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Canadian International  
Development Agency

Agence canadienne de  
développement international

## **Organizational Assessment Guide**

### **Appendix A — Model Text: Terms of Reference**

Source: <http://www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/En/NAT-820111350-KV7#a>

The 'model text' below offers a quick and easy way to prepare TORs. Practitioners can work from a standard for a fictitious assessment that meets the Agency's essential requirements. This assessment addresses whether or not an organization should be a candidate for continued core funding over a three or five-year period.

## **Organization Assessment of the GrahMar Women's Health Foundation. Terms of Reference**

### **1 Organization Profile**

Founded in 1992, the efforts of the GrahMar Women's Health Foundation are directed towards promoting the accessibility to health services that are responsive to women's needs and priorities at national/regional/community levels, and ensuring that gender equality is integrated into health and nutrition programming. The Foundation focuses on enhancing the capacities of key health providers, conducting awareness campaigns against tuberculosis, polio and malaria, and empowering women to advocate for 'health for all'. Although health services are considered above average for the region, delivery is hampered shortages of well-trained medical personnel, inadequate facilities in some rural communities and the need for systems and technical capability to improve sector management.

The strategy for allocations is largely iterative, to achieve maximum results and accommodate changing dynamics. Disbursements encourage complementary and cumulative actions to advance women's interests and rights across complex health issues. Women are the main participants and beneficiaries.

Project planning is carried out in conjunction with stakeholders both government ministries and civil society. Project funds provide a quick and flexible response to local requests and priorities. The average project cost is approximately \$30,000.

Allocations for project funding are routinely discussed with CIDA's resident Head of Aid.

At present, CIDA is the sole international donor agency contributing financially to the GrahMar Women's Health Foundation, having provided \$3.2 million over a five-year period extending from 2002 to 2006. Allocations were \$0.8M for 2006; and \$0.6M in each of the years 2002, 2003, 2004 and 2005. Over the five-year period some 100 projects were assisted through Agency funding.

Indications are that results achieved by the Foundation have been in-line with expected results. A mid-term evaluation of investments carried out in the Summer of 2003 conducted by Performance and Knowledge Management Branch found the Foundation had: 1) made significant interventions in health that were very responsive to compelling needs and clearly aligned with government and local priorities, and 2) contributed to cost-effective interventions to combat malaria and tuberculosis. Programming by Foundation-supported partners delivered access to reproductive health care services to approximately 25 percent of the rural female population. The Foundation also contributed to the construction of a number of clinics and health care centers. Targeting high rates of infant/maternal mortality has produced mixed results. The evaluation noted that achieving gender equality outcomes and impacts are a long-term process.

## **2 Broad Considerations**

The Millennium Development Goals (MDGs) included a series of specific health-related targets that were agreed to by the world community. In support, CIDA's "Action Plan on Health and Nutrition" (APHN) issued in 2001 provided for investments totalling \$1.2 billion over five years that doubled spending on basic health, nutrition and water/sanitation (from \$152M in 2000 to \$305M in 2005). Measuring progress to date, the World Health Organization report "Health and the Millennium Development Goals" (2005) indicated that without urgent investments in health systems, current rates of progress will not be sufficient to meet most MDGs.

The World Health Organization (WHO) stresses that locally-run services are often more efficient and more responsive to the needs of the poor. WHO attaches equal importance to country ownership and leadership, underscoring the need to strengthen government institutions and management structures.

A recent review carried out for CIDA to assess health programming for the years 1995–2005 determined that embracing local 'ownership' that is responsive to country needs/priorities and ensuring strong institutional capacity (led by skilled management) are key foundations for effective programming and long-term sustainability.

## **3 Reasons for Organization Assessment**

This assessment of the GrahMar Women's Health Foundation is being carried out to help determine if continued core funding for a further three or five-year period is advisable (current funding provisions terminate December 15, 2006). This was discussed at the Gender Fund Team meeting in January 2006, and the decision was taken shortly thereafter to proceed with an organizational assessment (OA).

To ensure that continued funding is justifiable and advisable, decision-making will be informed in a number of key areas. For example, the assessment will determine if the Foundation has the mandate and support, reputation, organizational capacity and resources needed to achieve targeted results going forward. Also, any possible risks associated with investing in this partner and areas for future collaboration with this partner will be identified. Value added from this assessment will result from the sharing of what is learned from this investment, leading to more efficient and effective allocation strategies for downstream investments.

## **4 Scope and Focus**

The OA will be founded on the premise that performance going forward will be a function of the Foundation's enabling environment, functional capacity and organizational motivation.

Sub-components for each of these factors may include (for consideration):

- External context: administrative & legal, political, socio/cultural, economic, technological, economic, stakeholder, geographic
- Performance: effectiveness, efficiency, relevance, financial viability
- Motivation: history, mission, culture, values, incentives/rewards, priorities
- Capacity: strategic leadership, structure, human resource management, financial management, program/process management, infrastructure, technological capacities, inter-institutional linkages

Refer to the “CIDA Organization Assessment Guide” for elaboration on the Agency’s approach to OAs.

Focus will be defined by the following key questions:

- Is the Foundation’s external environment conducive to and supportive of the organization’s mandate, programming and practices?
- Are any significant changes that would impact the Foundation’s external economic/political environment foreseeable?
- Has the Foundation contributed to women being better positioned and equipped to champion health issues?
- Is the Foundation committed to building local capacities that will produce sustainable results?
- Are the results being achieved by Foundation-funded projects being identified adequately? What negative results were identified?
- Will the Foundation continue to be able to implement more strategic, effective programming for the increased benefit of client populations going forward?
- Are the Foundation’s priorities, commitments and convictions still congruent with CIDA’s strategic interests?
- Does the Foundation have in place the systems and controls need to ensure sound, cost-effective management of its programming?
- What strengths are evident and what deficiencies should be addressed?

The OA will include an examination of a sampling of projects carried out within the last three years to identify key findings, results and lessons learned.

The Consultant will assess the level of risk associated with CIDA of providing continued funding to the Foundation. For example: What is the risk that funding will not be used for its intended purpose?, What is the risk that targeted programming will not be implemented as planned due to constraints (e.g. limited capacities, insufficient funding)?, What is the risk that achievements attained may not be sustainable?

The OA will exploit every opportunity to optimize the learning potential offered by this exercise – for the benefit of the Foundation and the Agency, and more widely for the international cooperation community at large.

## **5 Foundation/Stakeholder Participation**

Foundation representatives will be involved throughout the OA and consulted at important milestones during the process. It is intended that all decisions from the selection of the consultant through to finalization of the OA report will be made in full consultation with the Foundation. Early on, consultations will clarify the commitments, responsibilities and expectations of CIDA, the Foundation and the Consultant. Both CIDA and the Foundation will approve the OA workplan. The final report will be provided to the Foundation as a draft for comments.

Stakeholder participation is fundamental to this assessment. The OA will provide for the active and meaningful involvement of key stakeholders as considered appropriate (e.g. beneficiaries, representatives of ministries of health at national, regional and local levels, NGOs, civil society).

## **6 Accountabilities and Responsibilities**

The CIDA Program Manager will oversee the OA and be responsible for accountability and guidance throughout all phases of execution, and approval of all deliverables. The Canadian Consultant will be team leader and have overall responsibility for: 1) the day-to-day management of operations, 2) regular progress reporting to CIDA, 3) collecting credible, valid information, 4) the development of findings, results and lessons, and, 5) the production of deliverables in accordance with contractual requirements. The team leader will report to the CIDA Program Manager.

## **7 OA Process**

The OA will be carried out in conformity with the principles, standards and practices set out in the “CIDA Organization Assessment Guide”.

### **7.1 Preparation of Workplan**

The Consultant will prepare a workplan that, once approved by the CIDA’s Program Manager, will serve as the agreement between parties on how the OA will be carried out. The workplan will refine and elaborate on the information presented in this TOR to bring greater precision to the planning and design of the assessment.

The workplan will address the following reporting elements:

- Foundation Profile
- Expectations of the OA
- Roles and Responsibilities
- Methodology
- Framework
- Information Collection and Analysis
- OA Reporting

- Work Scheduling (level of effort)

## 7.2 Field Mission

The Consultant will conduct a field mission to include a visit to Foundation headquarters and several project sites. Consultations will be carried out with CIDA field personnel and project stakeholders. Information will be collected as stipulated in the workplan. The mission is expected to be no longer than three weeks in duration. CIDA field personnel are to be briefed by the Consultant on arrival and before departure from the field.

## 7.3 Preparation of OA Report

The Consultant will prepare an OA report that describes the assessment and puts forward findings, results and lessons learned. The presentation of results is to be intrinsically linked to the key issues, establishing a flow of logic development derived from the information collected. Results are to be linked to CIDA's "Framework of Results and Key Success Factors".

## 8 Deliverables

The Consultant will prepare: 1) a workplan, and 2) an OA report in accordance with requirements identified in the "CIDA Organization Assessment Guide". These deliverables are to be prepared in English only, and submitted in both hard copy and electronic (pdf.doc) formats.

### 8.1 Workplan

The Consultant is to submit a draft workplan to the CIDA Program Manager and Foundation representative within four weeks of the signing of the contract. Within one week of receiving comments, the Consultant will produce a final workplan.

### 8.2 OA Report

The Consultant is to submit a draft OA report to the CIDA Program Manager and the Foundation representative for review within four weeks of returning from mission. Within two weeks of receiving comments, the Consultant will submit a final OA report (including an executive summary).

## 9 Consultant Qualifications

A Canadian Consultant will lead the OA. The OA will be carried out by a team of two senior consultants, with one individual being a resident national.

The Canadian Consultant is expected to be:

- A reliable and effective project manager with extensive experience in conducting OAs and a proven record in delivering professional results

- Fluent in English and local languages
- Fully acquainted with CIDA's RBM orientation and practices
- Experienced in the region and/or in the country

The local consultant should have a good working knowledge of health issues locally, be fluent in English and local languages, and have experience with donor-funded health programming.

## 10 Internal Cost Projection

The basis for payment and payment scheduling will be determined during contract negotiations. Options for method of payment include: 1) fixed-price, or 2) cost plus on a fixed per diem basis.

CIDA's projections for the 'level of effort' required for this OA and the anticipated 'consultant-related costs' for carrying out this project are set out overleaf:

Projected Level of Effort		
Activity	Number of Days	
	Canadian	Local
Workplan preparation	9	5
Data collection/field work/travel time	19	15
Debriefing, analysis, report preparation	13	3
<b>Total:</b>	<b>41</b>	<b>23</b>

Projected Cost			
Type of Cost	Cost		
	Canadian	Local	Total
Professional fees	\$32,800	\$9,200	\$42,000
Travel and other out-of-pocket expenses	\$10,000	\$2,500	\$12,500
<b>Total:</b>	<b>\$42,800</b>	<b>\$11,700</b>	<b>\$54,500</b>

### Notes:

1. Canadian professional per diem of \$800. Local professional per diem of \$400.
2. Costs are exclusive of GST.