MAURO VOMBE | FHI 360

HARNESSING POTENTIAL: CAP'S ORGANIZATIONAL DEVELOPMENT RESULTS

Introduction

The Capable Partners Program (CAP) in Mozambique was implemented by FHI 360 and funded by the U.S. Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR). CAP Mozambique built the institutional capacity of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), associations, and their networks to improve the service delivery of HIV/AIDS treatment, care, and prevention programs. CAP Mozambique provided intensive training, technical assistance (TA), coaching, and mentorship to its Partners and organizational development (OD) clients over the life of the project. CAP Partners were Mozambican organizations that received both grants and tailored capacity-development support. OD clients received only organizational capacity-development support, typically tied to priorities raised through self-assessment.

This brief describes changes in the technical, financial, and organizational capacities of a selection of the civil society organizations (CSOs) that received assistance from CAP Mozambique from 2009 to 2016—including 13 Partners and eight OD clients (see table 1 on the following page).[1]

Tailoring Capacity Development to Organizational Needs

From 2009–2016, CAP Mozambique provided 50 integrated grants (grants combined with capacity development) to 37 Mozambican CSOs. An additional nine OD clients received capacity-development support, and other Mozambican CSOs and networks benefited as sub-partners under CAP Partners or through other CAP-sponsored initiatives. Capacity-development interventions were tailored for each organization based on the results of each organization's capacity assessment.

[1] CAP Mozambique's first phase took place from 2006–2009 and its second phase from 2009–2016. This document focuses on progress made during the second phase because a number of external assessments (conducted by CAP, external to the Partner) were conducted during that time period. Self-assessments were conducted regularly throughout both project periods.

TABLE 1: SELECT CAP MOZAMBIQUE PARTNERS AND OD CLIENTS RECEIVING ASSISTANCE, 2009–2016

CAP Partners:
- Associação para o Desenvolvimento Sócio Economico (Ophavela)
- Associação Ecuménica Cristã (Kubatsirana)
- Associação de Fomento para o Desenvolvimento Comunitário (ADC)
- Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)
- Associação Moçambicana Mulher e Educação (AMME)
- Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA)
- Associação Niiwanane Wamphula (Niiwanane)
- Conselho Cristão de Moçambique-Sofala (CCM-Sofala)
- Hope for African Children Initiative (HACI)
- Liga dos direitos da Crianca da Zambezia (LDC)
- Núcleo das Associações Femininas da Zambézia (NAFEZA)
- Organização de Desenvolvimento Rural (Kukumbi)
- Rede Contra o Abuso de Menores (Rede CAME)

OD Clients:
- Auxílio Sem Fronteiras (ASF)
- Associação Cristã Interdominical Nacional para o Desenvolvimento da Comunidade (ACIDECO)
- Associação Kugarissica
- Associação Rubatano
- Associação Shingirirai
- Centro Aberto Barué e das Irmãs Reparadoras do Sagrado Coração de Jesus (CA Barue)
- Congregação da Irmãs Franciscanas Hospitaleiras da Imaculada Conceição (CONFHIC)
- Rede de Homens pela Mudança (HOPEM)

Methodology

To establish a baseline and to track progress over time, CAP Mozambique facilitated its Participatory Organizational Assessment Process (POAP) and a number of other assessments using internationally accepted tools appropriate to the local context. The tools included:

- **Participatory Organizational Assessment Process (POAP)**[2]—CAP's POAP measured growth across multiple organizational categories.
- **Financial Health Check (FHC)**—The MANGO Financial Health Check[3] assessed financial reporting and management health, focusing on financial systems.

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[2] See also the CAP Mozambique technical brief, "Motivating Change: Mozambican Organizations Transform Themselves through the Participatory Organizational Assessment Process."

[3] For further information see: https://www.mango.org.uk/guide/healthcheck.

- **OVC Care Assessment**—CAP's OVC Care Assessment measured the capacity of grant recipients to deliver quality care for orphans and vulnerable children (OVC).
- **SBCC Capacity Assessment**—FHI 360's C-Change Social and Behavior Change Communication (SBCC) Capacity Assessment Tool[4] measured the capacity of grant recipients to develop and deliver effective SBCC programming.
- **Report Writing Assessment—**CAP's Report Writing Assessment measured the capacity of CSOs to report accurately and comprehensively on their quarterly activities and results.

While the POAP was a self-assessment process facilitated with each organization by CAP Mozambique, all other assessments were conducted by CAP staff, with scoring dependent upon CAP's assessment of the organization at that moment in time. Assessments were typically conducted at 18–month intervals. The project assessed Partners in the areas that were relevant to their CAP-funded projects. For example, only those implementing OVC projects received the OVC Assessment.

Data are presented in this document for organizations that had at least a baseline and one follow-up assessment in a given area. Some of the earliest Partners' grants ended before it was possible to complete a baseline and follow-up in all areas.

Organizations participated in varying numbers of assessments over different amounts of time. Data are presented in this document for organizations that had at least a baseline and one follow-up assessment in a given area. Some of the earliest Partners' grants ended before it was possible to complete a baseline and follow-up in all areas.[5] On the other hand, some organizations had as many as three or four follow-up assessments in certain areas, depending on the life of their partnership with CAP. For this reason, it is difficult to compare quantitatively the progress made by the different organizations. Discussion of results therefore focuses on progress made by individual organizations from their own baseline measures to their last assessments (as of March 2016).

Partner data are included here for 13 organizations with baseline and follow-up data in the POAP, the FHC, the Report Writing Assessment, and at least one technical area (OVC and/or SBCC). Eight of the organizations were assessed for their SBCC capacity, seven were assessed in OVC care, and two were assessed in both areas.

Because OD clients received grants and support from other sources, CAP assistance focused on their core organizational systems (e.g., internal governance, policies and procedures, financial management). OD clients participated only in the POAP and FHC assessments and received support tailored to those results. The progress made by OD clients between their respective baselines and end lines in these areas is also discussed.

CAP PARTNER ANDA PROVIDES JOB SKILLS TRAINING FOR OVCS.
(MAURO VOMBE | FHI 360)

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[4] For further information see: https://www.c-changeprogram.org/sites/default/files/SBCC-CAT_Organizations.pdf.
[5] Some grants were terminated for non-performance; others were ended due to changing funding priorities and budget cuts.

Key Results for CAP Partners

POAP for Partners

The POAP served as a cornerstone of the CAP project. It required each organization to score its own capacities in a range of areas based on careful reflection and the review of evidence produced by the organization itself—such as its statutes, policies and procedures, organizational charts, and project evaluations. After discussing its results, each organization then prioritized areas in which it wanted to improve and created a capacity development plan. CAP provided training, technical assistance, and/or coaching tailored to each of these plans.

The POAP assessed 27 organizational domains—ranging from governance, to human resources, to technical capacity, to external relations.[6] Umbrella grant organizations providing grants to other CSOs were assessed in three additional domains[7] (for a total of 30 domains). Organizational networks were assessed in four additional domains,[8] adding a review of the role and structure of the network (for a total of 31 domains).

Figure 1 shows the number of domains (out of the basic 27 in which all organizations were assessed) in which the 13 different Partners demonstrated progress from their own baselines to their most recent follow-up assessments. The figure only highlights areas of growth in which progress could be attributed to CAP training, TA, and/or coaching.

FIGURE 1: NUMBER OF DOMAINS (OUT OF 27) IN WHICH PARTNERS DEMONSTRATED IMPROVEMENT VIA THE POAP

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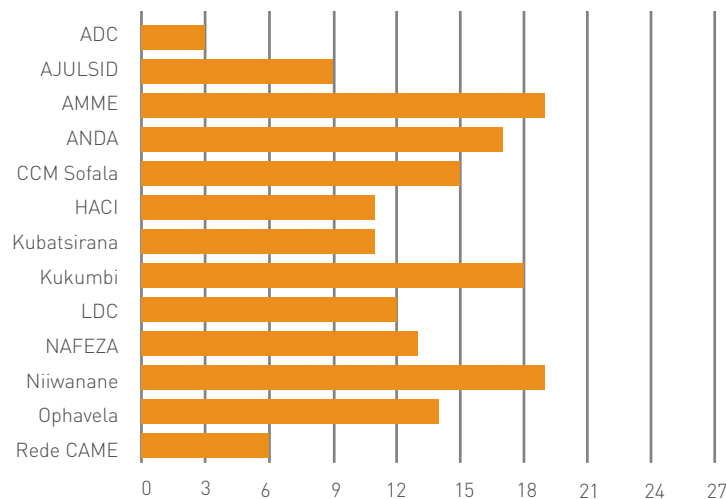
[6] Legal Statutes, Mission, Vision, Values, Leadership, Governance, Transparency and Accountability (one area), Member Management, Human Resources, Archives, Staff Training, Performance Evaluations, Budget Planning, Internal Procedures, Reports, Audits, Assets, Information Technology, Technical Competence, Analysis, Project Planning & Design, Implementation, Monitoring, Evaluation, Partnerships, Beneficiaries, and Public Relations.
[7] Knowledge and Ability to Develop the Capacity of Sub-partner, Access Financial Resources to Strengthen Sub-partner, and Capacity to Monitor and Evaluate Progress of Sub-partner Projects.
[8] Shared Objectives, Roles in the Network and its Members, Network Structure, and Accountability (internal members to network and network to members).

It is not altogether surprising that a large number of organizations demonstrated improvement across these domains. Mozambican civil society is relatively nascent compared with other countries in the region, and CAP Mozambique was one of the first organizations to take the deep dive into institutional strengthening with its Partners—so there was considerable work to be done in all 27 areas covered in the POAP. It is actually more surprising to see that two organizations scored so far below the rest of the group. In these two cases (ADC and Rede CAME), dominant executive directors, coupled with weak or inactive Boards of Directors, blocked CAP Mozambique from providing the support these organizations desperately needed. One of these organizations has since disintegrated; the other has introduced some changes but struggles to find funding for activities.

The areas demonstrating the most (positive) change across organizations were Project Design (11 of 13 Partners), Implementation (10 of 13 Partners), Technical Competence (10 of 13 Partners), Internal Procedures (nine of 13 Partners), Reports (nine of 13 Partners), and Performance Evaluations (nine of 13 partners). Due to the amount of resources committed to improving Partner capacity to implement quality projects—in both SBCC and OVC—it is not surprising to see improvements in technical capacity. CAP Mozambique also concentrated on the development of policy and procedures manuals with many Partners early on in the project as a strategy for helping them articulate and use written policies to guide their organizations. One of CAP's signature trainings— Governance, Leadership, and Management—was combined with follow-up TA and facilitated with all CAP Partners. This intervention supported five OD domains (Mission, Vision, Values, Leadership, and Governance); Partners that fully embraced working on the five areas typically demonstrated positive change across all five of these domains.

CAP did not provide extensive support for member management or information technology, which may have contributed to the more limited gains in these areas. Although many organizations revised their legal statutes, the process for officially registering the revised statutes is long, and the scoring was tied specifically to achieving registration.

Figure 1 on the previous page shows the number of domains demonstrating improvement between each organization's baseline and end line scores, but not the roller coaster in between. The first POAP (and often the subsequent one, due to staff turnover) included a learning component for each OD domain used in the tool so that organizations were better equipped to rate themselves. That said, Partners often rated themselves higher than warranted in the first POAP application, due both to lack of experience with the process and possible score inflation connected with concern about the current (and potential future) donor's perception. As organizations became more knowledgeable about each domain—and as they were better able to comprehend what the evidence showed about their capacities—their scores sometimes dropped simply due to this improved understanding. Sometimes a score dropped because an organization faced a crisis that brought it face to face with a specific weakness. Regardless, the numbers alone did not tell the story.

Kubatsirana provides an interesting example of the rocky change process. Following its first POAP, the organization faced a leadership crisis that seriously affected performance.

One of CAP's signature trainings—Governance, Leadership, and Management —was combined with follow-up TA and facilitated with all CAP Partners. This intervention supported five OD domains.

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In its second POAP, Kubatsirana improved in one area, remained the same in eight areas, and declined in 11 areas. Spurred by these poor results (and by rapidly declining donor confidence), Kubatsirana hired a new executive director, revamped its Board of Directors, and turned itself around in several respects. As figure 1 on page 4 shows, the organization demonstrated improvement in 11 domains by the time of its end line.

The quantitative data paint a picture of change between two points in time for each organization, but do not reveal why that change happened, whether the trajectory was smooth, or whether the change will be lasting. That said, the results demonstrate that even when an organization might not be completely open to growth (at least initially), change is still possible. When an organization is ready, willing, and engaged with a TA provider/donor that has the capacity to provide timely, practical, and quality support, then achievements can be significant.

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Financial Health Check (FHC)

The FHC analyzed six categories of organization financial and administrative health (Planning and Budget, Basic Financial Systems, Financial Reporting, Internal Controls, Grant Management, and Staffing). Scoring for the FHC was as follows: high risk (0–150 points), medium risk (151–240 points), and low risk (241–300 points). Figure 2 below shows progress made by all 13 CAP Partners discussed in this document that were assessed vis-à-vis financial health.

FIGURE 2: PARTNER BASELINE AND END LINE SCORES IN FINANCIAL HEALTH
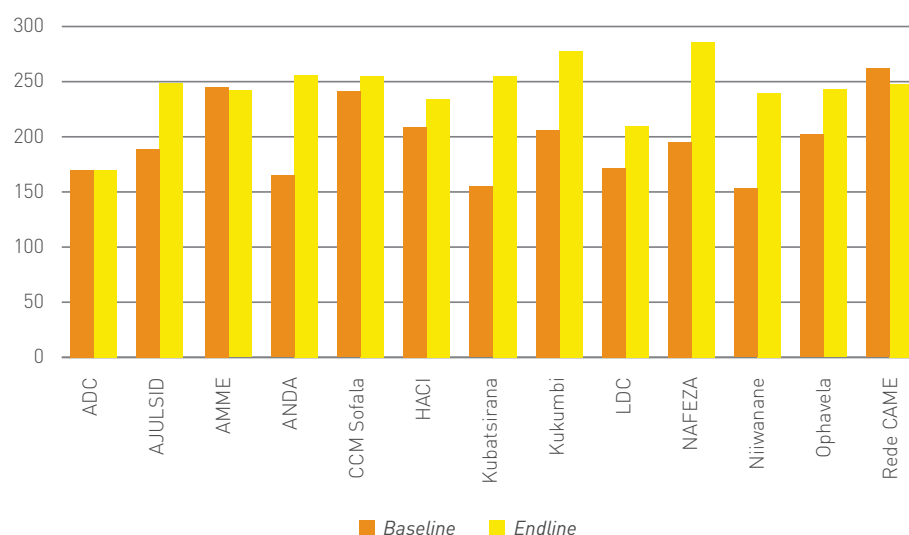
When Partners started working with CAP Mozambique, three of the 13 organizations assessed were in the low risk category (AMME, CCM Sofala, and Rede CAME). At the end of the project, nine organizations were ranked as low risk (AMME, CCM Sofala, Rede CAME, AJULSID, ANDA, Kubatsirana, Kukumbi, NAFEZA, Ophavela). One additional Partner

was just one point from being considered low risk (Niiwanane). Sound financial and administrative management requires transparency and openness, and organizations that demonstrated fewer of these qualities also showed the least positive change. Financial management, in particular, is also heavily affected by staff turnover. When a key finance person exits the organization, it can take time for the team to re-build and systems to continue functioning well—or improve. As finance staff can often command higher salaries in other sectors, CAP Partners experienced frequent turnover in finance staff during the life of their grant awards.

For the majority of Partners, the biggest improvement (out of the six areas assessed) was in Internal Controls. Improvement can be attributed to three complementary interventions: 1) diligent feedback from CAP on Partners' monthly financial reports covering application of internal control systems, 2) focused TA visits to address weaknesses identified in FHCs, and 3) the MANGO Financial Management Training. During this training, non-finance staff from Partner organizations learned about their roles in financial management. Members of the organization's leadership, Board, and Fiscal Council all learned how their responsibilities are integral to supporting internal controls and improving transparency and accountability. The follow-up TA and monitoring of financial reports complemented the content of the training.

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Report Writing Assessment

CAP Partners submitted quarterly narrative and data reports as part of their required grant reporting. The Report Writing Assessment measured their capacity to describe project progress logically and comprehensively, with a maximum score of 56. Ten of the 13 Partners assessed more than once in report writing capacity demonstrated improvements in their overall scores.

FIGURE 3: PARTNER BASELINE AND END LINE SCORES IN REPORT WRITING

Baseline   Endline
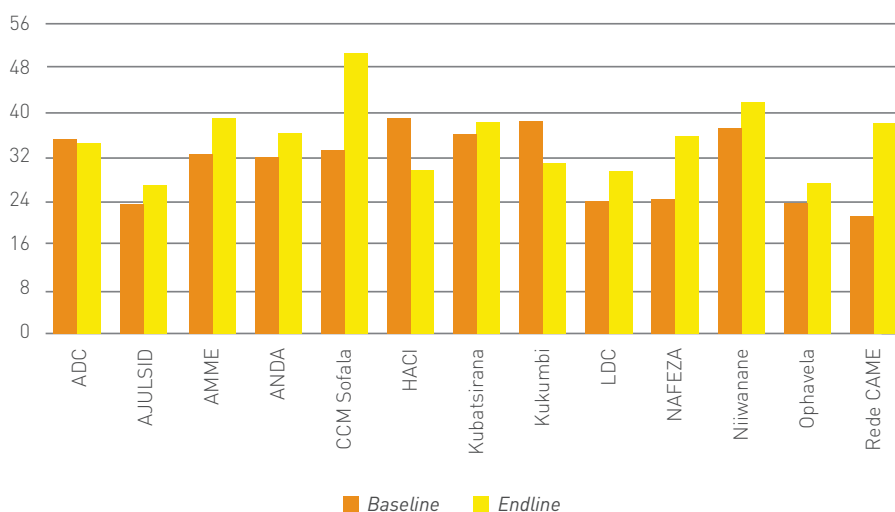
Capturing an accurate picture of change in Partner Report Writing capacity is challenging. In CAP's experience, a Partner might see improvement in one assessment only to lose ground again in the next. Since programmatic reports are often the responsibility of a single person within an organization, if that person is absent or leaves the organization, the quality of reporting may decline purely as a result of that. However, if an organization has instituted a review process that ensures consistency (with more than one individual accountable for the final product) the assessment may reflect more than just the abilities (or presence) of one person. Although CAP Mozambique alerted Partners to the necessity of quality control, project coordinators and executive directors often simply rubber-stamped reports for submission.

SBCC Capacity Assessment

CAP Partner HIV/AIDS prevention interventions utilized proven SBCC methodologies and a focus on participatory processes to spur genuine engagement of the target populations.[9] To complement activities aimed at individual behavior change linked to HIV prevention, organizations also conducted community-level advocacy and community mobilization to create a positive environment supporting pertinent changes in social conditions. Evidence-based methodologies for community small group discussions were adapted to tackle the barriers to behavior change highlighted by the formative research conducted with specific target groups. The primary intervention activities were group debates, typically prompted by a short film or theatrical sketch to engage people in active discussion around a topic. CAP Mozambique produced four films to address barriers identified by the local organizations and disseminated these films to Partners to use in their sessions. Community leaders were important in mobilizing local participation in project activities and influencing social norms.

To complement activities aimed at individual behavior change linked to HIV prevention, organizations also conducted community-level advocacy and community mobilization to create a positive environment supporting pertinent changes in social conditions.

Organizations also provided access to HIV testing and counseling services, referred individuals to other services, distributed condoms, conducted defaulter tracing for treatment adherence, facilitated screening for gender-based violence, and created radio spots to reach mass audiences. Through these approaches, CAP Mozambique had a significant positive impact on attitudes, beliefs, HIV testing, and some preventative behaviors among members of targeted communities.[10]

The SBCC Capacity Assessment Tool measured capacity across three main areas: Project Design, Implementation, and Monitoring & Evaluation (M&E) of HIV/AIDS prevention interventions. The maximum score possible under each category was 4, with 4 points also possible as a "global" score.

Eight of the 13 CAP Partners included in this analysis took part in baseline and end line SBCC assessments. All eight improved their SBCC capacities during the time they received support from CAP. All but one organization achieved a score of at least 2.5 (out of 4) at end line. ADC and AJULSID demonstrated the greatest percentage increases in their global

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[9] See also the CAP Mozambique technical brief, "Mozambican CSOs Embrace Social and Behavior Change Communication."

[10] See also the CAP Mozambique technical brief, "CAP Mozambique HIV Prevention End Line Evaluation."

FIGURE 4: PARTNER BASELINE AND END LINE SCORES FOR SBCC IN HIV/AIDS PREVENTION
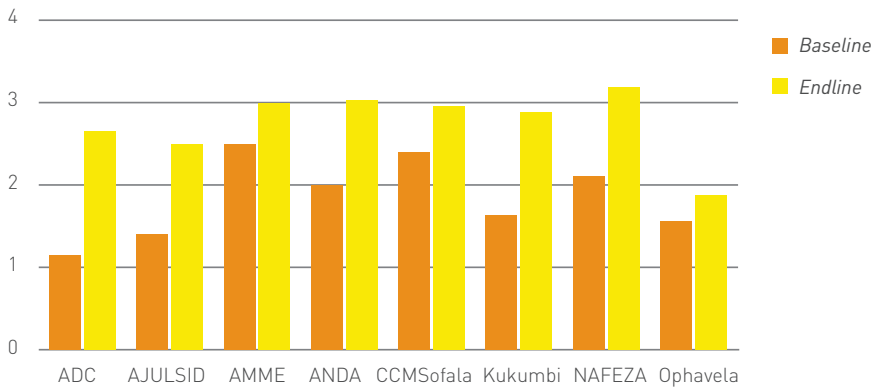
scores (130 percent and 78 percent improvement, respectively), mainly because their baseline scores started lower than those of the rest of the group. These two organizations eventually hired staff who were capable of carrying out the interventions. Their end line scores remained slightly below those of the other Partners, with the exception of Ophavela. Ophavela had never implemented SBCC or HIV prevention interventions prior to working with CAP (reflected in its low baseline score of 1.56). Although Ophavela's capacity to integrate HIV/AIDS programming into its core work (village savings and loan groups) increased, the organization lost staff prior to the final assessment, so its initial improvements were not captured. Kukumbi, AMME, and ANDA had capable teams and quickly embraced the SBCC approach, which affirmed and provided a theoretical framework for what they knew from their own experiences to be effective.

The receptiveness of these organizations to engage in training/TA/coaching on SBCC over the lives of their grant awards paid off through increased capacity as assessed through this tool. Since technical capacity can have a noticeable effect on the quality of project implementation—and may also improve an organization's credibility in its communities and among stakeholders—CAP Mozambique expected to see gains in this area before gains in more "behind the scenes" organizational capacities.

OVC Care Assessment

CAP Mozambique's Partners provided family-centered care to OVCs and their families. Partners used a community consultation process to engage community leaders in identifying eligible families and assess family and OVC needs. As part of CAP support, Partners were trained to use the Child Status Index (CSI)[11] to assess the needs of each child in the family in seven areas (as stipulated in the Ministry of Gender, Children and Social Action minimum guidelines) and measure changes in needs over time. The seven areas were: education, health, nutrition, shelter, protection, food/nutrition, and economic strengthening. By applying the CSI, Partners identified OVC needs and developed individualized care plans. They provided those services they could and established referral networks to provide holistic care to OVC and their families.

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[11] For more information see: http://www.cpc.unc.edu/measure/resources/tools/child-health/child-status-index.

The OVC Care Assessment measured capacity in five areas: OVC Project Design, Adherence to OVC Minimum Standards, Existence of Sufficient Strategies to Support OVC, Existence of Methods to Determine Client Satisfaction, and Adequate Data Management and Dissemination of Reports. Seven of the 13 CAP Partners included in this analysis took part in baseline and end line OVC Care Assessments. Figure 5 shows the baseline and end line scores using the OVC Assessment tool for these Partners.

The data seem to imply that the progress Partners made in this technical area (OVC Care) was greater than in the area of SBCC. However the assessment tools for these areas were fundamentally different.

FIGURE 5: PARTNER BASELINE AND END LINE SCORES IN OVC CARE
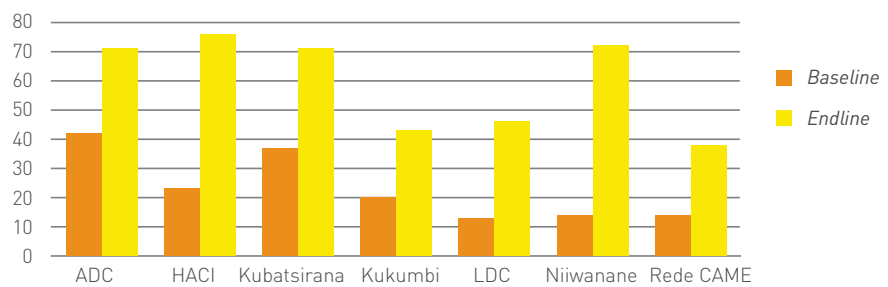
All of the organizations increased their scores dramatically, with Niiwanane increasing its score by more than 400 percent. The data seem to imply that the progress Partners made in this technical area was greater than in the area of SBCC. However, the assessment tools for these areas were fundamentally different. The SBCC tool focused on process—measuring how well the organizations complied with internationally recognized standards of SBCC practice. The OVC tool included process, but was more oriented to the presence of resources, tools, and approaches to implement OVC activities. As Partners worked with CAP Mozambique and gained access to new tools and approaches, their scores improved. This also explains why the Partners that worked longest with CAP in this area—ANDA, HACI, and Niiwanane—reached the highest scores in the OVC Care Assessment.
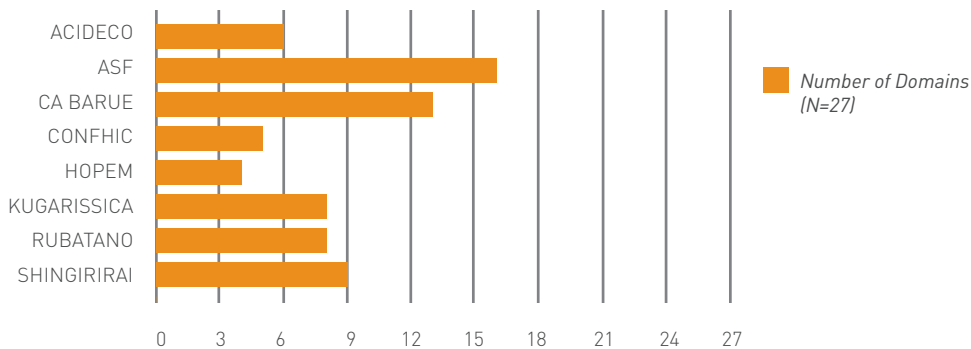

CAP PARTNER HACI DURING A POAP SESSION.
(MAURO VOMBE | FHI 360)

Key Results for OD Clients

POAP for OD Clients

Figure 6 shows the number of domains (out of the basic 27 in which all organizations were assessed) in which the eight OD clients demonstrated progress from their baselines to their final follow-up assessments. (The figure only highlights areas of growth in which progress could be attributed to CAP training, TA, and/or coaching.) The figure captures change within a one-year period. Of the eight OD clients assessed, six improved in six or more of the 27 categories covered by the POAP; three improved in nine or more categories.

FIGURE 6: NUMBER OF DOMAINS (OUT OF 27) IN WHICH OD CLIENTS DEMONSTRATED IMPROVEMENT VIA THE POAP

Number of Domains (N=27)

ACIDECO, ASF, CA BARUE, CONFHIC, HOPEM, KUGARISSICA, RUBATANO, SHINGIRIRAI

0 3 6 9 12 15 18 21 24 27

As with CAP Partners, the number of domains showing improvement was linked to the organization's willingness to engage in the capacity development process. Of the two organizations showing the least improvement, one did not make the necessary investments of time and energy to realize measurable change. The other, CONFHIC, was interested in improving governance systems, but was tied to an organization in Portugal, which complicated the change process. CONFHIC functions well as an organization but its lack of documentation (a factor included in the POAP) affected its score. ASF and CA Barue were open to change—and tackling issues identified by the POAP required them to make changes. ASF also benefited from receiving grant funds from another component of CAP, which meant that it had additional support in financial reporting, M&E, and technical areas.

Financial Health Check

CAP staff only conducted organizational assessments for OD clients in the area of financial health (not in report writing or HIV/AIDS technical areas). Figure 7 shows progress made over 12–18 months by OD clients from their respective baselines to their final follow-up assessments as measured via the FHC tool. Out of the eight organizations, only one (CONFHIC) did not make progress during the project; as mentioned above, while the organization functioned well, the lack of documentation affected its score. At end line, seven OD clients were in the medium risk category and one (ASF) was only one point short of reaching the low risk category.

HEALTHY ORGANIZATIONS ARE BETTER ABLE TO HAVE POSITIVE IMPACT ON THE COMMUNITIES THEY SERVE. (JESSICA SCRANTON | FHI 360)

FIGURE 7: BASELINE AND END LINE SCORES FOR FINANCIAL HEALTH CHECK FOR OD CLIENTS

Baseline Endline
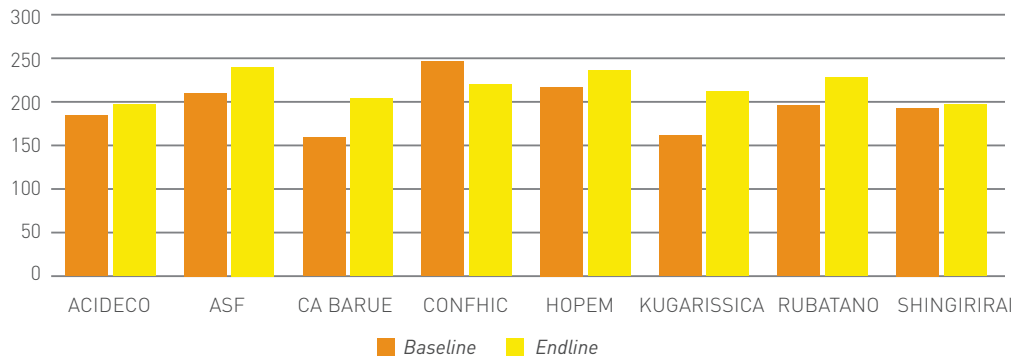
Conclusion

The purpose of this document was not to describe clear trends in organizational change across either Partners or OD clients. However, the assessment results demonstrate that change occurred and that there is also potential for change in the future. The data help highlight individual stories of organizational growth for a selection of CAP Partners and OD clients. These stories unfolded differently based on the willingness of each organization to engage in the capacity-development process, the quality of its relationship with the TA provider, and the inputs provided by CAP staff.

CAP Mozambique produced a substantial body of quantitative data about organizational change—ranging from improvements in governance, to internal procedures, to project M&E, to technical competence. But telling the story of change for each Partner and OD client would require a combination of methods, including those of a more qualitative nature—such as interviews, reports, observations, and so forth. Through such methods CAP Mozambique learned about changes in Partner relationships with community leaders, other service providers, and government agencies. CAP witnessed the transformation of a Board of Director's perception of its role as steward of an organization; the improved confidence an organization gains from having formative research data and knowing how to use it to back up decisions; improved understanding (on the part of staff and Board members) of how an organization should function; and the increased respect and credibility with target audiences and other stakeholders that an organization can gain through all of these processes.[12]

CAP Mozambique believes that the Partners described in the technical brief and all others touched by the project will remain on their trajectories of growth.

Document written in 2016.

[12] For more about the complexities of measuring organizational development, please see the CAP Mozambique technical brief, "Capacity Development Programming and Measurement: Lessons from a Decade of Experience in Mozambique."