NEW PARTNERS INITIATIVE
TECHNICAL ASSISTANCE PROJECT (NuPITA)

Building NGO Capacity to Implement High-Quality Programs Using the Technical Organizational Capacity Assessment Tool

January 2012

CONTENTS

The NuPITA Project

The **New Partners Initiative Technical Assistance (NuPITA) Project** is a USAID-funded initiative to increase the quality of program implementation and strengthen the institutional capacity of 14 nongovernmental organizations that provide HIV prevention and care services in eight sub-Saharan African countries. These 14 organizations are PEPFAR New Partners Initiative (NPI) Round 2 and Round 3 grantees.

Implemented by John Snow, Inc., and partner Initiatives Inc., with offices in Kampala, Uganda and Nairobi, Kenya, the project provides technical assistance (TA) to the NPI grantees in HIV prevention and care services, financial management and compliance with USG regulations, and organizational development (OD).

NuPITA provides technical assistance to:

Round 2 NPI Partners
American Refugee Committee International (ARC) – Minnesota, USA, working in Uganda
Camfed USA Foundation (Camfed) – California, USA, working in Tanzania
Children's Emergency Relief International (CERI) – Texas, USA, working in South Africa
Integrated Community-Based Initiatives (ICOBI) – Bushenyi District, Uganda
Tearfund* – Teddington, United Kingdom, working in Kenya
Woord en Daad – Gorinchem, Netherlands, working in South Africa

Round 3 NPI Partners
Ananda Marga Universal Relief Team (AMURT) – Maryland, USA, working in Kenya
European Cooperative for Rural Development (EUCORD) – Brussels, Belgium, working in Nigeria
François-Xavier Bagnoud Foundation (FXB) – New York, USA, working in Rwanda and Uganda
GOAL – Dublin, Ireland, working in Uganda
Grassroots Alliance for Community Education (G.R.A.C.E.) – working in Kenya
Kindernothlife (KNH) – Duisburg, Germany, working in Kenya
WellShare – Minnesota, USA, working in Uganda
Retrak – Manchester, United Kingdom, working in Uganda and Ethiopia
Tearfund* – Teddington, United Kingdom, working in Zambia

A critical component of the NuPITA capacity building process is to assess where an organization falls along a continuum of management processes. This document highlights components of the Technical Organizational Capacity Assessment (TOCA) process implemented by NuPITA and features case studies of a few NGO partners and explores what the TOCA process has meant to them.

*NuPITA is assisting Tearfund affiliates in two countries.

> ## TOCA Tools
>
> - Orphans and vulnerable children (OVC)
> - HIV counseling and testing (HCT)
> - Prevention of mother-to-child transmission (PMTCT)
> - HIV care and support
> - HIV prevention

John Snow, Inc. is implementing the New Partners Initiative Technical Assistance (NuPITA) Project, which supports 14 of the new USAID-funded partners.

Program Overview

The public health sectors in many developing countries are challenged by the AIDS pandemic. In an effort to broaden the pool of nongovernmental organizations (NGOs) that can offer innovative, high-quality HIV services, the PEPFAR-funded New Partners Initiative (NPI) was established. NPI provides funding for organizations new to USAID support, combined with technical assistance, to build the capacity of these local partners along with the new resources, and to help them comply with USAID requirements. With greater resources and strengthened capacity, NGOs are able to implement high-quality HIV services and, over time, to become sustainable contributors to national HIV and AIDS strategies.

Under NPI, three-year cooperative agreements were awarded to 54 NGOs, community-based organizations (CBOs) and faith-based organizations (FBOs). Each had little or no experience working with U.S. government (USG) funding and typically their management systems were not as solid as established USG partners. In order to support these new partners technically and organizationally, USAID under PEPFAR has also funded technical assistance grants.

Assessment Framework

In the first year, the NuPITA team developed and used the Organizational Capacity Assessment (OCA) tool to ascertain existing capacity and introduce best practices in seven areas critical to an organization's effectiveness. What distinguishes the OCA from most capacity development tools is its combined focus on compliance with USG policies and regulations, and the facilitated self-assessment process. The OCA provided a robust picture of each NGO's operations and management.

Partners at a financial management for non-finance staff workshop for non finance staff workshop in Nairobi, Kenya, September 2011. Photo Robin Hammond/Panos.

CAPACITY ASSESSMENT

Measuring Technical Capacity
During the second year, the NuPI-TA team focused on technical capacity, combining the OCA with a technical assessment. These Technical and Organizational Capacity Assessment (TOCA) tools set standardized criteria to assess an organization's technical capacity to implement quality programs in five HIV and AIDS services areas: orphans and vulnerable children, counseling and testing, prevention of mother-to-child transmission, care and support, and prevention. The tools are used to identify NGO program components that work well and those that may need strengthening.

Each TOCA tool is subdivided into several domains. Depending on the service area, those domains may include: Organizational strategy, supplies management, management information systems, and programming technical capacity.

The TOCA process furthers the model of self-assessment begun with the OCA. Before initiating the TOCA, the organization repeats the OCA process to determine anew its relative organizational capacity.

Like the OCA, the TOCA is an interactive process, bringing staff together to discuss program strengths and learn where technical support and training could best address gaps. Lively discussions become opportunities to identify the best ways to support and build program capacity. NuPI-TA facilitators guide the process, which culminates in action plans that provide a road map for the organization's next steps. At a certain point in the process, participants reassemble without NuPITA participation—a crucial step to create buy-in among the staff and encouraging continued ownership of the process by the organization thoughout the second year.

"Everyone had an opportunity to add views and express challenges and concerns," said Pascal Mailu, Director of G.R.A.C.E. Africa. "That inclusive staff process made

it easy later, because after each session people easily took responsibility for action plan items."

All team members, with facilitation from NuPITA, finalize these plans. The steps, timing, and responsibility for each action item, as well as the need for any technical assistance, are clearly outlined. Analysis of score sheets and action plans enable NuPITA to tailor and prioritize additional support for each NGO.

Organizations are encouraged to link to national guidelines and national coordinating committees to ensure their programs are up-to-date with changes in protocols. The TOCA sets the standards for program strategies, service delivery, community involvement, referrals, training, and monitoring for each HIV service.

TOCA Domains

- Organizational Strategy
- Supplies Management
- Management Information Systems
- Programming Technical Capacity

HIV PREVENTION

The TOCA HIV Prevention Tool assesses an organization's ability to implement high-quality sexual and other behavioral risk prevention programs. Ideally organizations would offer comprehensive prevention services that include behavioral change programs, access to male circumcision, prevention for people who have tested positive, and combination prevention.

Selected Best Practices
- The organization's prevention approach is consistent with the dynamics of the local epidemic, as well as the national HIV prevention strategy.
- Staff are trained in, and consistently adhere to, organization-specific HIV-prevention service standards.
- Community members are active participants in HIV prevention activities, including identifying target beneficiaries and setting intervention priorities.

AMURT:
Ananda Marga Universal Relief Team

AMURT Kenya's main office is on a busy highway on the outskirts of Nairobi. In a spare, sunny room, Jitendra Kumar, Director of AMURT Kenya, smiled when asked how successful the NGO was before the NPI award. "That is a very challenging question," he said. "We had no clear targets until NPI. We were doing the work but were not that keen on keeping records. We were not well organized."

AMURT's ambitious HIV prevention program reached out to a wide audience. But before their work with NPI, the organization had no idea what impact it made in the community. No one understood which aspects of the program worked well, what needed improvement, and where growth was possible. The TOCA prevention tool and process helped AMURT staff understand why improvements were needed in how they documented and

reported their HIV programs.

Using the action plan developed during the TOCA process as a guide, and aided by NPI Advisor Kennedy Ongeko, AMURT decided to focus on achieving uniformity in the organization's interventions across three HIV prevention programs: peer education, HIV prevention education, and mass

> "I don't know how we would have done this without NuPITA. They helped us organize our programs. Standards of practice had never existed, and they showed us how to create them. They helped build the capacity of everyone in the organization."
> Dr. Edward Kinyanjui, AMURT Kenya Medical Director

HIV awareness education. The goal was to develop guidelines with similar steps to achieve consistent outcomes.

"We broke targets down into local, national, and provincial levels, so that everyone knew what they had to achieve monthly," said Kennedy. "We created procedures so that from the start, when a youth center opened, they operated the same as other centers."

Dr. Edward Kinyanjui, AMURT Kenya's Medical Director, agreed that the prevention programs' biggest challenge was a systemic lack of organization. "We needed manuals, standard operating procedures, prevention curricula, computer training, and help with peer education. As we went through the TOCA we soon realized that in terms of knowing what prevention is all about, we had only rudimentary knowledge."

Following the TOCA, AMURT's National Coordinator developed timelines and a process for achieving the organization's HIV prevention goals. In the area of programming, the organization assessed its wide audience, and worked to tailor prevention messages to diverse groups of youth and adults.

The significant gains AMURT made building organizational capacity after the OCA process the previous year ensured that the organization could assess and implement program changes. "NuPITA did several things in the area of technical assistance," said Dr. Kinyanjui. "First, they offered guidance for developing best practices for programs and helped us devise the right strategies. With their help, we improved our quality standards across the board. We were behind in all components of the prevention program. They brought us up to a basic level and we moved from there to achieving our prevention targets."

One component AMURT especially wanted to target for improvement was the peer educator program. During the TOCA assessment, and through follow-on technical assistance visits and training, the staff learned what was necessary to create and sustain a high-quality peer education program. Dr. Kinyanjui said, "We

didn't know how to develop curricula; we didn't have a reporting system that indicated whether things were hap-

> *"We were behind in all components of the prevention program. They brought us up to a basic level and from there we moved to achieving targets. Now, we achieve quality outputs in our programs and with our peer educators."*
>
> Jitendra Kumar,
> AMURT Kenya Director

pening in an orderly way. NuPITA worked extensively with us in field supervision, even developing curricula for peer educators and program officers. Kennedy's dedication to the work contributed greatly to our success."

Because of NuPITA support, the Peer Educator Program now has monthly workplans with dates and specific venues; supervisors conduct monthly spot checks with peers to enhance accountability and in general, support supervision improvements have gen-

erally increased the efficiency of peer educators. Targeted curricula have improved knowledge levels which, in turn, have energized peer educators. With NuPITA support, AMURT engaged an outside consultant to conduct a train-the-trainers workshop for peers.

"What has come out of this documentation, supervision and organization," said Dr. Kinyanjui, "is that our centers are doing double the number of information sessions that they used to do per month and we are surpassing targets–even our youth are surpassing targets. Young peer educators now reach 200 people per center per month."

Jitendra Kumar sums up the value of the technical assistance from NuPITA staff. "We don't know how we would have done this without NuPITA. They have been more than just a technical assistance organization, they have become very good friends."

AMURT: 5 TOCA Action Items

- Train teachers as patrons of child right clubs so they have skills to run the program beyond the project period.
- Develop a plan to provide skills development in HIV prevention for AMURT staff.
- Ensure program officers participate in Area Advisory Council meetings once a month.
- Review skills of current OVC care counselors and provide relevant refresher training.
- Develop standards for child right clubs.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

The PMTCT Tool assesses an organization's ability to offer high quality, family-centered programs focused on preventing HIV transmission from mother-to-child during pregnancy.

Selected Best Practices

- The program approach and strategy includes guidelines, protocols and standards of practice for PMTCT that are up to date and in line with national and PEPFAR guidelines and are applied to PMTCT service delivery.
- The community participates in most PMTCT activities and the activities reflect the needs of the community as much as possible.
- There is documented, defined and adequate space for PMTCT service delivery. Plans are in place to expand PMTCT space needs as the program grows.

TEARFUND ZAMBIA

Stephen Samala, PMTCT Project Director at Tearfund Zambia (TFZ), said TOCA documents provided an invaluable blueprint for implementing improvements in the organization's programs. "They were a great help," said Stephen, who was hired after the TOCA process ended. "TOCA reports and action plans highlighted gaps and detailed solutions."

Before Stephen came on board, a 12-month study conducted by Tearfund UK and a group of seven African Christian NGOs identified an urgent program gap. The study observed that without male partner support, women experienced reduced access to antenatal care services. Accordingly, the group designed a toolkit for churches and faith-based organizations (FBOs) to engage men in programs, recommended enlarging the scope of PMTCT to include the entire family, and renamed this area of

intervention Prevention of Parent to Child Transmission (PPTCT). The program was called Guardian of Our Children's Health (GOOCH).

> "Being part of NuPITA was not like going to a workshop then forgetting what you learned—I look back and see all the changes that have come with our involvement."
>
> Stephen Samala,
> Tearfund Zambia
> PMTCT Director

"When I joined Tearfund, PPTCT was the standard approach," Stephen said. "Instead of just focusing on the woman, the whole family became the focus." But while there was a shared recognition that encouraging male involvement was something churches could and should engage in, until the

NPI grant and NuPITA technical support, TFZ did not have the capacity to scale up the GOOCH program. "Initially it was only in Luangwa district," Stephen said. "But after NuPITA technical support and input, it was scaled up."

The TOCA discussions targeted several areas requiring additional support: quality assurance, monitoring and evaluation (M&E), strengthening connections with community-based organizations (CBOs), curriculum development, and encouraging male involvement in PMTCT programs.

NuPITA conducted quality assurance trainings with TFZ staff, and when the organization cascaded trainings down to sub-partners, they did so with additional NuPITA assistance. "NuPITA helped us build CBO capacity and we continue to share our knowledge with these organizations," Stephen

said. "We were trained to develop, use, and apply reporting tools with volunteers, but we also learned how to develop documents that anyone on the ground—the CBOs and their volunteers—could appreciate."

TFZ worked with their NPI HIV Technical Advisor on linkages, and the Advisor connected TFZ with a Ministry of Health technical group and the National AIDS Council to participate in high-level discussions on PMTCT programming in Zambia

But how did the organization accomplish their important focus of getting men involved in Prevention of Parent to Child Transmission programming? Stephen reflected that there was very little literature to refer to, but "the advice we received from Milly Katana, NuPITA's HIV and AIDS Specialist, on how to encourage male involvement was invaluable. With her assistance, we were able to develop messaging and adapt a program to our particular situation. The support provided after the TOCA helped me make GOOCH trainings operational and meaningful."

Because of improvements in reporting and data collection supported by NuPITA, TFZ documented a significant rise in male testing over a 15-month period. While almost 10,000 pregnant women in rural Zambia were counseled and tested for HIV under the program, data showed that almost the same number of men were tested

along with their wives and partners. This willingness to be tested was significantly boosted by volunteers trained to use the GOOCH toolkit.

> "Because of this grant and the technical assistance we received from NuPITA, we now have operational systems. We can analyze data, and document stories. Even more important, we have made connections with the Minister of Health and the Minister of Education and they appreciate our input."
>
> Stephan Samala,
> Tearfund Zambia PMTCT Director

Tearfund's volunteer trainings, developed after the TOCA, led to an effective volunteer community trained to systematically visit households and families. Counselors perform HIV tests in the home, and explain test results to the whole family. Trained volunteers also do group pre- and post-test counseling and follow-up in situations that

involve larger community events.

Guardians of Our Children's Health caught the attention of both the Minister of Health and the AIDS Council in Zambia. Stephen reflects on the importance of this connection. "Our data was fed into government ministry databases for both departments. Now they know what we are able to do, and they appreciate what we are doing with men. Tearfund Zambia attended trainings for government medical officers, and talked about mobilizing men. A key outcome of our involvement in the NuPITA program is their desire to adopt GOOCH for all of Zambia."

GOOCH is now a successful program that promotes a vision for men as guardians of their family's health and encourages their active participation in healthy child development from conception onward. And while GOOCH is increasing HIV testing rates, it is also building the knowledge of both parents to reduce the risk of HIV transmission to their children.

Tearfund Zambia: 5 TOCA Action Items

- Strengthen the coaching and mentoring that follows trainings.
- Strengthen support supervision to ensure that learned skills are consistently applied.
- Intensify family counseling and delivery of door-to-door services.
- Strengthen documentation of referrals for reproductive health services.
- Document and share best practices.

CARE AND SUPPORT

The purpose of the TOCA Care and Support Tool is to assess an organization's ability to implement high-quality programs providing services to persons infected with HIV. It examines the personnel, documents, and systems in place to support these activities.

Selected Best Practices

- A framework in place that holds each organization accountable to the community for the welfare of care and support clients, and which allows the community to participate in most care and support activities.
- A documented plan to meet client needs by referring clients elsewhere for HIV care and support services not offered by the program.
- Defined and documented minimum standards for the types of spaces required for different care and support services.

WOORD EN DAAD / MFESANE

Nomvuyo Baba, the Executive Director of Mfesane, in Cape Town, South Africa, reflects on the journey they have made with the NPI program. Care and support are critical services that Mfesane provides to the community, especially terminally ill patients. Given the prevailing challenges in the communities as well as national priorities, these services are not limited to HIV only, but also serve cancer and TB patients based on national standards.

At the onset of the NPI award, Nomvuyo recalls, the team was overwhelmed and frustrated with the demands and expectations that had been outlined in the program design. However, the award enabled them to hire new staff in program management and human resource management. With these additions, they felt able to meet the demands of the program.

Through NuPITA's technical support and having undergone the Organizational Capacity Assessment process (OCA), a Technical Capacity Assessment (TOCA) was administered conducted in the second year. Nomvuyo recalls that NuPITA's TOCA exercise surprised them with its scope in terms of the depth of the analysis of the technical aspects of their program. She says the assessment "was very holistic in nature as it also covered strategy, skills

> The TOCA was "an eye opener in terms of how and what we need to do at ground level regarding the delivery of services."
>
> Nomvuyo Baba,
> Mfesane Executive Director

building, sustainability, and community involvement."

The TOCA process revealed to the team the need to strengthen Mfesane's program management in order to better implement programs. An action plan was developed to address this and other gaps that had been identified. As mapped out in the plan, Mfesane developed standards to ensure the quality of services and specifying service delivery procedures.

The TOCA process also revealed that the home-based care program was still in its early stages. Mfesane's technical approach to care and support was strengthened significantly following the implementing of the action plan generated at the end of the TOCA exercise. For example, they moved to separate home-based care (HBC) from voluntary testing and counseling (VCT) services. This enabled them to be more

focused and better able to tailor their HBC services to the community. Documentation also strengthened Mfesane's standard operational procedures (SOPs), which were developed based on national and PEPFAR guidelines for quality service provision. Staff and caregivers were then trained on their use and Mfesane incorporated them into their staff orientation package.

The TOCA also examines referral systems. Mfesane prides itself in being able to provide support that is holistic—i.e., medical, physical, spiritual, mental, and psychosocial, but there are some services it does not provide, such as PMTCT and diabetes support. After its assessment, Mfesane developed a referral strategy for services they cannot provide and to facilitate referrals, the team also developed a consolidated list of service providers as well as guidelines for making referrals.

With a new community feedback mechanism in place, information gathered has led to program changes to better meet communities' needs. The learning from this program has helped Mfesane outline a program sustainability strategy that will ensure the long-term impact of their HBC program.

The changes in the organization have been of such value and they can now boast of a strong technical expertise and knowledge base in HBC within their organization and have good practices that they are considering packaging into a formal training program that they can share with others— which will also generate income for their programs. With guidance from their NPI

Advisor, Mfesane has included as part of their four-year strategic plan a process and commitment to build the capacity of other NGOs, especially their affiliates, based on their experience with the NPI grant. They have developed a replication process that includes the use of a customized OCA and TOCA toolkit.

"The all-round technical assistance we received from NuPITA and the resident advisor were of real value and came tops for us!" said Executive Director Nomvuyo Baba. "The daily technical assistance, advice, and mentorship was given to all levels of the organization. This expertise over time has proven invaluable in guiding the organization to make key decisions," she said. NuPITA has helped them to become a solid institution bringing sustainable development to the communities they serve. She is grateful for NuPITA's help in strengthen-

ing their care and support—including support supervision procedures, the checklists and trainings in SOPs for staff, as well as the review of their various technical documents and strategies amongst others. She says the leadership and guidance they received from their NPI advisors—both in program management and in human resource development—was one of the best things that the NPI program brought to Mfesane.

Mfesane: 5 TOCA Action Items

- Incorporate training on SOPs as part of induction for new caregivers; develop user friendly tools.
- Develop induction protocol/competency based training process for the caregivers.
- Develop user-friendly guidelines for caregivers.
- Conduct caregiver case load analysis regarding number and intensity.
- Update referral list.
- Distribute referral list of local and national service providers to staff across the organization.
- Develop a procurement database based on the workplan.

HIV COUNSELING AND TESTING

The TOCA tool for HIV Counseling and Testing is designed to provide organizations with a set of criteria to assess their current technical capacity to implement high-quality HCT programs. It includes a discussion of the importance of guidelines, protocols, and standard operating procedures for HCT that are in line with national and PEPFAR guidelines.

Selected Best Practices

- The HCT program strategy is based on a plan and uses multiple approaches to reach the target audiences (e.g., static HCT clinics, mobile HCT clinics, home-to-home HCT, couple counseling and testing).
- Program implementers have supporting materials to do their work (e.g., testing protocols, test kits, counseling cards, referral guides).
- The program uses periodic reviews to ensure that materials are up-to-date and relevant to local context and realities.

KINDERNOTHILFE/ ST JOHN'S COMMUNITY CENTER

St John's Community Center (SJCC) is located on the edge of Nairobi's Pumwani slum. Murals of racing cheetahs and scenes from the Bible decorate the walls facing wide dirt courtyards shaded by tall trees. SJCC runs an elementary school on the premises and blue-uniformed children race around at play before being gathered into classrooms.

OVC Program Coordinator Damaris Njoroge and her staff oversee HCT and OVC programs for the Pumwani community, as well as other needy communities across Kenya. They work regionally with CBO partners.

Although SJCC's HCT program applies government guidelines and protocols as a minimum standard for HIV testing, there were weaknesses in documentation. Sarah Karanja, SJCC Deputy Director, said that the "the TOCA helped us assess all aspects of implementation. We were doing good work, but things weren't being documented."

> "In its structure and organizational systems, especially in program management skills, SJCC will never be the same again. And at a personal level, I will never be the same after going through the NuPITA processes."
>
> Damaris Njoroge,
> SJCC OVC Program Coordinator

"We also reviewed standard operating procedures and realized there was nothing written about what CBO partners were doing," Damaris added. "Our OVC program has service standards but we weren't conveying those standards to partners in structured ways. Key changes enacted with NuPITA's help allowed us to document and regularly disseminate information."

What were those key changes? TOCA discussions revealed that improving M&E and data management would significantly boost HCT services. The action plan developed with NuPITA targeted in-depth M&E training and setting up a database to manage information, and to track and collect data from beneficiaries

"after all that has been done, it's clear a well-functioning database and M&E improvements lifted not just two programs, but every program at SJCC. By the end of this year we will harmonize gains across the organization and with our partners."

SJCC support supervision training has improved the skills of supervisors and ultimately improved services.

and CBOs. "What we got from NuPITA staff went well beyond training," said Sarah. "We were very pleased with the quality."

As the database improved, SJCC turned its attention to another step in the action plan: Improving and strengthening support supervision for counseling aides at testing sites and for volunteer HCT counselors. Sarah Karanja observed, "Through trainings, we improved the skills of supervisors who oversee static sites and field staff, and that, in turn, improved service delivery. Hiring someone for support supervision also helped." An evaluation conducted with beneficiaries also reflected improved interactions with staff.

NuPITA-assisted improvements in support supervision, M&E processes, and database improvements have cascaded throughout the organization's HCT programs and down to partners. And though Damaris felt she was already "mourning the loss of support" as she anticipated the NPI grant—and NuPITA support— coming to an end, she believed

"Building capacity isn't just training. It's also about receiving support for a certain amount of time—which is what NuPITA provided. Setting up systems—even in advanced organizations— takes time. It's so easy to fall back into doing what you did before!"

Damaris Njoroge,
OVC Program Coordinator

St. John's Community Center: 5 TOCA Action Items

- Scale-up support groups for those testing HIV positive at a community level.
- Train counselor supervisors for HCT for internal quality assurance.
- Improve available space for counseling to safeguard client confidentiality.
- Undertake client exit interviews to assess service quality.
- Boost organizational visibility by increasing participation of SJCC leaders in national and local forums.

ORPHANS AND VULNERABLE CHILDREN

The TOCA OVC Tool assesses programs for orphans and vulnerable children (OVC). Like other TOCA tools, it examines organizational strategy and information management but adds an area focused on technical capacity in OVC programming to highlight the special programming needs of children and youth.

Selected Best Practices
- All efforts to target and select beneficiaries incorporate a "do no harm" philosophy in order to avoid stigmatizing orphans, vulnerable children, their families, and caregivers.
- Projects have a realistic understanding of volunteer capacities and constraints and a functioning volunteer retention strategy is in place.
- Children participate fully in project activities; the activities reflect the needs of the children as much as possible.
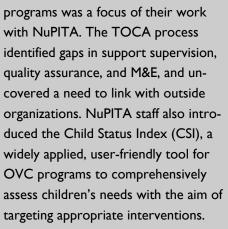
ICOBI

Within minutes of talking to Bosco Turyamureeba, ICOBI Capacity Building Manager, it's clear his deliberate demeanor masks an impatient desire to bring critical programs to orphans and vulnerable children (OVC) in Uganda's Bushenyi district. However, he admits with a slow smile, "Often we thought of something, and then just did it, but our NPI Advisor taught us the importance of planning ahead and consulting with beneficiaries for their input. Now we do these things first, and then develop programs."

Learning to plan ahead and seeking community feedback were only a few of the skills ICOBI learned from their collaborations with NuPITA. "Project implementation guidelines, M&E support, our NPI resident advisor, trainings in support supervision and quality assurance and quality improvement—as well as all the other needs based trainings—I believe these are all why we made significant improvements in OVC programming," said Bosco.

ICOBI is deeply committed to developing programs for OVC, so improving and expanding programs was a focus of their work with NuPITA. The TOCA process identified gaps in support supervision, quality assurance, and M&E, and uncovered a need to link with outside organizations. NuPITA staff also introduced the Child Status Index (CSI), a widely applied, user-friendly tool for OVC programs to comprehensively assess children's needs with the aim of targeting appropriate interventions.

Mark Mwesiga, ICOBI Social Worker Supervisor, had special praise for Timothy Ahimbisibwe, the NPI Advisor. "It was his passion—his personal way of working—that inspired us. Timothy was the one who really helped us conceptualize the psychosocial area of OVC programming," said Mark. "He

ICOBI provides a facilitator and materials to the Nyarweshama Kids Club at Kagongi primary school, which helps children with psychosocial issues. Photo Robin Hammond/Panos.

also helped us develop our Kids' Clubs. We knew kids' clubs were important but never made them a priority until he helped us see how working with children is so critical. He was very clear that kids needed to have a voice."

NuPITA staff also connected ICOBI with Transcultural Psychosocial Organization, an international organization working to empower local communities, CSOs, and government, to meet the psychosocial and mental health needs of communities, and arranged trainings with experts in psychosocial support for childcare committee leaders and the adult volunteer leaders of the kids' clubs. Timothy arranged a structured learning visit (SLVs) with NACWOLA—a group of women in Kasese district who had developed similar clubs.

In TOCA discussions about limited resources, NuPITA staff discussed creating links with outside organization to extend ICOBI's reach. "NuPITA talked to us and emphasized the need for documenting processes and linking with the government, police, and district services, especially around child protection issues," Mark said. "We can ensure relationships are harmonious by meeting regularly with these sectors—and it has greatly benefited the children."

ICOBI staff firmly believe that the NPI grant, in conjunction with the TOCA and NuPITA technical assistance, was invaluable, and Bosco and his staff are focused on giving the children every service they need.

Mark reflected on Timothy's advice as they grappled with how to implement all they envisioned in the face of limited resources. "He encouraged us to think of the child more than the service," said Mark. "So now I think, how can we help the child in the very best way possible based on our resources? Sometimes you don't have to be fixed on offering services. We are here for them, we talk to them, and that's a benefit too."

ICOBI supports care giver group meetings in Nyarweshama Parish head quarters, Kibingo Town Council, Uganda. Photo Robin Hammond/Panos.

> "With this grant and NuPITA's help we learned a lot of things and changed very many. Our previous OVC program was not adequate. We didn't have clear guidelines though we had certain criteria. Even community engagement and planning for sustainability—we did not have plans for those areas—but now community feedback and sustainability strategies are our focus."
>
> Bosco Turyamureba,
> ICOBI Capacity Building Manager

ICOBI: 5 TOCA Action Items

- Develop a culturally sensitive mechanism for child participation.
- Train Kids' Clubs facilitators in child participation techniques.
- Ensure that social workers regularly update M&E officers on the status of children.
- Develop a monthly routine to share OVC data results and inform decisionmaking.
- Document success stories and re-train staff on how to write well-crafted stories.

USAID DOC officer, Renuka Naj, provides insights to trainees on how to brand and mark materials per USAID guidelines. Uganda, 2011.
Photo Penelope Riseborough.

Partners engage in drafting dynamic captions for photographs at a NuPITA documentation training in Uganda, 2011. *Photo Penelope Riseborough.*

Partners from all over sub-saharan Africa funded by USAID under PEPFAR New Partners Initiative (NPI) at MANGO Training - Financial Management for non-finance staff Workshop. Nairobi, Kenya.
Photo Robin Hammond/Panos.

THE TOCA

The NuPITA partners have benefited considerably from the TOCA tool and process. The self-assessment methodology and self-driven action plans have allowed them to prioritize their needs for technical strengthening and call on assistance according to their own pace. Iterative improvements to these organizations' policies and procedures, program implementation, and management over the life of their USAID cooperative agreements have led to greater sustainability of HIV services, ensuring that their target communities and beneficiaries will benefit long after the NPI program concludes. That so many NPI partner organizations have in turn utilized the TOCA tool within their own organizations and for their partners is a testament to its effectiveness.

ACRONYMS

	ACRONYMS
AIDS	Acquired Immunodeficiency Syndrome
BCC	behavior change communication
CBO	community-based organization
CSI	Child Status Index
CSO	civil society organization
FBO	faith-based organization
HBC	home-based care
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
JSI	John Snow, Inc.
M&E	monitoring and evaluation
NGO	nongovernment organization
NPI	New Partners Initiative
NuPITA	New Partners Initiative Technical Assistance
OCA	Organizational Capacity Assessment
OD	organizational development
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PPTCT	prevention of parent-to-child transmission
SLV	structured learning visit
SOP	standard operational procedure
TA	technical assistance
TOCA	Technical and Organizational Capacity Assessment
USAID	United States Agency for International Development
USG	United States Government

NuPITA strengthened HIV counseling and testing services supported by GOAL at the Kalongo Hospital, Kalongo, Uganda.
Photo Robin Hammond/Panos.

New Partners Initiative Technical Assistance Project (NuPITA)

Nakawa House, 4th Floor

Plot 3-7 Port Bell Road
Kampala, Uganda
+256-414-222-856
+256-312-230-500
mkowalski@nupita.org

1st Floor ABC Place, Westlands

Msangari Road, Back Entrance
Nairobi, Kenya
+254-20-444-2495
+254-20-444-2496
bdurr@nupita.org