NEW PARTNERSHIPS INITIATIVE
EXPAND
New Partners for Better Health

Social Accountability Technical Organizational Capacity Assessment

Technical Capacity Assessment Tool and Facilitator's Guide

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ABBREVIATIONS

CBO	Community-Based Organization
CS	Capacity Strengthening
CSO	Civil Society Organization
FBO	Faith-Based Organization
FP	Family Planning
JD	Job Description
M&E	Monitoring and Evaluation
MNCH	Maternal Newborn and Child Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PHC	Primary Health Care
SA	Social Accountability
USAID	U.S. Agency for International Development

INTRODUCTION

PURPOSE

The goal of the Social Accountability (SA) technical capacity assessment tool (TOCA) is to assist non-governmental organizations (NGOs), and community-based organizations (CBOs) involved in social accountability activities and who wish to improve their organizational capacity to conduct such activities in the future. Social accountability strategies are being used in an increasing number of countries to build community feedback mechanisms as a means of improving health system performance. Although the mechanisms of accountability vary, the common thread is establishing ways for consumers of health or social services to give feedback to providers and administrators of the health facilities that are supposed to serve them. This tool was developed by NPI EXPAND Ethiopia, where a national policy of using a "Community Scorecard" to collect and share feedback with decision makers helps to identify problems to ensure that they are addressed by health authorities.

Organizations that seek to build expertise in this area can use this tool to guide their development. The approach is to use a self-assessment of the critical elements for effective program implementation and identify elements that are strong or which may need additional strengthening. The tool sets criteria to self-assess an organization's current capacity to implement quality SA initiatives and identify areas for capacity strengthening. The tool is applied through a facilitated self-assessment approach, ideally where the facilitation is done by someone with some expertise in social accountability strategies. The tool focuses on social accountability in the health sector. However, the tool can be adapted for use to assess social accountability capacity in many other sectors. The results of the self-assessment should inform a capacity-strengthening action plan and capacity strengthening towards performance improvement.

STRUCTURE

The SA technical capacity assessment tool addresses the following eight capacity areas:

1. Social accountability strategic focus
2. Planning
3. Social accountability priority setting
4. Information and evidence for decision-making
5. Public engagement
6. Community mobilization and coalition building
7. Advocacy and negotiating change
8. Monitoring and evaluation

These capacity areas and the standards defined for each one (see tool below) were developed by NPI EXPAND Ethiopia by experts in social accountability and local NGO staff working in SA and with technical support from the NPI EXPAND Capacity Strengthening Director. They reflect the practice of social accountability in Ethiopia and the use of community scorecards as is practiced in line with national strategy. It is recommended that the standards and the criteria be adapted for assessing SA capacity in other country contexts or in other sectors such as education.

Each capacity area has specific standards against which the capacity of an organization is assessed. An organization may choose to self-assess one or all the categories depending on their vision, mission, organizational programming, and goals. One will observe that some of the standards leave room for further refinement and definition (e.g. specifying how recent the documentation should be, how many examples etc.). This allows for some flexibility in interpretation for the organization being assessed

FACILITATION INSTRUCTIONS

Prior to facilitation, it is important to ensure that organizational leadership is interested and committed to the time, process, tool, and acting on the results of the self-assessment and that they see the process as valuable and necessary to achieve their organizational priorities. This will ensure that the self-assessment and subsequent action planning is a valuable use of the organization's time and that there will be support for acting on the findings of the self-assessment.

The assessment should be facilitated by representatives of the organization responsible for, or knowledgeable about, and responsible for the social accountability programming and activities of the organization. The facilitator should share a copy of the tool with the organization's staff for a preview to support review of the items assessed before commencing the assessment.

During the small group discussion, the facilitator should guide the small group discussion using the scoring tables in the tool. The participants in the discussion should include staff that are knowledgeable about and involved with the social accountability programming in the organization. Ideally, the participants represent a cross section of the organization with staff that have had different roles in implementing program activities, including field staff. The assessment will take approximately two hours to complete. If possible, the facilitator should also be accompanied by someone to take notes of the discussion around the scores and the evidence that the organization has or has not met the standard.

At the end of the assessment, the facilitator should share the draft report with the organization's representatives to review the assessment report answers and make any corrections or provide additional evidence before the report is finalized. Ultimately, the SA TOCA should be linked to the development of a capacity strengthening plan designed to address the gaps or increase the strengths identified during the assessment. The feedback session with the results of assessment can also be combined with the development of a capacity strengthening plan.

COMPLETING THE SA TOCA

Application of the SA TOCA is completed through a two-step process, which includes a) scoring and justification, and b) consensus building in the organization.

a) Scoring Procedure

Following is step-by-step procedure to guide the facilitator in leading the scoring and justification process:

- Convene a meeting with the representatives of the organization participating in the assessment and give them advance notice of the purpose of the meeting and share the tool before the meeting

- Welcome participants to the meeting, introduce yourself and your co-facilitator, and ask all the participants to introduce themselves.
- Describe the SA assessment objectives, which should be identified ahead of time, and the process and give the estimated time the meeting will take.
- Further, describe the technical capacity areas and the sub-capacity areas the meeting will focus on.
- Inform participants that each person (taking part in the assessment) will rate the organization to the degree their organization meets the standards described individually first, before they share their scores with other participants to discuss and agree on a common score.
- Tell participants that the same rating procedure will be used for all capacity areas.
- Distribute a copy of the SA tool for the sub-capacity area being assessed.
- Tell participants to go through the various sections and standards of the SA tool, reflect on the capacity and practices in the organization and decide on the score and justification. Each participant will rate the organization on the 4-level scale (1-2-3-4) where the score reflects how well the organization meets the standard, with 1 meaning it doesn't meet any part of the standard and 4 meaning the organization fully meets the standard.
- For every score agreed on, participants should be able to cite the evidence that justifies the score. The evidence given for the scoring must be concrete and verifiable.
- Once individual level scoring is complete, tell participants that the next step will be consensus building on the score and justification.

b) Consensus Building Procedure

- Invite participants to share their scores and justifications with other participants and note the scores down. If the facilitator senses that participants may be reluctant to share their scores with senior management or where a participant seems to be unduly influencing the discussion, scoring can be done anonymously to encourage freer participation.
- In most situations, there will be variations in the scores that participants give. In such a case, lead participants through a discussion aimed at agreeing on a common score and ask participants for evidence that the standard under discussion is met.
- The facilitator has a duty to help participants reach a consensus by sharing their own observations, knowledge, and the evidence gathered from the review of documents, and generally recognized best practices in social accountability. At the same time, the facilitator should be as neutral as possible and ensure that all participants have an equal voice in the proceedings. Whatever score emerges, the facilitator should be sure to document the evidence provided to justify the consensus score.
- Record the rating and justification that participants agree on and move to the next sub-capacity area.
- This procedure will be repeated until all the capacity areas and indicators are covered.

RATING SCALE

SCALE	DESCRIPTION
1	Does not meet the standard in any way
2	Meets <50% of the standard
3	Meets >50% of the standard

4	Fully meets standard (100%)

WEIGHTING OF THE SCORES

In recognition of the fact that some criteria are more important than others, the Social Accountability TOCA also includes a weighting system in which indicators that are deemed to be critical to successful Social Accountability are weighted high, essential ones are weighted medium and important, and not critical indicators are weighted as low. The importance of criteria may also vary by context, so the weights should also be agreed to by the participants. As each criterion is discussed, the facilitator should record the consensus of whether the criteria are high, medium, or low. The facilitator should ensure that no more than 40% of the criteria are put into high, medium, or low. If the facilitator wants to apply the weights to the raw scores, the following weights should be used:

DESCRIPTION	WEIGHT
Low	Multiply raw score by 1
Medium	Multiply raw score by 1.25
High	Multiply raw score by 1.5

Having weighted scores for each section and an overall score may provide some guidance to the organization on where to focus capacity strengthening efforts and how much progress has been achieved since the last TOCA assessment. The numeric score is less important than the using the assessment process to guide capacity strengthening and having capacity strengthening leads to performance improvement over time. Scores may go down even when the organization is making progress because the staff are becoming more aware of their needs for improvement and making more rigorous interpretations of the standards. Eventually, over a three-to-five-year period, progress should align with improved scores.

ASSESSMENT INFORMATION

Organization Name	
Primary Point of Contact	Name: Title: Telephone: Email:
Names of Assessors *(ideally, no more than 2)*	
Date of Assessment	

TECHNICAL ORGANIZATIONAL CAPACITY ASSESSMENT

1. SOCIAL ACCOUNTABILITY STRATEGIC FOCUS

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO describes SA for health as one of its strategic approaches.	CSO's Strategic Plan has prioritized SA approaches for improved health outcomes.			
The CSO has experience in planning, implementing, and monitoring SA interventions.	Documented evidence of the CSO SA interventions, and results.			
The CSO has experience in applying SA approaches to primary health care (PHC) services or other social service contexts.	Documented evidence in SA interventions for improved services in PHC.			

2. PLANNING

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO undertakes a community needs assessment and an accountability situation analysis to inform the preparation of an annual activity plan on social accountability in PHC.	An accountability situation analysis report.			

The CSO engages its staff to prepare an annual activity plan on social accountability in PHC.	A documented annual work plan comprises at least one activity plan on Social Accountability.			
The CSO allocates a budget to support implementing the annual activity plan on social accountability in PHC.	Costed annual social accountability activity plan. Annual social accountability budget allocation.			
The CSO annual activity plan on social accountability in PHC is in line with priorities defined in the CSO's strategic plan.	A report showing how the CSO's SA activity aligns with its strategic plan.			

3. SA PRIORITY SETTING

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO staff are knowledgeable about the types and quality of PHC, FP/RH, and MNCH services that citizens should receive from the health system.	CSO's internal reports, plans, and documents on the health services the health system offers to citizens.			
The CSO assesses the health, gender, and cultural issues facing the community and incorporates the findings into the design of the SA project.	Documented health, gender, inclusion and cultural issues that affect the community about health services.			

The CSO collects, analyses, and interprets data on government health system plans, budgets, and expenditure to identify gaps.	Performance/budget gaps analysis reports.			
CSO establish, train and effectively engage client councils facilitate prioritization of key health service gaps and develop JAPs for follow up for health service improvement.	Documented JAP and performance improvement reports.			

4. INFORMATION AND EVIDENCE FOR DECISION

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO uses various tools and methods to access or generate relevant information and builds credible evidence based decisions on SA issues in PHC. The sources of information come from the government and reliable publicly available resources.	Documented sources of data and evidence for the SA issues in PHC obtained through interfaces with service providers, health officials, community representatives, and relevant stakeholders.			
The CSO solicits feedback from citizens about access to and the quality of FP/RH, MNCH services delivered by the health system.	Documentation of a significant sample of citizens' feedback on the quality of services.			

The CSO can analyze and interpret the data and information and present it using a language and format that the general public, decision makers, and other relevant stakeholders can understand.	Reports, fact sheets, posters, infographics, and radio programming that the CSO produces from various analyses of the SA issues in PHC.			

5. PUBLIC ENGAGEMENT

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO has knowledgeable and experienced staff in using the SA tools and techniques in PHC (e.g., Community Score Card, Citizens' charter, citizens report cards, participatory budgeting, social audit, multi-stakeholder dialogue, integrity pacts, etc.).	Documented use of the tools and techniques that the CSO uses for specified SA issues in PHC. Reports on staff trained on specific SA tools/techniques.			
The CSO has oriented/trained community members (e.g., client council, social accountability committees, etc.) about the implementation of various social accountability tools in a PHC setting.	Community meeting/training reports of the SA in PHC tools and approaches.			

The CSO uses various tools and media to educate the public about their rights, types of services, and the service delivery standards to be expected from the health system.	Report(s) on CSO's citizens awareness and education efforts.			
The CSO implements specific actions to ensure the involvement of marginalized and special interest groups without causing any harm or negative unintended consequences.	Documented measures and actions that ensure the CSO can identify diverse members of marginalized groups and address issues and interests of marginalized groups without causing harm (e.g., meeting attendance sheets documenting representation of marginalized groups).			

6. COMMUNITY MOBILIZATION AND COALITION BUILDING

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO has strengthened existing community structures or organized the community into groups for collective action on a social accountability issue in PHC.	Specific examples of community organized groups for SA issues.			

The CSO has established partnerships with several other stakeholders, including the health care system, other CSOs/CBOs/FBOs, the media, parliament, etc., to strengthen support for the social accountability issue.	Partnership agreements, MOUs, or joint action plans.			

7. ADVOCACY AND NEGOTIATING CHANGE

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO uses various formal and informal mechanisms to influence policy and decision-makers to address the SA issues in PHC.	Documented advocacy interventions toward health outcome improvements. Examples of where advocacy has led to increased support or financing.			
CSO advocacy strategy and experience in advocacy activities in health. Staff are trained in approaches and techniques of advocacy in health.	Documented advocacy strategy and experience. Staff trained on Advocacy.			
The CSO has established partnerships with advocacy organizations and individual activists to address some issues through planned advocacy.	MOUs, joint action plans with advocacy organizations/actors. A documented advocacy plan.			

8. MONITORING AND EVALUATION

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The CSO has at least one SA indicator in the M&E plan.	Documented SA indicators in the M&E plan.			
The JD for M&E staff includes SA monitoring and evaluation activities.	JD for a designated M&E staff with SA included.			
The CSO provides SA related M&E training to relevant staff, data collectors, and community SA volunteers as applicable.	M&E training reports.			
The CSO routinely collects and analyses SA related M&E data and discusses it with management, staff, stakeholders, and the community.	M&E data and reports of the SA initiative/project. Examples of where data was used for decisions in programming.			
The CSO implements measures to ensure the data collected on the SA initiative is credible and reliable.	Documented data quality assurance procedures.			
The CSO produces reports on the status of its SA initiative and can point out specific achievements based on the M&E plan.	SA initiative progress reports outlining achievement of results.			

Standard	Means of Verification	Weighting (High 1.5, Medium 1.25, Low 1.0)	Rating (1-2-3-4)	Justification of Score Awarded
The management uses M&E reports to identify performance gaps on SA and make decisions on improving performance, and determine whether SA efforts are effective, and if the CSO engages marginalized groups.	Documented management decisions on the SA initiative based on M&E data and reports.			

NEXT STEPS AFTER CAPACITY ASSESSMENT

DATA ANALYSIS AND SUMMARY REPORT

The assessment methodology described in the sub-section above will generate qualitative and quantitative data. The facilitators should process and analyze the quantitative scores using a Microsoft Excel spreadsheet pre-designed for this purpose to facilitate summarizing the data into frequency tables and graphs (see sample in Annex A). The facilitator should also review discussion notes and comments to analyze the reasons and justification assigned to the scores as well as to identify strengths and gaps. Any areas of disparities or contradictions for further discussion and clarification with the management and staff of the organization should also be noted for further discussion during the debrief. In some cases, the facilitators may have to point out where there are gaps between the organization's perceived capacity and the evidence in support of that perception. During the debrief, such discussions may lead to adjustments in self-assessment scores.

Following the verbal debrief and any corrections, the facilitator will summarize the information into a final written report or slide deck to be shared with the organization. The summary report should include scores per capacity area, key strengths, gaps, and issues requiring clarification.

CAPACITY STRENGTHENING PLANNING MEETING

Once the written assessment report is final, the facilitator should meet with the organization's management and staff to prioritize capacity strengthening priorities, discuss capacity strengthening (CS) interventions and support, and prepare CS plans. Ideally, the planning meeting should be convened within a week after the assessment meetings.

During the meeting to develop the capacity strengthening plans, the facilitator will present and discuss the assessment report, clarify any areas of disparity, work with the organization to prioritize capacity strengthening topics, discuss appropriate interventions for each priority, assign appropriate capacity strengthening indicators, and prepare a capacity strengthening plan. The facilitator should be explicit about what kind of support they or any other interested organization/individual is available and resourced to provide towards the capacity strengthening action plan and ensure that the action plan is achievable by the organization with the existing resources within the discussed time frame.

The facilitator and participants should group the capacity needs by category (staffing skills, technical capacities, structures, systems, policies, equipment/tools, strategies, etc.).

In most cases, the organizations will identify many capacity needs, so the organization will have to prioritize them to those that are within the existing resources to address, and which will have the greatest impact on organizational performance. The facilitators and participants will agree on a prioritization criterion to apply. The following are some questions to consider when prioritizing needs:

- What resources in time, expertise, and money are available internally to support the capacity strengthening?
- What resources in time, expertise, and money are available from funders or other partners to support the capacity strengthening?

- Does the targeted funder or partner have any restrictions on supporting specific capacity strengthening activities?
- How long would it take to implement the recommended intervention?
- What are the easy, quick win needs that can be achieved in a few months?
- Which interventions would have a multiplier effect if/when implemented?
- Which interventions will do the most to improve the performance of the organization?

For each prioritized capacity area, the team will discuss and assign appropriate interventions (actions that should be taken to resolve the issue). The intervention assigned will depend on the type of capacity being addressed, the expected results in the capacity area, and the internal and external resources available to support. Strategically, it is important to remember that capacity strengthening is not just about fixing areas of weakness, but also about building on existing strengths and taking them to the next level. Some capacity areas may require a combination of actions and resources. Here are examples of some interventions at different levels of capacity:

- **Individual level:** Training, coaching, mentoring, peer-to-peer learning for staff
- **Organizational level:** Improvements to organizational systems and processes, technical assistance, financial assistance, knowledge management
- **Local system level:** Policy change advocacy, social change advocacy, leveraging other efforts, networking/partnerships

Ideally, there should be a balance between capacity strengthening at different levels. Too much investment in individuals' capacity runs the risk of not staying with the organization if those individuals leave the organization. Too much investment in organizational systems without training the staff who need to use the improved systems might also mean the organization doesn't realize the intended benefits. If market regulations are a major constraint to increasing the organization's capacity, then working at the systems level might be appropriate.

Once the team has selected the priority gaps to address, then they can prepare a capacity strengthening plan. The capacity strengthening plan can include details about the capacity needs the organization will address using its own resources and those that would require financial, technical, or other support from the project or other partners. Whenever possible, the capacity strengthening plan should be completed at the planning meeting, or if time does not permit, the meeting can assign a specific staff member to work with the organization and facilitator to complete it after the meeting. Below is an example of one item in a capacity strengthening plan:

SAMPLE CAPACITY STRENGTHENING PLAN

Priority Capacity Gap	Suggested Intervention	Expected Output	Indicators	Resources needed	Timeframe	Responsibility
Limited staff capacity in various social accountability tools and techniques.	Train staff in social accountability tools and techniques.	All relevant staff trained in common social accountability tools and techniques.	No. of staff trained in social accountability tools and techniques.	Social Accountability Technical Consultant	Six months	SA Program Manager
	Prepare and issue staff and the community a toolkit context appropriate social accountability tools and techniques.	All relevant staff and targeted CSOs and CBOs issued with a toolkit on context appropriate social accountability tools and techniques.	No. of project staff, CSOs, and CBOs issued with toolkits on applicable social accountability tools and techniques.	Budget for production of SA toolkits Budget for workshop, training, and travel logistics.	Three months Six months	
	Obtain funding and approval to engage new districts and facilities for support in social accountability.	Increase in number of health facilities supported through social accountability exercises.	Increased community participation in governance Increased client flow at facilities supported by the local organization.	Government approvals. Donor funding.	One to two years.	CEO

IMPLEMENTING CAPACITY STRENGTHENING PLANS AND TRACKING PROGRESS

Once finalized, the organization should begin implementing the capacity strengthening plan with coaching and mentoring by the project staff with responsibilities clearly assigned. The project staff will support the organization to track and report progress on the selected capacity strengthening indicators. It is important that indicators include performance or impact indicators and not be limited to process indicators. Regular reviews of progress should be scheduled at least once a quarter to ensure the plan is achieving the intended results and sufficient progress is being made. If the Social Accountability organization has taken true ownership of the plan, progress may be revisited multiple times across multiple projects and sources of capacity strengthening.

ANNEX A: SAMPLE SOCIAL ACCOUNTABILITY TOCA SCORE

No.	Capacity Area/Statements of Excellence	Raw Score	Weight	Av. weighted Score	Notes
7.0	**Social Accountability**			**4.2**	
7.1	**SA Strategic Focus**			**4.1**	
a.	The CSO describes SA for health as one of its strategic approaches.	4	1.00	4.0	One of five strategy priorities.
b.	The CSO has experience in planning, implementing, and monitoring SA interventions for improved Health outcomes.	3	1.50	4.5	Two years of experience
c.	The CSO has experience in SA implementation in FP/RMNCH programs	3	1.25	3.8	Two years.
7.2	**SA Planning**			**4.9**	
a.	The CSO undertakes a community needs assessment and an accountability situation analysis to inform the preparation of annual activity plan on social accountability in PHC.	4	1.50	6.0	Assessment reports on file.
b.	The CSO engages its staff to prepare annual activity plan on social accountability in PHC	4	1.25	5.0	Activity plan on file.
c.	The CSO allocates a budget to support implementing the annual activity plan on social accountability in PHC.	4	1.25	5.0	Activity budget on file.
d.	The CSO annual activity plan on social accountability in PHC are in line with priorities defined in the CSO's strategic plan.	3	1.25	3.8	CSO has other activities with higher priority, but SA is still linked.
7.3	**SA Priority Setting**			**3.8**	
a.	The CSO staff are knowledgeable about the types and quality of FP/RH, and MNCH services that citizens should receive from the health system.	3	1.25	3.8	Three staff are very knowledgeable.
b.	The CSO assesses the health, gender, and cultural issues facing the community and incorporates the findings into the design of the SA project.	3	1.25	3.8	These areas are mentioned in assessment.
c.	The CSO collects, analyses, and interprets data on government health system plans, budgets, and expenditure to identify gaps.	3	1.25	3.8	These areas are mentioned in assessment.

7.4	**Info & Evidence for Decision**			**4.5**	
a.	The CSO uses various tools and methods to access or generate relevant information and build credible evidence base decision on SA issues in PHC. The sources of information are a combination of both the government and the public.	4	1.25	5.0	CSO did a strong literature review of available data.
b.	The CSO solicits feedback from citizens about access to and the quality of FP/RH, MNCH services delivered by the health system.	4	1.50	6.0	Strong mechanisms for soliciting citizen feedback.
c.	The CSO can analyze and interpret the data and information and present it using a language and format that general public, decision makers, and other relevant stakeholders can understand.	2	1.25	2.5	Some staff need additional training in data analysis.
7.5	**Public Engagement**			**4.6**	
a.	The CSO has staff knowledgeable and experienced in using some of the SA tools and techniques in PHC (e.g., Community Score Card, Citizens' charter, citizens report cards, participatory budgeting, social audit, multi-stakeholder dialogue, integrity pacts, etc.)	4	1.25	5.0	Demonstrated use of appropriate tools in CSC process.
b.	The CSO has oriented/trained community members (e.g., client council, social accountability committees, etc.) about the implementation of various social accountability tools in a PHC setting.	3	1.50	4.5	Some community training could have been improved.
c.	The CSO uses various tools and media to educate the public about their rights, types of services, and the service delivery standards to expect from the health system.	4	1.25	5.0	Good use of didactic tools and methods.
d.	The CSO implements specific actions to ensure the involvement of marginalized and special interest groups.	3	1.25	3.8	Some efforts were made, but more could be done for outreach.
7.6	**Community Mobilization**			**4.1**	
a.	The CSO has organized the community into groups for collective action on a social accountability issue in PHC.	3	1.25	3.8	Most communities have groups organized for advocacy.
b.	The CSO has established partnerships with several other stakeholders, including the health care system, other CSOs/CBOs/FBOs, the media, parliament, etc., to strengthen support for the social accountability issue.	3	1.50	4.5	CSO should network more with other local organizations and institutions.

7.7	**Advocacy & Change Negotiation**			**2.9**	
a.	The CSO uses various formal and informal mechanisms to influence policy and decision-makers to address the SA issues in PHC.	2	1.00	2.0	CSO needs more experience in wider range of advocacy strategies.
b.	CSO advocacy strategy and experience in advocacy activities in health. Staff are trained on approaches and techniques of advocacy in health.	3	1.25	3.8	Staff are adequately trained, but need more experience.
c.	The CSO has established partnerships with advocacy organizations and individual activists to address some issues through planned advocacy.	3	1.00	3.0	Some relationships for advocacy have been used.
7.8	**Monitoring & Evaluation**			**4.8**	
a.	The CSO has at least one SA indicator in the M&E plan.	4	1.50	6.0	
b.	The JD for M&E staff includes SA monitoring and evaluation activities.	4	1.50	6.0	Job description was updated two years ago.
c.	The CSO provides SA related M&E training to relevant staff, data collectors, and community SA volunteers as applicable.	3	1.00	3.0	Staff have been trained but not volunteers
d.	The CSO routinely collects and analyses SA related M&E data and discusses it with management, staff, stakeholders, and the community.	3	1.25	3.8	Limited discussion and analysis of data.
e.	The CSO implements measures to ensure the data collected on the SA initiative is credible and reliable.	4	1.50	6.0	Semi annual DQA are done.
f.	The CSO produces reports on the status of its SA initiative and can point out specific achievements based on the M&E plan.	4	1.25	5.0	Reports on file
g.	The management uses M&E reports to identify performance gaps on SA and make decisions on improving performance, and determine whether SA efforts are effective, and if the CSO engages marginalized groups.	3	1.25	3.8	Feedback of reports to improve services is good. More to be done in engaging marginalized groups.

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