



ORGANIZATIONAL CAPACITY ASSESSMENT REPORT

Missenyi AIDS and Poverty Eradication Crusade (MAPEC)

February 2018

ORGANIZATIONAL CAPACITY ASSESSMENT REPORT
For Missenyi AIDS and Poverty Eradication Crusade (MAPEC)

The information contained in this report is the product of an organizational capacity assessment (OCA) conducted by the Community Health and Social Welfare System Strengthening Program (CHSSP). The organizational capacity assessment component is led by JSI Research and Training Institute with the generous support from American People from The President's Emergency Plan for AIDS Relief (PEPFAR) through United States Agency for International Development (USAID).

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The views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organizations
CHSSP	Community Health and Social Welfare System Strengthening Program
CSOs	Civil Society Organizations
CTC	Care and Treatment Centre
PMP	Project Monitoring Plan
HIV	Human Immunodeficiency Virus
JSI R&T	JSI Research & Training Institute, Inc.
JSI	John Snow Inc.
M&E	Monitoring and Evaluation
MVC	Most Vulnerable Children
OCA	Organizational Capacity Assessment
OCAT	Organizational Capacity Assessment Tool
PEPFAR	President's Emergency Plan for AIDS relief
PLHIV	People Living with HIV
MAPEC	Missenyi AIDS and Poverty Eradication Crusade
AGYW	Adolescents Girls and Young Women
TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government
WEI	World Education Inc.

ORGANIZATIONAL CAPACITY ASSESSMENT (OCA) REPORT

Missenyi AIDS and Poverty Eradication Crusade (MAPEC)

ASSESSMENT TEAM:

Joseph Bukula

Pantaleon Shoki

Abubakari Madhehebi

1.0 Background

Community Health and Social Welfare System Strengthening (CHSSP) is 5-years system strengthening project that is funded by the President's Emergency Plan for AIDS Relief (PEPFAR 3.0) through United States Agency for International Development (USAID). The program is implemented in a consortium of JSI Research & Training Institute, Inc. and World Education Inc. (WEI).

Community Health and Social Welfare System Strengthening Program (CHSSP) has two key objectives:

Objective 1: Higher performing human resources for community health and social welfare services (who are able to support AGYW, MVC and PLHIV to know their status, improve retention and adherence, and achieve viral suppression).

Objective 2: More functional, better coordinated community structures and systems to better serve priority and key populations

2.0 Organizational Capacity Assessment Process

JSI/CHSSP has been mandated to carry out her support in strengthening the organizational and management capacity of USAID Kizazi Kipya CSOs to better serve priority and key populations. To sustainability strengthen the organizational and management capacity of selected CSOs, CHSSP developed a capacity building approach with four phases (Engagement/Mobilization, Organizational Capacity Assessment/Organizational Diagnosis, Planning and prioritization of intervention, Implementation of prioritized interventions for capacity building).

In order to design and implement capacity-building interventions to CSOs, JSI R&T through Community Health and Social Welfare Systems Strengthening Program, had to engage with selected CSOs in conducting organizational capacity assessment (OCA) by using JSI OCA tool (2014) in participatory assisting organizations to assess their organizational capacities as guided by seven OCAT domains. OCAT domains are Governance, administration, human resource management, financial management, organizational management, program management, project performance and management (PPM).

The elements and their subsections measure organizational strengths, gaps and ability to comply with USG administrative, financial and programmatic regulations, procedures and standards. The outcome of OCA activity is baseline data which shall be used as a benchmark in venturing into capacity building interventions, concurrently, Organizations' maturity level was assessed to determine growth and organizational development, and this shall be assessed repeatedly after every six months of capacity building interventions. After an assessment, action plan that summarizes identified capacity gaps, proposed actions to address gaps, Technical Assistance (TA) needed, level of priority, responsibility and timeline for implementation was developed. To get a full range of

inputs, a sample of staff and board members fill out anonymous questionnaires. Staff contribute by providing details that reflected on their knowledge and use of the mission and vision statement; their participation in planning exercises, awareness of administrative and human resource policies. In addition, Board members provide details on the leadership, responsibilities, and commitment to the organization.

3.0 **Organizational Overview**

MAPEC Stands for Missenyi AIDS & Poverty Eradication Crusade, an indigenous NGO based in Missenyi District situated at Kyaka along Karagwe road 50 Kilometers from Bukoba urban in Kagera Region. MAPEC founded in March 2001 and registered in September 2001, with registration NO. S01118. Following change of 2002 NGO act, MAPEC obtained certificate of compliance No. 1876 in May 2006 and has a Board and Executive Committee that forms administrative machinery of the organization.

MAPEC envisions healthy, productive, just, and prosperous society. To achieve its mission, MAPEC endeavors to cut vicious cycle of poverty and HIV/AIDS through community mobilization and empowerment at grass roots level, with their collective participation and involvement in identification of social needs and demands; develop collaborative interventions to address key community development issues.

MAPEC has eight (8) main values for partners and staff:-

- Transparency
- Accountability
- Confidence
- Curiosity
- Networking
- Integrity
- Justice
- Commitment

Basing on the needs, felt by MAPEC targeted population, existing government policies and procedures, and MAPEC capacity, the organization has selected nine (9) thematic areas which are:-

- Orphans and Vulnerable children
- HIV/AIDS
- Malaria
- Family planning
- Economic strengthening
- Health and sanitation
- Nutrition
- Sustainable agriculture
- Environmental conservation

Since its establishment, MAPEC implemented number of program include; AAA Network: SIDA funded HIV/AIDS Peer Education Program as a sub-grant to Safina Trust Fund, Jali Watoto MVC Program USAID/PEPFAR funded program as a sub-grant to Pact Tanzania, Communication and Malaria Initiative in Tanzania (COMMIT) in collaboration with Population Service International (PSI Tanzania). In addition, MAPEC has reputable

records of collaboration with Africare through CDC funding to implement HBC and PMTCT program, BCC Program in response to Malaria, HIV/AIDS, and Family Planning with USAID funding through TCDC, USAID funded Maternal and Children Survival Program as sub-grant to Jhpiego, and of recent, Pamoja Tuwalee OVC Program as a sub-grant to Pact Tanzania.

Currently, MAPEC is implementing the largest OVC service delivery program in the country (USAID Kizazi Kipya Program) funded by PEPFAR 3.0 through USAID as a sub-grantee under Pact, MAPEC implements OVC component at Missenyi DC, Kagera Region. The USAID Kizazi Kipya project aims at enabling 1 million OVCs and 350,000 caregivers to access comprehensive HIV/AIDS care and treatment services.

MAPEC has the Executive Board of Directors that advises the organization on general governance and programmatic matters. Under USAID Kizazi Kipya project, MAPEC has diverse staff ranging from Program Manager, Program Accountants, and M&E Officer, CMOs, CMCs, ESLO, Health & HIV Officer, Education Officer, CCWs, and other cadres of community volunteers. The project is implemented under the consortium led by Pact; other organizations are Aga Khan Foundation, EGPAF, Railway Children Africa (RCA) and Ifakara Health Institute (IHI).

4. OCA Implementation Description

4.1. OCA Participants

The JSI/CHSSP team was composed of three (3) participants. In addition, from MAPEC team twelve (12) attendees participated in the process out of which four (4) were board members who participate in the entire process. Table below summarized list of participants and their designation.

Table 1: List of participants at MAPEC OCA Activity

JSI/CHSSP team	MAPEC Team
Joseph Bukula Program Officer – CSOs & Quality Improvement, Team Leader (Governance, HRM, Organizational Management)	Donatus Kaihura – Program Coordinator
Pantaleon Shoki Monitoring, Evaluation, Reporting and Learning Advisor, Co-facilitator (Governance, Project Performance Management, Project Management and Performance)	Fatuma Omary – Board Chairperson
Abubakari Madhehebi Program Officer - M&E and Trainings, Co-facilitator (Governance, Administration, Financial Management)	Khadija Masoud – Board Member
	Hindu Omary – Board Member
	Leah Fulgence – Health & HIV Officer
	Sophia Busunge – Case Management Coordinator
	Happyness Shang'a – Economic Strengthening and Livelihoods Officer
	Nelius Projestus – Case Management Coordinator
	Mustafa Kibaya – Board Member
	Fatuma Hamady – Case Management Officer
	Mukayu Johanes – Accountant
	George Bubelwa – Executive Director

4.2. OCA Process for MAPEC

JSI Research and Training Institute, Inc. under Community Health and Social Welfare Systems Strengthening Program (CHSSP) team and MAPEC staff conducted the OCA for a period of 2 days from 19th – 20th December 2017 at the MAPEC head offices located at Missenyi District, Kagera Region, Tanzania.

Prior to OCA, the CHSSP team sent MAPEC two short questionnaires for staff and board members to be distributed to staff and board members; 8 staff questionnaires and 4 board questionnaires were completed and returned.

MAPEC also received a list of resource documents needed for reference during the review. Upon CHSSP team arrival, the process introduced in a plenary discussion with MAPEC team; the purpose of the OCA, methodologies, and staff worries and expectations highlighted. Team agreed to conduct some section in plenary discussion of all participants and for other sections, participants will split into groups each with one CHSSP facilitator. The teams immediately thereafter commenced on a highly participatory OCA process culminating in formulation of a draft action plan. Refer to annexed action plan at the end of this report.

JSI/CHSSP used JSI Organizational Capacity Assessment Tool (OCAT) latest version of 2014 in assessing the organizational and management capacity for baseline for intervening into capacity building activities. The used tool examines organization into seven domains/sections and each section has objective, resources needed for review and several sub-sections to be assessed. Seven domains of OCAT are Governance, Administration, Human Resource Management, Financial Management, Organizational Management, Program Management, and Project Performance Management.

5.0 OCA Findings

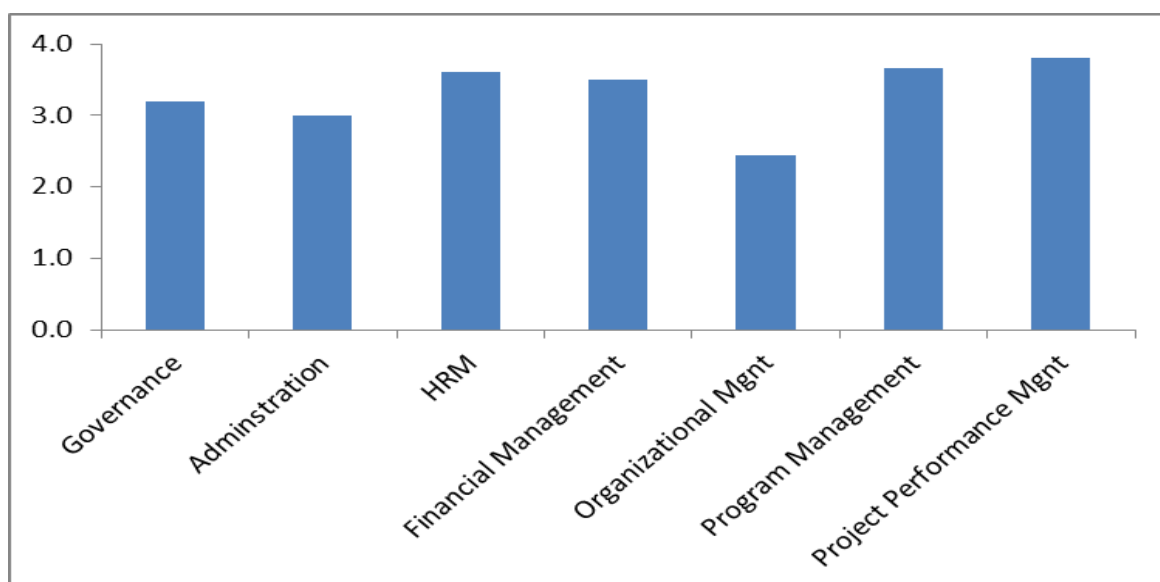
5.1. OCA Scores

MAPEC is a large and reputable organization in development interventions within her areas of operations (Thematic areas and locations) in the country. Since MAPEC has been granted the USAID Kizazi Kipya project by pact as an implementing partner, and in order for MAPEC to achieve desired objectives, there is a need to have well-functioning and better-coordinated organizational and management systems, Not only for USAID Kizazi Kipya project but also for an entire organization as complete and capacitated entity.

OCA process through JSI R&T/CHSSP is a part of capacity building approach that supports MAPEC in self-learning and challenging their own organizational and management systems. MAPEC team is highly motivated and eager team and is ready, capable, and willing to implement well-managed and successful programs. The team exercised a high degree of professionalism and openness in the analysis of their strengths and weaknesses that resulted to organizational capacity scores and development of action plan.

The organization's overall capacity score is 3.3 out of 4. The three strongest organizational capacity domains are Program Management (3.7), Project Performance and Management (3.8), and Human Resource Management (3.6). Other capacity domains assessed scored; Governance (3.2), Organizational Management (2.4), Financial Management (3.5), and Administration (3.0).

Graph 1: Graphical Presentation of OCA Domain Scores for MAPEC for each Domain



5.2. Summary of Issues

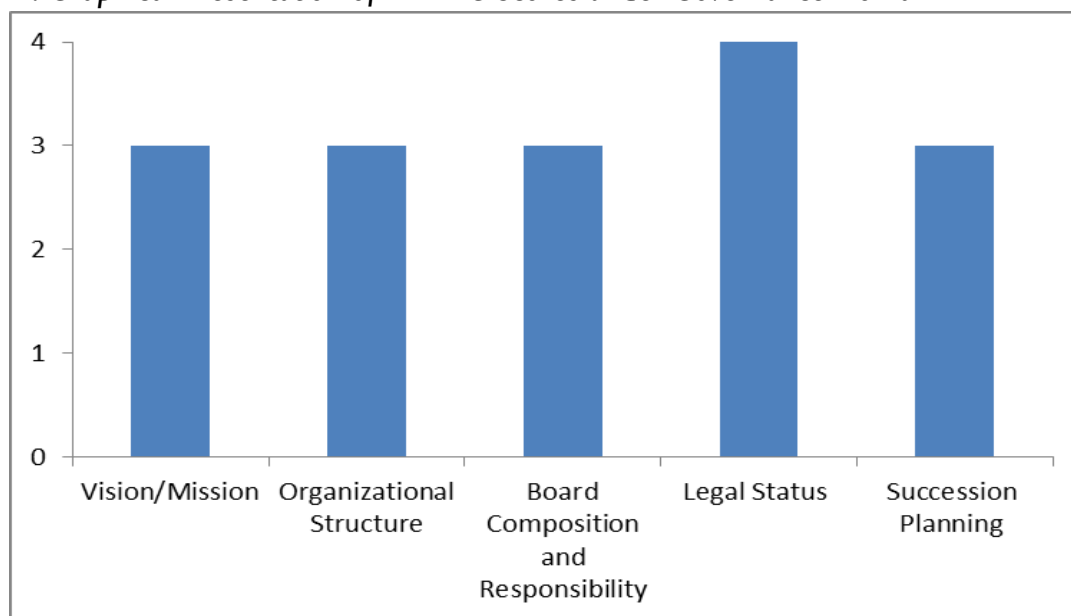
5.2.1. Governance (Capacity Score: 3.2)

Governance domains aimed at assessing MAPEC's motivation and stability by reviewing its guiding principles, structures, and oversight. Under this section key documents that reviewed includes vision and mission statements, organogram, minutes for board meetings and registration details. This domain covers sub-sections of Vision/Mission, Organizational Structure, Board Composition and Responsibilities, Legal Status and Succession Plan. Overall Score for MAPEC under this section is 3.2/4.0.

MAPEC has a clear and well-articulated vision and mission statements that are defined, understood, and well communicated to majority of staff and align with organization's aspiration of where it aspires to become or achieve. MAPEC has a documented organogram/organizational structure; MAPEC has a functional board of directors with twelve (12) members and meets twice a year and whenever deemed necessary. Board meetings minutes are documented, however, file for board meetings needs to be labeled as per filing standards, decisions made and put into practice. The organization is legally registered and aware of its tax obligation.

Graph below shows the graphical presentation of MAPEC's sub-sections scores under the governance domain of organizational capacity.

Graph 2: Graphical Presentation of MAPEC Scores under Governance Domain



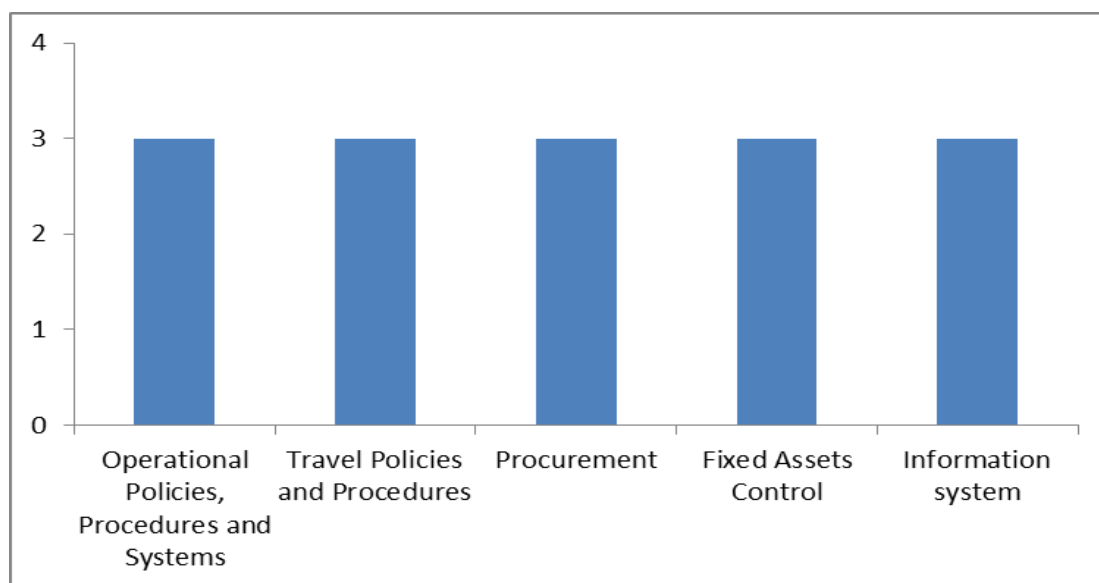
MAPEC's lacks a narrative description of organogram, and undocumented succession plan despite of excellent informal succession within the organization. The organization lacks a well-documented, complete, and comprehensive board ToR to govern its

operations. In addition, the board of directors has limited capacity to execute their roles especially on fundraising and partnership management.

5.2.2. Administration (Capacity Score: 3.0)

MAPEC assessed on administration with primary focus of examining capacity to develop and apply policies and procedures. In addition, aim of this domain was to assess the existence, quality, and staff knowledge on administrative procedures and systems. This domain had five assessed sub-domain namely; Operational policies, procedures, and systems, travel policies, procurement, fixed asset control and information systems. Several documents reviewed on their existence and quality, such documents included; Operational manual, fixed asset procedures and registers, travel policies and related documents such as travel advance and expense forms.

Graph 3: Graphical Presentation of MAPEC Scores under Administration Domain



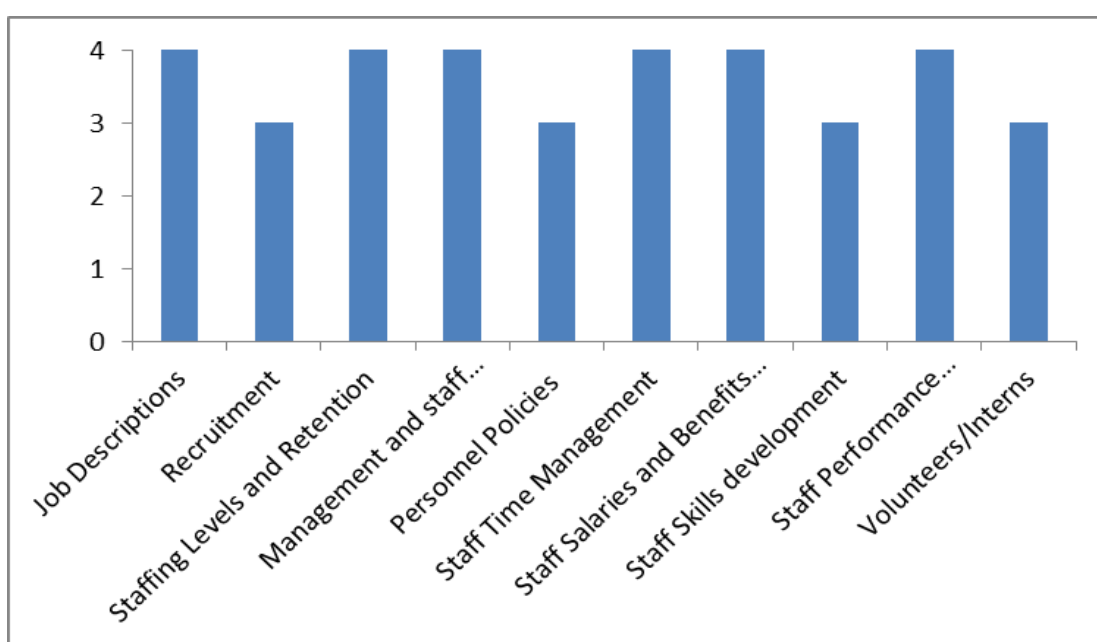
MAPEC has documented number of administrative policies and procedures which is key asset in managing administrative issues of the organization. However, majority of administrative policies and procedures were incomplete and/or out-dated with lack of clear policy review plan.

On information systems, MAPEC has a foundational system for information systems management at the organizational level; however, absence of designated personnel to manage IT related issues poses a challenge on IT management.

5.2.3. Human Resources Management (Capacity Score: 3.6)

The objective of this section in relation to organizational capacity was to examine ability and capability of MAPEC to maintain a satisfied and skilled workforce, to manage operations and staff time and to implement quality programs. Under this section, MAPEC scored 3.6 out of 4 under this domain compared to other domains, the domain had 10 sub-sections that were assessed (Job Description, Recruitment, Staffing Retention, Diversity of management and staff, Staff Salaries and Benefits, Staff Skill Development, Staff Performance Management, Staff Time Management and Volunteers/Interns).

Graph 4: Graphical Presentation of Scores under HRM domain



MAPEC has developed a process for designing, sharing and reviewing job descriptions for staff that covers all key sections. MAPEC has a basic recruitment guideline that is fully adhered to, in their recruitment process, MAPEC lacks both trained HR Staff to apply the guideline and organizational reference check form for their prospective employees, reference check is done inconsistently and mostly over phone calls hence undocumented prospective employees reference checks.

MAPEC upholds staff retention practice and is one of the areas of strengths using developed staff retention strategy, in the last two (2) years of operation there has been a minimal staff turnover. MAPEC has tried and managed to diversify the management and staff and has documented active efforts made by the organization in diversifying its management, and staff.

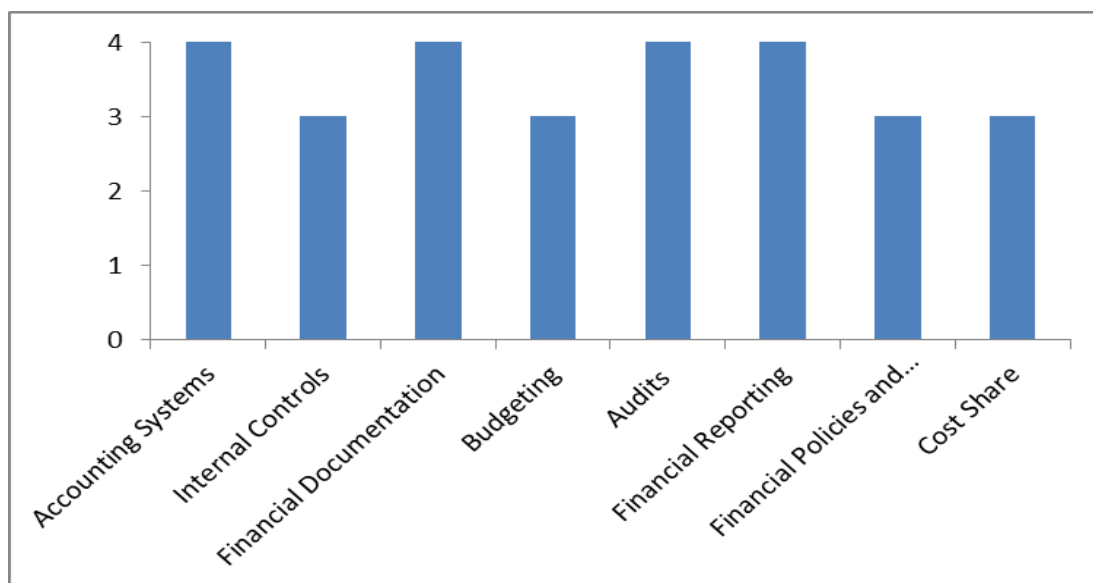
MAPEC has documented number of personnel policies of which some needs to revisited and updated to conform to local labor laws and donor requirements. In addition, MAPEC staff needs to have copies of personnel policies and acknowledge the receipt, a practice that currently is not fully adhered.

Need capacitating MAPEC on development of staff skills development plan for organization and individual staff. Performance appraisal forms need revisiting and develop procedures for conducting performance management of office-based volunteers and interns.

5.2.4. Financial Management (Capacity Score: 3.5)

The main objective of the domain was to assess the quality of the organization's financial system and policies and procedures and staff's knowledge of those systems. Under this domain, various documents reviewed such as financial manual, payment vouchers, financial reports, audited reports, finance files, and travel forms. Under this domain, the following sub-domains assessed; Accounting systems, internal control, financial documentation, Budgeting, Audit, Financial reporting, financial policies and procedures and Cost share.

Graph 5: Graphical Presentation of Scores under Financial Management Domain



MAPEC has accounting package that is fully functional, and have documented a narrative description of the accounting package in its manual. The organization has good financial documentation because of being a sub-grant for USAID funded program for over a decade and involved in multiple Site Improvement through Monitoring System (SIMS) programs. MAPEC complies with statutory auditing requirement and uses audited reports for decision making on areas of improvement.

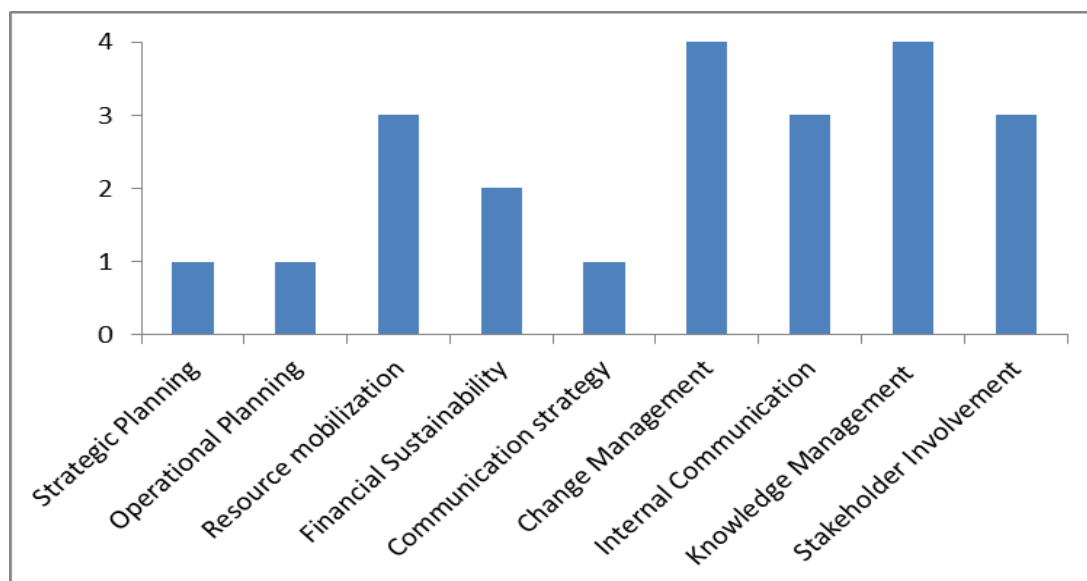
On Cost sharing obligations, MAPEC has limited capacity to internalize cost sharing as per USG requirement, more technical assistance needed to internalize cost share component (Having procedures/policies, capturing tools, and orienting staff on cost sharing).

5.2.5. **Organizational Management (Capacity Score: 2.4)**

Organizational Management as a capacity-building domain in JSI OCAT aims at assessing organization's planning, management of external relations, information management, and means of capitalizing on new opportunities. OCA under this domain critically examined sub-sections of Strategic planning, Operational Planning, Resource Mobilization, Financial Sustainability, Stakeholders Involvement, Knowledge Management, Internal Communications, Decision Making Mechanisms within the organization, and Change Management. This domain provides standards provisions that give a clear overview of organizational sustainability; MAPEC obtained an average score of 2.4 out of 4.0.

MAPEC's strengths on this domain lie on sub-domains of Change management, Knowledge management, and internal communication.

Graph 6: Graphical Presentation of OCA scores under Domain of Organizational Management



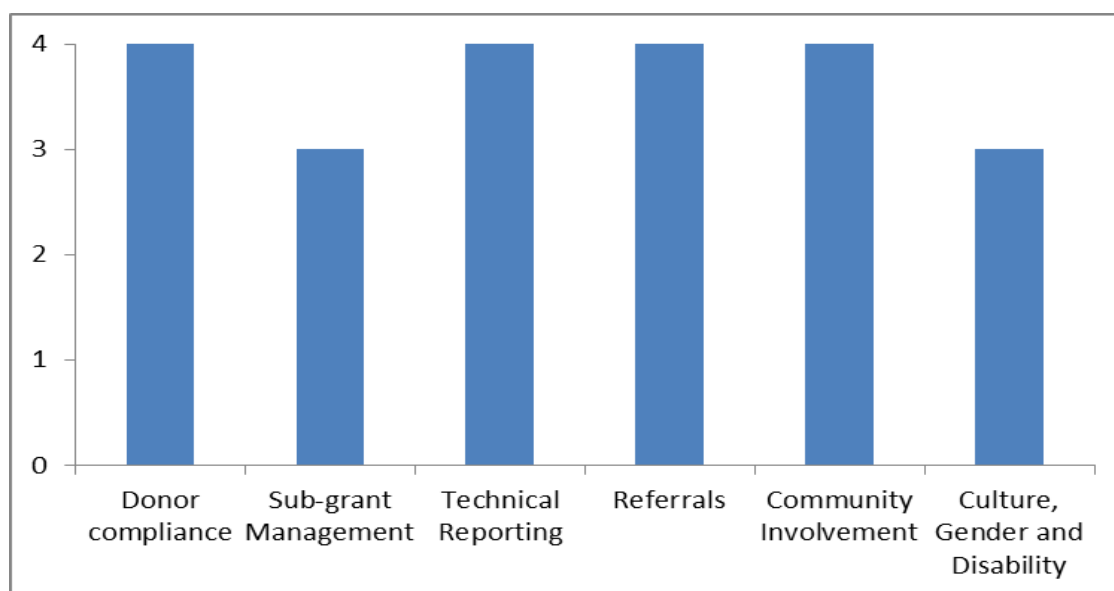
MAPEC lacks capacity to develop communication strategy that clearly stipulates objectives, responsibilities, audience, channels, resources, testing, dissemination, timeframe, and monitoring. In addition, limited capacity to develop strategic plan taking into account the current strategic plan that ended in the last two (2) years. Moreover, MAPEC has documented resource mobilization strategy that needs to fully materialization in order to increase unrestricted funds and reduce too much of donor dependency syndrome.

5.2.6. Program Management (Capacity Score 3.7)

The objective was to assess the organization's ability to implement comprehensive programs that respond to local needs and priorities by reviewing donor compliance with management of sub-grants with partners, technical reporting, donor requirements, if any, and whether its comprehensive health services meet the needs of specific target populations. During the assessment, Sub – domains of donor compliance, sub-grant management, technical reporting, referral system, community involvement, and issues of culture, gender, and disability assessed.

In this assessment, the organization's overall score is 3.7. The highest score were Donor compliance (4.0), Technical Reporting (4.0), Community Involvement (4.0), Referrals (4.0), followed by Culture, gender, and disability (3.0) and sub-grant management (3.0)

Graph 6: Graphical Presentation of OCA scores under Domain of Program Management



The reasons for the low scores on culture, gender and disability is due to the fact MAPEC does not have a policy guideline on disability, apart from having a culture and gender policy, MAPEC is currently using screening and enrollment forms that belong to Pact Kizazi Kipya. Besides, not all staff/board members are aware of sub-grant management practices/guidance.

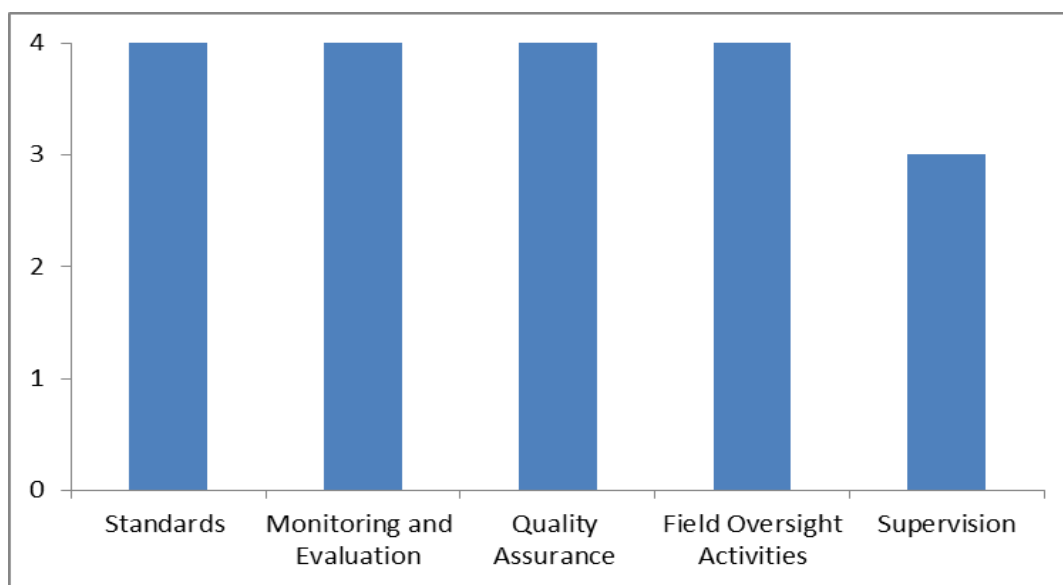
To address the above-mentioned gaps, there is a need to facilitate the development of an inclusive gender, culture, and disability sensitive tool/guideline to care of disability issues alongside gender and culture.

In addition, MAPEC shall need to provide orientation on sub-grant management policies/procedures to all staff and board members

5.2.7. Project Performance Management (Capacity Score 3.8)

MAPEC assessed on this domain with primary objective of examining organization's systems for overseeing field activities, for setting standards and monitoring actual performance against them and for setting indicators and monitoring progress toward achieving outcomes. Documents reviewed were; Standards/guidelines used, monitoring reports; Quality monitoring tools including the M&E tools, M&E plan, and M&E reports. Included also are the Field oversight policies and procedures, trip reports, management meeting minutes. The overall score for the organization is 2.8.

Graph 8: OCA Scores under Program Performance and Management Domain



Compared to OCA standards for each sub-section, several gaps have been identified. Despite of having M&E plans for the individual projects, as well as a number of useful tools have been evidenced i.e. household reporting templates/guideline, CCW reporting tool, MERL Standard Operating Procedure, Supportive Supervision M&E checklist, DQA tool, CommCare data entry form/user manual, KPI, this OCA found that MAPEC lacks a comprehensive and integrated M&E plan whereby the M&E issues which are always prepared on monthly basis from work plan. Moreover, MAPEC does not include board members during supervision visits which are usually planned by officers e.g. during supporting the CCWs and household visits,

The proposed actions as agreed during assessment are:- MAPEC should develop supervision plan that includes board members at least once per quarter so as to provide room to understand issues for reporting into the Board's semi-annual meetings. In addition, MAPEC should develop a well-defined comprehensive M&E plan that takes care of all the departments.

6.0 MAPEC MATURITY LEVEL

CHSSP uses maturity model as a tool of assessing impact and progress of program capacity building interventions to community health structures, including CSOs. For MAPEC the process conducted simultaneously with OCA, it will be repeated on biannually basis to see how far has JSI/CHSSP capacity building interventions has moved CSOs from one level/stage to another.

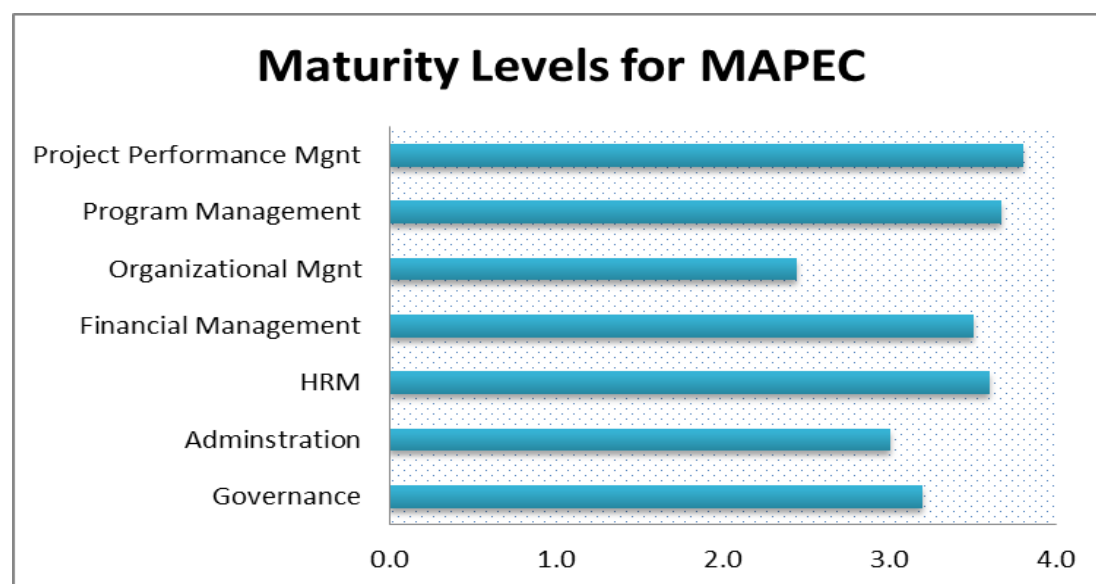
Maturity Leveling:

Concept of assessing levels of institutional strengthening interventions over a specified period, For CSOs supported by CHSSP, maturity leveling will be after every six months of capacity building intervention supported by the program.

There are four maturity level as per CHSS program maturity model:

Score	Definition	Level
1 - 1.4	Basic	1
1.5 - 2.4	Moderate	2
2.5 - 3.4	Progressing	3
3.5 - 4.0	Robust	4

Graph 9: Maturity levels for MAPEC (Baseline)



Key: 1.0-1.4:Basic; 1.5-2.4 Moderate; 2.5-3.4 Progressing; 3.5-4.0 Robust

Eco-Mapping/Stakeholders Analysis

Eco-Map as a tool used to assess organizational institutional relationship with different stakeholders during OCA. The tool is built based on the fact that any organization is always responding to specific challenges in an environment where other organizations and individuals express similar concerns. In addition, Eco-Mapping aimed at examining how organizations are enabled or constrained in similar ways or need one another to create new possible opportunities within their localities.

During OCA, the Eco-Mapping used with the following aims:

- Identifying the various stakeholders both the public and private sector that CSOs works with or have possibility of working with
- Examining how CSOs has managed relationships with the identified stakeholders in its institutional environment
- Analyzing the existing opportunities and threats in relations to their institutional environment

Criteria used to assess proximity and categorizations of stakeholders for CSOs were:

- Similarity of vision, mission and goals
- Frequency and impact of interaction, sharing of resources
- Joint planning, and implementation of activities/programs

During the exercise, CSOs mapped their stakeholders into three categories (Close, average and distant partners) basing on above criteria to determine levels of proximity.

Eco-Mapping informed on the fact that, MAPEC has a foundational and functioning institutional relationship with both public and private sectors, however, much emphasis from the program will be on forging, strengthening, and formalizing existing partnership to improve service delivery and referrals for beneficiaries.

MAPEC Eco-Mapping of stakeholders basing on level of proximity

CLOSER	AVERAGE	DISTANT
Pact Tanzania, World Vision Tanzania, JSI, Jhpiego, Local Government Authorities, IMA World Health, Beneficiaries and Religious Leaders, MHOLA	AMREF, AFRICARE, Vision Fund, Delloite, MDH, EGPAF, Ifakara Health Insitute, Railway Children Africa, FORD Foundation, NMB, KANGONET,	US – African Development Foundation (USADAF), Marie Stopes Tanzania, ICAP, Businessmen, Continental Youth Watch Development Organization (CYWADO)

	Hilton Foundation, John Hopkins University, TADEPA, TCDC, TECDEN HUYAWA DFID, PARTAGE, Foundation for Civil Society.	
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Conclusion

MAPEC has well positioned herself with reputation in serving community in development related programs. In order to strengthen their identified organizational capacity gaps, Staff and entire board members priceless commitment is highly needed since capacity building is an institutional process. Most of identified gaps, proposed solutions and suggested technical assistance that can be offered by JSI/CHSSP for institutional capacity might not yield positive results if MAPEC's senior management and board will take the process as an entirely JSI/CHSSP 'thing'. Joint-actions of multiple actors including MAPEC, relevant partners and stakeholders, JSI/CHSSP (Mandated institution for capacity building) and government are highly needed for success of capacity building interventions.

Identified gaps, proposed action points and prioritized capacity building interventions shall be measured every six months during CSOs maturity leveling. Although MAPEC can address most of gaps, close technical assistance in implementing identified capacity building gaps as a part of technical backstopping from JSI/CHSSP technical team.

Annex I: OCA Score Sheet

CSOs Capacity Assessment Scores			
Domain	Sub-domain	Sub-domain score	Domain Score
Governance	Vision/Mission	3	3.2
	Organizational Structure	3	
	Board Composition and Responsibility	3	
	Legal Status	4	
	Succession Planning	3	
Adminstration	Operational Policies, Procedures and Systems	3	3.0
	Travel Policies and Procedures	3	
	Procurement	3	
	Fixed Assets Control	3	
	Information system	3	
HRM	Job Descriptions	4	3.6
	Recruitment	3	
	Staffing Levels and Retention	4	
	Management and staff diversity	4	
	Personnel Policies	3	
	Staff Time Management	4	
	Staff Salaries and Benefits Policy	4	
	Staff Skills development	3	
	Staff Performance Management	4	
	Volunteers/Interns	3	
Financial Management	Accounting Systems	4	3.5
	Internal Controls	3	
	Financial Documentation	4	
	Budgeting	3	
	Audits	4	
	Financial Reporting	4	
	Financial Policies and procedures	3	
	Cost Share	3	
Organizational Mgnt	Strategic Planning	1	2.4
	Operational Planning	1	
	Resource mobilization	3	
	Financial Sustainability	2	
	Communication strategy	1	
	Change Management	4	
	Internal Communication	3	
	Knowledge Management	4	
	Stakeholder Involvement	3	
Program Management	Donor compliance	4	3.7
	Sub-grant Management	3	
	Technical Reporting	4	
	Referrals	4	
	Community Involvement	4	
	Culture, Gender and Disability	3	
Project Performance Mgnt	Standards	4	3.8
	Monitoring and Evaluation	4	
	Quality Assurance	4	
	Field Oversight Activities	4	
	Supervision	3	
Average Organizational Score			3.3

Annex 2: Action Plan
NAME OF ORG: MAPEC

OCA Dates: 18th – 19th January 2018

Action Plan Monitoring Strategy									
OCA Domain	Capacity Gap identified	Proposed Action for CB	Responsible	Proposed Support TA	Priority H/M/L	Timeframe	Follow Up on Activities		
							Status	Date	
Governance/ Vision and Mission	Limited understanding to some staff on vision and mission statement	MAPEC to increase platforms for internalizing and uses of mission and vision statement including staff meetings and other indoor and outdoor activities	MAPEC	Follow-up on implementation progress and provide technical assistance if needed	H	Continuous, Starting January 2018			
Governance/ Organization’s structure	Lack of documented narrative description of organogram	Developing and documenting a narrative description of organogram	MAPEC and CHSSP	Coaching on development of organogram’s narrative description	H	By April 2018			
Governance/ Board Composition and Responsibilities	Limited capacity of board members on their roles and responsibilities especially fundraising and partnership management	Capacitating board of directors on CSOs board governance, basics of fundraising and partnership management	MAPEC and CHSSP	Orientation to board members on CSOs board governance, basics of fundraising and partnership management	H	By August 2018			

Governance/ Succession Plan	Undocumented succession plan	Documenting succession plan for MAPEC	MAPEC and CHSSP	Capacitating MAPEC management on development of documented succession plan	M	By September 2018		
Administration/ Operational policies and procedures	Incomplete and outdated operational policies	Review and Update Policies, such as accounting policies of 2007	MAPEC and CHSSP	Facilitative policy review process	H	By December 2018		
Administration/ Travel Policies and procedures	Incomplete travel policies and procedures that misses provision on liquidation and advances procedures	Reviewing and updating travel policies and procedures and relevant attachments	MAPEC and CHSSP	Facilitative policy review process	H	By December 2018		
Administration/ Procurement	Lack of separate procurement policy and a procurement plan	Development of procurement plan and a policy with clear quotation limits	MAPEC and CHSSP	Facilitative policy review process	H	By December 2018		
Administration/ Fixed-Assets Control	Not updated fixed asset register	Updating existing fixed asset register and establish clear updating/review plan	MAPEC	Follow-up on implementation progress and provide technical assistance if needed	H	By August 2018		

Administration/ Information Systems	Lack of designated IT staff to manage IT related issues	Appointing or hiring IT staff to oversee IT related issues	MAPEC		H	By July 2018		
		Capacitating assigned staff on basics of IT for smooth operations	MAPEC and CHSSP	Capacitating appointed/assigned IT staff	H	By September 2018		
	Lack of policy and/or procedures for Information Systems Management within the organization	Development of Information System Management Policy	MAPEC and CHSSP	Coaching on the development and institutionalizing information systems management policy	H	By September 2018		
HRM/Recruitment	Absence of capacitated HR staff to manage and apply HR related policies	Hiring/Appointing HR staff to apply and oversee HR issues within the organization	MAPEC	Capacitating recruited/appointed staff on HR standards	H	By December 2018		
	Lacking standardized reference check form for prospective employees	Designing and institutionalize reference check form for MAPEC	MAPEC and CHSSP	Technical backstopping on the designing and adopting process	H	By August 2018		
HRM/Personnel	Incomplete and	Reviewing and	MAPEC and	Technical	H	By August		

policies	outdated personnel policies	updating personnel policies to comply with organizational growth and labor laws	CHSSP	backstopping on facilitative review process		2018		
	Staff don't have a copy of personnel policies and no collected signature to acknowledge receipt	Designing acknowledgement of receipt note, and provide personnel policies to Staff	MAPEC	Follow-up on implementation progress and provide technical assistance if needed	H	By September 2018		
HRM/ Volunteers and Interns	Lack of established systems for volunteer management within the organization	Establishing and institutionalizing volunteers' management systems (Volunteer engagement, performance Management, Skills Development etc.)	MAPEC and CHSSP	Coaching on development and establishment of volunteer management systems for MAPEC	H	By July 2018		
HRM/ Staff Skills Development	Lack of staff skills development plan and related procedures	Developing staff skills development plan for individual staff and organizational guidelines and procedures for staff skills development	MAPEC and CHSSP	Orientation on development of staff skills development plan and relevant guidelines	H	By August 2018		
Financial Management/ Inte	Incomplete internal control procedures	Updating existing internal control	MAPEC and	Technical backstopping in	H	By November		

Internal Control	with lack of clear review plan	procedures and develop a clear review plan	CHSSP	policy review process		2018		
Financial Management/ Financial Policies	Financial policies doesn't include component of cost share	Reviewing existing financial policies and procedures	MAPEC and CHSSP	Technical backstopping in policy review process	H	By November 2018		
Financial Management/ Cost share	Limited understanding of Staff on cost share concept and how it can be institutionalized (Capturing tools, SOPs, Policies)	Capacitating MAPEC finance team and other relevant Staff on concept and applicability of cost share	MAPEC & CHSSP	Coaching on cost-sharing institutionalization including provide sample of tools to guide in capturing of cost-shares and overall understanding of the concept	H	By May 2018		
Organizational Management/ Strategic Plan	No documented strategic plan	Developing comprehensive, written strategic plan that reflects mission, vision, and MAPEC values	MAPEC & CHSSP	Facilitator to support SP formulation	H	By September 2018		
Organizational Management/ Operational Plan	No documented operational plan that aligns with strategic plan	Developing operational plan and budget that corresponds with	MAPEC & CHSSP	Facilitator to support SP formulation	H	By September 2018		

		developed SP						
Organizational Management/ Communication Strategy	Lack of documented communication strategy	Develop communication strategy	MAPEC and CHSSP	Orientation on development of communication strategy	H	By September 2018		
Organizational Management/ Resource Mobilization	Insufficient funds to support its activities	Materializing developed resource mobilization strategy	MAPEC and CHSSP	Close follow-up and technical backstopping in the process of materializing strategies for resource mobilization	H	Continuous, Starting February 2018		
Organizational Management/ Financial Sustainability	Limited base of unrestricted funds to support program activities	Materializing developed resource mobilization strategy	MAPEC and CHSSP	Close follow-up and technical backstopping in the process of materializing strategies for resource mobilization	H	Continuous, Starting February 2018		
Organizational Management/ Internal Communication	Lack of confidentiality on some raised issues due to limited mechanism for internal	Improve on mechanisms for internal communication such as establishing and	MAPEC	Follow-up on implementation progress and provide technical assistance if	H	By June 2018		

	communication	adopting suggestion boxes		needed				
Organizational Management/ Stakeholders involvement	No formal agreement with stakeholders to improve service delivery	Mapping potential service delivery partners, develop MoUs jointly, signing and implementing MoUs to improve service delivery	MAPEC & CHSSP	Capacitating MAPEC on mapping, and development of MoUs	H	Starting October 30 th 2018		
Program Management/ Sub-grant management	Knowledge gap to some staff and board members on existing sub-grant management policies and procedures	Orienting staff and board members on sub-grant policies and procedures of MAPEC	MAPEC	Follow-up on implementation progress and provide technical assistance if needed	L	By March 2019		
Program Management/ Culture, Gender, and Disability	Lack of policies and/or procedures for mainstreaming disability component	Develop guideline for Disability sensitive approach that takes care of gender and culture	MAPEC and CHSSP	Follow-up on implementation status and provide technical assistance if needed	H	By September 2018		
Project Performance Management/ Supervision	Lack of effective and comprehensive supervision system that involves board members (Tools, Plans, Guidelines)	Facilitate the establishment of a comprehensive supportive supervision system for that involves board members	MAPEC	Follow-up on implementation status and provide technical assistance if needed	H	By September 2018		

Participants: MAPEC

Facilitators: JSI/CHSSP

Others:

