Organisational Capacity Assessment (OCA)

Capacity Building Series

CAPABLE
PARTNERS PROGRAM
Botswana

FHI 360

FHI 360 is a global development organisation with a rigorous, evidence-based approach. Our professional staff includes experts in health, nutrition, education, economic development, civil society, environment and research. FHI 360 operates from 60 offices with 4,400 staff in the United States and around the world.

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Capable Partners (CAP) project

Capable Partners is a USAID-funded project that supports the Botswana government's efforts to mitigate HIV. The CAP project promotes organisational development and capacity building through networking and technical support.

CAP partners with non-governmental organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs) on HIV prevention services under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Peace Corps engagement in PEPFAR programmes.

The CAP project also supports monitoring and evaluation of grantees and sub-grantees, routine training on HIV prevention interventions, and the development and dissemination of behaviour change tools. Strengthening communities towards sustainability is the over-riding goal of the CAP project.

Foreword

This publication is part of a *Capacity Building Series* documenting the experiences of the Capable Partners Botswana project in organisational development, and building the technical capacity of local civil society organisations in HIV Prevention, from 2008-2011.

It is widely recognised that a strong civil society is essential for a successful and sustained response to the HIV and AIDS epidemic in Botswana. Much debate has taken place around the limited capacity of civil society in Botswana, and to date there have been only a few success stories. We are therefore pleased to introduce you to this *Capacity Building Series* which features real life experiences of civil society organisations in Botswana actively participating in their own capacity enhancement, and forging stronger and more effective organisations as a result. While the Capable Partners Botswana project contributed a solid capacity building model together with expert facilitation and tools, we believe it is the enthusiastic participation and ownership of the process by our local partners, which has been the most important ingredient for success.

As we look beyond the end of this project, we thank USAID for the opportunity to contribute to civil society strengthening in Botswana. We wish our partners and other civil society organisations every success in achieving their mandates, and hope this and other publications in the *Capacity Building Series* will prove useful in strengthening organisations, and, by doing so, improve the quality and sustainability of the response to the HIV and AIDS epidemic. Several individuals and institutions have contributed to the case studies, guidance and tools outlined in this and other documents in the series. We thank all involved for their commitment and insights.

Mike Merrigan, Dr. PH
Chief of Party
FHI Development 360 Botswana

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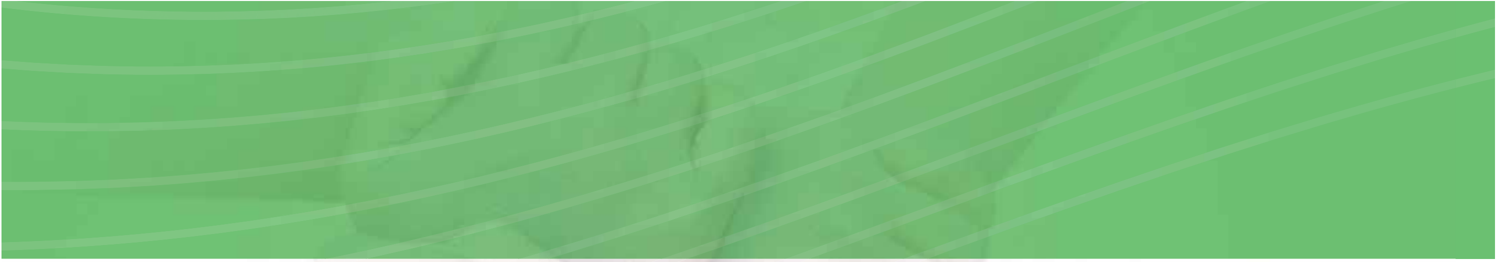
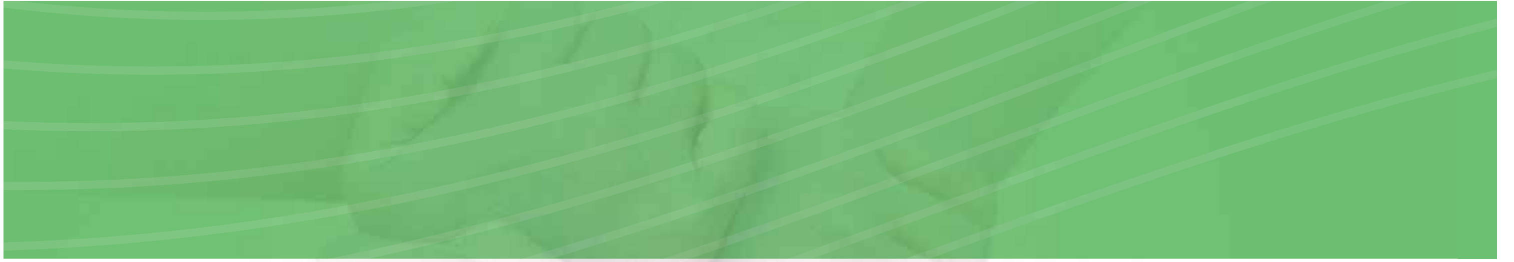


Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMEST	African Methodist Episcopal Services Trust
BAIS	Botswana AIDS Impact Survey
BBCA	Botswana Business Coalition against HIV and AIDS
BCC	Behaviour Change Communication
BNAPS	Botswana National HIV and AIDS Prevention Support
BOCAIP	Botswana Christian AIDS Intervention Programmeme
BONEPWA	Botswana Network of People Living with HIV and AIDS
CAP	Capable Partners
CBO	Community-Based Organisation
CSO	Civil Society Organisation
DQA	Data Quality Audits
EFB	Evangelical Fellowship of Botswana
FBO	Faith-Based Organisation
FHI 360	Family Health International 360
GoB	Government of Botswana
HIV	Human Immunodeficiency Virus
HPP	Humana People to People
HR	Human Resources
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
MCP	Multiple and Concurrent Sexual Partnerships
MoH	Ministry of Health
NACA	National AIDS Coordination Agency
NGO	Nongovernmental Organisation
NSF	National Strategic Framework for HIV and AIDS
OCA	Organisational Capacity Assessment
OD	Organisational Development
PLWH	People Living with HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
SAHA-UB	Students against HIV and AIDS–University of Botswana
TA	Technical Assistance
TLW	True Love Waits
UNAIDS	Joint United Nations Programmeme on HIV and AIDS
UNDP	United National Development Programmeme
USAID	United States Agency for International Development
USG	United States Government
YWFC	Young Women's Friendly Centre



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Background and Introduction

This publication documents the organisational capacity assessment (OCA) implementation process and experiences of the USAID-funded Capable Partners Botswana (CAP) capacity building project that supported a number of non-governmental organisations (NGOs) working in HIV prevention in Botswana from 2008–2011. The purpose of the project was to strengthen community-based responses to HIV prevention implemented by civil society organisations (CSOs), and help the organisations develop into strong and effective partners in the national HIV and AIDS response.

The CAP Project organisational capacity assessment conceptual model, implementation processes, major activities, tools used and key results are outlined in this publication. Case studies and practical examples that capture experiences regarding the OCA process have also been included. The process, findings, tools and results are of practical relevance to other organisations involved in capacity building or implementing community-based programmemes in Botswana and beyond.

What is the Capable Partners (CAP) Botswana project?

On July 31, 2008, the Academy for Educational Development, now Family Health International (FHI 360) was awarded a USAID/RHAP Associate Cooperative Agreement for the Local Partners Capacity Building Programmeme to enhance the organisational development and sustainability of local non-governmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs) implementing HIV prevention programmemes in Botswana. All activities conducted under CAP are guided by the Botswana Partnership Framework for HIV and AIDS (2010–2014)—a collaboration between the Government of Botswana (GoB) and the United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR). This supports the National Strategic Framework's (NSF II) focus on HIV Prevention, Capacity Building and Health Systems Strengthening, Strategic Information and Treatment and Care and Support as its main pillars.

By January 2011, CAP Botswana awarded 12 grants to local CSOs in 13 districts to support HIV and AIDS prevention activities. Seven of these grants are in their third year under CAP, two are new and three have been closed out. The project also provided technical assistance (TA) to strengthen the organisational and professional capacities of these local NGOs, FBOs and CBOs, and offered support to local CSOs through the Peace Corps Small Community Grants Progamme to design projects for funding and prepare grant applications, which resulted in 19 small grants.

Areas of intervention by CAP Botswana include: D'kar, Dukwi, Gaborone, Ghanzi, Goodhope, Lobatse, Kang, Kanye, Kasane, Mabutsane, Mahalapye, Masunga, Mochudi, Molepolole, Palapye, Rakops, Ramotswa, Selebi-Phikwe, Serowe, Tlokweng, Tsabong and Tutume.

Figure 1. Map of Botswana showing CAP Project operational districts

What is Capacity and Why Is It Important for the Sustainability of HIV and AIDS Prevention Responses?

UNDP defines capacity development as 'the process through which individuals, organisations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.'[1] Capacity building in the context of HIV prevention programmes helps deliver evidence-based interventions more effectively by improving performance and addressing stakeholder needs. For UNAIDS, capacity building creates, expands, or upgrades a stock of desired qualities and features that can be continually drawn on over time.[2] It is not a one-off intervention, but an iterative process of design-application-learning-adjustment and helps promote a common frame of reference for a programmatic response to capacity development.

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Strengthening the capacity of civil society organisations to deliver HIV and AIDS prevention and care services is an important element of the Government of Botswana's National Strategic Framework for HIV and AIDS II (NACA 2010-2016) and the Botswana PEPFAR programme. To combat the HIV epidemic health service providers and public health professionals must use the best possible science and proven programme models to reach and influence HIV positive individuals and those at high risk of becoming infected. The large number and complexity of approaches that are necessary to institute and maintain HIV prevention programmes make capacity building for effective health outcomes essential.[3] This capacity is needed among individuals, organisations and communities affected by HIV and AIDS. In its 2001 report 'No Time to Lose: Getting more from HIV Prevention', the US Institute of Medicine stated that there is a link between the effectiveness of prevention efforts and the capacity of service providers.[3]

Conceptual Framework for Improving Organisational Capacity in HIV Prevention

Building NGO capacity in HIV prevention starts with an assessment of capacity. As Figure 1. below (AED 2005) outlines, improving organisational capacity in HIV prevention requires first an understanding of communities at risk, including the HIV transmission routes and factors that contribute to risk of HIV transmission.[1] Next community-based organisations need to be identified who have adequate resources to conduct HIV prevention activities, and other key characteristics such as credibility within their communities, experience providing community services (including health education), and an existing infrastructure. Once these steps have been followed and criteria met, attention needs to turn to building the actual capacity of the NGO.

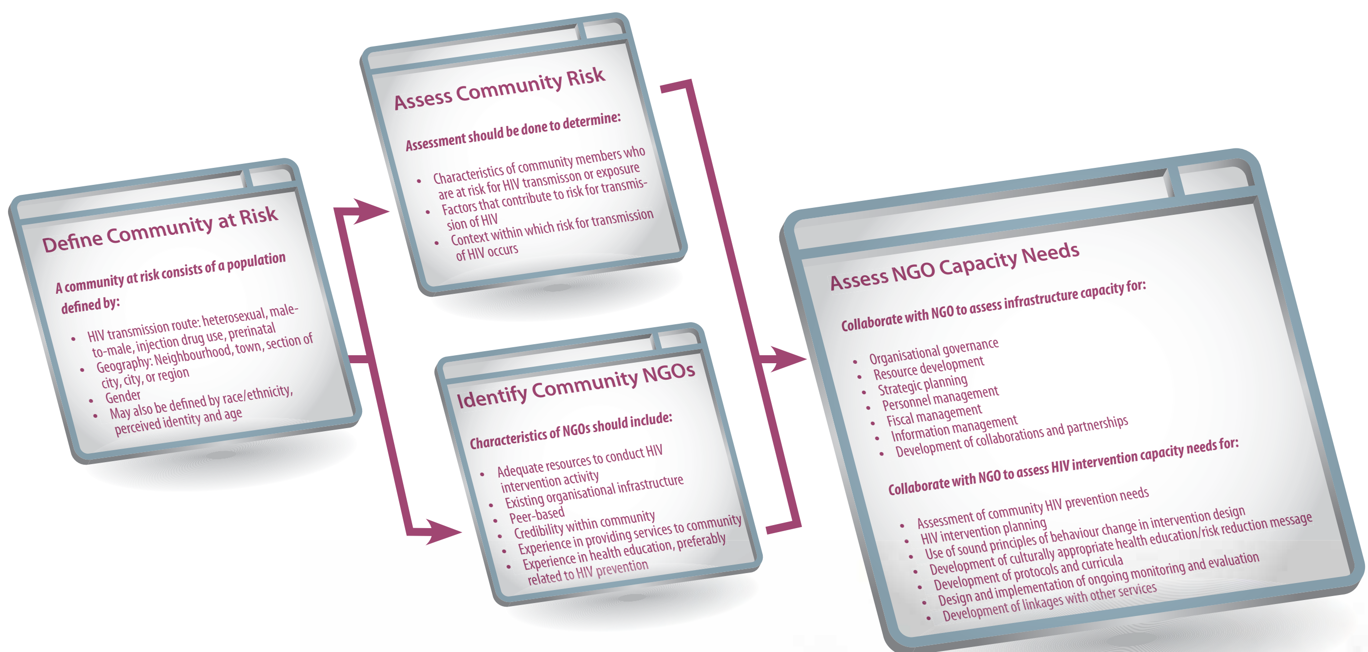

Figure 2. A model for the design, implementation and evaluation of NGO HIV Prevention Capacity Building Activities
Source: AED

As Figure 2 outlines, this assessment is two-fold, reflecting the dual-nature of capacity needs at organisational level. The first type of capacity has been termed 'infrastructure' capacity in this model and refers to organisational-development issues such as governance, human resource and financial management, collaborations and partnerships, and resource development, to name a few. Capacity in these areas increases the likelihood that an organisation will be robust and able to successfully manage staff, funds and programmes, whether the programmes are HIV-prevention related, or other. The second type of capacity is related to the ability to implement successful HIV prevention programmes. The types of competencies involved here include among other things the ability to use sound principles of behaviour change in intervention design, the ability to develop protocols and curricula, to assess HIV prevention needs in the community, to link clients with services and to design/implement a successful monitoring and evaluation system.

While capacity development models may differ in emphasis and the types of capacity NGOs need, nearly all agree on the importance of the capacity assessment – it is the capacity assessment which effectively guides the capacity development process. This is a common thread throughout the literature, whether the capacity development initiatives focus on organisational development issues, or issues related to effective HIV prevention programmeming, or in the CAP Botswana case, both.

Capacity Assessments in Health and HIV and AIDS programmes

Capacity assessments in HIV and AIDS programmes have been taking place since the 1990s, if not earlier. Jerry Van-Sant undertook an analysis of frameworks for USAID that showed that they differ in semantics and emphasis. Governance, Management and Strategic Management were the attributes deemed to make for effective and sustainable institutions. He noted that typically capacity could be assessed along each measurement dimension using a numeric scale, which would permit calculation of both categorical and overall scores being benchmarked, and permit an analysis of capacity over time or between organisations.[4] This methodology was to become the basis for assessments performed by several USAID partners seeking to measure and evaluate organisation development. The areas of capacity assessed were typically chosen based on the ability to complement and reinforce each other, in combination, to enhance the sustainability and impact of interventions.[5]

Several HIV and AIDS organisational capacity assessments were developed which included quantitative and qualitative methods to develop a comprehensive picture of capacity from different perspectives. They were developed to cater for NGOs, health facilities and health systems, and differed substantially in structure as well as degree of participation capacity assessments were also positioned as a fundamental part of the project management cycle. This involved linking the assessment to a planning process[6], and including monitoring and evaluation activities which scrutinise how well the plan was implemented, as well as using actual changes in capacity (measured through repeat applications of the assessment tool) as evidence of effective capacity building.

Some capacity assessments looked further than the organisational level of capacity to assess the capacity of health systems, as well as policy capacity. For example, the USAID BASICS project developed a Health Management Capacity Assessment tool which focused on six components needed for strengthening health systems: oversight and coordination of the health sector, human resource management, resource management, health financing, community involvement, and information.[7] In 2003, the World Bank developed a tool for diagnosing institutional capability for implementing and sustaining a policy. Their toolkit provided a structural approach for asking questions, analysing results, and identifying critical institutional issues. By working back from outcomes to identify necessary actions and behaviours that will be required and by whom, they were able to address factors to meet policy and project objectives.[8]

The full range of organisational capacity assessment tools is extensive. Different toolkits were developed to analyse capacities that are important for work in HIV prevention, and FHI 360 reviewed several different iterations before finalising the tools for the CAP project in Botswana. Capacity assessment tools now go further than merely assess capacity – they have evolved into capacity building interventions in their own right by including processes which effectively engage NGOs in their own organisational development (e.g. Pact[8]). The CAP Botswana approach to building capacity uses repeated capacity assessments in much the same way – going through the process results in a shared vision of needed capacity which lays the foundation for a successful and transparent partnership.

CAP Botswana Organisational Capacity Building Approach

The CAP model for capacity building involves a cyclical process that includes assessment, prioritisation, planning and provision of technical assistance (TA). CAP's capacity building approach involves regular assessments followed by tailored assistance including one-on-one mentoring, systems and tools development, supported by periodic monitoring and evaluation (M&E). Regular communication and close liaison with partners is a key feature of this approach.

CAP Botswana's capacity building model begins by conducting organisational capacity assessments, with qualitative and quantitative components. This facilitates objective, data-driven assessments that lays the foundation for gaining a shared understanding of interventions needed, capturing progress made and lessons learned.

This assessment data is then used to prepare technical assistance plans with emphasis on areas where the organisation has scored the lowest and are thus viewed as high priorities for capacity building interventions. The focus of the CAP project is to provide strong and consistent technical support for sustainability, and ensuring that TA reaches all levels of the organisation. Continuous assessments are carried out and the gathered data is used to refine technical assistance and identify new areas for development support and tailored assistance. Figure 3 below provides an overview of CAP Botswana's Capacity Building Approach.

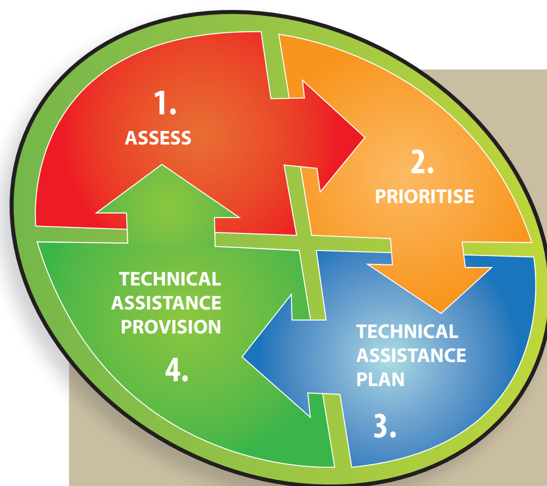

Figure 3. Capacity Building Model
Source: CAP Botswana

Step 1: Undertake Capacity Assessment

Partner capacity assessments are conducted using a participatory methodology over a one-day period to gauge the partner's technical and organisational capacity, and on that basis, individual TA requirements are elaborated. Capacity assessments are guided by best practices and target all stakeholders involved in the organisations. The exercise enables organisations to determine existing capacity gaps based on national and international (e.g., PEPFAR) guidance norms, and plan appropriate TA measures.

Step 2: Prioritise Technical Assistance

It is important to note that not all gaps can be simultaneously addressed in TA provision, hence the need to prioritise some areas above others. Using a participatory prioritisation process and a specially designed tool, CAP prioritised TA together with partners based on meeting the most urgent needs of the organisation which also corresponded to the lowest scores on the assessment tool.

Step 3: Plan Technical Assistance

Development of TA plans is the next stage of the process. It is important to note that TA plans are determined by the prioritisation exercise. While developing plans, it is important to ensure that they are action-oriented and have specific target interventions to deal with organisational priorities for TA, roles and responsibilities, as well as expected deliverables.

Step 4: Provide Technical Assistance

Based on the results from the prioritisation exercise that outline areas requiring the most urgent attention, TA is provided. TA should be flexible and responsive to the immediate needs of the organisation. Technical Assistance is varied and can include customised training, in-depth, one-on-one mentoring, systems and tools development, direct meetings at least once a quarter for each partner, site visits to observe activities and discuss with stakeholders and beneficiaries benefits of projects in their areas and potential future needs or areas for support, phone calls and emails on a weekly basis.As part of the cyclical process outlined in Figure 3 above, this then leads to further capacity building and other assessments to evaluate the TA provided, as well as help identify new, emerging areas where TA is required.

Provide technical assistance through:

- Improving Planning Tools and Processes
- HIV Prevention Technical Support
- Improving Programme Management Tools and Processes, and Monitoring and Evaluation Technical Support

CAP Botswana's Capacity Assessment Domains

Following a review of other capacity building assessment tools, and looking to incorporate organisational development issues as well as HIV prevention technical capability in the assessment, the CAP Botswana team arrived at an Organisational Capacity Assessment (OCA) tool which covered six key domains, each with sub-areas, outlined in Figure 4 below. The OCA tool helped CAP partners measure their capacity against established standards in a participatory manner. It permitted the partners to answer the questions:

- Where are we now?
- Where do we want to be?
- How do we get there?
- What support do we need and when?

Five of the six domains are organisational development related (monitoring and evaluation, sustainability, governance and leadership, human resource management, and finance), while the last domain assesses an organisations capacity specifically in HIV prevention. The contents of each domain were derived from international (including PEPFAR/USAID) and Botswana-specific standards, and checklist items were designed to be answered with yes/no questions in the majority of cases, with a score assigned for each. A detailed description of each domain is as follows:

Figure 4. The structure of CAP Botswana's OCA tool
Source: CAP Botswana

CAP Botswana's Capacity Assessment Domains

Human Resource Management (HRM)

This domain was divided into two sub-areas: HR systems management and professional development. It assessed, among other things, whether partner organisations had an organisational chart, as well as job descriptions and signed contracts for all staff. For professional development, assessment criteria included whether there are periodic performance reviews for staff, and professional development opportunities in key areas.

Governance and Leadership

The sub-areas in this domain were governance and leadership/ management. Example criteria for good organisational governance included: having legal status, a constitution, a mission statement, a governing body, diversity in board composition, and regular board meetings. Select criteria in the leadership and management sub-area included: the presence of a costed strategic plan, annual work plans, processes for quarterly or more frequent reviews of work plans, having staff engaged in planning processes, troubleshooting mechanisms, and collaboration with other service providers.

Sustainability

This was a domain not typically seen on other assessment tools and was comprised of items which, were associated with successful NGOs that had achieved some longevity, and could not be easily categorised in other domains. Several sub-areas were included in the sustainability domain, namely: infrastructure, public relations, resource development, financial sustainability, networking/partnerships, and technical expertise. Infrastructure, for example, looked at issues including internet access, adequate space and equipment, and maintenance of buildings and equipment. Public relations covered issues including: presence of updated informational materials, whether the organisation is communicating its achievements, collaborating with national partners, etc. Resource development checklist items included the capacity to prepare detailed budgets/proposals, having written letters of support from stakeholders/ community leaders, securing multiple sources of funding, actively searching for funding opportunities, and receiving in-kind donations. Financial sustainability included access to unrestricted funds, and not having significant audit findings on the last audit. Networking/partnership issues assessed included partnering with the private sector, conducting external relations with the community, and incorporating external feedback into programs. Lastly, the technical expertise/community resource sub-domain focused on the role of partner managers in issues including contributing to policy development, and taking a leadership role among partner organisations.

Monitoring and Evaluation (M&E)

This domain is composed of three subareas: M&E systems management, data collection/reporting, and performance/ quality monitoring. M&E systems issues assessed included having at least 50 percent of a staff members time committed to M&E, documented processes for data collection/verification, and an M&E plan with responsibilities in place. The data collection/reporting sub-area examined data quality assessment procedures, the organisation of M&E reports, and procedures for avoiding double-counting procedure, among others. Finally, issues covered under performance/quality monitoring, included the existence of M&E targets, having a performance management process in place, the successful completion of project deliverables, and a project evaluation process.

CAP Botswana's Capacity Assessment Domains

Finance

This domain has three major components: financial planning and budgeting, financial management and accounting and record keeping. Financial planning and budgeting assesses financial planning processes such as establishment of an organisational budget the covers all projects costs and review processes for developed budgets, tracking of burn rates, and use of financial data for decision making for project implementation. Financial management reviews organisational documents such as financial policies and procedures and procurement policies to guide overall financial day-to-day operations. Lastly, accounting and record keeping examines operational systems to track and report daily financial transactions in compliance with international accounting standards.

HIV Prevention-BCC

Most CAP partners implemented behaviour change programmes, therefore the focus on this section, the technical domain, was divided into two sections: behaviour change communication (BCC) programming and volunteer management. Questions for the BCC programming section examined design, implementation and management of behaviour change programmes including target audience segmentation, alignment to national HIV prevention priorities and policies, review of materials used in implementation, as well as utilisation of referrals. Volunteers or other community outreach workers are often implementers of BCC programmes, this section thus reviewed volunteer management systems including recruitment, training, supervision and professional development structures.

CAP Botswana's Capacity Assessment Process

CAP partners went through an initial baseline assessment in September 2008, a midpoint in June 2010 and a final assessment was conducted in September 2011 to evaluate progress over the life of project. In advance of each assessment, the tool is sent to partners to review and prepare relevant sources of verification. The assessment itself is conducted over a one-day period involving partner managers, finance/admin and technical staff (depending on the domain assessed). Based on the analysis from each assessment, FHI 360-CAP together with partner staff, participate in a prioritisation exercise to determine the important gaps to be addressed and the nature of TA to address these gaps. The TA plans typically include activities with deliverables, the responsible officer designated from both parties, and target completion date. The process is summarized in Figure 5 below.

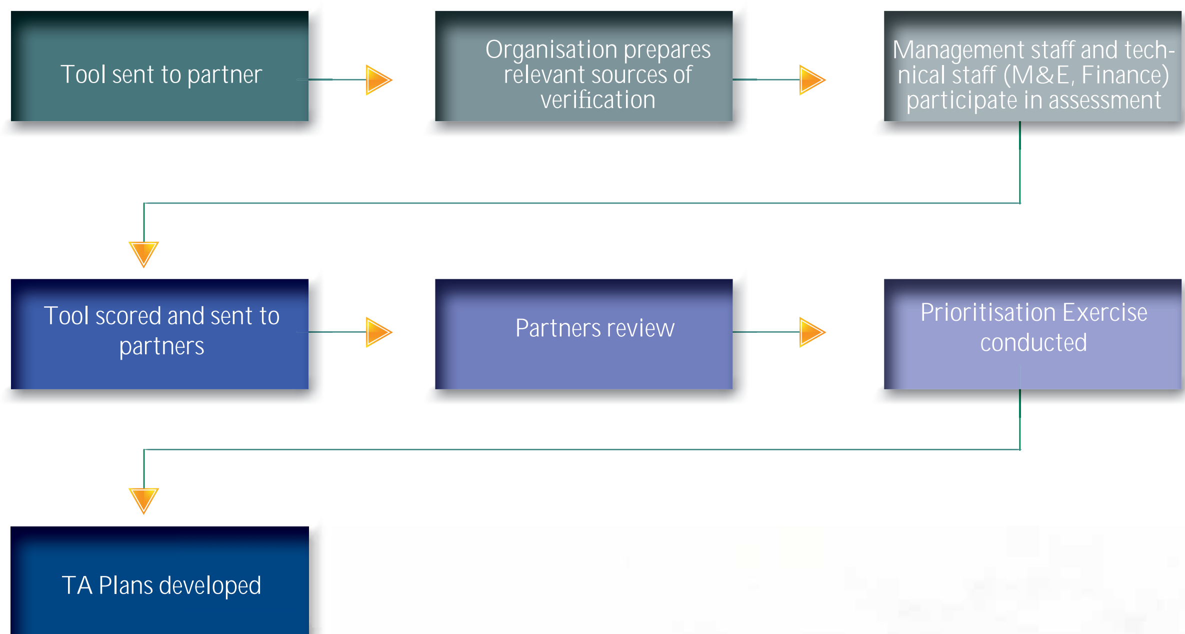

Figure 5. The OCA process
Source: CAP Botswana

The OCA scoring and assessment process is participatory and all individuals from the partner organisation play a part in administering the assessment, reviewing and finalising scores. The prioritisation exercise which follows allows partners to take the lead in determining their priority needs and planning the TA from the CAP team in advance. The documents required depend on the domain of interest and are usually indicated in the verification column of the OCA tool.

Evolution of the OCA between baseline and mid-point

The tool and process evolved from baseline (Year one) to the mid-point assessment (Year two) based on literature reviews and lessons learned in the field with a view to arriving at a more accurate snapshot of organisational and technical capacity. One of the lessons learned was that self-assessment scores at baseline tended to be subjective and some criteria identified as 'achieved' were not adequately understood and/or could not be supported by evidence. Adaptations were made to the tool including:

1. Creation of a 'verification' column that requires evidence such as source document(s) to support the score assigned;
2. Creation of a 'sustainability' domain in the tool to track this critical area for organisational development and focus on issues (e.g. public relations, resource development) not well covered by other domains;
3. Development of sub-areas or sub-categories within each domain to better define technical assistance needs and monitor specific areas of growth; and
4. Addition of the prioritisation exercise: after the administration of the OCA Tool, a prioritisation exercise was created based on adaptation from the FHI 360 Local Partners Capacity Building model (Zambia, see section on 'prioritisation exercises').

These enhancements to the tool and the process resulted in a more targeted and objective assessment at mid-point. They also resulted in improved partnerships through the participatory prioritisation exercise which formed a stronger linkage between the assessment process and subsequent TA plan. Finally, the addition of a sustainability domain bought a much-needed focus on areas where organisations need to excel in order to ensure their longevity or sustainability. While no changes were made to the tool between the mid-point and end of project versions, it should continue to evolve to better reflect critical capacities needed for strong institutions implementing successful HIV and AIDS programmes.

Scoring Structure of the OCA Tool

Following each assessment, a detailed summary sheet (Figure 6 below) is used to display the aggregate scores for each sub-area under all key domains. An overall score for each partner is generated, which is their total score out of a possible 316 points. There is no scientific basis for weights attached to each section comprising the overall score, however the relative importance of different domains in the overall score varies from 12.7% for the human resources (HR) domain to 20.3% for sustainability. The total score was then expressed as a percentage, and organisations were classified as either beginning (0–69 percent), developing (70–79 percent), expanding (80–89 percent), or mature (90–100 percent), based on this overall score. Refer to Figure 7 for a description of each organisational classification. Feedback from partners suggested the scores were a fair representation of relative strengths and weaknesses within the partner organisations.

Key Doman	Total Possible Score	Key Doman	Total Possible Score
M&E	60	Volunteer Management	27
M&E System Management	19	Volunteer Recruitment and Selection	5
Data Collection and Reporting	11	Volunteer Recognition and Supervision	11
Performance and Quality Monitoring	30	Volunteer Development	11
Governance and Leadership	45	HR	40
Governance	37	HR Systems Management	33
Leadership and Management	8	Professional Development	8
Finance	46	Sustainability	64
Financial Planning and Budgeting	13	Infrastructure	4
Financial Management	15	Public Relations	7
Accounting and Record Keeping	18	Resource Development	29
BCC	61	Financial Sustainability	4
BCC Programmeming	34	Networking and Partnerships	12
Programme Approach and Strategy	11	Technical Expertise and Community Resource	8
Referral System	6	Total	316
Programme Implementation	14		
Community Involvement and Partnerships	3		

Figure 6. Scoring structure of the CAP OCA tool
Source: CAP Botswana

The majority of the assessment within each domain involves asking a specific question related to a desirable capacity (whether it be systems, personnel or process related). A 'yes' answer scores one point, while a 'no' answer had no score. There were some exceptions, where more than one point could be assigned for a question, depending on the answer. For example, in the M&E section, the following question and scoring system appears:

Question 19. Is there a management/supervision process to review performance vs targets? If yes, how often does this process occur:

- Never (assign 0 points)
- Annually (assign 1 point)
- Quarterly (assign 2 points)
- Monthly (assign 3 points)

Scoring Structure of the OCA Tool

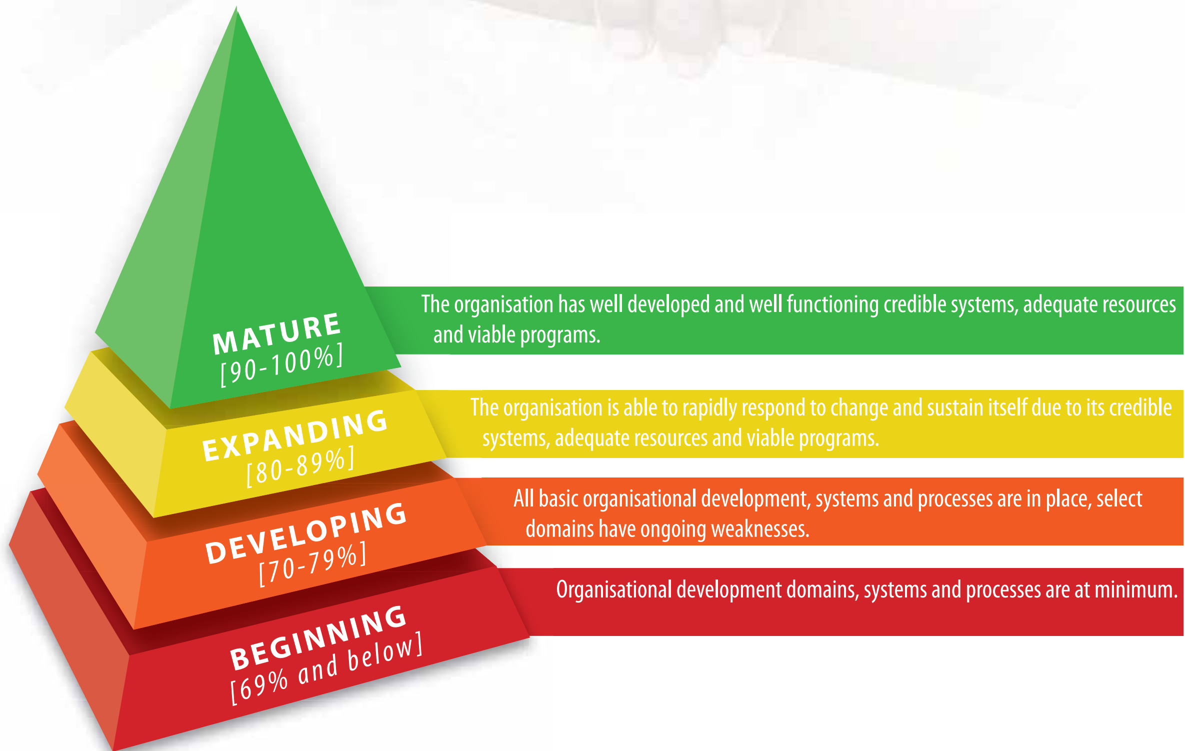

Figure 7. Organisational capacity categories

TA Prioritisation Exercise

The prioritisation exercise followed the assessment and used the scores from the OCA to facilitate a discussion with each partner regarding TA priorities and subsequent workplan. For each sub-area assessed (or critical gap identified within the sub-area), partners assigned one of the following levels of priority based on how important it is to address: make or break, crucial to survival, priority area of concern, significant but not a priority, or not significant to us in the near future.

The prioritisation matrix consisted of four quadrants which then matched the level of priority to the OCA score. The four quadrants in the matrix can be summarized as follows:

QI: The highest priority issues to address since they scored lowest on the assessment tool and were viewed as 'make or break' or 'crucial to survival' by the partner.

QII: Issues that scored low on the assessment tool but are not seen as 'make or break' or 'critical to survival', hence are still important, however, slightly lower priorities than QI.

QIII: Issues that scored high on the assessment tool but are still seen as 'make or break' or 'critical to survival', hence are still important, however, slightly lower priorities than QI and QII.

QIV: Issues that scored highy on the assessment tool and are seen as either 'not a priority' or 'not significant to us in the near future'. Issues in this quadrant are the lowest priority and hence least likely to be included in the TA plan.

The prioritisation exercises were led by partners which helped get the TA planning and TA provision process off to a good start. It resulted in a shared understanding of priority areas for assistance and ownership of the work plan, thereby increasing the likelihood that subsequent capacity building interventions would be successful. An example of this exercise is shown with Humana People to People (HPP) (Figure 8 below). HPP prioritised issues in quadrant 1 (Q1) including financial planning and budgeting, M&E system management, and accounting and record keeping. These areas then became the target of TA by FHI 360-CAP, and were integrated into the subsequent TA work plan.

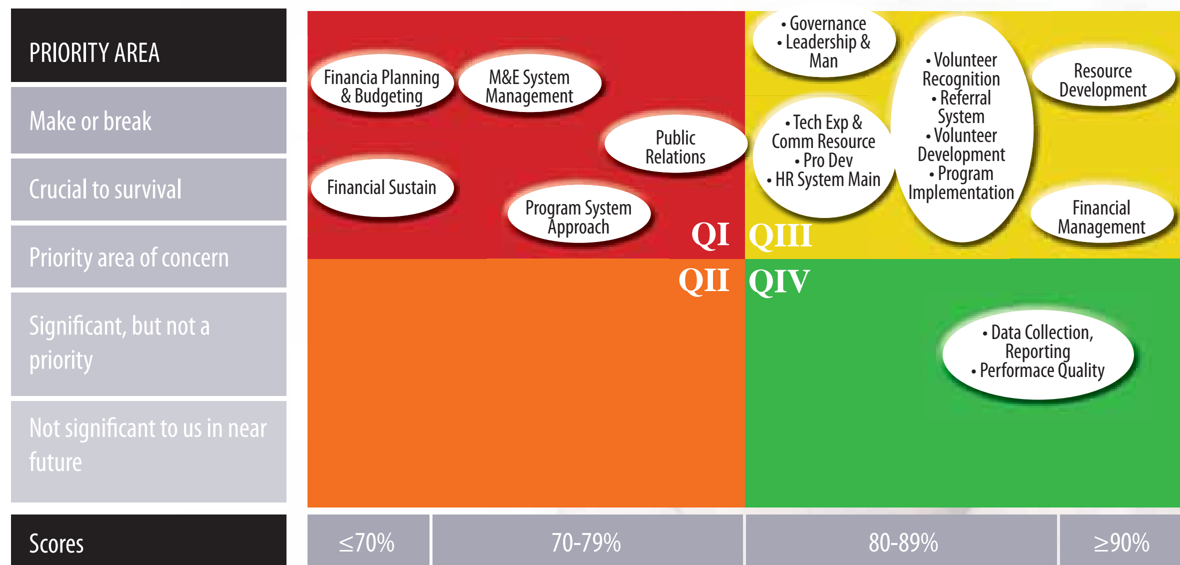

Figure 8. Sample prioritisation matrix from Humana People to People, 2010
Source: CAP Botswana

Technical Assistance Plan

After identifying capacity and resource gaps, the next step is to develop an outcome-based plan for capacity building. The plan is a logical follow on from identified and priority gaps, and includes next steps such as what needs to be done, by whom, the appropriate timelines for completion and finally, expected 'tangible' results. Thus, the objective of the planning process is to document the practical steps that should be followed in the provision of TA to address gaps identified during the capacity assessment exercise.

Individual technical assistance plans were developed for each partner organisation using a common template. Having outcome-focused plans was important because it attached a particular, foreseeable result to specified actions, responsibilities and timelines. As illustrated in Figure 9, the plan for Evangelical Fellowship of Botswana (EFB) included tangible results in monitoring and evaluation, governance, finance and management and human resources.

PROGRAM AREA	PROGRAM GAP	ACTIVITY NAME	DELIVERABLE	RESPONSIBILTY	ESTIMATED COMPLETION DATE
Monitoring and Evaluation	No staff members assigned full-time to M&E	Hire M&E staff	M&E staff	EFB, other donors	30/3/2009
Governance	Board lacks relevant skills to support the organisation	Board governance training	Board members with relevant skills to support the organisation	FHI 360, EFB	15-18/7/2009
	No leadership succession plan	Develop a leadership succession plan	Leadership succession plan	EFB	16/5/2009
Financial Resources	No sustainability plan	Sustainability training (proposal writing etc)	Sustainability plan	FHI 360, EFB	30/8/2009
	Organisation has never been audited	Audit	Audit report	EFB, external comsultant	16/10/2009
Management and HR	No staff dedicated to HR	Hire HR staff	HR staff	EFB	15/9/2009
	HR policy in place, but has gaps	Review HR policy	Revised HR policy	FHI 360, EFB	30/6/2009
	No performance based staff appraisal & salary review system	Develop staff performance review tool (FHI 360 can supply sample)	Staff appraisal review tool utilised	FHI 360, EFB	30/6/2009
	No professional development programme for staff	Carry out needs analysis & develop staff development programme	Staff development programme	EFB	20/11/2009
	Meetings not minuted and not followed through	Appoint secretary at every meeting to take minutes, with action items	Minutes of meetings and feedback on action items	EFB	Commenced 30/4/2009
	No risk management	Develop risk management plan	Risk management plan	EFB	10/12/2009

Figure 9. Sample technical assistance plan developed for Evangelical Fellowship of Botswana (EFB)

Results

The comparison of overall baseline (Year 1), midpoint (Year 2) and final (Year 3) OCA scores for each partner organisation assessed is outlined in Figure 10 below. Keeping in mind there were changes to the tool between the two assessments, improvements in capacity were nevertheless recorded across the board. The average improvement in capacity scores between the two rounds was 141%, although smaller improvements (around 30%) were observed among partners with higher initial capacity at baseline. These two partners (BOCAIP and HPP) are larger and more established organisations, hence the higher scores at baseline were to be expected. By achieving a score of 85% at mid-point, HPP progressed from the 'beginning' (60-69%) to 'expanding' (80-89%) category, while two other partners (BOCAIP and YWFC) also moved up a category in overall capacity – from 'beginning' (60-69%) to 'developing' (70-79%) organisations.

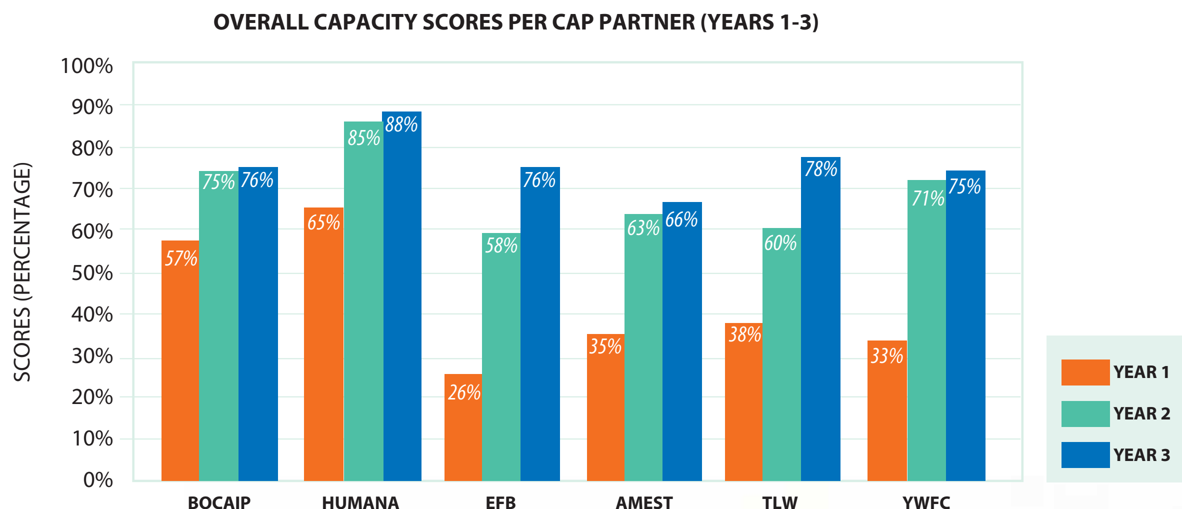

Figure 10. Overall Capacity Scores, Years 1-3, by partner

To better understand the changes in scores, selected improvements observed between baseline and mid-point assessments for HPP and YWFC are outlined below. HPP progressed in several areas including BCC (65% to 89%), M&E (47% to 88%) and Sustainability (61% to 95%) and a few of the improvements are as follows:

- Implementation of a procedure to avoid double-counting beneficiaries
- Design and implementation of data quality procedures
- Initiating a mechanism for tracking best practices or success stories within the organisation
- Networking with other organisations for improved collaboration and advocacy
- Actively evaluating the relevance of strategies to address gaps in HIV prevention
- Segmentation of target audiences for targeted behaviour change communication
- Engaging in external relations with the community, the media, networks and coalitions
- Presentation of achievements at district, national or international forums
- Staff have received training in data verification and collection
- New standard data collection tools implemented which segregate beneficiaries by age and gender
- New volunteer recognition system
- Improved collaboration with district stakeholders
- Implementation of process evaluation
- Introduction of risk reduction counselling
- Development of a fundraising unit

Results

YWFC also progressed in several areas, including HR (13% to 77%), finance (38% to 72%) and governance and leadership (44% to 56%), with select improvements as follows:

- Establishment of documented administrative tasks and procedures
- Implementation of a HR policy with clear and known feedback mechanisms for employee concerns and complaints
- Initiation of a recruitment and hiring strategy for full-time employees
- Dissemination (and display) of mission/vision statement to all staff and stakeholders
- Use of actual expenditures to develop new budgets
- Correct reconciliation of bank balances with bank reconciliation statements each month
- Regular review of work plans against activities and updating of work plan
- Establishment of an organisation chart and job descriptions for staff
- Improved handling of petty cash through use of the cash count form
- Implementation of training for board members on governance
- Documented procedures for applying for leave and active tracking of leave

During interviews with HPP and YWFC regarding these assessments and the OCA process, both felt that it provided an accurate picture of their accomplishments since the baseline assessment, and the (domain) scores were a fair reflection of relative strengths and challenges. YWFC managers reported that the OCA provided important details about different operational gaps in the organisation, while HPP felt that it provided new insights into their strengths and weaknesses.

Managers from both organisations felt that the OCA helped them look deeper into the functioning of their organisations and included useful standards for benchmarking against in the future. The improvements observed were the result of high quality, targeted, capacity building support.

When questioned about whether they are now stronger organisations, both agreed. YWFC attribute this to their concerted efforts addressing their identified weaknesses and implementing new strategies. HPP management stated the organisation is far better than before, and they are particularly happy to have increased their outreach coverage and are expecting to see an improved score in the finance domain from the final round of assessments. Finally, there were signs that their internal system strengthening was also benefitting other stakeholders. YWFC was able to step down their training in sustainability to HIV and AIDS support groups in the district, and the referral systems established with support from the CAP team allowed them to work more effectively with other HIV-related programmes including TB, OVC, care and treatment, and home-based care programmes. HPP has also taken a broader outlook by using the supervisory checklists developed with CAP support to improve the quality of their Multiple Concurrent Partnership (MCP) programme, which covers 12 districts throughout the country.

Improved capacity leads to better performance

Appropriate capacity building support can lead to better performance of HIV and AIDS programmes. Data collected through partner M&E systems has shown an appreciable improvement in the number of individuals reached with HIV prevention communication in target districts. This can be attributed to a number of system-wide improvements to partner performance management systems resulting from repeat OCA assessments, including community mapping, evidence-based planning, quarterly data review meetings, improved field supervision, the expansion of sites within districts, and detailed implementation planning for partner staff and volunteers. As a result, CAP partners reached over 3.7 times as many people with HIV prevention communication in Year 2 compared to Year 1 Figure 11 below). Encouragingly, partners have managed to sustain this higher level of performance throughout Year 3.

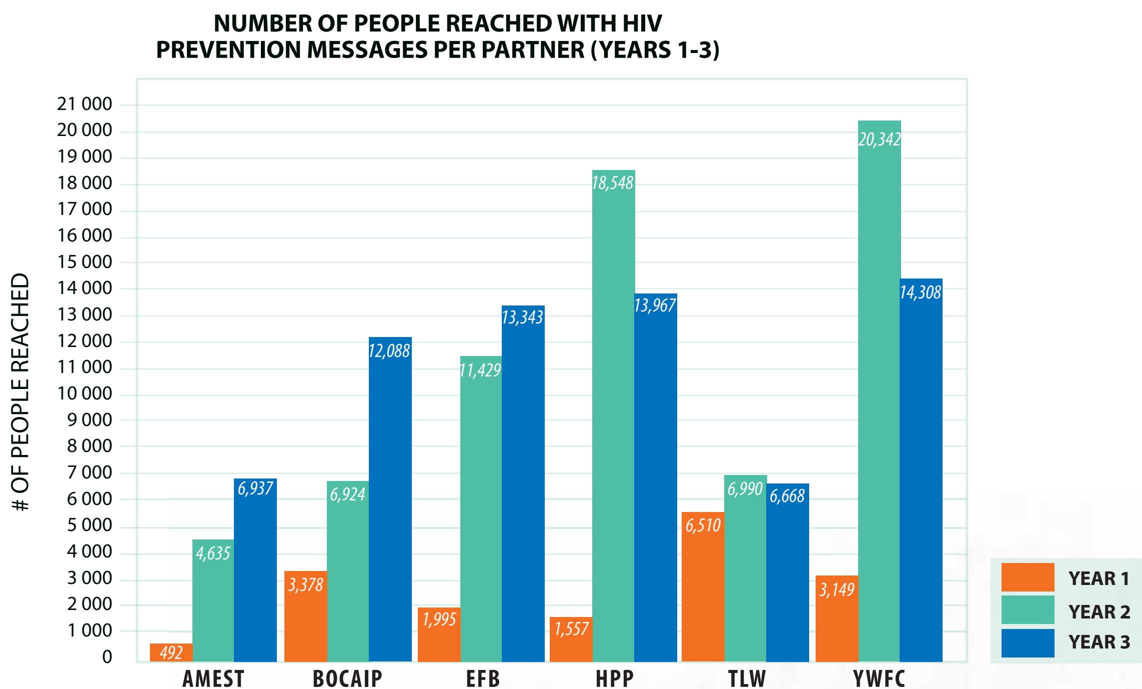

Figure 11. Improvements in project coverage across partners from Year 1 to Year 3

Reaching more people is only significant if the efforts of implementers are effective in stimulating sustainable behaviour change. To help understand this, the CAP project collected data which indicated that the quality of HIV prevention services improved at the same time as coverage. The process of quality improvement started with findings from the BCC domain assessed in the OCA, where scores increased from 41% in year 1 to 74% in Year 2. This change can be attributed to improved alignment to national priorities and PEPFAR BCC minimum requirements; improved evidence-based planning and programme design-use; use of the communication guides that focused on the key HIV drivers as outlined in NSF II; and increased feedback from beneficiaries. Partners were also better able to segment their audiences and target messages.

Supervisory checklists were developed together with partners for supervisors to use when observing the work of volunteers engaged in community outreach. The checklist involves supervisors rating implementers on factors such as two-way communication, delivering messages accurately and in a way that engages the audience, as well as actively seeking feedback and making necessary referrals, to name a few. An analysis of scores from the supervisory checklist administered by partners shows an improving trend in the quality of communication delivery, with scores increasing from 73% in the last quarter of 2009 to 82% during the period July 2011 to September 2011.

Improved capacity leads to better performance

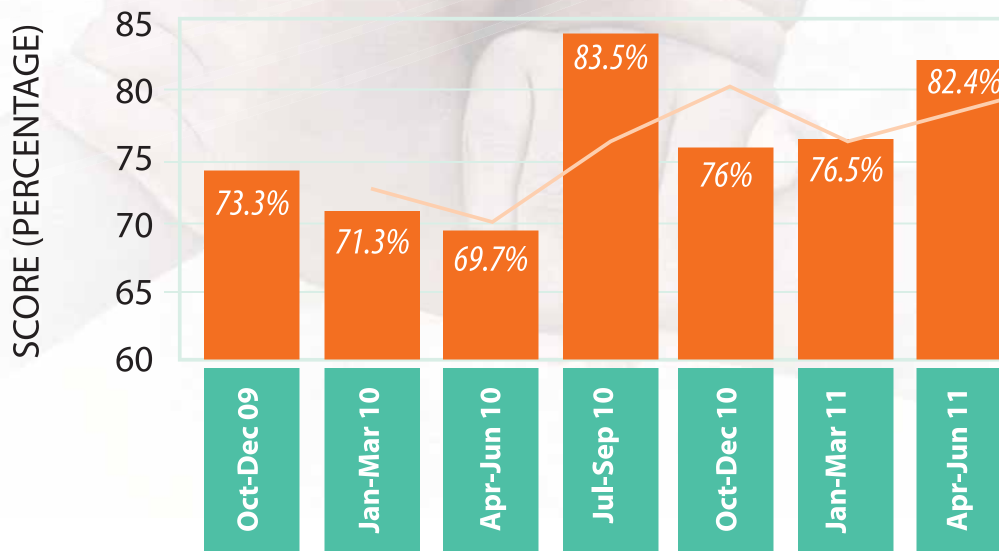

Figure 12. CAP project supervisory checklist scores and trend line (Oct'09-Sep'11)

A notable achievement of the CAP project has been improving coverage and quality without significant increases in cost. Adoption of cost efficient implementation strategies has seen a 73% decline in cost per person reached achieved between 2009 and 2010. In monetary terms, this meant a reduction from 278 Pula per person reached in 2009 to 76 Pula per person reached in 2010. This demonstrates that partners are now making much more out of their limited financial resources.

Finally, an overarching goal of the CAP project has been to enhance sustainability of programmes offered by partners through diversification of funding sources. Through training on evidence-based programme design, together with proposal writing support and other improvements, partner capacity to request and secure additional funding has been strengthened. Results show that partners were able to diversify funding sources as evidenced by an increase of 176% in the number of funding sources partners accessed in Year 2 (30 in Year 2 compared to 17 in Year 1).

Conclusion and Lessons Learned

There were many lessons learned by the CAP team from the organisational capacity assessment process and subsequent capacity building programme. The first is that capacity can be objectively assessed, and capacity building efforts are measureable. Although far from perfect, the OCA tool provides snapshots of institutional and technical capacity at different points in time, allowing the CAP team to identify common challenges and assist with system-wide improvements across multiple partners, as well as evaluate progress and meet individual partner-specific needs. The tool is easily adaptable and future efforts will be needed to improve its specificity, the weighting attached to different sections and issues, and its relevance to different types of organisations. The process following the assessment has been valuable for gaining a shared understanding of capacity gaps, and ensuring ownership as well as relevance of the subsequent capacity building programme.

In terms of the capacity building programme, training is an important component but is just one part of the big picture. Arguably more important, from the experiences of the CAP team, is upgrading the way organisations conduct their business, whether it be HIV prevention, financial management practices, or other. Often this involves revisions to systems and tools, and support to integrate these revisions into the day-to-day lives of managers and other personnel until they become second nature. Just as important was the fact that all CAP partner organisations demonstrated a strong commitment to learning and improving, and were willing to open themselves to external scrutiny, and embrace change. Capacity building and technical assistance partnerships should be characterised by regular communication, a shared vision of the improvements needed, and quality technical support. Finally, it is important to focus on the end-results of capacity building, rather than see capacity as an end in itself. This requires capacity assessment and other tools capable of understanding (to some degree) the effectiveness and efficiency of programmes, which will increase the likelihood of achieving programme goals and supporting the vision of the organisation, as well as demonstrate value to donors and stakeholders at all levels, including the communities which NGOs serve.

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