

**DORIS DUKE PARTNERSHIP FOR A HEALTHIER NAIROBI
CIVIL SOCIETY ORGANISATION ASSESSMENT**

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY WHO IS PRESENT TODAY

Hello. My name is _____. I am here on behalf of the African Pop and Health Research Centre, African Medical Research Foundation, Jhpiego City Council of Nairobi and Population Council to assist the government in knowing more about civil society organisations that are used by this community. I will be asking you questions about various community services. The information about your organisation will be used by the APHRC and organizations supporting services, for planning service improvement or further studies of health services. The data collected from your organisation may also be provided to researchers for analyses, however, the name of your organisation will not be provided and any reports that use your organisation data will only present information in aggregate form so that your facility cannot be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, I would appreciate your introducing me to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

Do I have your agreement to proceed?

Name of interviewer _____

Start time of interview 24 hour

CAPACITY ASSESSMENT OF CIVIL SOCIETY ORGANIZATIONS

SECTION 1: ORGANIZATION PROFILE

1 Particulars of Organization

1.1 Name _____

1.2 a) Year established b) Year registered

1.3 Registration No.

1.4 Site (1=Kibera, 2= Korogocho, 3=Viwandani)

1.5 Village _____ 1.6 Location _____

Contact Details:

1.7 P.O.BOX 1.8 Postal Code

1.9 Town/City _____

1.10 Contact/Interviewee's name: _____

1.11 Position in Organization _____

1.12 Name and title of person in charge _____
e.g. director/chairperson

1.13 Telephone No of person in charge or institution Mobile? (1=Yes, 2=No)

1.14 Email: _____

1.15 Type of organization:

NGO..... 1
CBO 2
FBO 3
Self -help group/ Association/Youth Group 4
Governmental agency..... 5
Other (specify_____). 9

1.16 Total number of staff

a) In this branch b) In total (including all national branches)

1.17 Organization's area of focus

CIRCLE ALL THAT APPLY	Gender issues.....	A
	HIV/AIDS (Including VCT, ART, PMTCT.....)	B
	Violence Against Women.....	C
	Sexual And Reproductive Health (FP, STI).....	D
	Environment.....	E
	Drug Abuse.....	F
	Delinquency.....	G
	Sex Workers.....	H
	Street children.....	I
	Savings & Credit.....	J
	Water and Sanitation.....	K
Child health.....	L	
Other (specify)_____	M	

1.18 What is your organisation's **main** target population?

Children under five.....	1
Older children (5-12 years).....	2
Youth/Adolescents.....	3
Adult women.....	4
Adult men.....	5
All population.....	6

1.19 What is the organisation's **main** area of activity?

CIRCLE ONLY ONE	Theatre / entertainment.....	1
	Feeding program.....	2
	Garbage collection.....	3
	Arts and crafts.....	4
	Health care.....	5
	Education.....	6
	Research.....	7
	Advocacy.....	8
Counselling.....	9	
Other (Specify_____)	99	

1.20 Geographical areas of work:

CIRCLE ONLY ONE	Sub- location	1
	Location	2
	Division	3
	District	4
	Province	5
	National.....	6

1.21 Is the organisation currently active?

Yes.....	1	
No.....	2	→ End

1.22 Has the organization worked with other partners in implementing its activities?

Yes.....	1	
No.....	2	→ 1.24

1.23 If yes, list current major partners

1.24 Has the organization received funding from donors for its activities in the last five years?
 Yes.....1
 No.....2 —————> 1.26

1.25 If yes, list major funders in last five years

Name of funder	Year of funding
a)	
b)	
c)	
d)	
e)	

1.26 Has the organization received technical support from other organizations?
 Yes1
 No.....2 —————> 1.28

1.27 If yes, please identify type of technical support received from other organizations

Name of organization providing/which has provided technical support	Type of technical support received (Yes or No?)			
	Training	Data systems	Training materials	Advocacy
a)				
b)				
c)				
d)				
e)				

1.28 We would like to know what kind of technical assistance the organisation would wish to be given by ranking the following from 1 (top-ranked) to 12 (bottom-ranked)

Technical assistance	Rank
a) Training in proposal writing.....	
b) Training in report writing	
c) Training in data collection	
d) Training in basic data analysis.....	
e) Setting up a data system	
f) Training in organisational management.....	
g) Provision of office equipment.....	
h) Advocacy.....	
i) Partnership building	
j) Assist with actual proposal	
writing.....	
k) Budgeting.....	
l) Other (specify below).....	

SECTION 2: GOVERNANCE AND LEADERSHIP

2.1 Is the organisation properly registered/licenced with the relevant government authorities?
 Yes, registered and up to date.....1
 (ask to see registration) Yes, registered but not up to date.....2
 Not registered3

2.2 Does the organization have a constitution or written rules? Yes.....1
 No:2 —————> 2.5

2.3	FW: ASK TO SEE WRITTEN RULES OR CONSTITUTION	Documents seen..... 1 Documents not seen..... 2	
2.4	Is the constitution or written rules accepted and approved by all the members?	Yes..... 1 No: 2	
2.5	Does the organization have an elected management committee?	Yes..... 1 No: 2	2.9
2.6	Does the management committee collectively make decisions for the organization through meetings?	Yes..... 1 No: 2	
2.7	Are the minutes of the board/executive/manag't committee recorded and filed?	Yes..... 1 No: 2	2.9
2.8	FW: ASK TO SEE MINUTES OF LAST BOARD/MAG' T COMMITTEE MEETING		
		Minutes seen..... 1 Minutes not seen..... 2	
2.9	Does the organization have articulated mission/goals?	Yes..... 1 No: 2	2.12
2.10	What is the organisation' s mission? IF DON' T KNOW; FILL IN ' DNK'		
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>		

3.2	Who are the account' s signatories? (FILL IN POSITIONS; NOT NAMES!)	1) _____ 2) _____ 3) _____																					
3.3	Does the organization have a budget for its operations?	Yes.....1 No:2																					
3.4	Does the organization maintain records of income that can be presented upon request?	Yes.....1 No:2 → 3.6																					
3.5	FW: ASK TO SEE ANY RECORDS OF INCOME	Records of income seen..... 1 Records of income not seen..... 2																					
3.6	Does the organization maintain records of expenditure that can be presented upon request?	Yes.....1 No:2																					
SECTION 4: ADMINISTRATION AND HUMAN RESOURCES MANAGEMENT																							
4.1	Does the organization have its own office?	Yes.....1 No:2																					
4.2	Does the organization have its own office equipment-computer with printer?	Yes, both computer and printer..... 1 Yes, only computer..... 2 Yes, only printer..... 3 No computer or printer..... 4																					
4.3	Does the organization have a telephone?	Yes, mobile phone..... 1 Yes, fixed phone (landline)..... 2 Yes, both mobile and fixed phone.....3 No phone..... 4																					
4.4	Does the organization have email and internet services?	Yes.....1 No:2																					
4.5	Does the organization have easy access to internet and email services	Yes.....1 No:2																					
4.6	The organizations has the following human resources: <table border="1" style="float: right; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Yes</th> <th style="width: 25%;">No</th> </tr> </thead> <tbody> <tr><td>Director</td><td>1</td><td>2</td></tr> <tr><td>Manager</td><td>1</td><td>2</td></tr> <tr><td>Finance officer/accountant</td><td>1</td><td>2</td></tr> <tr><td>Human Resource manager</td><td>1</td><td>2</td></tr> <tr><td>Cashier</td><td>1</td><td>2</td></tr> <tr><td>Other (specify)_____</td><td>1</td><td>2</td></tr> </tbody> </table>			Yes	No	Director	1	2	Manager	1	2	Finance officer/accountant	1	2	Human Resource manager	1	2	Cashier	1	2	Other (specify)_____	1	2
	Yes	No																					
Director	1	2																					
Manager	1	2																					
Finance officer/accountant	1	2																					
Human Resource manager	1	2																					
Cashier	1	2																					
Other (specify)_____	1	2																					

SECTION 5: MONITORING, EVALUATION & DATA SYSTEMS			
5.1	Does the organization collects data?	Yes.....1 No:2	→ 5.7
5.2	Does the organization collects data At the beginning of every project..... A At the mid-point of every project..... B CIRCLE ALL THAT APPLY At the end of every project..... C Every month..... D Every Year..... E Other (specify below) F		
5.3	What kind of data does the organisation collect? _____ _____ _____ _____ _____ _____		
5.4	Does the organisation has a computerised data base for its data?	Yes.....1 No:2	
5.5	Does the organization has capacity to analyze the data it collects	Yes, for basic analyses..... 1 Yes, for basic & complex analyses..... 2 No capacity for analysis..... 3	→ 5.7
5.6	Does the organization analyzes the data it collects	Yes.....1 No:2	
5.7	Does the organization uses data when writing proposals for funding	Yes its own data.....1 Yes, data from other organizations..... 2 No, it does not use data in its proposals..... 3 Organisation does not write proposals 4	
5.8	Does the Organization regularly writes project reports	Yes.....1 No:2	→ 5.10
5.9	Does the organization use data when writing reports	Yes its own data.....1 Yes, data from other organizations..... 2 No, it does not use data in its reports..... 3	
5.10	Does the organization has a Management Information System for collecting implementation data to ensure that resources are used efficiently and that goals are met	Yes.....1 No:2	
5.11	Does the organization follows up on its work to establish the changes that its activities bring on the target groups	Yes.....1 No:2	

SECTION 6: OTHER ORGANISATION ATTRIBUTES

6.1 Does the organization have an advocacy strategy Yes.....1
No:2

6.2 Does the organization undertakes advocacy activities directed at the community to support its activities
Yes.....1
No:2

6.3 Does the organization carry out advocacy activities to influence those in decision-making affecting their activities
Yes.....1
No:2

6.4 Is the organization a member of one or more networks or associations
Yes.....1
No:2 → **6.6**

6.5 The organisation is a member of _____ (list networks, associations, forums etc..)

6.6 Is the organization represented in the Community Health Committee
Yes.....1
No:2

6.7 Is the organization represented in the Divisional Health Stakeholder Forum
Yes.....1
No:2

6.8 Is the organization represented in the District Health Stakeholder Forum
Yes.....1
No:2

ENDINGS

Signature: _____

End time of interview: (24 hour)

Date: _____

Signature of Team leader _____

END THE INTERVIEW BY THANKING THE RESPONDENT

Interviewers Comments and observations on specific questions

Team Leader/ Supervisor's observations