

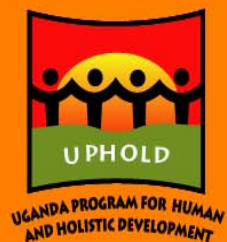
Tailoring Capacity Support to Needs of Civil Society Organizations: Experiences from UPHOLD Uganda

*Presentation for the Annual Scientific Conference,
Makerere University Medical School and IPH*

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Importance of CSO in health care delivery

- Fill/ complementary critical gaps in service delivery
- Strengths in mobilisation and services
- Have comparative advantage in community linkages to service delivery
- Give voice to community perceptions of quality of care
- Limited capacity to respond to all identified community needs





Background: UPHOLD

- GoU-USAID five-year bilateral project (Oct. 2002- Sept 2007)
- 34 districts currently, covering 42% Uganda's population (~ 11.4m people)
- Aims to increase utilization, quality and sustainability of services in **Education**, **Health** and **HIV/AIDS** through an integrated approach

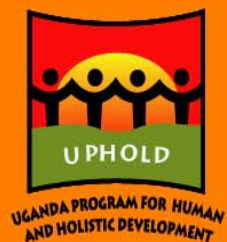




Background-UPHOLD grant strategy

- Leverage the best of LGs and CSOs
- Competitive process for CSOs based on district needs June 2005)
- Grantee selection was rigorous and transparent
- 625 applicants yielded 41 potential grants totalling \$5.13m
- 41 grantees: 41 lead and 70 partners
- Pre-signing workshop (Spas) held to refine proposals in standard format
- MOUs signed





CSO Support Strategy

- Identify gaps in technical and managerial capacity
- Respond effectively by providing targeted support
- Measure achievements in capacity built

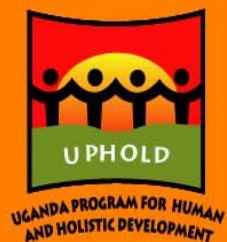




Identification of CSO Capacity needs

- Reviewed of CSO proposals
- Spas
 - Identified some of the apparent capacity gaps
- Start up workshops
 - Baseline self assessment conducted
 - Semi-structured questionnaire
 - Easy, rapid & low cost
 - Promoted self reflection
 - Participatory
 - *Issue of bias*





CSO Capacity Support Given

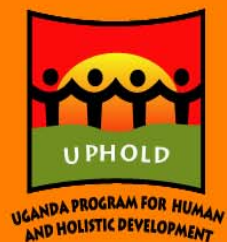
WHERE

- At spas and start up workshops
- At support supervision field visits
- At review meetings

WHAT

- Job aides, service guidelines and tools
- Core functions - Monitoring & Evaluation, Finance, Management
- Cross-cutting technical: Social transformation, BCC, training
- Specific technical – Health, HIV, Education
 - arrangement were made with expert organisations and consultants

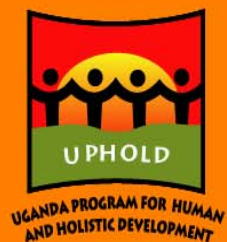




Follow-on CSO capacity Assessment

- Conducted after one year of implementation
- Objectives:
 - To establish follow-on capacity improvement compared to baseline
 - To inform the overall CSO capacity support strategy in order to make appropriate adjustments
 - To evaluate the performance in critical capacity gaps identified at the baseline
- Used same methods as baseline-self assessment

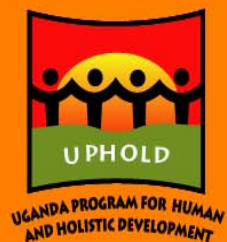




Data Analysis

- Response coded, entered, scored against expected/defined standards for each capacity area and weighted where appropriate
- CSO capacity map constructed
- Interpretation
- Trends established at follow up





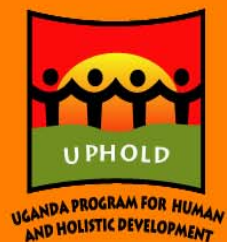
Results

Respondents

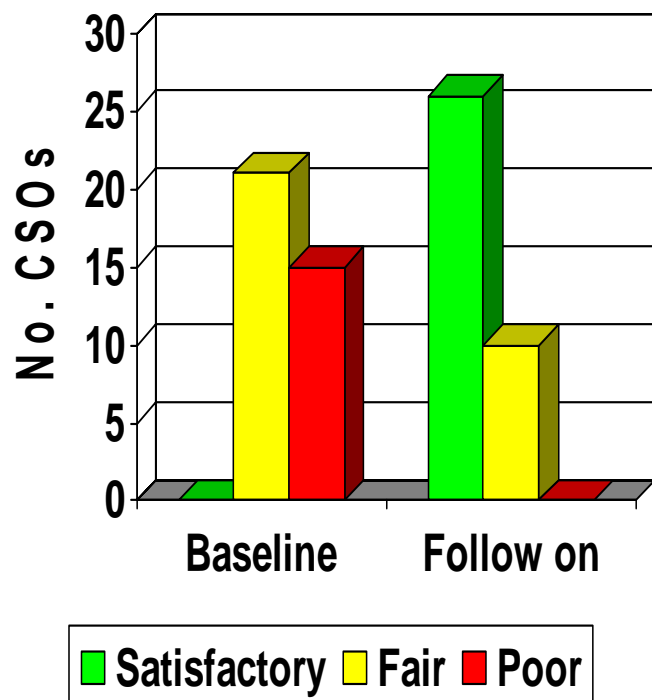
- Lead organisations
- Partners

- Number of entries
- Baseline - 41
- Follow on - 36
 - Non or late response of mailed questionnaires
 - Some CSO were dropped over the year



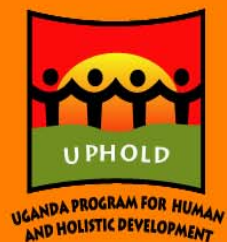


Results-Overall capacity

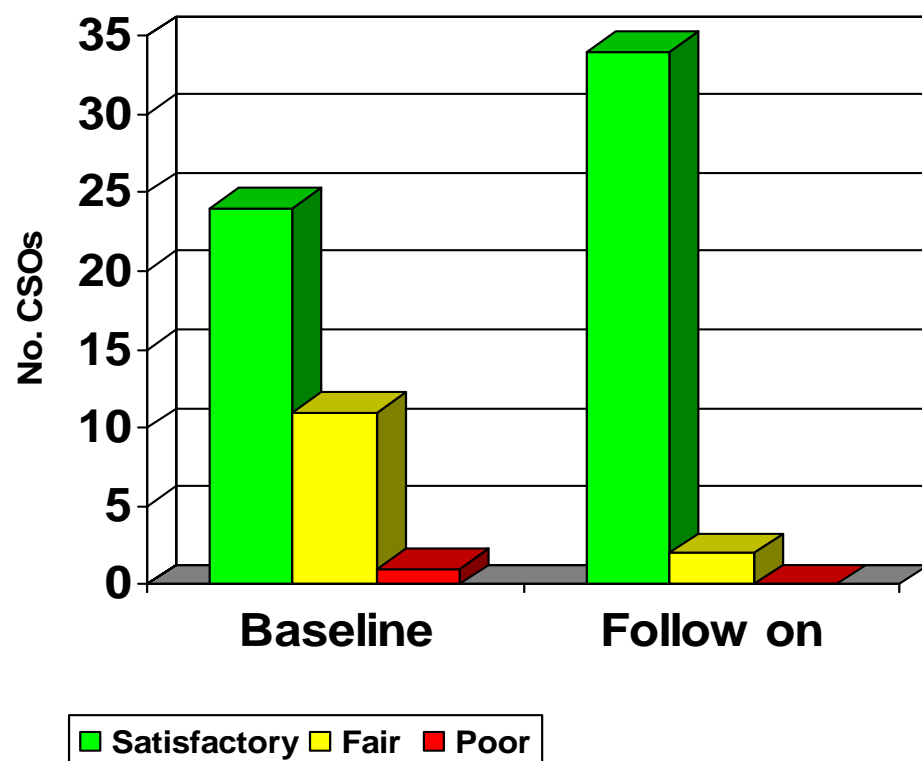


- Sum total of all of individual capacity scores
 - Score >80 = satisfactory
 - Score 50-80% = fair
 - Score <50% = poor
- CSOs with satisfactory capacity increased from 0 to 72%
- CSOs with poor capacity reduced from 42% to 0



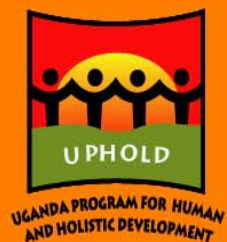


Results – CSO Planning Capacity

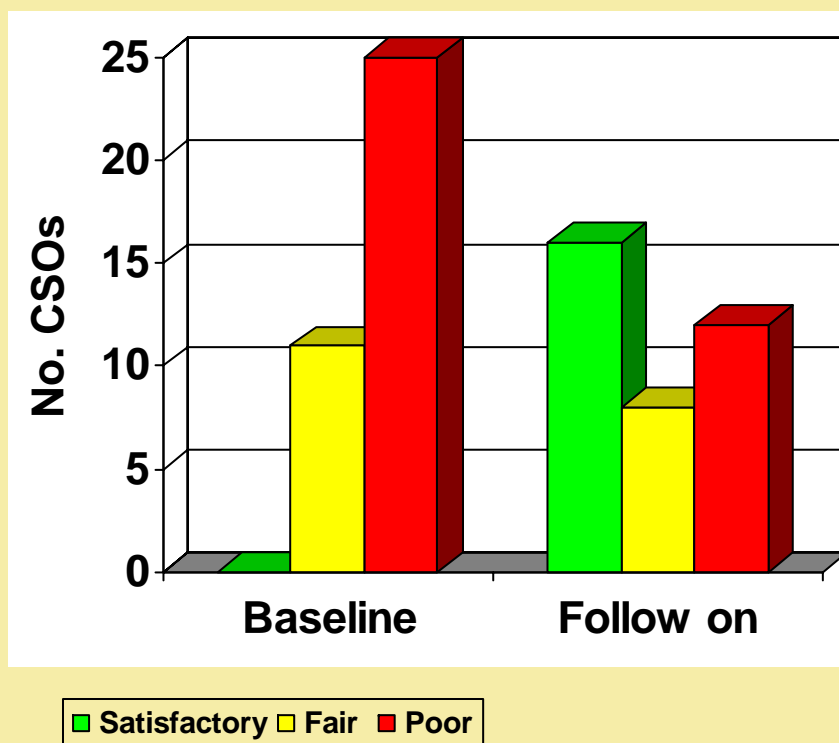


- CSOs with satisfactory capacity increased from 67% to 94%
- There was no CSO with poor capacity at follow on



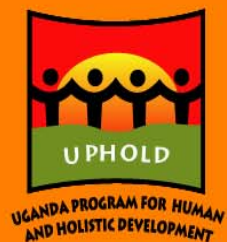


Results –CSO Budgeting Capacity

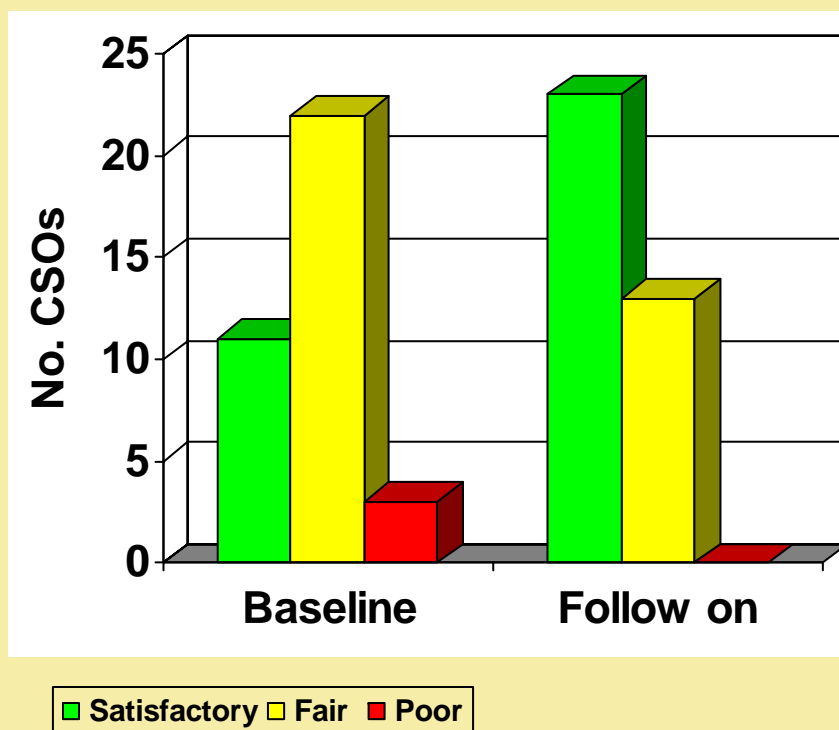


- Area with least improvement
- CSO with satisfactory capacity rose from 1% at baseline to 44% at follow on
- Poor capacity reduced from 69% to 33%
- Although improved budgeting is one of the hardest areas for CSOs



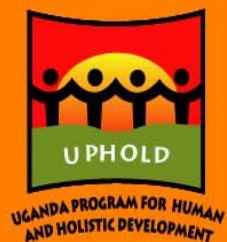


Results: CSO M&E Capacity



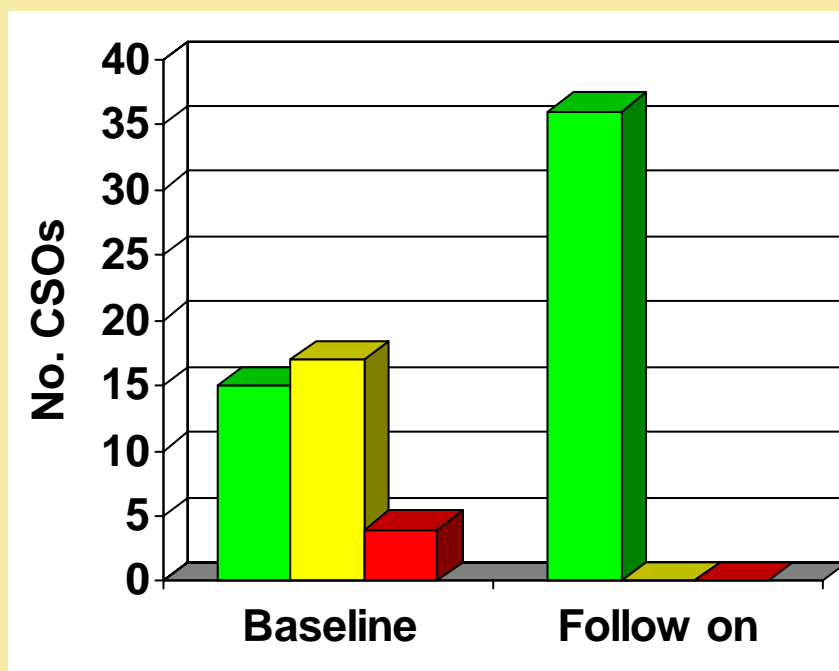
- CSOs with satisfactory capacity increased from 31% to 64%
- There was no CSOs with poor capacity at follow up compared with nearly to 10% at the baseline





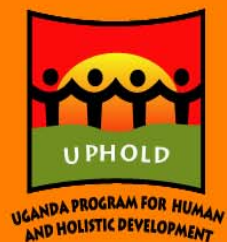
Results: CSO Capacity in Behaviour Change Communication

- All CSO developed satisfactory capacity in BCC after one year of support compared to less than half at the base line



■ Satisfactory ■ Fair ■ Poor



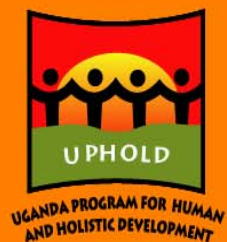


Other CSO capacity areas assessed

- Partnerships
- Documentation
- Social Transformation
- Training
- Child Health
- IRH
- VCT
- PMTCT
- Palliative Care
- HBC
- OVC
- HIV Prevention

They all show dramatic improvement

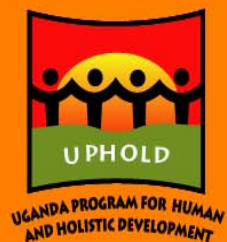




Conclusions

- Even the best CSOs do not always have all the required capacity to implement multi-sectoral and multi-disciplinary technical program
- CSO capacity can be built in a relative short time if well planned and structured as part of any grant strategy
- Cant give CSOs money without capacity support and expect results
- Support needs to be tailored to the needs at hand to implement activities
- Support needs to be continued through the time of the grant

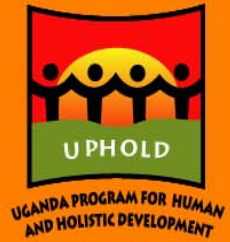




Recommendations

- Any program wishing to partner up with CSOs should in-build a capacity support mechanism tailored to the activities to be implemented
- Continuous capacity assessment is essential to ensure that the CSOs have the necessary ability to implement
- Technical support should be continuous and on job through the program life





Acknowledgments

- CSOs
- Ministry of Health
- USAID
- Partners

