THE CAPACITY MAPPING SYSTEM

Specifications of a capacity mapping, planning and monitoring system

Developed by Beryl Levinger and Meg Kinghorn for MOMENTUM Knowledge Accelerator (MKA) October 2022
MOMENTUM Knowledge Accelerator (MKA) is one of a suite of USAID projects under MOMENTUM designed to increase the capacity of host country institutions and local organizations to introduce, deliver, scale-up, and sustain the use of evidence-based, high quality maternal, newborn, and child health services; voluntary family planning; and reproductive health care. The project coordinates across all MOMENTUM awards by harmonizing data collection and analysis, prioritizing and synthesizing learning, and catalyzing accelerated change through knowledge management and communications. It tells decision-makers in the United States and worldwide the collective story of MOMENTUM’s impact on supporting countries on their journey to self-reliance and reducing maternal, newborn, and child death and disability.

MKA plays a unique role, coordinating the systematic collection, analysis, synthesis, translation, and sharing of data and learning across MOMENTUM awards to improve MNCH/FP/RH programs. This role includes collaborating with all MOMENTUM awards to improve harmonized metrics and tell the collective story of MOMENTUM’s impact on maternal and child health, voluntary FP, and RH at the global and country levels.
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Introduction

"I have great respect for the past. If you don't know where you've come from, you don't know where you're going. I have respect for the past, but I'm a person of the moment. I'm here, and I do my best to be completely centered at the place I'm at, then I go forward to the next place."

Maya Angelou

For whom is this guide written?

This guide is developed for any organization seeking to enhance its performance in order to achieve specific objectives. It is designed to place organizational priorities, constraints, and context in the center of a capacity mapping process, that will result in both a more accurate understanding of what drives performance, and greater ownership over the 100-day improvement plans.

It may also be of interest to donors and implementing partners supporting the capacity of the organization which in the context of a project or partnership relationship.

How to use the guide

The guide provides an overview of the Capacity Mapping System (CMS) and the steps to use it. Chapter one provides an overview of the CMS and what distinguishes it from other capacity assessment tools. Chapter two provides guidance on the three teams that interact throughout the CMS cycles. Chapter three outlines the three data-gathering and display options. Chapter four provides step-by-step guidance for each of the four phases of the system. Chapter five helps users customize the system to best fit their needs. Finally, chapter six provides a list of Frequently Asked Questions. Two companion documents containing all the templates needed for each of the data gathering options (Word and Excel) are also available in the CMS Resource folder.
What is the Capacity Mapping System?
What is the Capacity Mapping System?

Increasingly, organizational capacity development specialists and program supporters agree that capacity can best be understood in terms of performance, as driven by multiple connections across organizational departments and work streams. High-capacity organizations harmonize and integrate diverse functions into a coherent, highly integrated system that facilitates (rather than defeats) high performance. This ability helps high-performance organizations to set and achieve objectives in a sustainable manner. As they improve their performance and further harmonize the systems that support improvement, organizations become increasingly effective, efficient, relevant, and sustainable.

There is, however, a disconnect between conventional organizational capacity assessment (OCA) tools and the idea of “capacity as performance” of an integrated system. Most assessment tools attempt to capture latent capacity through evidence of structures and documents. This often gives undue weight to features that do not drive performance.

Additionally, current capacity assessment tools generally reflect siloed functional areas (e.g., human resources; finances; governance), which undermines a more holistic systems perspective. Newer performance assessment tools do focus on performance as an outcome of capacity development but do so for a specific theory of change that is unique to its programming approach.

Lastly, many assessment tools are cumbersome and time-consuming with results commonly administered once a year. This annual application limits the ability of such tools to support timely course correction, adaptive management, or ongoing organizational learning.

The Capacity Mapping System (CMS) is an easy-to-use, systems-oriented tool based on the Enhanced Capacity Development Framework that assists partners and program implementers in identifying needed capacity development course corrections in a timely manner.
Practice Statements for each Capacity Domain

Domain #1: Attracts & sustains support
- Regularly communicates with stakeholders about organizational achievements and challenges
- Provides stakeholders, on an ongoing basis, with meaningful opportunities to contribute to the organization’s work
- Actively participates in multi-stakeholder networks
- Frequently shares useful information and valuable resources with peer organizations
- Frequently takes joint action with cross-sectoral actors to address issues of common concern

Domain #2: Aligns Systems for Agility
- Routinely tasks cross-functional teams to meet objectives
- Consistently takes steps to recruit staff members from the local community
- Consistently manages finances so that stakeholders receive timely, useful and accurate information.
- Secures sufficient support from different sources to ensure that funding streams are diversified
- Maintains reserve funds to cover at least two months of operational activity

Domain #3: Fosters self-determination
- Regularly communicates a transformative vision of an ideal future to diverse stakeholder groups
- Routinely takes initiative to mobilize resources as new community needs emerge
- Routinely sets aside times for staff, volunteers and stakeholders to reflect on values and practices
- Consistently demonstrates practices that builds leadership capacity all staff levels
- Periodically identifies strengths and growth areas as part of an ongoing, self-directed process of capacity development

Domain #4: Learns & adapts
- Routinely solicits and uses stakeholder feedback to expand impact
- Regularly scans for trends relevant to organizational mission and services
- Regularly uses data to monitor project performance
- Meets regularly to learn lessons from project successes and failures
- Routinely fosters innovations by testing out new ideas

Domain #5: Produces Sustainable Results
- Consistently offers services that reflect user needs and preferences
- Routinely works with stakeholders to create a strategy for sustaining results when external support ends
- Periodically assesses current practices against quality standards
- Regularly works with local communities to build upon their assets and ideas
- Consistently promotes solution to develop challenges that address root causes
Features of the CMS

• **Focus on performance**
  Rather than focusing on capacity alone, the CMS looks at the organizational behaviors and practices that demonstrate capacity.

• **Based on evidence**
  The CMS is evidence-based, relying on externally validated evidence from the organization to support its performance claims. This enables the organization to lead in setting performance measures.

• **Flexible timing and frequency**
  Partners can decide when and how often to complete the mapping process to best fit their needs. Ideally, the CMS would be integrated into periodic program reviews.

• **Real time results and analysis**
  CMS results and analysis are generated in real-time, making them available for immediate use and improvement planning.

• **Customizable to multiple stakeholders**
  The CMS was designed for use with NGOs. However, it can be adapted to government and private sector stakeholders as well.

• **Complementarity with other tools**
  CMS results are valuable when used on its own. However, they can provide useful data for other capacity assessment tool indicators.

• **Mirrors USAID’s draft Capacity Development Policy**
  The CMS encourages mutuality in capacity strengthening. It starts with the local system, aligning with local priorities and existing capacities.

• **Supports CBLD-9 measurement**
  The CMS is an intentional, demand-driven performance improvement process that can be documented and used for organizational capacity strengthening.
What distinguishes the CMS from other assessment tools?

While the CMS is complementary with other organizational capacity assessment tools, it differs significantly in several ways. It builds upon the experience and lessons accumulated in the last several decades to overcome some of the deficiencies found in these processes. While those tools may be appropriate in many situations, the CMS can augment those processes to provide richer and more continuous insights into the how and why of capacity development.

Specifically, the CMS differs in the following ways:

- **It places emphasis on monitoring change, rather than snapshot scores**
  Rather than a stand-alone assessment event that takes significant time and effort, the CMS offers a ‘light touch’ mapping of capacity, looking more deeply into the drivers behind strong or weak performance. It then monitors changes in those drivers as they relate to performance.

- **Brings together systems thinking, capacity, and performance**
  The CMS facilitates discussion of capacity relationships, highlighting where one practice may enable or inhibit another.

- **Generates learning insights**
  Instead of providing a snapshot performance score, the CMS considers changes in performance drivers to help organizations understand changes in their overall performance.

- **Strengthens understanding of how to direct performance improvement**
  CMS reinforces critical thinking skills and habits that enable organizations to direct their own improvement long after project support ends.

- **Creates 100-day improvement plans for course correction**
  As opposed to a 1–2-year plan, the CMS relies on a series of 100-day (~5-6 month) plans that are revised and adapted in response to progress.
Key CMS Components

Performance Goal
This is the high-order change needed to achieve an organization’s mission or service delivery goals. The capacity map is created in relation to this goal or goals.

Capacity Domains
These five key capacities work together to create the conditions necessary to achieve the performance goal(s).

Practices / Practice Statements
These observable organizational processes, functions, and activities illustrate the capacity domains. Practices are written in the form of behavior statements that demonstrate critical knowledge, skills, and/or values. Practice statements include qualifiers that establish clear criteria for the performance of the practice.

Performance Rating
In a capacity mapping, each statement is rated by the extent to which the organization demonstrates the practice and meets the criteria in the statement.

Practices are rated using the 3-point scale described below.

<table>
<thead>
<tr>
<th>Performance Rating</th>
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<tbody>
<tr>
<td><strong>Strength:</strong> This statement very accurately describes us</td>
</tr>
<tr>
<td><strong>Asset:</strong> This statement somewhat accurately describes us</td>
</tr>
<tr>
<td><strong>Challenge:</strong> This statement is far removed from what we do</td>
</tr>
</tbody>
</table>
CMS Elements

Performance Drivers

- Knowledge / skills
- Resources
- Supportive leadership
- External relationships
- Norms or culture

Performance Drivers

Performance drivers shed light on the "whys" of organization's performance in each area of practice.

Analyzing and monitoring changes in the drivers will help CMS users to manage the organizational improvement process more efficiently and pinpoint where resources should be directed.

Urgency Index

The urgency index sorts the mapping results for each practice according to its performance and priority rating.

Using the above table, users locate the nexus of the two ratings to determine the degree of urgency with which the practice might be addressed. This index facilitates decision making about where capacity strengthening efforts and resources should be directed.

Priority Rating

High: Critical to success at this time

Medium: Important but not critical to success at this time

Low: Not important to success at this time

Like the Practice Rating, each practice is rated on a 3-point scale describing the level of importance (priority) that practice holds for achieving the performance goal.
Data gathering and display options
Mapping Process Options

Overview

Computer-based scoring

Card & Chart

Hybrid

The capacity mapping process entails scoring 25 statements of practice in terms of (a) their relative priority; (b) the organization's performance level (challenge, asset, or strength), and (c) in the five drivers that, collectively, serve as key determinants driving that performance.

The CMS offers three options for capturing and displaying the mapping scores for team analysis. The first option uses computer-based scoring and analysis.

The second option involves Card & Chart facilitation and the use of MS Word templates for documentation.

The third option is a hybrid model. Card & Chart facilitation is used, but an assigned participant captures scoring decisions with a camera. The images are then be used to enter data into the Excel or Word templates for further analysis.
Option One: Computer-based Scoring using Excel

If the organization is comfortable using Excel, a CMS scoring template is available in the CMS Resource Folder to facilitate the presentation and analysis of scores. Advanced Excel skills are not required to use the template successfully. Users only need to know how to enter data into a formatted spreadsheet.

In this option, one Core Team serves as “data manager.” Through facilitated discussion, users arrive at consensus (i.e., a single score) concerning the performance level of each statement of practice. That score, along with the practice’s priority rating (also determined by consensus) is entered into the Excel template by the data manager. Individually, team members then score the drivers for the practice they have just discussed. This scoring is done using an electronic survey platform, such as Google Form, Poll Everywhere, or possibly a Zoom poll, if mapping is being done virtually. When all scoring is completed, the data manager transfers the average rating for each driver onto the Excel template.

The Excel template automatically calculates the Urgency Index for each practice. This index helps users determine how urgent it is for them to address the practices they have just mapped. The template also helps users to “filter” findings to uncover performance patterns. Identifying underlying patterns of performance will help users craft a highly targeted change strategy.
# Excel Scoresheet

<table>
<thead>
<tr>
<th>Practice area</th>
<th>Practice priority</th>
<th>Practice rating</th>
<th>Urgency</th>
<th>Sum</th>
<th>Driver: Resources</th>
<th>Driver: Relationships</th>
<th>Driver: Leadership support</th>
<th>Driver: Skills/knowledge</th>
<th>Driver: Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attracts &amp; sustains support</td>
<td>Regularly</td>
<td></td>
<td>Need</td>
<td>0</td>
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<td></td>
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<tr>
<td>Attracts &amp; sustains support</td>
<td>Provides</td>
<td></td>
<td>Need</td>
<td>0</td>
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<td></td>
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<tr>
<td>Attracts &amp; sustains support</td>
<td>Actively</td>
<td></td>
<td>Need</td>
<td>0</td>
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<tr>
<td>Attracts &amp; sustains support</td>
<td>Frequently</td>
<td></td>
<td>Need</td>
<td>0</td>
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<tr>
<td>Aligns systems for agility</td>
<td>Routinely</td>
<td></td>
<td>Need</td>
<td>0</td>
<td></td>
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</tr>
<tr>
<td>Aligns systems for agility</td>
<td>Consistently</td>
<td></td>
<td>Need</td>
<td>0</td>
<td></td>
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</tr>
<tr>
<td>Aligns systems for agility</td>
<td>Maintains</td>
<td></td>
<td>Need</td>
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<tr>
<td>Fosters self-determination</td>
<td>Regularly</td>
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<td>Need</td>
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<td>Fosters self-determination</td>
<td>Routinely</td>
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<td>Routinely</td>
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<td>Need</td>
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<td>Produces sustainable results</td>
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</table>
Urgency index automatically calculated with data entry, enabling real-time analysis

<table>
<thead>
<tr>
<th>Practice priority</th>
<th>Practice rating</th>
<th>Urgency</th>
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<td>1</td>
<td>1</td>
<td>Need</td>
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<td>2</td>
<td>2</td>
<td>Nice</td>
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<tr>
<td>3</td>
<td>3</td>
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<td>2</td>
<td>Nice</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Need</td>
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<tr>
<td>3</td>
<td>3</td>
<td>Not</td>
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<tr>
<td>3</td>
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<tr>
<td>1</td>
<td>3</td>
<td>Nice</td>
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<tr>
<td>2</td>
<td>2</td>
<td>Nice</td>
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</tbody>
</table>
Mapping Process Options

Option Two: No-tech method using paper and markers

This no-tech method uses sticky (“Post-it”) notes and stickers to display and convey ratings and relationships. This method is very user-friendly and is especially well-suited for organizations where assessment participants have little or no access to other technologies or are more comfortable with this approach. The more tactile, physically active aspects of card & chart may energize the group and encourage participation.

Card & Chart should only be used when the assessment is conducted in-person. As noted, photos can be taken to preserve ratings and findings.

Option Three: Hybrid of the two

If images are used to capture the results of a card & chart session, they can later be used later to enter data into the Excel or Word templates available in the CMS Resource Folder. In general, it’s best to use the Excel template when feasible, since the template will automatically calculate the Urgency Index and will also generate views that facilitate performance pattern identification.
Card & Chart method
The CMS Roadmap

Preparation Phase

Mapping Phase

Performance Improvement Phase

Evaluation Phase
Using the Capacity Mapping System

The Capacity Mapping System involves four phases over the life of a project or capacity improvement effort. These four phases provide a critical yet light touch to monitoring changes in organizational performance.
Preparation Phase

Create a Guiding Organizational Vision

The CMS process begins by forming a shared understanding of the mapping process and how it fits into the organization’s capacity priorities.

The first important task of the Leadership Team is to clearly define the organizational vision. This keeps the capacity domains, practices, and interventions aligned to the participants desired future for a chosen time period. The team jointly answers the question, “What do we want to look like in < 3 years, 5 years, end of project support, etc.>?” This is recorded as a vision statement in the Preparation template for the team to refer to throughout the CMS process.

Next, the team agrees on 1-2 select statements of organizational interest to bring definition to their vision. This starts with a discussion, “How will we know we have reached our vision? What will we see?” Answers may reflect technical skills, management systems, or organizational sustainability goals. The results of this conversation is to identify 1-2 organizational interest statements the team can use as monitor of their success.
Preparation Phase

EXAMPLE:

**Organizational Vision**
Our organization provides the community we serve with high quality services on an ongoing basis, with a sustainable funding base that is resilient to external funding gaps.

**Organizational Interests**
Within 3 years, we will have:
- Two new donors with signed project agreements
- One social enterprise that provides 10% of our revenue

### Templates

The templates shown here can be used to document the members of the core team and documenting a clear description of the performance goal.

These templates are available in both MS Word and Excel formats in the CMS Resource Folder.

### Guiding Organizational Vision

<table>
<thead>
<tr>
<th>Organizational Vision</th>
<th>Describe the vision of the organization in future, operating at its ideal level of performance within a chosen timeframe (3 years, 5 years, or end of a specific capacity strengthening project) …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Interests:</td>
<td>(Record 1-2 accomplishments that will mark successful achievement of your vision, such as meeting specific quality standards, expanded client reach, increased donor base, NUPAS certification, etc.)</td>
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Form the CMS Teams

As noted previously, the CMS process is accomplished through the work of three teams. The process creates multiple opportunities for these teams to engage deeply in the process, preventing any single individual or team from becoming over-burdened.

The three teams are:

- **Leadership Team** – responsible for oversight of the CMS process.
- **Core Team** – responsible for carrying out the capacity mapping and performance improvement implementation and monitoring.
- **Evidence Validation Panel** – a group with members from within or outside the organization that validate the evidence collected by the Core Team for performance claims.

The following pages provide more details on the role and ideal composition of each team.
Preparation Phase

**Create a Guiding Organizational Vision**

**Assemble the CMS teams**

**Customize the CMS**

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**CMS Leadership Team**

This team provides high-level oversight of the CMS process and receives progress reports from the Core Team as they perform their functions. Leadership team members define the performance goal, determine membership on the CMS Core Team, name members of the Evidence Review Panel, review mapping results, and closely examine monitoring data. The team may also periodically revise performance goals to reflect monitoring results.

The Leadership Team also identifies, as needed, new individuals who should join the Core Team because they have specialized knowledge that is essential to the team's work (for example, an HR director who can assist in resolving staffing issues).
Preparation Phase

CMS Core Team

This team performs 4 critical functions. First, it does the initial mapping. It then gathers evidence, within two weeks of completing the mapping, to support all the “asset” and “strength” scores it assigned during the mapping phase for examination by the Evidence Review Panel. Third, the Core Team uses the mapping results to create a 100-day performance improvement plan. Lastly, the team monitors performance improvement by mapping the capacity domains and practices addressed by the 100-day performance improvement plan.

The ideal team size is between 5 and 10 members who may change over time as the team’s needs change. New people may join the team while others may cycle off. Any combination of staff, partner organization colleagues, community volunteers, and board members may be invited to serve on this team. However, all team members should be very familiar with the organization’s work.

The executive director is a key member of the Leadership Team and will often serve on the Core Team. However, executive directors should not engage in the actual mapping (to foster the greatest possible candor among mappers).

For team members to speak candidly, trust is essential. The mapping process is strengthened when diverse perspectives can be shared without fear of ostracism or retribution. If trust levels are low, it may be best to begin with a staff-only team. However, the team should strive to engage with a more diverse group of participants in future mapping work.
Evidence Review Panel

The Evidence Review Panel examines the evidence that the Core Team has gathered to support all “asset” and “strength” scores. The panel uses the Evidence Scoresheet (from the templates available in the CMS Resource Folder) to determine if the evidence presented justifies the Core Team’s ratings.

The panel offers an unbiased and objective review of the evidence. Its work strengthens the assessment’s validity. Membership may be comprised of any combination of staff; partner organization colleagues; community volunteers; governance body members; peer organization representatives; or external actors familiar with CMS.

External actors usually make the best evidence review panel members, because they have fewer preconceptions about the strength of the evidence in relation to the Core Team’s scoring. However, there are some compelling reasons for also including internal actors on an evidence review panel. Internal actors can place evidence in its context and can subsequently support the organization in fostering a culture of evidence-based assessment. Internal actors can also deepen the assessment team’s awareness about the characteristics of strong evidence.

Evidence Review Panel members must remember that they are scoring the quality of evidence in relation to a performance rating. They are not assessing the organization’s capacity, only its ability to substantiate a capacity score that it has given itself.
### Preparation Phase

**CMS Leadership Team Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (Board, staff, volunteer)</th>
<th>Level of affiliation (FO, HQ, other)</th>
<th>Role on Team (Facilitator, data manager, reporter, other)</th>
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</thead>
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</table>

**CMS Core Team Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (Board, staff, volunteer)</th>
<th>Level of affiliation (FO, HQ, other)</th>
<th>Role on Team (Facilitator, data manager, reporter, other)</th>
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</table>

**Evidence Validation Panel Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (Board, staff, volunteer)</th>
<th>Level of affiliation (FO, HQ, other)</th>
<th>Role on Team (Facilitator, data manager, reporter, other)</th>
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</thead>
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</table>

**Templates**

The templates here can be used to document the members of the core team and documenting a clear description of the performance goal.

*These templates are available in both MS Word and Excel formats in the CMS Resource folder.*
Create a Guiding Organizational Vision

Assemble the teams

Customize the CMS

Customize the Capacity Mapping System

With the performance goal clearly articulated, the team customizes the system to suit their context. More details on customization options and their pros/cons can be found in the Customizing the CMS section. A template to record the customization choices can be found in the CMS Resource Folder.

The following are key decisions made by the Leadership Team:

- **Deciding on the mapping method to use**
  The team next decides which mapping method to use – Excel, Card & Chart facilitation or the hybrid mode. This decision depends upon the organization’s technological capabilities and comfort level with each option. As the primary users of the map, they must be able to take full advantage of its potential. (See the section on Data Gathering Options for more information.)

- **Distribution of mapping findings and progress**
  As mentioned previously, the mapping system is designed to place the organization in control of its performance improvement. Therefore, it is up to the organization to determine which stakeholders, if any, should receive results reports on mapping and monitoring results.
Create a Guiding Organizational Vision

Assemble the teams

Customize the CMS

---

**Priority Rating**

High: Critical to success *at this time*

Medium: Important but not critical to success *at this time*

Low: Not important to success *at this time*

---

**Customize the Capacity Mapping System (continued)**

In collaboration with the leadership team, the core team makes decisions to customize the process and practice statements to better reflect their context:

* Deciding how and when the mapping process will take place
  The team facilitator helps the team decide if the mapping process will take place in person or virtually, and over what period of time.

* Prioritize the Capacity Map
  The core team now begins its work in earnest by reviewing the practice statements in the five capacity domains to consider the role each statement plays in achieving the performance goal. If absolutely necessary, the team can modify the individual practice statements to better reflect the local context. In general, first-time users should work with the standard CMS statements, which have been carefully formulated to capture performance-related behaviors, rather than the presence (or absence) of documents.

Finally, the team will agree upon the importance of each practice in achieving the performance goal. *It is critical, important, or not important?* They record the priority rating score for each in the capacity mapping worksheet template.

Team completing the mapping for the first time should score all practices, as modified for their context. Repeat users may remove any statements found to be irrelevant or add more that were found missing.
## Preparation Phase

### Templates

Map Customization

This template outlines ways to customize the practice statements

<table>
<thead>
<tr>
<th>Customization Choices</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What will be the mapping platform?</strong></td>
<td>(Check one)</td>
</tr>
<tr>
<td></td>
<td>Excel templates</td>
</tr>
<tr>
<td></td>
<td>Card &amp; Chart</td>
</tr>
<tr>
<td><strong>Who will receive the mapping findings?</strong></td>
<td>(Check all that apply)</td>
</tr>
<tr>
<td></td>
<td>Internal staff</td>
</tr>
<tr>
<td></td>
<td>Board / governing body</td>
</tr>
<tr>
<td></td>
<td>Peer organizations</td>
</tr>
<tr>
<td></td>
<td>Community members</td>
</tr>
<tr>
<td></td>
<td>Implementing or sponsoring partner</td>
</tr>
<tr>
<td></td>
<td>Current or potential funders</td>
</tr>
<tr>
<td><strong>Will the mapping be done in-person or virtually?</strong></td>
<td>(Check all that apply)</td>
</tr>
<tr>
<td></td>
<td>In person</td>
</tr>
<tr>
<td></td>
<td>Virtually</td>
</tr>
<tr>
<td><strong>Over how many sessions will the mapping be done?</strong></td>
<td>(Fill in the blanks)</td>
</tr>
<tr>
<td></td>
<td># Sessions per day: ____</td>
</tr>
<tr>
<td></td>
<td># Hours per session: ____</td>
</tr>
<tr>
<td></td>
<td># days duration: ____</td>
</tr>
</tbody>
</table>
In this phase, the Core Team scores each practice in the five domains (a total of 25 practices). The combination of strength and priority ratings guides the team in determining which practices merit improvement efforts. The mapping process is done at the beginning and end of the capacity strengthening effort, although a team could also opt to map more frequently. The initial mapping process takes 6-8 hours. Subsequent mappings can be completed in about half that time.

**Mapping practices for strength by consensus**

The first step in a mapping process is to score the practice statements. Scoring is done by reaching consensus (as opposed to averaging scores) through a facilitated discussion that follows these five steps. (1) A member of the group reads the practice statement aloud and paraphrases it to ensure that team members share a common understanding of what is being scored. (2) Each team member individually reflects on two questions: “How would you rate this practice?” and “What evidence would you cite to support your rating?” (3) Team members share thoughts. (4) If differences arise, they are explored with the goal of reaching consensus. (5) The team arrives at a collective scoring decision, and the score is recorded.

If, after significant discussion, the team cannot reach consensus, the score given by the greatest number of team members is used. This score may be revised later, once evidence has been gathered. Decisions are recorded on the mapping template (in either Excel or Word).

Scoring initially takes place without evidence. Within 30 days, evidence is gathered and reviewed as part of the rating validation process.
Mapping Phase (continued)

Assess performance drivers for all practices

Once a practice has been scored, team members score the five drivers for that practice. Research has identified five factors that are highly influential in determining organizational behaviors (practices). Those five drivers (“organizational behavior influencers”) are:

- Knowledge and skills
- Resources
- Supportive leadership
- External relationships
- Norms or culture

Team members rate each of these drivers individually in relation to the practice that they have just scored. A performance driver may be rated as supporting, inhibiting, or neutral to the practice statement.

If the practice was determined to be a strength (score of 3), the individual identifies the drivers that significantly support that performance and mark it with a “✓”.

If the practice was determined to be a challenge (score of 1), the individual identifies the drivers that significantly inhibit or hold back that performance and mark it with a “-”.

If the practice was determined to be an asset (scoring of 2), the individual identifies the drivers that significantly either support or inhibit that performance and mark it with either a “✓” or “-”.

Scoring is done using a Google Form, PollEverywhere, or with stickers for the card & chart option. Once driver scores are determined for each practice (taking the mode of group scores), the data manager enters them into the scoring template numerically (“✓” = 3; <blank> = 2; “-” = 1).
Mapping Phase (continued)

Analyze patterns to find leverage points

With scoring complete, the team steps back to analyze the map to find patterns. This is where the power of the CMS can really be seen. By looking at the causal relationships shown by the map, the practices and their drivers, the team can pinpoint leverage points that will support the greatest improvement. These insights are then used to inform a performance improvement plan, utilizing capacity strengthen approaches that have been found to be effective for strengthening the drivers.

The following model queries can help the team delve deeply into identifying the root causes of performance weakness or success to develop the most effective plan. For each selected practice, consider asking:

- Which drivers are most likely to explain why we scored low on this practice?
- Which drivers, if any, represent relative strengths that we can build on to improve our performance in this area?
- Overall, what are our strongest drivers? How did these drivers become our relative strengths? In other words, what did we do to build strengths in these areas?
- For each domain, what are our strongest and weakest drivers? What is there in our history (e.g., past initiatives, investments, or decisions) that sheds light on these strengths and weaknesses?
- Which drivers, if strengthened, would leverage the greatest improvement in all the other practices and support organizational progress in achieving the performance goal?
## Select practices for performance improvement attention

The priority and performance ratings given to the practices in previous steps and the pattern analysis discussion help the team select performances to address. They sort practices by their relative urgency, namely those that need to be addressed, those that would be nice to address, and those that do not need to be addressed at this time. Excel generates these results automatically. Card & chart mappers may use the chart below, to sort the practices.

<table>
<thead>
<tr>
<th>Priority Rating</th>
<th>Urgency Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>high</td>
<td>NEED</td>
</tr>
<tr>
<td>med</td>
<td>NEED</td>
</tr>
<tr>
<td>low</td>
<td>NICE</td>
</tr>
<tr>
<td></td>
<td>NOT</td>
</tr>
</tbody>
</table>

This sorting helps the team decide where they will focus their performance improvement efforts. Perhaps the team will choose to only focus on those that need attention or even a subset of these. The team might also decide to strategically include some practices that would be nice to address. The point is to select the most strategic practices, not merely those identified as the weakest or most urgent.

The team now takes a break of up to one month to document and reflect upon its work, invite any additional people to the team that have a direct connection to the selected priority practices, and gather evidence of their performance claims.
Performance Improvement Phase

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

The Performance Improvement phase is the most significant phase of the CMS and the one done the most often. This is where the team monitors their capacity strengthening plan, collecting evidence of behavior change to understand changes in performance drivers. Through this iterative process throughout the duration of the capacity support, the team develops greater awareness of what drives changes in performance, and what inhibits it.

The Performance Improvement phase ideally begins its regular cycle one month after the Mapping phase and then repeats at the conclusion of each 100-day plan or on the frequency decided in the customization chart.
Performance Improvement Phase

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

Identify Changes in Practice Performance and Drivers

Every Performance Improvement cycle except the first begins with a review of the selected practices and the performance drivers associated with them to look for changes, either positive or negative. (Note: The first time the core team undertakes the steps, they will have recently completed the mapping and performance scoring, making this step unnecessary.)

The process is the same as it was in the mapping phase. Using the selected mapping platform (Excel, or Card & Chart), the team gives a performance score to each selected practice and an adequacy score to each associated driver.

Changes in the scores are recorded in the monitoring template to track progress over time. These records will be referenced during the next Performance Improvement cycle, as well as during the evaluation phase when longer-term patterns are examined for insights and lessons.
Performance
Improvement Phase

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate scores with evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

Collect Evidence of Performance Claims

During the time between Performance Improvement cycles or between the initial mapping and the first meeting in this phase (an interval of no more than 1 month), the CMS Core team *gathers evidence to support their scoring decisions*. The decision to rate a practice as a “strength” or “asset” must be sustained by presenting appropriate evidence. (Note, if the practice statement was rated as a “challenge,” no evidence is required.)

Supportive evidence can take many different forms, including manuals, reports, and documents, as well as photos from an event, an audio file with stakeholder comments, or a stakeholder-created “card & chart.” Think beyond what is normally accepted as evidence to make the process realistic and productive. *How can we show evidence that we are doing what we say we are doing?*

Anyone on the core team can be assigned the task of gathering evidence. However, the process is made easier if a list of possible evidence sources is compiled during the mapping, along with the name of the individual who will share that evidence. If evidence is not identified during the mapping session, a member of the Core Team can be named to work with other team members to gather the necessary evidence.
Performance Improvement Phase

Templates

The templates shown here can be used to document the new performance ratings and performance driver scores, as well as progress being made on the 100-day plan.

These templates are available in both MS Word and Excel formats in the CMS Resource Folder.

Progress Monitoring Template

Name of Organization:

<table>
<thead>
<tr>
<th>Capacity Domains</th>
<th>Practices</th>
<th>Performance</th>
<th>Drivers</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Strength</td>
<td>Asset</td>
<td>Challenge</td>
</tr>
<tr>
<td>1. Fosters Self-Determination</td>
<td>a.</td>
<td>✔</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td></td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COMMENTS:</td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>2. Produce Sustainable Results</td>
<td>#1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#2</td>
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</tr>
<tr>
<td></td>
<td>COMMENTS:</td>
<td></td>
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</tbody>
</table>
Performance Improvement Phase

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate scores with evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

Collect Evidence of Performance Claims

During the time between Performance Improvement cycles or between the initial mapping and the first meeting in this phase (an interval of no more than 1 month), the CMS Core team gathers evidence to support their scoring decisions. The decision to rate a practice as a “strength” or “asset” must be sustained by presenting appropriate evidence. (Note, if the practice statement was rated as a “challenge,” no evidence is required.)

Evidence may include reports, photographs or videos, testimonials, or any other item that lends support to a scoring decision. Think beyond what is normally accepted as evidence to make the process relevant to learning. How can we show evidence that we are doing what we say we are doing? A single piece of evidence can be used to support more than one claim.

Anyone on the core team can be assigned the task of gathering evidence. However, the process is made easier if a list of possible evidence sources is compiled during the mapping, along with the name of the individual who will share that evidence. If evidence is not identified during the mapping session, a member of the Core Team can be named to work with other team members to gather the necessary evidence.

One person should serve as the evidence coordinator. This person will be responsible for (1) collecting all proposed evidence; (2) labeling it so that the Evidence Review Panel knows which scoring decisions the evidence is meant to support, and (3) presenting the evidence to the Evidence Review Panel.
Performance Improvement Phase

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

Externally validate evidence

Evidence gathered for the performance scores is assembled for the Evidence Review Panel to review and possibly validate. The judgment of this panel will determine if the evidence justifies the performance score given to the practice area or if it needs to be rescored.

The panel reviews each piece of evidence individually and uses the Evidence Scoresheet to indicate if they found the material to be relevant and sufficient as evidence that the organization does indeed perform at the level they claimed. If the panel determines that the evidence is insufficient to justify an "asset" score, then that score is revised to "challenge." If the evidence is insufficient to justify a "strength" score, the panel will recommend a revised score (i.e., either "asset" or "challenge") that closely aligns with the evidence.

The panel members must keep in mind that they are scoring the quality of evidence in relation to the performance claim. They are not assessing the organization’s performance, only its ability to provide quality evidence of the score they gave themselves.
Evidence Quality Review Scoresheet

[for use by the Evidence Validation Panel]

Name of Organization:

Evidence Validation Panel Members:
- 
- 
- 

Date of Validation:

<table>
<thead>
<tr>
<th>TOTALS</th>
<th>Subtotal for Relevance:</th>
<th>Subtotal for Sufficiency:</th>
<th>GRAND TOTAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Relevance Score (0-2)</td>
<td>Sufficiency Score (0-2)</td>
<td>Evidence Score</td>
</tr>
</tbody>
</table>

ATTRACT AND MAINTAIN SUPPORT
- Sa1
- Sb1
- Sb2

Notes:

Definitions:
- **Relevance**: Evidence presented is directly linked to the domain and practice and is not more than 18 months old (except under special circumstances)
- **Sufficiency**: The quantity and scope of the evidence presented is sufficient to draw conclusions about the degree to which the domain and dimension under consideration fulfill the criteria delineated in the rubric.
Performance Improvement Phase (continued)

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

Analyze Patterns for Lessons

As in the mapping phase, the core team now takes time to analyze the results and identify patterns.

- Where a changes in practice occurred, what changes, if any, were observed in the associated drivers?

- Looking across all the practices that changed positively along with their associated drivers, what commonalities can you spot?

- Are there any examples of expected changes that did not take place as expected? Do the scores given to their associated drivers help us to understand this situation?

These insights are used to generate lessons learned that can be applied to development of the next 100-day plan. Use the following questions as a guide:

Lessons Learned Discussion

- To what extent are we making the progress we expected to see?
- What were the key contributors to that progress?
- What 3-5 important lessons have we learned at this point in the plan’s implementation?
- What corrective action is needed for milestones that have not been accomplished on schedule?
- What plan revisions are needed?
- What innovations or new approaches should we pilot during this period?
- What are some actions we can take to generate and maintain momentum for change?
Performance Improvement Phase (continued)

Identify changes in practice performance and drivers

Collect evidence of performance claims

Externally validate evidence

Analyze patterns for lessons

Develop a 100-day improvement plan

100-day improvement plan

Experience has shown that creating a plan for 100 days (5-6 month’s worth of working days) can provide the momentum needed to initiate change. Therefore, the CMS relies on developing, managing and monitoring a series of short-term plans.

This timeframe has several advantages. First, it allows the organization to experiment with new behaviors. Since no one solution exists for every organizational challenge, partners are encouraged to try out potential solutions and see which yield the greatest change.

Second, the timeframe facilitates frequent plan monitoring, enabling the organization to identify intended or unintended consequences and either continue with the new behaviors or make course corrections as needed.

100-day plan reviews can easily be integrated into regular project or portfolio reviews, thus mainstreaming the activity into normal project management cycles. Templates for the plan are available in the various formats.

During the first Performance Improvement cycle, the team develops their plan. In cycles thereafter, they revisit their 100-day plan to check for progress and make any necessary course corrections. Were all the activities achieved according to plan? If any were delayed, what got in the way? What were the significant accomplishments for the period? Record changes on the planning template and begin work on implementing the plan’s activities.
## 100-day Change Plan

### Template

### 100-Day Change Plan

<table>
<thead>
<tr>
<th>Plan start date:</th>
<th>Plan end date:</th>
<th>Activity manager:</th>
</tr>
</thead>
</table>

**Performance Goal:**

**Priority Practices Areas**

*Top 3 Practice statements that are the focus of performance improvement*

1. 
2. 
3. 

**Measurable Results**

*Qualitative or quantitative metrics that will give evidence of enhanced performance*

- 
- 

**Performance Drivers**

*Which performance drivers were identified as critical to the practice performance, either as an enabler or inhibitor?*

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Change Strategies**

*What key methods will be tried to shift or leverage the performance drivers?*

*Rationale for methods chosen*

**Actions to be taken**

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Required Commitments**

*What commitments or authorizations are needed from recipients, leaders or change agents regarding time, cost, or change strategies?*
Evaluation Phase

In the final phase, the Leadership and Core teams reflect on the entire process (generally over multiple Performance Improvement cycles). They look for changes that did (or did not) occur in relation to the performance goal that they set. They also attempt to identify what caused these changes.

The Evaluation Phase commonly occurs at the end of a project or capacity strengthening cycle. This phase may also be done be part of an externally conducted evaluation.

**Determine progress toward the performance goal**

There are many methods for determining progress. A final mapping of the priority capacity domains can be used as a point of comparison with the initial mapping to capture important changes.

**Formulate lessons learned**

Organizations benefit greatly from systematically capturing and reflecting on lessons learned from their performance improvement efforts. What drivers or combination of drivers created the greatest opportunities or obstacles to progress? These lessons will help the local partner continue to independently advance and refine their organizational capacity to achieve their development goals.
Customizing the CMS

- Capacity Domain Selection
- Modifying Practice Statements
- Setting Frequency of Use
- Selecting Evidence to Support Scoring of Practices
- Engaging Stakeholders
- Deciding How and with Whom Results Are Shared
- Choosing Results Analysis Tools
- Choosing Which Performance Drivers to Score
Area 1: Capacity Domain Selection

Dropping a low-priority performance area

When a Core Team maps capacity for the first time, it will generally examine all five capacity domains along with the five practices presented for each domain. However, there are times when the Core Team drop a capacity domain.

• When the domain is completely unrelated to the performance goal

• When the mapping is intended to monitor performance improvement in areas unrelated to all the capacity domains

• When the organization is something other than an NGO and modifications to the CMS are needed to fit the user profile

Dropping a performance area recently scored as a strength

The frequency of mapping will often determine what capacity domains should be mapped. In general, if the most recent mapping was less than six months ago, the Core Team may choose to only map domains that were rated "asset" or "challenge" during the most recent mapping session.
Area 2: Modifying the Practice Statements to Better Mirror Context

Each practice area includes an italicized qualifier that represents a standard

- *Example:* Routinely sets aside times to reflect on values and practices
- *Example:* Periodically analyzes causes and effects of program successes and failures

Italicized qualifiers can be modified to reflect local aspirations and priorities

- *Example:* At least once per quarter, sets aside times to reflect on values and practices
- *Example:* Uses monthly meetings to analyze causes and effects of program successes and failures

In general, new CMS users will probably choose to retain the italicized qualifiers that are included in each statement of practice. Experienced users, on the other hand, may wish to hold themselves to ever higher standards of practice as their improvement plans unfold.
Area 3: Setting Frequency of Use

Tool can be used annually, semi-annually or quarterly

In general, most users will conduct their second mapping approximately six months after they complete their first mapping. That second mapping will be a key component of their performance monitoring and will likely be limited to capacity domains and practices that are tied to performance improvement efforts. In the following year, the Core Team will generally map all domains again as it gets ready to create a new 100-day performance improvement plan.

Frequency of use can change over time.

There is no prescribed frequency for mapping. Users must decide how mapping fits into their performance improvement planning and monitoring cycles.

For example, they may map twice a year in Years 1 and 2. In Year 3, the organization may adopt a performance improvement plan with a longer time horizon. In that case, it might map once during that year.
Users determine the types of evidence that can be used to support scoring decisions made by the Core Team. Users are encouraged to consider a broad array of evidence types. Examples of evidence include (but are not limited to) written reports; images (still and video); stakeholder stories; and partnering agreements. Teams are encouraged to be creative.

Users also determine how recent a piece of evidence must be for it to be used considered.
Area 5: Engaging Stakeholders

Users determine which stakeholder groups will participate in the assessment process.

Stakeholders include members of the community served by the organization; volunteers engaged in governance or other organizational activities; staff colleagues from partner organizations; and financial supporters. The Leadership Team may engage representatives from any of these groups in CMS activities.

Users determine how participant roles will be allocated among stakeholders.

Stakeholders may play many different functions within the CMS framework. A limited number may serve on the Core or Leadership Teams. Others can provide and/or assess evidence; help create the performance improvement plan; and provide monitoring input.

An important consideration in determining stakeholder engagement in the CMS: trust.

In general, inclusion of non-staff participations should not come at the cost of having honest, open dialogue.
Area 6: Sharing Results

Results are shared widely with stakeholders, sponsors, partners, and colleague organizations (e.g., with a community of practice).

Results can be for internal use only

Who will receive CMS results? It's up to the user. Options, usually selected by the executive director include:

Internal Staff Only. First-time users may not engage candidly in the CMS process if external audiences are present. In general, diminished transparency is the price of greater candor.

Board or Governing Body. It is important to share results if budget outlays are needed to implement 100-day plans. The executive director should make this decision.

Peer Organizations. CMS promotes organizational learning. Users may create cohorts to engage in peer-to-peer learning, mutual support, performance benchmarking, and a deeper understanding of capacity strengthening.

Community Members. Community members offer an invaluable perspective on the organization’s work and can triangulate findings (leading to deeper insights) if mapping findings are shared.

Implementing or sponsoring partner. Sharing results with others can build social capital for an organization and strengthen partnerships.

Organizations should be wary of using CMS to create a good impression on potential funders or partners. However, if scores are supported by a strong external review of evidence, CMS may serve as a useful testimonial to support an organization’s claims of excellence.
Area 7: Choosing Results Analysis Tools

An organization has several options for facilitating the CMS process, depending on their expertise and resources available.

*High tech*: Excel pivot table template generates displays that allow users to draw important inferences through user-selected filters

*Low tech*: “Card and chart” with stickers on wall can generate different ways of understanding performance patterns and underlying determinants
Area 8: Facilitation

An organization has several options for facilitating the CMS process, depending on their expertise and resources available.

**Internal versus external facilitation:** External facilitator may be more objective but may not have needed knowledge of organizational context. Can be expensive. Internal facilitator is often less expensive, knows local context but may not be able to lead a difficult conversation.

**In-person versus virtual:** In-general, in-person conversations build greater connections among participants. Virtual facilitation required a strong internet connection. Its main advantage is that people from different geographies can engage in mapping. Skilled facilitation may be more available in a virtual environment.

As an organization becomes more accustomed to working with the CMS, facilitation may move from external to internal. Facilitation responsibilities may also be shared among several skilled people.
Area 9: Scheduling the Initial Mapping

An organization has several options for how a mapping takes place:

One day: Mapping, with breaks and meals, can be accomplished in one full day. If people are coming from different locations, this might be the preferred option. This schedule is not appropriate for groups working virtually.

Two half-days: This option is especially suitable when mapping is done virtually. It may also be less disruptive to the organization's work and generate less fatigue overall.
Tips, Suggestions and FAQs
Deciding whether to use the CMS

1. Can the CMS be used in combination with other organizational capacity assessment tools such as the OCA (Organizational Capacity Assessment), ITOCA (Integrated Technical and Organizational Capacity Assessment), NUPAS (Non-U.S. Organization Pre-Award Survey), or the OPI (Organizational Performance Index)? [link]

2. How can the CMS support peer-to-peer learning? [link]

3. What must I have in place to use the CMS effectively? [link]

4. Are there some organizational contexts for which the CMS is not appropriate or recommended? [link]

Customization

1. What should we do if we believe that one or more of the CMS capacity domains is irrelevant to our performance goals or our work? [link]

2. I’m interested in using the CMS to map capacity, but I don’t want to use other features of the system such as the preparation or 100-day plan. Is that possible? [link]

3. I notice that each of the statements of practice have italicized qualifiers (for example, “routinely,” “consistently,” and “frequently.” Can I change these italicized phrases if I so desire? [link]
Frequently Asked Questions (continued)

Administrator

1. What is the ideal CMS Core team size? [link]

2. Do we need to convene a Core Team to discuss each capacity domain and practice? Can we just create a survey that individuals could complete and then discuss responses? [link]

3. How is evidence used within the CMS process? [link]

4. How much time is needed for the CMS? [link]

5. How often should we use the CMS? [link]

6. What changes can we make in how we use the CMS? Are the customization options presented in the CMS documentation the only changes we can make? [link]

Miscellaneous

1. If I’m unsure about some aspect of CMS implementation, where can I go for help? [link]

2. Can we keep our CMS results confidential, or must they be shared with others? [link]

3. I’ve heard a lot of criticism about capacity assessment tools that rely on the opinions of scorers. How does this CMS differ from this type of opinion survey? [link]