

NGO BENCHMARKING

CERTIFICATION AUDIT REPORT

(Confidential)

Official Name of the Organization: **Yuva Unstoppable**

Acronym: **YUVAUNSTOPPABLE**

Address: **Shop No 12-14, Gold Souk Complex, Behind Sapphire Complex , C.G. Road**

Zip Code/City/Country: **380009 / Ahmedabad / India**

Country/Audit #/Year: **IN / 01 / 2019**

Contractual Client: **Yuva Unstoppable**

Visit No.: **1**

Visit Type: **Certification Audit**

Applicable Standard: **NGO Benchmarking (version 3 – 15 March 2017)**

Audit Scope: **Scope 1**

Organization's Representative: **Mr. Pavan Jain**

Title: **Vice President- Operations**

Email: **pavan@yuvaunstoppable.org**

Phone/Fax: **+91 9537669292**

Site Audited: **HeadQuarter**

Audit Dates: **11th & 12th February 2019**

Web: **<https://yuvaunstoppable.org>**

Lead Auditor: **Vaibhav Lele**

Additional Team Member(s): **Suchitra Bisen**

Signature or initials of the Lead Auditor: **VL**

Report Date: **15th February 2019**

SGS Auditing Office: **SGS India Pvt Ltd.**

0. Identity and Profile of the Audited Organization

Year the organization was founded	2006			
Head Office Location	Shop No 12-14, Gold Souk Complex, Behind Sapphire Complex , C.G. Road			
Number of branches/affiliates	In-country of HQ	1	Outside-country of HQ	0
Parent Organization (if any)				
Membership / Volunteer-based Organization	Volunteer-Based Organization			

ICNPO Code	GROUP 2: EDUCATION AND RESEARCH
	2 100 Primary and Secondary Education
Profile of Beneficiaries	Children
Operational Style	Direct Implementation
Operational Status	Headquarter (HQ)
Number of Years of Field Experience	12
# of Voting members on the Governing Body	8

Total Staff (Full Time Equivalent) Clerical staff included	Paid	Voluntary (non-paid)	Total
Head Office	45		45
Branches in-country			
Total	45		45

Annual Budget	Local Currency	Indian Rupees (INR)	110000000
	USD Equivalent	1561391.05748758	

Financial Resources Allocation: The funds managed by your Organization can be distributed between those “allocated” (i.e. donor(s) require(s) their financing to be earmarked for specific purposes) and those “unallocated” (i.e. those funds on which your Organization retains full authority in terms of use). Kindly provide such breakdown (rough pattern over the recent years), in percent (%) only.

Proportion of Funds	in percent (%)
Allocated	100
Unallocated	0
Total	100

Name of the Organization's three (3) main funding sources, volume-wise:

No.	Funding Sources
1.	HDFC Bank Ltd
2.	Adani Foundation
3.	Dishman Pharmaceuticals Limited

1. Audit Objectives

The objectives of this audit were:

- a) To assess the extent of Yuva Unstoppables' policies' and procedures' conformity to the Best Management Practices outlined in the NGO Benchmarking Standard V3.0 (available on www.ngobenchmarking.sgs.com);
- b) To measure Yuva Unstoppables' compliance level against these Best Management Practices;
- c) To provide Yuva Unstoppable with specific recommendations towards continuous improvement.

The above objectives shall not be confused with an impact evaluation of Yuva Unstoppable projects and activities, nor with a management or a financial audit.

2. Audit Coverage and Scope

The following Dimensions of Best Practice were audited:

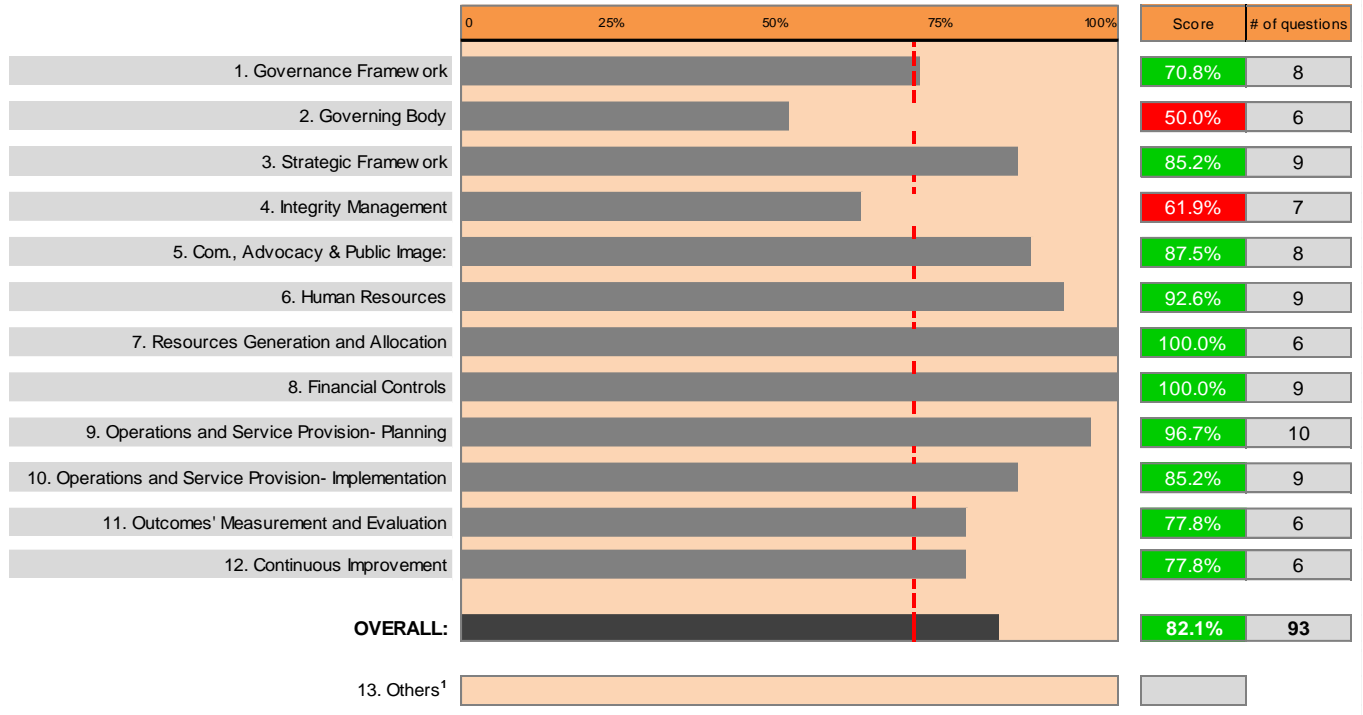
1. Governance Framework,
2. Governing Body,
3. Strategic Framework,
4. Integrity Management,
5. Communication, Advocacy and Public Image,
6. Human Resources,
7. Resources Generation and Allocation,
8. Financial Controls,
9. Operations and Service Provision: Planning,
10. Operations and Service Provision: Implementation,
11. Outcomes' Measurement and Evaluation,
12. Continuous Improvement

As per contract, this audit was undertaken under "[Scope 1]", that is Headquarter only¹.

¹ In case of either Scope 2 or 3, the names of audited branches would be enumerated in this Section.

3. Audit Results

3.1. Scores by Dimensions of Best Practices



¹ This additional Dimension can be utilized, at the client's request, for covering other aspects (referring to more specific concerns) of his/her organization. These criteria would be suggested by the client, together with their scoring options, and validated by SGS. Results for this additional Dimension however would not be part of the Benchmarking Certification process.

The listing of low compliance criteria (scored "0" or "1" on a scale of 0 to 3), together with the auditor's comments, is presented in Section 5.

When considered by Dimension of Best Practices, Yuva Unstoppable presents the following profile:

RESOURCE GENERATION & ALLOCATION: 100%

The organization complies with all the requirement of all the NGO benchmarking standard. The organization does not have fundraising activity. They have a Pipeline Document through which long term planning things are discussed in the Advisory Board meeting. Deloitte is hired for project management planning. The budget is approved by the trustee's board through meetings. Admin expense are fixed to 14% (7 % for overhead & 7% administration of the project). They do not have any investment beside the fixed deposits in the bank.

FINANCIAL CONTROLS: 100%

Their complete financial mechanism is seen by Deloitte hired to carry out weekly audit as internal auditor. They use the software "Tally" for the tracking of records. Deloitte has all the processes set for a proper accountability and allocation of funds. All the payments are done through check with 4 level of approval. 2 out of 3 signatures are mandatory to issue any cheque. Financial Statement are audited by KPMG/BSR. They do not have any major assets so there is no inventory management.

Recommendations:

- KPMG/BSR is hired for finance auditing since last 5 years. It is good practice and recommended to evaluate the audit agency and to consider a change.

OPERATIONS & SERVICE PROVISION, PLANNING: 96.7%

The organization has identified its stakeholders before starting the project. They receive pre-project No Objection Certificate (NOC) from each school willing to participate to their program. They have a standard process following the government rules to get also the approval of the parent committee. Stakeholders have a direct involvement in the definition of the objectives and the planning of outputs and to prepare the maintenance of the system. The organization have defined monitoring system and it is carried out by Deloitte. Baseline surveys are done to define the Impact metrics and KPIs. The organization endures sustainability of their projects by clearly defining the exit strategy through monitoring the use and the maintenance of the equipment's. After completion of the program they receive Thank you letter from the principal of the school as confirmation of exit from the program obligations. They also have a defined the hierarchy of authorities and responsibilities at each step of the project. They have a good coordination between headquarter and the field staff. Project manager goes regularly to the field for verification. They have established "critical procedure" for the staff to respond to various critical situations in the field

HUMAN RESOURCES: 92.6%

The requirements of this dimension are also fulfilled by the organization.

The organization has set a procedure and methodology for recruitment. They have a competitive remuneration and pay policy. They have clear job descriptions for paid staff and clear definition of responsibilities. They also have defined available tasks for volunteers and the related agreement. New Joiner's are inducted with function, code of conduct, ethics and made aware of probable hazards in day to day operations. An employee evaluation is performed with an appraisal system in place. A procedure for staff capacity development is based on the result of the evaluation self-wishes and recommendations of the supervisor. To handle expected/unexpected departures of the key staff, they have set up a mechanism for replacement.; The paid staff is covered against health risk, accidents through "Aditya Birla Insurance company". There is a consistent check (not documented) between its HR policy and operational reality.

COMMUNICATION ADVOCACY & PUBLIC IMAGE: 87.5%

The organization has established and documented a communication plan shared with the stakeholders. Identity of communication is ensured while using social media and a related function warrants the correct implementation. Annual reports cover all the requirements of NGO BM standard and is published on the website. Outcomes of communication are measured quarterly as per the mentioned pipeline document. They have a mechanism to authorize the release of messages. Internal communication and external communication with stakeholders about projects is regular. They have a document control system to insure traceability of information on electronic and hard copy

STRATEGIC FRAMEWORK: 85.2%

Organization has documented vision and mission which is widely communicated to internal and external stakeholders and displayed on web site. In line with its vision mission they have developed a strategic plan which breaks down to specific projects and it is formally approved. Stakeholders are identified and mapped. Stakeholders role is defined in the project proposals. Organization develops strategic co-operation alliance with several NGO's like, IVN, CAF, REAP, and co-operation agreement with the Govt of Karnataka. They have an organization chart with set responsibilities. The acting CEO's performance is evaluated yearly by the Managing Trustee and is documented. The organization in cooperation with Deloitte is taking care of the identification, evaluation of risks covering all the management aspects. They have no assets except few computers and printers.

OPERATIONS & SERVICE PROVISION, IMPLEMENTATION: 85.2%

The organization has implemented a procurement procedure which aims at keeping the pricing of the standardized material used by its approved subcontractors for restoration of school toilets, sanitation and drinking water facility. The work is inspected by Deloitte and UNICEF as well. These inspections are also used to evaluate the subcontractors. Some KPI's for the educational program component of the project are measured. A Health & Safety policy is available and in place. They also have a safeguarding policy which is included in the training to employees and orient them how to safeguard themselves during any critical situations in the field during project implementation. Internal operational reports are issued by the project manager and monitoring reports are issued by the internal audit which is done by Deloitte

OUTCOMES MEASUREMENT & EVALUATION: 77.8%

KPIs are available for measuring the realization of educational training. They check the performance against a predefined timeline to report weekly and monthly to the donors. The organization have active channels to assess the direct beneficiaries. For e.g. they take their donor to interact with the beneficiaries. The organization systematically communicates their field activities to the stakeholders. After completion of the projects' KPIs and

impact metrics are discussed with key stakeholders. They also carry out before and after impact analysis through third parties. They are not including in the monthly report, any unintended consequences.

Recommendations

- *In the format of report should have some comments on any unintended consequence which takes place during project implementation.*

CONTINUOUS IMPROVEMENT: 77.8%

The result of monitoring and internal auditing report is subcontracted to Deloitte is consolidated for corrections and improvement. They don't carry out formal satisfaction survey for staff but informal feedback is recovered from employees when conducting Yuva cultural program and Welfare activities. All the details are available in Yuva culture ppt presentation. The archiving system of past documentation consist in one IT server and back up in google drive for electronic data, and some hard files (paper) maintained in locked cupboards. They are registered on the Samhita platform through which they exchange various information with other NGOs and receive and share help.

INTEGRITY MANAGEMENT: 61.9%

They have several policies covering anti-Fraud, bribery, corruption, gift policy. They also have a code of conduct. They don't use any external service provider for the fundraising. The organization complies in its project implementation with all the ethical norms and established documented rules. Ethics and compliance issues are addressed in the induction training program and they are recorded. The organization have issue established a procedure for handling claim with contact phone numbers available on the website. All financial / confidential information is protected by Access rights in adherence to the confidentiality Policy.

Recommendations

- *The Organization should request a formal commitment by its subcontractors that they adhere to the ethical principles.*
- *Head of the project should commit that there is no breakdown of the code of ethics during the project.*

GOVERNANCE FRAMEWORK: 70.8%

The organization have written permission to operate in India according the Bombay trust act 1950. Since this date they made some change in the trust deed submitted to the charity commissioner for updating. There is no general assembly because it is not a membership organization. It is observed that the voting rights of related governing body members will never reach the majority. All together the Trustee Board and the Advisory Board play the role of the governing body. They have a defined conflict of interest policy but there is no formal commitment of Trustee Board member or Advisory Board member. There is no monetary compensation offered to the members of the Advisory Board and trustees board except for the reimbursement of travel expenditures after necessary approvals. There is no dissolution procedure applicable because the trust once established is irrevocable in India.

Recommendations:

- *Relationship between Advisory Board and the Trustee Board should be clearly described with responsibilities and authorities defined in the bylaws.*
- *Bylaws should also include the selection criteria and working and operating rules for the Advisory Board.*
- *The Trustee Board and the Advisory Board members are required to sign a Formal commitment to comply with the conflict of interest policy.*

GOVERNING BODY: 50%

There is no fixed term of office for the governing body members. The rotation of members is not defined but exist in practice. There is an induction program for new member of the Advisory Board. There is defined quorum minimum 6 for the Trustee Board. In the Advisory Board, there is no voting system as a consensus approach is preferred. The members who are not attending the meetings are dismissed. There is no proxy voting. There is an evaluation of the performance of the Advisory Board members on the basis of activity and results.

Recommendations

- *The criteria of selection of members of the Advisory Board should be clearly established and documented.*
- *Fixed term of office and rotation of the Advisory Board / Trustee Board to be defined in the bylaws.*

3.2. Comments on the scoring

Among the 99 criteria of the NGO Benchmarking Standard, 6 of them were determined N/A:

Questions		Evidence and comments provided
0109	In case of dissolution of the organization, a documented procedure (in its Constitution, by-laws, national legal requirement) defines the modalities to dispose of its assets.	Dissolution clause is not required by the law and deed is irrevocable.
0206	The organization has defined a rule (or a set of rules) to prevent concentration of vote in the hand of one member. If proxy voting is applied, only one per voting member is accepted.	No Voting System is followed
0208	The Governing Body annually evaluates the performance of its Committees (Standing and/or Task Forces). Evaluation is based on each Committee's Terms of Reference (objectives, deliverables, deadlines and responsibilities). If a Governing Body's member is part of a Committee (Standing and/or Task Force), he/she does not take part in the evaluation process.	No applicable in reality because there is no committee has been established.
0310	The organization has established a procedure to ensure adequate protection of assets (property, financial and human resources, hardware and software etc), against damage or loss.	They do not have assets.
0706	The organization has defined a policy ensuring that its financial resources (e.g., grantors) and investments (e.g., investment of its pension plan funds) are in line with its mission and ethical values	only fixed deposits. No other investments.
0808	The organization has established and documented an inventory system that is consistent with the assets reported in the financial statement (e.g., properties, equipment and supplies of the organization).	Very few products, items to keep an inventory, very few computers

3.3. Non-conformities

Irrespective of the overall score, the identification of any major non-conformity prevents the issuance of the SGS NGO Benchmarking Certificate. Non-compliance against any of the Standard normative requirements number 0103, 0107, 0302, 0307, 0309, 0401, 0503, 0601, 0704, 0801, 0805, 0806, 0809, 1001, 1002, 1009, 1103 and 1201 would raise a major non-conformity.

Number of non-conformities identified: **0 Major**

Rating	Questions	Evidence and comments provided
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3.4. Strengths and Improvement Opportunities

Section 3.1 presented the profile of Yuva Unstoppable along Dimensions of Best Practices. Several observations were made during the audit. They have been discussed with the different respondents and interlocutors. It remains the NGO's prerogative to investigate these observations and to decide on the most appropriate course of action to be taken. For such purpose, the following table now regroups these 99 criteria under 8 "Management-Oriented" perspectives.

P2 Leadership and Management Topics							
(Criterion #, MNC in bold larger font, cells in red = score of 0 or 1 , cells in gray = N/A)							
Statutory Documents	Board Responsibilities	Stakeholders' Voice	Policies & Strategies	Methods & Procedures:		Reviewing & Acting upon	Reporting
				Operations	Support		
0101	0203	0104	0107	0303	0402	0504	0503
0102	0207	0105	0307	0507	0403	0605	0805
0103	0208	0109	0401	0801	0404	0609	1009
0106	0302	0304	0407	0904	0405	0707	1106
0108	0308	0305	0501	0905	0406	0802	
0201	0310	0306	0602	0906	0502	0806	
0202	0607	0309	0608	0908	0505	0810	
0204		0803	0701	0909	0506	1005	
0205		0901	0704	0910	0508	1105	
0206		0902	0705	1006	0601	1201	
0301		0903	0706	1008	0603	1202	
		0907	0804	1101	0604	1203	
		1103	0809	1102	0606	1204	
		1104	1001		0702		
		1206	1004		0703		
			1007		0807		
					0808		
	1002						
	1003						
1205							
63.3%	73.3%	88.1%	91.1%	89.7%	82.5%	84.6%	83.3%
AVERAGE SCORES							

4. Distribution of criteria scored 0 or 1 by Dimension of Best Practices

The following page(s) provide the distribution of criteria that were rated "0" or "1" (on a 0 to 3 scale). Its purpose is to enable Yuva Unstoppable with the listing of criteria where the institution scored "low", thereby providing an overview of these criteria, as commented by the auditor.

Rating	Questions		Evidence and comments provided
1. GOVERNANCE FRAMEWORK			
0	0101	The Constitution (Statutes and/or other founding documents) of the organization has been considered for review at least once in the last 5 years by the Governing Body and/or the General Assembly. Amendments, if any, have been submitted for approval to the General Assembly.	Yuva unstoppable is a trust established as According to the legal law, Bombay Trust act 1950 and it is not considered for review.
1	0104	The organization has defined and implemented a conflict of interest policy for their Governing Body members and key staff. This policy: a) defines conflict of interest (or its appearance thereof); b) specifies the persons covered; c) requires regular disclosure to the Governing Body of any information related to conflict of interests, through a "register of interests"; d) provides the relevant procedures for handling actual or potential conflicts of interest when they arise.	Please formalize the correction of conflict of interest policy (they will formulate from now onwards). The organization has issued conflict of interest. But there is no formal commitment of trustee board or advisory board member
2. GOVERNING BODY			
0	0201	The Constitution (or any by-law) foresees and implements a fixed term of office for Governing Body members, including a defined number of renewals	There is no fixed term of office for the trustees and advisory board members. Some how somebody is inactive he/she will automatically be dismissed. Good practice would be fix term of office should be applicable.
1	0203	Newcomers to the Governing Body are provided with written guidance and they have formally acknowledged their role, responsibilities and legal liabilities.	It is in practice. Take them to the schools. Sends out invitation email and ppt
3. STRATEGIC FRAMEWORK			
4. INTEGRITY MANAGEMENT			
1	0402	The organization maintains documented information about the adherence to its ethical norms and values by all entities acting on behalf of the organization as well as its service providers, fund-raisers and sub-contractors.	They do have fundraising activity
1	0405	Enforcement monitoring of the defined ethical norms and values against the established procedures is carried out regularly and is documented.	Pre-survey is done and estimate is done, the quality check is done. in conformity of the same the thank you letter is collected.
5. COMMUNICATION, ADVOCACY AND PUBLIC IMAGE			
6. HUMAN RESOURCES			
7. RESOURCES GENERATION AND ALLOCATION			
8. FINANCIAL CONTROLS			
9. OPERATIONS & SERVICE PROVISION: PLANNING			
10. OPERATIONS & SERVICE PROVISION: IMPLEMENTATION			
11. OUTCOMES' MEASUREMENT AND EVALUATION			
1	1106	Unintended program/project/service consequences are identified and included in the reporting system at the program/project/service level or at the organization level.	5% of time they have challenges like some community intervene and stop the work unintended to the project objectives, But they have monthly monitoring

Rating	Questions		Evidence and comments provided
12. CONTINUOUS IMPROVEMENT			
0	1204	The organization has a system in place to assess staff members' / volunteers' satisfaction levels. The results are translated into an action plan.	There is no formal satisfaction survey or feedback is taken. They have yuva culture program. They do the act of kindness program. Welfare activities are done. File yuva culture ppt

5. Audit Conclusions

The above assessment shows that Yuva Unstoppable has:

- Reached an overall compliance score of 82.1% (Section 3.1)
- Shown 0 major non-conformities: Questions (Section 3.3)
- Reached the following scores for the four Key Dimensions of the Standard:
 - D2: Governing Body: 50%
 - D3: Strategic Framework: 85.2%
 - D6: Human Resources: 92.6%
 - D8: Financial Controls: 100%
 - D10: Operations and Service Provision: Implementation: 85.2%

As defined in Item D1 of the “NGO Benchmarking Audit Procedure for the NGO”, an SGS Certificate is awarded, provided that the Institution:

- (a) Has reached an overall score above the 70% threshold,
- (b) Does not show any major non-conformity and
- (c) Has reached a minimum score of 50% on Dimensions 2, 3, 6, 8 and 10

Based on the above Audit results:

<input checked="" type="checkbox"/>	The lead auditor <u>will recommend</u> Yuva Unstoppable for NGO Benchmarking Certification to the SGS Technical Committee.
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ANNEX: Complementary Results

The following sections present Yuva Unstoppables' audit results from different but complementary perspectives.

Contrary to most certification schemes, NGO BM audit results are not presented under a “pass or fail” approach. The NGO BM Report presents the scores obtained by the NGO along four different Perspectives (P1 to P4 listed below), thus adding value to the overall process. Indeed, we aim at allowing both the NGO and all its stakeholders to identify the status of their specific concerns or interests in a structured and operational way. For doing so, each of the 99 criteria, while an integral part of each Perspective, is re-assigned differently within each of them:

- P1:** 12 Dimensions of Best Practices (Section 2 of this report). This score is one of the three determining factor to award or not a SGS Certificate (Section 5 of this report)
- P2:** 8 Leadership & Management Topics, namely: Statutory documents; Board responsibilities; Stakeholders' voice; Policies & Strategies; Methods & Procedures: Operations; Methods & Procedures: Support; Reviewing & Acting upon and finally Reporting.
- P3:** 3 Stakeholders' Expectations, namely: “Transparency”, “Efficiency” and “Effectiveness”.
- P4:** 4 Continuous Improvement Steps, namely: “Plan”, “Do”, “Check” and “Act”.

For example, criterion 0308 *[The Governing Body has undertaken a selection process in hiring/nominating the CEO. His/her performance is evaluated annually. This process is fully documented.]* is assigned to each Perspective in the following way:

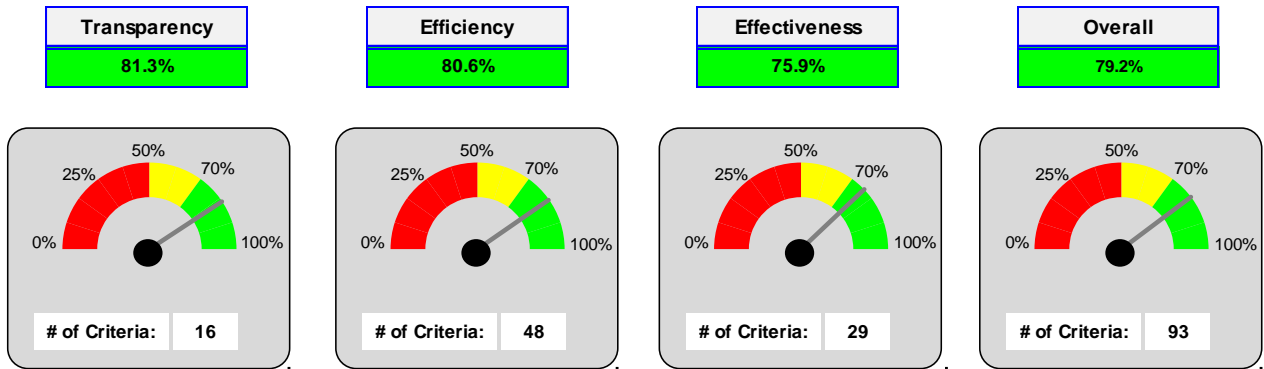
Perspective	Title	Criterion assignment
P1	Dimension of Best Practice	Strategic Framework
P2	Leadership and Management Topics	Board Responsibilities
P3	Stakeholders' Expectations	Efficiency
P4	Continuous Improvement Steps	Check

Adding the score of each criterion within its applicable component in a given Perspective will generate an average score for that component within that Perspective. Such process is conducted for all components of each of the 4 Perspectives. Considering that the number of criteria varies within each component, the average scores may likewise vary accordingly from one Perspective to another.

These results are complemented by a “Benchmark of Benchmarks” (Annex 3) which positions the audited NGO vis-à-vis its “peers” as determined by the ICNPO code indicated in the APQ. This is solely based on available data at the time of the audit, so any interpretation should not be taken as “written in stone”.

Annex 1 Scores by Stakeholders' Expectations

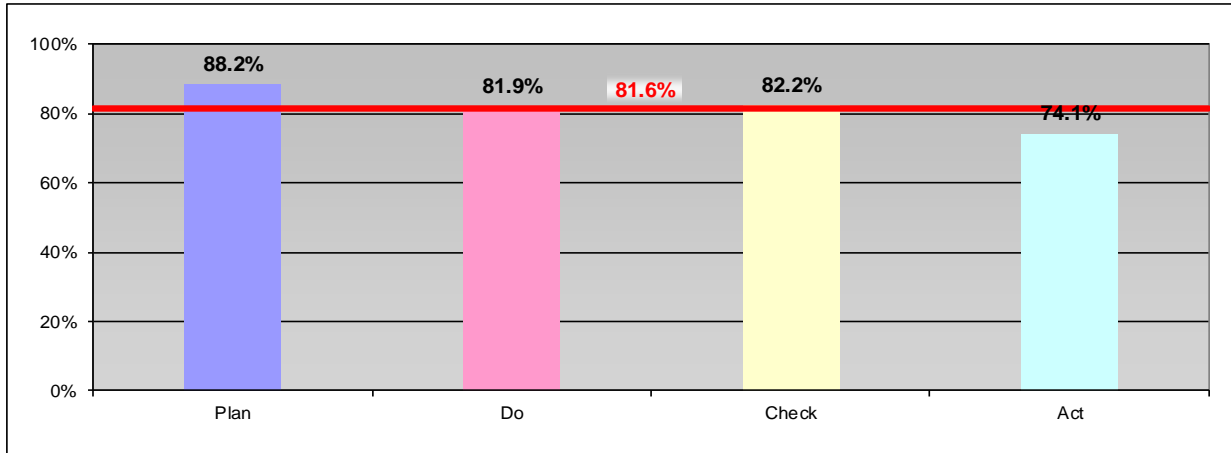
From a stakeholder's standpoint, the NGO BM criteria that pertain to Transparency, Efficiency and Effectiveness are fulfilled at the following levels:



The aforementioned overall rating represents the average of the rating obtained for each of the 3 Stakeholders' Expectations i.e. irrespective of the number of questions per Stakeholder' Expectations.

Annex 2 Scores by Continuous Improvement Step

The NGO BM criteria that pertain to "Plan", "Do", "Check" and "Act" are fulfilled at the following levels:



The aforementioned overall rating represents the average of the rating obtained for each of the 4 Continuous Improvement Steps i.e. irrespective of the number of questions per Continuous Improvement Steps.

Annex 3 Benchmark of Benchmarks

The following Table compares Yuva Unstoppable's overall score with the average score obtained so far by NGOs active in the same sector (here defined by the ICNPO codes):

Your ICNPO Group (first digit only)¹: **GROUP 2: EDUCATION AND RESEARCH**

Your score (Section 3.1): **82.1%**

THE INTERNATIONAL CLASSIFICATION OF NONPROFIT ORGANIZATIONS (ICNPO) ²		# of NGO BM Audits	Average score by ICNPO Group (%)
Group 1:	Culture and Recreation	2	86.7
Group 2:	Education and Research	43	72.8
Group 3:	Health	79	64.1
Group 4:	Social Services	69	70.5
Group 5:	Environment	25	73.7
Group 6:	Development and Housing	26	69.0
Group 7:	Law , Advocacy and Politics	8	66.4
Group 8:	Other Philanthropic Intermediaries and Voluntarism Promotion	21	72.5
Group 9:	International	10	83.9
Group 10:	Religion	1	63.8
Group 11:	Business and Professional Associations and Unions	16	68.6
Group 12:	[Not Elsewhere Classified]	36	72.3
Total		336	72.0

End of NGO Benchmarking Certification Audit Report

¹ As defined, by the NGO, in the Audit Preparation Questionnaire

² Salamon, Lester M. and Helmut K. Anheier. "The International Classification of Nonprofit Organizations: ICNPO-Revision 1, 1996." Working Papers of the Johns Hopkins Comparative Nonprofit Sector Project, no. 19. Baltimore: The Johns Hopkins Institute for Policy Studies, 1996.