Training for Transition (TFT)

Capacity Development for Organisations Working with Vulnerable Groups

Love is a pre-condition for Learning and Development

Monitoring and Evaluation

COMMUNITY SYSTEMS STRENGTHENING PROJECT

Community Systems Strengthening for Health

Programme funded by the EUROPEAN UNION

About Training for Transition

TFT has an overall vision to contribute towards the scale-up and scale-out of **quality service delivery for vulnerable communities**. It provides training, mentoring and we develop training material for organisations that serve the needs of vulnerable communities.

Goal: TFT's goal is to create, manage, support and bring to scale a local, integrated model of service delivery to address the needs of under-resourced communities; it includes documentation of processes and sharing lessons learnt. It also aims to influence the development of high quality, need-led training material and effective support systems. The intention is to disseminate shared learning to influence positive practice in under-resourced communities.

As such, TFT has key strategic objectives which include:
- To provide higher level training on Project Planning, Project Management, Financial Management, Monitoring and Evaluation strategies for long-term sustainability and independence.
- To train adults to understand how to meet the developmental and safety needs of children living in under-resourced communities.
- To train adults to support children with life-skills to progress beyond limiting conditions.
- To network with other organisations with similar objectives.
- To mentor identified community-based activists for this training.

Mission

The mission of TFT is to technically assist community-based organisations to access quality training, relevant material, access peer networks, mentoring, coaching and develop systems for information sharing. In the three years of the **community systems strengthening** program, TFT intends to champion the creation, management and coordination of an improved standard of learning, sharing and problem-solving.

TFT uses experienced, independent consultants to provide training and mentoring in their areas of specialty in either gender education, child protection, violence reduction or specific health areas; will ensure program sustainability and continuity of learning, using knowledge on 'Best Practice' in similar conditions; provides ongoing support to scale-up of these services and delivering high-quality interventions.

Partnership: In the **Community Systems Strengthening** initiative, the TFT primary partnership is with the **Cape Metro Health Forum** health committee members, **Women on Farms** and **UCT's School of Public Health** and its role is that of a development partner, in the form of technical training, mentoring and content development for four programme areas namely; child protection, peace building, access to food and nutrition and health education broadly.

TFT provides curriculum development, training, documentation of process, dissemination of learning and mentoring within a comprehensive monitoring and evaluation framework. TFT, over the implementation period will continue to focus on developing strong partnerships with government and other service providers – to share material and resource development and to share learning. All TFT products, when complete, will be open-source.

Open Source Learning Material

Author

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Contents

Understanding the Community Systems Strengthening (CSS) Monitoring and Evaluation Framework.

1. RESPECTFUL COMMUNITY ENTRY

Activity 1

Understanding Community Entry   **45 minutes**

Method: Plenary

Activity: Facilitator goes through the chapter by reading through the manual or by using a visual presentation.

COMMUNITY ENTRY

A **participatory community** process is based on community dialogues which is a prerequisite for community ownership. This important phase is about clearing pathways in order to;

- Create an opportunity for introductions with relevant community members.
- Obtain their support.
- Get to know the relevant people and their circumstances.
- Specify the community needs in a verbal and written form.

COMMUNITY MAPPING

1. Examine status quo and statistics regarding; children's issues, violence, poverty levels, household hunger, health and nutrition access within the targeted areas, as well as identify the available resources.
2. Consult with local professionals, other knowledgeable persons or concerned individuals involved within the targeted area.
3. Conduct visits to related service organisations, police station, clinics and local government services as an introduction and as part of information gathering.
4. Compile a basic community profile with information obtained from leaders which we refer to as **community mapping** which is not a rigorous community baseline but a snapshot of what exists.
5. Recruit training participants.

Purpose of Community Mapping:

- To facilitate proper planning.
- To make decisions based on facts.
- To understand the real needs of children/ about violence/ chronic illnesses and access to food and nutrition, from their frame of reference.
- Health committee members and/or health activists could participate in the information gathering process.
- Identify available resources and their location in the community.
- To ascertain whether there is a fit between the proposed intervention (CSS) and the identified needs.
- To compile a community profile to present to the partnership.

Once the community entry meetings have been concluded, we present the community mapping information at a Community Dialogue **hosted by the community based organisation**.
Recruitment of trainees: Choose community members that will ensure continuity and people who would be able to attend all the meetings. As many young people as possible.

- All envisaged health committee members and significant health activists in the neighbourhood should be involved from the onset.
- Advocate the establishment of the CSS initiative to community through community radio, women's groups, other NGO's and CBO's, youth groups, word of mouth and community papers as additional recruitment strategies.

HOSTING THE COMMUNITY DIALOGUE
- Send out invitations to community members such as a representative from the local police station, local government officials, children's rights organisations or the HIV/AIDS CBO that functions in the community. Invite community leaders and child protection advocates and active women's groups to the community dialogue.
- The CSS trainer responsible for coordinating the CSS training is introduced and the intention of the community systems strengthening initiative is shared. The information gathered in the **community mapping process is shared**.
- Allow for questions and discussion and clarify roles.

CONDUCTING BASELINE ASSESSMENTS
TFT will facilitate the development of **baseline matrices or assessment tools** to assess partner needs both around **existing services** and knowledge of **project management**. These matrices also allow for self-assessment towards increased competency and progress over time**. (See pg 18)**
- Assessments are used to review the existing CBO services and identify gaps and needs of the community.

Phased Community Entry

1. Community Mapping 2. Hosting community dialogues for buy-in 3. Baseline Assessment with partners 4. Initiate Training with selected health activists and health committee members 5. Mentor 6. Quarterly evaluation	

Phased-in approach

Strategic Alignment of partners

Community Entry (Dialogues)

Community mapping

Stakeholder engagement
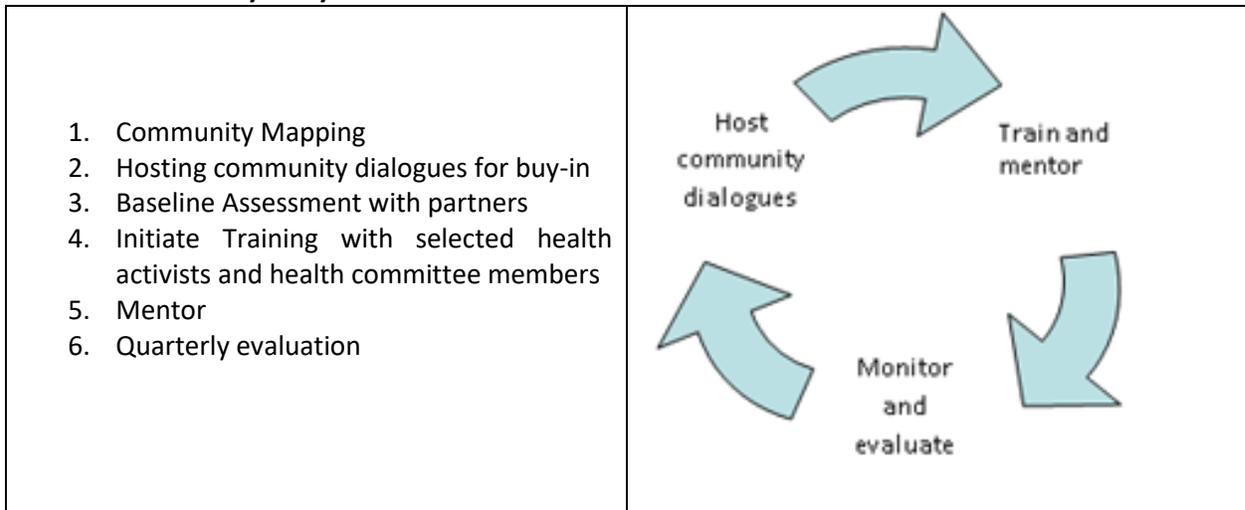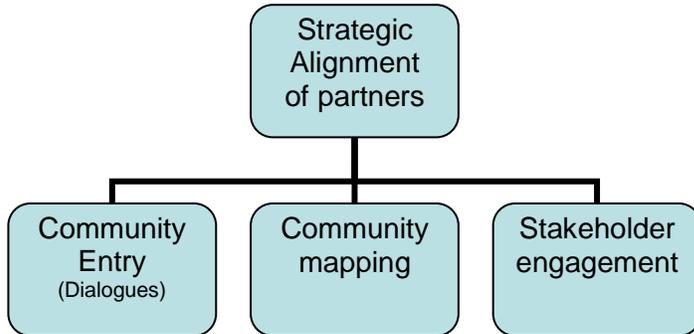
Direct Trainer Activities:

Community Entry

Recruit & Screen

Find resources e.g. venue for events

Planning

Initiate training with health activists

Meet with local schools

Start programmes with young people

Children with special needs are linked to additional services e.g. grants, nutrition programmes.

Assist with the establishment of ECD centres and setting up community safety forums.

Partnership Empowerment Process:

Identify and orientate partners for community buy-in

Agreements in place

Baseline assessment

Provide data tools e.g. child registers, assessment tools, workshop registers etc.

Train and mentor:
Monthly training on 3 programmatic areas

Identify trainees for leadership component with UCT

Reporting

Quarterly M&E

2. Monitoring and Evaluation (M&E)

The **Community System's strengthening** approach is based on the use of an ongoing monitoring and evaluation process. It requires that all parties understand M&E terms. The community partners must have an equal understanding of the monitoring and evaluation framework, so time is taken, ahead of the project, to ensure a common understanding.

Monitoring: A systematic method of observing, collecting and providing feedback on information. It helps us to look at our activities in relation to what is planned and whether we are achieving these goals.

Evaluation: This is the process of discussing and analyzing the information gathered. Evaluation helps us to assess our results and how effective our intervention strategies are.

Activity 2

Understanding M&E Language   **45 minutes**

Method: Group work

Activity: Each group gets a set of flash cards with terms and a separate set with definitions. Participants have to match them and participants present when they feel that they have correctly matched. The facilitator provides further explanation where required.

1. **Baseline**: A record of what exists, at point of entry.
2. **Data**: The raw facts that are collected about every aspect of programme implementation. This means keeping a register at each meeting to have a record of who attended and a register of all participants in the programme.
3. **Data Quality**: Authenticity, accuracy and quality of M&E results must be verifiable e.g. sign off on registers and any other exchange of information.
4. **Effectiveness**: The extent to which results have been achieved. The quality of the interventions.
5. **Efficiency**: Refers to the level of productivity in relation to the resources provide. These resources include salary, budget and equipment.
6. **Goals**: Desired outcomes and accomplishments.
7. **Information**: The product of transforming the data by adding order, context, and purpose.
8. **Knowledge**: The product of adding meaning to information by making connections and comparisons and by exploring causes and consequences.
9. **Impact**: Long-term change and effects based on a number of interventions.
10. **Inputs**: Resources required; either financial, equipment or personnel.
11. **Implementation format**: Implementation plan with time-frames.
12. **Indicators**: A unit of information that documents change. Evidence of effective activities. An indication that we are reaching our goal.
13. **Mentoring**: Guided support.
14. **Mission statement**: Overall objective.

15. **Narrative**: Story. A verbal or written account.
16. **Outputs**:   Short-term results that contribute toward the intended outcome e.g. workshops.
17. **Outcomes**:   Intended intermediate results such as establishing a child care facility or related to changed attitudes or reduction in a specific behaviour e.g. reduced incidences of child molestation.
18. **Reporting**:   Feedback at regular intervals on the activities of the organisation, information gathered, results of the activities and the challenges being faced. Reporting includes both narrative and financial reports, which normally happens quarterly.
19. **Target audience**: Primary beneficiaries of the service.
20. **Objectives**: Outcomes directly related to goals.
21. **Results framework**:   Contribution towards a larger strategic objective.   Broader programme effects and results. (The objective restated as an accomplishment).
22. **Results statement**: Outcomes based on mission statement.

3. OBJECTIVES OF COMMUNITY SYSTEMS STRENGTHENING

Community Systems Strengthening (CSS) Project Goal

The **overall goal** is to **support community based organisations** to **provide quality services**, in communities that are under-resourced and to **develop the organisational capacity** for these services, for long-term sustainability, in two focus areas.

1. Service Delivery

To create a local, standardised approach that will assist community-based organisations to provide quality services in the following areas; child protection, access to food and nutrition, peace building and addressing the social determinants of health generally. The intention is to facilitate linkages with **local government** to address priority needs.

2. Capacity Development

To develop organisational capacity through training, shared learning, advocacy, material development and networking and resource development. The intention is to significantly **improve the project management capabilities** for people living in under-resourced communities. This intervention will **identify advocacy issues** for all tiers of government.

Activity 2

Review the range of Overall objectives   **45 minutes**

Method: Plenary

Activity: Using a presentation or the manual, participants review the range of project objectives and their indicators. Participants are encouraged to identify additional indicators.

Overall Objectives	Activities	Intended Outcome
1. Create enabling environments and support advocacy.	Includes community engagement as process initiation to get buy-in and work with communities and local government for improving health policy, legal and governance environments and addressing the social determinants of health.	Equitable access to health services and the creation of a health-supporting environment.
2. Strengthen community networks, linkages with local government, partnerships and coordination of services.	Enable effective activities, service delivery and advocacy. Maximizing resources and impacts and coordinated, collaborative work.	Respect for each other, various roles and role-players and community rights and right to access health.
3. Strengthen Community Activities and Service delivery.	Appropriate, accessible interventions, evidence informed and based on community assessment of resources and needs.	Improved effectiveness and responsiveness to address social determinants of health and support the creation of a human-rights culture.

4. Organisational and leadership strengthening.	Training on project and people management, accountability, strategy formulation and documentation. Identify individuals for further leadership training.	Well-functioning and well-supported community interventions.

EXAMINING THE SPECIFIC OBJECTIVES (SOs)

Area of Intervention	Intention
1. Child Protection	Train a cadre of child-protection trainers who develop a community-based Child Safety Forum. Train a number of suitable individuals on early childhood development. The establishment of daily programmes to increase child safety and support healthy child development. Facilitate government linkages.
2. Peace Building	Women and girls are prolific victims of violence, and young people whose sexual orientation differs from the norm are abused. Train a cadre of Peace-Builders, who can run life-skills workshops, youth outreach programmes and who are sufficiently skilled to understand the power dynamics in gender-based violence and to educate on sexuality and sexual orientation.
3. Access to Food and Nutrition	Recognising that poverty and hunger under-pins a lot of risk-taking behaviour, we will train a cadre of community-based individuals to identify families in need of support and who will be sufficiently skilled to link families to a range of resources, with the intention of reducing hunger and supporting nutrition intervention.
4. Health Educators	Provide a cadre of suitable community-based individuals with sufficient knowledge to roll-out community-based training on various, common, health problems such as hypertension, HIV, diabetes, for both management and prevention and facilitate health access.

SO1: **Train a cadre of child-protection trainers.**

Activities	Outputs	Indicators	Outcome
1. Train interested health activists to form a community-based child safety forum.	Increased number of skilled child-care practitioners in community	# Young parents attend workshops on child development and human rights.	Child Safety Forums are established.
2. Train ECD practitioners and assist with identifying, accessing and preparing appropriate venues for daily child-care. Negotiate with local government for identified needs.	Increased number of affordable child-care facilities in neighbourhood providing quality care.	# of children cared for in a safe environment.	New child-care centres providing quality care, a stimulating environment and daily nutritional meals, exist.
3. Host community meetings with local government officials, local clinic, police and community-based health care workers.	ECD and child-safety practitioners network with municipality, and other support programmes.	# of integrated events between local government and community projects	Access to government grant, health and nutrition support programmes and ECD support.
4. Cooperate with schools to identify vulnerable children.	Introduce an after-school life-skills programme.	# of children enrolled in life-skills programme with access to daily meal.	Children involved in constructive and productive activities
5. Track, record and document all intervention strategies and process status.	Baseline intervention information and process/progress tracking. Monitoring and evaluation process in place Success stories documented. Challenges identified for ongoing evaluation process at quarterly intervals, per annum.	Increased # of formal ECD facilities # of schools participating in programme # of community members trained in peace building, child protection and food security # of community forums hosted and attendance by local government. # Increased access to government services, budgets and other support structures.	An efficient integrated model for community based service delivery.

SO2: **Train a cadre of Peace Builders**.

Activities	Outputs	Indicators	Outcome
1. Identify and recruit young men and women from health committees and other CBOs as Peace Builders.	A cadre of young, community-based agents for change.	# of young people attending life-skills workshops.	Young people engaged in peace-building activities.
2. Train peace builders.	varied alternate and opportunity-creating activities.	# of young people involved in Peace Building activities. # of innovative, recreational and opportunity creating activities in the community.	Young people engaged in productive and constructive activities
3. Training-of-trainers on Lifeskills.	Workshops on life planning, violence reduction and peace building	# of Peace Builders trained.	Increased consciousness of human rights values and inter-personal respect.

SO3. **Access to Food and Nutrition for Families in Need of Support.**

Activities	Outputs	Indicators	Outcome
1. Identify health committee members to be trained as Family Supporters.	A group of community-based individuals who are aware of government, corporate and other support options for families in crisis.	# food access interventions developed by Family Supporters.	Community-based support network for families in need.
2. Train community members on food creation approaches.	Local food production.	# of Family Supporters trained # of vegetable gardens producing fresh vegetables.	Access to a range of fresh vegetables.
3. Training-of-trainers on nutrition and health.	A cadre of community-based individuals who are able to link nutrition to health, especially for young children.	# of care-givers, parents trained on nutrition and health.	Young children eat healthy food.

SO 4. **Train a cadre of Health Educators**

Activities	Outputs	Indicators	Outcome
1. Identify health activists to be trained as Health Educators.	Curriculum developed to address HIV, dementia, hypertension and other areas identified by health committee members.	# of families supported by Health Educators. # of community workshops hosted	Better management of chronic diseases
2. Health educators initiate community programmes.	Prevention activities.	# of innovative activities in communities.	Increased community awareness of healthy lifestyles

4.   Key Program Activities

Activity 3

Reflect on Programme Activities   **45 minutes**

Method: Plenary

Activity: Participants take turns reading through the key programme activities and are encouraged to question any element that requires more explanation. The facilitator then clarifies that TFT and UCT will be responsible for;

1. Initiating, overseeing and supporting the recruitment and the capacity development of local trainers and community activists, as well as other stakeholders.
2. Provision of technical support for local challenges and training for problem solving.
3. Developing and disseminating accessible, high quality and relevant training material for community-based organisations.
4. Develop a trainer network for the four priority areas identified by the health committee members.
5. Coordinating, managing and monitoring the training implementation as well as the dissemination of learning.
6. Overseeing and supporting - through mentoring and coaching; partner development, community mobilization, program service delivery, partner empowerment, adherence to M&E framework.
7. Documenting learning; sharing knowledge for scale-up and replicability.
8. Leaders identified for further training.

Indicator protocols will be developed and shared with trainees in the four programmatic areas for quarterly reporting. Examples of indicator protocols are provided in four programmatic areas.

Activity 4

Understanding Data Capturing   **45 minutes**

Method: Group work
Activity: The facilitator makes copies of an example of an indicator protocol which participants will be asked to provide on a quarterly basis.

1.Child Protection: Develop child protection services in neighbourhood	
Definition: Activities aimed at protecting children. The emphasis is on strengthening communities by developing child protection forum and training early childhood development practitioners to meet the needs of vulnerable children, supporting community-based responses, helping children and adolescents meet their own needs, creating a supportive social environment. Served means that at least 3 of the following 7 core service areas were provided: Attends daily program, access to food/nutrition, shelter and care, protection, health care, psycho-social support, education/vocational training. (Alignment with DoSD & DoH).	
1.1. **Number of children served by new early childhood development services**.	
Male	
Female	
1.2. **Number of adults trained and participating in child protection forum.**	
Male	
Female	
1.3. **Number of adults trained and in early childhood development (ECD).**	
1.4. **Number of providers/caretakers trained in caring for vulnerable children**.	

2. Organisational Capacity	
Definition: Strengthening the capacity of service organisations to identify, respond to and scale-up the provision of prevention, care, support services in the neighbourhood, in the four programmatic areas.	
2.1. **Total numbers of Trainers identified, trained, mentored, coached;**	
Service provision	
Project Management	
2.2. **Total numbers of community-based partners identified, trained, mentored, coached to increase and improve quality of service delivery for vulnerable children**	
Service provision	
Project Management	
2.3. **Total numbers of material developed to increase and improve quality of service delivery**	
Service provision	
Project Management	

The TFT trainers support the trainees with data collection and with developing the protocols. Key indicators will be tracked on a quarterly basis. Tools must be developed to collect as much information as possible, as some indicators could be cross-cutting.

Activity 5

Ability to develop data collection tools 45 minutes

Method: Individual

Activity: Each person completes the table below by identifying the data collection tool needed.

Examples of possible cross-cutting indicators

Related indicators	Related organisational goals	Identify the data tool
• Number of **children attending ECD**.	• Increased number of children accessing food and nutrition	
• Number of **trainers** trained	• Increased number of people skilled to provide support. • Increased number of skills to build capacity of community-based organisations. • Increased number of service providers.	

Program Monitoring and Quality Control within the Partnership

- Develop a work plan for the monitoring and evaluation activities over the funding period. (All)
- Coordination with partners, of two training days per week for the programmatic areas. All dates and timeframes based on negotiation, within budget allocations.
- Sharing of tools, description of methodologies for collecting data for the defined indicators and lessons learned. (WFP, UCT, TFT)
- Data collection and management a shared responsibility (Validation, storage (TFT, WFP, health committee members involved)
- Compilation, aggregation (UCT))
- Quality data analysis (UCT)
- Community reporting requirements are met
- Analysis against Plans and objectives for the end of project evaluation - final review of progress against objectives and draw lessons learned and best practices (UCT)

TFT Mentoring role within Learning Network

Community entry model demonstrated, data collection and assessment tools will be developed and shared when the project starts. Community Systems Strengthening process will be shared with all partners and trainers for inputs etc. to ensure a standardized approach and full understanding of the monitoring and evaluation plan and ongoing coordinated activities.

Project Management: Baseline Assessment

Activity 6		
Conducting the Baseline		**2 hours**
Method: Group work		
Activity: Each organisation represented at the training, gets a baseline and through discussion in groups, assesses their own organisation.		

Organisation	Start up 0	Emerging 1	Expanding 2	Exit	Mature 4
Governance					
Board	No board exists yet. Potential board members have been identified. Members possibly chosen on heart and commitment. Skills not yet a priority. Board exists, on paper, lacks functionality.	Board has been constituted. A constitution has been drafted. Roles and responsibilities are defined. Board tend to micro (over) manage the organisation. Board make-up requires balance.	Members are stable and functioning. The board no longer micro manages. The board is providing oversight. Mechanisms have been established so as to secure input from the relevant stakeholders. Skills match the needs of the NGO. Executive and non-executive board members.		The board effectively provides overall policy direction and oversight. The board supports organisation's accountability and credibility. Stakeholder input is regularly secured. Generate effective external relationships. The board's composition reflects a healthy balance of varying skills and representation. Board members have demonstrated skills & ability to secure funding and in-kind support.
Mission	No 'formal' mission or vision statement exists. The mission is understood by the founder	The Mission has been documented and clarified to most internal stakeholders. Clear Strategic Objectives have been agreed upon. Planning tends to be in the hands of	The Mission and Vision are clearly communicated to all external stake-holders. Strategies and objectives are revisited and aligned with the mission. Staff and stakeholders provide some input to		Mission and goals are clearly understood by all stakeholders. Clear evidence that outputs/outcomes reflect the strategies and objectives of the NGO. Implementation planning involves senior management, staff and

				Exit	
	and 1 or 2 others. Little or no match between current activities and mission.	senior management. Little input from staff and stakeholders.	planning.		other stakeholders.
Legal Status	Not registered with relevant authorities.	The NGO is registered with the relevant authorities. Not yet fully compliant in all areas.	The NGO is generally compliant with local reporting, tax and labour requirements.		The NGO benefits from its financial and legal status.
Autonomy	Dependence on single donor or other entity.	NGO has established a form of sustainability and is able to better reflect its values in decision making.	The organisation has secured funding for 'home grown' programs		The organisation has a no. of donors and is able to advocate on behalf of others. Healthy managerial and financial autonomy.
Organisation	Start up	Emerging	Expanding	Exit	Mature
Leadership & Management					
Leadership	A majority of decisions possible still made by one individual or small group. Founding person in clear control of the organisation.	Most decisions are made at board level. Some staff involved. Leadership is directive. Most staff will experience a level of uncertainty as decisions are made outside their circle of influence.	A consultative approach has been adopted. Staff understand decision-making. Leadership training facilitated. Value based decisions reflect both maturity and integrity. Clear succession policy is in place.		Leadership style is consultative and participatory. Staff are effectively involved in decision making. Leadership is accessible to all in organisation. Organisation would remain functional in the absence of CEO and Board Chair.
Structure	Loosely defined structure exists Little or no	A defined organisational structure exists. Lines of authority are emerging.	Clear lines of both authority and responsibility have been defined. Policies and systems		Systems are in place to ensure that the staff are appropriately involved in all levels of decision making. Policies and systems

	policies exist	Policies and systems are in the process of being developed.	have been developed.	effectively and efficiently guide the day to day operation of the organisation.
Planning	Ad hoc, individual or small group. Tends to be top down. Activities are decided on with little consideration of available resource and competencies.	Senior staff are involved in annual ops planning. Some input from SH. Planning tends to be short term. Some documentation in developmental stage will support effective planning.	Work plans, key deliverable schedules, implementation plans, LFA's support effective planning. Annual ops planning is guided by lessons learnt from the previous year. Implementation plans are revised and reviewed.	Planning is fully participatory. A strategic planning process is facilitated on an annual basis. Resources and competencies are efficiently allocated to agreed-upon activities. Inputs from the relevant SH are incorporated during planning. M&E has injected the necessary flexibility into the planning and review process.
Management Systems	No formal recruitment, disciplinary or dismissal policies and procedures in place.	Some personnel policies are in place. Administrative procedures are in the process of being formalised and utilised.	Administrative procedures are both formularised and functioning. Manuals designed. Adequate office space and equipment to ensure functionality of NGO.	Procedures are adhered to. Both procedures and manuals are updated regularly. Management systems and templates exist for governance and programmes.
Program Development	Mainly 'reactionary' needs driven response.	Occasional (perhaps informal) programme evaluation conducted. Projects have been developed within an overall programme framework	Internal programme evaluation is conducted regularly. There is a clear understanding of the funders M&E requirements. SH are consulted on programme design and are also involved in both implementation and evaluation.	Management and staff are involved in programme design, implementation, monitoring and evaluation. Programme changes reflect effective use of M&E policies and procedures

				Exit	
Risk Management	N/A	Completed RM training Completed Audit Training	Annual External Audit Audits are an integrated part of all planning.		Annual external audit reports include a review of management practices. Fully functional, implemented RM policy.
M & E	No formal M&E systems exist. Community and stakeholder feedback is informal.	Completed basic M&E training. Limited ability to both monitor and evaluate current programs. Occasional evaluations are carried out. Consultants in all likelihood would facilitate this process.	Further M&E training has been facilitated. Reporting content reflects a maturing understanding and application of M&E practices. M&E tends to still be isolated and not integral.		Fully developed and functional M&E policies and procedures. Supported by well-articulated Manual. M&E is fully integrated into all functions of the organisation. Benchmarked against international norms. Communities and stake holders regularly participate in evaluation of the entity. Reports clearly guide future program implementation and allocation of resources.
Organisation	**Start up**	**Emerging**	**Expanding**	**Exit**	**Mature**
			Leadership & Management		
IT & Communication	Informal, relational communication channels. Founder, tends to dominate external and internal communication. No IT systems to speak of. At this stage usually not relevant.	Staff and executive meetings reflect the emergence of more formalised communication structures.	Communication policies and procedures developed and integrated. Functional developing IT department exists in support of programmatic needs.		Fully functional communication policies and procedures in place. These are regularly reviewed to ensure compliance, relevance and efficiency. Information generated is used to guide future planning and resource allocation. Electronic data captured and communication exists.

Reporting	Limited or no ability to generate activity based and or financial reports. Reporting verbal or basic narrative.	Reports tend to reflect donor expectations. Some reports formulated and disseminated.	Reports are more multi-faceted. Report and proposal writing reflect both quality and well defined strategic planning.		Reports reflect not only donor expectations but the needs of other relevant stake holders. Report writing is benchmarked against international best practice.
Organisation	**Start up**	**Emerging**	**Expanding**	**Exit**	**Mature**
Financial Resources & Management					
Accounting	Some basic financial recording systems are in place. Internal controls are however weak. Reports are incomplete and lack measurable content. No audits.	Financial procedures are in place. Tend to be simplistic, but effective. Training facilitated if required. Functional payment process. Bank account. Registered for Tax exemption	Financial procedures and reporting systems are in place. Training facilitated if required. Fully functional payment process Systems have the capacity to function with multi funding. Annual financial report prepared and disseminated by registered auditors. A fully functional finance department is in place.		Fully functional procedures and reporting systems. Reflects a history of unqualified audits. CFO ensures all programs receive agreed upon financial support. The CFO ensures compliance with regards expenditure. Internal audits are carried out annually.
Planning & Budgeting	Budgets tend to be ill informed.	Activity based budgets are established per program area.	Budgets are clearly used as management tools. Over or under spending is limited to within 20% of budget.		The budgeting process is integrated into annual implementation plan. Effective M&E ensures mitigation of possible risks.
Sustainability	Samaritan response support Funding tends to come from	Resource and Donor mapping completed. Organisation is still heavily reliant on one source though. Donor requirements	Developing strong relationships across the funding spectrum. Able to produce quality proposals. Developing		The NGO has multiple donors. Demonstrates the ability to stay relevant Has secured multiple contracts.

Organisation	Start up	Emerging	Expanding	Exit	Mature
	single source. At best funding is erratic.	limit mission driven activities to some degree.	Government and local corporate relationships bode well for future funding requirements. Medium term funding is secured.		No single donor carries more than 35% of total annual funding. Contract terms tend to be in the region of 3+ years. 20 – 30% of all funding is undesignated. Donors funding a large % of mission driven activities. Cost share plans are well entrenched where relevant.
Organisation	**Start up**	**Emerging**	**Expanding**	**Exit**	**Mature**
Organisational Sustainability					
Entity	N/A	Developing community relations will support future sustainability.	The NGO has a clear vision of its role and ability to participate in developmental activities. Stakeholders are an integral part of programme planning and evaluation.		A key role player in networks. NGO has linkages with international NGOs', educational, research and civic institutions. Has the capacity to perform self-assessment so as to ensure it remains relevant. Seen as a key partner in development. Communities have developed a healthy ownership of the relevant programmes. The NGO has developed systems for the continuation of its programme activities as directed by key changes within the target communities.

	Start up	Emerging	Expanding	Exit	Mature
External Relations	NGO is viewed as being of some value by community.	NGO is growing in its credibility The NGO has identified common interests with the relevant Government departments. Shows a clear understanding of Government policies as per focus area.	Stakeholders support through providing cost share. Financially or in kind contribution. The NGO has established cordial relationships with the relevant Govt departments. Has been invited to participate in Govt motivated forums.		Stakeholders experience the NGO as credible The NGO has shifted from needed to wanted. Well known to policy makers and peers. Has a strong brand presence. Regularly included in high level discourse and policy development.
Other	Limited ability to work with other NGOs	Mapped possible 'relational' stake holders	Works effectively with both local and international NGOs		Plays leadership role in promoting NGO coalitions.
Organisation	**Start up**	**Emerging**	**Expanding**	**Exit**	**Mature**
Human Resource					
Policies	Few if any policies exist.	Policies are in developmental stage. Policies are guided through consultation with relevant authorities.	Policies developed include; disciplinary, recruitment, remuneration, leave and the like. Staff selection criteria formalised. The recruitment process is clearly defined. Relevant HR policies have been disseminated to all personnel		Policies undergo annual review to ensure relevance as well as compliance. Fully functional remuneration committee regularly convenes to ensure that salary scales are market related. Diversity and representivity are guided by clear policy documents.
Development	Mostly volunteers. Staff members have to multi task, often not skilled to perform designated functions. Little or no	Staff development needs are assessed. Training plans developed.	A good match between skills and responsibilities. Ad hoc training completed. Staff assessment policies and procedures exist, but not necessarily part of integrated staff development and management strategy.		Needs based training facilitated, in line with overall strategic plan. Staff development is supported through adequate allocation of resources. It is embraced as an essential component of the overall organisations growth. Staff assessment fully integrated in overall

					strategy.
	staff training.				
Management	Little to speak of, at best relations keeps staff motivated and productive.	Basic personnel administration systems exist.	Personnel systems are both formalised and implemented. Job descriptions are clearly defined		Mentoring policies and procedures are in place. Field staff receives adequate counseling to mitigate both physical and emotional burn out! Staff turnover statistics are regularly reviewed to ensure any organisational 'weaknesses' are identified and remedied.

EVALUATION

1. **To get feedback on the value of the training.**
2. **To establish whether the training met the need of participants.**
3. **To establish possible content of follow-up workshops or training.**

1. Write up what has been gained from this training course?

_____
_____
_____
_____
_____

2. Has the Monitoring and Evaluation information been helpful? YES   NO. Explain.

_____
_____
_____
_____
_____

3. Has the Community Systems Strengthening model been useful? YES. NO. Explain.

_____
_____
_____
_____

4. What did you like the most? The least?

_____
_____
_____

5. What else should be included in the training? Any other comments?

_____
_____
_____

6. Is the material useful?

_____
_____
_____

7. How will you use this learning in your work/community?

_____
_____
_____
_____

8. What could be done better:

_____
_____
_____
_____

Alignment with NDoSD Request for a Model for Supporting Community Based Organisations:
CONSULTATIVE ROUNDTABLE DISCUSSIONS WITH NATIONAL Non-profit companies (NPC) AND RELATED STRUCTURES ON THE REVIEW OF THE WHITE PAPER ON SOCIAL WELFARE (of 1997)

Proposals for NPO National Directorate:
NPOs and CBOs
   I)   NPCs needs to be on CIPCI data base.
   II)   Government sets point system for capacitation.
   III) Mentoring role of big organisations: identify NPCs that can play a support role to CBOs.
   IV)   Independent affiliates; subject to NPC standards. NPC develops a matrix that outlines 'services' provided and creates levels for assessment.
   V)   CBOs to be renamed as social service practitioners; The community based organisations should have the ability to identify the service being provided to the community. (Health and Education enjoys better status than Social Development because they are providing services).
   VI)   Services provided for treatment and support but also for prevention and early intervention.
   VII) Eliminates poverty and addresses progressive realisation of rights.

National NPO Directorate
   I)   Mapping services according to need – national exercise. Developmental route covering the full range of deprivation, responding to different contexts.
   II)   Acknowledgement of diversity and inclusion.
   III) Development of a data base.
   IV)   Development of a new model in re-structuring and service innovation.
   V)   Decentralisation of NPC registration – provincial competency.
   VI)   New Welfare Act. New funding flow to CBOs and NPCs.
   VII) Review of White paper – leading to legislation.
   VIII) Develop a well-constructed proposal to treasury, regarding funding for the sector (NPOs and CBOs doing 'welfare' work. Cost implications of recommendations.
   IX)   'Social Services' to act as overarching definition.
   X)   Redress and transformation in relation to apartheid consequences still need to be built into budgeting and policy formulation. We are still the apartheid generation and poor communities are carrying the burden of social dysfunction.

Addresses White paper Challenges:
   1.   Creation of self-sufficiency!
   2.   Create opportunities for growth.
   3.   Policies should push the most vulnerable and the poorest of the poor out of deprivation or helplessness to dignity.
   4.   Model can be replicated in any area of need or any sector.

Acknowledgements

1. Logical Framework Training. USAID. 2009
2. Hope worldwide 'best practice' interventions. Swedish International Development Agency (SIDA). 2010.
3. Strengthening Community Systems for Access to health. WHO.