

Measuring Organizational Capacity: Developing Tools to Measure Civil Society Organisations Capacity to Receive Grants for HIV/AIDS Response in Kenya

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Abstract

Civil Society Organization's capacity is critical for quality implementation of programs and overall sustainability of the organization. Several capacity tools have been developed by experts in the development sector. However, uptake of these tools is sub-optimal. The FANIKISHA Institutional Strengthening Project, implemented by Management Sciences for Health, Pact Inc., Danya International and the Africa Capacity Alliance developed a rapid organizational capacity assessment tool to facilitate measuring civil society organisations institutional capacity to manage grants. The aim of this study is to document the effectiveness of the rapid organisational capacity assessment tool. In 2011, Management Sciences for Health/FANIKISHA identified 10 national level civil society organisations through a competitive process. Using two existing tools, the institutional strengthening standards and indicators for civil society organisations in Kenya; and the FANIKISHA organizational capacity assessment tool the project developed a rapid organizational capacity assessment tool through a participatory process involving staff, civil society organisations and their affiliates. A checklist for each of the rapid organisational capacity assessment tool categories and a reporting template were also developed. The tool was pre-tested while additionally automation was done and a dashboard developed to facilitate analysis and presentation of results. Using site organisational systems review and feedback & consensus building fora, rapid organisational capacity assessment and financial risks assessments were conducted amongst the civil society organisations six months following engagement. The final determination criteria took consideration of both the rapid organisational capacity assessment and financial risk assessment scores. Use of the capacity building standards and indicators for civil society organisations in Kenya ensured that the tool was specific and focused on civil society organisations behaviours not just outputs. Seven of the 10 civil society organisations demonstrated adequate organisational and financial management capacity to manage grants. These were graduated and recommend to USAID to receive grants. The real-time analysis and reporting of the results ensured the process was transparent, hence ownership of the results. The rapid organisational capacity assessment tool is a simple tool, developed through a participatory process that can help organizations easily establish their capacity while establishing the financial risk. Capacity building should continue to further develop the organisational, financial and grant management capacities. There is a need to standardise capacity building indicators and capacity assessment methodologies in order to make measurement of civil society organisations capacity easier and increase rigor of results.

Key Words: Organisation, Capacity, Measuring, Assessment, HIV/AIDS, Tools, Building.

Introduction

Civil Society Organization's (CSO) capacity is an important determinant of performance, sustainability and achievement of its goals and objectives (Meyer, Davis and Mays, 2012). The Kenya Vision 2030 calls for improved preventive health care and healthy life style in underserved and rural communities through implementation of a new Community Health Strategy (Republic of Kenya, 2007). The strategy entails strengthening the capacity of community health workers to facilitate health service delivery at the community level through partnering with the community, health service providers and facilities. The capacity building aspect is in in-line with the 2005 Paris Declaration on capacity development that underscores the importance of organizations capacity to plan, manage, implement, and account for results of policies and programs (OECD, 2005).

According to Global Journal, only one Kenyan CSO is ranked among the top 25 NGOs globally; and only one among the top 100 CSOs is implementing large scale programs in the health sector (The Global Journal, 2013). This is may be contributed by the low capacity among the players in the sector.

Organizational capacity-building programs burgeon. However, methods and approaches for testing and tracking their results are erratic (MEASURE, 2003). Individual and expert organizations in organizational capacity building, agree that measuring capacity building results is not easy (Pact, 2012; MSH, 2011; USAID, 2000; UNDP, 2011). In fact Pact (2011:2) states that "the results of capacity building initiatives are notoriously difficult to measure".

This may be due to: lack of commonly agreed upon definitions of capacity building (UNDP, 2011); consensus on capacity building indicators is rare (MSH, 2010); documentation of their impact is scarce (MSH, 2010); wrong tools are used for the job (ODI, 2011); the complexity around its attribution to improved organizational performance; lack of clarity on its attribution in enhancing improved health services and outcomes (MSH, 2012). The above challenges may explain why there have been many organisational capacity building projects but limited systematic assessments, monitoring and evaluations (Horton et al., 2000).

The identified gaps present an opportunity for capacity building experts to identify and use the appropriate/contextualized methods for measuring capacity amongst CSOs (ODI, 2011). Capacity building may take shorter or longer time to yield results in organizations (Horton, 2011). Also, the understanding that the ability to understand the capacity development process from within depends on the ability to carry out good monitoring of the capacity building results, either short or long term (Horton, Ibid).

It is against this backdrop that the USAID/Kenya funded MSH/FANIKISHA institutional strengthening project in order to strengthen the capacity of national level CSOs in Kenya to take a bolder and larger role in leading and engaging communities as significant partners in responding to the health needs and well-being of all Kenyans (USAID/Kenya, 2011). The FANIKISHA Institutional Strengthening Project is a five-year cooperative agreement (2011-2016), funded by USAID/Kenya and implemented by Management Sciences for Health (MSH), Pact Inc., Danya International, and the Regional AIDS Training Network (RATN) now, Africa Capacity Alliance (ACA). FANIKISHA aims to strengthen leadership, management, and governance of CSOs, increase access and use of quality data for evidence-based decision-making and improve quality of institutional strengthening for CSOs. The aim of this study is to document the effectiveness of the ROCAT.

Materials and Methods

In 2011, MSH/FANIKISHA selected ten national level CSOs through a competitive process that involved an expression of interest, a call for technical proposals on institutional strengthening and an organizational capacity assessment using the FANIKISHA organizational capacity assessment tool (OCAT). The selection

process helped the CSOs to establish their capacity gaps. It also helped FANIKISHA to establish a better understanding of the stage of institutional capacity for each CSO, hence the need for organizational strengthening.

Ten CSOs were selected¹ and approved by USAID/Kenya. FANIKISHA supported them to develop costed institutional strengthening plans based on the prioritized organizational capacity needs. FANIKISHA funded the plans through mentored grants to each CSO.

FANIKISHA applied several processes to lay a strong foundation for the CSOs' technical assistance. This included (i) CSO selection, which is a competitive process (ii) prioritization of capacity building activities based on institutional strengthening standards for CSOs in Kenya (iii) developing graduation indicators². FANIKISHA provided technical assistance to each of the CSOs. Several technical demand driven assistance approaches were used that included: mentorship, coaching, peer support, learning and course correction. Figure 1 provides more information on FANIKISHA's technical assistance approaches.



Figure 1 - Fig 1: MSH/FANIKISHA technical assistance approaches

After six months, there was a need to establish whether the CSOs had been strengthened to the point that they can assume grants management and technical capacity building for their affiliate CSOs. Hence, an appropriate organizational capacity assessment tool was necessary since capacity measurement cannot be separated from the process of building capacity itself, a view also supported by MEASURE (2001).

Due to the need to rapidly measuring capacity of the 10 CSOs, FANIKISHA developed graduation indicators (qualification criteria) that focus on critical capacity building areas for an organization to receive and manage grants; in addition to also focusing on behavioral changes within the 10 CSOs.

Developing an Appropriate Tool – the FANIKISHA Rapid Organizational Capacity Assessment Tool (ROCAT)

Review of existing tools developed by other experts in the sector revealed that there were many organizational capacity assessment tools but with limited uptake (AIDSTAR II, 2010) hence affecting the

¹ The selection process was in two cycles – cycle 1 and cycle 2. Six CSOs in cycle 1 and 4 CSOs in cycle 2

² These are both output and also outcome indicators. They are agreed upon between the CSO and FANIKISHA at the start of the project. The CSO's technical assistance is targeted to achieving the indicators within a given period.

implementation of capacity building programs. The low uptake may be contributed to the fact that most capacity building programs are donor driven and specific to a particular sector and or organization (Pact, 2012).

FANIKISHA found the tools under review inadequate in providing information to guide on whether the CSOs had the requisite capacity to manage programmatic grants, six months after their engagement. Using two tools namely: the institutional strengthening standards³ and indicators for CSOs in Kenya and the FANIKISHA organizational capacity assessment tool (OCAT), the project developed a rapid organizational capacity assessment tool (ROCAT).

The OCAT has 116 indicators, while the ROCAT has 43 indicators known as the graduation indicators. The indicators are the most critical to guide an organisation’s capacity building towards graduating to receive programmatic grants. They are also critical for conducting a point assessment for CSOs. The tool comprises eight (8) categories used to assess organisational capacity including: governance and leadership, organisational planning and resource mobilisation, financial planning and management, Grants and sub-grant management, project management, communication, human resource and change management and monitoring, evaluation & knowledge management. Each category has 2-10 subcategories.

The project also developed a checklist⁴ for each of the ROCAT categories and a reporting template to facilitate documentation of the ROCA results. The tool was pre-tested amongst potential users (CSOs). Feedback was incorporated and the tool finalised. It was also automated and a dashboard developed to facilitate analysis and presentation of results. The ROCAT helped FANIKISHA to address the following: a) The current status of CSO institutional capacity; b) the level of financial risks that remained within the 10 CSOs that could impact negatively on ability to manage programmatic grants.

Scoring Criteria

The ROCAT tool gives a 4 level score to each of the subcategories on the basis of where the CSO lies in terms of achieving the desired graduation indicator/standard. A score of one means a CSO does not the relevant tool and/or function in that category; a score of 2 means a CSO has a tool or function but does not meet the desired quality or it is incomplete whether applied or not; a score of 3 means the CSO has the desired tool or function, is complete, is of good quality but does it is not applied at all or consistently to support the CSO institutional strengthening process; and a score of 4 means a CSO has a tool or function, the tool is complete, is of good quality and is applied consistently to carry out the CSO institutional strengthening process. Score of 4 is the desired standard or practice for the category. The levels of the scores are defined in table 1.

Table 1 - Table 1: Rapid Organisational Capacity Assessment Tool Scoring Criteria

Score	Criteria
Score 1:	The CSO does not have the relevant tool and/or function in this category.
Score 2:	The CSO has a tool and/or function but does not meet the desired quality or it is incomplete – whether applied or not.
Score 3:	The CSO has the desired tool or function, is complete, is of good quality but is not applied at all or consistently to support the CSO institutional processes.
Score 4:	The CSO has a tool or function, the tool is complete, is of good quality and is applied consistently to carry out the CSO institutional processes. This is the desired standard/practice for the category.

³ Institutional Strengthening Standards for Kenyan Civil Society Organizations

⁴ The checklist is a list of questions under each sub-category that guides the assessor to determine the capacity level of the organization. It guides the assessor towards gathering the evidence

Data Collection and Scoring

An assessment team was constituted, comprising CSOs staff, FANIKISHA staff, CSO affiliate and board members. Each category was initially assessed by FANIKISHA staff and the respective staff within the CSO. The assessment was conducted amongst the 10 CSOs. A triangulated approach combining the following methods was used:

- a) Onsite organisational systems review, which involved Individual and group discussions with relevant staff/board members to seek additional information. On the basis of these findings, the assessment team initially assigned a score to each subcategory on the ROCA tool.
- b) Feedback workshop and consensus building discussions with relevant CSO staff, members of affiliate organisations and board members. The findings and score on each subcategory were discussed and a consensus score agreed upon. This step enabled full participation of the CSO into the assessment process.
- c) The consensus score under each subcategory of the ROCA tool was fed into a MS Excel pre-coded worksheet to indicate consensus scores, subcategory weights and ultimate weighted score per subcategory.

Data Analysis: Roca Assumptions and Analysis Framework

The ROCAT consensus score formed the basis for further data analysis of the CSO organisational capacity. The following assumptions informed the analysis:

1. All the 8 categories on the ROCA tool were important for organisational capacity assessment.
2. All subcategories within a category were each weighted equally. Those on financial risk analysis were weighted differently.
3. The total weighted scores of all subcategories constituted the score for the category. Therefore, by multiplying the subcategory weight with the consensus score in the subcategory and adding all subcategory weighted scores formed the overall score of the category:

Sum of (Subcategory weight X subcategory consensus score) = The weighted score for category

The analysis framework for the CSO capacity was carried out as follows:

Since all categories carry the same weight for purposes of the rapid organisational capacity assessment, the total of the weighted scores of subcategories within a category is calculated as *Sum of (Subcategory weight X subcategory consensus score) = The weighted score for category*. An average of the scores of all 8 categories for each organisation is calculated to arrive at the final score which determines each CSO's organisational capacity.

The Final Graduation Score Criteria

A score of 1.0 – 2.9 meant that the CSO does not meet organisational capacity graduation threshold for programmatic grants; while a score of 3.0 – 4.0 meant the CSO meets organisational capacity graduation threshold for programmatic grants.

Financial Risk Assessment (FRA): Data analysis framework

A Financial Risk Assessment was conducted for each of the 10 CSOs to further ascertain their readiness to receive programmatic grants. The data analysis for the financial risk assessment was informed by the consensus score obtained for the ROCA in the institutional strengthening categories of finance and operations. Unlike the organisational capacity assessment, the financial risk assessment subcategories were

assigned different weights on basis of the seriousness of an impact of risk in a given subcategory. Table 2 outlines the weights assigned to the subcategories in these two ROCA institutional strengthening categories. The financial risk, based on the weight allocated was calculated as follows:

Table 2 - Rapid Organisational Capacity Assessment Tool data analysis framework key assumptions

Score	Indication
1.0 to 2.9	CSO does not meet organisational capacity graduation threshold for programmatic grants
3.0 to 4.0	CSO meets organisational capacity graduation threshold for programmatic grants

The ultimate score for each subcategory is = Consensus score x the weight of the subcategory (divide by 100)

A risk of 1.0- 2.9 meant High financial risk. and therefore the CSO does not meet the graduation criteria for programmatic grants; a financial risk of 3.0 – 3.5 meant Medium financial risk - the CSO can graduate to receive programmatic grants but will require intensified support to mitigate the risk and a score of 3.6 – 4.0 meant Low financial risk hence the CSO can graduate to receive programmatic grants although additional support may still be required to mitigate any remaining risk.

A CSO must attain the graduation threshold score in both organisational capacity (ROCA) as well as financial risk assessments (FRA) to meet the graduation criteria for programmatic grants.

Results

Organisational Capacity scores

The tool enabled the calculation of each of the eight organisational capacity category results per CSO i.e governance, organisational planning and resources mobilisation, financial planning and management, grants and sub-grants management, project management, communication, monitoring, evaluation and knowledge management. All the final weighted scores on the eight institutional strengthening categories assessed for organisational capacity by CSO were tabulated as shown in table 3. Seven of the 10 CSOs scored above the 3.0 capacity threshold, with the highest scoring 3.8/4.0; while three CSOs scored below the threshold with the lowest scoring 2.7/4.0.

Table 3: Financial Risk Assessment (FRA) Categories Weight

Category	Subcategory (only those that are essential for financial risk assessment are considered)	Assigned weight (proportion out of 1)
Finance and operations	a. Financial policies and procedures	0.10 (or 10%)
	b. Budget management	0.10 (or 10%)
	c. Accounting and record keeping	0.18 (or 18%)
	d. Internal control systems	0.17 (or 17%)
	e. Financial reporting	0.15 (or 15%)
Grants and Sub-grant Management	a. Grants management and planning	0.15 (or 15%)
	b. Grant management personnel	0.15 (or 15%)
Total score		1.0 (or 100%)

Results for Financial Risk Assessment

The tool also facilitated the determination of each of the 10 CSOs' financial risk by considering the following sub-categories under financial planning and management category: financial policies and procedures, budget management, accounting and record keeping, internal control systems, financial reporting, grants management and planning, grants management and personnel and sub-grants monitoring

and reporting. Seven of the 10 CSOs scored at 3.2/4.0 which was between medium and low risk while three CSOs scored less than 3.0 with the lowest scoring 2.0, that means high risk. Table 4 presents more information on each of the CSOs and the scores.

Table 4: Financial Risk Assessment Key Assumptions

Score	Assumptions
1.0 to 2.9	High financial risk and therefore the CSO does not meet the graduation criteria for programmatic grants
3.0 to 3.5	Medium financial risk. The CSO can graduate to receive programmatic grants but will require intensified support to mitigate the risk
3.6 to 4.0	Low financial risk. The CSO can graduate to receive programmatic grants although additional support may still be required to mitigate any remaining risk

Table 5: Table 5: Results for Rapid Organisational Capacity Assessment

	Cycle 1 CSO's						Cycle 2 CSO's					
	A	B	C	D	E	F	A ⁵	H	I	D ⁶	K	L
Governance	3	4	4	2.3	3.3	3.3	2.8	3.3	2.8	3	4	3
Organisational planning and resource mobilization	2	3.5	3.5	1.5	3.5	3.5	2.8	3.3	3.5	3.5	4	2.5
Financial planning and management	2.5	3.6	3.5	2.5	3.9	3.8	3	3.3	2.7	3.8	3.7	2.6
Grants and sub-grant management	2.5	3	3.5	3	4	3.5	2.2	2.6	2.4	2.8	2.6	2.2
Project management	3.5	3.3	4	3.5	3.8	3.8	2.8	4	2.3	3.2	3.8	3.2
Communication	3	3.3	3.7	3.7	3.7	3.7	3.2	3.5	3	3.3	4	3.3
Human resource and change management	3.5	3.3	3.5	3.5	3.8	3.3	3.2	3.2	3.4	3.5	4	3
Monitoring and evaluation	1.7	3	4	2.7	4	3.7	2.2	3.8	3	3.3	4	2.8
Overall score	2.7	3.4	3.7	2.8	3.7	3.6	2.8	3.4	2.9	3.3	3.8	2.8

Graduating/Determining CSOs for Graduation

Both organisational capacity and financial risk scores were combined into the summary results in order to determine the CSOs to graduate. As fig 2 shows, seven of the 10 CSOs met the minimum threshold in both organisational capacity and financial risk. This meant they had demonstrated capacity to manage health sub-grants. FANIKISHA thus recommended these seven CSOs to USAID for approval for grants award.

“We are happy to graduate as an organisation. This is a clear demonstration on how our organisation have prioritised capacity building from FANIKISHA. We look forward to cascading the same capacity to

⁵ This CSO was assessed twice. It was in cycle one and did not graduate hence subjected to the second cycle of graduation

⁶ Ibid

our affiliates to ensure they are strong, more accountable and able to deliver on the community health response” Responded 7, CSO F

Figure 2 - Number of CSOs Graduated to Receive Programmatic Grants

		Rapid Organisational Capacity Assessment			
		3.6 - 4.0	3.0 - 3.5	2.0 - 2.9	1.0 - 1.9
Financial Risk Assessment	3.6-4.0 (Low)	1.E 2.C 3.F	1. B		
	3.0-3.5 (Medium)	1. K	1.D* 2. H		
	2.0-2.9 (High)			1.A* 2.D ¹ 3.L 4.I 5.A ²	
	1.0-1.9 (High)				

The ROCAT is a simple tool that enabled the project team to objectively identify the CSOs whose capacity had improved in the respectively organisational capacity categories.

Table 6: Results for Financial Risk Assessment

Results for Financial Risk Assessment												
	A	B	C	D	E	F	A ⁷	H	I	D ⁸	K	L
1. Financial policies and procedures	0.2	0.4	0.3	0.2	0.4	0.4	0.3	0.3	0.2	0.4	0.4	0.2
2. Budget management	0.3	0.4	0.3	0.2	0.4	0.4	0.3	0.3	0.2	0.3	0.4	0.2
3. Accounting and record keeping	0.4	0.7	0.7	0.4	0.7	0.7	0.5	0.6	0.5	0.6	0.5	0.5
4. Internal control systems	0.3	0.7	0.7	0.5	0.7	0.5	0.5	0.5	0.5	0.6	0.6	0.5
5. Financial reporting	0.5	0.6	0.6	0.5	0.6	0.6	0.3	0.4	0.3	0.4	0.3	0.3
6. Grants management and planning	0.3	0.5	0.5	0.3	0.6	0.5	0.6	0.6	0.6	0.6	0.6	0.4
7. Grants management personnel	0.5	0.5	0.6	0.6	0.6	0.6	0.2	0.3	0.2	0.3	0.3	0.2
8. Sub grants monitoring and reporting							0.2	0.2	0.2	0.2	0.2	0.2
Total (final) score	2.4	3.7	3.7	2.6	4	3.7	2.8	3.2	2.6	3.4	3.3	2

“I liked the checklist. While going through it, I felt as if we were telling a story about each of our organisation’s systems. The questions in it lead us to easily establish what we have achieved and the gaps” Respondent 11, CSO E

⁷ This CSO was assessed twice. It was in cycle one and did not graduate hence subjected to the second cycle of graduation

⁸ Ibid

“I reviewed the tool when FANIKISHA sent it to us before the assessment. It was very short compared to the OCA, specific with a key question and a graduation indicator. It is a more improved that others I have used in my work in organisational development”. Respondent 2, CSO A

The use of checklist enables the participants who include the relevant experts in each of the organisation to systematically “check” each component of the organisation while identifying the gaps for support. It easily leads one to the real score in the ROCAT.

Table 7: Results for results for the Rapid Organisational Capacity Assessment and the Financial Risk Assessment

Summary results for the ROCA and FRA												
The table below is a summary of final scores of organisational capacity and financial risk assessment per CSO												
	Final scores per CSO											
	A	B	C	D	E	F	A ⁹	H	I	D ¹⁰	K	L
Final score on Organisational Capacity	2.7	3.4	3.7	2.8	3.7	3.6	2.8	3.4	2.9	3.3	3.8	2.8
Final score on Financial Risk Assessment	2.4	3.7	3.7	2.6	4	3.7	2.8	3.2	2.6	3.4	3.3	2

“This process has been a great learning for us. We found the process very objective and the tool very specific. The tool has helped us to identify where we are since we commenced capacity building from FANISHA experts. Even if we are not selected to partner with FANIKISHA, we will definitely address the gaps that you have helped us identify.” A respondent from CSO 1

The application methodology – both system review and consensus workshop is open, transparent and participatory. The involvement of the staff, board members, government and other stakeholders during the assessment enables the CSO to openly share the required information for the tool. The information facilitates the scoring and identification of the capacity gaps for the organisation to address through technical assistance.

“The participatory methodology used during the assessment enables us to relax and realize this is not a FANIKISHA process but our process, to benefit us as an organisation. Thus we are very open since we know the gaps the ROCA identifies will enable us to plan our capacity building interventions”

Siting in the same forum with our board members is a milestone in this organisation. A meeting where we are not discussing policies but the capacity of the organisation in presence of all staff and our stakeholders! We all know where we are as an organisation” Respondent 11, CSO D

Analysing the data collected using the ROCAT is easy. The tool is automated with all the respective weights considered in the finance and operations related areas. Once data is entered the results are displayed real-time. The participants can ask questions on the meaning and implications of the score. The rounding of the results to the nearest one decimal place makes it specific hence able to identify CSOs that have attained the threshold.

⁹ This CSO was assessed twice. It was in cycle one and did not graduate hence subjected to the second cycle of graduation

¹⁰ Ibid

“The analysis of the results, with the excel worksheet, and the real-time dashboard ensures we all “see” what we score at the end of the assessment. It is very specific and automatically places you in your right “box”” Respondent 5, CSO K

The ROCAT in addition to helping in identifying CSOs with capacity to manage grants also helped CSOs to establish their capacity in the eight organisational building categories which it was focusing on. The CSOs, both graduated and none graduated used the identified gaps to prioritise demand for technical assistance from FANIKISHA institutional strengthening project.

“Compared to the level at which the ten CSOs started, including among the three CSOs that did not graduate to receive programmatic grants, the ROCA findings indicate that FANIKISHA’s institutional strengthening interventions have contributed to improved institutional capacity in key technical areas” Respondent 5, CSO J

Discussion

The ROCAT was developed through a participatory process. Project staff who are experts in the different capacity building experts identified the critical areas for consideration. These areas were peer reviewed in reference to the institutional strengthening standards for Kenyan CSOs (MSH, 2014) and consensus built after pretesting with CSOs.

The process ensures that the tool addressed the critical areas of interest in graduating organisations for programmatic grants. The use of the capacity building standards and indicators for CSOs in Kenya ensured that the tools were relevant, specific and focused on CSOs behaviours not just outputs. Mundia (2009) agrees with the approach by underscoring that development of assessment tools should be simple but comprehensive. Development of the graduation indicators facilitated in line with the standards ensured that the tool was simple and would make it easier to measure organizational progress in capacity building. This is in realization that measuring organizational capacity – both short and long term- requires a systematic approach with metrics that assess outcomes of the interventions and approaches (AIDSTAR Two, 2010).

The assessment approach is all inclusive as the administration of the ROCA incorporates the FANIKISHA staff, CSOs, their affiliates and board members. This ensures that the required data is collected objectively thus the clearest possible picture of the CSOs is established (Mundia, 2009). Since the capacity assessment is prone to subjectivity; the triangulated nature in data collection, involving different stakeholders ensures that the results are objective and more credible.

Analysing the ROCAT data was facilitated by first having a clear tool; application methodology, good data, data analysis framework and key assumptions under CSO capacity strengthening and financial risk assessment. The analysis of both capacity and financial risk data and plotting the same on a matrix positioned the CSOs based on their scores which made decision making process on which CSO graduates easier. The real-time analysis and reporting of the results ensured the process was transparent, hence ownership of the results.

The results showed that the 7 CSOs that scored high in organisational capacity scores also had between medium and low financial risk. This is an indication that capacity strengthening is part of reducing financial and grants management risks within organisations.

Capacity assessment is of little value if the results do not lead into a capacity building action plan (KEPA, 2009). The use of assessment data is supported by Hauton, (2011) who agrees that no matter how technically sound an assessment is, it is not truly of use unless the findings are used. The FANIKISHA ROCAT results provided data on the key areas in organisational capacity. Areas of weakness were identified, prioritized, capacity provided and progress measured.

In addition to identifying the CSOs to graduate, the ROCAT helped identify the changes in capacity within the CSOs that had taken place within the first six months of implementation changes which had been identified through CSO quarterly capacity monitoring. While the ROCA was a participatory and point assessment, it also facilitated capacity building process for the 10 CSOs (Hauton, 2011), with the FANIKISHA institutional strengthening standards and indicators for Kenyan CSOs (MSH, 2014) being the main reference document. It is envisaged that the results obtained using the ROCA, coupled with the application procedure will lead to improved and sustained CSO performance.

Conclusions

Owing to the tool formulation and assessment procedure, the selection of the CSOs that would receive grants was successful. Establishing the minimum capacity an organization should have, using known capacity standards is critical in reducing subjectivity in decision making. Both organisational capacity and financial risk assessments are essential and interrelated but measure different aspects of the CSO capacity that, when triangulated, provides a comprehensive status of the CSO capacity.

Graduating CSOs does not mean that they did not have capacity building gaps. Thus capacity building, which is a process, should continue to further develop their organisational, financial and grant management capacities with long term sustainability measures. There is an urgent need to standardise capacity building indicators and capacity assessment methodologies, a process that will make measurement of CSO capacity easier and increase rigor of results.

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References

- Horton, D. (2011). Evaluating Capacity Development. *Capacity.org* 2011, Issue 43.
- Jones, J. (2009). Working Paper 330. Results of ODI Research Presented in Preliminary Form for Discussion and Critical Comment. ODI.
- Management Sciences for Health. (2010): Challenges Encountered City Building. A Review of Literature and Selected Tools. *AIDS Star Two-Technical Brief*, Issue 1, April.
- Management Sciences for Health. (2014). Institutional Strengthening Standards and Indicators for Kenyan CSOs. Management Sciences for Health. Nairobi.
- MEASURE Evaluation. (2003). A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries. Measure Evaluation. Chapel Hill.
- Mundia, M. (2009). Organisational Capacity Assessment. An introduction to a Tool. KEPA Working Paper No. 26. KEPA.
- Pact Inc (2009). Pact Community Reach Global Summit. November 17–18.
- Pact Inc (2012). Measuring our Capacity Development Results. Pact's Capacity Development Global Indicator. Pact Inc. Washington DC.
- Republic of Kenya. (2007). Kenya Vision 2030. Government of the Republic of Kenya. Nairobi.
- The Global Journal. (2013). The Top 100 NGOs in the Health Sector. The Global Journal. Geneva.
- The Organisation for Economic Co-operation and Development. (2005). *The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*. OECD. Paris.
- United Nations Development Fund (2010). Defining and Measuring Capacity Development Results-Taking responsibility for complexity. UNDP, Geneva.