

GUIDEBOOK

ON QUALITY MANAGEMENT SYSTEM FOR CIVIL SOCIETY ORGANIZATIONS

Author: Elizabeta Markovska Spasenoska

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For the publisher: Marija Risteska, executive director

Author: Elizabeta Markovska Spasenovska

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Contact: crpm@crpm.org.mk

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1. Introduction

1.1 Need for introducing quality management system in performance/operation

The provision of services with suitable quality and in compliance with specific standards becomes an imperative in all segments. Precisely for these reasons, at global level more and more attention is devoted to the introduction of forms and manners of management and administration of organizations, which will enable provision of services in the most efficient way and with standardized approach that will guarantee quality. Although at the beginning these management and administration standards might start only in one certain organizational department or area, they will continue to spread throughout the entire organization, all with the purpose to cause systematic effects and improve the complete functioning of the organization. The introduction of long-term change in one department requires long-term coordination with the other departments and organizational functions, thus coming to a point where good practices slowly but steadily become systematic solutions and rules. This quality management approach is applicable to public and private institutions and organizations, but also to the civil society sector.

1.2 Grounds for designing the quality management system in performance/operation

Quality assurances in the operation of civil society organizations is a requirement by all donors as well as by the very constituents and users of services and activities of the organization. Nevertheless, the introduction of quality management system in performance should be based on the nature and dynamics of the organization's operation as well as the on the specific internal working processes. Furthermore, the working processes can be divided into three fundamental groups:

- Management and administration processes with the organization, including: strategic management, annual planning, operation assessment;
- Basic operation processes arising from the principal activity or mission of the organization, such as: delivery of services for legal aid; delivery of social services; implementation of particular types of projects and events;
- Processes for support, consisting of: financial operation, promotion and marketing, etc.

The implementation of these working processes is specified by the legal framework, the good practices of the organization as well as by some specific requests set by the donors and constituents.

2.

Comparative analysis of the existing quality management systems of performance/operation

For large portion of the civil society organizations (CSOs) the introduction of quality management system on all three levels of the working processes is novel and requires appropriate preparation and education. The specific question that arises is on which quality management system the operation of one civil society organization will be based. This is in light of the fact that the motive behind the creation and operation is different for different types of organizations or more specifically within the civil society sector dominates the necessity to contribute towards the society and to achieve societal benefit through operation.

CSOs use considerable number of systems. Some of them are developed for the particular needs of the non-profit sector, while part of them are designed for the business-sector, and afterwards are accepted by CSOs. Several most recognized systems at global level will be presented for the purposes of this analysis as well as systems used by regional CSOs due to the similar conditions and possibilities to adapt some of the existing systems in Macedonia. The aim of presenting the systems is not to show which one is the best, but to help all stakeholders in Macedonia to make a decision if and what kind of quality management system for CSOs is most suitable for local organizations, especially taking into consideration their size and stage of development.

2.1 PQASSO – Practical Quality Assurance System for Small Organizations

The most well-known system at global level in the non-profit sector is PQASSO (Practical Quality Assurance System for Small Organizations). It is quality standard developed by Charity Evaluation Services (CES) and it is widely used by non-profit organizations in Great Britain. The system comprises flexible and systematic approach for better management of the internal and external activities of the organization, and it contributes to more efficient and effective work of an CSO. PQASSO consists of 12 quality areas and three levels of achievement. Originally, the system was designed as mechanism for self-assessment, but now there is a PQASSO quality mark, which represents external assessment certifying the harmonization of CSO standards with PQASSO standards. It is valid for a period of three years.

Table 1. PQASSO Quality Areas

1. Planning for quality	7. Managing money
2. Governance	8. Managing resources
3. Leadership and management	9. Communication and promotion
4. Users oriented services	10. Working with others
5. Managing human resources	11. Monitoring and evaluation
6. Training and development	12. Outcomes

PQASSO’s implementation includes seven steps:

1. PQASSO implementation – purchase of the working package and performing self-assessment;
2. Overview form – filling in and submitting the application for PQASSO quality mark;
3. Overview planning – assessor, known as peer reviewer contacts, the organization to agree upon the overview date for the documentation, field visit;
4. Paperwork overview – the organization delivers specific documents to the peer reviewer for assessment;
5. Field visit – the peer reviewer visits the organization to conduct interviews and obtain evidence;
6. Notice – the peer reviewer drafts detailed report about the findings about the organization and CES;
7. Receiving recognition – if the organization is successful it obtains PQASSO quality mark.

The PQASSO quality mark has validity period of three years. After the expiration of this period the organization should re-register and undergo the same process or it should stop using the logo of the quality mark.

2.2 ISO 9001

Quality systems, which are not developed specifically for CSOs, but can still be used are the most renowned standards in the world ISO 9000. ISO 9001, which was updated in 2015, can be used for every type of organization, regardless of the size and the development level. The standard is based on seven principles of quality management:

1. Users focus – to meet the requests of the users and even outdo their expectations;

2. Leadership – leaders at all levels align and promote uniform goals and guidelines, and create conditions where people/employees are involved in achieving the qualitative goals of the organization;
3. Engaging people – it is required to have competent, strong and engaged people at all levels in the organization to strengthen the capacity for creating and delivering values;
4. Access to processes – consistent and foreseeable results are achieved more efficiently and effectively when the activities are understood and managed as inter-woven processes that function as a coherent system;
5. Improvement – successful organizations are constantly focused on improvement;
6. Fact-based decision making – making decisions based on analysis and evaluation of data and information will lead quite probable to achieving the intended results;
7. Managing the established relations – in order to have sustainable development, the organization manages its relations with the interested parties, such as suppliers.

Certifying is not mandatory. The organization can make a decision to only use self-assessment (internal overview). If the organization decides to be certified, it can contact a certifying body in its country. In order to obtain certification, after the initially conducted internal overview, the organization makes an appointment for an external audit, whereby it is visited by one or more auditors, depending on the size of the organization, who talk with the employees. After the visit, a report is being issued and if certain irregularities are identified, the organization receives a timeframe to remove them. Afterwards, the second part of the audit is carried out. The certificate is issued after careful consideration and approval of the report by an appropriate certifying body. The certificate has three years period of validity; however, every year internal and external audit should be carried out. Every certified body organizes various trainings and issues publications for easier implementation of the system.

2.3 SOKNO

The Croatian system SOKNO is an adapted system based on the British system PQASSO (see above in the analysis). This system was operating in Croatia in the period between 2002 and 2012, when the copyright agreement for its use expired. At the moment a local system is being developed, however, information on its type and structure is still lacking.

As a system, SOKNO can be categorized on the mechanism scale between self-certification and peer review. The focus of the system is on the processes used by an organization to deliver its products, services and activities. The latest SOKNO version entails 13 areas, which are presented in the table below.

Table 2. SOKNO areas of quality

1. Planning for quality	8. Resources management
2. Management	9. Managing money
3. Good governance	10. Training and development
4. User-centered services	11. Networking and advocacy
5. Personnel	12. Monitoring and evaluation
6. Volunteers	13. Outcomes
7. Management of activities	

SOKNO has three levels of achievements. Level 1 covers the minimum requirements that each organization must fulfil in order to work in compliance with the law, and to assist organizations to identify and fulfil their legal responsibilities. Level 2 proceeds by what has been achieved at level 1 and it upgrades to all areas of the organizational life. It assumes that the organization possesses the required resources to go beyond level 1 and requires strategic approach of the organization in terms of the realization of its short- and long-term goals. Level 3 proceeds by upgrading on the complete work being done at the previous two levels and requires from the organization to be leader for quality to other organizations from the same area. In accordance with SOKNO, each organization must reach level 1 in all 13 areas. By reaching level 1 in their development, the organizations can show that they have fulfilled their legal responsibilities and protect the rights of their users, stakeholders, employees and volunteers. Once the organization reaches level 1 in all areas, it can continue to plan for further improvements by focusing on the other two levels.

2.4 Slovenian Model for Quality Assurance System for CSOs

The Slovenian model for Quality Assurance System for CSOs was developed in the period between 2005 and 2007 by the national umbrella-organization Center for Information Service, cooperation and development of CSOs in partnership with the Slovenian Institute of Quality and Metrology. The system is a result of the need to nourish transparency, credibility and public reputation of the CSO sector, for which the CSOs have agreed upon. This model is primarily based on ISO 9001 standard, which is aligned with the needs of the CSOs. Moreover, elements from systems, such as: PQASSO, SOKNO, Investment in volunteers etc. are used well. The pilot-version of the model is carried out in 14 organizations, which commented on the existing version. The final version of the model is developed on the basis of practical experiences of the non-governmental organizations. The Slovenian model covers seven areas, which are presented in the table below.

Table 3. Areas covered by the Slovenian system

1. General requests (in compliance with the law)
2. Management and administration (strategic planning and managing structure)
3. Employees and volunteers (human resource management)
4. Resources management (finance management, managing equipment)
5. Managing processes (project management, services provision, networking and partnership, relations with donors)
6. Monitoring and evaluation
7. Continuous upgrading (PDCA ¹ system)

The following steps are required to introduce this system:

- CSO standard – the organization, by itself or with the assistance of a mentor, assesses its functioning and identifies which areas need to be improved.
- Quality Handbook – the organization describes its quality assurance system in the guidebook. The guidebook is a document in which the organization describes how it implements the standard. Workshop – the organization can participate in a three-day workshop carried out by organizations, which developed the system. During the workshop the organization can make all preparations for its external audit.
- Internal audit – an employee from the organization or from a partner organization performs the internal audit to serve as an internal indicator for the organization’s preparedness for the external audit.
- Application for certification – the organization applies for external audit.
- External audit/Certification – if the organization possesses a certificate, an external assessor visits the organization on a yearly basis and through a detailed audit and interviews with the employees previews the functioning of the system and drafts a report. On the basis of the report, the Institute of Quality and Metrology issues a certificate.
- Confirmation of the certificate – the certificate is valid for a period of three years, however, every year an external audit is being carried out, which in turn requires from the organization to carry out its own internal audit.

The process in one organization can last from three to six months depending on whether the organization attended the training since the training accelerates the process. This process is in stage of upgrading in order to be harmonized with the novelties from the ISO 9001: 2015.

1 PDCA – Plan-Do-Check-Act management method

2.5 Global Accountability Standard²



Global standard is a reference standard, which recaptures the accountability of the civil society organizations in a dynamic manner. The standard is developed on the basis of global accountability initiatives from Africa, Asia, Australia, Europe, North America, Latin America and the Caribbean. The global standard encompasses **12 commitments for dynamic accountability**, which the civil society organization commit to deliver, as well as key activities, on the grounds of which they can consider themselves as accountable. It is a practical framework adaptable to different cultural, geographical and organizational needs, with minor technical guidelines, simple vocabulary and less frequent use of jargon. This simplified, nonetheless comprehensive approach, global standard allows civil society organizations, regardless of their size, to improve their practice, accountability, and hence their efficiency.

What is global standard? The term Dynamic Accountability describes the concept of accountable civil society organizations, to work transparently and learn from stakeholders in order to increase their influence and efficiency. The dynamic understanding of accountability, which places people at the heart of decision-making, is the essence of the global standard. The goal of the global standard is to represent a starting point for global movement of Dynamic Accountability by offering a framework for the realization of common goals and values that unite the civil society organizations throughout the whole world. If the dynamic approach to accountability is applied by thousands of organizations, then it has potential to transform the civil society sector into highly-accountable actor.

Who can use it? The global standard can be used by accountability initiatives throughout the world to align their existing accountability standards or develop new. The standard is not intended to replace them. If the different concepts of ac-

² <http://www.csostandard.org/the-global-standard/>

accountability at global level are aligned, then there will be more comparability and the transaction costs will be reduced. The standard can also be used on voluntary grounds, as an example for:

- Civil society organizations, CSO-networks and advocacy groups – to improve their standards, practices and accountability;
- Governments and donors – to provide enabling regulations and policies for financing civil society organizations;
- Stakeholders – to maintain accountability of the civil society sector;
- In order to provide efficient partnership of civil society organizations.

3.

Model of Quality Management System in the Context of the Macedonian Civil Society Sector

3.1 System's Features

Having regard the features of the previously stated quality management systems, within the comparative analysis and on the basis of the determined practices and needs of 15 civil society organizations, grant-holders from the Civica Mobilitas program, a local model of quality management system was developed. The model above all focuses on the different organizational segments for which quality needs to be assured, and which essentially represent the three levels of organizational processes in the civil society organizations. The model is aligned with the Global Accountability Standard requirements and with the Civil Society Index,³³ and more particularly with the requirements of dimension 2 – level of organization and 3 – value practicing. The following parts of the Guidebook will present the fundamental features of the system, segments and elements which it covers.

The fundamental features of the quality management system are:

- It is oriented towards the **key** organizational functions;
- It determines existence, and above all **functionality** of processes, procedures, sets of criteria that regulate the operation;
- It determines the existence of capacity to fulfil certain professional requirements (in thematic sectors or in the civil sector);
- It requires **continuity** of the civil society work;
- It requires use of the CSO **value** defined system;
- It proposes introduction of different sets of standards starting from fundamental/basic level and proceeding up as a **scale of development** to position CSOs;
- It offers **set of templates** for easier introduction of standards/indicators.

3.2 System's Elements

The model of Quality Management System includes 10 areas, which in itself contain 33 standards of different operational aspects and three levels of accomplishment of these standards.

³ <http://mcms.mk/mk/za-nasata-rabota/istrazuvana-i-publikaciji/767-irg102-civikus-indeks-na-graganskoto-opstestvo.html>

The system's areas are the following:

1. Strategic management;
2. Managing users, membership, supporters and volunteers;
3. Project working;
4. Advocacy;
5. Service delivery and customer support;
6. Cooperation, partnership and networking;
7. Management and structure;
8. Human resource management;
9. Finance and administration;
10. Public relations;

Simultaneously to these areas, during the introduction of the system, each organization is recommended to draft a list of values and principles of working, and through the processes and procedures carried out within the stated 10 areas to present how these values and principles are incorporated and applied. The value list could include: gender equality, inclusion of various individuals, groups and communities, shared participation in decision-making, transparency, mutual trust and respect, etc.

It is recommended to introduce this quality management system by applying the Facilitated Self-Assistance (FSA) method, whereby the self-assessment is carried out based on indicators established for each area.

The assessment levels are the following:

- *It exists and it is implemented:* this means that the requests/criteria/benchmarks stated in the definition for that indicator/standard are fully met by the organization and are functional. For instance, the organization has prepared an annual program in participatory way, which integrates the key aspects of its functioning, such as: goals, outcomes and activities with the planned budget, human resources, development plan and communication plan.
- *It is partial or in development; it is rarely or not at all applied in practice:* this level means that there is a preparatory process underway for part or all requests/criteria/benchmarks stated in the definition for that indicator/standard. This level will also include all cases where the stated requests/criteria/benchmarks are adopted, but all or some of them are not functional or are not implemented accordingly. For instance, the organization has prepared an annual program in a participatory way, which does not fully integrate the key operational aspects, i.e. it is based on goals, outcomes, activities and planned budget, but it does not incorporate the other aspects of the standard.
- *It does not exist:* this level implies that the requests/criteria/benchmarks stated in the definition for that indicator/standard are not met at all. Even if there are elements directing towards some requests, if they are still considered to be non-existent.

This scale of development is useful because:

- It determines minimum standards an organization must fulfil in order to standardize at basic level,

- It provides guideline for the direction of the organization and its future development.

If some indicators/standards are irrelevant for the organization (for instance if the organization is not oriented towards service delivery), then in the self-assessment process one can make a decision to exempt this area.

For each indicator/standard there are questions on the basis of which the self-assessment team in the organization discusses and selects one of the three levels. Each indicator/standard includes a brief summary of the discussion and the key arguments regarding the level of the organization and the decision made.

Set of templates and tools for easier quality management are also offered for each indicator/standard. During the level selection process, the organization decides which from the previously stated templates it will use and which one it would like to introduce.

An assessment tool which explains and defines, in detail, all individual areas and standards, and levels of development is presented.

4.

Steps towards Introduction of the Quality Management System

Step 1 – Making decision to introduce the quality management system

Basic precondition to start the introduction of the quality management system is to make a decision for its introduction and determine which model it will be used. The decision-making signifies that members and employees of the organization recognize the benefit of introducing this system and oblige themselves to use it in everyday working. Apart from approval of the employees and members and model selection, the decision-making about the model also entails selection of methods, which will determine to what level some of the standards are fulfilled. The decision-making should be executed by the Administrative Board and should be formally supported.

Different approaches are possible depending on the model. As it has been mentioned above, within the model adapted to the needs of the Macedonian civil society sector the facilitated self-assistance approach of the initial condition is recommended. This approach means inclusion of external entities to assist the self-assessment team in carrying out the assessment. In this case, regardless of the inclusion of external entities, the responsibility for the final decision concerning the positioning level of the organization is delegated to the internal team or the relevant bodies within the organization, which eventually have to adopt the organization's self-assessment report.

Step 2 – Team formation for introduction of the quality management system

The team's composition in charge of carrying out the assessment depends on the organization itself, its nature and the work's dynamic. The number of team members can vary depending on the size of the organization, number of employees and members. Nevertheless, it is important to provide an optimum number of people, who will agree to participate in the assessment. It means that the team should have no less than 3 and no more than 12 members. The ideal combination of people would entail:

- Representatives from different hierarchical levels of the organization (for instance, members of the assembly, administrative board and executive board);
- Equal representation with regard to sex, age and ethnicity (or other relevant criteria);
- Representatives with specific expert knowledge from the organization's area of work;

- Representatives with significant managerial experience in the organization;
- Representatives with broad knowledge about the civil society sector;
- Representatives authorized to make decisions for the organization (for instance president, executive director etc.) in order to provide legitimacy of the assessment process;
- Research associates to the organization.

In practice, however, all criteria cannot be always taken into consideration. The organization should strive to create an optimally balanced team with capacities to carry out the assessment. The following criteria can be considered as mandatory:

- Inclusion of people authorized to make decisions;
- Inclusion of people from different organizational levels;
- Inclusion of people with significant managerial experience.

The organization should select one member from the team to serve as team leader. It is recommended team members not to shuffle during the assessment process.

Step 3 - Work meetings of the organization state assessment team

The assessment implementation team should carry out the organization's state assessment in accordance with the developed elements of the quality management system and by using the Work Meetings Assessment Tool. The Tool can be filled in during a plenary discussion of the team, however, if the team consists of more than 8 members, it is recommended to create smaller work groups to look into all areas of the tool. Afterwards, during plenary discussion, the differences between the smaller work groups will be dealt with. It is recommended to assign a person to take notes of the discussions and to draft proceedings at the end of the assessment, which will represent the ground for the assessment draft-report. In compliance with the Assessment Tool, it is recommended within one week to complete 3-4 half daily work meetings. It is advisable the work meetings to be facilitated by an external consultant, who is well informed of the work methodology, the tool and has detailed knowledge about the work of civil society organizations.

During the work meetings, the team can decide to use other assisting tools to enable easier and more objective assessment. Such tools can be SWOT-analysis, life span analysis, etc. (tool samples can be found in the annex).

Step 4 – Gathering opinions and notions from external stakeholders and users

This step allows for the collection of data from relevant external stakeholders for the work of the organization. The opinion of the external stakeholders serves as additional information of the team's implemented assessment in order to provide greater impartiality by using the external viewpoint for the organization. It is recommended for the assessment team to generate a list of external stakeholders who should to be included in the assessment. They can be included in different ways, such as: through interviews, focus groups, joint meeting with stakeholders,

questionnaire etc. Draft-questionnaire for all external stakeholders can be found annexed.

The collected information from the external stakeholders should be analyzed and presented as a report to the self-assessment team. The best way to implement this step is by assigning smaller working group by the self-assessment team.

If the organization has a lot of members or it is about a network of organizations or coalitions, then in order to be filled in, the self-assessment tool should be distributed among a selected sample of members (or divided among all member organizations in case of networked organizations). The gathered information should afterwards be analyzed and delivered to the assessment team.

The team leader, after the collection of all information from the work groups of the assessment team, external stakeholders and members, prepares an assessment report with recommendations for future operations in the organization. Please find annexed a sample for such report.

Step 5 – Finalization of the decision on the registered states in the organization

The findings from the report are presented before the self-assessment team and possible changes and amendments to the report are discussed. At the end of the team meeting a final decision is made, the report is updated, all associated documents and annexes are drafted and shared with all participants in the assessment, including the team and the external stakeholders. An external consultant facilitates the meeting over the final decision.

Step 6 – Selection of development priorities and action plan

The development priorities are selected during a special meeting of the self-assessment team and through a plenary discussion. Priorities selection can be done with the help of the tool Priorities Matrix (presented in annex), whereby one should pay attention to the following aspects:

- To include areas where the organization is at the lowest development level;
- To include areas of interest for the organization to improve;
- To include priorities according to the its capacities to accomplish improvements in a period of 1 to 3 years.

On the basis of the selected priorities and with the help of the external consultant an action plan for improving the state is developed. The action plan includes the necessary activities, which should provide progress for the organization and clearly defines the short-term and long-term expected outcomes. The action plan should include timeframe and persons in charge of the plan's realization. An example of the plan can be found in annex.

The prepared plan along with the entire assessment documentation are submitted to the administrative board of the organization.

Step 7 – Implementation and monitoring of the action plan for improving the state

The main responsibility for the implementation of the action plan lies in the hands of the executive director or the president of the organization. The administrative board should also be actively involved in securing financial support for the implementation of the activities from the plan. The activities from the action plan should be included as an integral segment of all project applications that offer support for institutional development of the organization. Simultaneously with the realization of projects and programs, the organization should also follow the implementation of the plan, and if necessary undertake all necessary corrective measures.

Step 8 – Re-assessment of the achieved outcomes following the undertaken improvements

After the expiration of the timeframe for the implementation of the plan, the original assessment team should carry out another assessment in the same manner in order to re-ascertain the conditions and perceive the achieved progress and changes or in some cases regression. It is advisable to include the same stakeholders, inclusively external parties and assessment members, if included in the original assessment, in the process of re-assessment.

The re-assessment will yield a report with recommendations and priorities that should be included in the new cycle of improvements.

Step 9 – Commencement of a new cycle of improvements

The drafted and adopted report from the re-assessment is shared with all included parties in the process. A new action plan for the new cycle of improvements is thereupon developed and implemented.

5. Annexes

Annex 1 – Tool for introduction of a quality management system

Annex 2 – Tool for Organization’s Life Cycle

Annex 3 – Request for reimbursement from cash box

Annex 4 – Request for leave

Annex 5 – Form of self-assessment narrative report

Annex 6 – Travel expenses form

Annex 7 – Matrix for determining development priorities

Annex 8 – Capacity building plan

Annex 9 – Questionnaire for external stakeholders

Annex 10 – Form for keeping record of office hours

Annex 11 – Terminology

QUALITY MANAGEMENT SYSTEM WITH CIVIL SOCIETY ORGANIZATIONS

Draft-areas and categories of the model

Main features of the Quality Management System with civil society organizations (QMS)

- This system represents a draft-model for quality management that requires to be further elaborated and finalized through focus groups and consultations with civil society organizations, Civica Mobilitas grant-holders. The group of organizations encompasses representatives of organizations with different experiences, who work on various topics and have different concept of operation.

- The system will include Guidebook for the introduction of the system in civil society organizations, a set of annexed templates and quality management tools. The design of the draft-model integrates international and regional experiences, data from the conducted interviews with 15 civil society organizations, data from projects and the self-assessment process within the Civica Mobilitas program, experiences of the consultant in carrying out more than 15 processes of organizational assessment and self-assessment within international and domestic programs and projects, as well as the opinions and thoughts of Civica Mobilitas grant program coordinators based on the practices of the program's grant-holders.

- The model is aligned with the Global standard for CSO accountability <http://www.csostandard.org/the-global-standard/>
- The proposed QMS model includes 10 areas, which in itself contain 33 standards for different aspects of operation. The proposed areas are the following:

1. Strategic management;
2. Relations with end-users, membership, supporters and volunteers;
3. Project management;
4. Advocacy;
5. Service delivery and customers support;
6. Cooperation, partnership and networking;
7. Management and structure;
8. Human resource management;
9. Finance and administration;
10. Public relations.

During the introduction of the standard and simultaneously to these categories each organization should develop a list of values and principles for the operation and through practiced processes and procedures within the abovementioned 10 areas should show how these values and principles are incorporated and applied. The list of values could include: gender equality, inclusion of different individuals,

groups and communities, shared participation in decision-making, transparency, mutual trust and respect, etc.

- The model in optimum situation is implemented via the application of The Facilitated Self-Assistance Model, while the self-assessment is carried out in accordance with established indicators for each area, on a scale of three levels:
 - *It exists and it is implemented:* this means that the requests/criteria/benchmarks stated in the definition for that indicator/standard are fully met by the organization and are functional. For instance, the organization has prepared an annual program in participatory way, which integrates the key aspects of its functioning, such as: goals, outcomes and activities with the planned budget, human resources, development plan and communication plan.
 - *It is partial or in development; it is rarely or not at all applied in practice:* this level means that there is a preparatory process underway for part or all requests/criteria/benchmarks stated in the definition for that indicator/standard. This level will also include all cases where the stated requests/criteria/benchmarks are adopted, but all or some of them are not functional or are not implemented accordingly. For instance, the organization has prepared an annual program in a participatory way, which does not fully integrate the key operational aspects, i.e. it is based on goals, outcomes, activities and planned budget, but it does not incorporate the other aspects of the standard.
 - *It does not exist:* this level implies that the requests/criteria/benchmarks stated in the definition for that indicator/standard are not met at all. Even if there are elements directing towards some requests, if they are still considered to be non-existent
- For each indicator/standard there are questions developed on the basis of which the self-assessment team in the organization discusses and selects one of the three levels. Each indicator/standard includes a brief summary of the discussion and the key arguments regarding the level of the organization and the decision made.
- Set of templates and tools for easier quality management are also offered for each indicator/standard. During the level selection process, the organization decides which from the previously stated templates it will use and which ones it would like to introduce.
- The introduction of different sets of standards it is proposed starting from fundamental/basic level and proceeding up as a **scale of development** where CSOs can be positioned after the self-assessment. The scale of development is important because:
 - It determines the minimum standards an organization must fulfil in order to standardize at basic level;
 - It provides guideline for the direction of the organization and its future development.
 - If some indicators/standards are irrelevant to the organization (for instance if the organization is not oriented towards service delivery), then in the self-assessment process one can make a decision to exempt this area.
 - In the future development of the system an external system verification can also be applied in cooperation with the Institute of Standardization. Basis for further development of QMS can be found in the latest version of ISO 9001:2015 standard.

Indicator/standard 1.1 Strategic planning – This standard determines the existence and application of *established process* of strategic planning, strategy implementation and monitoring of implementation

Alignment with Global standard for CSO accountability:

Cluster A: What we want to achieve;

Lasting change: We will deliver long-term positive results.

Reference documents:

Map of defined strategic planning process, drafted current or previous strategic plans, realization reports and/or organization strategy review

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization conducts precisely determined strategic planning process, which is recorded, elaborated and graphically presented and it includes elements of strategy planning and implementation as well as notification of its realization.	<p>How does our strategic planning process look like?</p> <p>Is our process written or graphically presented?</p> <p>Are all employees and decision makers in the organization familiar with the process?</p> <p>Do all employees and decision makers in the organization participate in the process?</p> <p>Are our constituents, members and supporters sufficiently included in the strategic planning?</p>				<p>Process map of the strategic planning, implementation and notification</p> <p>Written procedure for strategic planning</p> <p>An example/model of strategy</p> <p>An example/model of strategy report</p> <p>Set of tools used in the process (PEST, SWOT, Priority matrix, etc.)</p>

Summary of key arguments supporting the selected level:

Indicator/standard 1.2 Integrated annual planning – This standard determines the existence and application of *established process* of integrated annual planning, implementation of annual program and monitoring of implementation

Alignment with Global standard for CSO accountability:

Cluster A: What we want to achieve;

Lasting change: We will deliver long-term positive results.

Reference documents

Map of defined annual planning process, drafted current or previous annual program, realization reports and/or organization annual program audit

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization conducts precisely established integrated annual planning process, which is recorded, elaborated or graphically presented and it includes elements of planning and implementation of the annual program as well as notification of its realization. The annual planning is derived of the strategy and includes elements of financial planning, human resources, public relations and organizational development	How does our process of integrated annual planning look like?				Process map of integrated annual planning, implementation and notification Written procedure for integrated annual planning An example/model of annual program An example/strategy of annual report Set of tools used in the process (SWOT, Priority matrix, etc.)
	Is our process written or graphically presented? Are all employees and decision makers in the organization familiar with the process and do they participate in it? Are our constituents, members and supporters sufficiently included in the annual planning?				

Summary of key arguments supporting the selected level:

Indicator/standard 1.3 Financial sustainability – This standard determines the organization’s capacity to secure funds for work and continual development, and existence of plans and guidelines for access to key sources of financing

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Updated strategy for acquiring financial means, plan for acquiring financial means, single organizational budget of revenues and expenditures, existing data-bases of potential donors, description of staff’s workplace

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has at its disposal staff or associates with capacities to secure funds by accessing various sources of financing. Organization’s funds are planned and secured at least one year in advance based on single revenues and expenditures budget. In practice, the organization finances itself from different sources by using long-term cooperation and partnership with donors’ approach.	<p>What capacities do our employees possess in order to have access to different sources of financing?</p> <p>Which associates of ours help us in the process of securing financial means?</p> <p>How do we sustain long-term and strategic partnerships with donors?</p> <p>Which financial sources are priorities for current or next year?</p> <p>What share of our envisaged budget has been secured for the current year?</p> <p>What % of budget coverage can we expect for the next year?</p>				<p>Templates for plan for securing financial means</p> <p>An example/model of securing financial means</p> <p>Template for preparation of single annual budget of revenues and expenditures</p> <p>Software tools for finance monitoring</p>

Summary of key arguments supporting the selected level:

Indicator/standard 1.4 Assessment of work effects – This standard determines the existence and application of a single process for assessment of work effect of the whole organization, which is basis for alignment of the plans for monitoring and evaluation of the special programs and projects

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Advocating for fundamental change: We will address root causes by advocating for fundamental change.

Reference documents:

Monitoring and evaluation plan of the organization’s strategy, list of indicators for monitoring the strategy implementation, display of alignment of individual program and project plans with the single list of indicators at strategic level

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization conducts a precisely established effect assessment process based on precise determination of strategic goals, key results at organizational level, planned activities and defined indicators for effect assessment. The obtained results of the effect assessment are applied during the processes of planning and notification.	<p>How does our effect assessment process look like?</p> <p>Is the assessment process written or graphically presented?</p> <p>Are all employees and decision makers in the organization familiar with and participate in the process?</p> <p>How do we use the findings from the effect assessment process?</p>				<p>Process map of the effect assessment</p> <p>Written procedure for effect assessment</p> <p>Template of single monitoring and assessment plan on organizational level</p> <p>Template of indicators list for strategy implementation monitoring</p> <p>Software tools for application of effect assessment process</p>

Summary of key arguments supporting the selected level:

Indicator/standard 2.1 Identifying the needs of end-users, members and supporters – This standard determines the existence and application of single process for determining the needs of end-users, members and supporters, their integration in processes of planning and monitoring and tackling those needs

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

People-driven work: We will ensure that the people we work with have a key role in driving our work.

Reference documents

Plan for work with members, reports from polls with end-users, minutes of focus groups for ascertaining the needs

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization keeps precisely established process for the identification of the needs of members, end-users and supporters. The process is based on determined tools and approaches to identification of needs. The outcomes are suitably integrated into planning.	How does our process for identification of the needs of members, end-users and supporters look like?				Process map of the identification of the needs of members, end-users and supporters Written procedure for identification of the needs of members, end-users and supporters Set of tools for needs identification (guidelines for directing meetings, focus groups, questionnaires) Minutes template Software tools for data processing and analysis from polls and needs research
	Which tools do we use for the identification of needs? Is the process for identification of the needs of members, end-users and supporters written or graphically presented? Are all employees and decision makers in the organization familiar with and participate in the process? Are our plans based on the findings from the identification process of the needs of members, end-users and supporters?				

Summary of key arguments supporting the selected level:

Indicator/standard 3.1 Project Planning – This standard determines the existence and application of single process for planning and preparation of project proposals

Alignment with Global standard for CSO accountability:

Cluster A: What we want to achieve;

Lasting change: We will deliver long-term positive results.

Reference documents

Process map of the project planning and setting procedure, drafted project proposals in compliance with the process

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization keeps precisely established process for planning and preparation of project proposals. This process is based upon inclusion of determined needs for future projects, participation of stakeholders and application of defined set of tools for planning.	<p>How does our process of planning and preparation of project proposals look like? Which tools do we use?</p> <p>Is the process of planning and preparation of project proposals written or graphically presented?</p> <p>Are all employees and decision makers in the organization familiar with and participate in the process?</p> <p>Do the prepared projects reflect on the process findings for identification of the needs of members, end-users and supporters?</p>				<p>Process map of the planning and preparation of project proposals</p> <p>Written procedure for planning and preparation of project proposals</p> <p>Set of tools for development of project proposals (problem tree, goals tree, analysis tools of stakeholders)</p> <p>Template of project proposals development</p>

Summary of key arguments supporting the selected level:

Indicator/standard 3.2 Project implementation capacity – This standard determines the existence of appropriate capacity in the organization for realization of projects in compliance with established internal rules and procedures and with the general requests of the project management

Alignment with Global standard for CSO accountability:

Cluster A: What we want to achieve;

Lasting change: We will deliver long-term positive results.

Reference documents

Internal processes and procedures for implementation of different stages of the project cycle, established criteria for project managers

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has staff at its disposal that have skills and practical experience in project management. Within the organization an internal procedure for project management is established, the staff that works on projects is familiarized with the procedure, it follows the procedure and applies it in its work.	<p>What skills about project management do our employees have?</p> <p>What kind of practical experience does our project manager possess?</p> <p>How does our project management procedure look like?</p> <p>Are all employees and decision makers in the organization familiar with the procedure and participate in its implementation?</p> <p>What kind of risks do we face during project management and how do we deal with them?</p>				<p>Criteria set for required skills of project managers</p> <p>Written procedure for project implementation</p> <p>Set of tools within the procedure (list of participants, minutes templates, communication with stakeholder's templates)</p>

Summary of key arguments supporting the selected level:

Indicator/standard 3.3 Writing effective project application – This standard determines the existence of appropriate capacity of the organization for writing project applications which result in acceptance by donors

Alignment with Global standard for CSO accountability:

Cluster A: What we want to achieve;

Lasting change: We will deliver long-term positive results.

Reference documents

Prepared internal guidelines and recommendations for writing project applications, internal procedures for the implementation of different stages of the project cycle

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has at its disposal at least two persons with practical experience and proven portfolio for preparing project applications. Within the internal procedures of the project cycle the organization envisages practically applied steps for information sharing and cooperation with people responsible for writing project applications. At least half of the submitted applications within one year are successful and approved by donors.	<p>Who writes project applications in our organization?</p> <p>What kind of practical experience do the persons responsible for writing project applications have?</p> <p>How is the staff cooperating with the persons who write project applications and how much is this effective and productive?</p> <p>What it is the ratio of submitted and approved applications?</p>				<p>Internal guidelines for writing projects including advice and recommendations;</p> <p>Written procedure for project implementation</p>

Summary of key arguments supporting the selected level:

Indicator/standard 4.1 Advocacy capacity – This standard determines the existence of internal process for identification of advocacy priorities as well as appropriate capacity within the organization for advocacy realization

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Advocating for fundamental change: We will address root causes by advocating for fundamental change.

Reference documents:

Process and procedure map on advocacy of identified priorities, analysis of existing advocacy skills of the staff

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
<p>The organization runs precisely established advocacy process of identified priorities. The process is based on determined advocacy approaches and tools that are practically applied. The staff has practical advocacy experience and at least half of the employees possess appropriate advocacy skills in compliance with the internal advocacy criteria (e.g. knowledge of laws, institutions and competences of institutions in the area of organization's work, work and advocacy via social media, public speaking skills and advocacy, etc.)</p>	<p>How do we advocate for important issues that are of interest to our target group, members and users?</p> <p>What is our approach towards the institutions that are competent for the advocacy issues?</p> <p>To what extent are we familiar with the stakeholders and their competencies concerning the advocacy issues?</p> <p>What kind of practical experience does our team have concerning advocacy?</p> <p>Are all employees and decision makers familiar with the process and procedure of advocacy and participate in its implementation?</p>				<p>Map of the advocacy process</p> <p>Written advocacy procedure</p> <p>Internal criteria for required advocacy skills</p> <p>Set of tools used during planning and implementation of advocacy processes (plans, tools for analysis of stakeholders, tools for selection of strategies etc.)</p>

Summary of key arguments supporting the selected level:

Indicator/standard 4.2 Reputation as leading organization for advocacy in the area of work – This standard determines organization's expertise and capacity for continuous advocacy in the area of work

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Advocating for fundamental change: We will address root causes by advocating for fundamental change.

Reference documents

Advocacy strategy, drafted expert advocacy documents, archive of successful advocacy processes, portfolios of experts in the advocacy area

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization is program-oriented regarding advocacy. Its advocacy activities are continuously administered; other organizations from the sector recognize the organization as advocacy agent in their area.	<p>How do we sustain continuity in advocacy processes?</p> <p>What are our products from the advocacy and how are they used by public institutions and other civil society organizations?</p> <p>How are we described by other civil society organizations?</p> <p>Who recognizes us as leading advocacy organization in our area of work?</p>				<p>Templates for preparing opinions and attitudes</p> <p>Collection of experiences from successful advocacy processes</p> <p>Strategy templates and advocacy plans</p>

Summary of key arguments supporting the selected level:

Indicator/standard 5.1 Service delivery capacity – This standard determines the existence of required staff capacity for service definition, delivery, promotion and appropriate spacious and technical capacity in support of service delivery

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

People-driven work: We will ensure that the people we work with have a key role in driving our work.

Reference documents

Service catalogue, list of deliverable services, developed plans and strategies for service delivery

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has at its disposal developed staff capacity for defining, delivery and promotion of services. The organization also has appropriate spacious and technical capacities for quality service delivery. It constantly works on staff specialization and development of suitable services according to the needs of users.	<p>How are our definitions defined?</p> <p>What do our services cover?</p> <p>Which expert skills do our employees have regarding service delivery?</p> <p>How do we promote our services?</p> <p>How good are our spacious and technical capacities for quality service delivery?</p> <p>What are all the challenges that we face?</p>				<p>Catalogues, programs and lists of defined services and set of services</p> <p>Accompanied forms for service delivery support</p> <p>Set of criteria for description of employees' required skills and expertise for service delivery</p>

Summary of key arguments supporting the selected level:

Indicator/standard 5.2 Service delivery quality – This standard determines the existence of internally ascertained standards and rules in the process of delivering specific services offered by the organization

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

People-driven work: We will ensure that the people we work with have a key role in driving our work.

Reference documents:

Developed protocols, procedures for delivery of different services offered by the organization, Polls for the satisfaction level of service users

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has at its disposal updated protocols and procedures for delivery of own resources. It is service-oriented in its work and constantly applies refined procedures in order to provide standard quality of delivered services.	<p>Which internal protocols and procedures do we apply to provide continuous quality services for our users?</p> <p>What is the opinion of end-users about the services we deliver to them?</p> <p>How do we integrate the recommendations of our users in delivering even better services?</p>				<p>Accompanied forms for standardization of delivered services</p> <p>Questionnaires measuring the satisfaction of end-users</p>

Summary of key arguments supporting the selected level:

Indicator/standard 5.3 Reputation as leading organization for service delivery in the area of work – This standard determines the expertise and capacity of the organization for continuous service delivery and constant refinement of service activities

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

People-driven work: We will ensure that the people we work with have a key role in driving our work.

Reference documents:

Concluded agreements on partnership with public institutions for service delivery, portfolios of professionals assigned for service delivery, financial sustainability plans

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
<p>Service delivery is a strategic activity of the organization. The organization continuously plans and accomplishes its service activities. The other organizations from this sector and the institutions recognize the organization as leader in the service delivery area of work.</p>	<p>How do we sustain continuity and sustainability in our orientation of service delivery?</p> <p>How are we described by other organizations?</p> <p>Who recognizes us as a leading organization of service delivery in our area of work?</p> <p>Who are our strategic partners in service delivery?</p> <p>Are our partners informed about the current and future activities?</p> <p>How do we secure financial sustainability for the service delivery?</p>				<p>Templates for continuous monitoring of the realization and accomplishment of set targets for service delivery</p> <p>Analytical tools for determining efficiency and effectiveness in service delivery (analysis and projection of matrices etc.)</p> <p>Strategy forms and service delivery plans</p> <p>Financial plans and budget forms of revenues and expenditures</p>

Summary of key arguments supporting the selected level:

Indicator/standard 6.1 Cooperation, networking and coalition building with other organizations and institutions – This standard determines the existence of process for the conclusion of effective strategic partnerships and coalitions with clearly defined final goals

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Strong partnerships: We will work in fair and respectful partnerships to achieve shared goals.

Reference documents:

Process and procedure about establishing partnerships and coalitions, partnership agreements, memoranda of cooperation

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization administers ascertained process for establishing partnerships and coalitions with other organizations and institutions. The process defines the internal steps for making decision regarding partnership, coalition or networking and the role of the organization in achieving the final goals of association.	<p>How did we reach a decision about entering into partnership, coalition or network?</p> <p>Is there a written procedure or graphic presentation of the partnership conclusion process?</p> <p>What are the effects of the past partnerships, coalitions and networks?</p>				<p>Map of the advocacy process of partnerships, coalitions and networks</p> <p>Written procedure for entering into partnerships, coalitions and networks</p> <p>Partnership agreement form</p> <p>Template - Memorandum of Cooperation</p>

Summary of key arguments supporting the selected level:

Indicator/standard 7.1 Appointing an administrative board – This standard determines the existence of nomination and selection process of the organization's administrative board

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Responsible leadership: We will ensure our management and governing body are accountable

Reference documents

Statute, nomination process and procedure, selection of administrative board, criteria for administrative board members

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization administers established process in the nomination and selection of administrative board members. This process is based on the principles of participation and inclusion and it is in accordance with the legal requests, organization's statute and the generally accepted practices for civil society organizations' management.	How does our procedure for administrative board members nomination looks like?				Process map of the nomination and selection of administrative board members Written procedure, nomination and selection of administrative board members Cover letter template Statement-template of accountable execution of work Template of the profile of administrative board members
	What are the criteria for administrative board members? How do we select from nominated candidates? Is there a written procedure or graphic presentation of the nomination and selection process for administrative board members? To what extent are the employees and our constituents familiar with the nomination and selection process for administrative board members?				

Summary of key arguments supporting the selected level:

Indicator/standard 7.2 Functionality and effectiveness of the administrative board – This standard determines the existence of process for continuous functionality and monitoring the effect of the administrative board's work

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Responsible leadership: We will ensure our management and governing body are accountable

Reference documents

Books of procedure for the work of the administrative board, work program of the administrative board, job reports of the administrative board, reports of supervisory board

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
<p>The organization has established a process for continuous functionality of the administrative board based on determining the number of minimum meetings, duties assignment and monitoring the effect of realized duties of board's members. The process includes periodic audits of the board's accomplished program and the effects thereof.</p>	<p>How does our administrative board operate?</p> <p>What is the contribution of the administrative board in the realization of the organization's missions and goals?</p>				<p>Process map of the continuous functionality and effectiveness of the administrative board</p> <p>Written procedure for continuous functionality and effectiveness of the administrative board</p> <p>Template - minutes from board's meeting</p> <p>Template - board's report</p>
	<p>How does the process and procedure of securing continuity of the administrative board functioning look like?</p> <p>Is there a written procedure or graphic presentation of the functionality and effectiveness of the administrative board?</p> <p>To what extent are the employees and our constituents familiar with the functionality and effectiveness of the administrative board?</p> <p>What does the organization undertake in case of insufficient functionality and effectiveness of the administrative board?</p> <p>How are the members and employees included in the assessment of the effectiveness and functionality of the administrative board?</p>				

Summary of key arguments supporting the selected level:

Indicator/standard 7.3 Regulation of rights, responsibilities and internal communication – This standard determines the existence of written description of the duties at administrative level, the rules of procedure and procedures for work of the administrative structure as well as defined process of communication between the organs of the administrative and executive structure

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Responsible leadership: We will ensure our management and governing body is accountable

Reference documents

Rules of procedure of the assembly, rules of procedure of the administrative board, rules of procedure of the supervisory board, description of rights and duties of the administrative organs, process and procedure for communication between administrative organs and the executive structure

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
<p>The organization has prepared rules of procedure for the work of the administrative organs deriving from the statute and adapted to the culture and practices of the organization's work. Each administrative organ has clear description of the rights and duties. The members of the administrative organs and the organization's staff are familiar with and follow the process of internal communication between administrative and executive levels.</p>	<p>What are the work rules of our administrative organs?</p>				<p>Templates of rules of procedure of the administrative organs</p> <p>Process map of the internal communications and conveying general information</p> <p>Written procedure about internal communication and conveying general information</p>
	<p>Are the work rules appropriate for the organization's culture, needs and time of the staff and members of the administrative organs?</p> <p>What are the rights and duties of our administrative organs?</p> <p>Are these rights and duties written, known and clear to all in the organization?</p> <p>How do the administrative organs communicate with each other?</p> <p>How do the administrative organs communicate with the executive level, and how does the executive organ communicate with itself?</p>				

Summary of key arguments supporting the selected level:

Indicator/standard 7.4 Participatory decision making – This standard determines the existence of participatory process for the inclusion of all organizational levels in the decision making

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Responsive decision-making: We will ensure our decisions are responsive to feedback from the people affected by our work, partners, volunteers and staff.

Reference documents:

Information about implemented consultations, polls for collecting opinions from all stakeholders, minutes from meetings for adoption of decisions or from consultations

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has clearly established process for decision-making with participation of everyone in the organization. In the decision-making process it is envisaged the inclusion of executive levels from the organization, inclusion of supporters, members and volunteers in the formation and adoption of decisions.	<p>How are different types of decisions adopted in our organization?</p> <p>How do our administrative organs make decisions?</p> <p>How are made decisions at the executive level?</p> <p>How do we include our members in the formation and adoption of decisions?</p> <p>How do we include our supporters and volunteers in the formation and adoption of decisions?</p> <p>To what extent are our members, supporters and volunteers familiar with the process of decision making and how much are they participating in it?</p>				<p>Process map of the decision making with participation of everyone from the organization</p> <p>Written procedure for decision making with participation of everyone from the organization</p> <p>Attendance lists</p> <p>Template - minutes from organized meetings</p>

Summary of key arguments supporting the selected level:

Indicator/standard 8.1 Recruitment, selection and employment of staff – This standard determines the existence of process for recruitment, selection and employment of persons for different working positions

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Empowered and effective staff and volunteers: We will invest in staff and volunteers to develop their full potential and achieve our goals.

Reference documents:

Rulebook on human resources and employment procedure, Code of Ethics, files from implemented employment processes

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization administers established process for recruitment and selection of employees. The process includes steps of transparent employment via clearly defined criteria and public employment call.	<p>How does our recruitment process look like?</p> <p>Is the process graphically presented or written down?</p> <p>How much are the rest of the employees familiar with the employment process and to what extent do they participate in it?</p>				<p>Process map of the recruitment and selection of employees</p> <p>Written procedure for recruitment and selection of employees</p> <p>Template list for candidate's assessment</p> <p>Minute from working group/commission for selection of employees</p>

Summary of key arguments supporting the selected level:

Indicator/standard 8.2 Systematization of workplaces and description of workplace duties – This standard determines the existence of written structure of basic workplaces and written job descriptions

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Empowered and effective staff and volunteers: We will invest in staff and volunteers to develop their full potential and achieve our goals.

Reference documents

Systematization of basic workplaces, description of workplaces, concluded agreements for employment at specific workplaces

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has at its disposal an updated systematization of basic workplaces to cover the key organizational functions. The systematization is filled and applied. Each position has a determined description of work duties that are derived from the work processes within the organization.	How does our workplace systematization look like?				<p align="center">Example of systematization of basic workplaces</p> <p align="center">Job description template</p> <p align="center">Graphic presentation of systematization of workplaces</p>
	<p>Are the key organizational functions from the systematization covered?</p> <p>How do we create the workplace descriptions?</p> <p>Are our work processes covered with the descriptions of workplaces?</p> <p>To what extent is the rest of our organization familiar with the systematization of workplaces and duties description?</p>				

Summary of key arguments supporting the selected level:

Indicator/standard 8.3 Measuring employees work results – This standard determines the existence of established process for measuring the employees’ work results

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Empowered and effective staff and volunteers: We will invest in staff and volunteers to develop their full potential and achieve our goals.

Reference documents

Minutes from conducted interviews about measuring work results, development plans for employees

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization conducts established process for measuring employees’ work results. The process is based on determined approaches and tools for assessment of work results and successive steps for improving work.	<p>How does our process for measuring work results look like?</p> <p>Which tools are used in the process?</p> <p>Is the process graphically presented?</p> <p>Do we have a written procedure?</p> <p>How are we dealing with the findings from the process for measuring work results?</p> <p>To what extent are the employees and other persons from the organization familiar with the process of measuring work results?</p>				<p>Process map of the measuring work results</p> <p>Written procedure for measuring work results</p> <p>Guidelines for realization of interviews with employees for measuring work results</p> <p>Template - minutes of conducted interviews</p> <p>Template - plan for successive steps for improving work</p>

Summary of key arguments supporting the selected level:

Indicator/standard 8.4 Specialized capacity building for employees – This standard determines the existence of established process for continuous specialized capacity building for employees and measurement of progress

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Empowered and effective staff and volunteers: We will invest in staff and volunteers to develop their full potential and achieve our goals.

Reference documents

Capacity building plan for employees, comparative knowledge and skills analysis of employees, report from the needs assessment

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization runs an established process for continuous specialized capacity building for employees. The process is based on determined needs for capacity building and effect measurement from the professional upgrade of capacities.	<p>How does our process for continuous specialized capacity building look like?</p> <p>Is the process graphically presented?</p> <p>Do we have a written procedure?</p> <p>How do we determine the needs for specialized capacity building?</p> <p>What do we do with the findings from the effect measurement of the professional upgrade of capacities?</p> <p>To what extent are the employees and others from the organization familiar with the process for specialized capacity building?</p>				<p>Map on the process for continuous specialized capacity building</p> <p>Written procedure for specialized capacity building</p> <p>Template-plan for specialized capacity building</p> <p>Needs assessment questionnaire</p>

Summary of key arguments supporting the selected level:

Indicator/standard 8.5 Work with volunteers – This standard determines the existence of established process for recruitment and employment of volunteers according to the needs of the organization

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Empowered and effective staff and volunteers: We will invest in staff and volunteers to develop their full potential and achieve our goals.

Reference documents

Plan for volunteer’s recruitment, duties description for various volunteer positions

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has established process for recruitment and employment of volunteers. The process is based on the determined needs of volunteers and in advance defined volunteer positions with job descriptions.	<p>How does our process for recruitment and employment of volunteers look like? To what extent are employees and others from the organization familiar with the recruitment and employment of volunteers?</p> <p>Is the process graphically presented? Do we have a written procedure?</p> <p>How do we determine the needs for volunteers?</p> <p>How do we determine volunteer positions and volunteer duties?</p> <p>Does the organization have a person in charge for work and coordination with volunteers?</p> <p>What is our administrative procedure for registering and certification of voluntary work?</p> <p>How do we estimate the voluntary work and how do we promote it to the community?</p>				<p>Map on recruitment and employment of volunteers</p> <p>Written procedure for recruitment and employment of volunteers</p> <p>Template-application for volunteer</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.1 Policy of financial and administrative operation – This standard determines the existence of written rules on key financial and administrative issues in the organization

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents:

Rulebook on financial and administrative operation

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written policy and rules on financial and administrative operation at its disposal and they cover key institutional issues. These rules are based on legal provisions for civil society organizations for financial and administrative operation and good practices for management with finances and administration.	<p>What is covered by our rules on financial and administrative operation?</p> <p>Are our rules written?</p> <p>Who is familiar with these rules and how much are they shared?</p> <p>Do we use these rules during negotiations with donors?</p>				Overview of key financial and administrative issues

Summary of key arguments supporting the selected level:

Indicator/standard 9.2 Archive working – This standard determines the existence of established process for archiving, keeping and administering with documents in the organization, with paper or electronic archive

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Law and rulebooks on archive work of civil society organizations, internal registrars and archiving books

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has established process for archiving, keeping and administering with documents. The process is based on legal provisions on archive work and contains clear steps for aligned and simultaneous keeping of electronic and paper archive.	How does our process for archiving, keeping and administering with organizational documents look like?				Map on the process for archiving, keeping and administering with organizational documents Written procedure for archiving, keeping and administering with organizational documents Archive symbols plan Archiving software Electronic folders scheme
	What is covered with the written procedure for archiving, keeping and administering with organizational documents? How does our electronic archive look like? Who is familiar with these rules and how much are they shared? Can our employees use the electronic and paper archive?				

Summary of key arguments supporting the selected level:

Indicator/standard 9.3 Technical, office and IT organization – This standard determines the existence of essential technical, office and IT space for organizational functionality

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Equipment census, renting agreements or providing office space

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
<p>The organization has at its disposal the required office space for carrying out its work. The premises are equipped with the essential technical and IT equipment and meets the conditions for work realization. The organization timely plans the financial sustainability of office space – technical capacities, their appropriate replacement and upgrade.</p>	<p>How much is our office space functional?</p> <p>Are the space and equipment appropriate to the minimum needs of the organization?</p> <p>What do we do for timely replacement of used equipment?</p> <p>Which options have we considered to secure financial sustainability for office space and equipment?</p> <p>Which rules are applied for the purpose of appropriate office and equipment care?</p> <p>Are the employees and others from the organization familiar with these rules?</p>				<p>Manual for equipment use</p> <p>Equipment wear and tear plan</p> <p>Office and equipment financial sustainability plan</p> <p>Inventory list</p> <p>Equipment maintenance plan</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.4 Travel policies and procedure – This standard determines the existence of written procedures for reimbursement of travel expenses as well as process for reimbursing means for incurred travel expenses

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure about travel

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for determining the amount of funds for travel, calculated on a daily basis. The calculation is based on a set of defined criteria for determining the amount of refunded expenses (e.g. price per liter consumed petrol or amount of return bus ticket, etc.). There is an established and applicable process for reimbursing travel expenses.	<p>How to determine the amount of travel expenses?</p> <p>What procedure is in use for reimbursing travel expenses?</p> <p>Are the established criteria for reimbursing of expenses suitable for the needs and practices of CSOs operation?</p> <p>Are the employees and others from the organization familiar with these rules?</p>				<p>Written policy for calculating the travel expenses</p> <p>Template for reimbursement of travel expenses</p> <p>List of required documents as travel evidence</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.5 Procurement policy – This standard determines the existence of a process and written procedures for procurements in the organization

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for procurement

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for carrying out procurements depending on the amount and type of procurement. This procedure is based on the principle of transparency in the organization, legal provisions and auditing standards.	<p>What is covered with our procurement procedure?</p> <p>Do we have different procedures for different amounts and types of procurements? How are they implemented?</p> <p>How often do we use these procedures in managing donation funds?</p> <p>Are employees and others from the organization familiar with these rules?</p>				<p>Written procedure for different procurements</p> <p>Template – offer/bid analysis</p> <p>Template – notification for best bidder</p> <p>Template – notification for unaccepted bid</p> <p>Template – minutes of procurement commission</p> <p>Map on procurement process</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.6 Working hours policy – This standard determines the existence of process and written procedures for single record of working hours and leaves

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for keeping record of working hours

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for keeping record of working hours. This procedure is based on the principle of single showcase of distribution of working hours, vacation time, sickness time, holidays and overtime work and it is in accordance with the legal provisions and auditing standards.	<p>What is covered by our procedure for keeping record of working hours?</p> <p>How is overtime regulated?</p> <p>What is the procedure for leave?</p> <p>Are the employees and others from the organization familiar with all of these rules?</p>				<p>Written policy for single record of working hours</p> <p>Template – keeping record of working hours</p> <p>Template – leave</p> <p>Written rules for use of different types of leave</p> <p>Written rules for overtime work</p> <p>Map on process for using leaves</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.7 Distribution of indirect costs – This standard determines the existence of established approach during distribution of indirect costs

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for distribution of indirect costs

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for distribution of indirect costs. The procedure has clearly established criteria based on which the distribution is made (number of employees, number of projects, work space, budget funds etc.). The organization uses this policy in all budgeting processes and for negotiation with donors.	<p>What is covered by our procedure for distribution of indirect costs?</p> <p>Which criterium for distribution of indirect costs is used in the budgeting process?</p> <p>How often do we use this policy in negotiating with donors?</p> <p>Are employees and others from the organization familiar with these rules?</p>				<p>Written procedure for distribution of indirect costs</p> <p>Template – calculation of indirect costs</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.8 Financial planning and budget drafting – This standard determines the existence of established approach in the process of planning revenues and expenditures of the organization and preparation of organizational and project budgets

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for financial planning and budget drafting

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for financial operation based on single planning of all revenues and expenditures in the organization at annual level and in accordance with the annual program strives for use of this practice. This policy covers the approach for drafting project budgets. The organization strives to apply a single organizational budget in its financial operation.	<p>What is covered by our procedure for financial planning?</p> <p>How are the necessary annual revenues and expenditures calculated?</p> <p>How often do we use this policy during negotiations with donors?</p> <p>Are the employees and others from the organization familiar with these rules?</p>				<p>Map on financial planning process</p> <p>Written procedure for financial planning</p> <p>Template - single organizational budget</p> <p>Template - project budget</p> <p>Financial operation software</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.9 Financial reporting – this standard determines the existence of established process for reporting about spending of financial means and transparent publication of data from its financial realization

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for financial reporting

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for financial reporting based on continuous and transparent sharing of information about spending of financial means within specific timeframe. The financial reporting follows the planned expenditures and revenues in the single organizational budget.	<p>What is covered by our financial reporting procedure?</p> <p>How do we inform the public about the spent funds?</p> <p>How do we inform the employees about the spent funds?</p> <p>How do we inform the other bodies and organs in our organization about financial spending?</p> <p>How do we inform donors about the spent funds?</p> <p>Are employees and others from the organization familiar with the rules on financial reporting?</p>				<p>Map on the financial reporting process?</p> <p>Written financial reporting policy</p> <p>Template for financial report</p> <p>Template for project financial report</p> <p>Financial operation software</p>

Summary of key arguments supporting the selected level:

Indicator/standard 9.10 – This standard determines the existence of established process for implementation of regular financial audits on operational level of the organization

Alignment with Global standard for CSO accountability:

Cluster C: What we do internally;

Well-handled resources: We will handle our resources responsibly to reach our goals and serve the public good.

Reference documents

Finance and administration rulebook, written procedure for implementation of financial audits

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has written procedure for implementation of financial audits and strives to secure funds for annual audits. The findings from financial audits are integrated and focus on improving policies for financial and administrative operation.	<p>What is covered by our procedure for implementation of financial audits?</p> <p>How do we inform the employees about the findings from the financial audits?</p> <p>How do we inform the other bodies and organs in the organization about the findings from the financial audits?</p> <p>Are employees and others from the organization familiar with the rules for implementation of financial audits?</p> <p>How do we use and integrate the findings from the financial audits in promoting financial and administration operation policies?</p>				<p>Map on the implementation of financial audits process</p> <p>Written policy for implementation of financial audits</p>

Summary of key arguments supporting the selected level:

Indicator/standard 10.1 Public relations capacity – This standard determines the existence of established process for regular communication with the public and special rules for communication through a set of communication tools

Alignment with Global standard for CSO accountability:

Cluster B: Our approach to change;

Open organizations: We will be transparent about who we are, what we do and our successes and failures.

Reference documents

Communication strategy

Indicator/standard definition:	Discussion questions:	Self-assessment scale (note down the real state of affair in the selected level)			Templates and tools:
		It exists and it is implemented	It is partial or in development; it is rarely or not at all applied in practice	It does not exist	
The organization has established process for regularly informing the public about key activities and results of its work. In support of this process, the organization has defined set of communication tools, which are regularly updated to suit the organization's needs.	<p>What is covered by our rules for regularly informing the public about key activities and results from our work?</p> <p>How do we receive feedback from the public about our work and the results we achieve?</p> <p>Who is familiar with these rules and how much are they shared?</p> <p>How do we integrate the opinion of the public in improving our activities and results?</p>				<p>Process map for informing the public</p> <p>Written procedure for informing the public</p> <p>Process map for collecting public opinion</p> <p>Written procedure for collecting public opinion</p> <p>Questionnaire for public opinion</p> <p>Template - preparing public information</p> <p>Template – press release</p>

Summary of key arguments supporting the selected level:

Features Of Organizational Life Cycle⁴

Organizational life cycle tool shows the different stages of development and ageing of an organization. The figure is divided in two parts: Growth and Ageing. In the growth section the blue lines on the curve point to different stages of organizational growth. Later in this document an overview of the features and problems faced by organizations in these stages is provided as well as additional clarification. The red positions on this side of the figure point to danger of organizational decline if risks are not controlled and problems are not solved. The zig-zag line points to many turbulences in the organizational movement between stages and within one stage. The Ageing part goes through the stages where the organization begins to mature until it reaches death. The main focus in these stages is dealing of the organization with itself and not the rationale for its existence. It is typical for the organization to get features from one stage to another during its development, hence the team should be objective and assess which features mostly dominate and determine at which level is the organization. The objective positioning of the organization on the Life Cycle curve can enable realistic positioning and planning of future activities for progress and growth. This tool is elaborated after the detailed self-assessment of organizational capacities.

Stage COURTSHIP

It is expected that at this stage the organization or the initiative/informal organization (if the organization is yet to be formally registered) to be focused on testing the reality and to be oriented towards production, i.e. preparing activities to be implemented. Having regard, it is early stage of working of the organization or initiative/informal organization the determination to work is clearly present and it is proportionate to the risk which the organization faces with. In this stage it is not advisable for the organization or initiative/informal organization to be oriented towards earnings or profit, to have loose control and lack of determination to act.

Stage INFANT ORGANIZATION

In its infancy stage the organization faces many problems. It is oriented towards action and uses every opportunity, but at the same time it has little managerial experience, lack of systematized rules and policies, vulnerability and low level of delegating competences. The organization faces with negative inflow of finances, which if it becomes chronic the organization faces dissociation. The infant organization makes mistakes, but it is determined to persevere. Founders need all the support from close partners. If the infant organization starts too early to delegate competences, does not solve the lack of periodic infusion of finances and it is not

⁴ Adapted from "The Challenge and Mastery of Organizational Changes" Smilevski Cvetko, Detra Center

sufficiently dedicated, from the founders and the people are them in this wearisome process, it is unlikely that the organization will persevere and survive.

Stage GO-GO

Go-Go organization can often get into troubles because it simultaneously develops in many different directions. Go-Go organizations are like a baby who starts to crawl – they are everywhere. They do not see problems only possibilities. Everything they put their hands on is “either make it or break it.” The pathologic Go-Go organization is like mini conglomerate – it is included in many affairs that are of no particular relatedness to the initial orientation. Fastly acquiring new experiences has its manifestations in the organization of work. It is normal for infant organizations not to have organizational schemes, workplace descriptions, wage determination systems, pay-raise are provided in cases of influx of funds or when the founder is in good mood, there is no formal assessment systems, which in any case are not needed at this point. On the other hand, for Go-Go organization this can be considered as transitional problems, and not continuous. If these problems continue in the next stage then it can be considered to be pathological. From the Courtship stage up to the Go-Go stage of the life cycle, the founder/s is/are the organization, the organization is/are the founder/s. They are the same. With the appearance of administrative subsystems, the organization starts to institutionalize the founder/s’ management. Bearing in mind that the organization is obviously established, there is no need the founder/s to work everything alone. They cannot anymore get in the core of the organization and instill its style or management philosophy.

Stage ADOLESCENCE

The most typical behavior of an organization in the stage of adolescence is conflict and inconsistencies regarding the organizational goals and the motivation system. Within the organization a specific mentality of “us versus them” starts to develop. All these features can result in unproductive meetings, manager’s resignation or death of the organization. The zigzag curve in the life cycle figure presents precisely this. Three reasons are behind the difficult crossover from Go-Go to adolescence: authorization delegation, management change and goals change. The founder often delegates authorizations like a yo-yo (give and take), and it creates politics that it is not respected. The end results are conflicts, between “seniors and juniors/old-timers and newcomers,” between founder/s and professional manager/s, between common and individual goals. The organization can face with temporary loss of vision and its main work focus; however, this is normal occurrence in this stage. If the organization faces frequent departures of founders or administrative workers, unreal rewards, “bonus” sharing or benefits in situations of perpetual lack of funds, a dissolution of the organization can happen, mostly by abandoning the original mission or in some cases by complete break-down.

Stage PRIME ORGANIZATION

Organization in its prime is the optimal point in the life cycle curve. It is the period when the organization reaches balance between self-control and flexibility. It is still a development stage when the organization creates, produces and prog-

ress in all fields. In this stage the organization can launch a new infant organization. The organizations in this stage are results-oriented, have functional systems, policies and organizational structure, and institutionalized vision. Real planning, monitoring and assessment of achievements are characteristic for organizations in this stage. The organization in this stage has few problems in its organizational operation, because the rules are followed and functional.

Stage MATURE ORGANIZATION

Unlike the organization in its prime, a mature organization is not oriented towards growth and development. There is certain degree of growth, but this is not its mission. People in the organization have lower expectations. The organization starts to focus on what it has achieved in the past, instead of its future visions. It starts to doubt almost every new work. Dutifulness of employees is rewarding principle. The organization shows greater interest for inter-personal relations, instead of possible risks for its operation and surrounding.

Stage ARISTOCRACY

In this stage the organization loses orientation towards its vision and cause and starts to deal with itself. There are few internal innovations. Instead of development, funds are spent on control systems, upgrading equipment and office space, which is essentially not required. Employees start to pay attention to dress code, tradition and greetings. It is emphasized how something is done and not what and why it is done. The motto is “Don’t make fuss.” Although systems are functioning, they are not adjusted to the needs. The same is happening for plans and programs. The orientation towards users’ needs is significantly lower.

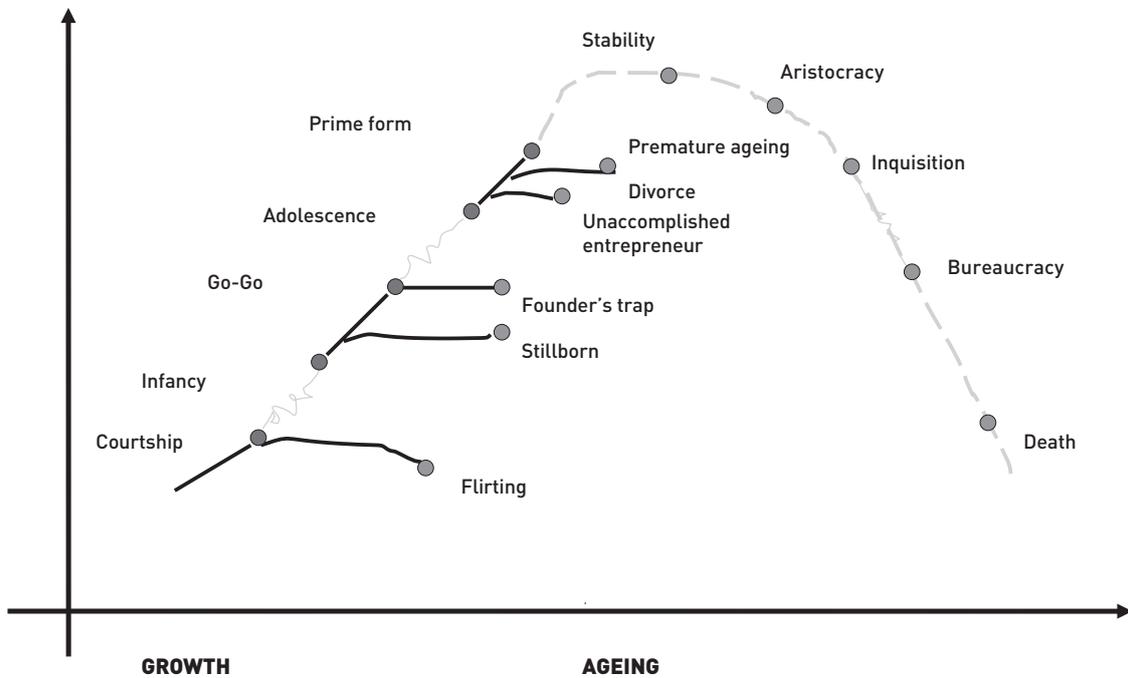
Stage INQUISITION (EARLY BUREAUCRACY)

In this stage the organization is completely focused on its internal operation and deals with the numerous conflicts, and problems that come and go. The trust between people and dedication to work in the organization is significantly lower, as the organization does not pay attention to the vision which connects its members, as well as the activities it undertakes. The focus is on who created the problem and not how to solve it. The organizational rules are almost non-functional, each individual is oriented towards establishing own rules and imposing them to others.

Stage BUREAUCRACY AND DEATH

In this stage, the organization does not justify the fact that it is well functioning, but only that it exists. It has many systems with little functional orientation. It separates from the surrounding and focuses on itself. There is no sense of control. The needs of target groups do not reach the organization.

Figure: Life Cycle Curve and Life Cycle Stages of an Organization
(according to the methodology of Ichak Adizes)



Name of the organization
Petty cash request

Amount _____ Code _____

Description _____

Requester _____ Date _____

Approved by _____ Date _____
General Secretary

Name of the organization
Petty cash request

Amount _____ Code _____

Description _____

Requester _____ Date _____

Approved by _____ Date _____
General Secretary

Name of the organization
Petty cash request

Amount _____ Code _____

Description _____

Requester _____ Date _____

Approved by _____ Date _____
General Secretary

Name and Surname _____

Submission
Date: _____

Date of employment: _____

Requested type of leave (enter days/hours):

Annual leave :	<input type="text"/>
Sickness :	<input type="text"/>
Overtime work :	<input type="text"/>
Paid vacation on other grounds :	<input type="text"/>

Number of days/hours at disposal : _____

Number of days/hours used until today : _____

Number of days/hours to be used: _____

Absence dates

From

To

National holidays dates, if any, included in the leave period : _____

Employees signature _____

Data of accumulated, used and remaining, etc. days, confirmed by the Financial and Administrative
Manager

Financial and Administrative Manager

Date _____

Approved by :

Superior

Date _____

(NAME AND LOGO OF THE ORGANIZATION)

REPORT FROM ORGANIZATIONAL SELF-ASSESSMENT

(DATE AND PLACE)

(Content of the report)

Summary (not more than two pages)

- Introduction
- Overview of the process and methodology
- Key findings
- Future activities

Description of methodology and used tools (not more than half page)

- Preparing methodology
- Content
- Methodological steps
- Tools

Description of findings from the self-assessment according to self-assessment categories

1. (category name)
 - Overview of the situation in the organization with retrospection on each category (description of advantages and disadvantages, opinions of external parties and members of the self-assessment team)
 - Determined level of development and argumentation
2. (category name)
 - Overview of the situation in the organization with retrospection on each category (description of advantages and disadvantages, opinions of external parties and members of the self-assessment team)
 - Determined level of development and argumentation

All categories included in the Self-Assessment Tool are displayed in this manner

Recommendations for future improvements

- Which are the developmental needs?
- Argumentation
- Planned deadline

Annexes/Attachments

1. Self-assessment tool
2. SWOT
3. Life cycle curve of the organization
4. List of the self-assessment team

The report should not be over 20 pages

DATA FOR TRAVEL EXPENSES FORM

2017, Skopje

Name and surname:	
Organization/institution:	
Place:	
Home address (from ID card)	
Unique personal identification number:	
Transaction account: (15-digit number)	
Deposit bank:	
Contact phone or e-mail:	
Travel date and location:	
Type of transport: (select one)	a) public transport b) personal vehicle
If you travel with personal vehicle, please state:	
Destination (from – to):	
Fellow travelers:	

I hereby consent that my personal data stated in this document to be registered, processed, updated for the purpose of reimbursement of travel expenses.

Signature,

Note:

Travel expenses are reimbursed only on basis of **delivered transportation tickets (including return ticket), along with this data form.**

Please send us tickets or accounts, along with the filled form by regular post/e-mail on the following address:

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX

Thank you for your cooperation!

Matrix for determining development priorities

The matrix for determining development priorities serves the organization that has completed the capacity self-assessment process to make the right selection of priorities in accordance with timeframe and the organizational needs defined via the self-assessment. On this matrix, different levels of difficulty for the realization of priorities are horizontally presented. It is done in accordance with the required time, resources and eventual external support. On the vertical axis it is displayed the influence of priorities over the organization's work, operative and strategic deadline.

The organization which conducted the capacities assessment in different organizational categories has general picture about the strengths of the organization and the points for potential improvement, i.e. which categories have higher grades, and which lower grades. Among the points for potential improvement, the organization should locate the categories which should be considered as development priorities and distribute them in one of the four squares in the matrix for determining priorities. Having regard the meaning of each priority for further development of the organization and required resources for the realization of the priority, the organization can decide where to place each of the determined development priority. The priorities placed in the upper two squares, i.e. MUST DO and SHOULD DO are the most urgent and the organization should deal with them instantly, whilst the rest of the priorities can be dealt with in the long-term.

INFLUENCE OVER ORGANIZATIONAL WORK	BIG INFLUENCE AND MINOR DIFFICULTY IN ACCOMPLISHING (MUST DO – PRIORITIES WE HAVE TO ACCOMPLISH)	BIG INFLUENCE AND MAJOR DIFFICULTY IN ACCOMPLISHING (SHOULD DO – PRIORITIES WE SHOULD ACCOMPLISH)
	SMALL INFLUENCE AND MINOR DIFFICULTY IN ACCOMPLISHING (NICE TO DO – PRIORITIES IT WOULD BE NICE TO ACCOMPLISH)	SMALL INFLUENCE AND MAJOR DIFFICULTY IN ACCOMPLISHING (WON'T DO – WE WILL NOT ACCOMPLISH)

DIFFICULTY OF ACCOMPLISHING DEVELOPMENT PRIORITIES
(required time, resources and external support)

Capacity building plan according to development priorities

Development priorities and activities	Expected results	Indicators	Deadline	Accountability for realization	Comment
1. Development priority – advocacy capacities (example)					
<i>1.1 Activities for the realization of the priority</i>					
1.1.1 Organization of training and implementation of advocacy campaigns	<ul style="list-style-type: none"> - 15 persons attended training and developed skills for preparation and implementation of advocacy campaign - at least three initiatives/campaigns for advocacy with application of acquired skills from the training 	<ul style="list-style-type: none"> - Number of persons who attended the training - Data from skills testing before and after training -Number of developed initiatives -Campaign elements advocacy in developed initiatives 	Until 15 July 2018	Petrovski Vasko, project manager	Advocacy campaigns are planned as dominant method for advocacy. Hence it is envisaged specific training for preparation of implementing campaigns, instead of general training for advocacy skills
1.1.2 Identification and selection of possible sources/donors for support of already prepared advocacy initiatives	<ul style="list-style-type: none"> - Potential sources for advocacy initiatives support are identified at home and abroad and initial contact with at least half of them is established 	<ul style="list-style-type: none"> - Number of identified sources - Types of sources (donors, partners, research centers etc.) - Number of sources with which contact is established 	Until 1 October 2018	Stojkowska Meri, project manager	
2. Developed priority (name)					
2.1.1 Activities					
2.2.1					

- Capacity building plan is a tool for synoptic planning, implementation and monitoring of priorities
- The table above provides an example-plan that it is already filled in
- At the beginning of the plan, before the table, a brief overview of the priorities that elaborate the plan and arguments for the selection of the mentioned priorities can be provided. This narrative part cannot be more than one page. This part is not mandatory, having regard that the plan is ingredient piece of the Report on organizational self-assessment. In addition to the report all other instruments and documents are submitted.
- The column Development Priorities and Activities includes priorities for development determined by the organization through the matrix priority (depending on the timeframe of the plan, it includes only those priorities which are to be treated in the long-term). Activities for the realization of priorities can be considered different trainings, tutoring, study visits, e-learning, courses, schools, procurements etc.
- The column Expected results for each planned activity within the development priority lists the expected result to be achieved. The result should be measurable.
- The column Indicators includes success indicators, i.e. measures which should show to what extent the planned result has been accomplished. This column shows what kind of data we should collect during the realization of activities and appropriately to develop accompanying monitoring instruments (attendance lists, pre-/post-training tests, evidence list, etc.)
- The column Deadline includes the deadline for the planned activity, i.e. until which date it should be realized in order to accomplish the result.
- The column Accountability for realization includes the name of the responsible person for the achievement of the expected result from the activity. Only one person can be appointed to be responsible, whilst during the implementation other persons, depending on the need, can be included.
- The column Comment includes certain information which should be additionally clarified, e.g. why is this particular activity selected. This column also provides explanation for possible obstacles that we can face during the realization of the activity. The column is not necessary to be filled in, if no information is available.

QUESTIONNAIRE

Distinguished,

The organization _____ is at the beginning of a long-term process of organizational development, whereby one of the steps in this process is the realization of organizational self-assessment. The aim of the self-assessment is to determine the capacities of the organization in different aspects of the organizational work (strategic management, operational planning, advocacy, administration etc.). In this regard the organization through this questionnaire would like to receive the opinion and experience of external stakeholders (partners, donors, collaborators, media etc.) regarding the capacities at its disposal. The questionnaire contains 9 questions, open and closed, answerable by selecting one or more responses stated after each of the questions.

Thank you for your time! Organizational self-assessment team

1. Select on which ground is the cooperation with your organization based on? (you can select multiple responses):

- a) Partnership in preparation and realization of projects
- b) Financial support for the work of the organization (donor)
- c) Sponsorship of the organization's work
- d) Expert cooperation
- e) Other _____

2. How would you assess the current work of the organization? (select only one response)

- a) Proactive and focused on specific area
- b) Proactive, but yet to focus on specific area
- c) Active organization that works on operational level
- d) Periodically active, depending on the available funds
- e) Passive, no funds or initiatives

3. Does your organization have advocacy capacities? (select only one response)

- a) Yes
- b) Partly yes
- c) No

4. Does the organization have regular feedback with the target group/users which it represents? (select only one response)

- a) It has established and it maintains, it can count as users' representation
- b) It has partially established, but such relation is not constant
- c) It does not receive feedback, the organization cannot count on users' representation

5. How much does the organization work to achieve transparency and accountability in its operation? (select only one response)

- a) The organization has established policy and tools to ensure transparency and accountability and they function
- a) The organization has established policy and tools to ensure transparency and accountability, but they do not fully function
- a) Even though the organization's values are oriented towards transparency and accountability, it works only a little
- a) The organization does not have policy on transparency and accountability, neither theoretically nor practically

6. State three strengths and weakness of the organization:

Strengths: _____

Weaknesses: _____

7. In which direction should the work of the organization continue in the next 3-5 years?

8. Which are the three major challenges with which the organization should face in the next 3-5 years?

9. State several initiatives/projects/actions that you consider to be particularly successful and the characterize the organization, its vision and mission for its existence:

Your additional comment or remark:

Terminology – Introduction of quality management system

- **Process map** – graphic presentation of steps, responsibilities, inputs, outputs and deadlines for the implementation of a working process in the organization;
- **Organizational segments** – it refers to different aspects and functions of the operation of an organization, for instance: structure, finance, strategy etc.
- **Strategic management** – it refers to the management with the organization in the long-term in accordance with the needs of end-users and contextual trends. The strategic management implies existence of clear vision and mission which are followed;
- **Strategic planning** – it refers to the process of planning, where the organization designs and sets its goals, expected results and activities 3-5 years in advance;
- **Operational planning** – it refers to planning of goals, results and activities of the organization at annual level. The operational planning is directly derived from the strategic plan;
- **Integrated approach to planning** – it means that the organization includes all key segments and elements of its work in the process of planning and relates them to the key organizational documents (statute, strategies, programs);
- **Updated system or document** – it refers to a document or system adjusted and promoted in accordance with the identified needs, problems and legislative amendments;
- **Monitoring** – data collection process during the implementation of strategy or project;
- **Evaluation** – assessing the achievements that were planned for a given period of time as well as the effects from the implementation of the strategy, i.e. the project. It is based on the data from the monitoring process;
- **Rules for project implementation** – written procedures that explain the actions of the project team during different stages and situations in the process of project implementation;
- **Advocacy** – it refers to the process of preparing plans, implementing activities and preparing tools which are undertaken to articulate the need of users in an effective manner in front of decision-makers and supporters;
- **Organizational structure** – it refers to the established architecture of the organization regarding the work plan and it includes bodies, positions, departments etc.
- **Decentralized decision** – it refers to the application of processes in decision making in the organization at lower levels in the hierarchy, including the employees on the horizontal and vertical structure of the organization;
- **Administrative structure** – it refers to bodies that manage the organization, such as: Assembly, Administrative Board and Supervisory Board;

- **Executive structure** – it refers to the positions within the structure in charge of implementing the programs and projects at operational level;
- **Administrative Board** – administrative board is appointed by the Assembly to administer the current operation of the organization and to make strategic decisions, and it does not include representatives from the executive structure in its team;
- **Procedures** – narrative description of steps, responsibilities, inputs, outputs and deadlines for the realization of a specific task or organizational function;
- **Manuals** – documents that contain sublimed procedures for the regulation of certain segments of operation, such as human resource management;
- **System for human resource management** – it is set of processes and procedures that regulate all aspects of the human resource work, such as: selection, employment, development, assessment, upgrade and motivation.