other areas of the organisation • Quality – Institutional strengthening provider monitors implementation together with leadership to ensure quality.

Stage	Key Activities	Guiding Principles
Learning	<ul style="list-style-type: none"> • Monitor implementation of the change • Review progress and share with key stakeholders • Reflect on the implication of review findings • Adapt or change system and processes • Institutionalize the changes • Document the key lessons learnt and best practices 	<ul style="list-style-type: none"> • Results – Reviews should be based upon data and results shared within the organisation • Partnership – Organisation staff and relevant stakeholders should be empowered to lead and contribute to the learning process • Demand-driven – A culture of organisational learning should be nurtured • Customisation – Learning processes should be tailored to fit well within the organisational culture • Systemic – Learning processes should involve staff from across the organisation. Results should be disseminated to all • Quality – Institutional strengthening provider should work with leadership to ensure the quality of data and discussions. Evidence-based processes should be employed for organisational learning.

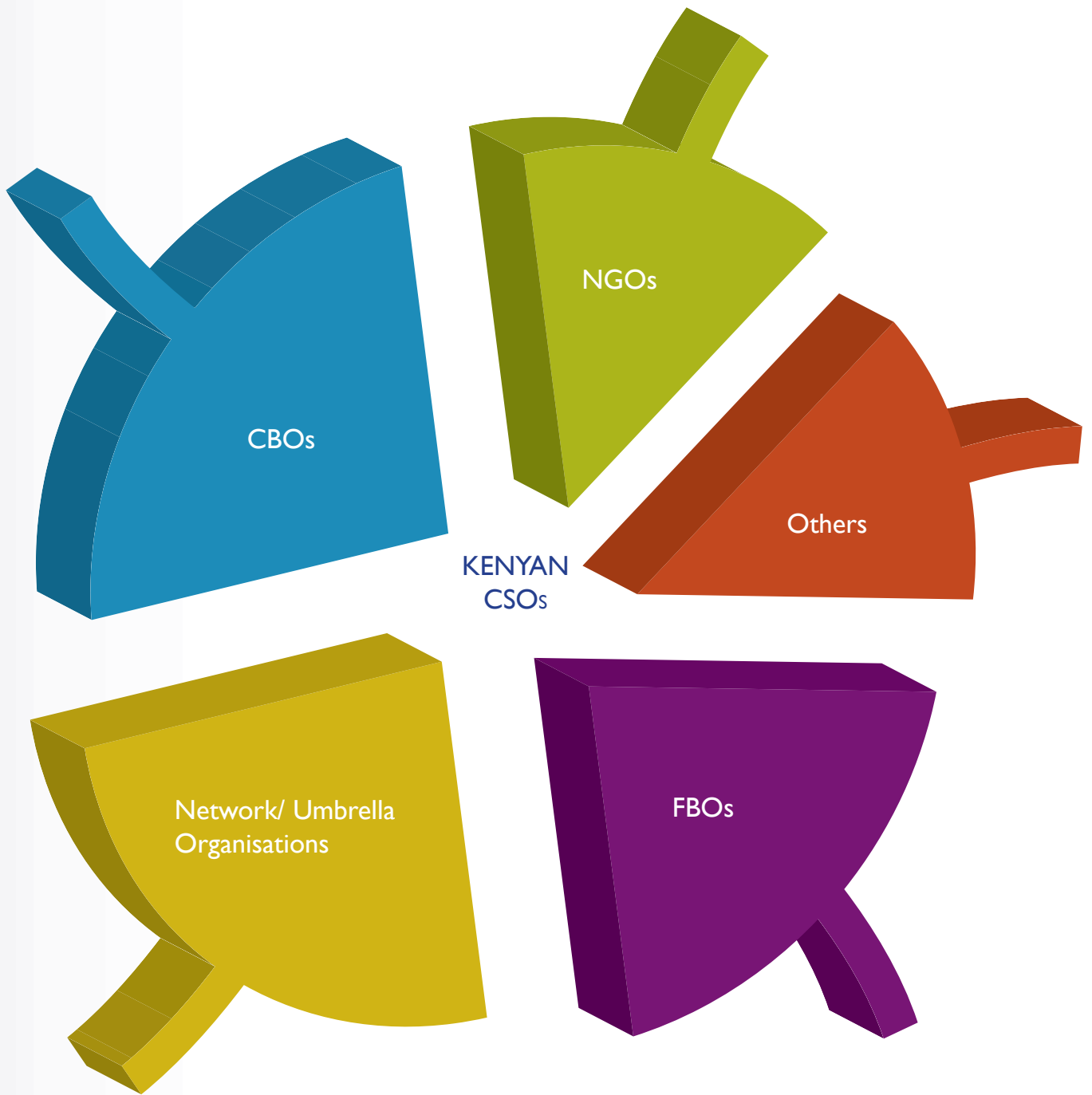


Where possible, institutional strengthening providers are encouraged to leverage existing capacity and resources within the client organisation, before turning to external options.



SECTION D

Typology of Kenyan CSOs



This section of the institutional strengthening standards document consists of charts describing different types of Kenyan CSOs, and places them on a scale from very small to large. The charts are intended to be a quick reference for CSOs, partners, practitioners and donors to better understand the nature of organisations and where individual CSOs fit on a scale of organisational setup. This is important because the institutional strengthening intervention strategies and approaches can differ depending on an organisation's size. Therefore, the parameters by which CSOs have been classified for purposes of these institutional strengthening standards are:

1. Annual budget
2. Geographic coverage
3. Number of staff
4. Number of members, in the case of networks/umbrella organisations only

DI: How to Use the Typology Charts

Step 1: To begin to use the charts in this section to assist in identifying where an individual CSO may fit within the Kenyan CSO landscape, first map the CSO by type of registration to determine whether it is a community-based organisation, non-governmental organisation, faith-based organisation, or network/umbrella organisation.

Step 2: On the basis of the above definition, identify the relevant chart among the charts below to further assess the CSO on the basis of its organisational parameters. The total number of attributes and scores that best describe the organisation are noted.

Step 3: The CSO is then classified as very small, small, medium, or large, based upon a majority of the relevant parameters. For example, if the majority of a CSO's parameters fall under "very small," then it would be classified as such.

D2: Community-Based Organisations

CBOs are non-profit groups that form at the community or grassroots level, usually to resolve specific local problems or provide local representation in village councils or municipal or regional government.

Table 14: Characteristics of Kenyan Community-Based Organisations

Parameters	Very Small	Small	Medium	Large
Annual Budget	Less than or equal to KSh 100,000	KSh 100,001 to KSh 300,000	KSh 300,001 to KSh 500,000	KSh 500,001 and above
Geographic Coverage	Single village	Cluster of villages	1 or 2 counties	More than two counties
Staffing	No full-time staff	1-2 full-time staff	3-5 full-time staff	6 or more full-time staff

D3: Non-Governmental Organisations

An NGO is a legally established, recognized entity created by private individuals or organisations to further political or social goals. An NGO must have been registered by the NGO Act or Section 20 of Company Act #486.

Table 15: Characteristics of Kenyan Non-Governmental Organisations

Parameters	Very Small	Small	Medium	Large
Annual Budget	Less than KSh 1 million	Between KSh 1 million and 10 million	Between KSh 10 million and 50 million	More than KSh 50 million
Coverage	1 county	2 counties	3-5 counties	6 counties or more
Staffing	No full-time staff	1-5 full-time paid staff	6-30 full time paid staff	31 or more full-time staff

D4: Network/Umbrella Organisations

CSO networks or umbrella organisations have many different characteristics and sizes. Essentially, they comprise a group of organisations that come together to pursue a shared purpose such as knowledge sharing, joint implementation, joint policy advocacy, and others. The following parameters refer only to the secretariat or coordinating body of a network/umbrella organisation.

4 “NGOs Defined by Type: A Primer on the Types of Entities You May Encounter in Designing and Implementing Your Programs,” NGO Tips, October 2011, FHI 360 Capable Partners Program, <http://www.ngoconnect.net/documents/592341/749044/NGOTips+-+NGOs+Defined+by+Type+-+A+Primer>

Table 16: Characteristics of Kenyan Civil Society Network (Umbrella) Organisations

Parameters	Very Small	Small	Medium	Large
Annual Budget	Less than KSh 10 million	Between KSh 10 million and 50 million	Between KSh 50 million and 100 million	More than KSh 100 million
Coverage	One county	Several counties	National level with widespread coverage in many counties	Regional and/or international
Staffing	Less than 10 full-time staff	11 - 30 full-time staff	31 - 60 full-time staff	61 or more full-time staff
Membership	Less than 5 current and active organisational members	Between 6 and 10 current and active organisational members	Between 11 and 50 current and active members	51 or more current and active organisational members

D5: Faith-Based Organisations

FBOs are groups of individuals who have come together around a stated spiritual or belief system that informs and guides their work together. FBOs range from small, grassroots organisations with simple structures and limited personnel to large, global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources and significant human resources.

Table 17: Characteristics of Kenyan Faith-Based Organisations

Parameters	Very Small	Small	Medium	Large
Annual Budget	Less than KSh 500,000	Between KSh 500,000 and 1 million	Between KSh 1 million and 10 million	More than KSh 10 million
Coverage	Single village	Cluster of villages	1 or 2 counties	More than two counties
Staffing	No full-time staff	1-5 full-time staff	6-10 full-time staff	More than 11 full-time staff

D6: Measuring Capacity at an Organisational Level

Measuring organisational capacity contributes to the detailed design of an organisation's capacity strengthening strategies and intervention. It provides evidence on what is or is not working. It promotes organisational learning and empowerment. It helps to establish the level of growth and sustainability of an organisation.

Measuring organisational capacity focuses on the structures, processes, and management systems that enable the organisations to function smoothly and adapt to changing circumstances. The focus of organisational capacity measurements goes beyond inputs and outputs to include change in an organisation's performance (effectiveness and efficiency), relevance, adaptability, stability and sustainability.

Measuring organisational capacity is based on clear inputs, outputs, outcomes, and indicators. Comprehensive data collection tools are used to collect qualitative and quantitative data using simple but participatory methods. Involvement of key stakeholders in the exercise is essential for buy-in and ownership of the results and subsequent capacity strengthening plans.

In these standards, verifiable indicators have been established for each technical area of institutional strengthening. Based on the indicators, organisational capacity measurement should give information on whether an organisation has:

- Any tools and/or function that are relevant for each institutional strengthening category
- The tools and/or function that are complete and meet the desired quality on the basis of the standard in the institutional strengthening category
- The tools and/or function are or are not applied consistently to carry out essential organisational processes.

The FANIKISHA Organisational Capacity Assessment tool together with its accompanying checklists is used to measure organisational capacity of Kenyan CSOs working with the FANIKISHA Project. The tool was adapted in consultation with stakeholders and from various other organisational capacity assessment tools, including MSH's Management and Organisational Sustainability Tool (MOST), Pact's Organisation Network Analysis (ONA) Tool, Viwango and the AED-Capable Partners.

As outlined in the table below, the FANIKISHA OCA tool provides four levels of possible scores for institutional capacity among each of the ten institutional strengthening categories or their constituent subcategories:

Table 18: Levels of Scoring and Definitions in Institutional Capacity for Categories and Subcategories Assessed by the FANIKISHA OCA Tool

Score Level	Definition
Score 1:	The relevant tools and/or function do not exist in the organisation for this institutional strengthening category or subcategory.
Score 2:	The relevant tools and/or function exist but are incomplete and/or do not meet the desired standard for this institutional strengthening category or subcategory.
Score 3:	The relevant tools and/or function exist, are complete, and/or meet the desired standard for this institutional strengthening category, but are not applied consistently or at all to carry out organisational processes that are relevant in this category or subcategory.
Score 4:*	The relevant tools and/or function exist, are complete, and/or meet the desired standard for this institutional strengthening category, and are applied consistently to carry out organisational processes that are relevant in this category or subcategory.

* A score of 4 is the desired goal and would usually be defined as the institutional standard.

It is recommended that organisations conduct a baseline organisational capacity assessment prior to embarking on institutional strengthening interventions in order to provide a benchmark. Subsequent annual or semi-annual assessments are essential for guiding further programming or institutional strengthening activities.

ANNEX: PARTICIPATING ORGANISATIONS

The following organisations participated in consultative meetings with the FANIKISHA Project to develop the Kenyan CSO institutional strengthening standards and indicators.

Local Civil Society Organisations

- ABANTU for Development
- African Medical research Foundation (AMREF)
- Anglican Church of Kenya Western Region Christian Community Service (ACJK WRCCS)
- Association of Media Women in Kenya (AMWIK)
- Health Rights Advocacy Forum (HERAF)
- I Choose Life – Africa (ICL)
- Inter-Religious Council of Kenya (IRCK)
- Kenya AIDS NGOs Consortium (KANCO)
- Kenya NGO Alliance Against Malaria (KeNAAM)
- Kenya Network of Women with AIDS (KENWA)
- National Civil Society Congress
- National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)
- National Organisation of Peer Educators (NOPE)
- Omega Foundation
- St. John's Community Centre
- Women Fighting AIDS in Kenya (WOFAK)

Government Institutions

- Kenya Bureau of Standards (KEBS)
- Kenya National Commission on Human Rights Commission (KNCHR)
- Ministry of Public Health, Department of Standards and Regulatory Services
- National AIDS Control Council (NACC)
- NGOs Co-ordination Board

International Non-Governmental Organisations

- African Family Health
- AIDS, Population and Health Integrated Assistance Plus Partners (APHIAplus)
- Danya International, Inc.
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Forum Syd
- John Snow, Inc. (JSI)
- Management Sciences for Health (MSH)
- Pact
- Regional AIDS Training Network (RATN)

Development Partners

- Japan International Cooperation Agency (JICA)
- United States Agency for International Development - Kenya

Academic Institutions

- University of Nairobi

The Private Sector

- Benaphil Consultants
- Centre for Corporate Governance
- Ernst and Young
- Impact Centre
- Kenya Association of Fundraising Professionals
- Kenya HIV/AIDS Private Sector Business Council
- Strategic Dimensions
- Tips Management Services



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