

Using CRS Partnership and Capacity Strengthening Approaches to Improve Early Child Development Service Quality

KEY LESSONS FROM THRIVE

WORKING THROUGH 10 LOCAL PARTNERS, THRIVE SUPPORTED MORE THAN 200 COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY VOLUNTEERS TO ADDRESS CRITICAL FACTORS IN EARLY CHILDHOOD DEVELOPMENT.



Mary Manessa, a community-based volunteer, has received training on the stages of early childhood development and demonstrates how to use the toys in the ECD space with a caregiver and her children in a clinic in Tanzania. *Photo by Phillip Laubner/CRS.*

PROJECT SUMMARY

THRIVE: A Three-Country Approach to Improving the Early Childhood Development of Children Affected by HIV improved early child development support services so that children under five in Kenya, Malawi and Tanzania thrive in a sustainable culture of care and support. Operating from October 2012 through September 2015, and funded by the Conrad N. Hilton Foundation, THRIVE had three strategic objectives: 1) direct, culturally-appropriate ECD services benefit 15,000 vulnerable children; 2) strengthened capacity of community-based organizations leads to expanded ECD services and improves quality of care and support for vulnerable children; and 3) cross-country learning results in improved knowledge/expertise across Catholic Relief Services and the ECD sector.

CONTEXT

THRIVE built on previous collaboration or active CRS programming in each target area. Working through 10 local partners, THRIVE supported more than 200 community-based organizations and community volunteers to address critical factors in early childhood development, including stable and responsive relationships, proper health and nutrition, and safe and stimulating environments through training on positive parenting, home visits, support groups, establishment of ECD-friendly spaces, and ECD training for community based childcare center caregivers. While THRIVE partners all had prior project implementation experience, ECD was a new programming area for all 10 partners.

In Kenya, THRIVE targeted disadvantaged children under five and their caregivers in rural villages of Nyanza Province and in Nairobi slums. In Malawi, THRIVE operated in Lilongwe, Ntcheu, and Zomba of the central and southern regions. In Tanzania, CRS targeted vulnerable children in Mwanza and Geita regions in the north, and Tanga region in the east.

CAPACITY STRENGTHENING PROCESSES

As part of THRIVE's SO2 baseline, all partners used CRS' [Holistic Organizational Capacity Assessment Instrument](#) and a new [ECD Technical Assessment](#) to identify and prioritize capacity needs, drafting action plans for prioritized organizational and technical improvements. CRS country finance teams conducted the [Sub-Recipient Financial Management](#) assessment, resulting in specific actions to address observed gaps. Throughout the project, CRS worked to provide or leverage training, technical expertise, and resources to accompany and support each partner in ECD technical programming, operations management, compliance, and overall organizational health. THRIVE partners then provided technical support to local volunteers and community based organizations in ECD service delivery, and reviewed progress using the same three assessment tools at the end of the project. External consultants conducted semi-structured interviews with CRS THRIVE staff and 6 of 10 partners, and consolidated final partner capacity assessment data for THRIVE's SO2 endline review.



Samsone Ronald, a community health worker, shares with a young mother and her two children about positive parenting for young children in Nthita Village near Zomba, Malawi. Samsone is a volunteer with the Catholic Health Commission of Zomba, a THRIVE partner. *Photo by Sara Fajardo/CRS.*

WHAT PARTNERSHIP AND CAPACITY STRENGTHENING APPROACHES WERE APPLIED?

During THRIVE, CRS country staff supported specific capacity needs identified in the HOCAI, ECD, and/or SRFM assessments. Capacity strengthening interventions included the provision of manuals, resources, tools¹, and training; linking partners with service providers for specific technical or organizational needs; and accompanying the partners' institutional changes by reviewing drafts of strategic plans or policies and monitoring progress on capacity action plans. In some cases, partners in the same country shared capacity needs, so CRS convened staff from all partners for thematic training workshops. In Malawi, THRIVE funded partner participation in external capacity strengthening and training opportunities. Other THRIVE capacity strengthening activities included stakeholder service analysis and mapping, and providing funds for new staff and travel/coordination costs.

CRS provided some of THRIVE's early ECD technical content to partners and community volunteers concurrently; CRS also gave partners guidance on how to facilitate "cascade" training in order to follow up on technical sessions with ECD volunteers. In their work with ECD volunteers, partners reported using similar tools, technical materials, and resources to those provided by CRS. Some partners also modeled CRS' capacity strengthening approaches — such as supervision and feedback techniques, community-level peer exchange visits, and meeting facilitation approaches — with the local volunteers and community based organizations. In Malawi, community based organizations and stakeholders completed an ECD quality checklist and developed action steps to address any identified gaps; however, no other formal community based organization assessment or review processes were conducted.

HOW WERE PARTNERSHIP AND CAPACITY STRENGTHENING TOOLS OR APPROACHES APPLIED?

CRS country teams rolled out the HOCAI and ECD assessment process somewhat differently in each country — either by bringing different partner staff together to explain the tools and model the self-assessment facilitation process, or by facilitating part of the self-assessment with each partner to complete on its own. Regardless, each partner then convened staff and leadership to work on its own assessment. THRIVE project staff, management, and/or leaders worked on the HOCAI/ECD assessment and action plan, depending on the size and governance of each partner. Partners reported working through the HOCAI/ECD assessment systematically as a group, question-by-question, determining the organization's level of achievement and the means of verification, recording any specific findings or notes.

Following the self-assessment process, each partner met to determine its institutional priorities, develop an action plan and timeline, and assign responsibilities to the appropriate staff members. The timing and composition of the team varied by partner; several conducted action planning immediately following the assessment session with the same team, while others convened different stakeholders for decision making. The decision making on key priorities also varied. Several partners reported systematically prioritizing action on the weakest areas identified in the HOCAI self-assessment, some chose to focus on the activities they found most relevant, and other partners opted to prioritize specific gaps/components of all capacity areas. These differences resulted in capacity action plans with disparate scopes,

¹ CRS provided some tools through international exchange/learning platforms supported under SO3.

THE ASSESSMENT TO ACTION PLANNING TOOL HELPS PROJECT TEAMS IDENTIFY THE KEY CHALLENGES (AND CAUSES), VARIOUS ACTORS, INPUTS, AND TIMING REQUIRED TO ADDRESS CAPACITY GAPS IDENTIFIED WITH THE HOCAI.

USED CONCURRENTLY WITH HOCAI'S ASSESSMENT AND PROCESSES, ECD TECHNICAL ASSESSMENT IS DESIGNED TO ADDRESS ANY GAPS IN THE ORGANIZATION'S KNOWLEDGE AND SKILLS, SERVICE QUALITY, SERVICE COVERAGE, ADVOCACY, AND INFLUENCE — SPECIFICALLY CAPACITY REQUIRED FOR SUCCESSFUL ECD PROGRAMMING.

complexity, and desired actions and outcomes. Throughout THRIVE, each partner worked on its capacity action plan with varying levels of technical support and accompaniment from CRS country staff.

As part of the final review of SO2 and to pilot the agency's Assessment to Action Planning template, CRS collected and compiled each partner's baseline and endline results from the HOCAI/ECD self-assessment and the SRFM. The template compiles average composite scores from each tool's capacity domains, assigning ratings from "Poor" to "Strong."²

RESULTS

STRENGTHENED PARTNER CAPACITY

During the SO2 review, THRIVE's partner informants estimated that their organizations completed between 70 and 90 percent of their capacity strengthening action plans. Self-assessment results reflect similar levels of achievement at the end of the project.

HOCAI assessment: Partners had the highest average end-of-project self-assessment scores on HOCAI's Identity and Governance, General Management, Programming, Services and Results, and Sustainability domains. These are several of the same domains that partners chose to work on under their own capacity strengthening plans. All partners had "Good" or "Strong" HOCAI ratings (seven with "Strong") at THRIVE's end, and the average overall HOCAI ratings for partners improved from the baseline to final self-assessment:

- In Kenya, from 86 to 90 percent;
- In Malawi, from 37 to 89 percent; and
- In Tanzania, from 61 to 72 percent.

ECD technical assessment: Overall ECD technical self-assessment scores by partners also improved. At baseline, four of ten partners had "Strong" ECD technical ratings, improving to three partners with "Good" and seven partners with "Strong" ratings at the end of the project. Average ECD technical capacity composite scores also increased:

- In Kenya, from 82 to 92 percent;
- In Malawi, from 75 to 87 percent; and
- In Tanzania, from 64 to 73 percent.

SRFM assessment³: All partners with recorded scores were rated as "Good" or "Strong" in financial management capacity at the end of the project. Partners in each country reported positive average endline financial capacity scores:

- In Kenya, ranging from 69 to 97 percent;
- In Malawi, ranging from 51 to 97 percent; and
- In Tanzania, ranging from 55 to 100 percent.

When asked about the most-significant changes they experienced from the capacity strengthening process, key partner informants stressed two things: the importance of new financial and administrative policies and documentation and new strategic plans. All interviewed partners reported that they are equipped and committed to continue conducting organizational capacity assessments, and developing and working on their action plans.

² Scores ranged from 1 to 100%. Scores of 20% or less were considered "Poor," between 21 and 50% "Weak," between 51 and 80% "Good," and over 80% were considered "Strong."

³ Baseline data from Malawi were not available, thus only endline SRFM scores were compared.

THRIVE BOOSTED ECD KNOWLEDGE AND SKILLS FOR PARTNERS AND COMMUNITY VOLUNTEERS BY SUCCESSFULLY APPLYING APPROACHES TO ORGANIZATIONAL CAPACITY STRENGTHENING.

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STRENGTHENED COMMUNITY ECD CAPACITY

THRIVE faced early challenges when developing standards for ECD activities that would meet national regulations for quality. The closest applicable regulations were norms for education, health, or social welfare, but these were only partially relevant for ECD activities. THRIVE country teams drafted their own standards for ECD-friendly spaces that included site and volunteer selection criteria and basic ECD principles, inputs, or activities. Against these various non-comparable ECD standards, 80 to 82 percent of the community based organizations in Malawi were considered by the partners to be at least “child-friendly,” partners in Kenya reported the community based organizations were “performing well,” and nearly 100 percent of community based organizations in Tanzania were found compliant with the partners’ own standards.

LESSONS LEARNED

THRIVE boosted ECD knowledge and skills for partners and community volunteers by successfully applying approaches to organizational capacity strengthening. Key lessons learned from THRIVE’s SO2 include the following:

- *Reflect on the optimal management structures for ECD services* in each context. Where the structures are nonexistent, inadequate, or weak, consider what management model is most appropriate and what inputs and support are needed for the transition. Consider options for future financial resource mobilization in this decision.
- *Be deliberate about all organizational and technical capacity processes.* Consider replicating a promising self-assessment process with community based organizations in Malawi where the management committee, parents of children under five, ECD volunteers, and partners met to self-assess ECD progress against a short standard checklist, assign a rating, and develop action steps to act on any gaps.
- *Review and harmonize minimum standards or measures for quality ECD services.* These should include verifiable inputs, skills/attitudes of ECD volunteers, and ECD outputs. Having common standards will help the community based organizations/management committees and the partners supporting them to assess volunteer performance and service quality and will help the project assess and compare results over time.
- *Consider local systems and approaches to motivate and strengthen capacity.* Local exchange visits, coordination and review meetings, and peer mentoring were identified as among the most efficient and effective capacity strengthening approaches. In addition, more consistent, formal recognition of capacity strengthening interventions may help better recognize and motivate efforts.
- *Set clear expectations about capacity assessment,* budget adequate costs for the assessment process, and be clear about who will support the costs to implement organizational changes and what (if any) capacity areas may be supported. Given the significant investment required, schedule technical, financial, and organizational assessment processes concurrently when possible.
- *Consider the time and technical resources needed to coordinate, collect, consolidate, and check capacity data* when working with multiple implementing partners. Build this process into the project’s work plan well in advance of project reporting deadlines. Consider dedicated organizational capacity strengthening staff for projects that involve significant technical and organizational capacity strengthening.

Among the factors that most contributed to technical and organizational capacity improvements, key SO2 review informants cited strong leadership involvement, the relevancy of the capacity areas selected, and CRS’ capacity assessment tools, processes, and accompaniment. According to one partner leader interviewed, “Organizational capacity strengthening has been THRIVE’s single most important investment. All the organizational milestones we’ve achieved are attributable to CRS’ support.”

