BENCHMARKING OF DATA CAPACITY ASSESSMENT TOOLS

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for

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Executive Summary

In the Digital Age, the ability to successfully gather, analyze, use and communicate data is necessary for nonprofit organizations of all sizes. This is particularly the case for community-based organizations working on social determinants of health close to home. They need to use and communicate data to:

- Meet funders’ reporting requirements
- Inform local policymakers of community concerns
- Raise individual awareness
- Change health behaviors

Data is important as a potential motor of change within the community itself, since it can contribute to creating a culture of health and empowerment.

As a trusted ally and convener for Latino-led and Latino-serving nonprofits, Hispanics in Philanthropy is a natural partner for building community-based organizations’ capacity to collect, analyze and report out on data they generate through their direct services, outreach and advocacy.

HIP has worked with 15 Latino-led and Latino-serving grassroots nonprofits in California, New Mexico, and Puerto Rico, to create and pilot a tool that promotes use of data in decision-making and communications. This new tool, the HIP Social Determinants of Health - Capacity Building Data Tool, helps organizations assess their own ability to collect, analyze, and share data.

THE FIELD

An online scan shows a large number of capacity assessment tools with a great diversity in formats and lengths, but a limited focus on the data itself, which has led to the recent creation of two specialized types of tools. They are monitoring and evaluation (M&E) capacity and research capacity, both of which cover issues related to data collection and analysis. A few of these target the health sector and are available online. Other notable scan results show that the tools:

- Range from general-yet-comprehensive to focused, sector-specific tools. They include tools developed by well-regarded firms, such as TTC, Innovation Network, and McKinsey and Co.
- Can be dynamic and static, with questionnaires that vary from 27 to over 150 items
• Often focus on data in a limited way, but as time passes, more general instruments are increasing this emphasis.

USEFULNESS OF HIP’S TOOL
The quick survey shows that the HIP tool is:

• The only dynamic online tool focusing on data capacity in a broad sense
• The only tool specifically targeting social determinants of health data capacity.

Compared with other similar tools, the HIP Social Determinants of Health - Capacity Building Data Tool is comprehensive yet compact, and very flexible and dynamic. It allows organizations – anytime, anywhere – to identify areas for development, compare results with peer organizations and explore resources to strengthen data capacity. With additional enhancements and the creation of supplemental tools and support initiatives, HIP can truly make an impact to improve nonprofit data capacity related to the social determinants of health.

PART ONE: Overview

Successful data use and communication is vital for grassroots organizations engaging with communities on the social determinants of health (SDH), such as the social environment, physical environment, health services, and structural and societal factors affecting health.

The ability to use and communicate data on SDH is necessary not only to meet funders’ reporting requirements and inform local policymakers of community concerns, but also as a potential motor of change within the community itself.

Measuring, monitoring, evaluating, researching, learning from and building awareness around relevant data and information on SDH is a World Health Organization priority for action.

Local communities and the organizations that serve them have an important role to play in ensuring SDH data is reliable and authentic.

This is why Hispanics in Philanthropy (HIP) assists grassroots nonprofits in building a culture of health where awareness and understanding of SDH data drive community action and programs.

HIP has developed a new tool, the Social Determinants of Health - Capacity Building Data Tool, to help organizations assess their own capacity to collect, analyze, and share data related to SDH in the communities it serves.

The tool was built and piloted with active contribution from 15 partners engaged in SDH work. It is based on best practices in data demand and use.

To improve and expand on the HIP tool, this report looks to uncover:

• What other similar tools may exist (in SDH, health and well-being, or other sectors)
• How they address data capacity
• What technical and support features are integrated into the tool to assist in further capacity building

METHODOLOGY, IN BRIEF
An initial inventory of 50 “capacity assessment” nongovernmental tools was winnowed down to six that are used for self-assessment and are available for free, either online or in hard copy.
Categories of assessments in this survey included: measurement and evaluation capacity assessments; research activity and capacity assessments; general organizational capacity assessments, and other capacity assessment tools.

The latter group of other tools includes the Hispanics in Philanthropy Social Determinants of Health – Capacity Building Data Tool and two others, the McKinsey Organizational Capacity Assessment Tool (OCAT) and the Innovation Network Organizational Assessment Tool (OAT). The other five in this benchmarking study were: FHI 360 Participatory Monitoring and Evaluation System Assessment Tool; Measure Evaluation’s SCORE ME: Self-Assessment of Capacity in Organization’s Response to M&E; Capacity for Health Monitoring and Evaluation Capacity Assessment; Center for Interdisciplinary Research on AIDS; Community Research Activity Assessment Tool (CREat), and New York University Research Capacity Assessment Survey.

HIGHLIGHTS OF THE FINDINGS

HIP’s 28-item tool is the only one that specifically deals with social determinants of health data capacity of grassroots nonprofits. Although there were three online tools, only HIP has a dynamic online tool focused on data capacity. It also is the only one to:

- Target small Latino nonprofits involved in advocacy, service and activities aimed to increase awareness related to social determinants of health in the U.S.
- Focus strongly on data knowledge and communication across a variety of stakeholder groups
- Cover training of supervisors in data-driven decision-making, which clearly demonstrates its focus on data demand and use
- Facilitate viewing on smartphones and tablets

All three online tools — by HIP, McKinsey and Innovation Network -- have a dynamic result display, allowing for navigation between sections. The others are paper-based, mostly using common software, such as Word, Excel, and Portable Document Format.

The McKinsey OCAT allows for easy navigation between questions, and both McKinsey and the Innovation Network’s tools allow for easy report downloading and printing.

HIP, McKinsey and Innovation Network are also the only three to provide fully automated results. While the McKinsey tool calculates both average score of individual responses and the degree to which an organization’s respondents have consensus on capacity levels, CREat and HIP tools benchmark an organization’s scores against those of peer organizations, so each can see how it is performing in a given area compared with similar nonprofits.
Furthermore, the HIP tool and McKinsey OCAT are the only ones that use a rubrics scoring system, which may be a more effective tool for self-assessment than standards-based checklists and rating scales. Rubrics provide respondents more information on the different levels of capacity that can be attained for each given area or question (See Figure 1).

**Figure 1.** Example of McKinsey OCAT Rubric

![Example of McKinsey OCAT Rubric](image-url)
Recommendations for enhancing the HIP tool include, among others, incorporating additional questions on:

- Resource availability for the increasing data-related activities
- Inclusion of standards for monitoring individual behavior changes and community-level disease trends
- Ethics and data privacy and confidentiality
- Categories of data used and how it is treated
- Training in methods
- Alignment with sources of government data

Finally, HIP should also consider creating guidance notes and general introductions for the assessment activity to prepare organizations beforehand, as well as to help them get ready afterwards to discuss next steps and possible future capacity building activities.

HIP’s tool can be scaled to organizations interested in developing key data capacity in Social Determinants of Health. It will be even better with additional enhancements and the creation of supplemental tools and support initiatives.
PART TWO: Benchmarking Study and Analysis

Social Determinants of Health: Data Capacity and Community Involvement

Social determinants of health (SDH) are one of five broadly recognized determinants that impact health outcomes of individuals and communities.¹ The World Health Organisation Commission on Social Determinants of Health (CSDH) defines SDH as the “complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These […] include the social environment, physical environment, health services, and structural and societal factors.”² These factors include food, housing, healthcare, transportation, and socioeconomic relationships and affect lifespan and quality of life.³

Over the past 15 to 20 years, the social determinants of health and the factors contributing to health inequity have attracted attention of international and national authorities.⁴ Health inequities related to those social determinants pose real threats to economic development and democracy and have real social costs.⁵

To address social determinants of health, major lines of action call for greater collective efforts to address (1) conditions of daily life and (2) inequitable distribution and access to resources such as education, housing, transportation, agriculture and the environment.⁶ Collective efforts include not only health agencies and relevant agencies from other governmental sectors, but also

¹ In the health sector, it is widely recognised that numerous factors affect a person’s state of health; these factors may be broken down into five determinants: Biology and genetics, individual behaviour, social environment, physical environment, and health services.
⁴ See for example, the Commission on Social Determinants of Health, 2005-2008, the Social Determinants of Disparities in Health: Learning from Doing, a US Centers for Disease Control and Prevention forum held in 2003, and National Expert Panel on Social Determinants of Health held in 2008.
⁵ National Association of County and City Health Officials Health and Justice Forum; cited in Brennan Ramirez, Baker, and Metzler, Promoting Health Equity.
⁶ CSDH, Closing the gap in a generation; US department of Health and Human Services, HP2010
community entities, such as grassroots nonprofits, businesses, and others. Grassroots nonprofits play an important role in bringing to light local factors contributing to health inequity and finding effective and durable solutions.

**WHY DATA CAPACITY IS IMPORTANT**

Several broad factors have renewed interest in nonprofit data capacity:

- Pushes for more and smarter data-informed decision-making in management
- Expectations from funding agencies on data robustness and quality of M&E systems
- Importance of documenting organizational improvements over time as part of capacity building activities
- Rise of “big data” and its perceived promise for driving social change and community development
- In the health sector, calls for creating and using evidence of effective program interventions (“evidence-based interventions”).

**ASSESSMENT OF DATA CAPACITY**

The increased importance of data and metrics in capacity assessments has led to:

- Revision of existing sector leading instruments. For example, the “2.0” version of McKinsey’s Organizational Capacity Assessment Tool (OCAT) includes greater focus on the effective use of metrics and management tools.
- New instruments in M&E and research capacity. The three tools bench-marked in this report were launched post-2010.

There is also a significant need to boost SDH data collection and use. The WHO CSDH called for better measuring, monitoring, evaluating, researching, learning from and building awareness of social determinants of health. Similarly, the U.S. National Expert Panel called on the CDC to “[d]evelop new surveillance systems and new strategies for data collection […] in communities and small geographic areas” and “[w]ork with partners to compile and synthesize existing data and tools”.

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7 Brennan Ramirez, Baker, and Metzler, Promoting Health Equity.
10 For this report, “research capacity” goes beyond the normal scope of evaluation activities and is often carried out in cooperation with academia/research institutions.
11 CSDH, Closing the gap in a generation; US department of Health and Human Services, HP2010
Greater data capacity in social determinants of health has twofold benefits by:

- Enabling better collection, analysis and understanding of data on factors contributing to inequity within a community
- Shedding more light on and contributing to knowledge on the effectiveness of interventions against inequity.

Grassroots nonprofits help to produce reliable and authentic data\textsuperscript{13} and check the validity and usefulness of existing data.\textsuperscript{14} By collecting and analyzing data, grassroots nonprofits help prepare communities for collective action and coach individuals for better-informed decision-making on health choices.\textsuperscript{15}

Stakeholders agree on the importance of data capacity for grassroots nonprofits and communities working in SDH and health, but do not agree on the exact knowledge, resources, and degree of skills required.\textsuperscript{16} Some experts argue that capacity could be limited to the effective use of research evidence; others emphasize the importance of database capacity to support quality improvement.\textsuperscript{17}

The Community Research Core of the Center for Interdisciplinary Research on AIDS (CIRA) argues that data or research capacity includes:

- Organizational support for research
- Generalizable experiences (monitoring and evaluation, secondary data; using best practices/model programs)
- Research-specific experiences (conducting and using primary research)
- Funding (grant writing and investments specifically for research).\textsuperscript{18}

\textsuperscript{13} CSDH, Closing the gap in a generation.
\textsuperscript{14} Meredith Minkler, “Enhancing Data Quality, Relevance, and Use through Community-Based Participatory Research”. In What Counts? Harnessing Data for America’s Communities, ed. Federal Reserve Bank of San Francisco & the Urban Institute (Federal Reserve Bank of San Francisco and Urban Institute: San Francisco, 2014), 249.
\textsuperscript{15} CSDH, Closing the gap in a generation; and Minkler, “Enhancing Data Quality, Relevance, and Use,” 249.
\textsuperscript{18} Humphries et al., “Assessing research activity and capacity of CBOs”.

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Benchmarking Study: Methods and Tools

This benchmarking provides an overview of:

- Tools available to assess organizational data capacity (if possible, tools used in the social determinants of health, and/or health and well-being sectors)
- Actors and stakeholders participating in such tool creation
- Technical and support features of existing tools and how they complement each other.

Based on the benchmarking, we provide recommendations for enhancing HIP’s existing tool and developing new tools and further data capacity building activities.

We conducted a scan of the existing literature and an online search for publicly available tools. We identified over 50 “capacity assessment” tools targeting the non-governmental sector both in developing and developed countries (see Appendix I).

Only one tool identified specifically addresses the SDH data capacity of grassroots nonprofits: HIP’s own proprietary tool. Two related types of instruments are used, however, in the health and well-being sectors:

1. M&E capacity assessments; and
2. Research activity and capacity assessments.¹⁹

This benchmarking inventory and analysis includes eight instruments from over 50 identified tools. We used the following criteria to select six of the tools:

- M&E capacity assessments or research activity and capacity assessments used in the health sector
- Self-assessment tools
- Static (.pdf, Excel, Word), or dynamic tools
- Tools available on the internet or through contact with the organization
- Tools available free of charge²⁰

In the following eight, we included two general organizational capacity assessments in the inventory and analysis. They provide insight on good practices in online tool design, areas covered in the tool, presentation of results/feedback, and protocols for tool administration and debriefing.

**BENCHMARKED TOOLS**

*Monitoring and evaluation capacity assessments*

**FHI 360 Participatory M&E system assessment tool**: FHI 360 is a non-profit human development organization dedicated to improving lives with research, education and services; it claims expertise in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology. The eight-page, 105-item Participatory M&E system assessment tool was developed to assess monitoring and evaluation activities at program and project level. While the operational guide and assessment tool do not specify a target sector, the framework upon which the tool is based is the UNAIDS “12 Components of a Functional National M&E System.” The documentation does reference monitoring and evaluation standards donor-

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¹⁹ The list above does not include important assessment activities carried out as part of a programme or service. These include community needs assessments, community asset mappings, and community health impact assessments. While these assessments are important for engaging with communities on SDH-related issues, they do not fall within the scope of the current project.

²⁰ Registration may be required to gain access to the tool.
funded initiatives in the health sector such as the President's Emergency Plan for AIDS Relief (PEPFAR). The tool was piloted primarily in African countries.

**MEASURE Evaluation Self-Assessment of Capacity in Organization’s Response to M&E (SCORE ME):** MEASURE Evaluation provides assistance to governments and health institutions in low-income countries to strengthen capacity to generate and use high-quality health information for strategic decision-making and enhance monitoring and evaluation capabilities. The eight-page, 108-item SCORE ME tool, funded by USAID, places a strong emphasis on data collection and existence of documentation and protocols necessary for a viable monitoring and evaluation system. It is targeted to organizations in the health sector.

**Capacity for Health Monitoring and Evaluation Capacity Assessment:** Capacity for Health (C4H) is the capacity-building assistance arm of the Asian and Pacific Islander American Health Forum, focused on capacity building for community-based and local health departments on HIV/AIDS awareness and prevention. This CDC-funded resource library provides a three-page, 27-item tool covering major areas of monitoring and evaluation planning, content and data capacity, systems, and use of monitoring and evaluation. The tool draws upon five existing capacity assessment tools (both general and monitor and evaluation focused).

**Research activity and capacity assessments**

**CIRA Community REsearch Activity Assessment Tool (CREat):** The Center for Interdisciplinary Research on AIDS (CIRA) is a National Institute of Mental Health-funded research center; CIRA’s Community Research Core aims to enhance the research capacity of community-based organizations. Its CREat tool was designed to assess the research activity and capacity, and was built on an in-house framework concept for research activities within community-based nonprofits. Within its concept of research capacity, it integrates both traditional monitoring and evaluation activities and data gathering, as well as joint research collaborations with academics and other research affiliates. The tool was originally piloted with 30 community-based organizations and local health institutions.

**New York University Research Capacity Assessment Survey:** This tool was originally designed by a consortium of centers and associations working on health awareness and prevention issues within the Asian American and the Native Hawaiian and Pacific Islander communities. It was conceived as a needs and resource assessment for the Community Empowered Research Training (CERT) program and draws from the experiences of the Data and Democracy Initiatives of the Health DATA (Data. Advocacy. Training. Assistance.) program. The assessment goes beyond basic areas of research and considers information about community-based organizations’ experiences working with academic researchers. The tool was originally piloted with 50 community nonprofits and local health institutions.
Other capacity assessment tools

Hispanics in Philanthropy Social Determinants of Health - Capacity Building Data Tool: Founded in 1983, Hispanics in Philanthropy is a transnational nonprofit organization that seeks to strengthen Latino communities by:

- Increasing resources for the Latino and Latin American civil sector
- Increasing Latino participation and leadership throughout the field of philanthropy
- Fostering policy change to enhance equity and inclusiveness

Social determinants of health is a cross-cutting topic that affects HIP’s different initiatives and with which many HIP grantees and partners are currently working. HIP’s 28-item online interactive and dynamic tool is aimed at assessing organizational ability to collect, analyze, and share data. The tool is targeted toward Hispanic grassroots nonprofits participating in service, advocacy, and awareness-raising activities related to social determinants of health in the U.S. Ultimately, HIP seeks to support nonprofits as they create data collection and monitoring systems addressing social determinants of health.

McKinsey Organizational Capacity Assessment Tool (OCAT): McKinsey is a global management consulting firm that assists clients from business, government, and nonprofits to make improvements to performance and enhance impact. Its McKinsey on Society program and its Social Sector practice work with organizations addressing complex societal challenges. The OCAT is a comprehensive capacity assessment tool that has been translated into over 13 languages and is accessed about 3,000 times monthly. Sections of the OCAT have served as a model or been otherwise reproduced in other organizational capacity assessment tools. More than 70 organizations have requested authorization to post, replicate or distribute the tool.

Innovation.net Organizational Assessment Tool (OAT): Innovation Network is a nonprofit organization that provides program planning and evaluation consulting, training and web-based tools to other nonprofits. Its Point K Learning Center contains resources on advocacy, program evaluation and capacity building, and includes three tools: the Organization Assessment Tool, Logic Model Builder, and Evaluation Plan Builder. The 103-item OAT places strong emphasis on fundraising and communication.

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21 For example, the Marguerite Casey Foundation Organizational Capacity Assessment Tool, the Capacity for Health Monitoring and Evaluation Capacity Assessment.
<table>
<thead>
<tr>
<th>Tool</th>
<th>Sector targeted</th>
<th>Lead design organization</th>
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<th>Commissioning organization</th>
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<td>Asian and Pacific Islander American Health Forum (capacity building assistance arm)</td>
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<td>Centers for Disease Control (funder for resource library)</td>
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<td>Community Alliance for Research and Engagement (CARE - Greater New Haven, CT area); CBOs serving diverse populations in Connecticut</td>
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Main Findings
In this section, we address:

- What different areas of data capacity are presented
- The different formats and characteristics of the main tools
- Additional resources provided with tools
- How toolmakers advise nonprofits to prepare for assessment and implement the tool
- How results and analysis are presented
- What types of follow-up are recommended

DATA CAPACITY COVERED
Six of the tools identified have a special focus on capacity in data collection, monitoring, evaluation and research.

FRAMEWORKS
Two tools adapt or build frameworks as a way of conceptualizing capacity and structuring the assessment. For example, the FHI 360 Participatory M&E system assessment tool adapts a well-established and holistic framework for understanding monitoring and evaluation activities, the “UNAIDS 12 Components of a Functional National M&E System.” Similarly, CREat is based on a framework created by researchers who work with grassroots nonprofits; it lays out four main domains of research capacity, and 16 sub-domains (See Figure 3).

COMMON AREAS
Some areas of capacity are addressed across most data collection, monitoring, evaluation and research capacity assessment tools. These include:

- Leadership’s vision, support and demand for data and research. Allocation of appropriate resources (FTEs, budget, task allocation) to monitoring and research/evaluation
- Data management systems
- Data to meet funders’ reporting requirements
- Standards and systems for quality assurance
- Use of good practices and lessons learned
OTHER AREAS OF DATA CAPACITY

In addition to broad components of capacity, each tool includes specific questions addressing other components or sub-components of capacity inherent to its vision/conceptual understanding:

- **Communication of data.** The HIP Capacity Building Data Tool has the strongest focus on data knowledge and communication across different stakeholders, including general public program beneficiaries, and volunteers. This is logical and very positive, given the use and importance of data for decision-making at both organizational (programmatic actions) and individual levels (awareness and behavior changes) in social determinants of health.

- **Impact on behavior change and health trends.** The Capacity for Health tool has one question on whether the monitoring and evaluation plan includes specific standards for monitoring individual-level behavior change and community-level disease trends (incidence/prevalence).

- **Knowledge and training on ethics and data privacy and confidentiality**

- **Types of data used and data treatment.** The two research capacity assessment tools distinguished between primary and secondary data, and covered types of data collection methodologies in greater depth than the monitoring and evaluation and HIP tools.

- **Training in methods.** Knowledge and proper use of methodologies are inherent to proper use and quality of data.

- **Training in data-driven decision-making.** The HIP tool is the only tool to explicitly mention training of supervisors in data-driven decision-making. This clearly demonstrates its focus on data demand and use.

- **Documentation.** Monitoring and Evaluation capacity assessments focus more heavily on the quality and amount of documentation available within the M&E system.

- **Alignment of data with government sources.** This may be beneficial in contexts where programs and projects are supplementing or otherwise addressing gaps in government available data.

(See Appendix II for a full analysis of the benchmarked instruments’ capacity areas and categories.)
INSTRUMENT FORMAT AND CHARACTERISTICS Tools use different formats and ways to score answers. Some tools also urge participants to consider evidence when responding to questions.

Chart 1. Instrument format and characteristics

<table>
<thead>
<tr>
<th>Instrument Description</th>
<th>Delivery platform</th>
<th>Evaluation scoring system</th>
<th>Evidence requirements</th>
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<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
<td>Excel</td>
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<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
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<td>Community REsearch Activity Assessment Tool</td>
<td>Paper-based survey</td>
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<td>McKinsey OCAT</td>
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<td>Rubric</td>
<td>×</td>
</tr>
<tr>
<td>Innovation Network OAT</td>
<td>Online survey</td>
<td>Checklist / rating scale</td>
<td>×</td>
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</tbody>
</table>

DELIVERY PLATFORMS
Most M&E and research capacity assessment tools are static and paper-based; they use common computer software, such as Excel, Word and Portable Document Format. The HIP tool is the only dynamic online tool focused on data capacity.

EVALUATION SCORING SYSTEMS
There are three scoring systems used in self-assessment tools:

- Yes/no or checkmarks (i.e., standards-based checklists)
- Response stating degree of fulfilment/agreement with relevant criteria (i.e., rating scale)
- Rubrics

Two tools used rubrics for scoring, HIP Capacity Building Data Tool and the McKinsey OCAT (See Figure 1). Rubrics provide a summary of how organizations perform at different levels of capacity for each given area/question. Compared with other scoring systems, rubrics provide respondents more information on how each level is attained. Rubrics may be a more effective tool for self-assessment.

EVIDENCE
To reduce subjectivity in self-assessment, two tools invite participants to consider concrete evidence, such as organigrams, records reviews, discussions (with team and/or partners), and observations. This may help to foster a more objective and evidence-based approach to self-assessment.
ADDITIONAL RESOURCES
To improve clarity or assist in proper completion of the assessment, tools often include additional resources, such as:

- Glossaries or examples
- Recommendations on resources available to address capacity gaps
- Additional capacity building exercises

<table>
<thead>
<tr>
<th>Chart 2. Additional resources</th>
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<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
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<td>SCORE ME</td>
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<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
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<td>Community REsearch Activity Assessment Tool (CREAT)</td>
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<tr>
<td>McKinsey OCAT</td>
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</table>

GLOSSARY OF TERMS
The CREat tool and Innovation Network OAT both supply a glossary of key terms. Such glossaries help to ensure understanding, clarity and consistency of terminology. The OAT provides definitions of certain terms by hyperlinking to a glossary within the Point K Learning Center, while CREat presents the relevant concepts and definitions at the beginning of each section of questions.

RECOMMENDATIONS FOR RESOURCES
All online dynamic tools, as well as two static tools, provide recommendations for available resources for addressing capacity issues. Both the Innovation Network OAT tool and the Capacity for Health tool (See Figure 4) are embedded into larger resource libraries with extensive capacity building material catalogued and drawn from open source web materials.22 The assessment helps respondents to quickly identify areas for development and use the most pertinent resources in the vast libraries.

ADDITIONAL CAPACITY BUILDING EXERCISES
Two tools offer examples and additional exercises for capacity assessment and building. The Capacity for Health tool includes an accompanying worksheet (“Building Evaluation Capacity Info Sheet”) with information about simple evaluation capacity building activities. SCORE ME includes a

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22 The designers of SCORE ME also have such a library – the “Measuring Success Toolkit” – which catalogues resources available on the web to boost capacity in M&E in health projects (particularly in the developing world). The toolkit, funded by the Gates Foundation, was carried out under a separate project.
tool for analysis of individual capacity in M&E activities, to supplement the organizational capacity assessment tool.

**Figure 4. Case Example - C4H Online Resource Library**

The Capacity for Health Online Resource Library ([http://library.capacity4health.org/](http://library.capacity4health.org/)) was designed by the Asian and Pacific Islander American Health Forum to provide information and capacity-building assistance to HIV prevention-focused grassroots nonprofits. The online resource library provides access to webinars and other trainings.
VIEWABILITY
This refers to:

- What formats are used to display the tool and how easy is it to navigate
- Whether the tool can be used on different devices
- How the tool “looks and feels”

### Chart 3. Viewability

<table>
<thead>
<tr>
<th>Tool</th>
<th>Dynamic result display</th>
<th>Downloadable results and analysis</th>
<th>Responsive design (easy reading on all devices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>SCORE ME</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Community REsearch Activity Assessment Tool</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>New York University Research Capacity Assessment Survey</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Social Determinants of Health - Capacity Building Data Tool</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>McKinsey OCAT</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Innovation Network OAT</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>

DISPLAY AND NAVIGATION
The three online tools were the only ones with a dynamic result display. Navigation between sections is possible on all three dynamic tools. Additionally, the McKinsey OCAT allows for very easy navigation between individual question items using a specially adapted left-hand side menu.

DOWNLOADABLE REPORT
The McKinsey OCAT and the Innovation Network OAT both allow for easy report downloading and printing. With printing, assessment leaders can easily distribute the report to team members for discussion.

RESPONSIVE DESIGN
The tool developed by HIP Capacity Building Data Tool facilitates easy viewing on smartphones and tablets; this is not the case for the other two dynamic tools.
PREPARATION AND TOOL IMPLEMENTATION

Successful capacity assessment requires good preparation, implementation and follow-up on assessment results. Benchmarked tools often include recommendations and procedures on how to determine if an organization is ready for assessment, who should be involved in the process, and when assessments should happen.

<table>
<thead>
<tr>
<th>Chart 4. Preparation and tool implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
</tr>
<tr>
<td>Facilitated administration</td>
</tr>
<tr>
<td>SCORE ME</td>
</tr>
<tr>
<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
</tr>
<tr>
<td>Community REsearch Activity Assessment Tool</td>
</tr>
<tr>
<td>New York University Research Capacity Assessment Survey</td>
</tr>
<tr>
<td>Social Determinants of Health - Capacity Building Data Tool</td>
</tr>
<tr>
<td>McKinsey OCAT</td>
</tr>
<tr>
<td>Innovation Network OAT</td>
</tr>
</tbody>
</table>

FACILITATED VS. SELF-ADMINISTERED

Half of the benchmarked tools recommend that organizations have an external facilitator assist in the self-assessment process. Facilitation may help to reduce anxieties and ensure common understanding of the criteria. This requires, however, that the facilitator build trust with the organization being assessed.

PROCEDURES/PROTOCOLS

Some tools provide instructions and guidelines for tool implementation. These include suggestions about: Who should participate; when different assessment activities should be carried out; how assessment objectives should be presented, and how and whom to debrief about the results. These recommendations (or operating guidelines) can help organizations properly plan the process internally and engage key stakeholders from the start.

The following aspects of the protocols, procedures and experiences of tool designers were particularly notable:

23 Interview with SCORE ME.
• **Ensuring readiness:** To be successful, organizations must be comfortable with the assessment exercise, and leadership must understand the need for data collection, monitoring, evaluation, and research for improving service.

• **Self-assessment decision:** The decision to undertake the exercise should come from within an organization. The organization should want to assess and improve its own capacity for activities in data use, monitoring, evaluation and research. Assessment should only be carried out if increasing data capacity is truly desirable and compatible with the organization’s mission and priorities.

• **Timing:** MEASURE Evaluation suggests that assessment activities be carried out before annual strategic planning or major budget planning deadlines. This way, decisions that have resource implications may be taken quickly.

• **Team:** Several tools include advice on who should participate in the assessment. Organizations should carefully consider the composition of the assessment team, and strike a balance between diversity of viewpoints, management input, and inclusion of individuals whose expertise and support may be needed in implementation activities. Depending on the assessment objectives, the team should include middle managers in charge of the relevant activities, as well as other key staff members. Some tool designers feel strongly that the highest-level of management must be involved, either in the assessment itself or as part of debriefing (for example, MEASURE Evaluation and FHI 360). Leaders who are involved are more likely to accept the outcomes and support priority actions that may result from the exercise.

**TYPE OF SUBMISSION**

Most tools recommend that several individuals from the organization participate in the assessment activity. Participation can take several forms:

- Teams discuss the questions before jointly filling out the assessment (group single submission)
- Individuals fill out the assessment separately, and the group openly discusses answers (Individual multiple submission, such as the Capacity for Health tool)
- Individuals fill out and submit the assessment separately, and answers are compiled and compared anonymously (individual multiple submission, such as the McKinsey OCAT).

Comparing and contrasting multiple individual submissions – whether anonymized or non-anonymized – can ensure that different voices are heard, and it can serve as an important base for subsequent discussion.
TYPES OF RESULTS
Organizations need to view results before analyzing the current status quo and identifying follow-up actions.

<table>
<thead>
<tr>
<th>Chart 5. Results</th>
<th>Feedback - manual, automated vs. external</th>
<th>Composite totals</th>
<th>Intra-organization consensus calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
<td>Partially automated</td>
<td>✔️</td>
<td>❌</td>
</tr>
<tr>
<td>SCORE ME</td>
<td>Manual</td>
<td>✔️</td>
<td>❌</td>
</tr>
<tr>
<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
<td>Manual</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>Community REsearch Activity Assessment Tool</td>
<td>Facilitated</td>
<td>✔️</td>
<td>❌</td>
</tr>
<tr>
<td>New York University Research Capacity Assessment Survey</td>
<td>Facilitated</td>
<td>Unknown</td>
<td>❌</td>
</tr>
<tr>
<td>Social Determinants of Health - Capacity Building Data Tool</td>
<td>Fully automated</td>
<td>✔️</td>
<td>❌</td>
</tr>
<tr>
<td>McKinsey OCAT</td>
<td>Fully automated</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Innovation Network OAT</td>
<td>Fully automated</td>
<td>✔️</td>
<td>❌</td>
</tr>
</tbody>
</table>

AUTOMATION
All the dynamic online tools automatically and instantly calculate and publish results. The FHI 360 tool partially automates results through built-in formulas in an Excel sheet.

COMPOSITE (OR AGGREGATE) TOTALS
Most benchmarked tools calculate some composite result for key areas or sub-areas of capacity. Composite results help organizations to compare between areas/sub-areas and quickly determine relative strengths and weaknesses. Interestingly, the FHI 360 tool allows organizations to change the relative weighting of areas and sub-areas to reflect organization priorities.

PRESENTATION
Tools present composite results both numerically and through graphs. Both the FHI 360 tool (See Figure 5) and the McKinsey OCAT (See Figure 6) use two different types of graphs to quickly present the overview results. These varied graphical presentations help in terms of clarity.

INTRA-ORGANIZATION CONSENSUS
The McKinsey OCAT tool calculates both average score of all individual responses, and the degree to which different respondents within the organization agree on capacity levels, which is known as intra-organization consensus. This additional rating helps to start discussions and
pinpoints where there is no clear and common view. Both average ratings and consensus are presented for all sub-areas of the framework.

Following are FHI 360 and McKinsey representations of results.

**Figure 5.** FHI 360 Participatory M&E system assessment tool – Presentation of results
Figure 6. McKinsey OCAT – Presentation of results

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aspirations</td>
<td>2.00</td>
<td>Basic level of capacity in place</td>
</tr>
<tr>
<td>2. Strategy</td>
<td>1.71</td>
<td>Clear need for increased capacity</td>
</tr>
<tr>
<td>3. Leadership, Staff and Volunteers</td>
<td>1.68</td>
<td>Clear need for increased capacity</td>
</tr>
<tr>
<td>4. Funding</td>
<td>1.00</td>
<td>Clear need for increased capacity</td>
</tr>
<tr>
<td>5. Values</td>
<td>1.43</td>
<td>Clear need for increased capacity</td>
</tr>
<tr>
<td>6. Learning and Innovation</td>
<td>1.75</td>
<td>Basic level of capacity in place</td>
</tr>
<tr>
<td>7. Marketing and Communication</td>
<td>2.50</td>
<td>Moderate level of capacity in place</td>
</tr>
<tr>
<td>8. Managing Processes</td>
<td>1.93</td>
<td>Basic level of capacity in place</td>
</tr>
<tr>
<td>9. Organization, Infrastructure and Technology</td>
<td>2.13</td>
<td>Basic level of capacity in place</td>
</tr>
</tbody>
</table>
ANALYSIS AND FOLLOW-UP

Several tools provide further analysis of results, either through cohort benchmarking or identification of particularly problematic areas. Several tools strongly advise active and concrete definition of follow-up as part of the assessment process.

Chart 6. Analysis and follow-up

<table>
<thead>
<tr>
<th>Tool</th>
<th>Peer/cohort benchmarking</th>
<th>Pain points explicitly identified</th>
<th>Prioritization of follow-up actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI 360 Participatory M&amp;E system assessment tool</td>
<td>✘</td>
<td>✘</td>
<td>( ✓ )</td>
</tr>
<tr>
<td>SCORE ME</td>
<td>✘</td>
<td>✘</td>
<td>( ✓ )</td>
</tr>
<tr>
<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
<td>✘</td>
<td>✘</td>
<td>( ✓ )</td>
</tr>
<tr>
<td>Community REsearch Activity Assessment Tool</td>
<td>✓</td>
<td>✘</td>
<td>✘</td>
</tr>
<tr>
<td>New York University Research Capacity Assessment Survey</td>
<td>Unknown</td>
<td>✘</td>
<td>✘</td>
</tr>
<tr>
<td>Social Determinants of Health - Capacity Building Data Tool</td>
<td>✓</td>
<td>✓</td>
<td>✘</td>
</tr>
<tr>
<td>McKinsey OCAT</td>
<td>✘</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Innovation Network OAT</td>
<td>No</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

COHORT (PEER) BENCHMARKING

Two tools, the HIP SDH Capacity Building Data Tool and CREat, benchmark an organization’s scores against those of peer organizations (See Figure 7). This practice helps respondents to understand how their organization is performing in an area compared to other similar organizations.

PROBLEMATIC AREAS

All three dynamic online tools clearly identify problematic areas or “pain points” of urgent need for capacity development. Two tools, the Innovation Network OAT and the HIP SDH Capacity Building Data Tool, base such analyses on composite scores for each area of capacity. The McKinsey OCAT includes both composite scores for capacity and degree of consensus when identifying “pain points.” It does so by plotting the two numbers on a grid and, based on the quadrant of the grid in which the data point falls, different actions are suggested: “Prioritize capacity building,” “Build alignment, move forward,” “Discuss moving from good to great,” and “Celebrate and build on strengths.” (See Figure 8.)

COMMITMENT TO FOLLOW-UP ACTIONS

Half of the tools stress the importance of the organization itself identifying and committing to follow-up actions in response to assessment results and analysis. This step is key for the organization to move from the assessment to the intervention stage of capacity building.
The Capacity for Health tool, SCORE ME and Innovation Network OAT all include separate action planning worksheets where participants identify actions, responsible parties, timelines and measures for addressing barriers to success. Action plans can help organizations commit to change and map out actions needed to develop capacity.

Where several individuals have submitted individual responses to self-assessment, more time may be needed to reflect upon both individual and group responses, and build an action plan. For this, McKinsey’s OCAT instrument includes:

- Guiding questions to encourage discussion (factors contributing to current status quo, potential opportunities to improve, prioritize levels, using internal learnings, incorporating actions into future strategy, among others)
- An extensive Organization Debrief Guide

The Organization Debrief Guide prompts individual participants to:

- Consider how and why personal responses may differ from the group average
- Facilitate group discussions toward a shared understanding of the results and common agreement about priorities and how best to achieve change.

Participants are encouraged to prioritize and clearly identify actions to improve organizational capacity.

**REASSESSMENT**

Reassessment can be useful to check organizational progress in key capacity areas. The recommended period for reassessment varies, depending on the tool.

Organizations could be encouraged to conduct such activities once a year, as part of strategic planning and in order to properly take stock of changes in capacity (SCORE ME). The FHI 360 suggests that this should take place every 12-24 months.
PART THREE: Recommendations and Conclusions

Based on our main findings, we recommend the following enhancements to the HIP tool and development of new tools and activities.

ENHANCEMENTS TO THE HIP TOOL

Areas/topics covered by tool
Introduce additional questions on:

- Resource availability for data collection, monitoring, evaluation and research activities
- Inclusion in M&E plan of specific standards for monitoring individual-level behavior change and community-level disease trends
- Ethics and data privacy and confidentiality
- Types of data used and data treatment
- Training in methods
- Alignment of data with government sources.

Instrument format and characteristics, and additional built-in resources

- In follow-up evaluations, allow organizations to define sections and questions that should receive more weighting due to strategic importance.
- Define and include a list of common terminology to clarify potentially ambiguous terms.
- Include examples of valid evidence or practices at each level of the rubric for relevant capacity areas.

Preparation and tool implementation

- Create guidance notes to prepare organizations for assessment, including protocols and recommendations for who should participate, what should be done when, and a general introduction to the assessment activity (objectives, expected final outputs, etc.).

Results

- Vary types of used and how graphs are presented in the tool.

Analysis and follow-up

- Concrete follow-up to the assessment is key for durable change and organizational development. To help grassroots nonprofits in the next steps, include guidance to prepare organizations to discuss next steps and identify possible capacity building activities.
FUTURE DEVELOPMENTS FOR CAPACITY BUILDING IN SDH DATA USE

- Work with grassroots nonprofits, public authorities, grantmakers, and public health researchers to determine a common understanding for capacity in the use of social determinants of health data.
- Create a more extensive resource library that redirects organizations to relevant social determinants of health web resources.
- Design and implement a “needs assessment” to determine additional and specific data interpretation and quality needs.
- Create individual level capacity assessments for managers who need to use data for decision-making and for individuals working in data collection, monitoring, evaluation, or research in grassroots nonprofits to analyze multiple levels of capacity within the organization.

Conclusions

The original objective of this project was to identify and understand the features of tools available to organizations to assess capacities in data use and communication in social determinants of health.

After initial review, it became apparent that only one tool currently addresses data capacity in SDH: the HIP Social Determinants of Health - Capacity Building Data Tool.

However, review of similar tools has provided insight into key factors that make for a successful, scalable capacity assessment tool.

HIP is uniquely positioned to work on capacity building exercises in the SDH sector. It has a long track record working with Latino-led and Latino-serving grassroots nonprofits as a trusted ally. It has a deep knowledge of the social determinants of health sector. It has a mandate as a convener and enabler. HIP’s new tool is viable and can be scaled to organizations interested in developing key data capacity in social determinants of health.

With additional enhancements and the creation of supplemental tools and support initiatives, HIP may truly make an impact in improving capacity in this key area.
Works Cited


Bond. “Assessing effectiveness in building the capacity of organisations and institutions.” 2013, March. Available at: https://www.bond.org.uk


Appendix I
Non-exhaustive list of assessment tools

- ACT! – Advocacy Capacity Tool (Bolder advocacy)
- ADD International – 5 Core Capability Framework
- ADD International- criteria for inclusive policy and practice
- AusAID - staged capacity building model
- Bond Organisational Health Check
- Capacity for Health – Monitoring and Evaluation (M&E) Assessment Tool
- CAFOD - Voice and accountability tool
- CAFOD – Accountability minimum standards
- Civicus - Civil Society Index
- Common Ground initiative – OCAT
- Crisis Action Evidence of Change Journal
- FAO (Norman Uphoff) - Tool used in the People’s Participation Programme (PPP))
- FHI 360 Participatory M&E system assessment
- Global Fund- Capacity assessment tool
- HIV Code - Self-Assessment Checklist: Mainstreaming HIV
- Innovation Network OAT
- International Service – Organisational Assessment Tool
- LANSA Research uptake self-assessment tool
- MANGO’s Financial Management Health check
- Marguerite Casey Foundation Organizational Capacity Assessment Tool
- McKinsey Capacity assessment grid
- Mercy Corp NGO Performance Index
- MWANANCHI Capacity Self-Assessment
- One World Trust / Commonwealth foundation – CSO accountability self-assessment
- Oxfam BE - Grid of criteria
- Oxfam GB- Accountability to partner questions
- Oxfam GB – Downward accountability matrix
- Open Forum for CSO Development Effectiveness - Enabling Environment Assessment
- Pact Building Organisational Networks for Good Governance and Advocacy tool (BONGA)
- Pact Management Control Assessment tool
- Pact Organisation Capacity Assessment Tool
- PACT organisational performance index
- Pact Rapid Organizational Scan for CSOs Operating in the HIV/AIDS Sector in Malawi
- Plan’s Child Centred Community Development tool
- Progressio – Capacity Assessment of Partners
- Progressio – Participation and Transparency Tool
- Progressio Portfolio of evidence
- Save the children - Advocacy Capacity Assessment
- Save the children - Advocacy measurement tool
- SCORE ME Organizational M&E Capacity Self-Assessment
- Tearfund – Capacity self-assessment
- Transparency International - Organisational assessment tool (focused on service delivery in Africa programme)
- Trocaire – Partner capacity framework
- Umoyo Network - SAFE system self-assessment tool
- UNDP - Participatory Organisational Assessment Tool
- USAID Advocacy Index
- VSO – Civil Society Strengthening scale
- VSO - Partnership monitoring and learning tool
- VSO - Quality scale for HIV and AIDS services
- WaterAid – The Advocacy Scrapbook
- WaterAid - equity and inclusion tool
- WWF – PPA Capacity Assessment Tool

See for example: Bond, “Assessing effectiveness in building the capacity of organisations and institutions,” 2013, March.
# Appendix II
## Data Capacity Components in Six Benchmarked Tools

<table>
<thead>
<tr>
<th>Categories</th>
<th>FHI 360 Participatory M&amp;E system assessment tool</th>
<th>M&amp;E assessment tools</th>
<th>Research capacity assessment tools</th>
<th>Other capacity assessment tools</th>
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<tbody>
<tr>
<td>Planning and mission</td>
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<td></td>
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<td></td>
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<tr>
<td>Leadership commitment</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Allocation</td>
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<td>X</td>
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<td>Data quality checks</td>
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<td>Roles and responsibilities</td>
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<tr>
<td></td>
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<td>C4H Monitoring and Evaluation Capacity Assessment Tool</td>
<td>Community “REsearch” Activity Assessment Tool</td>
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<td>Progress data</td>
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<td>Project Planning</td>
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Appendix III

Other Key Terms

Capacity building

The concept of “capacity building” has existed in international development settings and the US nonprofit sector for decades. Most recently, capacity building has become central to philanthropic work with the rise of “venture philanthropy” and in development work with the renewed emphasis on efficient resource management.

There is no unanimous definition of capacity building. Generally, capacity building is considered to be a “process of improving skills or strengthening the competencies of an organization or a group of organizations”. The purpose is to strengthen the organization to better fulfil its mission and ultimately improve the lives of beneficiaries. To be successful, capacity building must be gradual and, flexible; involve people and units at different levels; and have a measurable impact.

Capacity assessment

Capacity assessment is one of three key activities in capacity building: assessment, intervention (generally management consultation, training and/or technical assistance) and direct financial support. It is a necessary precursor to successful capacity building activities and allows an organization and its partners to take stock of current capabilities. Capacity assessment provides:

- A benchmark of current vs. desired capabilities, showing potential gaps;
- A basis and space for discussion and prioritized action; and
- Ideas on how external actors may support capacity building

Capacity assessment is commonly used by organizations, donor agencies, granting organizations, foundations, and consulting firms. A quick – and non-exhaustive – scan of publicly available capacity assessment tools shows over 50 such tools. In terms of focus, there is as much variety as there are tools; some tools address capacity from a general perspective, while others address capacity in very particular activities (ex. advocacy).

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25 While there are many different definitions, we understand capacity to mean a “wide range of capabilities, knowledge, and resources that non-profits need in order to be effective” in P. Connolly and C. Lukas, Strengthening Non-Profit Performance: A Funder’s Guide to Capacity Building (Saint Paul: Wilder Publishing Center, 2002).


27 Letts, Ryan and Grossmann, 1997 and ECPDM brief, 2008, as cited by Cao, Deseda, and Pulgar, “Measuring Organizational Capacity”.


29 Vernis et al., Nonprofit Organizations.


31 Cao, Deseda, and Pulgar, “Measuring Organizational Capacity”.

32 Tools are from both the international development and US national nonprofit spheres

33 The quick scan brought up more instruments from the international development sphere than the US national non-profit sphere. A more in-depth study would be necessary to determine whether this actually reflects greater uptake of such activities in the international development sphere. The author suggests that such tools are used at national level, but that (1) organisations tend to use the same “sector leading” instruments; (2) some of the instruments and documentation are not readily and publicly available. It should also be noted that many instruments build off of already existing materials and “sector leading instruments”. For example, the widely-cited Marguerite Casey Foundation tool is a derivative of the original McKinsey Organizational Assessment Grid. Similarly, the Capacity for Health M&E Capacity Assessment Tool is drawn from 5 existing tools.
Data capacity
In the information age, organizational capacity includes the knowledge, capabilities and human and technological resources that organizations have to use data and information. We call these capabilities “data capacity”.

Data capacity can be broken down into two capacity areas:

- **Monitoring and evaluation and research**: how reliable and quality data are collected and analyzed
- **Data demand and use**: how and what data is used to inform work and improve outcomes

Monitoring and evaluation (M&E) and research help to systematize types of data collected, the process for collecting data and analysis; they ensure timeliness, reliability and quality of data.

For monitoring, evaluation, and research activities to impact organizational effectiveness, a culture of data-informed (or “evidence-based”) decision-making must be present. This means that data is valued and sought out (“data demand”), and organizations consider data during programmatic and organizational decision-making (“data or information use”).

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