

Technical Report

Nigeria CUBS

CUBS Organizational Development Report 2014

September 2014

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Nigeria Community-Based support for Orphans and Vulnerable Children (CUBS)
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
www.msh.org



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**Assessment of the
Organizational Development Interventions
Implemented by the
Community-Based Support for Orphans and
Vulnerable Children in Nigeria (CUBS) Project**

September, 2014

This report, *Assessment of Organizational Development Interventions Implemented by the Community-Based Support for Orphans and Vulnerable Children in Nigeria (CUBS) Project*, was funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The project interventions discussed in this report were implemented by Management Sciences for Health (MSH) in partnership with Africare, under Contract No. GHH-I-00-07-00058-00.

The report is based on invaluable input from the CUBS staff at the MSH office in Abuja and in the United States, civil society organizations' staff, as well as state government officers who assisted the consultant. The consultant is particularly thankful for the technical assistance and support he received from Dr. Zipporah Kampor, CUBS' Project Director; Ijeoma Obo-Effanga, CUBS' Organizational Development Technical Advisor; Obialunamma Onoh, CUBS' Associate Director of Monitoring and Evaluation; and CUBS' 11 state program officers.

The contents are the responsibility of the CUBS project and do not necessarily reflect the views of USAID or the United States Government (USG).

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Acronyms

BOT	board of trustees
CSI	child status index
CSO	civil society organization
CUBS	Community-Based Support for Orphans and Vulnerable Children in Nigeria
M&E	monitoring and evaluation
MSH	Management Sciences for Health
NHOCAT	National Harmonized Organizational and Capacity Assessment Tool
OD	organizational development
OVC	orphans and vulnerable children
OVI	OVC vulnerability index
PEPFAR	President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development
USG	United States Government

I. Introduction

I.1. The CUBS Project

From 2009 to 2014, Management Sciences for Health (MSH) and Africare implemented the PEPFAR-funded, USAID project, Community-Based Support for Orphans and Vulnerable Children (CUBS) in 11 states of Nigeria. The project aimed to mobilize families, communities, and state leaders to improve the well-being of orphans and vulnerable children (OVC) through holistic, tailored care and support. To achieve this goal, CUBS provided technical support to the Federal Ministry of Women Affairs and Social Development (FMWA&SD) and 10 state ministries of women affairs and social development (SMWA&SD), which enhanced their leadership capacity and ability to coordinate national, state, and local OVC responses in Nigeria. CUBS also provided technical support to help 38 community-based civil society organizations (CSOs) delivery high-quality services to OVC. Capacity building among CSOs allowed the project to establish a local presence, maintain proximity to its beneficiaries, and ensure sustainability of project gains.



11 CUBS-Supported States of Nigeria

I.2. CUBS' OD Strategy

CUBS' organizational development (OD) strategy aimed to strengthen the 38 CSOs' capacity to plan, implement, fund, and monitor high-quality OVC service delivery. CUBS also integrated this strategy into all of its activities to accomplish the overall project goals, objectives, and strategies.

Goal
To ensure sustainable OVC service delivery
Objectives
<ul style="list-style-type: none"> • Increase access to holistic, community-based OVC services. • Strengthen in-country support for coordination of the USG and Government of Nigeria's OVC strategies. • Strengthen community-based structures to improve the well-being of vulnerable households. • Mainstream gender into OVC programming. • Strengthen systems for documenting and disseminating evidence-based best practices.
Strategic approaches
<ul style="list-style-type: none"> • Use a bottom-up, multi-pronged approach to mobilize families and communities for improving the well-being of OVC by providing holistic, family-centered care and support. • Provide technical support to enhance the FMWA&SD capacity to lead Nigeria's national OVC response • Leverage existing resources and build on already established federal, state, and community foundations. • Emphasize using a gender-sensitive approach.

- Develop a small grants program to support service delivery

To apply this strategy, CUBS conducted a baseline assessment at each organization, and based on the results, provided tailored training and supervision to enhance the staff's capacity. The project team also conducted regular monitoring and evaluation (M&E) exercises to assess the CSOs' progress and provide them with additional training and technical support, as needed. By the close of project, CUBS had trained 152 CSO staff in more than 160 communities and reached more than 53,100 OVC with care and support services.

1.3. CUBS' OD Assessment

In 2013, CUBS conducted an assessment to determine its progress in strengthening the organizational capacity of the 38 CSOs. The assessment aimed to identify:

- The CSOs' organizational capacity improvements,
- Best practices from CUBS OD interventions that could be applied in other contexts,
- Lessons learned through application of CUBS' OD strategy, and
- Challenges and gaps that limited CUBS OD success.

2. Methodology

To determine the impact of its OD interventions, CUBS conducted an endline assessment at each of the project-support CSOs and compared the results to the organizations' baseline scores. The assessments evaluated each CSO's capacity within the nine domains. For some CSOs, these assessments took place over a period of three years, while for others they took place over a period of two years.

2.1 Data Collection

CUBS' assessment team collected quantitative data using the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) and qualitative data using a structured interview guide.¹ Developed by Nigeria's National Agency for the Control of AIDS (NACA), the NHOCAT allowed for a comprehensive assessment of CSO capacity in the following domains: governance; experience, knowledge and skills; networking and referral systems; resource mobilization; human resource management; service delivery; procurement and financial management system; gender management system; and M&E. The interview guide captured data on the effectiveness of CUBS support and challenges encountered during implementation of the OD strategy. The assessment team obtained data by observing key organization processes, reviewing the CSOs' reports and other relevant documents, and conducting key informant interviews with CSO staff and relevant government officials.

2.2 Data Analysis

After collecting the NHOCAT data, CUBS' assessment team entered it into an excel spread sheet and analyzed using Epi Info. The analysis involved comparing the mean, median, and weighed total

¹ NACA, 23 April, 2013. National Agency for the Control of AIDS (NACA)—The National Harmonized Organizational and Capacity Assessment Tool (NHOCAT). <http://naca.gov.ng/content/view/full/460/1/lang.en/>

score for the different domains at baseline and endline. Differences in means were determined using the Student's t-test and those with p-values less than 0.05 were considered significant. The team analyzed the qualitative data using a word coding system of narrative and content analysis to identify and triangulate relevant and unique information.²

3. Results

Both baseline and endline assessment data was available for 22 CSOs and one CSO had only endline data available. Table 1 below shows the maximum possible score and the median baseline and endline scores for the CSOs according in each of the nine assessed domains. The baseline scores show significant weaknesses among the CSOs, as over 50 percent of the organizations scored less than one-half of the maximum possible score in all nine domains. The domains with the weakest baseline scores were procurement and financial management, gender management, M&E, and human resource management. There were significant improvements in all domains between the baseline and endline scores, during which time CUBS applied its OD strategy. The median of the overall weighted score increased from 57.5 at baseline to 134 at endline.

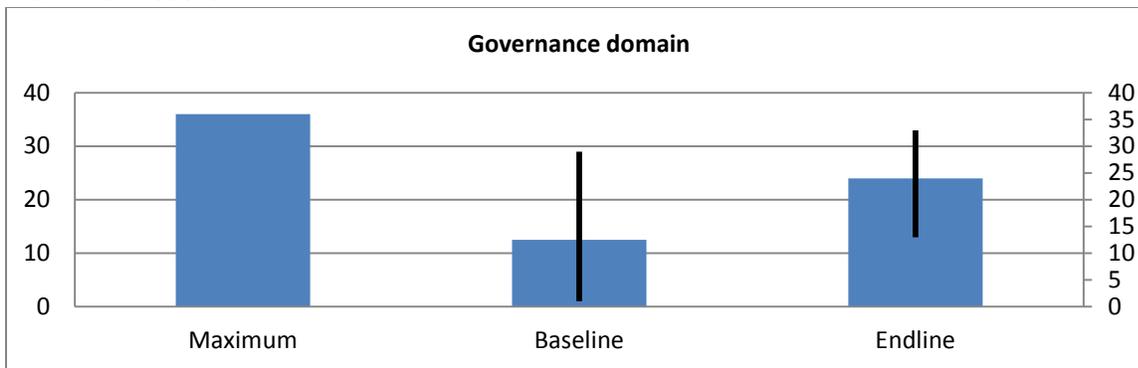
Table 1: CSOs' median scores at baseline and endline in the nine NHOCAT domains

Domain	Maximum Score	Median Score		p-value
		Baseline	Endline	
Governance	36	12.5	24.0	0.000
Experience, knowledge, and skills	16	5.0	12.0	0.000
Networking and referral systems	32	10.0	21.0	0.000
Resource mobilization	20	5.5	13.0	0.000
Human resource management	20	5.0	13.0	0.000
Service delivery	36	11.0	25.0	0.000
Procurement and financial management system	16	4.0	11.0	0.000
Gender management system	12	2.0	7.0	0.000
Monitoring and evaluation	12	2.5	8.0	0.000

3.1 Governance domain: The CSO executive directors who CUBS interviewed noted that, prior to the CUBS project, their organizations had little or no working systems, especially in the area of policies and procedures, and insufficient funding. Many of them also functioned as “one-man operations” without functional boards of trustees (BOTs). CUBS addressed these challenges by conducting a series of governance training and capacity building activities for the CSOs. Such activities equipped the CSOs’ leadership teams to develop their organizations’ constitutions, establish boards of trustees (BOTs), conduct regular board meetings, and support effective operations, including fund raising and service delivery. The project-supported CSOs are now stable organizations that benefit from multiple funding sources and deliver more comprehensive services to their target populations. They now also have more organizational structures in place and have developed tailored mission, vision, and value statements to guide their operations. As shown in Figure 1, CUBS’ interventions contributed to an increased median score within the CSO’ governance domain: from 12.3 at baseline to 24 at endline.

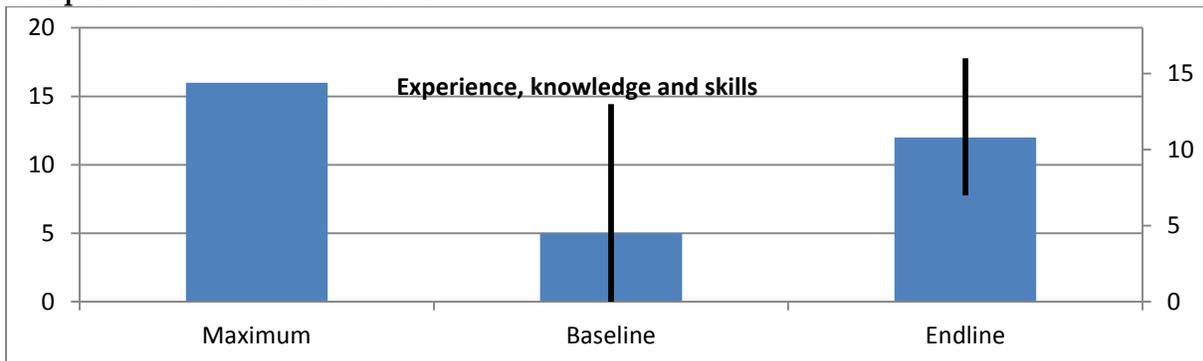
² Chapter 10 “Qualitative Data Analysis.” Accessed June 15, 2014, at http://www.sagepub.com/upm-data/43454_10.pdf.

Figure 1: Median baseline and endline scores for governance domain compared to the maximum score



3.2 Experience, knowledge, and skills capacity domain: The CSOs’ median score for the experience, knowledge and skills capacity domain increased from 5 to 12. At baseline, some organizations had little or no knowledge or the requisite skills to deliver effective OVC services. In response, CUBS deployed a series of customized trainings on OVC service delivery that included classroom sessions coupled with specialized hands-on mentoring and coaching sessions. The sessions equipped CSO staff to use national tools such as the Child Status Index (CSI) and the OVC Vulnerability Index (OVI). CUBS also trained the staff to identify and prioritize their programming needs and use available data to develop customized intervention plans. The endline assessment showed that all of the CSOs had met their established OVC service delivery targets.

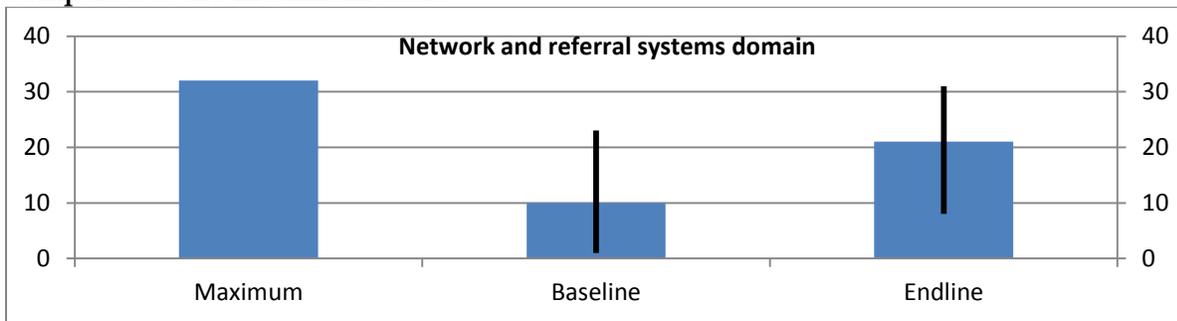
Figure 2: Median baseline and endline scores for experience knowledge and skills domain compared to the maximum score



3.3 Networking and referral systems: At baseline, most CSOs had no capacity to network and did not belong to any OVC network, group, association, etc. They lacked relationships with the Association of OVC Nongovernmental Organizations in Nigeria and other OVC bodies that could enhance their resource leveraging and technical capacity. In response to these needs, CUBS initiated a monthly CSO forum, inter-organization fora, and coalition building activities. The project team also sensitized and mobilized OVC groups and stakeholders to share knowledge and leverage one another’s strengths. At endline, the CSOs’ networking capacity had improved, as evidenced by the increased CSO resources such as programming information, knowledge, funding opportunities,

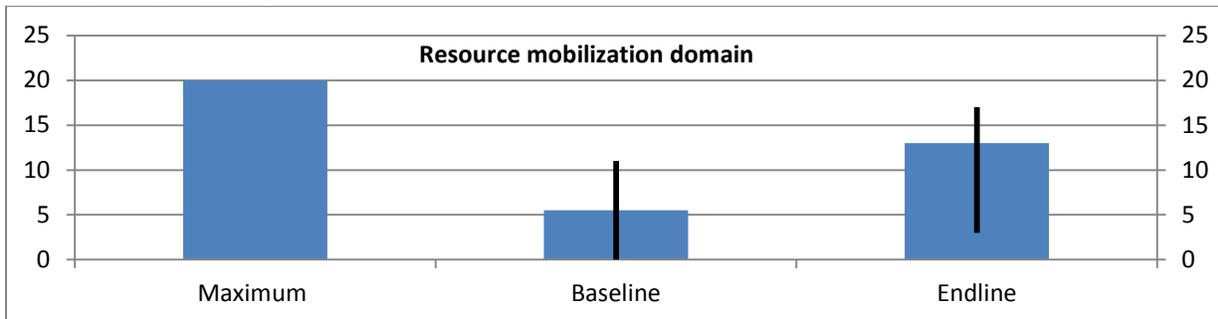
linkages, peer support, advocacy support, etc. During interviews, the CSO staff explained that they had gained many of these resources through the monthly CSO forums and the other inter-organization activities organized by CUBS. The CSOs OVC referral systems were also weak at baseline. Many of the organizations' referred children to different services providers but never learned if they had accessed those services. CUBS baseline assessment also showed a lack of documentation to record referrals logistics and the beneficiaries' feedback on the services they'd received. To address this gap, CUBS developed service referral directories and distributed these to the organizations and community stakeholders such as child protection committees. They also trained the organizations on how to document their referral processes and the beneficiaries' feedback and use this data to inform future service delivery and programming activities. These interventions contributed an increase 10 to 21 in the CSOs' median score for the network and referral systems domain.

Figure 3: Median baseline and endline scores for network and referral systems domain compared to the maximum score



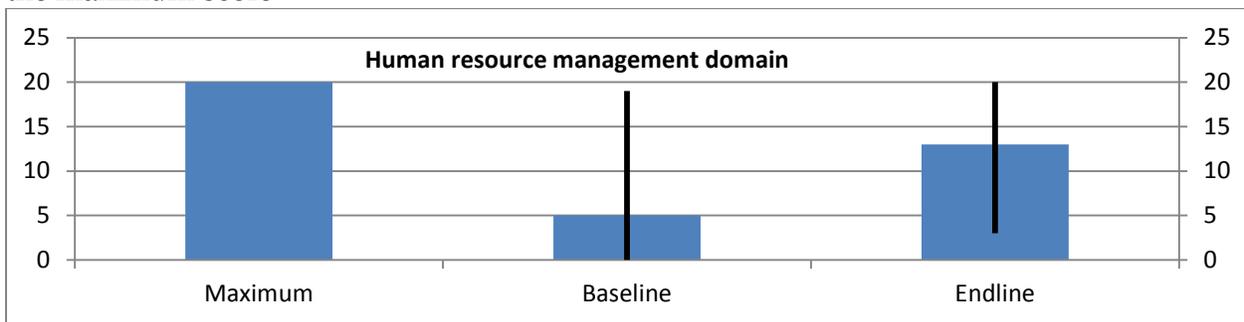
3.4 Resource mobilization: The resource mobilization domain has the second highest weight among all NHOCAAT domains. CUBS helped the CSOs develop their capacity in this area to enhance their ability to self-sustain. At endline, the CSOs reported that CUBS proposal development sessions, guidance, mentorship, OVC advocacy, and resource mobilization trainings yielded positive results within their organizations. During the endline interviews, staff from each of the 38 CSOs also reported that they had at least two sources of funding other than USAID through CUBS. The CSO staff credited CUBS for their increased capacity to mobilize and leverage resources.

Figure 4: Median baseline and endline scores for research mobilization domain compared to the maximum score



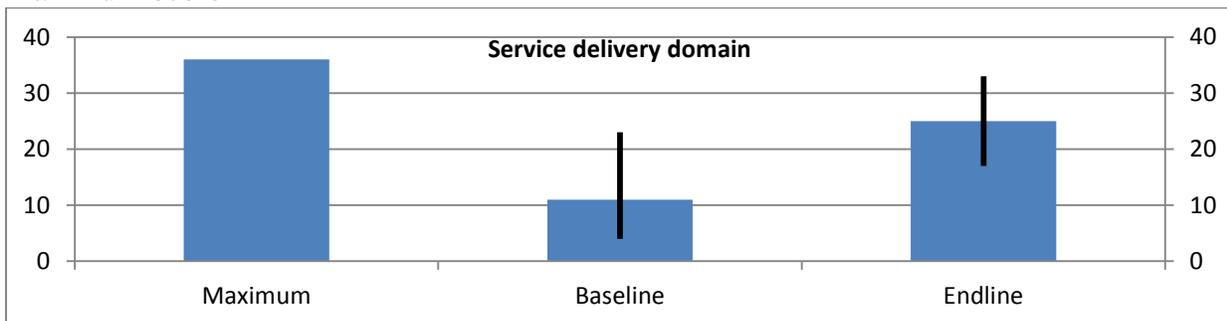
3.5 Human resource management: Human resource management is an important domain and remained a difficult one, as most of the CSOs complained of staff attrition both before and after CUBS’ interventions. To address the organizations’ human resource needs, CUBS helped each CSO build sustainable staffing systems that would run with minimal help from external stakeholders, such as donors and implementing partners. CUBS also helped the CSOs develop context-specific human resource policies, procedures, and job descriptions, which were previously non-existent. These interventions helped to improve staff retention, although staff attrition rose again towards the end of the CUBS project. Despite these challenges, CUBS’ interventions contributed to overall human resource management improvements, as evidenced by an increase in the CSOs’ median score in this domain, which rose from 5 at baseline to 13 by the end of the project.

Figure 5: Median baseline and endline scores for human resource management compared to the maximum score



3.6 Service delivery: The highest weighted domain in the NOHCAT is the service delivery domain. All of CUBS’ OD interventions support the CSOs’ progress in providing quality services to OVC. The CSOs collective scores showed the highest overall improvement in this domain, with their median scores increasing from 11 at baseline to 25 at endline. Many of the CSO staff reported that CUBS’ had developed their capacity to provide high quality OVC services.

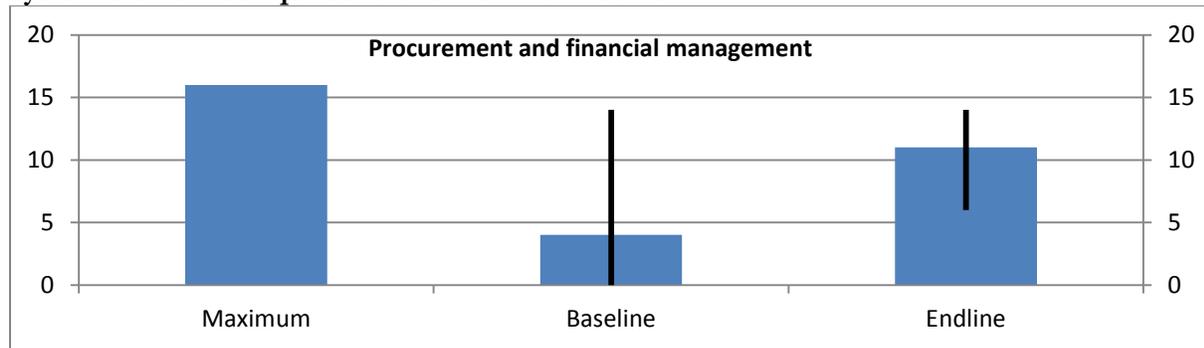
Figure 6: Median baseline and endline scores for service delivery domain compared to the maximum score



3.7 Procurement and financial management: The assessment showed that the CSOs’ procurement and financial management systems improved greatly through CUBS support, with the median score for this domain increasing from 4 to 11. At baseline, the CSOs had few policies, procedures, and guidelines to help them implement and manage their procurement and financial system. Some had no bank accounts and many operated with single signatory accounts and without

designated finance personnel. These poor procurement and financial management systems meant many CSOs could not meet the requirements necessary to obtain donor funding. Fortunately, CUBS helped the CSOs develop procurement and financial management systems to strengthen their organizational capacity and sustainability. The project also took the CSO staff through a series of training, mentoring, and coaching activities that helped them develop and implement the needed bank accounts, policies, procedures, and guidelines and employ appropriate personnel to operate their procurement and financial management systems. The impact of these interventions was emphasized by one of the CSO respondents who stated: *“We became the darling of donors.”*

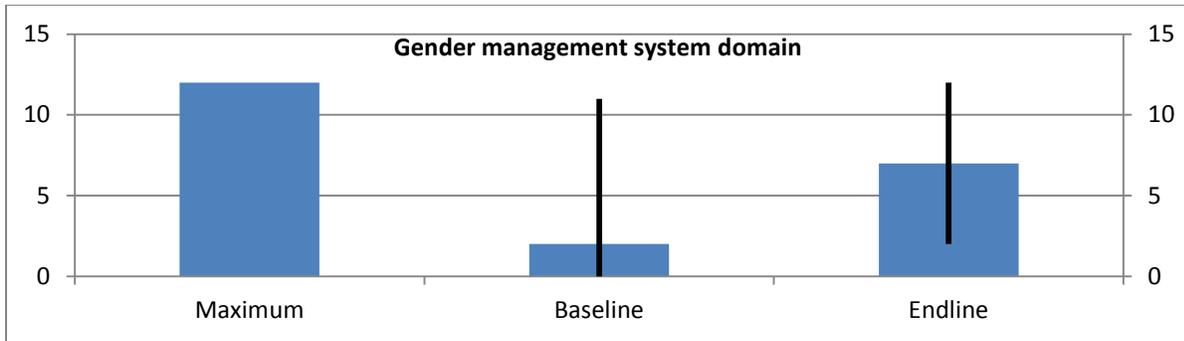
Figure 7: Median baseline and endline scores for procurement and financial management system domain compared to the maximum score



3.8 Gender management system: CUBS prides itself on being an OVC project with a gender component and many of the project-supported CSOs are also proud to make this claim. In the first years of the project, CUBS performed a gender needs assessment that revealed a gender bias in some of the CSOs’ OVC programs and documents. To address this issue, CUBS supported the CSOs in gender mainstreaming exercises related to their documents, policies, programs, and governance structures. Gender mainstreaming involves incorporating knowledge and awareness of - and responsibility for - gender-related issues into programs and policies to reduce gender bias.³ This process contributed to improved gender awareness among CSO staff and beneficiaries and enhanced gender management systems within the organizations. As a result, the CSOs median score in this domain increased from two at baseline to seven at endline.

Figure 8: Median baseline and endline scores for gender management systems domain compared to the maximum score

³ World Health Organization (WHO). “What is Gender Mainstreaming?” Accessed 9.24.14 at: <http://www.who.int/gender/mainstreaming/en/>

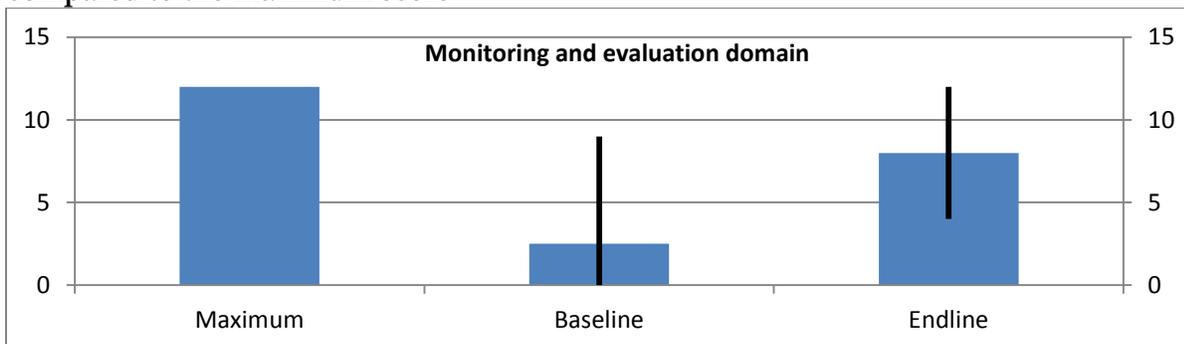


3.9 Monitoring and evaluation:

CUBS considered M&E as vital to the CSOs’ sustainability and ownership of their OVC programs. The project team also saw the benefit of M&E components such as benchmarking and knowledge exchange to support the CSOs’ continuous improvement. At baseline, the CSOs had little or no knowledge of the need for documentation. They also lacked the capacity to produce appropriate documents for monitoring and evaluating their programs and beneficiaries. In response, CUBS conducted a series of M&E capacity building activities, including trainings, mentoring, coaching, and supportive supervision. Through these activities, CSO staff developed the ability to use various, nationally-approved M&E tools for OVC programming, database management, record keeping, etc. By the end of the project, the CSOs were all able to use M&E tools to assess OVCs’ health status and vulnerability. Such tools included the OVI, the CSI, pre-enrollment forms, and enrollment forms, among others. In addition, the CSOs were able to report changes in their beneficiaries’ health status and proactively monitor their OVC programs—key tasks they were unable to do before CUBS. These interventions helped the CSOs’ median score in the M&E domain improve from 2.5 at baseline to 8 at endline. Reflecting on these improvements, one CSO staff stated:

“[Before CUBS] there was no documentation at our organization because of the belief that God does not record what He does for us, and so we should not record our interventions for others. But in 2010, the story, mentality, and indeed everything about WOCLIF [Women and Community Livelihood Foundation] changed. What happened? It was the coming of CUBS, our very first project and donor. Through CUBS, we are now able to document, monitor, report our activities, and even write winning proposals.”

Figure 9: Median baseline and endline scores for monitoring and evaluation domain compared to the maximum score



The findings above coincide with positive responses recorded during in-depth interviews with staff of the CSOs. Most of these staff members stated that their CSOs previously had little or no working systems (especially regarding policies and procedures) and no funds or office equipment. Some CSO executive directors noted that their organizations functioned as one-man operations and had no functional BOTs. However, as CUBS implemented and sustained its OD support, the CSOs built working systems that have resulted in significantly more stable organizations that benefit from multiple funding sources and deliver more comprehensive and high-quality services to their target communities and clients. These qualitative testimonies, in combination with the NHOCAT's quantitative results, confirm the CSOs' organizational and human capacity achievements and indicate CUBS' success in achieving its OD objectives.

4. Challenges and Limitations

OD strategy limitations

- Most of CUBS' partners, stakeholders, and program officers did not know that an OD strategy existed and guided the project's interventions. Many respondents noted that they would have preferred for CUBS to formally communicate the strategy to them, although most could explain the OD steps and training approaches.
- The number of CUBS and CSO staff engaged in the OD interventions was inadequate to effectively carry out the project activities. Some staff reported that they felt overwhelmed by their workloads.
- All of the CSOs indicated that the funding they received from CUBS was inadequate to meet their communities' expectations for OVC support. The OD strategy was not part of the initial CUBS strategies, which could explain the limited funding for CUBS' OD activities.
- Some communities refused to collaborate with the CSOs, while others were reluctant and suspicious of the CSOs' interventions. Some community members misconstrued CUBS activities as political events. However, most communities collaborated and supported the CSOs and displayed significant signs of sustaining OVC services beyond the CUBS' lifespan.
- The challenge of dealing with negative cultural and traditional beliefs concerning vulnerable families was not considered in the architecture of CUBS' OD strategy. For many CSOs, this impacted the quality and level of services they were able to provide in their communities.
- Although CUBS provided leadership training for SMWA&SD OVC desk officers, the officers reported that they would have preferred capacity-building training on topics such as human resources, OD, and infrastructure.
- OVC stakeholders were not involved in developing CUBS' OD strategy and this limited its successful implementation.

Assessment limitations

- Possible bias and attribution of all outcomes to only CUBS' without accounting for the influence of other funding sources, especially among CSOs with multiple funding sources.

- The NHOCAT was not always appropriately completed due to turnover among CSO staff.
- CSOs five-year strategic plans could not be assessed because they had not yet been implemented at the time of this assessment.

5. Lessons Learned

- CUBS participatory training, coaching, and mentoring activities improved the CSOs' visibility, capacity and achievements.
- Identifying child protection committee members as volunteers, and involving them in community-based outreach helped advance community ownership and participation.
- Engaging community leaders to spearhead different economic empowerment initiatives resulted in positive, significant outcomes to ensure sustainability and community ownership.
- The CSOs' community empowerment efforts have inspired acceptance and support from community members for OVC service delivery that will help such initiatives to sustain. Such efforts include establishment of networks and groups, such as child protection committees, quality improvement teams, and village savings and loan associations for OVC caregivers.
- CUBS' proposal writing, fundraising, governance, and policy development trainings helped the CSOs secure multiple funding sources to ensure sustainability of OVC service delivery.
- Helping the CSOs register with federal, state, and local authorities fostered inspired stakeholders to fund the organizations and further supported the CSOs' sustainability.
- Almost all of CUBS' CSO partners reported that the capacity-building support and training they received helped them address most of their OVC programming and service delivery needs.
- The CSOs' capacity trainings empowered many women to live independently without charity from community members.
- CSOs and SMWA&SD encountered some difficulty determining the cost of OVC support activities, budgeting for them, and monitoring their implementation to evaluate impact. Future OD initiatives should include development of cost and monitoring and evaluation plans.
- Conducting organizational capacity assessments using NHOCAT built the CSOs' assessment capacity, inspired systems-strengthening initiatives, educated staff on gaps and needed improvements, and inspired buy-in and ownership from the CSOs' senior management team.
- The use of community-based CSOs to lead and implement CUBS OVC service delivery objectives improved the organization's OD capacity, created an enabling environment for community ownership, and improved greater supply and demand for OVC care and support.

“Before CUBS came to us, we didn't have anything. It was just the little money I made that I used for our activities. But now CUBS has helped us put management systems in place, like policies. Now that many funders find us worthy to support, we now have three other funders - all because of CUBS support.”

~ Executive Director of a CSO in Akwa Ibom

6. Recommendations

- More participatory training and communication strategies should be used to equip stakeholders with a strong working knowledge of the OD strategy.
- More time should be allotted for CSOs to develop technical competence in using the NHOCAT.
- Site- and community-specific needs assessments should be conducted to inform decision-making processes related to OD activities.
- OD implementation plans should include costing details for implementation, monitoring, and evaluating the interventions.
- Specific indicators should be used to guide implementation of OD activities and such indicators should be included in implementer's performance monitoring plan. This would ensure that OD activities are budgeted for, monitored, evaluated, and improved upon over time.

7. Conclusion

The results of this assessment show that implementation and integration of this OD strategy enabled CUBS to achieve its overall project goals, objectives, and approaches. Specifically, CUBS' OD strategy enabled the 38 CSOs to build strong operational systems that have resulted in greater organizational stability, diversified and expanded funding sources, improved OVC service delivery, and stronger local capacity to support program sustainability. The project's OD assessment approach also equipped the organizations with a means to regularly assess their operations using NOHCAT and develop corresponding action plans to address identified gaps. Staff from each organization have also attested to the value of CUBS' OD capacity-building initiatives in addressing most aspects of their need for stronger OVC programs and improved services delivery. Across the board, the CSOs accepted CUBS' OD strategy as fundamental to their sustainability and recommend this intervention to other organizations, agencies, and ministries throughout Nigeria.