USAID FROM THE AMERICAN PEOPLE | SCALING UP FOR MOST-AT-RISK POPULATIONS

ORGANIZATIONAL PERFORMANCE SUM

Assessment Tools for CSO Capacity Development

April 2011

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Assessment Tools for CSO Capacity Development

Expanded Readiness Assessment (ERA), Organizational Performance (OP) and Technical Capacity (TC) Assessment Tools

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APBD	Regional budgets
ARV	Antiretroviral
BI	Burnet Institute
CSO	Civil society organization
ERA	Expanded readiness assessment
FGD	Focus Group Discussion
FHI	Family Health International
FSW	Female sex workers
GF	Global Fund
GF SR	Global Fund Sub-Recipients
GF SSR	Global Fund Sub-Sub Recipients
HCPI	HIV Cooperation Program in Indonesia, AusAID
HIV	Human immunodeficiency virus
IBBS	Integrated Biological and Behavior Survey
IEC	Information, Education and Communication
IDUs	Injecting drug users
KPAK	City/District AIDS Commissions
KPA	Provincial AIDS Commission, Indonesia
MARP	Most-at-risk population
MMT	Methadone maintenance therapy
MoU	Memorandum of Understanding
MSM	Men who have sex with men
NSP	Needle sharing program
PKBI	Persatuan Keluarga Berencana Indonesia
PMTS	Program Pencegahan HIV melalui Transmisi Seksual
PKM	Community Health Center
RTI	Research Triangle Institute, International
STI	Sexually transmitted infection
SUM Program	Scaling Up for Most-at-Risk Populations Program (a joint program of SUM I and SUM II)
SUM I	Scaling Up for Most-at-Risk Populations: Technical Assistance
SUM II	Scaling Up for Most-at-Risk Populations: Organizational Performance
USAID	U.S. Agency for International Development
VCT	Voluntary, Counseling and Testing

Introduction

Scaling Up for Most-At-Risk Populations (SUM) is a five-year USAID-funded program aimed at scaling-up the HIV response in Indonesia by:

1. documenting and disseminating innovative approaches, best practices and lessons learned; and
2. providing assistance to develop the technical and organizational capacities required to design and implement the comprehensive, integrated HIV interventions that are critical to the overall success of the HIV response in Indonesia.

The SUM Program is a joint undertaking of two USAID-funded projects: the SUM I Project being implemented by FHI, and the SUM II Project being implemented by the Training Resources Group (TRG), along with partners RTI International, Burnet Institute and AIDS Projects Management Group (APMG).

The SUM program will focus on a maximum of eight provinces in Indonesia, namely DKI Jakarta, West Java, Central Java, East Java, Riau Islands, North Sumatra, Papua and West Papua. Within these eight provinces, 18 districts/municipalities where Most-At-Risk Populations (MARPs) are prevalent are prioritized. The MARPs include female sex workers (FSWs), men who have sex with men (MSM), Waria (transgenders), and Injecting Drug Users (IDUs).

As a part of the assessment and selection process for identifying targeted intervention sites, SUM conducts two forms of assessment of CSOs and their stakeholders in each identified locations.

The Expanded Readiness Assessments (ERAs) are undertaken in selected communities and/or hotspots where integrated interventions have the potential to achieve significant coverage of the at-risk populations and have a measurable impact. The ERA has several objectives, including:

- To measure the degree of readiness which can describe a community in responding to the issue of HIV/AIDS
- To gather basic information that can be used in identifying target communities for the SUM program
- To gather basic information for the development of community-based intervention strategies.

The assessment of Organizational Performance (OP) and Technical Capacity (TC) of Civil Society Organizations (CSO) is needed prior to developing a capacity development plan. The CSO capacity development plan will enable the project to develop a clear plan for technical assistance. The OP/TC assessment is a participatory process to encourage CSO staff to reflect on their current capacity. The assessor will encourage CSO staff to identify their needs once their current capacity is assessed. The participatory process will also allow CSO staff to identify the CSO's level of OP/TC and enable them to develop a capacity development plan that focuses on achieving a higher level of OP/TC. The SUM Program and the assessed CSOs will use the information gathered as baseline data to monitor improvements in the organization's capacity over time.

This manual was written for organizations intending to conduct assessments for CSOs in Indonesia for the purpose of identifying critical areas for organizational development and capacity building. The results from both the Expanded Readiness assessment (ERA) and the assessment of Organizational Performance (OP) and Technical Capacity (TC) of Civil Society Organizations (CSO) will guide assessors in developing targeted technical assistance to CSOs implementing HIV interventions with the view to strengthen their capacity as service providers to most at-risk populations. The manual provides practical and detailed instructional guides, assessment tools and reporting templates. Samples of ERA and OP/TC reports are available upon request from the SUM project team.

Overview of the Expanded Readiness Assessment (ERA) Tool

Readiness is the degree to which a community has the capacity to respond to HIV/AIDS issues.

Readiness:

- is very issue-specific
- is measurable
- is measurable across multiple dimensions
- may vary across dimensions
- may vary across different segments of a community
- can be improved
- is essential knowledge for the development of interventions

Developing appropriate interventions, which are suitable to the degree of community readiness, is essential for program success, including the HIV/AIDS prevention program. Interventions developed should motivate the community to develop and increase their capacity in responding to HIV/AIDS issues. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond.

Dimensions of Readiness

In a HIV/AIDS prevention program, dimensions of readiness are key factors that influence the community's capacity to respond to HIV/AIDS issues. The six dimensions identified and measured are intended to be sufficient for determining community readiness. They are an excellent tool for understanding the community's needs and for developing strategies that meet those needs.

A. Community Knowledge about HIV/AIDS Care and Support Program: To what extent do community members know about or have access to information on HIV/AIDS, HIV/AIDS testing, comprehensive treatment, and its existence or impact in their community?

B. Community Climate: What is the prevailing attitude of the community (MARPS) towards HIV/AIDS and early detection and testing? Do they think it is not useful or assume responsibility and make efforts to be empowered?

C. Community Knowledge of Efforts for HIV/AIDS Care and Support: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

D. Leadership: To what extent are government officers/leaders and influential community members supportive of HIV/AIDS prevention?

E. Resources Related To AIDS Care and Support Issues: To what extent are local resources – people, time, money, facility, etc. – available to support AIDS prevention and treatment in the community?

F. Community Efforts: To what extent are there policies and programs available that address HIV/AIDS in the community?

Dimensions of Extended Readiness Assessment

For HIV/AIDS, Prevention Dimensions of readiness are key factors that influence district's preparedness to take action on HIV/AIDS. The six dimensions identified and measured in the ERA are quite comprehensive in nature. This will be an excellent tool for diagnosing district's needs and for developing strategies that meet Most at Risk Population needs.

A. MARP's Knowledge about the Issue: To what extent do MARP members know about or have access to information on HIV/AIDS, HIV/AIDS testing, consequences, and understand how the disease impacts them?
   1. How knowledgeable are MARP members about HIV/AIDS? Please explain. (Prompt: For example, mode of transmission, signs, symptoms, local statistics, etc.)
   2. In each identified MARP, what type of information is available about HIV prevention?
   3. In each identified MARP, what type of information is available about testing for HIV/AIDS and CST?
   4. Is local data on HIV/AIDS available for each identified MARP? If so, from where?
   5. How do people obtain this information in each identified MARP?

B. MARP Climate: What is the prevailing attitude of the community toward HIV/AIDS and early detection and testing? Is it one of helplessness or one of responsibility and empowerment?
   1. What is the MARP's attitude about HIV/AIDS?
   2. What is the MARP's attitude about utilizing HIV/AIDS services?
   3. What is the MARP's attitude about testing for HIV/AIDS?
   4. What are the primary obstacles to obtaining services in your MARP?

C. MARP Knowledge of The Efforts: To what extent do MARP members know about local efforts and their effectiveness, and are the efforts accessible to all segments of each identified MARPs?

   Using a scale from 1-10, how much of a concern is this issue in identified MARPs (with 1 being "not at all" and 10 being "a very great concern")? Please explain. (NOTE this figure between one and ten is NOT figured into scoring of this dimension in any way – it is only to provide a reference point.)

   1. What services or efforts are available in each identified MARP to address HIV/AIDS prevention or early detection or testing of HIV/AIDS? (A)
   2. What type of information does the MARPs know about the efforts, (how at access, services provided, program mission, etc.)? (B)
   3. Are there any plans for new efforts addressing HIV/AIDS prevention/testing in each identified MARPs? Please explain.
   4. Using a scale from 1-10, how aware are people in the MARPs of the services (with 1 being "no awareness" and 10 being "very aware")? Please explain. (NOTE: this figure between 1 and 10 is NOT figured into scoring of this dimension – it is only to provide a reference point.) (B)
   5. What are the strengths of these services? (B)
   6. What are the weaknesses of these services? (B)
   7. How does one utilize these services? (i.e. referrals, waiting lists, criteria) (A)
   8. Do you know if there's any evaluation of these efforts? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated?")? (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)

D. Leadership: To what extent are appointed leaders and influential community members supportive of HIV/AIDS prevention?

1. Using a scale from 1 to 10, how much of a concern is access to HIV/AIDS services to the leadership (with 1 being "not at all" and 10 being "of great concern")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)
2. Using a scale from 1 to 10, how much of a concern is providing early detection and testing of HIV/AIDS services to the leadership (with 1 being "not at all" and 10 being "of great concern")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)
3. How do the leaders, formal and in-formal, support the current efforts? Please explain.
4. Would the leadership support additional efforts? Please explain.

E. Resources Related to the Issue: To what extent are local resources – people, time, money, space, etc. – available to support efforts?

1. What resources such as time, money, volunteerism, and natural resources are available in each identified MARP?
2. What types of resources are currently being used for HIV/AIDS prevention?
3. Are you aware of any proposals or action plans that have been written to address this issue in each identified MARP?
4. How have these services been supported by the MARP? (A)

F. MARP Efforts: To what extent are there efforts, programs, and policies that address HIV/AIDS?

G. Additional Questions

1. Using a scale from 1 to 10, how much of a concern is access to HIV/AIDS prevention in each identified MARP (with 1 being "not at all" and 10 being "of great concern")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way –it is only to provide a reference point.)
2. Using a scale from 1 to 10, how much of a concern is access to treatment and testing for HIV/AIDS in each identified MARP (with 1 being "not at all" and 10 being "of great concern")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)
3. What services are lacking in each identified MARP to address HIV/AIDS prevention?

Anchored Rating Scales for Scoring Each Dimension

Stage/ Dimension	A MARP Knowledge	B Community Condition and Understanding	C Existing Program	D Leadership	E Resources	F Policy
1 No Awareness	Most community members have never heard of HIV/AIDS	HIV among MARPs is not an issue that needs to be addressed by the community	No awareness of the need for HIV support and care efforts from all stakeholders and policy makers	Related formal and informal leaders do not acknowledge HIV/AIDS issues	No awareness from all parties to allocate resources (human, funds and facilities)	All existing policies and regulations block HIV program implementation
2 Preparation	There are no MARP members that have basic knowledge regarding HIV transmission and prevention	Minority of the community members consider HIV an issue to be addressed, however, they do not know what to do	There is a plan to conduct efforts, however, there is no implementation yet	Some formal or informal leaders consider doing something to control HIV and AIDS	• Essential resources (human, financial and/or facilities) are not available • Some parties have planned their resource needs	Some technical HIV control policies and regulations are available, however, they have not been implement yet
3 Initiation	Minority of the MARP members have HIV basic knowledge	Minority of community members consider the HIV an issue and they know what to do	There is an effort to do something but it is not sufficient	Leader(s) is trying to get something started	The community has individuals, organizations, and/or space available that could be used as resources	Only a few HIV control programs are running with respect to the available policies/rules
4 Implementation	• Majority of the MARP members have HIV basic knowledge • They know some of them have been infected by HIV	• Majority of the community think HIV is a problem • Cooperate with other parties to make an effort • There are key community member involved in prevention methods	• There is an effort to do • Most of the work planning has been done	Leaders are part of a committee or group that addresses HIV/AIDS	• The community has individuals, organizations, and/or space available that could be used as resources • A considerable part of support of on-going efforts is from local sources that are expected to provide continuous support • Community members and leaders are beginning to look at continuing efforts by accessing additional resources	Most of the HIV control program is running with respect to the available policies/rules
5 Advanced Implementation	• Majority of MARP members have basic knowledge of HIV • They know some of them have been infected by HIV • They know the available service provider for HIV	• Almost all of the community think HIV is a problem • There is a clear mechanism with other parties to make an effort • There are key community members that are actively involved in prevention methods	• There is capacity to develop work plans • Work plans include comprehensive efforts • There are clear work plan objectives that can be achieved	Leaders are active and supportive of implementation efforts	Diversified resources and funds are secured and efforts are expected to be ongoing	Some technical HIV control policies and regulations are available and implemented well

Stage/ Dimension	A MARP Knowledge	B Community Condition and Understanding	C Existing Program	D Leadership	E Resources	F Policy
6 Integration	• Majority of the MARP members have HIV basic knowledge • They know some of them have been infected by HIV • They know the available service providers for HIV • Some people feel that they are at risk of HIV infection	• Almost all of the community think HIV is a problem • There are clear mechanisms with other parties to make an effort • There are key community members that are actively involved in planning and control methods	• Work plans can be developed • Work plans include comprehensive efforts • There are clear work plan objectives that can be achieved • Work plan indicators are part of the government work plan and were prepared together with the key community	• Leaders are supportive of expanding and improving efforts through active participation • They are making the effort as part of the work plan	Resources available for comprehensive program implementation from various sources and the biggest is local	• Some technical HIV control policies and regulations are available and implemented well • There are no existing policies/regulations that block HIV program implementation
7 Stabilization	• Majority of the MARP members think HIV is a problem for all • They know HIV prevalence in their community • They know the available service providers for HIV in detail • They know that they can be infected by and transmit HIV	• Almost all of the community think HIV is a problem • There is a clear mechanism with other parties to make an effort • There are key community members that are actively involved in planning and control methods for the last few years	• Work plans can be developed • Work plans include comprehensive efforts • There are clear work plan objectives that can be achieved • Work plan indicators are part of government work plan and were prepared together with the key community • There is a strategic plan and projection for resources needed	• Leaders are supportive of expanding and improving efforts through active participation • Leaders are making the effort as part of the work plan • They consider resources available for self-sufficiency	• Resources available for comprehensive program implementation from various sources and the biggest is local • There are systematic efforts to make the resources continually available and sufficient	The above description in the "Integration" stage has been implemented for the last few years
8 Confirmation/ Expansion	• Majority of the MARP members think HIV is a problem for all • They know HIV prevalence in their community • They know the available service providers for HIV in detail • They know that they can be infected by and	• Almost all of the community think HIV is a problem • There is a clear mechanism with other parties to make an effort • There are community members that become key persons in planning and control methods	• Work plans can be developed • Work plans include comprehensive efforts • There are clear work plan objectives that can be achieved • Work plan indicators are part of government work plan and were prepared together with the key community	• Leaders are supportive of expanding and improving efforts through active participation • They make the effort as part of the work plan • They consider resources available for self-sufficiency • There is active participation in	• Resources available for comprehensive program implementation from various sources and the biggest is local • There are systematic efforts to make the resources continually available and sufficient • Resources for program expansion are available	• There are policies and rules that support the expansion of program implementation per the standard • There are policies and rules that make us evaluate the program continuously

Stage/ Dimension	A MARP Knowledge	B Community Condition and Understanding	C Existing Program	D Leadership	E Resources	F Policy
	transmit HIV • They know most of the HIV control program		• There is a strategic plan and projection for resources needed • Continuous evaluation is conducted with the involvement of stakeholders	expansion and improvement		
9 High Level of Ownership	• Majority of the MARP members think HIV is a problem for all • They know HIV prevalence in their community • They know the available service providers for HIV in detail • They know that they can be infected by and transmit HIV • They know most of the HIV control program and the effective parts of it	• Almost all of the community think HIV is a problem • There is a clear mechanism with other parties to make an effort • There are key community members that are actively involved in planning and control methods for the last few years • Members of the key community are planning and are involved in evaluation	• Work plans can be developed • Work plans include comprehensive efforts • There are clear work plan objectives that can be achieved • Work plan indicators are part of government work plan and was prepared together with the key community • Has strategic plan and projection for resources needed • Continuous evaluation is conducted with the involvement of stakeholders • They perform only the effective program/efforts	• Leaders are supportive of expanding and improving efforts through active participation • They make the effort as part of the work plan • They consider resources available for self-sufficiency • They actively participate in expansion and improvement • Leaders are continually reviewing evaluation results of their efforts	• Resources available for comprehensive program implementation from various sources and the biggest is local • There are systematic efforts to make the resources continually available and sufficient • Resources for program expansion are available • Resources for innovation are also available	There are policies that guarantee the availability of resources for an effective program

Instructional Guide to the ERA Tools

Step 1: Identify main issues. The SUM Program's objective is to improve the effectiveness of HIV/AIDS prevention efforts among MARPS; Female Sex Workers (FSWs), Transgenders (TGs), Men who have Sex with Men (MSM), and Injecting Drug Users (IDUs). Information on the issues will not only provide us with valuable insight into the community's perspective on HIV/AIDS, but will also give us information on related issues such as the prevention of other sexually/blood transmitted infections, access to prevention materials, testing sites, and healthcare.

Step 2: Define your target Intervention "community". The concept of "community" may include a geographical area, a specific subgroup within that area, an organization or any other type of identifiable "community" (for example, a FSW community in *Dolly* in Surabaya or IDU community in Malang). In the first year, the SUM Program will work in various communities in cities/districts in its targeted provinces where the largest MARP communities are most concentrated and where the Program will likely have significant impact.

Step 3: To determine the community's level of readiness. The SUM Program will conduct interviews with key respondents in the communities to assess the state of the HIV/AIDS comprehensive and integrated response.

Step 4: Determining the community readiness level score. After finishing the interview process, the next step is determining a community readiness level score for each dimension, as well as calculating an overall score. Results are analyzed using both the numerical scores given by the interviewee and responses to open questions, as well as other information obtained during the interview.

Step 5: Develop intervention strategies. In this step, we develop intervention strategies that are appropriate based on to community readiness level.

Step 6: Evaluation of effectiveness. After one period of performance, evaluate the effectiveness of existing interventions. We may choose to conduct another assessment for a comparison of the community's progress in readiness and capacity to respond to HIV/AIDS issues.

Step 7: Scale up. As your community's level of readiness to address HIV/AIDS prevention increases, lessons learned will be applied in other communities and evaluated.

How to Conduct an Expanded Readiness Assessment

Conducting an Expanded Readiness Assessment (ERA) is the key to identifying a community's readiness in responding HIV/AIDS issues. To perform a complete assessment, we will be interviewing individuals in the community using the questions on the following pages. There are 38 questions, and each interview in each community should take 60-90 minutes. Please review the following interview general guidelines:

- ✓ Identify a minimum of six individuals in the community who are committed to HIV/AIDS prevention, care and support. In some cases or situations it may be "politically advantageous" to interview more people. However, generally, only six interviews are needed to accurately score the level of community readiness. Try to find people who represent different segments of in the community. Individuals may represent:
    - MARP (FSW, TG, MSM, IDU) representatives, who are the central to the SUM Program
    - Non-Profit Organizations engaged in HIV/AIDS programs in the community
    - Related health service providers
    - Province/District Health Offices
    - AIDS Commissions
    - Recipients of Global Fund resources
- ✓ Read through the questions on the following pages. Attention: All questions need to be asked and scored to determine the overall score. No questions should be skipped.

- Two persons are needed to score each dimension independently and then meet to discuss and arrive at consensus.
- Note that the questions for Dimensions A & B are combined. We have also found the information to score these Dimensions generally related. It is suggested to read all items from both Dimensions A & B to obtain a comprehensive description and to determine scores for both Dimensions.

✓ Contact the interviewees that you have identified to see if they would be willing to discuss the issue. Remember, each interview will take 60-90 minutes per community. It will take more time if interviewees come from different communities.

✓ Conduct interviews:
- Avoid discussion with the interviewee. Ask for clarification when needed and do interview within the set timeframe.
- Record or write responses as they are given. Try not to add your own interpretation or to second guess what the interviewee meant.

✓ After you have completed the interviews, follow the directions for scoring.

Determining Scores for Community Readiness level Assessment Process

Determining scores is a step-by-step process that provides the stage of readiness for each of the six dimensions. The following pages address the process for scoring. Below is a scoring worksheet that can be used to determine scores. Ideally, two persons should participate in the scoring process in order to ensure valid results on this type of qualitative data. Here are step-by-step instructions:

- Working independently of each other, both scorers should read through each interview in its entirety before scoring any of the dimensions so that they have a comprehensive understanding. Although questions are arranged in the interview specific to each dimension, other interview sections may also provide some responses that will help the scorer to gain a richer understanding from the information. This is helpful in scoring other dimensions.

- Again, working independently, the scorers should read the anchored rating scale for the dimension being scored. Always start with the first anchored rating statement. Go through each dimension separately and highlight or underline statements that refer to each of the anchored rating statements. If the community exceeds the first statement, proceed to the next statement. In order to receive a score at a specific stage, all conditions of the previous levels must have been accomplished and incorporates the statement which the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6.

- On the scoring sheet, each scorer will enter his or her dimension scores in the table labeled INDIVIDUAL SCORES. Each interview will have a score for each of the six dimensions. The table provides spaces for six key respondent interviews.

- When the independent scoring is complete, the two scorers will then meet to discuss the scores. The goal is to reach consensus on the scores by discussing items or statements that might have been missed by one scorer and which may affect the combined or final score assigned. Remember: Different persons can have slightly different impressions, and it is important to seek explanation for the decisions made. Once consensus is reached, fill in the table labeled CONSENSUS SCORES. Then simply add the scores across each row to determine a total for each dimension.

- To find the CALCULATED SCORES for each dimension, take the total for that dimension and divide it by the number of Interviews. For example: If two scorers have the following combined scores for their interviews:

Interviews	# 1 MARPs	#2 CSO	#3 SP	#4 AIDS Committee	#5 Province/District Health Office	#6 GF SR	TOTAL
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	26.75

TOTAL Dimension A 26.75 ÷ # of interviews 6 = 4.46

Repeat for all dimensions, and then total the scores.

To find the OVERALL STAGE OF READINESS, take the total of all calculated scores and divide by the number of dimensions (6). For example:

DIMENSION	SCORE
A	4.46
B	5.67
C	2.54
D	3.29
E	6.43
F	4.07
TOTAL SCORE	26.46
AVERAGE	**4.41**

- The result will be the overall **stage of readiness of the community**. The scores correspond with the numbered stages and are "rounded down" rather than up. Therefore, a score between a 1.0 and a 1.99 would still fall into the first stage; a score of 2.0 to 2.99 would fall into the second and so forth. In the above example, the average 4.41 represents the fourth stage or Preplanning.

- Finally, under comments, write down any impressions about the community, any unique outcomes, and any qualifying statements that may relate to the score of the community.

Community Readiness Assessment Scoring Sheet

Scorer:_____ Date:_____

INDIVIDUAL SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for up to six interviews.

Interviews	#1	#2	#3	#4	#5	#6
Dimension A						
Dimension B						
Dimension C						
Dimension D						
Dimension E						
Dimension F						

CONSENSUS SCORES: For each interview, the two scorers should discuss their individual scores and then agree on a single score. This is the COMBINED SCORE. Record it in below table and repeat for each interview in each dimension. Then, add across each row and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6
Dimension A						
Dimension B						
Dimension C						
Dimension D						
Dimension E						
Dimension F						

CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

TOTAL Dimension A _____ ÷ # of interviews _____ = _____

TOTAL Dimension B _____ ÷ # of interviews _____ = _____

TOTAL Dimension C _____ ÷ # of interviews _____ = _____

TOTAL Dimension D _____ ÷ # of interviews _____ = _____

TOTAL Dimension E _____ ÷ # of interviews _____ = _____

TOTAL Dimension F _____ ÷ # of interviews_____ = _____

Average Overall Community Readiness Score: _____

OVERALL STAGE OF READINESS: Take the TOTAL calculated score and divide by 6 (the number of dimensions). Use the list of stages below to match the result with a stage of readiness. Remember, round down instead of up.

TOTAL Calculated Score ____ ÷ 6 = ____

Score	**Stage of Readiness**
1	No Awareness
2	Preparation
3	Initiation
4	Implementation
5	Advanced Implementation
6	Integration
7	Stabilization
8	Confirmation/Expansion
9	High Level of Ownership

COMMENTS, IMPRESSIONS, and QUALIFYING STATEMENTS about the community: [Add comments]

Questionnaire - Expanded Readiness Assessment for AIDS Response

I. Guidelines to interviewer

Preparation:

1. Make sure your team has confirmed the interview schedule with the informant.
2. Confirm the schedule a few days before.
3. Make sure of the informant's address and phone number.
4. Make sure you bring all the interview tools:
   - Questionnaire/interview guide
   - TOR for ERA
   - Voice recorder
   - Stationery (pencils, etc.)
   - Attendance Sheet
   - Cash receipts for transport and snacks
5. Make sure the voice recorder is functioning, has sufficient memory and the battery is fully charged.
6. Practice yourself using the questionnaire with your team partner.
7. Every question should be read and asked only by one interviewer. You can share the work in a team to decide who will ask what.
8. Read the question as written in the questionnaire. Don't change the questions or make your own interpretation.
9. It is important to appreciate your informant. Avoid comments or showing attitude that can make him/her defensive.

During the interview:

1. Introduce yourself to the informant; say your name and the organization where you work.
2. Say thank you for his/her availability for this interview.
3. Explain the purpose of the interview. You can give an explanation like this:

Read:

This interview is to get information from you about the HIV/AIDS epidemic and response. The interview results will be used to improve the district's readiness and community capabilities to respond to HIV/AIDS in your community by helping to implement the right interventions in line with the readiness stage of your community and district. The interviews are conducted with:

1. *MARPs: FSW, TG, MSM and IDU.*
2. *CSOs that work for the populations above*
3. *Health service providers engaged in the HIV/AIDS program*
4. *District/City AIDS Commissions*
5. *District/City Health Offices*
6. *Informal leaders in the communities*
7. *Recipients of Global Fund AIDS*

This process is an activity of the SUM Program and is designed to improve the effectiveness of the comprehensive and integrated HIV response to MARPs. This program is the continuation of support and cooperation between Indonesia and US government to the national HIV program that has been implemented since 1993. The SUM Program will be implementing in 8 priority provinces with the greatest concentration of most-at-risk populations. The findings of this assessment will be discussed with the stakeholders at the provincial level. The information you give is very important to identify the need and to determine the right interventions based on the situation in your community. Thank you.

4. Explain that there are 6 dimensions and 38 questions to be asked.
5. Explain that the whole process will take 60-90 minutes
6. Explain that there is no personal information asked. Informant is asked to explain his/her opinion or his/her perception regarding the HIV/ AIDS program in his/her community.
7. Informant identity will be confidential if the informant requests it.
8. Explain that the interviewer will use a voice recorder to capture the recording process.
9. Before the interview begins, the interviewer should fill in the column below:

Name of Interviewer: Date of Interview:	
Respondent (Write the name of the institution, no need to write the informant's name)	
Which community are you interviewing for:	O FSW O Transgender O MSM O IDU

II. Questions List

A. Knowledge of the Key Populations Dimensions

1. According to you, how many in the population (mention one of the: FSW, TG, MSM, IDU) at (location name) have ever heard about HIV/AIDS → the interviewer can ask several times until he/she can decide on one of the choices below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

Additional Question:

- According to you where does the population receive most of the HIV information (mention one of the FSW, TG, MSM, IDU) at (location name) (mention 3).
- According to you, what is the content of the information that the population mostly receives (mention one of the FSW, TG, MSM, IDU) at (location name)→ don't read the answers. Informant can give more than 1 answer.

FSW	TG	MSM	IDU
○ What is HIV & AIDS ○ How do people get infected ○ Prevention method ○ HIV Test ○ Health Service Provider ○ SID (Sexually Transmitted Disease)	○ What is HIV & AIDS ○ How do people get infected ○ Prevention method ○ HIV Test ○ Health Service Provider ○ SID (Sexually Transmitted Disease)	○ What is HIV & AIDS ○ How do people get infected ○ Prevention method ○ HIV Test ○ Health Service Provider ○ SID (Sexually Transmitted Disease)	○ What is HIV & AIDS ○ How do people get infected ○ Prevention method ○ HIV Test ○ Health Service Provider ○ SID (Sexually Transmitted Disease)

2. According to you, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) know how HIV is transmitted and prevented → the interviewer can ask several times until he/she can decide one of the choices below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

Additional questions:

- According to you, what is the transmission that is best known by most in the population (mention one of the FSWs, TGs, MSM, IDUs) at (location name) → write the answer as said by the respondent.

FSW	TG	MSM	IDU

- According to you, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) believe that mosquito bites can transmit the HIV → the interviewer can ask several times until he/she can decide one of the choice below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

- According to you, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) believe that they know which people are infected by HIV only by their appearance → the interviewer can ask several times until he/she can decide one of the choice below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

3. According to you how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) know who (mention one of the FSW, TG, MSM, IDU) is already infected with HIV → the interviewer can ask several times until he/she can decide one of the choice below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

Additional question:

- Do you know what is the percentage of the population (mention one of the FSW, TG, MSM, IDU) at (location name) that is already infected by HIV. If yes, what is the most recent HIV prevalence → the interviewer can ask several times until he/she can decide one of the choice below:

FSW		TG		MSM		IDU	
Yes How many	No	Yes How many	No	Yes How many	No	Yes How many	No

- Where did you get the information regarding HIV prevalence? → Informant's response may be more than one and should be noted.

FSW	TG	MSM	IDU

4. According to you, what type of activities and what type of services are known by most in the population (mention one of the FSW, TG, MSM, IDU) at (location name) → the interviewer can ask several times by saying "is there anything else?" DON'T READ THE CHOICE OF ANSWERs BELOW.

FSW	TG	MSM	IDU
○ Outreach ○ Communication, Information, and Education Kits ○ SID ○ VCT ○ ART	○ Outreach ○ Communication, Information, and Education Kits ○ SID ○ VCT ○ ART	○ Outreach ○ Communication, Information, and Education Kits ○ SID ○ VCT ○ ART	○ Outreach ○ LJASS ○ PTRM ○ VCT ○ Condom ○ ART ○ TB ○ Drug Addiction ○ Rehabilitation

Additional question:

- According to you, in general, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) know the type of activities and what type of services are related to HIV/AIDS → the interviewer can ask several times until he/she can decide one of the choice below:

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

- According to you, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) know how to get access to services, opening hours, cost and procedures.

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

5. According to you, how many population (mention one of the FSW, TG, MSM, IDU) at (location name) know that they can get infected/transmit HIV.

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

6. **<u>This question is not asked to interviewees from MARPs population</u>**

- According to you how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) know about the HIV prevention program as a whole (from prevention to care, support and treatment).

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ Non	○ All ○ Most ○ Half ○ Few ○ None

B. Conditions and Community Understanding Dimension

1. According to you, how many in the population (mention one of the FSW, TG, MSM, IDU) at (location name) think that HIV/AIDS is a problem for them?

FSW	TG	MSM	IDU
○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None	○ All ○ Most ○ Half ○ Few ○ None

Additional question:

- According to you, is there any effort from individuals or groups from the populations (mention one of the FSW, TG, MSM, IDU) at (location name) to overcome the problems?

FSW		TG		MSM		IDU	
Yes What is the effort?	No	Yes What is the effort?	No	Yes What is the effort?	No	Yes What is the effort?	No

2. According to you, is there any HIV care or support that currently helps the population (mention one of the FSW, TG, MSM, IDU) at (location name)? →The question below only asked if respondent answers yes to this question.

FSW		TG		MSM		IDU	
Yes	No	Yes	No	Yes	No	Yes	No
Who?		Who?		Who?		Who?	
What kind of program/support and since when?		What kind of program/support and since when?		What kind of program/support and since when?		What kind of program/support and since when?	
How the population got involved? ○ As target ○ As doer ○ Contribute in planning ○ Contribute in evaluation		How the population got involved? ○ As target ○ As doer ○ Contribute in planning ○ Contribute in evaluation		How the population got involved? ○ As target ○ As doer ○ Contribute in planning ○ Contribute in evaluation		How the population got involved? ○ As target ○ As doer ○ Contribute in planning ○ Contribute in evaluation	

3. According to you, is there any population member (mention one of the FSW, TG, MSM, IDU) at (location name) who is also a central/important person in the HIV control program? →The question below only asked if respondent answers yes to this question.

FSW		TG		MSM		IDU	
Yes	No	Yes	No	Yes	No	Yes	No
Who? (mention the name)		Who? (mention the name)		Who? (mention the name)		Who? (mention the name)	
How is he/she involved?		How is he/she involved?		How is he/she involved?		How is he/she involved?	
How the population members think about him/her?		How the population members think about him/her?		How the population members think about him/her?		How the population members think about him/her?	
How the other people outside the population think about him/her?		How the other people outside the population think about him/her?		How the other people outside the population think about him/her?		How the other people outside the population think about him/her?	

Important notes:

C. Program/Efforts that already available Dimension

1. According to you, what type of activities and services related to HIV care are already available to the population (mention one of the FSW, TG, MSM, IDU) at (location name) → the interviewer can ask several times/probing by mentioning the list of services below.

FSW	TG	MSM	IDU
○ Outreach & KPP ○ Condom ○ SID ○ PPT ○ VCT	○ Outreach & KPP ○ Condom ○ SID ○ PPT ○ VCT	○ Outreach & KPP ○ Condom ○ SID ○ VCT ○ ART	○ Outreach & KPP ○ LJSS ○ PTRM ○ VCT ○ Condom ○ ART

FSW	TG	MSM	IDU
○ ART	○ ART		○ TB-HIV ○ Drugs Addiction ○ Rehabilitation
Name of the activity & service provider and how long it has been available?			
Name & How long	Name & How long	Name & How long	Name & How long

FSW	TG	MSM	IDU
In 1-10 scale, according to you, what is the level of accessibility to the services by the population (mention one of the FSW, TG, MSM, IDU) at (location name)? Note: 1: very difficult – 10: very easy			
○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach & KPP ○ LJSS ○ PTRM ○ VCT ○ Condom ○ ART ○ TB-HIV ○ Drugs Addiction Rehabilitation
In 1-10 scale, according to you, what is the quality of the each service? Note: 1: bad – 10: very good			
○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach ○ KPP/KIE ○ Condom ○ SID ○ VCT ○ ART	○ Outreach & KPP ○ LJSS ○ PTRM ○ VCT ○ Condom ○ ART ○ TB-HIV ○ Drugs Addiction Rehabilitation

2. As far as you know, is there any annual work plan for HIV/AIDS control program in the population (mention one of the FSW, TG, MSM, IDU) at (location name)?

FSW		TG		MSM		IDU	
Yes	No	Yes	No	Yes	No	Yes	No
If yes, which institution has an annual work plan?							
○ KPAD/District AIDS Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District AIDS Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District AIDS Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District AIDS Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO	
Where did the funding come from for the annual work plan? Circle the answer, Yes or No							
- **KPAD** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No		- **KPAD** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No		- **KPAD** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No		- **KPAD** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No	

FSW	TG	MSM	IDU
- **Dinkes** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **PKM/Hospital/ Clinics** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **NGO** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **Others** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No	- **Dinkes** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **PKM/Hospital/ Clinics** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **NGO** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **Others** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No	- **Dinkes** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **PKM/Hospital/ Clinics** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **NGO** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **Others** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No	- **Dinkes** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **PKM/Hospital/ Clinics** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **NGO** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No - **Others** APBD: Yes/No HCPI: Yes/No Other donor: Yes/No Company: Yes/No Global Fund: Yes/No

Is the population (mention one of the FSW, TG, MSM, IDU) at (location name) involved in planning for the annual work plan?			
○ Don't know ○ No ○ Yes Involved in……	○ Don't know ○ No ○ Yes Involved in……	○ Don't know ○ No ○ Yes Involved in……	○ Don't know ○ No ○ Yes Involved in……
Does the annual work plan have and clear indicators and targets?			
○ Don't know ○ No ○ Yes Have you reached your target?	○ Don't know ○ No ○ Yes Have you reached your target?	○ Don't know ○ No ○ Yes Have you reached your target?	○ Don't know ○ No ○ Yes Have you reached your target?
Has the annual work plan been evaluated?			
○ Don't know ○ No ○ Yes Are you involved?	○ Don't know ○ No ○ Yes Are you involved?	○ Don't know ○ No ○ Yes Are you involved?	○ Don't know ○ No ○ Yes Are you involved?

Important notes: [ADD NOTES]

D. Leadership Dimension

1. As far as you know, how do formal leaders (government official staff) act towards the HIV problem in the population (mention one of the FSW, TG, MSM, IDU) at (location name)?

FSW	TG	MSM	IDU
○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve

2. As far as you know, how do the informal leaders act toward the HIV problem in the population (mention one of the FSW, TG, MSM, IDU) at (location name)?

FSW	TG	MSM	IDU
○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve	○ Antipathy ○ Not Recognize ○ Don't care ○ Just care ○ Support the program ○ Actively involve

3. As far as you know, is there any formal or informal leader that tries to make resources available sufficient for the HIV control program in the population (mention one of the FSW, TG, MSM, IDU) at (location name)?

FSW	TG	MSM	IDU
○ Don't know ○ No ○ Yes Who and what is the position?	○ Don't know ○ No ○ Yes Who and what is the position?	○ Don't know ○ No ○ Yes Who and what is the position?	○ Don't know ○ No ○ Yes Who and what is the position?

Important notes: [ADD NOTES]

E. Resources Dimension

1. In a scale of 1-10, according to you, are the resources—human resources, facilities for HIV control program, etc. currently available in the population (mention one of the FSW, TG, MSM, IDU) at (location name)?

FSW	TG	MSM	IDU
○ Manpower (……..) ○ Facilities (…….) ○ Funding (……)	○ Man power (……..) ○ Facilities (…….) ○ Funding (……)	○ Man power (……..) ○ Facilities (…….) ○ Funding (……)	○ Man power (……..) ○ Facilities (…….) ○ Funding (……)

2. According to you, where do most of the resources currently available to the population for the HIV control program come from (mention one of the FSW, TG, MSM, and IDU) at (location name)?

FSW	TG	MSM	IDU
○ Don't know ○ APBD/Government Budget ○ GF ○ HCPI ○ Other donor ○ Company ○ Community	○ Don't know ○ APBD/Government Budget ○ GF ○ HCPI ○ Other donor ○ Company ○ Community	○ Don't know ○ APBD/Government Budget ○ GF ○ HCPI ○ Other donor ○ Company ○ Community	○ Don't know ○ APBD/Government Budget ○ GF ○ HCPI ○ Other donor ○ Company ○ Community

3. As far as you know, is there a systematic and continuous effort to get sufficient resources for the HIV control program to the population (mention one of the FSW, TG, MSM, and IDU) at (location name)?

FSW		TG		MSM		IDU	
Yes	No	Yes	No	Yes	No	Yes	No
If yes, who has who made the effort and how successful has it been on a 1-10 scale? (1: Not successful – 10: very successful)							
○ KPAD/District Aids Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District Aids Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District Aids Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO		○ KPAD/District Aids Commission ○ Health Office/Dinkes ○ Hospital/Clinic ○ NGO	

F. Policy Dimension

1. According to you, is there any policy or written/unwritten rules that support the implementation of the HIV control program in the population (mention one of the FSW, TG, MSM, and IDU) at (location name)?

FSW		TG		MSM			IDU
Yes	No	Yes	No	Yes	No	Yes	No
If yes, what kind of rules/policy and who has issued the rules/policy?							
1. Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		1. Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		1. Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		1. Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:	

2. According to you, is there any policy or written/unwritten rules that oppose the implementation of HIV control program in the population (mention one of the FSW, TG, MSM, and IDU) at (location name)?

FSW		TG		MSM			IDU
Yes	No	Yes	No	Yes	No	Yes	No
If yes, what kind of policy/rules and who has issued the policy/rules?							
1. Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:		Policy: Institution: 2. Policy: Institution: 3. Policy: Institution:	

Important notes: [ADD NOTES]

Overview of the Organizational Performance (OP) and Technical Capacity (TC) Assessment Tools

The assessment of Organizational Performance (OP) and Technical Capacity (TC) of Civil Society Organizations (CSO) is needed prior to developing a capacity development plan. The CSO's capacity development plan will enable the SUM Program to develop a clear action plan for providing technical assistance based on their OP/TC capacity.

By conducting the OP/TC assessment with CSO management and staff in a participatory way, it is expected that the assessment process will encourage the CSO to reflect on their own current capacity. They will be encouraged to identify their strengths and weaknesses, and the technical assistance they will need to properly manage the small grant they will receive from SUM.

Furthermore, information obtained in the assessment can be used by the SUM Program and the CSO as baseline data to monitor improvements in the organization's capacity and performance. This assessment of OP/TC capacity of CSOs is **not intended** to provide a **comprehensive** and **complete** organizational capacity assessment, nor is it intended to identify all the organizations needs. To obtain a comprehensive and complete picture, much more time would be needed to explore and assess the organization beyond their profile, work activities, budgeting and financial management.

Instructional Guide to the OP/TC Tools

Organizational Performance and Technical Capacity Assessment

Materials, Methodology, and Participants

SUM Team prepared OP/TC assessment tools consisting of (i) an Organizational Profile, called tool 1, Budgeting and Financial Management, tool 2, and (iii) Program Management, tool 3.

The SUM Team will request CSOs to fill out tool 1 and return before implementation date of the OP/TC assessment.

Tool 1 identifies the CSO, legal status, characteristics, availability of resources, and current programs. Tool 2 has three components, they are *(a) financial management, including budgeting and controls, (b) insurance and occupational safety and health, and (c) procurement and assets management.* Tool 3 has seven components, which include *(a) organizational management and leadership, (b) program/project management, (c) technical capacity in HIV-AIDS prevention and care, (d) networking and partnership, (e) community empowerment, (f) resource allocation and mobilization planning (RAMP), and (g) monitoring and evaluation.*

Each component of tool 2 and 3 contains more than one question. Each of the questions can be answered by one of four stages and scored 1 to 4. A score of 1 is categorized as *developing*, a score of 2 as *developed,* score 3 as *effective,* and score 4 as *potentially sustainable*.

SUM Team will distribute tools 2 and 3 to the CSO's staff and facilitate the process of discussion that uses a semi-structured group interview. It will be a small group that consists of a maximum 10 people that represents the Board of Directors (BoD), Executive Director, Program Manager, Finance and Administrative Manager, Data/M&E Officer, Project Coordinator, and Field Worker. Since the group includes a variety of participants in the HIV/AIDS prevention program, each interviewee may bring a different perspective.

Each of the interviewees will have equal opportunity to reflect and provide information, and conclude by deciding on which is the appropriate response (stage and score).

Roles and Responsibility of Interviewer/facilitator

Areas/topics to be explored are already described in tools 2 and 3. Semi-structured group interviews will allow each of interviewees to respond to the questions and exchange ideas and opinions regarding the current

stage. SUM Team will facilitate to keep the group focused on responding to each question in a favorable environment i.e. *fair, open, and inclusive discussion*.

The facilitator will guide the speed of the discussion and/the breadth of exploration of the topics being questioned. The facilitator's task is to encourage participants to be actively involved in the discussion process, clarify any unclear statements but not influence the participants' responses.

The general responsibility of facilitators will include:

1. Encouraging every participant, in particular those that are less confident in responding to the questions or to other comments.
2. Ensuring that the discussion is focused on responding to the questions, avoid distractions on side issues beyond the topics being assessed, and prolonged arguments.
3. Encouraging interactions between the participants, conduct probing questions if necessary to obtain further information and to encourage each participant to raise their voice or opinion (s/he can use probe by asking "what do others feel about this?" or "what is your opinion about this?")
4. Encouraging participants to reflect on the questions first before answering the questions. The facilitator may also use a meta-plan exercise that allows each of interviewees to give anonymous scores, which are then discussed in the group for consensus.
5. Ensuring that all the participants understand the language or terminology being used, such as mission, strategic planning, and monitoring and evaluation system, etc.

The process of semi-structured group interviews needs one to document all participants' discussions and opinions and highlight key points separately. The discussion notes are the **most important** source of information for the assessment team, because they will use these notes to analyze the findings and develop the draft CSO institutional capacity development plan.

Starting the group interview

1. Introduce yourself and ask the participants to introduce themselves and their roles in the organization.
2. Explain the objectives of this OP/TC rapid assessment, which is to obtain a picture of the CSO's current capacity in order to develop an institutional capacity development plan. It is important to explain that a key part of the assessment is for the organization and the staff to reflect on their current capacity and to identify their OP needs for their own benefit.
3. Highlight that this rapid OP/TC assessment is not an evaluation of their organizational performance or technical capacity. It will help them to identify their capacity development needs and to develop a technical assistance capacity development plan.
4. Agree on the length of time for the assessment. Use regular breaks to ensure people stay engaged when participating in the discussion.

Starting the group interview and analyzing the findings

This manual is a set of tools to support facilitators in undertaking a group interview and to keep the discussions focused. It details a series of questions which should be referred back to throughout the interview.

1. Distribute copies of the tools to participants for reference during the discussion, recognizing that, this will only be effective if the participants have a rather high degree of literacy. If some participants find the written tool difficult, they may need to discuss it using their local language.
2. Always explore with the interviewees their understanding of the terminology used in the tools.
3. The organizational profile is the first important step for the CSO to complete. The SUM Team will send the organizational profile form to the CSOs, request them to fill in and return completed to the SUM Team before the implementation date of OP/TC assessment. During the assessment process, the facilitator may seek clarification, as needed.
4. To determine the scores for OP Assessment Tools 2 and 3, the facilitator will carry out the following process:

a. The facilitator will allow participants to discuss among themselves the scores and stages described below in tools 2 and 3..

b. Probe to help participants discuss the scores. The facilitator can address the stage definitions to ensure that the group members understand the differences between them and help the interviewees to properly decide on the scores.

Note: the judgment of the facilitator is important in deciding whether or not probing is needed and how to ensure that the flow of discussion moves forward, that all voices are heard and reflected in the decision, and to prevent a group with little capacity from being discouraged.

c. The facilitator may also request interviewees to provide a case study/example that relates to the stage scores.

Note: in the interaction process among the participants, the facilitator needs to focus on the on the discussion while taking notes on the important points raised by participants. If an agreement on the scores has not been reached, the facilitator should request the participants to reflect on their response, clarify and ensure that every feature contributing to the scores has already been realized.

d. Once participants have reached their consensus, the facilitator needs to ask participants to identify things that they had wished to do and identify the current challenges to the organization. It may help to identify gaps/needs, areas for development, and identify follow-up actions, including what priority areas they would focus on and when should actions be undertaken. Encourage interviewees to provide input/feedback on how technical assistance should be provided.

e. It is important to keep the exercise positive, encourage the group to recognize their achievements and build on these and ensure that the group does not focus too much on what they cannot do or have not done.

How to document the discussion

1. Record the key points of the discussions at the end of each question and at the same time keep a record of all the participants' responses in a separate note.
2. Summarize key actions agreed to at the end of each tool
3. Facilitator and/note-taker can ask questions to clarify when necessary
4. Ensure notes and flipcharts are further developed into a report as soon as possible after the meeting.

Developing Organizational Performance Capacity Development Plan

1. When the discussion of tools 2 and 3 is completed, the facilitator and SUM Team conducts a meeting to discuss and analyze the findings, and come up with summary findings.
2. The SUM Team compiles all the key points of the discussions documented at the end of the tools and puts them into a format of a "capacity development plan matrix".
3. If following the group interview and team discussion there are concerns that do not need capacity development, they may not need to include in the matrix.

CSO Assessment Tool #1: Organizational Profile

1. Name of CSO: Acronym:
2. Date established:
3. Founder:

No	Name	From which key population
A		Choose one of the key populations
B		Choose one of the key populations
C		Choose one of the key populations
D		Choose one of the key populations
E		Choose one of the key populations
F		Choose one of the key populations

4. Write the name of the Board:
   a.
   b.
   c.
   d.
   e.
   f.
   Additional Notes:

5. Briefly mention the background of the organization:

6. CSO Office Address:
   (Write in full: street, RT/RW, Sub-District, District, Regency and Postal Code)

7. Name of Person in Charge/Leader/Daily Official of CSO:
   (Write name and address in full, including phone, fax, e-mail address, website, and postal address)

8. Contact details of the network:
   (if any, tick mark the available space)

No	Communication Method	Address/No	More likely/comfortable to use
1	Website	http://	☐
2	Email		☐
3	Telephone		☐
4	Fax		☐
5	P.O. Box.		☐
6	CD-ROM		☐

Additional Notes:

Which is the preferred way of receiving/sending information?

9. Information transparency:

   Does the CSO have written reports on program evaluation (successes, challenges and best practices) and financial reports accessible to the public?

   ☐ No

   ☐ Yes, and accessible through:

   ☐ Organization's website

   ☐ Journal

   ☐ Other (mention):

   Additional Notes:

10. Number of employees:

    Total: person, consist of woman, man and transgender.

Employment type	Total	Role in the Institution	Acquired Basic Training	No Basic Training Yet
Full time	person (Fixed); and person (Contract)	Field officer/ Intervention officer	person	person
Part time	person	Case Manager	person	person
Volunteer	person	Councilor	person	person
Other	person	Peer Educator	person	person
		Management	person	person
		Data manager/Monev	person	person

Additional Notes:

11. CSO Office Status: ***(tick the appropriate box):***

☐ Lease from the government

☐ Lease from other parties (individual, private)

☐ CSO owned

☐ Other (mention):

Additional Notes:

12. Legal Status: ***(tick mark the available space)***

☐ CSO is not legally acknowledged by authorities

☐ CSO is legally acknowledged by

☐ as NGO

☐ as Private Company

☐ Deed-Creator Official (***mention the full name***)

Necessary supporting documents for profile attachment: (***Tick-mark the box if document is available)***

- ☐ Notary deed
- ☐ Written legal acknowledgement from the authority

Additional Notes:

13. CSO Characteristics *(**Tick-mark the available box**)*:
    - ☐ CSO established by Key Public Figures
    - ☐ CSO focus on Key Population
    - ☐ CSO established by Key Public Figures and other institutional figures (Government or non-Government)
    - ☐ CSO established by other figures not included in the key population
    - ☐ CSO affiliated with national organization e.g., PKBI, Nahdhatul Ulama, PGI
    - ☐ Non membership-based organization

    Additional Notes:

14. Organization's available policy documents (***tick the available box)***
- ☐ Organization's Basic Policy/Constitution (AD/ART)
- ☐ Organization's Strategic HIV Program Plan for the next 3-5 years
- ☐ Safety, Health, Environment Policy
- ☐ Diagram of Organizational Structure (organizational chart) and job descriptions for staff and director

Additional Notes:

15. Administration and Human Resources:
    - ☐ CSO has written Standard Operating Procedures (SOP) for human resources and administration
    - ☐ CSO uses SOP for human resources and administration that was established by the CSO Headquarters
    - ☐ Don't have SOP, but CSO manages human resources and administration based on necessity
    - ☐ CSO manages human resources and administration based on the donor's requirements

    Additional Notes:

16. Budget and Finance:
    - ☐ CSO has written SOP for budgeting, financial management and procurement
    - ☐ CSO uses SOP for budgeting, financial management and procurement from headquarters
    - ☐ CSO use SOP for budgeting, financial management and procurement from donor rules and regulations
    - ☐ CSO doesn't have written SOP for budgeting, financial management and procurement but they manage them based on necessity

    Additional Notes:

17. Taxes:
    - ☐ CSO has tax ID number, actively withholds and pays the organization's taxes and employees' taxes
    - ☐ CSO has tax ID number, but does not actively withhold and pay the organization's taxes and employees; taxes
    - ☐ CSO has only tax ID number and has obtained training
    - ☐ CSO only registered to get tax ID number

    Additional Notes:

18. Office and equipment:
    (*tick-mark *) the available box, more than one if necessary****)***
    - ☐ CSO has waiting room and office for staff and volunteers
    - ☐ CSO has waiting room, meeting room and office for all staff and volunteers
    - ☐ CSO office has only one computer and printer
    - ☐ CSO office has a few computers and printers to support the organization's activities
    - ☐ CSO office has sufficient LCD, computers and printers to support the organization and the Project
    - ☐ Other (mention):
    - ☐ Has the assets list that is updated annually

    Additional Notes:

19. General Overview of CSO's Scope of Work:
    a. Short Description of forms of activities:

    b. Name of CSO's Network of Institutions carrying out the above activities:
       a.
       b.
       c.
       d.

Additional Notes:

20. How many groups/individuals are estimated to be affected by your institution?

Female sex workers target: ……..		Total affected up to this time: ……..
Transgenders target: ……		Total affected up to this time: ……
MSM target: ……..		Total affected up to this time: ……
IDUs target: …….	T	Total affected up to this time: ……..

Additional Notes:

21. Other Sources of Funding and Resources: [*Name the form of funding, value (convert it to rupiah) from anywhere, including from the Government, national and international aid organization, private institution, public, MARPs]*
    a. Shape and form:
       - ☐ Funds, Amount: Rp.
       - ☐ Materials, estimated value in Rp.

    b. Period: ***(dd/mm/yyyy)***, to ***(dd/mm/yyyy)***

    c. Resources supported, name the institution, for what project:

Additional Notes:

22. Key Successes and Main Challenges:
    a. Key Success *(outline):*
    b. Main Challenges *(outline):*

23. Significant Planning:
    a. Which MARP needs are considered urgent for CSO's work priorities?

    b. If CSO has the opportunity to receive additional grant funds (outside the available grant), what will it be used for and how will it manage the funds?

    c. What does the CSO need to carry out its priority activity?

    d. Is there a plan to extend the ongoing program? If so, what is it? What is it directed towards? Which key population is it for? How to extend it?

24. Additional information you want to add:

25. Date and Name of Officer:
    a. Date:
    b. Name of the officer:

CSO Assessment Tool#2: Budgeting and Financial Management

How does the CSO carry out budgeting and financial management?

Guide to facilitators:

Facilitators conduct the discussion as follows:

1. Engage management, program and finance staff to in discussion on (i) budget compilation process, (ii) budget allocation management, (iii) budget performance evaluation.
2. Focus on the involvement of management and finance staff to discuss technical aspects of accounting and financial management.

	Question	Existence and Capacity Score			
		1	2	3	4
Finance **Verify the following:** Period of annual financial report (calendar or fiscal)	Does the CSO manage finance using cost centers as needed by the institution and program?	No system available.	Income and expenses are recorded, but it is difficult to know the amount of funds available for every cost center.	Finances (budgets and expenditures) are routinely reconciled. However, a financial statement is issued once every year.	Finances are reconciled and financial reports completed every month, every three months, every semester and every year. Annual financial reports are presented and discussed with stakeholders.
Bank Account: **Verify the following**: Name of the bank, each fund source has a separate bank account, name and title of the officer in charge of financial management and bank interest management.	Does the CSO have bank accounts for receiving and withdrawing funds?	Not yet available.	Uses the CSO member's bank account.	CSO has a bank account. CSO assigns two people as authorized personnel. There is a distinct separation of duties between preparing checks, signing checks, reconciling bank accounts, managing cash.	Same as Score 4, plus all transactions are recorded using account codes, journal entries (manual or computerized). Every month, CSO reconciles by comparing the overdraft with CSO's bank book. CSO's financial management is audited/reviewed regularly.
Supporting Documents	Does the CSO manage receipts and notes for every transaction of the grant funds received?	No, the receipts and notes are provided whenever required as supporting documentation for fund allocation.	Receipts and notes are sometimes provided as proof of expenditures, but are rarely saved or archived.	Receipts and notes are required as proof of withdrawal/use of grant funds and are archived, but are rarely studied by CSO management staff.	Receipts and notes and other supporting documents are archived for at least ten years, and studied regularly by CSO management staff.
Budget planning and cash flow	Does (and how) the CSO prepare the budget and	Budgets are compiled only for proposals.	Budgets are compiled to determine the amount of funds	Budgets are compiled and discussed every year for	Each semester, the budget is analyzed by comparing it with the

	manage the cash flow annually to simplify monitoring and budget/expenditure review?		needed for project activities and institutional operations.	approval by Management or the CSO Director.	amount of funds spent. The results are used to manage cash flow so that the CSO will have adequate amounts of funds for institutional operations and projects.
Financial Staff	Is financial management supported by competent staff?	Financial management tasks are carried out by multitasking staff.	Finance staff are employed to manage activities as directed/requested by the CSO decision makers.	Finance staff are employed and qualified to meet minimum financial management standards (daily cash flow management).	Finance staff have finance backgrounds, relevant education, more than five years of work experience, and skilled in running the accounting and finance systems.
Insurance Verify the following: Name of insurance company and insurance amount.	Does the CSO insure its property and assets?	Never.	In planning stage.	Has done it before, but did not continue it.	Has insurance for CSO's property, assets and personnel.
	Does the CSO provide health insurance and social employee insurance for its employees?	No.	CSO wishes to do so, but it does not have adequate funds.	CSO provides its employees Jamsostek membership.	CSO provides health insurance and Jamsostek for its full-time employees.
Reporting obligation	Does CSO deliver accurate and timely financial reports?	No experience in reporting to donor institutions. The financial reports have been managed by other partner institutions.	Report is delivered, but always untimely and always returned due to numerous questionable statements and lack of supporting data.	Several reports have been sent on time, although returned due to lack of information as required by the donor institution.	Reports are always sent on time and fulfill the needs/requirements specified by the donor institution.
Safety, Health and Environment (SHE) Management System:	Does the CSO have written policy regarding SHE management and how to apply it?	CSO doesn't have, and thinks that their staff are working in safe environment.	Has thought about it but doesn't have framework to apply in CSO environment.	CSO doesn't have written policy, but discusses SHE management at least twice a year.	Has written SHE policy that was included in AD/ART. CSO discuss SHE management at routine program meetings and CSO provides safety materials such as masks, gloves, etc.
Asset Management and procurement procedure	Does the CSO have asset management?	Not yet.	Has enlisted inventory but never updates it.	Record and update asset list every year.	Records assets, placement/use of assets and stock. Also hires an officer specifically for purchase and management of assets.

	Does the CSO carry out procurement procedures?	No, there are no procedures.	Has not carried out the procedures entirely by the book.	Carries out procedures at the request of CSO decision makers or donor institution.	CSO has an officer specifically hired for procurement according to existing procedures. Every procurement with purchase value of more than one million rupiah is carried out through competitive bidding by minimum of three vendors.
List of obligations/responsibilities, which have not yet been carried out/fulfilled: What must be done: When? Person in Charge: Necessary resources (Source/power, tools, funds):					

CSO Assessment Tool # 3: Program Management

How CSO manages projects/activities.

Guide for facilitators:

This section addresses how an institution (CSO) plans, manages and executes its projects and activities, as well as how it involves its staff, uses their capabilities and enlists the aid of volunteers. It also addresses how the institution (CSO) can achieve its vision and mission is the capacity to advocate, build partnerships, and work with networks.

It is important to obtain responses from the Members of the Board of Officials, leader of the organization, program manager, and field coordinators in answering every component of the organization's performance.

Facilitator needs to explore the participants' understanding of terminology in these tools.

- Give opportunity to all participants to read this tools section as a whole, while marking words that they do not understand.
- Ask each participant to pose a question to the facilitator regarding words/terminology that they fail to comprehend in these tools.
- Facilitator may ask other participants who have more understanding to answer their partner's questions. If no participant can provide a correct and satisfactory description of the terminology, the facilitator may aid their understanding and elaborate why the terminology is important.
- If all participants have determined the institution's score, facilitator must ask the participants to give an example/case study to explain/describe the score that they have assigned to their institution.

	Question	Existence and Capacity Score			
		1	2	3	4
AD/ART (Written Standard Operating Procedures):	**Does your organization have written AD/ART that have been acknowledged and approved by the Founder, Board, Executive Director and other organization members?** **Need to verify: ask for a copy of AD/ART.**	Don't have.	AD/ART still in development process.	Written AD/ART are available but the implementation has not been approved by the Founder, Board, Executive Director and the staff.	Written AD/ART are available and the implementation has been agreed to by all the organization's members. The implementation of AD/ART is evaluated at annual meetings that were attended at least by the Board and the Executive Director.
Mission	**Do you think your organization has a vision and written mission that are understood and agreed to by all the members of the organization? The mission explains why the**	Don't have clear vision or written mission.	Can explain the organization vision and mission, but never approved in writing by all the organization members.	Organization 's vision was written in the past and only involve some of the staff therefore it was only understood by some of the organization member	Organization's vision understood by all the members, acknowledged and supported by the shareholders. The written mission is regularly used by organization as reference

	organization was established and what they want to achieve.				for decision making.
Organizational Framework	**Do you have a written Organizational Framework that describes the priorities, strategy, and the programs to achieve them?**	No plan.	Has thought about it but never has written.	Has organizational framework that describes the policies in general, but not details on organization's priorities, strategy and programs.	Has written Organizational Framework policies in detail. All the Board and Executive Director understand how to apply that.
Human Resources Management	**Does the organization have a clear organizational structure with distinct separation of roles and responsibilities among all staff and volunteers?**	There is no clear understanding of the responsibilities of each staff member.	Job descriptions (which contain responsibilities and regulations related to certain types of work) have been written in the past, but nobody reviews them anymore.	Staff and volunteers are assigned to specific positions in the organization and have adequate understanding of their roles.	All roles played by the staff and volunteers are accompanied by clear and distinct job descriptions, and they understand their responsibilities in relation to other staff, coordinating with each other.
	Does CSO have/develop certain procedures/ system for managing HRD (staff and employees)?	Not yet and there has been frequent change of staff/volunteer.	There are unwritten procedures on recruiting staff/ volunteers, distribution of roles between staff and policy on salary and job promotion agreed upon between the institution's leader and officials.	There is a system and procedures documented and carried out for staff recruitment, policy on salary and job promotion, procedure on staff disciplining and appreciation of their performance.	There is a system and procedures documented and carried out for staff recruitment, policy on salary and job promotion, procedures on staff discipline and appreciation of their performance based on annual staff performance evaluations by their direct supervisor.
	Does the CSO have and carry out capacity development planning for its staff?	No training plans for the staff .	CSO no longer has training plans for its staff, but it provides opportunities for its staff to be involved in training held by other parties.	CSO has training plans for its staff, performed according to need, and depends on the support from other parties.	CSO has training plans for its staff, performed regularly according to need of program and staff, as well as using CSO's internal resources.
Development and planning of program activities	**Does the CSO plan their activity development by involving many stakeholders?**	Organization only responds instinctively to immediate and urgent needs, with little planning.	Occasional short-term planning for large events or monthly activities.	All operational activities of the organization are usually planned beforehand with the staff and volunteers. involved	Annual work plan is always co-created and agreed upon with community members, volunteers, staff and members of the Council (if any).

	How successful is CSO in developing and delivering proposals?	It has never implemented any activity funded by a successfully awarded proposal.	Funding accepted by CSO from successfully awarded proposal developed by other individuals/organizations.	Funding accepted in the last 3-5 years from successful proposals written by institutional staff.	Funding accepted from a minimum of two proposals, developed independently based on considerations of need, activity plans, and budgeting developed beforehand.
	Does CSO have a strategic plan, including a comprehensive HIV management program (continuum of care from prevention to support and treatment) for a 3-5 year term?	Not yet.	It has been discussed verbally, but never in writing.	Already has a written strategic plan for HIV-AIDS management program for a period of 3-5 years, but it is not yet approved by the CSO's Board of Officials and has not been used as a basis for completing annual work program.	Already has a comprehensive 3-5 year-period HIV-AIDS management program approved by the CSO's Board of Officials, reviewed every year and used as a basis for completing annual work program.
	Does CSO conduct population mapping and/or situation analysis to do strategic planning and annual work programming?	Not yet.	It has carried out mapping of the population and study/situation analysis by the request of a donor institution in the past, but has never carried out regularly up to this moment.	Mapping of population and study/situation analysis is carried out regularly every year during annual work planning by involving all staff.	Mapping of population and study/situation analysis carried out regularly before completing a strategic (3-5 years) and annual work plan by involving all staff, stakeholders and company groups.
	Has CSO ever planned and carried out a 3-5 year HIV Management Program using the following strategies: creation of suitable environment, strategic information and empowerment of key population?	No known plan or experience.	Has verbally discussed one or all of the strategies, but has never written or carried it out.	Already has program planning related to one or all of the strategies, and has carried out related activities before.	All three strategies have been discussed in program action planning and CSO has conducted activities related to the three strategies.
	What do the staff and volunteers know about the relationship between HIV and gender?	Absolutely no understanding.	Understanding of discrimination among different genders (men, women, transsexuals) with different susceptibility to HIV, but does not know what to do.	Has changed the direction of institution's programs to ensure all gender groups receive the same opportunity to participate and benefit from the program.	Always analyzes how gender affects susceptibility towards HIV and access to public service and responds with a correct strategy to create a suitable environment in the execution of institutional healthcare service program.

	What do the staff and volunteers know about the relationship between Human Rights, legal protection and HIV?	Absolutely no understanding.	Understands that key groups also have rights, but are still often the victims of discrimination and must receive protection.	Understands that Human Rights violations can make people more prone to discrimination and at risk of catching HIV, but is still unsure of how to use Human Rights issues in work or in helping other people.	Actively uses legal and human rights explanations to advocate or provide information and protect groups vulnerable to HIV.
	Which type of group is usually the target of approach in CSO's HIV program?	Always tries to cover the entire population.	Reaches whoever is attainable, but attempts to cover more vulnerable/risked groups.	Reaches and serves specific key population groups (gays, transsexuals, injecting drug users or commercial sex workers) according to the needs of each group.	CSO reaches and works with certain key population groups, and conducts program activities by consulting closely and constantly with target populations through the stages of research, planning, implementation and evaluation.
Resource allocation and mobilization plan (RAMP)	**Does CSO have detailed plan on allocation and mobilization of resources (workforce, funds, equipment) in relation to the 3-5 year program planning and the annual program?**	Never had.	Only in talks.	Resource allocation and mobilization plan (workforce, funds and equipment) are only available when asked for by other parties, such as the Government, stakeholders and donor institutions.	Already has a detailed plan on allocation and mobilization (workforce, funds and equipment) in accordance to 3-5 year program planning and organization's annual program.
	Does CSO involve all authorized staff in developing a detailed work plan?	CSO usually develops plan to respond to urgent needs.	CSO usually develops short-term work plan, such as monthly or quarterly work plan.	CSO usually plans all activities and involves all authorized staff.	CSO always develops annual work plans approved by key populations, organization's staff and Board of Officials.
	Does CSO hold regular internal coordination meeting in executing the detailed work plan?	CSO usually only holds internal meeting to respond to urgent needs.	Internal coordination meeting is only carried out once a year when monitoring performance and compiling annual detailed work plan with some staff	Internal coordination meetings are planned and carried out several times a year to discuss execution of the program as a whole by involving all staff.	Internal coordination meeting is planned and carried out regularly on various levels (coordination meetings on intervention activity, coordination meetings on program management) by involving all staff.
Monitoring and Evaluation,	**Does CSO have a sustainable monitoring and**	The organization has never carried out	There is no system yet, but there is a routine program	Already has a monitoring and evaluation system,	Already has and already uses it regularly according to the

Research and Reporting	**evaluation system/procedures for managing its programs?**	routine monitoring and evaluation of activities run by the organization.	reporting form by the request of a donor institution.	and the data/information are collected continuously for reporting to the donor according to the program's needs.	standard operating procedure. The data are used for future studies and decision making, and also as feedback for key populations.
Advocacy, networking and partnership	Does the CSO advocate for the purpose of influencing those with the authority to change the situation or policy that makes it difficult to provide HIV services or support?	Has never thought of local changing policy or the situation. Has never or has only carried out a few advocacy activities in the past.	Has only mobilized the general public to support or increase their awareness on HIV or to reduce stigma and discrimination. Has never advocated to key individuals or key institutions with the authority to make meaningful changes.	Has developed and conducted advocacy activities with certain groups or policies, but has not yet used evidence (data-based approach) and has not invited community members to speak their minds.	Has carried out adept advocacy based on evidence/data or consultations with various parties, mobilized alliance members, and used various communication and advocacy strategies.
	Is the CSO part of an HIV-AIDS prevention network in the area?	Has never been a part of a network.	CSO is involved in certain activities and in a network determined by another institution.	CSO is involved in the development and management of a network, and is involved in the decision making process at district level.	CSO exists equal to other institutions in the development and management of a network, and is involved in the decision making process from district to provincial level.
List of obligations/responsibilities which are not yet carried out/fulfilled: What must be done: When? Person in charge: Necessary Resources (Sources/power, tools, funds):					

Report Templates

Expanded Readiness Assessment Reporting Guidelines

- Focus on conveying the objectives, key findings and consequences of the interviews – aim to produce a document to inform readers of what took place, why and what mattered.
- Capture MARP-based issues, major concerns, opportunities and challenges
- Insert background information such as disease profiles for the province/district or data on the HIV/AIDS that can be found elsewhere.
- Be concise. Unless agreed otherwise in advance, ensure the document is no more than 50 pages including the Executive Summary.

INDICATIVE REPORT TEMPLATE

- **Title Page:** ERA Report for [LOCATION]. Date. Prepared by [NAME OF INSTITUTION]
- **Footer**: Disclaimer across the document to the effect: This report does not necessarily reflect the position of USAID SUM Program. The report is the outcome of stakeholders' inputs and reflections from interviews conducted [DURATION OF ASSESSMENT] and were assembled by [NAME OF INSTITUTION].
- **Table of Contents** including List of Tables and Figures
- **Abbreviations**: Try and keep these to a minimum; use terms in full wherever possible within the document – particularly if they do not appear repeatedly.
- **Executive Summary:** Attempt to keep within 1.5 pages, capture the objectives of the assessment, the location, number and nature of interview participants. State how the assessment was conducted and key findings. If there are emerging issues/considerations for the future, conclude with these.
- Background
- Methodology
    - The Community Readiness Model
        - Instrument
        - Selection & Recruitment
        - Community
        - Participants
        - Interviewers
- Results
    - IDU communities in [SPECIFY LOCATION]
    - FSW communities in [SPECIFY LOCATION]
    - Transgender communities in [SPECIFY LOCATION]
    - MSM communities in [SPECIFY LOCATION]
    - Other communities (e.g. General population) [SPECIFY LOCATION]
- Conclusions and Recommendations – indicating the major findings of the assessment, if possible, the strength of recommendations – i.e., if they were broadly held or not.
- References
- Annexes**:** Include interview transcripts, interviewer's reports and other relevant supporting documents.

Note: Sample of a complete ERA report is available from the SUM Program by request.

OP/TC Report Template

OP Assessment CSO ……..

Date ……..

TOOL # 2: Budgeting and Financial Management

Component and Questions	Score	Conclusion of Discussion Results
Finance: Does the CSO manage finances using an accounting system that can identify source of funds and type of expenses?		•
Bank Account: Does the CSO have a bank account as a center for receiving and withdrawing funds?		•
Supporting Document: Does the CSO have and apply fund allocation requests, procurement procedures and manage financial supporting documents such as purchase orders, invoices and eligible payment receipts?		•
Budget Planning and Cash Flow: Does (and how) the CSO prepare the budget and manage the cash flow annually to simplify the monitoring and budget evaluation?		•
Finance staff: Is financial management supported by competent staff?		•
Reporting Obligation: Does the CSO produce and deliver accurate and timely financial reports?		•
Insurance: Does the CSO insure its property and assets?		
Does the CSO provide health insurance and social employee insurance for its employees and contracted staff?		•
Safety, Health and Environment (SHE) Management System: Does the CSO have written policy regarding SHE and how to apply that?		•
Asset Management and procurement procedures: Does the CSO carry out procurement procedures?		•
Does the CSO have asset management?		•

List of obligations/responsibilities which have not yet been carried out/fulfilled:
What must be done:

Capacity Building Plan for Finance in 2011	When	PIC
1.		
2.		
3.		

Resources needed (funds, human resources, equipment and materials):	Amount (Rupiah, Unit, etc)
1.	
2.	
3.	
4.	

Tool #3: Program Management

Component and Questions	Score	Conclusion of Discussion Results
AD/ART (Written Standard Operating Procedures): Does your organization have written AD/ART that has been acknowledged and approved by the Founder, Board, Executive Director and other organizational members? Need to verify: ask for a copy of AD/ART.		
Mission: Do you think your organization has a written mission that is understood and agreed to by all the members of the organization? Does that mission or "dream" explain why the organization was established and what they want to achieve?		•
Organizational Framework Do you have a written Organizational Framework that describes the priorities, strategies, and work plans to reach your goals?		•
Human Resources Management: Does the organization have a clear organizational structure with distinct separation of roles and responsibilities among all permanent staff, contract/project staff and volunteers?		•
Does the organization have job descriptions for all positions in the organizational chart?		•
Does CSO have a policy (career development, team building, supervision, performance evaluation, conflict resolution, benefits) and certain procedures or a system for promoting, recruiting, and managing HRD (permanent staff, contract/project staff and volunteers)?		•
Does the CSO have and carry out management and technical capacity development planning for its permanent staff, contract staff and volunteers?		•
Project Planning: Does the CSO have project planning that make it possible to get other sources of funds for sustainability of the program and organization? What is the process for developing project plans?		•
Strategic Planning: Does the CSO have strategic and action plans		•

Component and Questions	Score	Conclusion of Discussion Results
involving a comprehensive HIV management program (continuum of care – from prevention to support and treatment) for a 3-5 year term?		
Annual Work Plan: Does the CSO conduct an annual work plan in detail, which includes objectives and measurable targets by involving stakeholders?		•
How successful is the CSO in developing and delivering proposals?		•
Does the CSO conduct MARP mapping, which includes characteristics, migration, HIV and STD infection risks, MARP social issues related to public services? How does the CSO do the mapping and to what extent does the CSO use mapping results?		•
Staff Knowledge & Skills for HIV-AIDS: Explain the average knowledge and skill of the CSO's staff for HIV prevention and AIDS care support/treatment that has been applied to MARPs.		•
Does the CSO support HIV and.STD prevention that focus on key populations--FSW, Transgender, MSM and IDU-- and integrate with diagnostic services and medication for STDs and HIV/AIDS through networking with stakeholders?		•
Does the CSO support HIV/AIDS treatment integrated with HIV/AIDS and STD prevention in collaboration with HCT and CST service providers and stakeholders?		•
What do the staff know about the relationship between HIV and gender? What do the staffs know about the relationship between human rights, legal protection and HIV**?**		•
Advocacy, networking and partnership: Does the CSO advocate for the purpose of influencing those with the authority to change the situation or change policies that make it difficult for the CSO to work in a HIV program? Is advocacy part of the CSO's work plans?		•
What is the results of the advocacy?		•
What is the CSO's role in the HIV/AIDS prevention network in the area?		•

Component and Questions	Score	Conclusion of Discussion Results
Key Population Empowerment in HIV-AIDS prevention and treatment: What is the CSO's experience in key population empowerment for HIV prevention and treatment programs in their community?		•
Resource Allocation Mobilization Plan – RAMP: Does the CSO have a detailed plan on allocation and mobilization of resources (workforce, funds, supporting equipment) in relation to 3-5 year program planning and the annual work program?		•
Monitoring, Evaluation and Learning (MEL): Does the CSO have a sustainable monitoring and evaluation system or procedures for running a MEL program?		•

List of obligations/responsibilities which have not yet been carried out/fulfilled:

1.
2.
3.

What must be done:	When	PIC
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Resources Needed:	Amount (Rupiah, Unit, etc)

OP/TC Assessment Individual Report by CSO

NAME OF CSO:	
NAME OF RESPONSIBLE PERSON IN THE CSO:	
DATE OF ASSESSMENT:	
REPORTED BY:	

I. ASSESSMENT IMPLEMENTATION

A. Organizational Capacity/Performance and Technical Capacity Assessment (OPTC) for CSOs

This section documents the implementation process of the OPTC assessment. Please include the following information:

- *number of participants disaggregated by gender (male, female, transgender), position in the organization (eg. project staff, core/permanent staff, Board of Director)*
- *total number of hours spent in completing the assessment*
- *strategy and/or approach used in conducting the assessment*

B. Overall process of OPTC Assessment – Assessor observation:

This section documents the assessor's observation which describes critical issues/challenges and lessons learned from the implementation process of OPTC assessment.

II. FINDINGS (NARATIVE)

This section of the report describes the findings derived from analysis of data collected in the OPTC assessment. Please address the following points:

- **Organizational Profile** *(summary of organization's characteristic, legal status, current resources, and existing program)*
- **Financial and budgeting system** *(summary of organizational capacity in financial and budgeting system, procurement, and assets management,* and the needs for capacity improvements*)*
- **Organizational and Program Performance** (Summary of organizational leadership and management; program management; knowledge and technical capacity of the staff in HIV-AIDS, gender, human right; networks, and the needs for capacity improvements)

III. RECOMMENDATION

In this section, the assessor is required to formulate relevant and succint recommendations (by priority) on the following organisational systems needs:

- *organisational development*
- *organizational performance*
- *technical capacity requirements*

CSO Matrix Plan for Organizational Capacity Development

Sections	**Identified Needs** Identified weaknesses/what performance improvement needed by CSOs	**What actions to be taken**	**When** (Most Urgent, Urgent, Year one or two)	**Person responsible** (Has to be CSO staff)	**Needed Resources** (technical assistance, consultant, fund, in-kind)
I. Organizational Profile					
1. Transparency					
2. Existing infrastructure					
3. Legal status					
4. Characteristic					
5. Governance/ leadership and documentations					
6. Future direction/plan					
II. Financial and Budgeting System					
1. Financial management					
2. Budgeting system and allocation control					
3. Financial report					
III. Organizational/Program Activities					
1. Human Resources Management					
2. Program of activity plan, and detailed implementation plan					
3. Resource and allocation mobilization plan					
4. Monitoring, evaluation and learning (MEL)					
5. Advocacy, networking and partnership					

Links to Reference Documents

Community Readiness: A Handbook for Successful Change.

International HIV-AIDS Alliance: A Capacity Analysis Toolkit For Community-based Organizations.

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