

An evaluation tool for measuring capacity within Aboriginal Men's Health groups

INTRODUCTION

The following shows the evaluation framework which was developed as a part of the objectives of the AMHIP Project. Various aspects of evaluation were considered as relevant for this project.

The first is a framework for evaluating the delivery of services from within the projects, and uses a learning approach to identify strengths and weaknesses of current functioning in the delivery of services and closely related aspects of project functions.

The second aspect of evaluation focuses on evaluating the capacity of organizations themselves, so is designed to provide an indication of key areas of overall project governance. For this second component – the measurement of capacity - , a number of capacity assessment tools and approaches were considered. Many of these tools were rejected as unsuitable for the needs of the AMHIP Project, and as no single tool met our needs, a composite from existing capacity development tools was developed and applied. The primary sources for this adapted tool were:

1. CARE Somalia's CAT 1 – see http://www.careinternational.org.uk/resource_centre/civilsociety/inventor_y_of_resources/section_2/section_a/a10_somalia_capacity_assessment_tool.pdf and the
2. Simple Capacity Assessment Tool (SCAT) devised by Beryl Levinger and Evan Bloom - see <http://www.gdrc.org/ngo/bl-scat.htm>

The selection of these tools was guided by considerations of the multiple purposes for this capacity assessment and the constraints under which it can be used. The purposes for use of this assessment are:

1. To develop a baseline measure of current organisational capacity of the variety of projects in NSW targeting Aboriginal male health.
2. To be able to assess changes in organisational capacity over time of these projects
3. To provide the capacity assessments as a feedback to assist learning in these projects.
4. To provide information to bodies who are able to utilise this information in supporting projects (e.g. Aboriginal Health & Medical Research Council; National Aboriginal Community Controlled Health Organisation; Aboriginal Medical Services; Department of Health NSW) regarding areas of focus to assist in developing the capacity of these & future projects.

The constraints were:

1. The need for a tool that is relatively simple to understand and apply without input from professional assessors.
2. A tool that provides a format that enables feedback and learning to project workers about central aspects of organisational capacity and indicates areas of attention.
3. A tool that deals only with central aspects of capacity development relevant for the projects identified. Many existing tool include sophisticated analyses of context and institutional linkages, which would detract from the within organization focus it was felt we needed for this project.

THE ADAPTED AMHIP CAPACITY ASSESSEMENT TOOL

Name of Organisation:

Overall Level of Development of Organization:

Name of Group:

Overall Level of Development of Group:

<i>Informal</i>	<i>Semi formal</i>	<i>Auspiced</i>	<i>Incorporated</i>
Usually a couple of friends or colleagues who make plans to do something together, such as organising meetings for men about culture.	Usually a group of people who have formed some type of committee or other way of making decisions with a group of people. Would often have a constitution or Terms of Reference as a guide, but is independent from other groups.	Usually a group of people who form a sub-committee in an existing incorporated organisation (such as an AMS) to do a specific project or group of projects.	A group of people who have applied for and received legal recognition of their aims and governance.

Date of Assessment:

Conducted by:

RATING SCALE

1. Needs urgent attention and improvement
2. Needs some improvement
3. No need for immediate improvement
4. Well developed

GROUP FEATURES - A. Governance	1	2	3	4
1. Group has written stated objectives and goals or access to expertise to develop this information				
2. Group stated objectives and goals are understood by all involved within the group				
3. Group has a written strategic plan or access to expertise to develop this plan including the AMH Project Officer				
4. Monitoring and evaluation mechanisms are built into Group's plans (e.g. number of participants, outcomes for participants)				
5. Groups have a system in place that will enable leaders of the Aboriginal Men's group to learn about government systems (e.g. participate in the AH&MRC governance training).				

Total Points =

Any additional comments:

GROUP FEATURES - B. Management Practices	1	2	3	4
1. Group has a structure that clearly states levels responsibility				
2. There is a clear exchange of information within the Group				
3. Updated written administrative procedures exist (e.g. filing, record keeping, minutes of meetings)				
4. Written recruitment, employment and personnel practices are clearly defined and followed				
5. Resources are planned and allocated.				
6. Staff (volunteers and paid) and participants are actively involved in the planning, program design, implementation and evaluation				
7. Group regularly reports on activities and results of evaluations				
8. Group has capability to train staff or access training for staff involved in management issues				

Total Points =
Any additional comments:

GROUP FEATURES - C. Finance	1	2	3	4
1. Group has access to an auspicings agents, finance team to manage any finances				
2. Financial reporting to program funding management committee and to external funding bodies is accurate and timely				
3. Financial and evaluation reports are used for planning				
4. Group has written financial policies				
5. Group has potential to seek income from different sources				

Total Points =
Any additional comments:

GROUP FEATURES - D. Service Delivery	1	2	3	4
1. Relevant expertise for delivering services applicable to Aboriginal men's health and managing the group exists within the Group				
2. Expertise of workers delivering services is credible and recognised by the community in which it operates.				
3. Group is capable of identifying priority health needs of the community and adapting program and service delivery applicable to these needs				
4. Groups can obtain practical support from their community / local Groups foster partnerships to enable specialist service delivery and education to the members of the group				
5. Group prepares regular progress reports				
6. Group are aware of national and state strategies/ Implementation plans guiding Aboriginal men's health				

Total Points =
Any additional comments:

GROUP FEATURES - E. Sustainability	1	2	3	4
1. Group is a member of, and shares information with, umbrella organisations and networks				
2. Group has partnerships with other organisations focused on improving Aboriginal men's health				
3. Group has ability to attract funding for projects				
4. Proposal writing capacity exists within the Group				
5. Infrastructure including well recorded and				

documented processes are completed as the group develops				
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Total Points =
Any additional comments:

TOTAL SCORE