



NGO AUDIT

Capacity- Building Assessment

July 2008

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Acronyms

AIDS	Acquired Immunodeficiency Disease Syndrome
AnCRA	Association for Community and Rural Awareness
DOH	Department of Health
DOT	Directly Observed Therapy
GLBT	Gay, Lesbian, Bisexual, and Transgender
HBC	Home-Based Care
HCBC	Home Community-Based Caregivers
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission
RFP	Request for Proposal
Sister	Professional Nurse
SMT	Stipend Monitoring Tool
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

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Thabiso	Barkly West
Nightingale Hospice	DeAar
Legatus	Kimberley
LEGBO	Kimberley
Mandulo Community Service Project	Kimberley
AnCRA	Kuruman
Namaqua Support	Springbok
Christanna Care and Support Group	Uptington
Noord Kaap Vigs Forum (Northern Cape AIDS Forum)	Uptington
Thusanang Youth Activity	Warrenton

Executive Summary

This study was undertaken to provide a foundation for developing norms and standards for non-governmental organisations (NGOs). The objectives were to provide information that will strengthen relationships between the Northern Cape Department of Health and NGOs, and develop a baseline from which contractual agreements can be drafted. Some of the organisations subject to this audit have received funding from the National Department of Health, however it is anticipated that the province will be involved in NGO funding in the future. It is important that all funded NGO activities align with the National Strategic Plan 2007–2011. This audit comprised the first step in the development of provincial strategic plan, the establishment of local AIDS councils, and the integration of district plans.

With this audit as a foundation, the provincial Department of Health (DOH) will issue a call for proposals, including the involvement of men in the prevention of mother to child transmission (PMTCT) of HIV and AIDS; involvement of men in child rearing, sexual reproductive health, and the negotiation of safe sex; and obtaining statistics for males through obtaining voluntary counselling and testing (VCT) data.

The NGO assessment audit was designed to look at the NGO's structure and capacity. Some of the essential elements reviewed were the: administration of stipends, the

organisation's ability to deliver services, capacity, structure, governance, financial management, and staffing.

Objectives

The NGO audit ascertained whether the NGO's funds were being managed consistently with the agreement with the DOH. The primary goal was to review the NGOs that provide community healthcare service to answer whether the organisation is worthy of future funding and whether they were able to deliver the programmes for which they have been granted funds. The province required assurance that they could safely fund NGOs to provide effective services to their communities in the future.

METHODOLOGY

Tool Development

The questions presented were developed by combining the NCP rapid assessment tools with the community-based organisation tool utilised by the Black United Fund (Chicago, Illinois) and the Illinois Department of Public Health. The questions focused on five areas as a self-report measure of NGO stability and capacity. These areas were:

- 1) Organisation history and Board structure
- 2) Financial management
- 3) Community visibility
- 4) Monitoring and evaluation



- 5) Training and capacity-building needs
(see **Appendix I**)

Agencies Reviewed

Twelve agencies were selected for review of which ten received site visits and narratives of their audit interviews are included herein. South African San Institute and Deaf South Africa were not available for appointment or could not be reached.

ORGANISATIONAL HISTORY

Thabiso is a community service organisation that provides home-based care, as well as a number of other community services. The organisation serves approximately 4,300 clients on an annual basis. The organisation's Board of Directors meet quarterly with the last meeting held in December 2007, and the next meeting was scheduled for March 2008. Board members are governed by a constitution and new members are recruited through advertisement. Potential members are interviewed and then selected to serve on the Board.

The organisation's operational management has received extensive training in the areas of administration, computer skills, communication skills, college workshops, and seminars. The home-based care workers have received HCBC training, and are encouraged by the organisation to seek professional development.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by three individuals: the Chairman, Vice President, and bookkeeper, who is a staff member; (3) bank reconciliation is conducted quarterly; (4) the organisation utilised standard accounting practices; (5) R1,000 in petty cash is retained; and (6) Pastel program is used to maintain accounting records.

COMMUNITY VISIBILITY

The organisation is very visible in the community. The Barkely West community is comprised of Blacks, Coloureds, and the elderly. Caregivers walk to client appointments and as such are well known in the communities. The major health challenges are high default rates for TB and HIV medications. Other challenges include high rates of teen pregnancy, teen alcoholism, substance abuse, and domestic violence. Barkley West faces environmental challenges because of

STRENGTHS

Organisation has a history of mentoring developing CBOs. Organisation has a very strong fiscal accountability with excellent checks and balances.

CHALLENGES

When appropriate the requested training should be provided.

FOUNDED (YEARS AGO)

9 years

OPERATING BUDGET

R5,000,000

BOARD OF DIRECTORS

Total: 9

Race: Black (4), Coloured (2), and White (3)

Gender: Female (5) and Male (4)

the location of mines as well as the extensive unemployment that the organisation believes is the underlying cause of the domestic violence. The community consists of individuals speaking Tswana, Xhosa, Afrikaans, Zulu, and Tutsi. The strengths of the community were noted in the fact that they grow and share food with each other, and has youth activities at a drop in center that includes tutors.

The organisation would like to have adequate space for their services as well as a women and children's shelter for domestic violence victims. In the next five years, Thabiso would like to more effectively address the needs of the community and have a meaningful role.

The organisation collaborates with NGOs, social service organisations, disabled organisations, schools, correctional services,

traditional healers, and the faith-based community.

MONITORING AND EVALUATION

Referrals are received, assessed, and assigned to the healthcare workers. Client files are maintained, and a retired nurse conducts monthly performance evaluations. One-on-one evaluations are conducted on a quarterly basis. There is a standardized list for evaluation criteria, a copy of which was provided to the interviewers.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs are financial management, communication skills, career pathing, and project management skills.



COMMENTS AND RECOMMENDATIONS

This organisation presented the most comprehensive list of community collaborations and has in the past years, mentored several upstart community-based organisations. The organisation demonstrates strong fiscal structures and accountability.

The organisation should be considered for future funding with additional opportunities to obtain the requested additional training.

ORGANISATIONAL HISTORY

Nightingale is a community service organisation that provides daycare for hospice patients to relieve families, an orphans and vulnerable children program, voluntary counselling and testing, peer education, palliative care, and home-based care. The organisation serves approximately 39,900 clients on an annual basis. The Board of Directors meets monthly and members are recruited from hospice member organisations.

The organisation's operational management has received extensive training and is currently in the process of becoming trainers. Twenty-five of the organisation's home-based care workers have received HCBC training, 75 workers have received VCT training, and 30 have received couples counselling training. Historically, the organisation has experienced very little staff turnover, and encourages professional development of its care workers.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by three individuals and the bookkeeper is a member of the finance committee; (3) the organisation utilises standard accounting practices; (4) R250 in petty cash is retained; and (5) Microsoft Excel is used to maintain accounting records.

COMMUNITY VISIBILITY

Nightingale Hospice is highly visible in the DeAar community. The community is comprised of poor and unemployed individuals as well as nearly a thousand orphans. The government is the largest employer in the area. The major health challenges are HIV, TB, alcoholism, and domestic violence. Other challenges include substance abuse, lack of adequate nutrition, transportation, and increased teen pregnancy. The organisation has close relationships

STRENGTHS

This is a 14 year old organisation, which has significant strengths in every area of organisational evaluation.

CHALLENGES

This organisation should be increasingly encouraged to share their information with developing CBOs.

FOUNDED (YEARS AGO)

14 years

OPERATING BUDGET

R1,533,382

BOARD OF DIRECTORS

Total: 10 (2 *ex-officio*)

Race: N/A

Gender: N/A

with the health department clinics which is the primary source of client referrals. The community consists of individuals speaking Tswana, Xhosa, Afrikaans, and Zulu. The strengths of the community were noted in the fact there are good, close relationships in the community, the organisation is well known, and community members have easy access to the organisation.

The organisation would like to have proper foster care placement for the orphan children to be certain that the children they serve are secure.

MONITORING AND EVALUATION

The organisation has a structured evaluation system that is utilised as the basis for assisting in improving skills. They also utilise monthly report forms for evaluations.

TRAINING AND CAPACITY-BUILDING

The organisation has extensive networks of collaboration. One of the most pressing capacity-building needs is the care for the caregivers, which could include recreation facilities for the caregivers.



COMMENTS AND RECOMMENDATIONS

This organisation is one of the most well organised groups to receive a site visit. Their services are necessary in their community.

ORGANISATIONAL HISTORY

Legatus is a home-based care NGO that targets the general community. The organisation services approximately 58,000 clients on an annual basis. The Board of Directors is scheduled to meet quarterly; however, they have only met twice in the last year. Board members are governed by a constitution, and new members are identified and recruited based on their role in the community.

The organisation's operational manager is a trained medical technologist and the administrator has undergone management training. This organisation was mentored by Thabiso and the organisation's staff are encouraged to pursue professional. Turnover among caregivers is minimal which substantially stabilizes the work force.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) payments to the caregivers are electronic; (3) all checks are countersigned by three individuals and the treasurer is a Board member; (4) the organisation utilised standard accounting practices; (5) R500 in petty cash is retained; and (6) Microsoft Excel is used to maintain accounting records.

COMMUNITY VISIBILITY

Legatus is very visible in the Kimberley/Frances Baard community, which is comprised of Blacks, Whites, and Coloureds. The major health challenges are service defaults, including ARV treatment; transportation; alcoholism; and TB patients who continue to smoke cigarettes. An additional challenge is poverty, where many individuals do not take medication because of inadequate nutrition. Caregivers purchase food for their clients from their own personal funds. Community members are leaving school at low levels with

STRENGTHS

Organisation makes good use of all available resources.

CHALLENGES

Board needs strengthening.
Monitoring and evaluation requires improvement.

FOUNDED (YEARS AGO)

6 years

OPERATING BUDGET

R3,000,000

BOARD OF DIRECTORS

Total: 6

Race: Black (6)

Gender: Female (2) and Male (4)

too few skills. The community consists of individuals speaking English, Tswana, Xhosa, Afrikaans, and Zulu. The strengths of the community are, “that people are very clever.” The organisation feels that the community is generally compliant with the caregivers.

The organisation would like to eventually have a building that has services including beds for treatment of the sick and doctors. Legatus would like to see an increase in cure rates. The organisational challenges are professional develop and capacitating people. This organisation is very active in Frances Baard, and participates in meetings every other month with other NGOs.

MONITORING AND EVALUATION

Referrals are received from the hospital and the community. The organisation retains

client files and the sisters in the organisation reconcile these files monthly. There is no regularly scheduled structured monitor and evaluation; however, random reviews are conducted by the sisters.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs are administrative skills, monitoring and evaluation using computer systems, and financial management. Capacity-building needs include strengthening their financial management skills as well as improving M&E.



COMMENTS AND RECOMMENDATIONS

Overall based on this interview the organisation reports good use of resources and there is no indication of any barriers to future funding. It is strongly recommended that the organisation be provided opportunities to obtain the computer training that has been requested. In comparison to other agencies subject to this audit the number of members on the Board could be increased thereby strengthening the Board. The organisation should be encouraged to hold regularly scheduled Board meetings. The systems for monitoring and evaluation should be significantly improved.

ORGANISATIONAL HISTORY

LEGBO is an organisation formed to address issues related to Gay, Lesbian, Bisexual, and Transgender (GLBT) youth. Those issues include substance abuse, HIV and AIDS, stigma, and discrimination. The organisation serves approximately 2,500 clients on an annual basis. The figure of 2,500 includes participants at the sex summit held last year. Because there are no funds to support quarterly Board meetings as called for in the constitution the Board does not meet. Board members are nominated from other partnerships.

The organisation's operational management has received a wide range of training in the areas of: capacity-building, governance, monitoring and evaluation, non-profit legal issues, and financial management. The organisation has four volunteer home-based care workers who have received training in basic and advanced VCT adherence.

FINANCIAL OVERVIEW

Since the organisation currently has no funding, financial questions were deemed not applicable; however, there is a separate checking account held in the organisation's name.

COMMUNITY VISIBILITY

LEGBO is active in six communities in the province (Pixley ka Seme, Strydenberg, Prieska, Kalahari, Namaqua, and Frances Baard). The populations they serve are across all ages and approximately 55 percent Black, five percent White, three percent Coloured, and one percent Asian. The major health challenges among these populations are high rates of TB and HIV. Other challenges include constituents being victimised by hate crimes, abuse, and ignorance. Unemployment, substance abuse, and lack of skills were also mentioned as concerns. The community in Prieska and Coloville experience environmental challenges from asbestos and mining dust.

STRENGTHS

This organisation has very few resources; however, they provide a myriad of services to the GLBT communities in several locations.

The organisation is providing services that are not widely available in the NGO sector and should be supported.

CHALLENGES

The organisation should engage their Board to assist in building their capacity to secure funding and become sustainable.

If the organisation is funded they could benefit from being paired with a mentor until their fiscal structure is stabilized.

ESTABLISHED

5 years

OPERATING BUDGET

None

BOARD OF DIRECTORS

Total: 11 (3 HIV+)

Race: Black (4) and Coloured (7)

Gender: N/A

The organisation faces challenges because of limited resources and lack of acceptance into the NGO sector. The strengths of the community were noted in the fact that people want to learn and to get involved.

The organisation would like to be one of the mainstream NGOs recognized and accepted in the private and public sector, with groups across the province providing service to the GLBT communities.

The organisation collaborates extensively and aggressively seizes opportunities to garner resources.

MONITORING AND EVALUATION

Not applicable.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs are skill development, basic computer skills, and to empower members with knowledge of GLBT rights.



COMMENTS AND RECOMMENDATIONS

The organisation has no significant financial resources however, they continue to provide counselling services to the GLBT members of the various communities. This organisation is providing services that are not widely available in the NGO sector and should be encouraged. It is recommended that the agency be paired with a mentor agency if funding is awarded. The leap from having no funds to having substantial funds may represent a difficult transition. A mentorship arrangement would protect both the organisation and the funding source.

ORGANISATIONAL HISTORY

Mandulo Community Service Project is a home-based care NGO that targets the general community. The organisation services approximately 480 clients on an annual basis. The operating budget listed does not include the funds paid to caregivers. The organisation's Board of Directors meets quarterly; however, the Board has not met in the last two quarters. Board members are governed by a constitution with new members recruited through invitation letters distributed to individuals with a history of community service. The organisation's organogram for the Board of Directors is incomplete.

The organisation's operational management has received training in financial policy, fundraising, and basic project management. The organisation's staff is encouraged to develop themselves professionally. Turnover among caregivers is very minimal which substantially stabilizes the work force.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by three individuals: Administrator, Chairman, and Treasurer, who is also a Board member; (3) bank reconciliation is not conducted on a monthly basis but accounts are reconciled once funding is received; (4) the organisation utilised standard accounting practices; (5) R1,000 in petty case is retained; and (6) accounting records are maintained on a handwritten ledger.

COMMUNITY VISIBILITY

Mandulo Community Service Project is very visible in the community which is primarily comprised of Black youth. The major challenges related to the overall health of the community are transportation and the availability of ARVs and other medications. Other challenges include alcohol and substance abuse, access to

STRENGTHS

Excellent day-to-day monitoring of home-based care workers. Organisation stretches resources to provide services to the clients.

CHALLENGES

Board should be encouraged to meet consistently.

Organisational growth would require capacity-building.

FOUNDED (YEARS AGO)

6 years

OPERATING BUDGET

R1,000–R,3000

BOARD OF DIRECTORS

Total: 9

Race: Black (9)

Gender: Female (6) and Male (3)

food and proper nutrition so that individuals can take medication, family negligence, and inadequate information regarding medications. The community consists of individuals speaking Tswana, Xhosa, Afrikaans, and Zulu. The strengths of the community are in their cooperativeness and supportiveness of the organisation.

The organisation would like to evolve into a top NGO in the next five years and be in a position to assist the community with a number of its challenges. The organisational challenges are funding, resources, and the lack of computers.

MONITORING AND EVALUATION

Clients are referred through Legatus, and self referrals from the community. New clients

are initially assessed to determine the extent of service they require, and then the clients are assigned to caregivers. To monitor the work of the home caregivers, the sisters travel with the caregivers on their daily rounds. Problems with clients and caregivers are recorded in a book for future review.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs are financial management, computer courses, management training, and VCT. Capacity-building needs include project management training.



COMMENTS AND RECOMMENDATIONS

The organisation appears to stretch resources beyond their designated allocation. The daily monitoring of the healthcare workers by the sisters is a model that could be replicated. The organisation would appear to benefit from additional training regarding Board operations in order to increase the Board's functions.

The organisation should be considered for future funding with additional opportunities for capacity-building. Computer training should be encouraged.

ORGANISATIONAL HISTORY

AnCRA is a community service organisation that provides home-based care in addition to legal services in the area of land reclamation, HIV gender issues, gender-based violence, and women's rights. The organisation serves approximately 50,000 clients on an annual basis. The organisation's Board of Directors meets quarterly and members are governed by a constitution. New members are recruited from 40 communities at annual meetings where any members can be nominated and elected to the Board. There is an effort to seek Board members with skills necessary to sustain the organisation. Board development is one of the areas that this organisation continues to attempt to make improvements. The Board is currently addressing the issue of organisational succession.

The organisation's operational management has received training in HIV capacity-building, land reformation, financial management, and gender legal issues. The organisation has a total of 99 home health workers however only 57 are attributable to the programme funded through the Northern Cape DOH. These workers have received HCBC training and 30 have received VCT training. Professional development of home-based care workers is a requirement. According to the executive director there is very little staff turnover.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by two of four authorised individuals and the bookkeeper is a staff member; (3) bank reconciliation is conducted on a monthly basis, however the organisation's SMTs are stored at the district office which makes reconciliation difficult; (4) the organisation utilises standard accounting practices; (5) R500 in petty cash is retained; and (6) Pastel program is used to maintain accounting records.

STRENGTHS

This organisation is structurally sound and has excellent leadership. They are currently in the process of assisting in the creation of three new CBOs for their area.

CHALLENGES

The statistical information regarding their home-based health workers is retained in the district office. The statistical information presented by the district was not reconcilable from one month to the next. This process presents a tremendous challenge because home-based care worker performance cannot be reconciled.

FOUNDED (YEARS AGO)

9 years

OPERATING BUDGET

R4,100,000

BOARD OF DIRECTORS

Total: 12

Race: N/A

Gender: N/A

COMMUNITY VISIBILITY

AnCRA is highly visible in Kuruman, which is a largely rural agricultural community comprised of primarily poor Black and Coloured females. The community is difficult to access because of impassable roads and illiteracy and unemployment are also pressing issues. The major health challenges are alcoholism, domestic violence, HIV and AIDS, STIs, increased teen pregnancy, and in some locations airborne asbestos. The agency reports that racism is another challenge that makes providing services difficult; funds are not reaching civil society organisations. The community languages are Tswana, Afrikaans, and English. The strength of the community was noted in its determination to change the current situation. The executive director describes the women of this community as uniquely strong with the ability to survive in very harsh conditions. These women are committed to improving their lives and want to learn and to change, and have a very strong spirit.

The organisation would like to grow from strength to strength and have a positive impact on preventing the spread of disease. AnCRA would like to continue development with

land programmes and cease dependency by finding methods to become more sustainable.

The organisation collaborates on a local, provincial, and national basis, and as a result they can reach more people and share best practices.

MONITORING AND EVALUATION

Evaluation is conducted on a case-by-case basis. The organisation has no monitoring and evaluation tools; however, they receive day-to-day patient reports.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs include training in HIV and TB especially for the three community-based organisations that AnCRA is mentoring. Computer skills, web site development, and web maintenance are additional needs. The organisation could utilise technical assistance to strengthen its monitoring and evaluation. Governance training for the Board of Directors was mentioned as an ongoing capacity-building need.

COMMENTS AND RECOMMENDATIONS

Home-based care workers records should be relocated with the organisation instead of being held at the district. District records are in dire need of reconciliation. The M&E systems need strengthening. This NGO is sound and should continue receiving funding.

ORGANISATIONAL HISTORY

Namqua Support is a community service organisation that provides home-based care, HIV and AIDS, and TB awareness. The organisation serves approximately 4,000 clients on an annual basis. The organisation's Board of Directors meets quarterly. Board members are governed by a constitution and new members are recruited based on their skills. Potential members are interviewed and then selected to serve.

The organisation's operational management has received training in monitoring and evaluation, financial management, and communication. The 58 home-based care workers have received HCBC training. The organisation encourages professional development for its care workers.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by two individuals and the bookkeeper is not a staff member; (3) bank reconciliation is monthly; (4) the organisation utilised standard accounting practices; (5) R500 in petty cash is retained; and (6) Pastel program is used to maintain accounting records.

COMMUNITY VISIBILITY

Namaqua Support is very visible in the community, which is primarily comprised of Coloureds and women because the men work outside of the community. There are significant numbers of orphans and victimised children as well as child-headed households. The major health challenge is HIV although many people are in denial. Environmental challenges include the presence of copper acids in the atmosphere from the copper mines. Other challenges include unemployment, crime, and orphans and victimised children. The

STRENGTHS

This organisation has a sound structure and understands the role of the Board of directors. They are integrated into their community and the work of the District AIDS Council.

CHALLENGES

The challenge for this organisation is to address the fact that many in the community are in denial, regarding their HIV and AIDS status.

FOUNDED (YEARS AGO)

4 years

OPERATING BUDGET

R1,000,000

BOARD OF DIRECTORS

Total: 7

Race: N/A

Gender: N/A

community consists of individuals speaking Tswana, Xhosa, Afrikaans, and English. The agency believes that the community strengths are that it is a caring group that is very religious. They see their faith as a tremendous source of community strength.

The organisation would like to have adequate office space and grow into a sustainable structure that receives consistent funding.

The organisation collaborates extensively with NGOs, District AIDS council, Provincial AIDS Council, social service organisations, and the faith-based community.

MONITORING AND EVALUATION

Referrals are received from health facilities, and community awareness campaigns. Client files are maintained at the clinic level. There is no structured evaluation, administrative staff call facilities to review the performance of the community healthcare workers.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs are refresher trainings on HCBC and advanced courses.

Capacity-building needs are financial management, monitoring and evaluation, Board development and fundraising, and project management.



COMMENTS AND RECOMMENDATIONS

This organisation presents a sound structure providing a necessary service in this community. Funding is recommended coupled with the provision of requested training.

ORGANISATIONAL HISTORY

Christanna Care and Support Group is a community service organisation that provides services to orphans, victimised children, and home-based care. The organisation serves approximately 1,099 clients on an annual basis. Board members are recruited by other members of the organisation.

The organisation's operational management has received college training for home-based care, VCT, project management, financial management, legal compliance, and monitoring and evaluation.

The organisation has 44 community health workers that have been trained across the spectrum. In addition, the organisation has 24 volunteers.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by two individuals: the Chairman and Vice President, and the bookkeeper is a staff member; (3) bank reconciliation is conducted monthly; (4) the organisation utilised standard accounting practices; (5) R1,000 in petty cash is retained; and (6) Microsoft Excel is used to maintain accounting records.

COMMUNITY VISIBILITY

Christianna Care and Support Group is very visible in the community, which is comprised of elderly and youth populations as well as same-gender loving individuals. The major health challenges are HIV and TB, an uninformed population regarding medications, and high ARV default rates. Families share medications, and there are myths around pregnancy that cause women to present to healthcare providers too late to receive adequate PMTCT or other prenatal care. Other challenges include domestic violence, poverty, stigma, increased teen pregnancy, and alcoholism and substance

STRENGTHS

This nine year old organisation has been recognized internationally for their work with HIV and AIDS patients in Upington. The organisation has an impressive list of achievements and recognitions.

CHALLENGES

This organisation should be increasingly encouraged to share their information with developing CBOs.

FOUNDED (YEARS AGO)

9 years

OPERATING BUDGET

R1,400,000

BOARD OF DIRECTORS

Total: 6

Race: N/A

Gender: N/A

abuse. Rape is also a substantial issue for this community. The strength of the community is strong families who rely on and support each other.

The organisation would like to have adequate office space, transportation, and funding for operations to employ a sufficient number of staff. In the next five years they would like to have their own care centers and reside in a community that is HIV free.

Christianna Care and Support Group collaborates with a wide variety of social service, education, and health departments.

MONITORING AND EVALUATION

Referrals are received through the clinic and are identified by door-to-door campaigns and members of the community. Referrals for services are received from all over the continent of Africa. Caregivers retain their

working client files. The organisation is currently working on structured evaluations; quarterly discussions on performance are held with the sisters.

TRAINING AND CAPACITY-BUILDING

It is a pressing need to become a VCT non-medical site. Additional training in couples counselling, peer education for children in schools, HCBC training would also be helpful. Workers are needed who can be trained in psychosocial counselling for rape victims, bereavement counselling, and family counselling. Capacity-building could be provided for Board governance, financial management, monitoring and evaluation, and project management.



COMMENTS AND RECOMMENDATIONS

The organisation has an impressive list of achievements and recognition nationally and internationally. Funding is recommended and the necessary training should be provided when available.

ORGANISATIONAL HISTORY

Northern Cape AIDS Forum is a community service organisation that provides home-based care, VCT, peer education, and mentoring. The organisation serves approximately 18,180 clients on an annual basis. The organisation provides services in a vast geographical area in the province. Board members are governed by a constitution and new members are nominated at the annual meetings and then elected to serve.

The organisations operational management has received training in the areas of leadership, proposal writing, financial management, human resources, and counselling. The 120 home-based care workers have received HCBC training and 96 have received VCT training. The organisation experiences turnover because of the distant rural locations.

FINANCIAL OVERVIEW

The financial management system is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by two of four authorised individuals and the bookkeeper is a staff member; (3) bank reconciliation is conducted quarterly; (4) the organisation utilises standard accounting practices; (5) R1,000 in petty cash is retained; and (6) Pastel program is used to maintain accounting records.

This organisation recently identified a fiscal concern that resulted in a loss of a great deal of money. The organisation has been requested to provide a plan for remediation to the health department to assure that there can be no recurrence of this situation. The current matter is now in the hands of the authorities.

COMMUNITY VISIBILITY

Northern Cape AIDS Forum is very visible in the community, which is quite poor. The major health challenges include HIV/TB,

STRENGTHS

This organisation provides home-based care services in an extensive rural area. Because of the extreme poverty in these areas their services are crucial.

CHALLENGES

As a result of a significant problem with misappropriation of funds the organisation's handling of their finances has caused them to come under strict scrutiny.

FOUNDED (YEARS AGO)

9 years

OPERATING BUDGET

R1,500,000

BOARD OF DIRECTORS

Total: 10

Race: N/A

Gender: N/A

HIV-related cancers, and childhood illnesses. Other challenges include inadequate food to take with medication, alcohol abuse, substance abuse, and violence against women and children. The organisation faces challenges of inadequate funds for transportation for nurses and caregivers. Salaries are low and field workers are said to sleep in their cars and in other caregiver's yards. The community strengths include prayer groups that distribute food to the poor.

The organisation would like to eventually have a house for the terminally ill with professionally trained caregivers.

MONITORING AND EVALUATION

Client referrals are received through clinics, families, and community referrals.

Retention of individual client files was recently implemented. Monthly evaluations are conducted by the sisters.

TRAINING AND CAPACITY-BUILDING

The most pressing training need is HIV and TB DOT, it is felt that all training must be upgraded.

Capacity-building needs include training for administrators and sisters in HIV, TB, STI, and financial management.



COMMENTS AND RECOMMENDATIONS

During the course of the audit, the discussion centered on systems that are being implemented to avoid further fraud.

It is recommended that no additional funds be distributed until the organisation demonstrates that they have satisfactorily addressed the implementation of checks and balances to avoid further loss of funds.

Counselors need VCT and adherence training.

ORGANISATIONAL HISTORY

Thusanang Youth Activity is an organisation that focuses on HIV and AIDS, STI, and TB outreach education and awareness primarily through drama. The organisation serves approximately 7,664 clients on an annual basis. The next meeting of the Board is scheduled for March 2008. Board members are governed by a document outlining roles and responsibilities. New members are invited to serve and then elected to the Board.

The organisation's operational management has received training in the following topics: life skills, presentation facilitation, project management, and basic computer skills. This organisation has 35 outreach workers that are volunteers, who have not received any of the training that is the subject of this audit. There is a 20 percent turnover rate for volunteers.

FINANCIAL OVERVIEW

The financial management is as follows: (1) separate checking account held in the organisation's name; (2) all checks are countersigned by three Board members and the bookkeeper, who is a staff member; (3) bank reconciliation is conducted monthly; (4) the organisation utilised standard accounting practices; (5) R500 in petty cash is retained; and (6) Microsoft Excel is used to maintain accounting records.

Documentation of outreach is inconsistent with other organisations in that the SMT forms are not utilised.

COMMUNITY VISIBILITY

Thusanang Youth Activity claims community visibility. The Warrenton community is comprised of Blacks, Coloureds, and Indians. The organisation serves primarily Black youth. The major health challenges are the continually increasing teen pregnancy and communicable diseases. Most of the community served by the

STRENGTHS

This organisation utilised drama to conduct HIV and AIDS, STI, TB, and teen pregnancy outreach and awareness.

CHALLENGES

According to their report their target audiences is saturated with messages and are no longer listening. Organisation has fiscal challenges caused by delays in receipt of funding. Significant deadlines were missed for submitting request for funding.

FOUNDED (YEARS AGO)

7 years

OPERATING BUDGET

R836,720

BOARD OF DIRECTORS

Total: 7

Race: N/A

Gender: Female
(3) and Male (4)

organisation are unemployed and subsist on their grandmothers' pension. The community faces environmental challenges because of leaking sewage pipes and garbage in the streets. The community consists of individuals speaking Tswana, Afrikaans, and English.

The organisation would like to become a non-governmental organisation that provides opportunities for youth, with the ability to provide employment and have sustainable funds.

The organisation faces challenges with finances due to delays in receipt of funds, inadequate transportation, and lack of office space. Thusanang Youth Activity has not been successful in responding to request for proposals (RFP) and have missed significant deadlines for funding applications. The

organisation collaborates with community-based organisations, schools, Love Life, and other NGOs.

MONITORING AND EVALUATION

Outreach efforts are monitored by programme coordinators speaking with learners (students) to determine whether they are receiving the message.

TRAINING AND CAPACITY-BUILDING

The most pressing training needs include VCT, PMTCT, conflict management, and motivational training. Capacity-building needs include grant writing, fiscal management, Board development, and M&E.

COMMENTS AND RECOMMENDATIONS

It is recommended that the organisation receive additional training support to improve its financial management system and ability to successfully complete RFPs.

The organisation conducts outreach and awareness campaigns and could utilise trainings for its volunteer outreach workers to improve HIV messaging and outreach in the community. M&E trainings could help the organisation evaluate program effectiveness and impact.

ORGANISATIONAL HISTORY AND BOARD STRUCTURE:

All organisations have Boards of Directors, however several organisations report that they would like additional training provided to the Board members to strengthen their ability to guide the organisation. Mandulo, Thusanang, and LEGBO's Boards are not holding meetings as designated in their constitution. Many of the other organisations subject to this review utilise their Boards in more of an advisory capacity. AnCRA and Namaqua appear to have an excellent understanding of the role of the Board in that their Boards serve as partners in sustainability of the organisation.

FINANCIAL MANAGEMENT:

This review was not designed to serve as an in-depth financial audit; however, the questions posed during the site visit were designed to determine whether the appropriate fiscal structures were in place. All organisations provided documentation of financial management with appropriate checks and balances. Thusanang indicated that cash flow created a considerable problem for them because they often received their funds very late in the funding cycle. Northern Cape AIDS Forum was requested to provide written documentation of procedural changes. Further, it is recommended that their funding be withheld until the health department is satisfied that no further fiscal violation will occur.

COMMUNITY VISIBILITY:

Most of the agencies reported common problems with HIV and AIDS, alcoholism, substance abuse, domestic violence, teen pregnancy, and high levels of unemployment in their communities. Several agencies included as serious concerns clients defaulting with both TB and HIV and AIDS medication because of lack of food. All organisations were visible in the community and constituted a part of critical services to the community with one exception. It should be noted that most of the organisations are relied upon in their communities, often to provide much more than the funded services.

MONITORING AND EVALUATION:

The referral processes are very strong and effective. Organisations with home-based care workers receive referral through community-based clinics as well as directly from individuals in the communities seeking assistance. Clients are also identified from door-to-door campaigns. One organisation reported that members of the community will knock on their doors seeking assistance for potential clients.

Client files are inconsistently maintained by the organisations. Many of the organisations utilised a system of notations in a book which are reviewed and reconciled by the sisters usually monthly. Extraordinary notations are brought to the sister's attention

more frequently. Mandulo’s sisters travel with the home-based caregivers and reviews their work with the clients on a daily basis.

All organisations need strengthening in terms monitoring and evaluation. More specifically standardization of what to monitor, when to monitor, and the importance of objective quantifiable data is necessary.

TRAINING NEEDS:

Organisations indicated that their training needs include HBC, VCT, PMTCT, HIV and AIDS, TB, Counselling (bereavement and family issues) and care of the caregivers. In addition computer skills, financial management, project management, Board development (governance), fundraising, sustainability, and monitoring and evaluation are recurring needs.

TABLE 1: NGO Requests

TRAINING AND CAPACITY-BUILDING NEEDS	MULTIPLE REQUESTS
Financial management	7
Monitoring and evaluation	5
Computer skills	5
Project management	5
Board development	3
VCT	3
HBC	2
HIV/TB DOTS	2
ADDITIONAL TRAINING REQUESTS	
Administrative training	HIV/TB Training for admin and sisters
Bereavement and family counselling	Knowledge of GLBT rights
Care for the caregiver	Peer education for school children
Career patterns	PMTCT
Communications skills	Psychosocial support for child rape
Conflict management	Refresher Training on HCBC
Couples counselling	TB
Drivers license	Train the Trainers
Fundraising	Web site development and maintenance include TOT
Grant writing	Motivational training
HIV	

Summary and Recommendations

This review was undertaken for the purpose of providing a foundation for developing norms and standards for NGOs in order to formulate baseline criteria from which future RFPs for the department can be crafted. The recommendations are separated into five areas.

ORGANISATIONAL GOVERNANCE

It is recommended that in drafting future RFP the composition of the Board including its skills and strengths should be a consideration. Boards that serve in more than an advisory capacity and function to promote organisational sustainability should be given increased consideration.

It is recommended that some Boards be strengthened and encouraged to meet regularly. As mentioned above, monitoring and evaluation improvement is recommended for all organisations.

FINANCIAL OVERVIEW

It is recommended that a detailed fiscal audit be conducted at each organisation. Organisational self-reporting does not provide an in-depth picture of organisational finances that may be beneficial to the health department or the organisation.

All organisations visited, with the exception of two, were recommended for funding with the provision of the requested training. Two

organisations (Thusanang and LEGBO) require additional mentoring and the other (Noord Kaap Vigs Forum) should provide corrective action plans prior to funding.

COMMUNITY VISIBILITY

The agencies name HIV and AIDS, STI, and TB as the major health challenges in all of the communities. Three agencies cited treatment default for HIV and TB and alcoholism and substance abuse as the second most challenging health conditions in their areas. Transportation, increased teen pregnancy and domestic violence are the next most frequently reported health challenges. When questioned about other challenges that substantially impact the community alcoholism and substance abuse was cited most frequently. Unemployment, which many of the agencies noted as the underlying cause of domestic violence in their communities, was another significant theme. The agencies are working within their limitations to address these challenges.

It is recommended that Nightingale be encouraged to mentor smaller organisations. For increased accountability it is recommended that AnCRA home-based care workers record-keeping be moved to the agency and separated from the district.

MONITORING AND EVALUATION

It is recommended that the DOH structure monitoring and evaluation criteria and forms for all funded agencies. The structure for this monitoring and evaluation should include suggestions as to the frequency of formal evaluations as well as recommendations for effective performance reviews. As the DOH goes forward to issue RFPs, the ability of an organisation to effectively meet the

monitoring and evaluation criteria developed by the department should be an essential requirement for funding.

TRAINING AND CAPACITY-BUILDING

Training and capacity-building opportunities should be made available as previously described.

TABLE 2: NGO Strengths and Challenges

NAME	LOCATION	STRENGTHS	CHALLENGES
Legatus	Kimberley	Organisation makes good use of all available resources.	Board needs strengthening. Monitoring and evaluation requires improvement.
Mandulo Community Service Organisation	Kimberley	Excellent day-to-day monitoring of home-based care workers. Organisation stretches resources to provide services to the clients.	Board should be encouraged to meet consistently. Organisational growth would require capacity-building.
Thabiso NGO	Barkley West	Organisation has a history of mentoring developing CBOs. Organisation has a very strong fiscal accountability with excellent checks and balances..	When appropriate the requested training should be provided.
Thusanang Youth Activity	Warrenton	This organisation utilised drama to conduct HIV and AIDS, STI, TB, and teen pregnancy outreach and awareness.	According to their report their target audiences is saturated with messages and are no longer listening. Organisation has fiscal challenges caused by delays in receipt of funding. Significant deadlines were missed for submitting request for funding.

NAME	LOCATION	STRENGTHS	CHALLENGES
Nightingale Hospice	DeAar	This is a 14 year old organisation, which has significant strengths in every area of organisational evaluation.	This organisation should be increasingly encouraged to share their information with developing CBOs.
AnCRA	Kuruman	This organisation is structurally sound and has excellent leadership. They are currently in the process of assisting in the creation of three new CBOs for their area.	The statistical information regarding their home-based health workers is retained in the district office. The statistical information presented by the district was not reconcilable from one month to the next. This process presents a tremendous challenge because home-based care worker performance cannot be reconciled.
LEGBO	Kimberley	This organisation has very few resources; however, they provide a myriad of services to the GLBT communities in several locations. The organisation is providing services that are not widely available in the NGO sector and should be supported.	The organisation should engage their Board to assist in building their capacity to secure funding and become sustainable. If the organisation is funded they could benefit from being paired with a mentor until their fiscal structure is stabilized.
Christanna Care and Support Group	Upington	This nine year old organisation has been recognized internationally for their work with HIV and AIDS patients in Upington. The organisation has an impressive list of achievements and recognitions.	This organisation should be increasingly encouraged to share their information with developing CBOs.
Noord Kaap Vigs Forum (Northern Cape AIDS Forum)	Upington	This organisation provides home-based care services in an extensive rural area. Because of the extreme poverty in these areas their services are crucial.	As a result of a significant problem with misappropriation of funds the organisation's handling of their finances has caused them to come under strict scrutiny.
Namaqua Support	Springbok	This organisation has a sound structure and understands the role of the Board of directors. They are integrated into their community and the work of the District AIDS Council.	The challenge for this organisation is to address the fact that many in the community are in denial, regarding their HIV and AIDS status.

Appendix I

NGO AUDIT—CAPACITY-BUILDING REVIEW Northern Cape Department of Health

Section I. General Information

Name of Organisation :		NPO No:	
Address:			
Project Manager/Coordinator:		Contact Details:	Date of Visit:
Organisation is a:		Mentor NGO:	
		CBO/sub grantee:	
Type of Service(s) rendered:			
Target group:		Number of beneficiaries:	

Section II. Organisation Governance, Layout and Staffing

A. Organisational History

1. How many years has this organisation been in existence? _____
2. What is the total number of persons the Organisation serves annually? _____
3. What is the size of the Organisation's expense budget for the current year? _____
4. How many individuals currently serve on the Organisation's Board of directors? _____

B. Board of Directors

1. Do you have an organigram for the Board of directors? If yes is a copy available?
2. Are Board members aware of the Organisation's mission and programmes? YES/NO
3. Does the Board hold regularly scheduled Board meetings and/or committee meetings? YES/NO
4. Are there written expectations and responsibilities for Board members? YES/NO
5. How are Board members recruited? _____

6. How many Board members are: Male _____ Female _____?
7. How many Board members are previously disadvantaged?
Black: _____ Colored: _____ Indian: _____
8. How many Board members are living with HIV and AIDS: _____
Male _____
Female _____

C. Staffing

1. Is there an organigram for your Organisation? If yes is a copy available?
2. How many CBO's does the organisation pay? _____
3. How many Community Health Workers does the organisation have? _____
4. What is the training for operational management?

5. What training does the community healthcare workers have and how many?

HCBC Trained		VCT Trained		Adherence		Couple Counselling	
Advance VCT		Nutrition		PMTCT		IMCI	

6. Are staff and volunteers assisted in professional development? YES/NO
7. Have the organisational executives received Financial Management Training? YES/NO
8. Does the organisation need financial management training? YES/NO
9. Are your services impacted by turnover of staff and volunteers? YES/NO
10. Is there a succession plan in place for the top Organisation al executives? YES/NO _____

11. How many people volunteer (non-paid) to your organisation during a one-year period?

Section III. Financial Overview

1. Bank Account Information

Name of Account holder: _____

Name of Bank: _____

Type of account: Savings Cheque

2. Does the organisation maintain a separate bank account for funds received for this project?
YES/NO

3. Payment method

Electronic/internet payments to individual CHCW bank account		Cash payment to individual CHCW	
---	--	------------------------------------	--

- 3.1. If its cash payment, how is it documented? _____

4. Is the Stipend Monitoring Tool (SMT) in Use/Not in Use?

5. Budget

Use as indicated in the Business Plan		Partly used as indicated		Not used at all	
---------------------------------------	--	--------------------------	--	-----------------	--

6. Is the treasurer or bookkeeper an employee of the organisation? YES/NO

7. How many signatories does the organisation use on the bank account? _____

Name and portfolios: _____

8. Does the organisation prepare bank reconciliation on a monthly basis? YES/NO

9. Does the Executive Committee of the Organisation analyses the budget and expenditures monthly? YES/NO

10. Does the organisation maintain and income analysis book? YES/NO

11. Does the organisation have a printed organisation receipt book? YES/NO

12. Are all payments made by means of a cheque? YES/NO

13. Does the organisation use a cheque requisition systems to which all supporting documents for payment are attached? YES/NO

14. Does the organisation maintain petty cash? YES/NO

14.1. How is it accounted for? _____

15. Does the organisation prepare a monthly income expenditure report? YES/NO

16. Does the organisation have an accounting package for recording financial transactions (i.e. Pastel, Brilliant accounting, etc.)? YES/NO

17. Does the organisation maintain creditors and debtors analysis book? YES/NO

18. Does the organisation keep a register of damages, loss and theft of organisation property and funds? YES/NO

Section IV. Community Programme Visibility and Engagement

1. Describe the community served by the organisation: _____

a. Overview of Population composition: _____

b. Major health challenges in the area: _____

c. Ethnicities:

d. Languages: _____

- e. Environmental challenges: _____
2. What are the community's strengths? _____

3. What are the community challenges? _____

4. Can the organisations respond to community challenges? YES/NO
5. Is the organisation known in the community? YES/NO
6. How do people find out about the organisation and services? _____
7. What are the greatest organisational challenges? _____

8. Where does the organisation see itself in the next 5 years? _____

9. Is the organisation able to respond to RFP's and proposals request from multiple sources?
YES/NO
10. Describe your organisations collaboration and networking with others? _____

11. What does the organisation and community benefit from these networks and
collaborations? _____
12. Describe total service provided by the organisation? _____

13. Describe the HIV and AIDS services provided? _____

Section V. Monitoring and Evaluation

1. How is the need for home-based care and VCT services determined (client criteria)? _____

2. Are there files maintained for each client? YES/NO
If YES, can the organisations files be reconciled with the Community Health Workers files?
3. Is there structured evaluation at a regular interval for Community Health Workers, if not how
are evaluations conducted, how often, based on what criteria? _____

4. What monitoring and evaluation tools are currently being utilised? _____

5. What systems are in place for monitoring? _____

6. How are services being evaluated and how often? _____

Section VI. Training and capacity-building

1. What are the most pressing organisational training needs? _____

2. What are the organisations capacity-building needs?

Section VII. Commends and Recommendations

1. Comments _____

2. Recommendations _____

Monitoring Officer

Name: _____ Signature: _____



TABLE 3: Schedule for NGO's Assessment Visits

DATE	DISTRICT	ORGANISATION	CONTACTS
14/03/08	Frances Baard	Legatus	053 832 5425
		Mandulo Community Service Organisation	035 871 1402
17/03/08	Frances Baard	Thabiso NGO	053 497 5962
		Thusanang Youth Activity	053 497 3408
18/03/08	Pixley ka Seme	Nightingale Hospice	053 631 1418
19/03/08	Kgalagadi	AnCRA	053 712 0791
20/03/08	Frances Baard	LEGBO	073 626 3346
		South African San Institute	053 861 1778
25/03/08	Frances Baard	Deaf SA	053 833 3315
27/03/08	Siyanda	Christanna Care and Support Group	054 331 2524
		Noord Kaap Vigs Forum (Northern Cape AIDS Forum)	054 332 1342
27/03/08	Namaqua	Namaqua Support	027 718 2177

