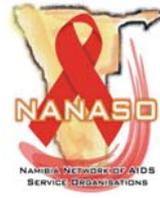




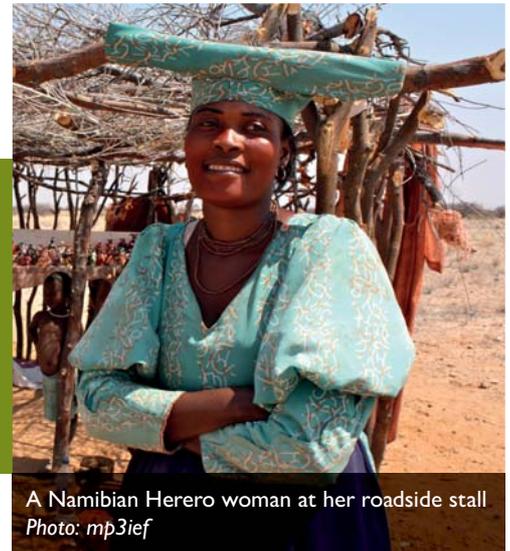
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TECHNICAL BRIEF

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Mapping, capacity assessments, and surveys: key tools to enhance strategic assistance in HIV and AIDS



A Namibian Herero woman at her roadside stall
Photo: mp3ief

The Challenge

When building leadership, management, and governance capacity, the Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) often finds it necessary to assist organizations to conduct research — to collect strategic information to inform organizational programming. For national and regional organizations with coordination mandates, relevant information often relates to the size and needs of their constituencies. For example:

- Organizations often have directories to assist them in coordinating network members, but they may not be comprehensive, complete, or regularly updated.
- Information in the directories may not be analyzed in relation to other available national- or regional-level data, such as HIV prevalence and poverty rates, to guide decision making and the optimal allocation of technical and material resources.

BLC Response

BLC uses a variety of approaches to gather essential information to identify the technical assistance required by partner organizations to:

- effectively carry out their mandates;
- prioritize operational and strategic needs; and
- meet the expectations of the United States Agency for International Development (USAID) as its donor.

Among the tools are:

- **Mapping:** using Geographical Information System (GIS) applications to locate and graphically display organizations providing HIV and AIDS services and

the populations in need of services in order to identify gaps.

- **Capacity assessment:** using a participatory approach to measure the overall health of an organization and to prioritize needs for programmatic and/or organizational development assistance.
- **Surveys:** using questionnaires and document reviews to collect organizational information, such as legal status, funding sources, types and number of personnel, and electronic communication capacity, again, to identify needs, gaps, and priorities.

BLC has the expertise to conduct strategic assessments independently, without the assistance of local research entities, and in multiple countries simultaneously. For example, in collaboration with the Namibia Network of AIDS Service Organisations (NANASO), BLC used these tools to conduct a study of 234 civil society organizations (CSOs) that provide HIV and AIDS services in all 13 regions of the country.

Results

The NANASO study yielded the following categories of results:

- GIS locations of CSOs and the HIV prevention, care, and treatment services they provide. This information, overlaid with other useful data, such as HIV prevalence, is helping NANASO, the Government of the Republic of Namibia (GRN), and donors to address service delivery gaps.

- Organizational and HIV programmatic capacity of the 234 CSOs assessed, which is helping to prioritize needs and direct the allocation of technical assistance and resources.
- Recommendations for NANASO, GRN, and donors addressing the six major areas that the study examined:
 1. CSO registration and membership status;
 2. Mapping of the CSOs and their HIV and AIDS services;
 3. HIV and AIDS program capacity and leadership and management capacity;
 4. Personnel (staff and volunteers);
 5. Communication; and
 6. Funding.

BLC Approach

BLC’s philosophy is to build the capacity of local organizations when conducting its technical assistance work, in general, and within the context of research, to also ensure that appropriate standards of rigor and quality of the research process are upheld. (See the BLC Capacity Building Principles described in this brief.)

The NANASO Mapping and Capacity Assessment illustrates the application of this philosophy and approach.

Key Stages of the Mapping and Capacity Assessment Study



1 Ownership and Buy-in

At the outset, BLC works closely with a partner organization to define the vision and expected outcomes of collaboration, including the transfer of skills to staff at all levels.

BLC met with NANASO management to discuss the assessment of CSOs providing HIV services in Namibia, to gain its input and buy-in to ensure that the intervention addressed the Network’s needs. The project worked closely with NANASO staff during all stages: from conceptualizing the study; designing the data collection instrument; collecting, consolidating, and cleaning the data; to disseminating the results and recommendations. This ensured the transfer of skills to NANASO staff at each stage, and sustained the organization’s commitment throughout the various phases of the study.

2 Development of Data Collection Tools

BLC draws on its staff’s research experience and expertise in designing studies and also consults assessment tools developed and used by Management Sciences for Health (MSH).

BLC developed the survey instruments for the NANASO study — a questionnaire, a questionnaire guide, and a data capturing tool — in close collaboration with the Network to ensure that its needs were addressed. Relevant GRN documents were also reviewed to inform the content and scope of the data collection tools. The BLC project team in Pretoria, NANASO, and development partners, including USAID and UNAIDS, reviewed the questionnaire to

ensure completeness and comprehensiveness. BLC used Microsoft® Excel to prepare the data capturing tool. It closely mirrored the questionnaire, with drop-down options for standardized responses, to ensure consistency and reduce data capturing time over the duration of data collection.

By using readily available software, BLC ensured that NANASO could reuse the data collection tool, and adapt it if necessary, in the future.

BLC assessed the organizational capacity of 234 Namibian CSOs in two areas, namely:

- HIV and AIDS program capacity; and
- leadership and management.

The Organizational Capacity Assessment Tool, a validated BLC approach, was adapted for this purpose. The assessment methodology is highly participatory: for each component and sub-component of the assessment, representatives of the CSOs, together with the NANASO/BLC data collection teams, identified the “stages” at which they perceived the organizations to be. There were five possible stages, ranging from “embryonic” (least developed) to “mature” (most advanced), with a corresponding score assigned to each stage. The results may be used by NANASO as a baseline for future assessments, to examine change over time and to measure the effectiveness of subsequent capacity building interventions. BLC’s extensive experience with the assessment tool allowed the project to rapidly adapt and apply the tool to assess the large number of CSOs.

The BLC Organizational Capacity Assessment Tool may be downloaded at: www.hivsharespace.net/blc/ocat

3 Training and Piloting

Because BLC often partners with a beneficiary organization when conducting research, hands-on training in and documentation of key data collection processes are essential prior to the initiation of field work.

BLC conducted a two-day training for NANASO staff participating in the study. The workshop covered:

- fieldwork logistics;
- the content of and how to administer the questionnaire;
- capturing and storing data; and
- using the Global Positioning System (GPS) to obtain GIS coordinates of the CSOs surveyed.

The training enhanced NANASO's ownership as well as staff skills because participants provided input that was used to finalize the data collection instrument and methodology. The questionnaire, guidelines, and data capturing tool were subsequently pilot-tested with three organizations. Final changes to data collection processes were then made and the tools were translated into local languages.

4 Data Collection and Analysis

BLC works with partners as peers, but temporarily leads when there is limited capacity and when there is organizational commitment to build capacity. Roles and responsibilities must therefore be clearly defined.

The study involved two teams of NANASO and MSH staff who worked concurrently and visited the 234 CSOs throughout Namibia. MSH staff's role was to provide technical support during the CSO visits; NANASO staff took the lead in collecting data. A BLC staff person monitored the overall data collection process from the capital city, Windhoek. BLC consolidated the separate Excel spreadsheets for each organization into one master spreadsheet. NANASO cross-checked the electronic data against information captured on the hard copies of the questionnaires, with BLC performing a second cross-check to ensure accuracy and completeness. This rigorous process ensured that the data were as comprehensive and complete as possible. BLC carried out the data analysis, while NANASO updated its directory of CSOs.

The Microsoft® Excel dataset was exported to STATA, a statistical software package, where final reviews were done using frequency analysis to check each variable for consistent and complete information. By working in

partnership, with clearly defined roles and responsibilities and also by using Excel, STATA, and GIS software, NANASO staff gained solid experience. The organization now has the capacity and tools to replicate the study and/or conduct similar studies in future.

5 Report Writing and Dissemination

BLC assists partners to develop a dissemination strategy, and to share findings and recommendations in a cost-effective manner.

In the case of the NANASO study, BLC worked with the organization to communicate results through written products and presentations to USAID, GRN, regional coordinating bodies throughout Namibia overseeing the provision of HIV services, and other local development partners.

BLC Capacity Building Principles

To realize its vision, the BLC project has embraced several principles that are reflected in the design, implementation, and monitoring of its capacity building initiatives.

- **Integration of leadership, management, and governance practices:** BLC recognizes that leadership, management, and governance are at the core of organizational functions. When applied consistently by staff at all levels of an organization, these practices are the drivers of a transformative process that leads to the achievement of desired organizational results.
- **Ownership and leadership:** The project's approach is grounded in ownership and leadership, which is demonstrated by the increased commitment of the individuals and organizations receiving capacity building assistance to support the achievement of defined expected outcomes.
- **Evidenced-based and demand-driven technical support:** BLC uses approaches, tools, and methodologies designed or selected based on evidence of impact. Technical assistance is provided in response to specific requests of interested organizations, and follows clearly defined processes to plan, manage, and monitor the assistance.
- **Context-specific:** BLC's regional scope makes this principle very pertinent. The selection, development, and/or adaptation of capacity building approaches, tools, and methodologies are informed by the context in which the organization, team, or individual operates and the current level of capacity. The desired results of capacity building interventions defined by the partner organization and BLC are also context specific and take into consideration the fact that organizations have varied aspirations as well as varied capacity for development.

- **Transparency and accountability:** To achieve desired results, beneficiary organizations' systems and processes must be accessible to BLC for review, discussion, and improvement. Senior management and other key stakeholders must commit to agreed-upon interventions. BLC and the organizations receiving assistance must hold each other accountable for agreements made and promote a genuine partnership, which is characterized by reciprocity, equality, and respect for each other's contributions and priorities.
- **Enablement:** To sustain the gains of the capacity building process, BLC supports beneficiary organizations in the use of new skills, processes, tools, etc. by providing ongoing technical assistance, including coaching, mentoring, and training.

Conclusion

The BLC project continues to gain experience in conducting mapping studies, capacity assessments, and surveys using participatory approaches that contribute to the enhancement of organizational capacity of local partners. Similar, though less extensive, assessments have been undertaken in Lesotho.

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

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