

**Clinical Assessment for
Systems Strengthening (CLASS)
Model and Methodology Review
Findings and Recommendations
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Contents

| | |
|---|----|
| Executive Summary..... | 3 |
| CLASS Background | 4 |
| CLASS Overview and Purpose | 4 |
| The CLASS Approach and Processes | 5 |
| Identified Best Practices | 5 |
| Capacity Assessment Framework – | 6 |
| Table 1: Capacity Assessment Framework Best Practices, Industry Standards and CLASS Practices Classification | 7 |
| A. Assessment Purpose and Expectations..... | 8 |
| B. Assessment Driver (Demand vs. Supply Driven) | 9 |
| C. Assessment Timing (as the Initial Phase of the Capacity Development Process)..... | 10 |
| D. Define What will be Assessed | 10 |
| E. Assessment Process | 11 |
| F. Facilitation..... | 11 |
| G. Data Collection Approach | 13 |
| H. Assessment Tool | 14 |
| I. Assessment Tool “Measurement” | 14 |
| Table 2: Comparison of Capacity Assessment Measurement Approaches | 16 |
| J. Preparation for the Assessment | 17 |
| K. Assessment Results..... | 17 |
| Capacity Building Framework | 18 |
| Opposing views on Capacity Building Practices in Developing Countries | 18 |
| Capacity Building Framework Best Practices | 18 |
| CLASS Framework compared with Best Practices for Capacity Building | 19 |
| Table 3: Comparing the CLASS Framework with Best Practices Found in other Capacity Building Frameworks | 20 |
| Conclusions and Recommendations | 21 |
| Conclusions | 21 |
| Recommendations | 21 |
| Appendix A –Literature Review Annotated Bibliography | 22 |
| Appendix B – Capacity Assessment Tools and Characteristics (attached)..... | 43 |

Executive Summary

The Health Resources and Services Administration (HRSA) commissioned this study to identify best practices in organizational capacity assessments and capacity building and to determine if the Clinical Assessment for Systems Strengthening (CIASS) framework follows these best practices. The study was commissioned through the International Training and Education Center for Health (I-TECH), a collaborative between the University of Washington and the University of California, San Francisco. The study methods consisted of a literature review of 64 articles and books related to capacity building and capacity assessments, and a review of 29 capacity assessment tools to identify best practices in the field. These practices were then compared with the CIASS framework to determine where the CIASS approach conformed with or diverged from best practices.

To provide sufficient context, this study identified best practices for *capacity assessment* frameworks (frameworks to identify capacity gaps) as well as for *capacity building* frameworks (frameworks to address capacity gaps). Best practices were defined as consistently having shown superior results to other methods or techniques. *Capacity assessment* frameworks contain 11 capacity assessment components, with seven of these components demonstrating a clear distinction between identified “best” practices and those most commonly employed in the industry (“industry standard” practices). In many of these cases “best” practices were more readily applied to individual entities being assessed, but were not widely used as they proved too cumbersome, costly or impractical to implement at scale.

The CIASS framework complies with nine of the identified 11 best practices for *capacity assessment frameworks*. The two primary areas where the CIASS framework deviated from “best” practices included utilizing a funder driven assessment process (rather than the local entity identifying the need for the capacity assessment) and utilizing a standard tool for all assessed entities (although CIASS is customized when applied to each entity, best practice is to select assessment tools to address each entity’s specific needs). The largest variance between the CIASS framework and other frameworks used to assess capacity related to the tool “measurement” component, in which CIASS utilizes a qualitative analysis of assessment criteria (best practice) while the industry standard is employment of a semi-qualitative tool (defined indicators with numerically rated narrative benchmark descriptions to indicate level of development for each indicator). The semi-qualitative approach seems to have gained in popularity as individuals can easily grasp the details and the next level of development for each indicator, the tools are generally easy to use/apply, and the ability to easily compare across entities on current capacity levels. In addition, while the CIASS framework complies with best practices related to preparing the entity’s staff and involving them in the process, these same staff are often unclear on how the results will be utilized until the assessment site-visit takes place.

Capacity building frameworks contain ten components, with some distinction between best practices for building individual organizational capacity and that for building the capacity of the sector (i.e. the healthcare industry encompassing all players involved in the promotion, restoration and maintenance of

health) and sub-sector (i.e. health field such as HIV/AIDS, tertiary care). The CIASS framework complies with most of the identified best practices for *capacity building frameworks* at both the sector and individual entity levels. Primary differences between the CIASS capacity building framework and sector level best practices were collaborating with in-country US government (USG) partners and local partners without involving other actors working within the healthcare sector and in HIV/AIDS care and treatment.

Based on this study, it is the author's opinion that the CIASS framework is closely aligned with best practices to assess capacity. It is one of the few reviewed assessment frameworks/tools that utilizes a team of expert facilitators to implement a qualitative assessment approach, which is viewed as producing the most accurate results. However, not using a numerical ranking system to demonstrate capacity makes it more difficult for external individuals to easily comprehend assessment results. The CIASS framework also requires a large investment of both financial and human resources when compared with other types of organizational assessments (semi-qualitative, checklist, or self-administered assessments). The question HRSA and I-TECH should answer is whether this level of investment during the assessment process influences significantly greater/faster in-country capacity growth to assume programmatic leadership than if a less rigorous assessment process were utilized.

CIASS Background

CIASS Overview and Purpose

The Clinical Assessment for Systems Strengthening (CIASS) framework was designed, developed, applied and refined over the past five years to promote long-term sustainability and country ownership of high quality HIV/AIDS care and treatment services. It is a comprehensive, objective assessment process used to support indigenous organizations, when transition of HIV care and treatment programs has been deemed appropriate. The CIASS framework is based on the recognition that the quality of any health care system is a result of access to good technical, administrative, and financial management capacity. The CIASS modules serve as a mechanism to determine an organization's technical and organizational capacity and to identify its capacity building needs. In addition to serving as a monitoring and support tool, CIASS is designed to help identify and promote the long-term sustainability of in-country care and treatment programs by: determining administrative, technical, and financial management capacity; identifying specific technical assistance needs; and, determining the partner's readiness to assume programmatic and organizational leadership.

In addition to helping the Health Resources and Services Administration (HRSA) fulfill its fiduciary responsibility to monitor and support projects, the purpose of the CIASS Framework is to:

- Provide HRSA with an approach to assess the administrative, financial, and technical capacity of USG-supported HIV/AIDS programs;
- Inform HRSA and relevant partners of existing technical assistance needs and identify available resources to address these needs; and

- Facilitate a process for HRSA and relevant partners to determine readiness and ensure a sustainable transition of programs to local leadership (when transition of HIV care and treatment programs has been deemed appropriate).

The CLASS Approach and Processes

Collaboration: Prior to initiating CLASS implementation, HRSA/international partners collaborate with in-country staff, other US government (USG)-supported HIV/AIDS programs and other relevant agencies/partners to determine country specific capacity needs and whether/how to adapt the CLASS tools to address those needs.

Qualitative, expert review: For each assessed entity, a team of expert reviewers is assembled to collect and triangulate data from a desk review, staff interviews, facility observation, and on-site document verification including a clinical chart review. The review team members have complementary skill sets/expertise in the administrative, financial, and technical areas.

Modular format: The team applies separate modules to identify capacity in each area - administrative, financial and technical management. Each module outlines a set of core competencies to guide the assessment process with subcomponents to assess local partners' organizational capacity to support other implementing organizations at all levels of health care provision. The modules, used by subject-area experts to collect qualitative information, yield a comprehensive assessment and/or validation of local partner capacity and readiness for provision of support to facilities.

Action planning: The CLASS team discusses identified strengths and capacity building needs with the assessed entity and in-country actors. A discussion on prioritizing and addressing needs and development of a capacity building plan is then conducted (administrative, financial and technical). In some instances, the local entity may lead the discussion and capacity building planning exercise. HRSA project officers use the capacity building plan to monitor and evaluate progress towards achieving identified capacity development needs.

Identified Best Practices

For purposes of this study, the term “best practices” is used to describe methods and techniques which consistently demonstrated superior results to other practices. Best practices for assessing and building capacity were identified through a literature review of 64 articles and books on capacity building/assessments, and a review of 29 capacity assessment tools. The literature review focused on research articles and documents from peer reviewed journals, published capacity building/assessment tools and methodologies, and funding agency reports and frameworks related to capacity building and assessments. Reviewed frameworks included those utilized by US, European and Asian bi/multilateral agencies, and individual US and international funding and/or service delivery agencies. Particular attention was given to literature and tools published after the year 2000. The capacity assessment tool review included multiple frameworks and methodologies employed by US and international service

delivery agencies and those developed for/by individual international non-governmental organizations (NGOs). Please refer to Appendix A for the literature review annotated bibliography, and to Appendix B for a chart detailing the reviewed capacity assessment tools.

While the focus of this study was to identify best practices in the capacity assessment field, it was also necessary to conduct a cursory analysis of capacity building best practices to identify if/how assessments fit within the overall capacity building framework. During the review process, it became clear that “best” practices often varied from “industry standard” practices (most commonly used). Best practices are not always appropriate for a given situation and may not be suited to a specific funder or entity’s needs.

The remainder of this report is divided into two sections. The first is an in-depth description of *capacity assessment* best practices, i.e., best practices to identify capacity gaps, while the second is a general description of the identified *capacity building* best practices, i.e., best practices to address capacity gaps.

Capacity Assessment Framework –

A multitude of capacity assessment frameworks exist as nonprofits, NGOS and multilaterals have either created their own assessment framework/tools or adapted commonly used ones to fit their needs. The following sections detail the study findings on identified best practices in capacity assessment frameworks, identified industry standard practices (commonly employed standards that vary from best practices), and a comparison of CLASS practices with best/industry practices. Table 1 details the eleven assessment framework components.

For the capacity assessment framework, six of the 11 “best” practices were more readily applied when assessing an individual entity, but were not commonly used as they proved too cumbersome, costly or impractical to implement at scale (with multiple entities or at the sector/sub-sector level). The distinction between best practices and industry standard practices included: who should drive the assessment process (local entity vs. funder), what should be assessed (comprehensive vs. specific thematic areas), facilitation (facilitation team vs. one external facilitator), data collection approach (multiple sources vs. one/two sources), assessment tool (selected to address each entity’s needs vs. use of standardized tool) and tool measurement (qualitative vs. semi-qualitative).

Table 1: Capacity Assessment Framework Best Practices, Industry Standards and CIASS Practices Classification

| Capacity Assessment Framework Best Practices, Industry Standards and CIASS Practices Classification | | | | |
|--|-------------------------------|--|--|-------------------|
| Component | Best Practice | Industry Standard | CIASS Practice Classification | |
| A | Purpose and Expected Outcomes | <ul style="list-style-type: none"> • All parties share an understanding on the purpose of the capacity assessment (define strengths and needs) and how the results will be utilized (develop a capacity building plan). • Prior to initiating the assessment process, the funder defines future support available to implement the capacity building plan (available technical assistance, funding, etc.). | Best Practice | |
| B | Assessment Driver | <ul style="list-style-type: none"> • Organization identifies the need for an assessment | <ul style="list-style-type: none"> • Funder defines the need for assessments | Industry Standard |
| C | Assessment Timing | <ul style="list-style-type: none"> • Conducted before initiating capacity building activities | | Best Practice |
| D | Define what will be assessed | <ul style="list-style-type: none"> • Holistic assessment of organizational management and programmatic processes and structures. | Process and structures for: <ul style="list-style-type: none"> • Organizational Management • Specific thematic area (finance admin, etc.) • Programmatic Area (Clinical, Community Development, etc.) | Best Practice |
| E | Assessment Process | <ul style="list-style-type: none"> • Participatory approach where the entity buys into the need for an assessment • Facilitated self-reflection | | Best Practice |
| F | Facilitation | <ul style="list-style-type: none"> • External facilitation team | <ul style="list-style-type: none"> • External facilitator | Best Practice |
| G | Data Collection | <ul style="list-style-type: none"> • Utilize multiple data collection sources (may include interviews, focus groups, staff/client surveys, document review, observation) | <ul style="list-style-type: none"> • Interviews and document review | Best Practice |
| H | Assessment Tool | <ul style="list-style-type: none"> • Select tool best suited to the organization’s needs • Adapt tools to address organization’s needs, cultural differences, local context | <ul style="list-style-type: none"> • Tool developed by the funder, or use of an existing tool that meets the funder’s needs | Industry Standard |
| I | Tool “measurement” | <ul style="list-style-type: none"> • Qualitative analysis of assessment criteria | <ul style="list-style-type: none"> • Semi-Qualitative benchmarks for each indicator | Best Practice |
| J | Preparing for the Assessment | All involved parties fully understand and are committed to supporting the process, tools, timeline, and time commitment | | Best Practice |
| K | Assessment Results | Used to develop a Capacity Building Plan through a participatory process with the assessed entity to review assessment results, define and prioritize needs | | Best Practice |

A. Assessment Purpose and Expectations

The literature supports the importance of ensuring all parties in the assessment process understand the purpose of the assessment (identify strengths and needs), how the results will be used (build capacity), and type of support the funder will provide to the assessed entity after the assessment is completed (level of support, technical assistance, funding, training, etc.). If a funder does not plan to provide additional support/access to support to address identified needs, this should also be clear prior to initiating the assessment. If this step is overlooked it often results in an entity: not fully supporting the assessment process as staff feel it is an unnecessary, funder imposed requirement; assuming it is being audited which can lead to an unwillingness to fully disclose weaknesses which need to be addressed; or, developing unrealistic expectations on future type/level of capacity building support.

CLASS Framework – Meets Best Practice:

The CIASS framework clearly details the purpose for conducting assessments, how it fits with HRSA's overall objectives, and the expected outcomes from the assessment process. The process is designed to ensure the local entity is involved and informed from the outset, including participation in preparatory conference calls and sharing relevant documents and the assessment tool prior to the site visit. However, prior to the on-site visit to conduct the assessment, the local entity being assessed does not always understand how the assessment results will be utilized. HRSA supports implementation of the assessment process, and the local USG partner/agency then works with the local entity to access appropriate technical support to implement the resulting capacity development plan. In instances when local resources are unavailable, HRSA will access/provide technical assistance from abroad.

The CIASS assessment objectives are:

- Assess the quality of services and care provided to people infected with HIV/AIDS;
- Ensure that organizational systems, policies, and procedures are in place to accomplish program goals and objectives.
- Assess the organization's capacity to provide the funded services and manage funding.
- Identify program strengths and weaknesses and provide appropriate consultation to enhance their capacity to provide high quality health care and services.
- Specify areas of system strengthening to enable organizations to enhance and sustain their HIV service delivery.
- Inform partners, USG, and other relevant stakeholders of specific strengths and areas for improvement for the local partner organization and clinic sites.
- Serve as a working tool to follow progress of the continued administrative, financial and leadership management, and delivery of services.
- Provide guidance relating to decisions pertaining to the transition of programs from the international to local partner(s) (when transition of HIV care and treatment programs has been deemed appropriate).

B. Assessment Driver (Demand vs. Supply Driven)

The literature overwhelmingly supports the best practice as a demand driven capacity building/assessment process where an organization/entity identifies and seeks support to strengthen its ability to improve service delivery. Demand driven interventions ensure commitment and ownership which positively reinforce the capacity building process. However, there is a disconnect between the stated best practices and those employed within the non-profit/development arenas.

Demand driven assessments tend to occur in more mature organizations or ones where the leadership is aware of the importance of management principles as a means to improve service delivery. These entities do not represent the majority of any given sub-sector/sector, nor do individual entities within a sub-sector/sector jointly come to the conclusion on the need for assessments/capacity building. The majority of assessments are funder driven, particularly in fields where funders seek to quickly scale-up local capacity to address specific societal issues. Funder driven assessments are also seen as a means to allow funders to minimize investment risks (promoting necessary processes/structures), collect data on sector needs, and hold organizations accountable for identified capacity building efforts. Within developing countries, funder driven assessments and capacity building efforts are the norm.

There are varying views on the long-term effectiveness of a supply driven process where a funder promotes assessments and capacity building efforts. Some organizations/entities view it as compliance with an unnecessary mandate in order to secure funding, while others view it as an opportunity to receive supplemental support and/or a stimulus to promote internal learning to strengthen the organization. When supply driven assessments are employed, best practices include the need for clarity on the purpose for the assessment and how the assessment results will be utilized, particularly in terms of how the assessment fits with funder supported capacity building efforts for the entity.

CLASS Framework – Meets Industry Standard Practice

The CLASS assessment is a funder (supply) driven initiative to identify local capacity and address capacity building needs. Although this is done in conjunction with in-country USG staff and other local stakeholders, it is nonetheless a funder required process. The CLASS approach has built in strategies to increase local level participation, buy-in to the need for an assessment and ownership of subsequent capacity building efforts. These include an extensive preparation process where local entities are involved at least a month prior to the on-site assessment so they can become familiar with the purpose, expectations and general overview of the assessment process and assessment team. Ample opportunity is provided throughout the assessment process for the local partner to raise concerns and questions about the assessment process. In addition, the framework employs a participatory information gathering and debriefing session to review and discuss assessment findings. In some instances, the local entity will then lead the capacity

building planning session to define/prioritize capacity building needs, thereby taking ownership of both the assessment results and the capacity building plan.

C. Assessment Timing (as the Initial Phase of the Capacity Development Process)

Accurate identification of capacity building needs requires baseline data on an entity's existing capacity and strengths. The literature overwhelmingly supports employment of capacity assessments prior to implementing capacity building interventions. Analysis of unsuccessful capacity building efforts indicates initiating interventions prior to understanding specific needs leads to sub-optimal results—applying general fixes without understanding an entity's specific needs is ineffective. Assessment results should be an essential input for the design of an effective capacity building plan. Studies have found that entities which use assessment results for capacity building vs. compliance have more successful program implementation.

CLASS Framework – Meets Best Practice

Capacity assessments are viewed as the cornerstone of capacity building interventions with any local organization. The CLASS approach utilizes the assessment as a tool to identify, prioritize and guide future capacity building needs.

D. Define What will be Assessed

The literature strongly supports addressing the inter-connected management structures and processes an entity requires to effectively and efficiently deliver its products or services. A common set of core competencies include organizational (administrative, financial, human resources), leadership (governance, leadership, management) and programmatic/technical areas. While there are a variety of opinions on what constitutes a comprehensive set of structures and processes, these often depend on the sector/sub-sector. Other competency areas may include technology, networking/external relations, advocacy and/or government policy, research and development, infrastructure and resources, partnerships and alliances.

Common industry practices include selectively conducting assessments on areas of particular interest to a funder. These could include technical/programmatic assessments, organizational capacity assessments, or individual thematic areas (i.e. financial management systems). These types of assessments do not account for how the individual areas influence/are affected by other established structures or processes. The literature supports that these tools should serve to provide more in-depth assessment and analysis of specific areas when needed, either after an organization wide assessment has been completed or in combination with other assessment tools so each of the core competency areas are included. Of the reviewed assessment tools, AIDSRelief's Performance Assessment is the only one (besides CLASS) which includes both a comprehensive clinical and organizational capacity assessment tool. Other assessment tools that included both technical/organizational components utilized a "checklist" measurement approach which only identifies whether or not the assessed item is in place (Section I, Tool Measurement provides greater detail on the different assessment tool measurement approaches).

CLASS Framework – Meets Best Practice:

The CIASS assessment approach is designed to determine the overall technical and organizational capacity needed to deliver quality clinical services and to manage the funding to support these services. The assessment tool is comprised of three modules covering the administrative, financial, and technical/programmatic areas.

E. Assessment Process

The literature strongly supports utilizing participatory processes, where members of the assessed entity use self-reflection to provide input and insight around the assessment indicators. Within the literature this is often referred to as self-assessment but as the term is also used to mean self-facilitation, in this document it is referred to as self-reflection. A participatory, self-reflective process is viewed as a means to increase accuracy of the assessment results while also increasing member buy-in to the assessment process and support of the results/findings. A participatory process is also a learning experience for those involved, allowing them to better understand the importance of and inter-relation between the assessed areas.

External assessment processes are generally applied in assessments which are more similar to audits. External experts are brought into an organization to determine whether or not it is in compliance with industry/funder standards. Only a few capacity assessments utilize an external process, and these tend to be in situations where the funder wants to ensure the entity has the capacity to manage a project.

CLASS Framework – Meets Best Practice

The CIASS approach utilizes Appreciative Inquiry (AI) as the foundation for its participatory approach to the assessment process. AI is a collaborative dialogue approach which seeks to elicit practical knowledge from the assessment participants. It empowers these same individuals by emphasizing the knowledge they manage, identifies existing strengths, and builds upon these defined strengths. Each of the assessment modules contains a set of defined core competencies along with a set of open ended questions to guide the assessment team in soliciting information and participation.

F. Facilitation

Utilizing an **externally facilitated** capacity assessment process is deemed best practice within the industry. These individuals provide an impartial and objective perspective during the assessment process as their only role is to work with an entity to identify current strengths and future areas for strengthening. The external voice(s) often plays a key role in ensuring an organization doesn't avoid or overlook critical issues which it may deem too contentious, difficult or sensitive to address.

Facilitators should have organizational and/or programmatic expertise, industry knowledge, and process management experience. They should also be attuned to broader capacity development issues, experienced in identifying underlying causes of identified issues, and skilled in helping organizations understand assessment results and prioritize identified capacity building needs. Skilled facilitators can also help reinforce and/or change an organization's attitudes on the effectiveness of current structures and processes, and provide perspective on similar issues in other organizations.

There are two primary views on **who should select the external facilitator(s)**. One field of thought is the entity being assessed will more readily accept guidance and advice from a facilitator they identify and select. Others feel funders can more readily identify and utilize a set of experienced experts and determine which ones are most appropriate for a given organization/sector's situation/needs. International organizations in developing countries tend to use their own experts (consultants or staff), with a growing emphasis on grooming/using local experts when the situation allows.

Use of an **external facilitation team is considered best practice** as a team comprised of individuals with complementary skill sets (financial, management, programmatic, etc.) can provide a broad range of expertise and several different perspectives during the assessment process. While team facilitated assessments require the largest financial investment, the value is obtained by having a set of experts who provide subjective guidance to help an organization's staff/board identify the real/underlying strengths and issues in its administrative, financial, management and/or programmatic areas. However, **use of one external facilitator is the most common approach** within the capacity building community. While more cost effective than the team approach, the facilitator usually provides in-depth expertise in one area and broad level/general expertise in the other assessed areas.

Self-Administered Facilitation is recommended when an entity has limited funds to invest in the assessment process. Self-assessment is used in capacity building literature to mean either a process that does not use an external facilitator or an introspective and participatory assessment process. For clarification purposes, the term self-administered is used in this document to indicate when an assessment process does not use an external facilitator.

While the literature review produced a limited number of proponents for self-administered assessments, there are numerous tools which can be self-administered, including some on-line tools which produce a computer generated capacity building plan based on the assessment results. The literature overwhelmingly demonstrated that self-administered assessments tend to produce exaggerated programmatic, administrative and managerial capacity results. The exaggerated results are attributed to the assessed entity not fully grasping the nuances of the

capacity assessment indicators or capacity development itself, and/or because entity staff feel the need to project a solid image to attract funding.

If an organization uses a strong assessment tool with well-defined indicators, the self-administered assessment process can initiate an introspective change process where staff/board begin to consider strengths and needs to achieve long-term programmatic success. It can also serve as a monitoring and evaluation tool, allowing an organization to identify when it has achieved defined benchmarks within a specified indicator. There is a growing trend in the capacity development world to utilize semi-qualitative assessment tools which provide a series of qualitative/descriptive benchmarks for each indicator. These tools are easier for organizations to interpret and apply than other types of assessment tools. More information is provided below under “Semi-Quantitative Assessment Tools”.

CLASS Framework – Meets Best Practice

For each assessed entity, a team of expert reviewers is assembled to collect and triangulate data from a desk review, staff interviews, facility observation, and on-site document verification including a clinical chart review. The review team members have complementary skill sets/expertise in the administrative, financial, and programmatic areas. The team applies the CLASS assessment tools, comprised of separate modules to identify capacity in each area. Rather than applying an exhaustive review of all structures/processes, the expert review team is expected to identify what capacity is in place, capacity gaps and specific underlying issues contributing to the lack of capacity in a specific area.

G. Data Collection Approach

Multi-source data collection is viewed as best practice. This is when an assessment process draws upon multiple information sources to identify an organization’s current level of development on assessment indicators. These may include conducting staff/board member/client interviews and/or focus groups, conducting staff/client surveys, reviewing relevant documentation, or observing general operations and/or service delivery. Obtaining accurate information can be challenging, especially as assessments are conducted during a restricted time frame and often require participants to trust the facilitator/funder. Utilizing skilled facilitators who inspire confidence and assure impartiality, and who are experienced in identifying fundamental components of well-functioning processes/structures helps ensure accurate data collection. As in other areas, common industry practices do not necessarily conform with identified best practices. Many assessments rely solely on first person interviews or group consensus to identify an entity’s current level of development on assessment indicators.

CLASS Framework – Meets Best Practice

Multiple data collection sources are utilized. A desk review consisting of a site/clinic profile is conducted prior to an on-site visit, which includes site demographics, review of background information, HIV/AIDS service delivery history, quality assurance/quality improvement

processes, facility/infrastructure improvements, challenges/technical assistance needs, and funding sources. Both a preparatory and on-site document review are conducted on administrative, financial and technical aspects of the organization. When on-site, reviewers conduct staff interviews, facility observations, and on-site clinical chart review.

H. Assessment Tool

Best practice indicates the assessment tool should be selected based on the assessed entity's specific needs. In some instances this would suggest utilizing more than one tool and/or adapting the tool(s) to ensure assessed items are those most needed/important to the entity (local culture/politics, organizational culture, industry needs, etc.). Some capacity building practitioners believe existing tools should be heavily adapted when working in developing countries to more accurately reflect how local societies view organizational/programmatic management practices rather than imposing western ones. Other practitioners believe there is a need to comprehensively explain the western practices in terms local individuals can grasp as the concepts can easily be misinterpreted or misunderstood.

This is another area where industry practices vary from stated best practices. Most funders either develop an assessment tool to meet their specific needs, or select/adapt one(s) most closely suited to their needs. Funder priorities often include use of a tool that allows it to not only identify a specific entity's needs, but to determine common needs across entities/sub-sector and to track/monitor progress of capacity building efforts. In addition, funder priorities may include specific assessment areas/indicators related to programmatic implementation/quality delivery. Some funders will use one tool to assess organizational capacity (governance, structures, processes), and a separate tool to assess programmatic capacity (service delivery, products), particularly when a comprehensive tool is unavailable. In other instances, the funder will choose to only assess programmatic or organizational capacity.

CLASS Framework – Meets Industry Standard Practice

The CLASS assessment modules were designed to meet the USG's requirements to identify local partner capacity and capacity building needs in order to facilitate determining the partners' readiness for and ensure a rapid transition of programs to local leadership (when transition of HIV care and treatment programs has been deemed appropriate). While the assessment modules address a local partner's specific assessment needs, it is designed so it can be adapted to fit a country/USG agency needs. Due to the qualitative assessment approach and flexibility which allows facilitators to ask open ended/follow-up questions, it is tailored during the implementation process to meet individual organization's needs.

I. Assessment Tool "Measurement"

The literature details four primary "measurement" approaches for capacity assessment tools. Table 2 details the pros and cons of each measurement approach.

- a. **Qualitative approach (best practice)** – This approach employs an externally facilitated, comprehensive, qualitative methodology, using an established tool to guide assessment of an organization’s structures and processes through a participatory process with the organizations staff (and board). The facilitator(s) utilizes his/her experience and expertise to determine an organization’s level of development and future capacity development needs.
- b. **Semi-Qualitative approach (industry standard)** – This is the most widely used assessment approach. The tool contains a series of indicators for each thematic area, with a series of descriptive statements (benchmarks) to indicate different levels of development for each indicator. A Likert scale assigns a number value to each benchmark, allowing for a quick and easy numerical ranking to demonstrate an entity’s current level of development for each indicator. While tools vary in the number of benchmarks per indicator, each tool will employ a consistent number of benchmarks per indicator, with one end of the spectrum indicating emerging development and the other end of the spectrum indicating an advanced level of development (sustainability).

All reviewed semi-qualitative tools stated entities are in different stages of development, so more important than the numerical ranking is whether or not a low ranking for specific indicators was important for the entity given its level of development and programmatic implementation needs (i.e. some organizations may find a low ranking in one area to be perfectly acceptable, while another entity may find it to be important to address).

- c. **Quantitative/Scorecard approach**– This approach uses of a Likert scale to indicate levels of development for a series of indicators under each thematic area. While tools vary in the number of values used (i.e. 1-4, 1-10), each tool will employ a consistent number of values for all indicators, with one end of the spectrum indicating emerging development and the other end of the spectrum indicating an advanced level of development (sustainability). This tool is easy to employ, but individuals using it may have very different views on what constitutes emerging, average or high levels of development for each indicator, which can lead to large inconsistencies in results among assessment participants.
- d. **Checklist approach** – This is the easiest assessment tool to apply as it only indicates whether or not indicators are in place or being followed. A list of criteria is used to determine if an entity complies with established standards. Assessed entities generally view checklists as an evaluation or audit rather than an assessment.

CLASS Framework – Meets Best Practice

The CLASS assessment tools are among the few which widely employ this best practice, likely because it requires a high degree of facilitator expertise to implement effectively. The CLASS approach is to employ a qualified team of experts to conduct the assessment, recognizing the experts can more quickly identify existing capacity, capacity gaps, underlying issues contributing

to capacity gaps, and prioritize future capacity development needs based on an organization’s current status.

Table 2: Comparison of Capacity Assessment Measurement Approaches

| “Measurement” Approach | Pros | Cons |
|------------------------|--|---|
| Qualitative | <ul style="list-style-type: none"> • Provides in-depth analysis of each assessed entity • Provides most accurate assessment results | <ul style="list-style-type: none"> • Requires expert facilitation • Findings may vary by facilitator (level/area of expertise) • Most expensive approach • Difficult to compare results across assessed entities |
| Semi-Qualitative | <ul style="list-style-type: none"> • Easy to apply and understand • Provides clear benchmarks for capacity building efforts • Easy to compare results across organizations/sector | <ul style="list-style-type: none"> • Some entities find the comprehensive list of indicators/benchmarks overwhelming (laundry list of capacity building work to be done) • If self-administered, entity can misinterpret the benchmark descriptions and under/overstate capacity. |
| Quantitative-Scorecard | <ul style="list-style-type: none"> • Easy to apply • Easy to compare results across organizations/sector | <ul style="list-style-type: none"> • Inconsistencies on indicator “rankings” due to differing opinions on what constitutes strong/low development • Entities can easily over/underestimate stage of development • Some entities find the comprehensive list of “low” benchmarks overwhelming |
| Checklist | <ul style="list-style-type: none"> • Easy to apply • Easy to compare results across organizations/sector | <ul style="list-style-type: none"> • Validates if a structure or process is in place but doesn’t account for stages of development • Limited application as a capacity building tool |

J. Preparation for the Assessment

The organization being assessed should be involved from the outset and fully prepared for the assessment process. Prior to initiating the assessment the staff and board should be fully informed of the timeline, roles and responsibilities of the different actors, the importance of staff participation to obtain accurate information, the process that will be employed, and how the results will be used to develop a capacity building plan.

CLASS Framework – Meets Best Practice

The CIASS assessment includes a comprehensive preparation process which begins three months prior to conducting on-site visits. The process involves key international and local actors from the outset to both improve understanding of the assessment purpose/process/importance and to garner local participation and buy-in. Preparatory steps include pre-assessment conference calls to introduce the tool/process/facilitators and answer questions/concerns, compiling site profiles (summary of the organization, facility, staff and services provided), providing in-country partners a copy of the assessment tool so they can become familiar with the content, and on-site introductory presentations/meetings to frame the upcoming activities. However, even given this in-depth preparation process, the local entity being assessed does not always fully understand how the assessment results will be utilized prior to the on-site assessment team visit to conduct the assessment.

K. Assessment Results

Using the results of the assessment as the foundation for creating a capacity development plan is viewed as best practice and is generally employed within the industry. Facilitators generally play a large role, guiding an entity to understand and prioritize identified capacity gaps and to design a plan to address highest priority needs first. This includes the assessed entity participating in the analysis of assessment findings, as well as in discussions on priority needs. Before initiating this step it is important all parties are clear on the level of support/access to support a funder plans to provide in order to avoid creating unrealistic expectations.

CLASS Framework – Meets Best Practice

The CIASS approach employs a two-step process to utilize assessment results. The first is a debriefing session with the assessed entity and other relevant stakeholders to verbally review assessment findings, followed by a discussion to prioritize and address capacity building needs (creating the capacity building plan). In some cases the local entity will lead the prioritization and capacity building planning exercise. Part of the purpose of this meeting is for the in-country USG partner(s) to also become familiar with the existing capacity and needs. The second step is a written report detailing the assessment findings and documenting the capacity building plan.

Capacity Building Framework

Capacity building has multiple definitions within the public and non-profit sectors, with an ever evolving set of practices on how to assist entities achieve their mission. During the past 50+ years emphasis has shifted from providing resources (financial, infrastructure, formal education) to complementing resources with training and technical assistance provision, to the current focus on providing mechanisms to support development of long-term sustainability (leadership, management structures/processes, networks/collaboration, training). Part of this shift has included the more recent trend of holistically addressing sector/national level needs rather than strictly focusing on individual entities, while also contributing to holistically strengthening an entity's ability to effectively serve client needs. The literature also supports the growing acceptance of the long-term nature of capacity building, which reaches well beyond funder program budgeting cycles. Recommendations from those in the field suggest the need to now move towards a cohesive capacity building approach that moves beyond strengthening a specific field/sub-sector (i.e. HIV/AIDS Prevention and Treatment), where multiple international agencies jointly work with a country's national government agencies to address sector (i.e. healthcare) and national level capacity building needs.

Opposing views on Capacity Building Practices in Developing Countries

It should be noted that the literature review identified a small contingency of both international and local service providers and organizations which questions the validity of Western capacity building efforts in developing countries. Opposition included the following beliefs:

- funders only pay lip service to the long-term nature of capacity building, instead focusing on achieving short-term changes which fit with short-term funding cycles
- funders unduly impose their priorities onto local governments and local organizations
- capacity building imposes Western values and beliefs onto local organizations, thereby either
 - changing the local culture or
 - impeding the ability of the local organization to effectively work within the local community
- international organizations have insufficient cultural competency, so are ineffective in transmitting the underlying capacity building principles in terms local individuals can fully understand/apply

Capacity Building Framework Best Practices

The capacity building review identified ten common framework components, with some distinctions between sector level, sub-sector level and entity level best practices. Sector level best practices refer to those identified for the overarching industry within which the field is housed (i.e. health care, development, environment), while sub-sector/field refer to best practices

used by funders/agencies supporting multiple actors across a sub-sector/field of practice (i.e. HIV/AIDS prevention and treatment, economic development, food security, species conservation). Entity level best practices refer to those which are specific to the needs of an individual local organization or agency. Table 3 presents various dimensions found in capacity building frameworks and related best practices at the sector/sub-sector and individual entity levels, and simply states how these dimensions manifest themselves with the CIASS framework.

CIASS Framework compared with Best Practices for Capacity Building

The CIASS framework complies with six of the ten best practices identified for sector/sub-sector level capacity building and nine of the entity level best practices for capacity building. Differences with sector/sub-sector level best practices include working with in-country USG actors but not with the wider set of actors within the sector or sub-sector, and limited ability to compare assessment results across the sector/sub-sector (due to the qualitative nature of the CIASS assessment tool). The CIASS framework utilizes a long term approach to capacity building efforts with a clearly defined purpose and expected outcome of the sustainable transition of programs to local leadership. It employs a collaborative and participatory process, involving in-country USG actors and members of the local entity being assessed throughout the assessment process, but does not involve the sub-sector actors in coordinating/collaborating on capacity building efforts that reach beyond its in-country partners (non-USG entities) nor does it involve the wider sector (national health care) capacity needs.

Given the nature of the CIASS framework and modules, it can be adapted to address the local context and needs. The CIASS modules holistically assess an entity's organizational and technical needs as HRSA considers both to be of importance for a sustainable organization. The CIASS assessment uses standardized modules which qualitatively identify an entity's current capacity and capacity development needs, serving as the foundation for a capacity building plan. Due to the qualitative approach to assessing capacity which does not employ a comprehensive set of criteria/indicators, the modules provide only limited ability to compare assessment results across multiple entities. Monitoring and evaluation is built into the capacity building planning, allowing for periodic implementation adaptations to be made when needed.

Table 3: Comparing the CLASS Framework with Best Practices Found in other Capacity Building Frameworks

| The CLASS Framework Compared to Capacity Building Framework Best Practices at the Sector and Entity/Organization Levels | | | | |
|--|--|---|---|---|
| | Framework Component | Sector/Sub-Sector Level Best Practice | Entity/Organization Level Best Practice | CLASS Framework |
| A | Long-Term Approach | Capacity building viewed as a long term investment which produces long-term results (sustainability) | | |
| B | Clarity on Purpose and Expected Outcomes | Clearly defined purpose for capacity building efforts and expected outcomes for all participants | | |
| C | Collaboration | With sub-sector actors (preferably with sector actors), jointly define sub-sector (sector) capacity building priorities and division of work/funding | Between the individual funder and the entity being assessed | With in-country USG agencies, international (Track 1.0) partners, and local partners |
| D | Participatory Process | Involve local/national “partners” and stakeholders in identifying needs | Involve an entity’s members in a self-reflective analysis of strengths | Involve in-country USG agencies, international (Track 1.0) partners, and local partners in identifying capacity needs. |
| E | Holistic Approach | Look at sub-sector level needs (preferably sector level needs) rather than individual funder priorities or organization needs | Look at the overall capacity needs for the entity (rather than on specific components/thematic areas of importance to the funder) | Look at entity’s overall capacity needs for the in-country, sub-sector level (HIV/AIDS prevention and treatment). |
| F | Framework Adaptations | Adapt the framework and tools to address local context/needs | | Framework and capacity assessment modules can be adapted to fit with in-country USG agency and individual entity needs. |
| G | Needs Assessment | Conducted prior to initiating capacity building work, serves as the foundation for developing the Capacity Building Plan. | | |
| H | Assessment Tool(s) | Standardized tool with indicators that allow for comparison across the sub-sector/sector | Customized tool that addresses the entity’s specific needs | Three modules applied across the sub-sector for each specific entity, customized to each entity during the assessment process. Some degree of comparison on assessment results is possible, but modules do not easily lend themselves to comparison across multiple entities on individual indicators |
| I | Capacity Building Plan | Prioritize identified needs and create a detailed plan on how to address needs (responsible parties, goals, expected outcomes, timeline) Local entity led needs identification based on the capacity assessment results. | | |
| J | Monitoring and Evaluation | To determine progress towards Capacity Building Plan goals/outcomes, and make adaptations as needed. Conducted to monitor progress towards achieving the capacity building plan goals/outcomes and determine when a local entity is able to assume program leadership. | | |

Conclusions and Recommendations

Conclusions

Based on this study, it is the author's opinion that the CIASS assessment framework is closely aligned with capacity assessment best practices. It is one of the few reviewed frameworks/tools which uses a team of expert facilitators to implement a qualitative assessment approach, which is viewed as producing the most accurate results. However, not using a numerical ranking system to demonstrate capacity makes it difficult for external individuals to easily comprehend assessment results. The CIASS approach also requires the largest financial and time investment when compared with other assessment approaches (self-facilitated, quantitative, semi-qualitative).

Recommendations

1. While the CIASS framework supports in-country partner involvement in and understanding of the assessment and process, in practice local entities often don't fully grasp how the results will be utilized until the assessment team is conducting the on-site visit. HRSA and I-TECH should determine if there is value in improving this aspect of the process for in-country partners, and if so should identify efficient manners of doing so.
2. HRSA and I-TECH need to determine if there is value in incorporating some type of numerical ranking system within the assessment framework. Doing so would make the CIASS results easier for external individuals to understand, and could increase acceptance of CIASS in the wider HIV/AIDS PEPFAR funding community.
3. When considering whether the wider PEPFAR funding community will be interested in adopting and applying CIASS, HRSA and I-TECH should determine if it can demonstrate the value of CIASS over other assessment tools/approaches, specifically for situations where the USG is considering transitioning programs to local entities. Does the investment in this step of the capacity building process lead to significantly greater/faster in-country capacity growth to assume programmatic leadership than if a less rigorous assessment process were utilized?

Appendix A –Literature Review Annotated Bibliography

Clinical Assessment for Systems Strengthening (CIASS) Model and Process Review May 2013

Literature Review, Annotated Bibliography

Literature Review Methods

Search Strategies and Sources

In order to identify relevant literature for this review, the following search strategies were employed. An initial review was conducted on research articles and documents provided by I-TECH CIASS staff. Second, the electronic databases Global health on CAB direct, JSTOR, ScienceDirect and the UW World Catalog were searched. Next, the USAID AIDSTAR-Two Capacity Resource Database was searched. To identify other potentially applicable sources, bibliographies of relevant articles were hand-searched. Lastly, an online search using the Google search engine was conducted. To obtain literature on organizational and clinical assessments approaches, models and frameworks, the following search terms were used: capacity building, capacity assessment, HIV/AIDS clinical assessment, institutional assessment and organizational assessment.

Highest priority was placed on obtaining peer-reviewed journal articles, published capacity building/assessment tools and methodologies, and funding agency reports and frameworks related to capacity building and assessments. Particular attention was given to literature published since 2000.

Selection Criteria:

Literature was included in the review if it met the criteria of detailing capacity building and/or assessment processes, methodologies, evaluations, frameworks or models which included at least one of the following primary goals: assessing organizational and/or clinical capacity, improving organizational and/or clinical capacity, measuring capacity building results, improving service delivery by improving organizational capacity. Literature which did not meet these criteria was excluded from the search process.

A total of 64 articles, books and assessment guides are included in this review. They are listed in the annotated bibliography in alphabetical order by the primary author's last name.

Asian Development Bank. "Effectiveness of ADB's Capacity Development Assistance: How to Get Institutions Right." *ADB Special Evaluation Study, Reference Number: SES:REG 2008-05*, February 2008. This study analyzes the results of the ADB's capacity development interventions and proposes a framework for future interventions in the region. Focusing on the outcomes of efforts in Cambodia, Nepal and the Philippines, the overall findings showed inconsistent results across sectors and countries. Successful performance was attributed to a consistent set of positive factors which drove success, including: a clear results framework to clarify objectives from the outset, focusing on long-term strategies built upon realistic objectives, incorporating capacity building activities into daily operations, ensuring adequate human/financial resources and skills are available to achieve the objectives, use of a participatory approach with strong local actor ownership of the capacity building process, and cooperation among the development community actors. Insufficient baseline diagnostics to prepare capacity building plans was identified as a major deterring factor.

Bartzak, Lori (editor) et al. *A Funder's Guide to Organizational Assessment: Tools, Processes and Their Use in Building Capacity*. Fieldstone Alliance Publishing, 2005. This book was designed to demonstrate how capacity assessment tools can be used to strengthen grassroots to more established organizations. It provides an overview of the purpose and process of six tools being utilized to conduct organizational assessments by the US funder community (McKinsey/SVP Capacity Assessment Grid, CapMap, Unity Foundation Capacity Quotient, Mary Reynolds Babcock Foundation Tool, Grantee Perceptions Report and SMART GROWTH), as well as recommendations on how to select and implement a tool most appropriate for an entity's specific needs. Based on lessons learned from the wider funding community, best practices include: use of a well-tested framework and tools (may require customization to reflect industry/organizational characteristics, an organization's buy-in and participation in the assessment process, accurate and complete information, confidentiality and ownership of findings, and clear expectations regarding how findings will be used (i.e. for capacity building).

Qualitative assessments require experts who can provide a more comprehensive approach to how leadership, mission, strategy, culture and partnerships affect organizational capacity. Quantitative assessments are viewed as easier for an organization to understand/utilize as well as providing specific benchmarks to measure current situations/progress by identifying clear indicators for success. While self-assessments can serve as a valid assessment tool, utilizing an experienced and skilled consultant team has demonstrated more accurate results, greater credibility to the process/findings, increased understanding within the organization of key strengths and needs, and clear/accurate capacity development plan.

Backer et al. "Donor Perspectives on Nonprofit Capacity Building." *Human Interactive Research Institute*, September 2004. This paper describes the findings and conclusions of research on individual donor and small family foundation investments in and attitudes towards capacity building. The authors conclude that while the majority of donors didn't

fully understand the terminology related to capacity building, they had actively supported discreet activities for existing grantees on a case by case basis (i.e. fundraising, board recruitment, infrastructure). The authors identify the need for a more comprehensive approach to identifying and fulfilling grantee capacity building needs and suggest donors can play an influential role within the wider foundation community to promote capacity building as a means of improving wider organizational/programmatic outcomes.

Barrett et al. "Development of Measures of Organizational Leadership for Health Promotion." *Health Educ Behav* 2005 32: 195. This paper describes the results of a study conducted on the Alberta, Canada health care system on the promotion of health system program development and evaluation to measure organizational level leadership. The assessment covered typical organizational development indicators, as well as indicators on programmatic impact. The authors concluded entities which integrated and assessed leadership/organizational management indicators demonstrated enhanced health care delivery.

Baser et al. Capacity, Change and Performance: Study Report. *European Centre for Development Policy Management, Discussion Paper No 59B*, April 2008. This OECD commissioned report details the findings and conclusions of a literature review and analysis of 16 case studies on capacity building experiences/outcomes in developing countries. An adaptive system framework approach is proposed, employing complex human systems (processes to shift/change behavior) to influence individual, group and organizational behavior, rather than on the more traditional capacity development structure based framework (systems/processes). The authors suggest established, successful capacity assessment tools should be modified to fit with organizational, local and national contexts to allow entities to identify essential capacity elements most important for developing future success. Other recommendations include focusing capacity building efforts that promote: effective leadership, adaptive management, treating capacity building as an end in itself, employing a wide range of creative interventions to fit specific needs, networking and collaboration between entities, understanding the need to change some local cultural norms (towards Western management norms) to achieve results, and recognizing capacity building is larger than a single intervention or organization.

Bateson et al. "Methodology for Assessment and Development of Organizational Capacity." *Journal of Obstetrics and Gynaecology Canada*, October 2008, 888 – 895. This article details the Society for Obstetrics and Gynaecology Canada's capacity building framework. Developed over a ten year period to support non-profit/associations in low-resource countries, the framework includes a review of current capacity building practices in the development field. The framework employs a four step process of: 1) organizational assessment where local entities utilize the Organizational Capacity Assessment Tool (OCAT); 2) OCAT Data Analysis; 3) Development of an Organizational Capacity Improvement Plan; and, 4) Implementation of Performance Measurement. Self-assessment is promoted as the most viable means to achieve organizational awareness of current capacity and identification of future capacity needs.

The OCAT utilizes both qualitative and quantitative indicators, and takes an experiential approach to identifying current capacity and future needs.

- Bennett et al. "Approaches to developing the capacity of health policy analysis institutes: a comparative case study." *Health Research Policy and Systems* 2012 10:7. The paper analyzes six health policy institutes (think tanks) in low/middle income countries (Asia, Sub-Saharan Africa) to identify factors facilitating organizational development and long-term sustainability. The authors conclude contributing success factors included board support and linkages to external networks within the policy sector. Negative factors led to fragile organizations and lack of long-term sustainability and were identified as insufficient emphasis on retaining talent and establishing steady income, along with the inability to adapt to political/social environmental changes.
- Bloland et al. "The Role of Public Health Institutions in Global Health System Strengthening Efforts: The US CDC's Perspective." *PLoS Med* 9(4): e1001199. doi:10.1371/journal.pmed.1001199, 2012. In this article the CDC proposes global health institutions should focus efforts to strengthen national health systems in low/middle income countries as a means of achieving major public health goals. Investments should be prioritized to strengthen six key functions: ensuring availability of critical epidemiologic information; strengthening key public health institutions and infrastructure; establishing strong public health laboratory networks; building a skilled and capable workforce; implementing key public health programs; and, supporting critical operational/applied research.
- Bushe, G.R. (2011) Appreciative inquiry: Theory and critique. In Boje, D., Burnes, B. and Hassard, J. (eds.). *The Routledge Companion To Organizational Change* (pp. 87103). Oxford, UK: Routledge. The chapter reviews existing research on the practice of Appreciative Inquiry (AI) as an Organizational Change technique. AI utilizes a positive, strengths based, inclusive approach to identify and implement organizational change. Proponents emphasize the positive results obtained by focusing on future possibilities and promoting stakeholder involvement to guide how the future will be developed. Critics note that only focusing on strengths may not allow organizations to address real areas of concern, and after a few years of use organizations tend to find the approach no longer produces positive change.
- Chaudoir, Stephanie, et. Al. "Measuring factors affecting implementation of health innovations: a systematic of structural, organizational, provider, patient and innovation level measures." *Implementation Science* 2013, 8:22. This article details the findings and conclusions of a measures of health implementation innovations literature review. The study identified the validity of the measures being utilized in implementation research. In addition to specific research related findings, the authors concluded there are a variety of tools available to assess/measure organizational, provider and innovation (adoption of innovation over traditional practices) factors while little is available to assess patient and structural (external environment/sociocultural context) attributes. The article provides a list of assessment tools for the five stated areas.

Christian Reformed World Relief Committee. "Partnering to Build and Measure Organizational Capacity: Lessons from NGOs Around the World." Christian Reformed World Relief Committee, 1997. This document details the findings of an external, three year study on the effectiveness of the CRWRC's Skill Rating System (used to assess strengths of over 100 development organizations around the world). Assessed areas included technical, managerial, financial, governance and holistic ministry areas. Primary lessons learned include: a mutual partnership relationship is needed between both parties; appreciative rather than evaluative capacity building works best; account for the context the organization works within; move from viewing organizations as mechanical (add parts) to organic (growing and changing); inter-organizational learning was as important as organizational learning; and, the need for mutual accountability between partners. As a result of the study, CRWRF moved away from application of a prescriptive assessment tool, and adopted a tool where each partner identifies their own set of indicators under thematic headings (leadership, management, technical, etc.) and monitors progress towards achieving them.

Courtney et al. "Using organizational assessment as a tool for program change." *Journal of Substance Abuse Treatment*, Vol. 33, 2007. This paper details the findings of a study on the correlation between organizational readiness for change and adoption of organizational strengthening and treatment innovations. Study results indicate a high correlation between an organization taking performance improvement actions when there was recognition of program needs and pressures (dysfunction), poor staff assessment ratings on organizational climate/ resources/opportunities, and staff consensus on organizational climate. The study suggests staff involvement in identifying program needs contributes to leadership action towards adopting needed changes, including clinical practice interventions.

Crisp et al. "Four approaches to capacity building in health: consequences for measurement and accountability." *Health Promotion International*, Vol. 15, No. 2. Oxford University Press, 2000. This paper details four capacity building approaches and the benefits/drawbacks of each one. These are: top-down (changing agency policies/procedures), bottom-up (staff training/skill enhancement), partnerships/collaboration among agencies, and community organizing (establishing new agencies/entities with local resources). The authors promote the concept that funding agencies need to recognize/support capacity building from the outset as a primary means of supporting establishment of sustainable agencies/entities.

Crooks, Bill. *Capacity self-assessment*. Tearfund, 2003. This guide was developed to provide faith based organizations an assessment tool which includes additional indicators specific

to Christian development organizations. The methodology suggests utilizing an external facilitator to lead the organization through a participatory process and appreciative enquiry to identify strengths and areas for strengthening. The tool utilizes an established set of indicators for each of the four assessed areas (organizational, external relations, project planning/implementation, project outcomes), and employs a Leichardt scale for participants to rank each indicator. In addition, each of the four assessed areas includes an additional section with indicators relevant for faith based organizations.

Doherty, Susan and Stephan Mayer. "Results of an Inquiry Into Capacity Building Programs for Nonprofit Organizations." *Effective Communities*, February, 2003. This paper details findings and recommendations of a cursory literature review and anecdotal evidence on capacity building practices. The authors identified the following key factors for successful outcomes: building on an organization's existing strengths, organizational buy-in to the need/process and in designing the capacity building plan, support from external parties (funders, peer groups), emphasizing outcomes/accountability, best practices/challenges information sharing among organizations, and incorporating capacity building efforts into ongoing operations. The authors support employment of an assessment process/tool to identify existing capacity and future needs, as well as use of external experts (consultants) to aid in the assessment/capacity planning/implementation process.

Eade, Deborah. "Capacity Building: Who Builds Capacity?" *Development in Practice*, Volume 17, Numbers 4-5, August 2007. This article is written by a 30 year veteran of international NGO development work, providing her thoughts and insights of past and current capacity building practices along with her proposed approach. The author proposes "capacity building" should be a collaborative partnership between "northern" agencies and local "southern" NGOs, where both parties recognize the need to learn from each other (in lieu of the traditional relationship where "northern" agencies dictate how and what kind of capacity building is undertaken). Eade proposes "northern" agencies should look at capacity building as a long-term process which entails a holistic determination of not only how specific interventions will benefit a partner, but how it will affect an entire sector and/or country. The author denounces the traditional prescriptive approach taken by many agencies, instead emphasizing a need to work with each partner to determine specific needs. She also suggests international agencies must first have installed capacity before promoting its transfer to local organizations.

Elizabeth Glaser Pediatric AIDS Foundation. *Implementation Guide for the Organizational Capacity and Viability Assessment Tool (OCVAT)*. Elizabeth Glaser Pediatric AIDS Foundation, 2011. This assessment was adapted from a tool originally developed by ICF Macro, and is used by EGPAF to assess the capacity and strengthening needs of its in-

country partners. Designed as a facilitated self-assessment, the semi-quantitative tool provides a series of five capacity descriptions for each organizational development indicator. An organization's staff members reach agreement on the indicator level, as well as identify, prioritize and create a capacity development plan.

European Union. *Institutional Assessment and Capacity Development: Why, What and How?* Tools and Methods Series, Reference Document No. 1, European Union, European Communities, 2007. This guide provides the EU conceptual framework for Capacity Development, specifically geared towards public sector agencies in developing countries (although proposed to be equally applicable to non-profit organizations). It provides an overview of best practices, processes and enabling conditions for the Assessment and Capacity Building frameworks. Included is an assessment planning tool, including a set of 50 questions to aid entities to identify their purpose and goal, organize and design the assessment process, and determine the quality of the capacity development interventions. The document proposes the assessment process should begin by considering the organizational needs and external environment influencing the organization's capacity prior to conducting the assessment, leading to selection of appropriate assessment tools. The overall framework focuses on improving outcomes/results (rather than deficiencies), and on involving decision makers/leadership in the process.

Fowler et al. "Participatory Self Assessment of NGO Capacity". *INTRAC (International NGO Training and Research Centre) Occasional Papers Series No: 10*, December 1995. This article is a practical guide to aid NGOs in understanding, developing and implementing an Organizational Assessment as the starting point for capacity development work. The methodology promotes the need for an organization to buy into the process and to conduct internal reflection on strengths/needs. The use of an external expert/facilitator is recommended as he/she should have the necessary skills to ensure objectivity while lending perspective on organizational development. NGOs are advised to identify, select and/or modify an assessment tool best suited to the entity's specific needs given the external context within which it is working and internal structure. Key areas for assessment include: Organizational Culture, Programs/Services, Leadership, HR, Financial Management, Planning/Monitoring/Evaluation, Systems/Structures and External Linkages (networking). Emphasis is also placed on consultant/facilitator selection being done by the organization being assessed rather than by the donor to allow increased feeling of autonomy throughout the assessment process.

Gilmore, Gary D. *Needs and Capacity Assessment Strategies for Health Education and Health Promotion, 4th Edition*. Jones and Bartlett Learning, 2012. This book provides an overview of methods and processes to measure needs and capacities for health education and promotion. While designed for health care interventions, the basic tenets of needs assessment closely parallel general capacity building and assessment practices. Needs

and capacity assessments are promoted as: integral to the planning process; a means to identify specific actions to achieve positive outcomes; are conducted to both gain insight on those identified actions while involving/engaging stakeholders; and, can be used as a monitoring/evaluation tool to gauge progress towards identified outcomes. Focus on assessing capacity empowers those responsible/involved to begin/grow from a strengths based approach to improving outcomes. Emphasis is also placed on utilizing experienced professionals with ample subject matter expertise to conduct assessments.

Girgis, Mona. "The Capacity-Building Paradox: Using Friendship to Build Capacity in the South." *Development in Practice*, Vol. 17, No. 3, June 2007. This article details a capacity building framework built on a combination of Grounded Theory, Appreciative Inquiry and Critical Reflection, where "northern" agencies' capacity building efforts should be based on building personal, constructive relationships which recognize the value of each individual ("friendship"). The author proposes international NGOs traditionally utilize their position of power to unduly influence local partners to adopt their values and priorities, in large part due to a belief they are ultimately responsible to funding agencies and project reporting timelines. The "friendship" framework focuses on investing time and resources in understanding the local culture and needs, creating personal relationships which extend beyond the work environment, and integrating cultural adaptations into the use of flexible capacity building instruments (rather than tools) which are developed/adapted in conjunction with the partner.

Gubbels, Peter and Kross, Catheryn. *From the Roots Up: Strengthening Organizational Capacity through Guided Self-Assessment*. World Neighbors Field Guide, Capacity Building, World Neighbors, 2000. This guide was developed to assist NGOs/CBOs develop and implement an organizational self-assessment as a means to identify and strengthen internal capacity. This methodology moves away from donor driven and implemented assessments, instead placing the responsibility on local entities for determining their own capacity and needs. The guide provides step by step instructions on how to design an assessment and facilitate the process. It also provides a list of capacity areas (leadership, vision, financial management, external relations, etc.) and suggests each organization should develop a set of indicators for each area (5 levels reflecting embryonic to mature development).

Horton, Douglas. "Planning, Implementing and Evaluating Capacity Development." *International Service for Agricultural Research (ISNAR), Briefing paper* No. 50, July 2002. This brief provides a somewhat superficial overview of the 10 basic issues in Capacity Development efforts in research organizations. These include understanding what capacity is, its importance, how to develop it, available tools, management, expected outcomes/outputs, and evaluation. The author promotes internally led capacity development as the only sustainable means of successful capacity building efforts.

Humphries et al. "Sustainability of NGO Capacity Building in southern Africa: success and opportunities." *International Journal of Health Planning and Management*, Int J Health Plan Mgmt 2011; 26: e85–e101. This paper reviews implementation of a multi-country capacity building/training initiative in five African countries. While trying to establish local/national level resources, the funding agency supported one central entity to work with/develop training programs to support local HIV/AIDS agencies. The initiative did not produce a sustainable entity, which the authors felt was due in part to over involvement of the funding agency, leading to lack of local/national program ownership.

International HIV/AIDS Alliance. *NGO Capacity Analysis: A toolkit for assessing and building capacities for high quality response to HIV*. International HIV/AIDS Alliance, 2008. This guide was developed to assist intermediary agencies and NGOs/CBOs understand and conduct an organizational assessment. Built around participatory processes, the methodology can be internally or externally facilitated. This methodology uses a collection of "tools" to assess local NGO/CBO capacity. The "tools" are grouped around thematic areas (governance/management, HR/technical, finance/admin, technical support), with different tools using a subjective/descriptive, checklist or ordinal scale. The results are then analyzed and compiled into a full assessment of the organization.

Jackson, Terence. "A Critical Cross- Cultural Perspective for Developing Non-Profit International Management Capacity." *Nonprofit Management and Leadership*, vol. 19, no. 4, Summer 2009, 443 - 466. The author of this article proposes current capacity building practices do not account for local norms and values, focusing instead on "Western" management practices. He believes this creates situations where organizations and staff cannot appropriately address community needs as their approach is not culturally appropriate. The author proposes the need for increased inclusion of local norms/values when developing a local organization's capacity. Specific areas of disconnect include: post-colonial and individualistic vs. collective/communal management, differences of perception on the value of people and their role in the organization/community, and perceptions on change and learning processes.

Japan International Cooperation Agency. *Capacity Assessment Handbook - Project Management for Realizing Capacity Development*. Japan International Cooperation Agency (JICA) Research Institute, 2008. This handbook was developed to guide in-country JICA program staff on how to structure capacity development projects in developing countries. JICA proposes working with the wider international funding community in each country to conduct national sector (system) level capacity assessments, followed by assessments at the organizational/community levels to fill the national level needs. In-country staff are advised to evaluate existing assessment tools to determine which are most suited for their specific needs. The use of consultants to

facilitate/conduct capacity assessments is also advocated, as is securing buy-in from the entities being assessed. Attachment 2 provides a 36 page breakdown of the principle multi/bi-lateral funding agency approaches to capacity development and capacity assessment techniques.

Johnson et al. “Building capacity and sustainable prevention innovations: a sustainability planning model.” *Evaluation and Program Planning* 27 (2004) 135–149. This article presents a planning model for sustaining innovations at the organizational, community and state levels. Based on a systematic literature review and concepts derived from key substance abuse prevention professions, the five step model (assessment, development, implementation, evaluation and re-assessment/modification) addresses factors inhibiting success (inadequate/ineffective leadership/structures, insufficient human/financial resources, failure to implement policies/procedures).

Kibbe, Barbara. *The Capacity Building Challenge, Part 2: A Funder's Response*. Practice Matters: The Improving Philanthropy Project Series, The Foundation Center, 2004. This book provides the funders' perspective on capacity building, as well as responds to the conclusions/recommendations in Part 1: A Research Challenge (see reference to Light, Paul below). The author proposes funders do (or should) focus on promoting organizational effectiveness as a necessary component for long-term programmatic success, focusing on the key elements of relevant programming, efficient and effective policies and procedures, sufficient assets and resources, financial stability and skilled leadership. The author proposes the funding community should jointly reach consensus on common definitions of capacity building terms and priorities, develop and test a set of hypotheses for capacity building and organizational effectiveness, and move on to evaluating outcomes of their individual/collective work in this field as a means of directing successful investments.

LaFond, Anne and Brown, Lisanne. “A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries.” *MEASURE Evaluation Manual Series*, No. 7. Carolina Population Center, University of North Carolina at Chapel Hill, 2003. This guide provides background, frameworks and tools on establishing capacity building Monitoring and Evaluation plans. Capacity Mapping is delineated as the process whereby entities utilize the frameworks to identify capacity inputs, processes, outputs, outcomes and performance to achieve desired results at the system, organization, personnel and/or community levels. Capacity assessments are seen as an integral step in identifying capacity building and subsequent M&E targets.

Light, Paul and Hubbard, Elizabeth. *The Capacity Building Challenge, Part 1: A Research Challenge*. Practice Matters: The Improving Philanthropy Project Series, The

Foundation Center, 2004. This book draws conclusions and provides recommendations on the effectiveness/results of capacity building investments, based on a study of the work of eight funding agencies and corresponding grantees. While it is felt the investments are producing positive results, the authors propose the need to move from "output" to "outcome" measures, and for creation of a methodology that allows comparison across different types of capacity building interventions and programs (ie. strategic planning, accounting software, etc.) to identify which types of investments produce the greatest impact.

Malunga, Chiku and James, Rick. "Using African Proverbs in Organisational Capacity Building." *INTRAC PraxisNote* No. 6, 2004. This article describes the linguistic difficulties African NGOs/CBOs often have in fully comprehending Western management terms and principles. It suggests the use of appropriate African proverbs, a mainstay in portraying African wisdom, can facilitate deeper understanding of both the terminology and underlying principles. As proverbs can have multiple interpretations, the authors suggest a facilitator should be used when applying the PROVERBS self-assessment tool to aid in promoting appropriate discussion on each thematic area.

Mandeville, John. "Public Policy Grantmaking: Building Organizational Capacity Among Nonprofit Grantees." *Nonprofit and Voluntary Sector Quarterly*, 2007, 36: 282. This paper extrapolates the importance of capacity building investments for policy funding agencies, based on secondary research of grant allocations in the US. The author concludes funders heavily invest in building capacity to achieve an organization's primary programmatic needs (in this case, an improved ability to lobby), but are only peripherally interested in supporting management/infrastructure or in taking a holistic approach to shoring up an organization's long-term needs.

Milleson et al. "Why Engage? Understanding the Incentive to Build Nonprofit Capacity." *Nonprofit Management and Leadership*, vol. 21, no. 1, Fall 2010, 5 - 20. This article details the findings of a study on factors motivating organizations to engage in capacity building, and the corresponding results. The authors propose capacity building produces more positive outcomes when the organization is self-motivated to improve management capacity or financial resources. While funder required capacity building efforts were often seen as intrusive and/or prying, those entities initially resistant to implementing capacity building activities came to understand their importance (over time). The largest resistance to accepting capacity building came when organizations did not understand how the donor requirements would benefit the organization in the near/long term.

Morgan, Peter and Suzanne Taschereau. "Capacity and Institutional Assessment: Frameworks, Methods and Tools for Analysis". *Canadian International Development Agency*, 1996.

This document was developed as a reference guide on a variety of assessment analytical frameworks, methods and tools used in development situations. The review includes World Bank macro-level assessment methodologies, bilateral agency frameworks and tools, and community level participatory assessment approaches. A summary and evaluation of the pros/cons of each approach is provided. Of particular interest the following: Sectoral Institutional Assessment (World Bank), Institutional Assessment (IDRC, ODA, UNICEF, CIDA), Capacity and Vulnerabilities Assessment (Harvard, developed to assess risk factors), and Institutional Environment Assessment (for economic/sectoral work in a given country).

Organization for Economic Cooperation and Development. Capacity Change and Performance: Insight and Implications for Development Cooperation. *European Centre for Development Policy Management, Policy Management Brief No. 21*, December 2008. This brief provides the key findings and conclusions of a five year OECD commissioned research program on capacity, change and performance. In addition to the key report findings noted above under the report itself (see notes under Baser, et al.), this brief denotes: the need to clearly identify the capacity development approach (i.e. systematic employment of plans/goal setting vs. use of an "emergent" (non-systematic) approach for complex situations where the end results are not clear); focusing on "small", easily implemented interventions that target specific need; and, influencing local recognition of the need for longer term capacity growth.

Otoo et al. *The Capacity Building Results Framework: A strategic and results-oriented approach to learning for capacity development*. World Bank, 2009. This guide details the World Bank's approach to national level program management to achieve specific development goals. The authors define capacity development as intentional learning to promote the effectiveness and efficiency with which resources are deployed to define and pursue specific development goals on a sustainable basis. A 10 step process is promoted and explained. While on the surface the steps appear to map with organizational development practices, the framework/theory are geared towards program management/implementation.

Pact. *Introduction to Organizational Capacity Development*. Pact Organizational Development Toolkit. Pact, 2010. This document details Pact's approach to partnership, with organizational development work considered a key component. Potential partners undergo a "pre-award assessment" to determine if it has the necessary financial and management capacity to comply with donor rules/regulations. Once accepted as a partner, Pact conducts a participatory organizational capacity assessment (OCA) to identify strengths/challenges. Pact recommends "contextualizing" the OCA to fit the needs of the local organizations (where needed), which may include defining new

indicators (statements of excellence) for the assessment categories. The results of the externally facilitated assessments are then used to develop an institutional strengthening plan (ISP) which details capacity building needs/interventions, and to conduct monitoring/evaluation of progress. The document also contains the assessment tools and instructions on how to use them. The tools have been developed on the principles of adult and educational learning as a mechanism to increase buy-in, learning and adoption of capacity building interventions. Assessed areas include programmatic capacity, financial management, monitoring and evaluation capacity, leadership/planning, administrative policies, human resources, external relations, and program/financial sustainability.

Perla et al. "Large-Scale Improvement Initiatives in Healthcare: A Scan of the Literature." *Journal for Healthcare Quality*, Vol. 35, No. 1, January/February 2013. This article details the findings of a literature scan on large-scale improvement initiatives in healthcare. Four primary factors were identified: Planning and Infrastructure; Individual, Group, Organizational, and System Factors; The Process of Change; and, Performance Measures and Evaluation. Planning and Infrastructure factors incorporate envisioning the large-scale change, providing guidance on how/what to change, planning/management of the change process, and ensuring sufficient resources are available to implement the change. Individual, Group, Organizational, and System Factors focus on understanding and incorporating how people and groups are affected by and interact with the initiative, including identification and promotion of change agents (modeling the new behavior to influence those around them), promoting strong leaders, building institutional capacity, use of learning networks to motivate a large body of individuals, and sensitivity to local norms and culture. The Process of Change focuses on identifying and employing a theory of change for the process. Performance Measures and Evaluation factor refer to identifying measures that will demonstrate what has changed, as well as adopting a scale that determines how much of the measure was adopted (in lieu of an all/nothing approach). The authors propose these factors/drivers can and should serve as a checklist of ideas and concepts to consider when implementing programs. The scan also indicates that while a large quantity of work is being conducted around the world, implementation is fragmented and there is little/poor evaluation of outcomes/results.

Potter, Christopher and Brough, Richard. "Systemic capacity building: a hierarchy of needs." *Health Policy and Planning* 19(5): 336 - 345. Oxford Press 2004. This paper explores the overuse of "capacity building" within the development world as a catch all phrase that promotes isolated training, infrastructure and organizational improvement actions which are not designed to meet comprehensive organizational or system level needs. The authors promote adoption of systemic capacity building, focusing on identifying and establishing the systems and processes needed to support long-term institutional ability to

deliver health services. For illustrative purposes, the paper includes a case study of the Indian health care system where years of "capacity building" resulted in unused facilities, trained but unsupported staff, and minimal improvements to the healthcare system.

United States, PEPFAR. "President's Emergency Plan for AIDS Relief, FY2012 Capacity Building and Strengthening Framework." December 2011. This document provides a capacity building framework to support USG PEPFAR teams working towards transitioning programs to host country management. It details multi-level strategies for national system, organizations and individual/workforce interventions to enhance long-term abilities of local management (governance/management and technical/clinical). It integrates monitoring and evaluation of both program implementation and outcomes towards the end goal of improved host country management ability.

Reid, Maggie and Kevin Gibb. "'Capacity Building' in the third sector and the use of independent consultants: evidence from Scotland." A paper presented at the International Society for Third Sector Research 6th International Conference, Ryerson University, Toronto, July 11-14 2004. This paper presents the findings and conclusions on the capacity building efforts of a Scottish foundation, and the role of external consultants in producing results. Self-selected organizations applied for support on a variety of capacity building topics. The motivation for application affected the understanding of the work to be done (internal identification vs. funder/third party identification). During the capacity building interventions, multiple participants found they had greatly misunderstood the degree of underlying issues which needed to be addressed. Feeling "ownership" of the capacity building intervention and process greatly affected outcomes (degree to which the organization bought into/supported the capacity building efforts).

World Health Organization. Sambo et al. "Tools for Assessing Operationality of District Health Systems." World Health Organization, Regional Office for Africa, Brazzaville, 2003. This document provides guidelines to assist African countries strengthen their health systems. The Health Facility Questionnaire provides a cursory assessment of both organizational and clinical topics, utilizing a checklist for specific items and fill-in answers for others. The format is designed to allow Ministries to identify basic capacity levels across facilities to determine if/how to address identified deficiencies.

Sastre Merion, Susana and Ignacio de los Rios Carmenado. "Capacity Building in Development Projects." *Procedia - Social Behavior Sciences* 46 (2012) 960 - 967. In this article the authors present a theoretical capacity building framework for rural development projects, based on individual (skills development) and social (management processes/structures and local/government networking and communication) capacities that have the potential to positively influence these projects. The authors identified the following common core

successful characteristics based on a review of 16 capacity building concepts and frameworks: vision and strategy, planning, leadership, finance, management, technology, communication, teamwork, and group processes.

World Health Organization. “Scaling up health service delivery: from pilot innovations to policies and programs.” Edited by Simmons et al., WHO, 2007. This book provides a conceptual framework for scaling up reproductive health programs in developing countries. Based on a literature review and 15 years of WHO’s in-country experience, the book details illustrative case studies from 8 experiences in Africa, Asia and Latin America to provide context on the varying conditions and social/political climates faced by local entities. The framework links successful innovation scale up with strong attributes surrounding four key elements: a strong resource team; user organizations actively involved in planning/implementation; strategy to transfer the innovation; and, a supportive environment (multiple actors supporting the innovation). A strong resource team was identified to have: strong leaders, a unifying vision, who understood the external context within which they were working, and with relevant technical, training and management skills. User group support included: involvement in the scaling-up planning/implementation processes, members clearly understanding the need for the innovation, appropriate implementation capacity, and strong leadership. A clear scaling-up strategy to transfer the innovation involved ensuring there was a clear message regarding the innovation, early involvement of user groups, adaptation of the innovation to the local context, participatory approaches, technical assistance/training provision, sufficient implementation time, and outcomes evidence. Successful innovation transfer required the innovations demonstrate the following seven characteristics: credibility, easily observable, relevant to the issues, relative advantage to existing practices, easy to install/understand, compatible with established norms/values, and testable. Focus on supporting/building both technical and institutional management capacity is considered a fundamental component of scaling up programs.

Schuh, Russell and Leviton, Laura. “A Framework to Assess the development of capacity building of non-profit agencies.” *Evaluation and Program Planning* 29 (2006) 171–179. This article proposes the use of an organizational capacity framework to assess an organization's stage of development. The framework includes utilizing experts to assess an organization's governance, financial resources, organizational development, internal operations and core service. The assessment is designed to aid an entity in identifying its current stage of development on each thematic area, as well as in relationship to the other indicators, taken within the context of how the organization needs to work to best achieve programmatic results. The use of industry experts in organizational assessment is seen as essential to properly identify issues and key areas for organizational growth. Self-Assessments and checklists are deemed to provide only superficial monitoring of an

organization's capacity, with organization's tending to focus on issues believed to be funder priorities.

Sobeck, Joanne L., PhD. "How Cost-Effective Is Capacity Building in Grassroots Organizations?" *Administration in Social Work*, 32:2, 49-68. This article details the findings and conclusions of a study on the return on investment of capacity building activities in grass roots organizations. Data analysis determined a \$3,000 investment in training (over a five year period) produced significant improvements in planning, fundraising and evaluation.

Sobeck, Joanne L and Agius, Elizabeth. "Organizational Capacity Building: Addressing a research and practice gap." *Evaluation and Program Planning* 30 (2007) 237 - 246. April 2007. This article details the findings and conclusions of a study on evaluation research and capacity building in grass roots organizations. Data from the five year study indicated that while staff/board member knowledge increased, this did not translate into a significant increase in corresponding skills (lack of transfer). An organization's readiness for change was seen as a pivotal component for improving new skill applications. The use of a readiness assessment tool and an organizational capacity assessment were deemed essential to the capacity building process.

Subramanian et al. "Do we have the right models for scaling up health services to achieve the Millennium Development Goals?" *BMC Health Services Research* 2011, 11:336. This article identified six conceptual models for scaling up national level health initiatives, based on a systematic literature review. Successful models incorporated focusing on enhancing organizational, functional and political capabilities (fostering sustainable institutions), and increasing/improving health services. "Learning by doing", using data to address constraints, and incorporating monitoring/evaluation results into ongoing improvements are seen as the most promising strategies for scaling up operations.

United Nations Development Program. *A Brief Review of 20 Tools to Assess Capacity*. UNDP Capacity Development Group, Bureau of Development Policy, August 2005. This document provides a brief review of capacity assessment tools from 20 organizations, companies and multi/bi-laterals. Information is included on the sponsoring institution, tool type, theme (assessment topics), primary purpose for the assessment, assessment approach, pros/cons of each assessment tool, and information on how to access the tools.

United Nations Development Group. *Capacity Assessment Methodology, User Guide*. United Nations Development Group, 2008. This document details the UN Development Group's approach to capacity building and capacity assessments, which it promotes as being equally applicable to public, private, non-profit and civil sectors. The methodology

closely mirrors the UNDP's, suggesting a country-wide, system-level approach that promotes partner engagement throughout the process. The Capacity Assessment Framework is built on three dimensions: Point of Entry (individual, organizational and enabling environment), Building around Core Issues (i.e. agriculture, accountability, etc.) and Functional and Technical Capacities (needed to create policies, programs/implementation, etc.). In addition, the UNDG promotes incorporation of human-rights and gender equality in all actions. Rather than suggesting a specific assessment tool, the methodology suggests selecting appropriate tool(s) to address the specific assessment needs, beginning with a definition of the Desired Future Capacity and Capacity Targets, followed by assessing existing capacity. The methodology also promotes the use of a team of external experts to facilitate the assessment.

United Nations Development Programme. *Capacity Assessment Methodology, User Guide*. United Nations Development Program, Capacity Development Group, Bureau for Development Policy, 2007. This document details the UN Development Program's approach to capacity building and capacity assessment. It consists of a Capacity Assessment Framework, a process for conducting a capacity assessment, and supporting tools for use during the assessment process. The methodology suggests conducting a capacity assessment as needed during the planning or programming cycles to identify national, sector and local development strategies and plans and corresponding capacity development needs. The methodology closely mirrors the UNDG's (listed above). In addition, the UNDP promotes the use of a team of external subject matter experts to facilitate the assessment.

United Nations Development Programme. *UNDP Capacity Development Practice Note*. July, 2006. This document provides context and guidance for UNDP staff involved in country level capacity development actions. The UNDP promotes a systematic approach which integrates local actors (government, private sector, civil society) in identifying needs and priorities. It also espouses employing flexibility throughout the process by identifying the best fit tools and approach for a situation or country, rather than only considering best practices.

United Nations Education Programme. *UNEP Discussion Paper: Ways to Increase the Effectiveness of Capacity Building for Sustainable Development*. IAIA Annual Conference, Stavanger, Norway. May, 2006. This paper was prepared for the International Association of Impact Assessment meeting, and details the UNEP's commitment to in-country capacity building. The paper stresses strengthening individuals and systems/processes, and proposes training as the mechanism to improve capacity. Emphasis is placed on host governments taking the lead on defining its capacity building needs.

United States Agency for International Development. *AIDSTAR-One Technical Brief: Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners, Critical Elements and Lessons Learned*. May 2011. Based on an analysis of successful transitions to local partners, this brief promotes a framework comprised of: 1) Analyze the Context and Determine Stakeholders; 2) Establish a Transition Plan in Collaboration with Local Stakeholders; 3) Implement the Plan Flexibly; and, 4) Monitor, Evaluate and Learn from the Results. Illustrative examples are shared from AIDSRelief in Zambia and the WFP's school feeding program in El Salvador. The need for conducting initial baseline assessments to determine strengths and areas for capacity building is highlighted.

United States Agency for International Development. Gutmann, Mary, and Frano, Lynne Miller. *Capacity Assessment Tool for Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners*. USAID, Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1, 2011. This tool provides a national level capacity assessment framework and tool to identify the current organizational levels and needs to manage HIV care and treatment. It is designed to help identify organizational capacity strengthening needs as well as monitor progress towards filling those needs. The methodology promotes use of external experts to conduct the organizational assessment process, utilizing a scorecard approach for a list of specific indicators/benchmarks.

United States Agency for International Development. Hozumi et al. *Profiles of Health Facility Assessment Methods: Measure Evaluations, USAID*. USAID, 2006. This guide was developed to provide country staff with an overview on tools and resources to improve health system data gathering and identification of standard indicators to facilitate investment related decision making. Profiles of five assessment/audit methodologies are provided, including how to implement them, expected outcomes, and how to utilize the information for decision making. All assessment methodologies are implemented by external individuals with expertise in health systems/facility management. The methodologies include: Service Provision Assessment (SPA) focused on quality healthcare as measured through resources/systems; Facility Audit of Service Quality (FASQ) to assess availability and quality of reproductive and child health services; Health Facility Census (HFC) to determine policy, planning and management of health system development with emphasis on physical assets; Service Availability Mapping (SAM) to regularly map and monitor service and resource availability; and, Prevention Service Availability mapping (PSAM) which focuses SAM on HIV prevention interventions.

United States Agency for International Development. *Measuring Institutional Capacity*. USAID Center for Development Information and Evaluation, Recent Practices in

Monitoring and Evaluation, TIPS, No. 15, 2000. This article was designed to provide USAID managers an overview of the assessment purpose, process, and tools that can be used to build in-country organizational capacity. It suggests managers should first determine the purpose for an assessment to aid them in selecting the appropriate approach/tools. It suggests tools should assess administrative/support functions, technical/program functions, structure and culture, and resources. To determine which tool to employ, it is suggested managers consider: type of organization to be measured, if there is a need for comparability across organizations, if there is a need for comparability over time (M&E), types of data collection methods employed, need for objectivity vs. subjectivity (internal vs. external facilitation), need for quantitative vs. qualitative information, and whether it is practical for the specific situation/organization to employ. The approach employed by the assessment tool is also deemed important, such as taking a problem solving vs. appreciating organizational strengths approach, or using a process vs. product focused approach.

United States Agency for International Development. *The Essential Guide to Managing Your USAID Award, Chapter 7 - Assessing and Building Your Organization's Capacity.* Capable Partners Program, FHI 360, MSI and USAID, 2010. This guide was created as a joint effort of the HFI 360, MSI and USAID staff to aid in strengthening the capacity building efforts of NGOs receiving USAID awards, while enhancing their understanding of the award, award process, and compliance with USAID requirements and regulations. Identified key organizational development areas include: compliance, governance, external relations, administration, financial management, human resources, organizational management, M&E, and program/project management and performance management. The guide recommends NGOs begin the capacity building process with a participatory organizational assessment which should be used to develop a capacity building objectives and action plan. The guide recommends an external facilitator can bring objectivity to the assessment process while providing perspective on other organizations' experiences around similar topics/issues. While the guide does not recommend a specific assessment tool, it does provide a list of tools and resources.

Virji et al. "Capacity building to support knowledge systems for resilient development - approaches, actions and needs." *Current Opinion in Environmental Sustainability*, 2012, 4:115-121. This article portrays START International's capacity building framework and rationale for its work to advance knowledge on global environmental change in Africa and Asia-Pacific. Capacity building definitions and multi-lateral's frameworks are explored and compared, including the World Bank's Capacity Results Framework, The Asian Development Bank's Capacity Building Framework and the UNDP Framework. The authors propose capacity building within this field should be an iterative process, and

incorporate strategic partnerships to support human resource and institutional strengthening efforts.

Venture Philanthropy Partners. "Effective Capacity Building in Nonprofit Organizations."

Venture Philanthropy Partners, 2001 (prepared by McKinsey & Company). This report presents a framework for defining capacity in terms of the inter-related areas of Human Resources, Systems and Infrastructure, Organizational Structure, Organizational Skills, Strategies, Aspirations and Culture. The document includes the Organizational Capacity Assessment Tool (OCAT) as the starting point for measuring an entity's current capacity to help it define and develop a plan for instituting its capacity building priorities. The following three common items were identified across the successful capacity building experiences of 13 US organizations: reassessing organizational aspirations (what they wanted to achieve) and rethinking their strategy to reach new aspirations; sound management is as necessary as visionary leadership; and, understanding capacity building is a long-term investment which often do not show immediate results.

Wandersman et al. "Toward an Evidence Based System for Innovation Support for Implementing Innovations with Quality: Tools, Training, Technical Assistance, and Quality Assurance/Quality Improvement." *Am J Community Psychol*, 27 April 2012, Springer. This article begins to conceptualize theory, research, and action for an evidence-based system for innovation support (EBSIS). It promotes use of the "Getting to Outcomes" approach toward tools, training, technical support and quality assurance/improvement, which incorporates a needs/resource assessment as the first step in establishing goals/outcomes for all four implementation components.

Wing, Kennard T. "Assessing the Effectiveness of Capacity Building Initiatives: Seven Issues from the Field." *Nonprofit and Voluntary Sector Quarterly*, 2004, 33: 153. In this paper the author identifies the difficulties in evaluating capacity building engagements across the non-profit sector, attributed to the all-encompassing nature of the term "capacity building" and lack of a shared understanding on what types of interventions and approaches should be used. Insufficient agreement on holistic actions have led to broad outcomes that may/may not be a direct effect of the intervention. The author identifies areas requiring further exploration, including the need: to address how shortened funding cycles influence the long-term nature of the exercises; for funder/grantee agreement on outcomes; and, to identify systems and how/if they are utilized.

World Wildlife Fund. *A Guide to the WWF Organizational Assessment Process*. WWF International, 2003. This guide was developed to assist WWF National and Programme Offices to implement its Organizational Assessment Tool. It is promoted as an externally facilitated self-assessment process designed to build the organizational capacity needed to

develop healthy and resilient organizations that can effectively achieve their programmatic objectives. The assessment is designed to identify strengths and areas for improvement, serve as the foundation for a capacity building plan, and as provide the foundation for a monitoring and evaluation tool. Assessment areas include: Programmatic capacity (strategic/project planning, conservation strategies, management/implementation, effectiveness), Internal Organizational capacity (vision, values, strategy, governance, leadership/management, communication, HR, financial/physical resources, fundraising) and External Relations (relationships, partnerships, government relations, engagement in the WWF network). A five point scale is used for each of the 45 capacity areas, ranging from "embryonic" (1) to "exemplary" (5).

Appendix B – Capacity Assessment Tools and Characteristics (attached)