# CSO CAPACITY ANALYSIS: A tool for assessing capacities for quality OVC response

## 1. Capacity areas for strengthening among OVC CSOs

These capacity areas were generated from OVC grantee profiles and feedback from OVC grantees' representatives that participated in the capacity building orientation workshop organized by CORE Initiative.

1. Monitoring and Evaluation (data collection and analysis, process and outcome indicators, reporting, activity monitoring);
2. Information management;
3. OVC Project Management;
4. Resource mobilization;
5. Communication and advocacy;
6. Networking, collaboration and linkages (OVC database, activity maps);
7. Gender analysis and planning;
8. Leadership;
9. Community mobilization and child participation;
10. Child rights (participation, protection, abuse, inheritance and child friendly systems);
11. Psychosocial support;
12. OVC Policy work;
13. Life skills (vocational training);
14. Systems and procedures;
15. Governance and structure;
16. Knowledge management (OVC resource materials development);
17. Situation analysis and documentation;
18. Food security and nutrition;
19. Socio-economic security;
20. HIV/AIDS awareness;
21. Education;
22. Care and support;
23. Health;
24. Strengthening capacity of CBOs, FBOs, communities and districts.

## 2. Broad OVC capacity areas to be strengthened based on key documents

### a) Request for Applications (RFA) document

1. HIV/AIDS prevention, care and support (service delivery);
2. Child protection;
3. Technical and institutional strengthening of CSOs (plan, manage, implement, provide and sustain OVC services;

*b) National Strategic Program Plan of Interventions for OVC (NSSPI) document*

<u>Key strategies of the NSSPI</u>

1. Direct intervention (service delivery);
2. Mobilization, advocacy and promotion;
3. Collaboration and linkages;
4. Leadership;
5. Gender;
6. Targeting.

<u>NSSPI Core Program Areas</u>

1. Socio-economic security;
2. Food security and nutrition;
3. Care and support;
4. Mitigation of the impact of conflict;
5. Education;
6. Psychosocial support;
7. Health;
8. Child protection;
9. Legal support;
10. Strengthening capacity.

## 3. Understanding key concepts

Working definitions were developed to guide the process of developing the assessment tool as indicated below:

*3.1 What is capacity building?*

"Strengthening ability of organizations to perform in accordance with their stated purpose"

*3.1.1 What is quality service delivery capacity?*

"Existence of appropriate knowledge, skills, competencies and systems/mechanisms for meeting the needs and aspirations of clients/beneficiaries"

*3.1.2 What is organizational capacity?*

"Existence of systems, strategy and culture in organizations for effective and sustainable organizational functioning and performance"

*3.1.3 What is institutional capacity?*

"Ability of organizations to effectively establish, sustain linkages/partnerships with other development actors and respond appropriately to their operating environment"

## 4. Broad capacity areas to be assessed

The broad capacity areas to be assessed were compiled from the capacity areas identified by OVC grantees and from key documents especially the NSSPI. Some few capacity areas were added where key gaps were identified.

### 4.1.1 Quality OVC service delivery capacity

1. Child participation;
2. Child protection;
3. Psychosocial support;
4. Socio-economic security;
5. Mitigation of the impact of conflict;
6. Strengthening capacity;
7. Child growth and development
-Education
-Food security and nutrition
-Health
-Care and support

### 4.1.2 Organizational capacity

1. Monitoring and evaluation (including information management);
2. OVC Project Management;
3. Resource mobilization;
4. Gender analysis and planning;
5. Leadership;
6. Community mobilization, participation and involvement;
7. Systems and procedures;
8. Governance and structure;
9. Strengthening capacity of CSOs (NGOs, FBOs and CBOs).

### 4.1.3 Institutional capacity

1. Communication and advocacy;
2. Networking, collaboration and linkages;
3. OVC policy work.

*The following issues and themes cross-cutting:*

- ❑ Gender;
- ❑ Communication and advocacy;
- ❑ Leadership;
- ❑ Community mobilization, participation and involvement.

## 5. SPECIFIC CAPACITY AREAS TO BE ASSESSED

*5.1 Guidance to scoring of indicators*

| Rating Scale | Description |
|---|---|
| 0 | Don't know or not applicable |
| 1 | Needs urgent attention |
| 2 | Needs major improvement |
| 3 | Needs improvement in limited aspects |
| 4 | Acceptable, needs maintaining |

*5.2 Quality OVC service delivery capacity*

*5.2.1 **Psychosocial support** (Assistance given to OVC and families with OVC to positively and meaningfully affect the psychological and social situation that impacts on their mental function and social behavior in relation to their family and to the society in which they live)*

|  | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Program staff have knowledge and skills in psychosocial support. |  |  |  |  |  |
| 2. There are learning/skills development opportunities in psychosocial support. |  |  |  |  |  |
| 3. Psychosocial support is reflected in the overall strategy and plan of the organization. |  |  |  |  |  |
| 4. There are specific psychosocial support frameworks, tools & activities (e.g. memory books, wills, recreation and psychosocial counseling). |  |  |  |  |  |
| 5. Lessons and best practices in psychosocial support are documented and shared. |  |  |  |  |  |

*5.2.2 **Child participation** (Making OVC and their families part of the solution by seeking their opinions at every stage during planning, implementation, monitoring and evaluation of policies and programs.*

|  | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Program staff have knowledge and skills in child participation. |  |  |  |  |  |
| 2. There are learning/skills development opportunities in child participation. |  |  |  |  |  |
| 3. Child participation is reflected in the overall strategy and plan of the organization. |  |  |  |  |  |
| 4. There are procedures and guidelines on child participation. |  |  |  |  |  |
| 5. Lessons and best practices in child participation |  |  |  |  |  |

| | | |
|---|---|---|
| are documented and shared. | | |

*5.2.3 **Child protection** (Immediate response to circumstances and conditions that create gross violation of the rights of children, subjecting them to serious risks and hazards)*

| | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. program staff have knowledge and skills in child protection. | | | | | |
| 2. There are learning/skills development opportunities in child protection. | | | | | |
| 3. Child protection is reflected in the overall strategy and plan of the organization. | | | | | |
| 4. OVC activities are guided by policy frameworks at national and international level (e.g. UNCRC, Children Act) | | | | | |
| 5. There are child protection policies and guidelines (e.g. reporting child abuse & neglect; child protection policy; birth & death registration). | | | | | |
| 6. Lessons and best practices in child protection are documented and shared. | | | | | |

*5.2.4 **Socio-economic security** (The ability and capacity of OVC and households with OVC to sustain their livelihood over the medium and long term with or without short term emergency assistance)*

| | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Program staff have knowledge and skills in micro-enterprise development and management | | | | | |
| 2. There are learning/skills development opportunities for micro-enterprise development and management. | | | | | |
| 3. OVC socio-economic security is reflected in the overall strategy and plan of the organization. | | | | | |
| 4. There are specific economic strengthening activities targeting OVC and their households. | | | | | |
| 5. The organization supports OVC and their households to access available microfinance and credit services | | | | | |
| 6. Lessons and best practices in socio-economic security for OVC are documented and shared. | | | | | |

*5.2.5.* **Child growth and development** (*meeting the physical, cognitive, intellectual and psychological needs of OVC)*

| | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Key staff have knowledge and skills in child growth and development | | | | | |
| 2. There are learning/skills development opportunities in child growth and development | | | | | |
| 3. Child growth & development is reflected in the overall strategy and plan of the organization. | | | | | |
| 4. OVC and their households are provided with knowledge, skills and resources to improve food security and nutrition | | | | | |
| 5. OVC at risk of dropping out of school are provided with psychosocial counseling | | | | | |
| 6. OVC are provided with scholarstic materials, uniforms and other needs | | | | | |
| 7. Factors hindering disabled children from attending school are identified and addressed. | | | | | |
| 8. OVC and their households are provided with basic material needs (food, clothing, beddings, sanitation equipment & shelter) | | | | | |
| 9. There are specific health activities and services targeting OVC and their households (immunization, curative health care, health education, palliative care & rehabilitation) | | | | | |
| 10. Lessons and best practices in child growth & development are documented and shared. | | | | | |

5.2.6. **Mitigation of the impact of conflict** (*Individuals, households and communities in collaboration with society, government and private sector actors work to secure an environment in which essential social services can reach vulnerable populations affected by conflict)*

| | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Project staff have knowledge and skills in reducing the impact of armed conflict on OVC. | | | | | |
| 2. There are learning/skills development opportunities in management of the impact of armed conflict on OVC. | | | | | |
| 3. Management of the impact of armed conflict on OVC is reflected in the overall strategy and plan. | | | | | |
| 4. There is psychosocial counseling for OVC | | | | | |

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|---|---|---|---|---|---|
| affected by armed conflict | | | | | |
| 5. The organization ensures that displaced OVC are traced and re-integrated within families and society. | | | | | |
| 6. Lessons and best practices in management of the impact of armed conflict on OVC is documented and shared | | | | | |

## 5.3 Organizational capacity

### 5.3.1 Indicators of M&E, OVC Program/Project Management and Reporting

| Monitoring and Evaluation (M&E) | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. There is a clearly documented and functioning M&E system: <br> • Accurate monitoring data is collected and submitted regularly and on time; <br> • Collected data is summarized, analyzed and produced in reports at specific times; <br> • There is a system for data storage and management; <br> • Monitoring data is utilized by project staff and managers to review and update work-plans. | | | | | |
| 2. There is an M&E framework (PMP, log frame) in place. | | | | | |
| 3. The M&E system was developed based on the overall organizational plan. | | | | | |
| 4. Indicators (SMART) are developed at project design stage of each project. | | | | | |
| 5. Data collection tools are in place | | | | | |
| 6. The M&E system of the NGO contributes to the district M&E system. | | | | | |
| 7. The target beneficiaries are clearly identified and defined. | | | | | |
| 8. All necessary project reports are completed and submitted to relevant stakeholders on time. | | | | | |
| 9. The NGO conducts an evaluation at the end of every project. | | | | | |
| 10. Baseline data/information is generated at the beginning of each project. | | | | | |
| 11. Best practices from previous programs are documented, shared with stakeholders and inform further programming. | | | | | |
| 12. Program staff have knowledge and skills in M&E. | | | | | |

| OVC Program/Project Management | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. All projects follow all stages of the project cycle: <br> • needs assessment; <br> • project design & indicator development; <br> • project planning & budgeting; <br> • project implementation; | | | | | |

| | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| • regular monitoring and evaluation; <br> • re-planning of projects based on evaluation outcomes. | | | | | |
| 2. All stages of the project cycle are conducted in consultation with relevant stakeholders. | | | | | |
| 3. Projects and programs are developed in line with the organizational vision, mission, values, goals and objectives | | | | | |
| 4. All projects are implemented in line with documented work-plans and budgets. | | | | | |
| 5. Work-plans and budgets are reviewed periodically based on emerging needs. | | | | | |
| 6. Program staff have knowledge and skills in project planning and management. | | | | | |

*5.3.2 Indicators of Governance, structure, systems and procedures*

| Governance and Structure | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. The NGO has an independent board governed by a documented and approved constitution. | | | | | |
| 2. The NGO is properly registered according to local regulations. | | | | | |
| 3. The NGO has a documented organizational structure with clearly defined roles and responsibilities. | | | | | |
| 4. There is clear separation of duties between the management and policy makers (Board). | | | | | |
| 5. The Board, staff and volunteers share the organizational vision, mission and values of the organization. | | | | | |
| 6. There are systems for information sharing in the organization. | | | | | |

| Human Resource Development | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. There are documented staff/volunteer recruitment policies and procedures. | | | | | |
| 2. The organization has well qualified and motivated staff. | | | | | |
| 3. Job descriptions for staff are clearly defined, documented and regularly reviewed. | | | | | |
| 4. Policies on staff remuneration, promotion and grievance handling are well documented. | | | | | |
| 5. There is a documented system for reviewing and managing performance of staff and volunteers. | | | | | |
| 6. There is a documented policy for staff training and | | | | | |

| development. | | | | | |
| --- | --- | --- | --- | --- | --- |
| 7. The NGO has an HIV/AIDS workplace policy in place. | | | | | |
| 8. Program staff have knowledge and skills in Human Resource Development. | | | | | |

| Financial Management | N/A | 1 | 2 | 3 | 4 |
| --- | --- | --- | --- | --- | --- |
| 1. All financial transactions are recorded with relevant receipts and other supporting documentation. | | | | | |
| 2. Systems are in place to prevent fraud such as:<br>• two signatures required for every cheque ;<br>• regular audits of stock/inventory;<br>• strict procedures for purchase of goods and services. | | | | | |
| 3.All staff clearly understand the procedures for:<br>• how funds are requested and accounted for;<br>• how goods and services are procured;<br>• how staff claim expenses. | | | | | |
| 4.There is a clear procedure for preparing and managing of:<br>• project budgets;<br>• overall organizational budget. | | | | | |
| 5. An external audit is conducted at least once a year and recommendations implemented. | | | | | |
| 6. The NGO has capacity to prepare financial reports for various stakeholders. | | | | | |
| 7. Program staff have knowledge and skills in financial management. | | | | | |

*5.3.3 Indicators of Gender analysis and planning*

| Gender analysis and planning | N/A | 1 | 2 | 3 | 4 |
| --- | --- | --- | --- | --- | --- |
| 1. Gender is mainstreamed into the organization's strategic framework. | | | | | |
| 2. There is a gender policy and strategy in place. | | | | | |
| 3. The organization conducts gender sensitive OVC programming and activity implementation. | | | | | |
| 4. The organization has clear procedures for handling gender based stigma and discrimination of OVC. | | | | | |
| 5. The NGO has resource materials and tools on gender. | | | | | |
| 6. Program staff have knowledge and skills in gender analysis and planning. | | | | | |
| 7. The leadership of the NGO is committed to gender issues. | | | | | |

*5.3.4 Indicators of Leadership*

| Leadership | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. The organizational leadership provides strategic thinking and direction. | | | | | |
| 2. There is a well documented strategy, vision, mission and core values. | | | | | |
| 3. The leadership style encourages participation, openness, teamwork and consultation. | | | | | |
| 4. Staff meetings, retreats and sharing/learning sessions are held regularly. | | | | | |
| 5. The organizational leadership is accountable to relevant stakeholders. | | | | | |
| 6. The organizational leadership motivates, coaches and mentors staff. | | | | | |
| 7. The organizational leadership creates an environment for performance improvement, accomplishment of strategic objectives and innovation. | | | | | |
| 8. The management of the organization has leadership skills and experience. | | | | | |

*5.3.5 Indicators of Resource mobilization and Community mobilization*

| Resource mobilization | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. A resource mobilization strategy and plan is in place. | | | | | |
| 2. The NGO has diverse funding sources including the private sector. | | | | | |
| 3. Board members participate in mobilization of resources for the NGO. | | | | | |
| 4. Various resource mobilization mechanisms/techniques are utilized to mobilize resources. | | | | | |
| 5. Program staff have knowledge and skills in resource mobilization. | | | | | |

| Community mobilization, participation and involvement | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. A community mobilization strategy and plan is in place. | | | | | |
| 2. Program staff have knowledge and skills in community mobilization. | | | | | |
| 3. Various mobilization mechanisms/techniques are utilized to mobilize communities. | | | | | |
| 4. The community (target group) participates in project | | | | | |

| activities and decision making of the NGO. | | | | | |
|---|---|---|---|---|---|
| 5. The NGO consults and seeks feedback from communities on its policies and strategy. | | | | | |

## 5.4 Institutional capacity

### 5.4.1 Indicators of Advocacy, communication and OVC Policy work

| Advocacy and communication | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. An advocacy and communication strategy is in place. | | | | | |
| 2. The advocacy and communication strategy is linked to the NOP and NSSPI. | | | | | |
| 3. Staff responsible for advocacy and communication activities can state the overall objectives of the advocacy and communication strategy. | | | | | |
| 4. Advocacy and communication materials and activities exist and are consistent with the organization's advocacy and communication strategy. | | | | | |
| 5. Advocacy and communication materials are pre-tested with intended audiences. | | | | | |
| 6. Advocacy and communication messages and strategies are based on research and audience analysis. | | | | | |
| 7. The organization communicates its work and activities to various stakeholders. | | | | | |
| 8. Program staff have knowledge and skills in advocacy and communication. | | | | | |


| OVC Policy work | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Activities of the organization are guided by the national OVC policy framework. | | | | | |
| 2. The organization has a child protection policy in place. | | | | | |
| 3. The organization is involved in OVC policy dissemination at district and community level. | | | | | |
| 4. The organization engages policy makers and funding agencies in dialogue. | | | | | |
| 5. The organization contributes to OVC policy formulation and review processes. | | | | | |
| 6. The organization conducts OVC policy advocacy and lobbying activities. | | | | | |

*5.4.2 Indicators of Networking, linkages and collaboration*

| Networking, linkages and collaboration | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1.There is a networking and collaboration strategy in place | | | | | |
| 2. The organization has working relationships with other NGOs, government, media and private sector. | | | | | |
| 3. The NGO collaborates on joint projects with other organizations. | | | | | |
| 4. The organization is a member of a national/district network of HIV/AIDS and OVC organizations. | | | | | |
| 5. Project staff participate in exchange visits with other organizations. | | | | | |
| 6. The organization engages regularly with other organizations in a forum for sharing lessons and experiences. | | | | | |
| 7. The organization shares information with other organizations/stakeholders. | | | | | |
| 8. The NGO's goals and objectives are appreciated by relevant stakeholders. | | | | | |
| 9. Program staff have knowledge and skills in networking and collaboration. | | | | | |

*5.4.3 Indicators of grant making to CSOs/CBOs*

| Grant making to CSOs/CBOs | N/A | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. There is a documented sub-grantee selection procedure which is systematically applied. | | | | | |
| 2. There is a legally binding contract or MOU between the NGO and the sub-grantee which meets the requirements of relevant donors. | | | | | |
| 3. The lead agency has prepared a work-plan and budget that identifies activities of each sub-grantee and the corresponding budget. | | | | | |
| 4. Procedures/modalities and responsibilities for making major procurements, addressing HR issues, registration of sub-grantees, reporting etc have been clearly defined. | | | | | |
| 5. Funds have always been disbursed to the sub-grantee accurately and on time. | | | | | |
| 6. The financial management capacity of the sub-grantee was assessed at the start. | | | | | |
| 7. The grant monitoring system ensures that reliable financial and programmatic data is quickly available from sub-grantees. | | | | | |
| 8. All contractual obligations have been fulfilled by the sub- | | | | | |

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|---|---|---|---|---|---|
| grantees in time. | | | | | |
| 9. Any problems regarding sub-grantee accountability and reporting have been quickly identified and addressed. | | | | | |
| 10. The criteria for re-granting has been documented and shared with the sub-grantees. | | | | | |
| 11. The sub-grantees have been visited at least once every six months. | | | | | |
| 12. Program staff knowledge and skills in grant making and management. | | | | | |