***Guidance for self-assessment tool***

This tool is designed to map and assess local partners capacity to meet the future/possible needs of displaced people at the sub-national level, and site-level. Baseline information will form the strategy to develop capacity building interventions and to ensure that the CCCM cluster has a contingent of strong partners able to respond with first-line CCCM responses. Drafted to be a self-assessment, a team of staff members within their respective agencies will be tasked with carrying out this self-assessment highlighting the current capacity of the agency. The team/group should have a team leader (CEO or Deputy or its equivalent), a programs person preferably a Program Manager, a Finance Officer or any one in-charge of finance and admin, a board member or an M&E officer. In various organizations, officers may be carrying out multiple responsibilities.

The CCCM cluster both at the national and sub-national will work closely to identify agencies that may be viable for to participate in this assessment. Note that the national CCCM Cluster and/sub-national CCCM cluster will engage in office visits to both verify reported data, but to meet with agencies with the aim of developing a firm understanding of the agency’s fit for CCCM operations. Furthermore, the self-assessment for agencies in addition to the office visit will serve as an evidence layer that may be used to inform OCHA’s HFU of CCCM partners that are nominated to undergo SHF’s capacity assessment.

**Location (Somalia/Somaliland):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facilitator** (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Note Taker** (can be done with Kobo):\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of NGO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

**1. Organizational Profile**

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| **Name of Organisation** | |
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| **Acronym of Organisation** | |
|  | |
| **Type of Organisation** | |
| Local NGO  Women’s led organization  Disable Persons Organization (DPO)  Other | |
| **Assistance Profile** | |
| CCCM  Child Protection  Shelter/NFI  WASH  Nutrition  FSL  GBV  HLP  General Protection  Health  Education  Other | |
| **Year of Establishment** | |
| Year of founding:  Years of active operation/length of service in country: | |
| **Contact Details** | |
| Address:  Tel: e-mail: | |
| **Locations of Operation** | |
| States:  Regions:    Districts:  District Sectors/Neighborhoods | |
| **Experience Working in IDP Sites** | |
| Has the agency worked in IDP sites before? Y/N  What operations have been implemented in IDP sites?  In what district does the agency implement activities in IDP sites? | |
| **Partner Type** | |
|  | |
| **Registration with Government**: 1. Yes   2. No | Validity period of current operation license:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the Organization Participate in the Cluster System?** | |
| 1. Yes 2. No | |
| If yes, which one? | |
| **Does the Organization have a strategic annual strategy?** | |
| 1. Yes 2. No | |
| **Does the Organization have an annual workplan in place, aligning with the strategic strategy?** | |
| 1. Yes 2. No | |
| **Does the Organization have a leadership team that is in place and that functions effectively?** | |
| 1. Yes 2. No | |
| **Does the Organization have a mentoring process to ensure leadership succession in place?** | |
| 1. Yes 2. No | |
| **Does the Organization have a training in GBV mainstreaming?** | |
| 1. Yes 2. No | |
| **Human Resources** | |
| # of full-time staff # of part-time staff  # of volunteers # of consultants | |
| # of female staff # of male staff | |
| **Financial Resources** | |
| Maximum Annual Income: | |
| **Financial Resources 2** | |
| Institutional donors (BHA, ECHO, FCDO, etc) : UN agency funding :  Private donations : Diaspora funds:  INGO Partnerships: | |
| **Current Program/Project Activities** | |
|  | |
| **Key Achievements** | |
|  | |
| **Key Challenges** | |
|  | |
| **Partnerships: Please specify the private firms and other NGOs/CBOs with which the organization has established partnerships** | |
|  | |
| **How many vehicles does the agency have in its fleet ?** | |
|  | |
| **How many logistics staff members does the agency have?** | |
|  | |
| **How often are teams traveling to the field (IDP sites)?** | |
|  | |
| **Does the agency have a PSEA reporting system?** | |
|  | |
| **Are staff aware of this PSEA reporting mechanism?** | |
|  | |
| **Do staff have access to smartphones?** | |
|  | |
| **Do staff know how to effectively use Kobo collect?** | |
|  | |
| **Does the agency have a code of conduct (CoC) put in place for staff members?** | |
|  | |