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THE ONTARIO ASO
ORGANIZATIONAL CAPACITY
BUILDING PROJECT

In Collaboration with
12 ASOs in Ontario

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ABSTRACT

Changes in the HIV/AIDS epidemic have forced AIDS Service Organizations (ASOs) to deal with changes in client base, illness trajectories, funding opportunities and to respond to complex and multiple needs of diverse client groups. These changes naturally create new challenges for an ASO's organizational capacity.

Phase One of this project was a qualitative study that explored the concept of organizational capacity from the perspective of different levels of staffing within ASOs in Ontario. Forty-seven participants, including executive directors, staff, volunteers and board members from 12 ASOs participated in in-depth individual interviews exploring key elements in organizational capacity in ASOs. Participants identified the importance of understanding the context of ASOs and their history. Both external and internal factors impacting an ASO's organizational capacity were identified. Finally participants identified future challenges facing ASOs. The key elements identified by participants inform both a model of organizational capacity and questions about organizational capacity that ASOs can use in reviewing their own capacity and identifying areas for further development. The constructs in the model are compared to constructs embedded in other theories of organizational capacity building. The Ontario ASO model of organizational capacity includes and extends existing notions of organizational capacity in the published literature.

Phase Two of this project was a quantitative study using the Rowe organizational capacity questionnaire, modified to use wording appropriate to ASOs. Participants in the qualitative study were asked to complete this questionnaire approximately 6 weeks following their interview. Sixty percent of participants returned the questionnaire. Preliminary use of this questionnaire indicates that the four subscales of Vision, Purpose and Commitment, Internal

Resource Organization, External Resource Mobilization and Strategy Comprehensiveness and Logic address similar concepts identified in the Qualitative phase of this study, and discriminate between various roles of participants. Further work on this questionnaire is planned from other CLEAR Unit studies including a larger sample.

BACKGROUND

Over the last decade, the course of HIV infection has altered remarkably. Documented changes in the HIV epidemic have increasingly shown new and emerging communities and groups being affected by HIV. Some of these include: women, Aboriginal peoples, injection drugs users, immigrants and refugees, people from HIV endemic countries, and youth including young gay men (Health Canada, 2000);(Remis, Wallace et al, 1999). An added concern is the absence of HIV infection data for many cultural/ethnic communities where the epidemic remains not fully quantified by HIV/AIDS surveillance systems in Canada (Remis and Whittingham, 1999).

From a medical perspective, HIV infection has become a chronic illness due in large part to the advent of combination antiretroviral therapies, and the treatment and prophylaxis of AIDS-related illnesses. This has resulted in a decline in HIV disease progression (AIDS diagnoses) and mortality due to AIDS (Health Canada, 2000);(Remis et al, 1999). Some people with HIV are living longer and the full extent of the impact on their quality of life and on society as a whole has become an active area of research investigation.

As the HIV epidemic progressed, many communities responded by mobilizing community support. In turn, governments in Canada have supported the development of community-based responses to HIV/AIDS predominately by funding various community-based initiatives including AIDS Service Organizations (ASOs)[1] as well as providing support for social, epidemiologic, clinical and basic science research (AIDS Bureau, 1996).

[1] For the purposes of this project, ASO (or AIDS service organization) is defined as community-based organizational responses including organizations, networks, coalitions and collectives.

Currently, as shifts in the HIV epidemic occur, the challenge of mobilizing communities continues; in fact, the problem is compounded by many factors: continued stigmatization and discrimination against people living with HIV and their lifestyle behaviors; communities and individuals experiencing fatigue and exhaustion in response to HIV/AIDS; the more 'favourable' medical outcomes in people living with HIV (i.e., the change in HIV disease from a mortal to a chronic disease); and degrees of complaisancy of response. At the same time, government funding for social programs is being threatened by economic factors, and even private sector fundraising for HIV/AIDS is increasingly more difficult. ASOs are working in an environment where the changes to individuals, communities, organizations, governments and society are challenging their capacity to respond (Cain, 1997).

The demands facing ASOs necessitates that they have the organizational capacity and sustainability to adapt to the changing HIV/AIDS epidemic so that they can continue to provide high levels of community support. An understanding and adoption of community and organizational capacity building practices has emerged as a promising strategy to generate sustainability. Accordingly, ASOs have introduced various initiatives to explore new avenues for direct financial and technical support, skills building, and fundraising (AIDS Bureau, 1996);(Cain, 1997). How much these initiatives have been of help in organizational capacity building and which other factors and or strategies would assist in organizational capacity building deserves further study in HIV/AIDS. During the last two decades, much of the focus in research and programming has been on community capacity building (in various forms such as 'community development') as a health promotion strategy. Factors have been identified that contribute to community capacity building, however "whether and how the factors that comprise

community capacity apply to service organizations...remains an open question" (Goodman, Steckler et al, 1997).

The Community-Linked Evaluation AIDS Resource (CLEAR) Unit is provincially funded evaluation unit that is mandated to assist in evaluative research of issues pertinent to Ontario ASOs. An initial survey of ASO needs revealed that organizational capacity building is of major interest to many ASOs and subsequently, a research plan including organizational capacity building was endorsed by the CLEAR Steering Committee. Thus, this project was designed to explore ASO organizational capacity building in Ontario by identifying the current approaches to and future directions for organizational capacity building.

REVIEW OF THE LITERATURE

In general, definitions of organizational capacity are not standardized and vary considerably in the literature reviewed. In some peer reviewed research and programmatic descriptions from AIDS conference abstracts, interventions to build organizational capacity were found without a clear definition of organizational capacity.

While no one clear definition or organizational capacity building was found, Crisp (2000) (Crisp, Swerissen et al, 2000) identified it involves organizations recognizing, analyzing and solving problems effectively by controlling their own and external resources to bring about sustained change.

Some authors limit the domain of organizational capacity to intraorganizational attributes such as staffing, skills, and resources (Cassady, Orth et al, 1997);(Elliott, Taylor et al, 1998). Other researchers extend beyond intraorganizational structural factors to include factors external to an organization (e.g., coordination and linkages among service organizations, technology

transfer, resource support and linkages with governmental organizations, community involvement and representation (Goodman et al, 1997).

Different elements (factors) and/or strategies have been used to examine or explore organizational capacity. Canadian Heart Health Initiative Project (CHHIOP) scanned the corporate environments as well as individuals in public health units to assess their capacity to implement heart health programs (Elliott et al, 1998). Capacity variables for heart health programs included: funding, presence of a budget line item, budget allocation, staff participation in coalitions, effectiveness of activities, presence of a designated program, coordination, facilitators, barriers, resource center use, work time (management and delivery) and work time on various lifestyle heart health risk factors.

Crisp et al. (2000) discuss four approaches to organizational capacity development from the literature. These four approaches include: "1) a top down organizational approach which might begin with changing agency policies or practices; 2) a bottom-up organizational approach, e.g., provision of skills to staff; 3) a partnership approach which involves strengthening the relationship between organizations; and 4) a community organizing approach in which individual community members are drawn into forming new organizations or joining existing ones to improve the health of community members." Crisp et al. (2000) note that there is support for the statement that capacity building will not occur unless more than one domain has been impacted.

While Olsen (1998) (Olsen, 1998) distinguishes contextual (general environmental) factors and the activity profile (services delivered and the activities) from organizational capacity, he recognizes the importance of the environment; organizational capacity and activity load are influenced by the general and task environment. Organizational capacity includes: structure (decision-making processes, division of labour, roles, coordination of work, etc.);

institutional values and behavior, i.e., the culture of the organization (shared values, beliefs, loyalties, etc.); manpower (encouraging personnel development through in-service training, delegation of responsibility and authority, rewarding through promotion, salaries raises, recognition, etc.); leadership (visions, goal setting, planning, evaluation, decision making, conflict handling, etc.); and resources mobilization and financial management.

In acknowledgement that the HIV epidemic is a long-term ever-changing problem, the Kotellos et al. (1998) (Kotellos, Amon et al, 1998) model promotes a multi-sectoral approach that involves capacity building focused on HIV/AIDS organizations, networks, and the community. Capacity indicators include: human resource development, organizational development, and strengthening multi-sectoral collaboration that can be evaluated using process evaluation methods (e.g., periodic reporting, key informant interviews, document analysis). Outcomes of capacity building efforts are measured using a mixed-method approach (quantitative and qualitative, such as interviews or self-assessments combined with questionnaires with defined criteria). Mixed-methods are also required to measure the impact and sustainability of capacity-building efforts (case study analysis, key informant interviews, focus group discussions, cost effectiveness analysis).

Finally, Rowe and Grant (1999) (Rowe, Jacobs et al, 1999) developed a framework for use in substance abuse prevention. It is based on the concept of transforming the visions of an organization into productive activity using collective empowerment. Collective empowerment is defined as “an energy force of mutual commitment, cohesiveness, and conscientiousness that activates the development of increasing organizational capacities, through a cyclical process that builds increasing commitment, “small wins,” and expanded membership <8>. The ability to efficiently mobilize the resources (internal, in-kind, and volunteer) within the organization is a

key component of organizational capacity. They identified five domains, that are required for productive activity: core group collective empowerment; internal resources organization; external resource mobilization and integration; strategy comprehensiveness and logic; and program activity monitoring and evaluation. They went on to develop a questionnaire that measures these factors.

While the current literature highlights some of the factors or strategies that contribute to or assist in developing organizational capacity, only one model (Kotellos et al, 1998) explores specifically HIV/AIDS organizations. This model by Kotellos outlines steps in the implementation of capacity building evaluation, and strategies to build capacity. It is based on observations of agencies working in the HIV/AIDS field. No work could be found exploring the ideas of those individuals working directly in HIV/AIDS organizations regarding their thoughts about organizational capacity building. ASOs in Ontario had identified this as one of their priorities for research, hence the impetus for this study. Rather than impose an existing measure or framework on Ontario ASOs, we sought to create a measure that captured the dimensions of ASO capacity cited as relevant by ASO personnel themselves.

STUDY OBJECTIVES

The primary objectives of this project were to develop a practical model which represents organizational capacity building as seen through the efforts of ASOs and to document factors that contribute to the successes in organizational capacity building of ASOs.

Specifically, to explore from the perspective of different levels of staffing within ASOs in Ontario:

1) the meaning of organizational capacity
2) the key elements and strategies of organizational capacity building
3) the indicators of success in organizational capacity building
4) problem areas facing ASO's organizational capacity building
5) the opportunities/threats to organizational capacity
6) the validity of the Rowe questionnaire measuring capacity building from the perspective of Ontario ASOs. (A measure of capacity building based on ASO perspectives would standardize capacity across Ontario ASOs and assist ASOs in evaluating their own strengths and weaknesses in developing capacity.)

DESIGN AND METHODS

As noted by other researchers (Elliott et al, 1998);(Kotellos et al, 1998);(Rowe et al, 1999), it is best to approach an evaluation of organizational capacity using both qualitative and quantitative methods. Based on models developed by Kotellos, Amon, and Benazerga (1998) and Rowe and Jacobs (1999), this study used a mixed-method approach.

The first phase of the study utilized a qualitative approach in the form of in-depth one-on-one audio taped interviews with key informants regarding organizational capacity building in their ASO. The goal of this interview was to gather detailed ideas and thoughts about the complexity of organizational capacity building as it related to specific groups providing HIV/AIDS services. A semi-structured interview guide was developed to ensure participants were asked similar questions (Appendix A). This phase used a grounded theory approach using participants' ideas to develop a model of organizational capacity building as seen by those working in ASOs in Ontario. In developing this qualitative research design we were concerned

with understanding ASO member's accounts of the organizational capacity of their organizations and what effected their organization's capacity building. We were interested in understanding the thoughts of ASO personnel at different levels in the organization from different geographic locations, different sizes of organizations and serving different populations.

Phase two occurred approximately six weeks following the in-person interviews where participants completed a modified Rowe questionnaire designed to measure organizational capacity. This questionnaire asked participants to evaluate their organization according to factors; core group collective empowerment (10 items), internal resources and organization (18 items), external resource mobilization and integration (30 items) and strategy comprehensiveness and logic (16 items).

This questionnaire has a total of 74 items and each item is scored on a 5-point Lickard Scale (0-5). Total scores range from 0-296. Each of the four components can be scored separately. As this scale has been recently developed from the Rowe et al (1999) model, it has not been used widely and does not have established reliability and validity. As the content of the items seemed to be addressing concepts important to ASOs we used this scale as an initial measure altering some items to more accurately fit ASO's organizational structure following pilot testing in one ASO. Changes to the items as discussed on page 31 of this report.

PARTICIPANTS

Twelve of the 53 ASOs in Ontario volunteered to participate in the study; these ASOs represented urban and rural, age specific groups (children, families, older groups) and offered a variety of services (palliative care, counselling) to a variety of groups. In each of the ASOs, the executive director, a board member, a staff member and a volunteer were interviewed. In total

47 interviews were conducted (Phase I). All participants were asked to complete the Rowe Questionnaire approximately 6 weeks after the interview and to return it by mail to the research unit. Twenty-eight of the possible 47 questionnaires were returned, a response rate of 60%.

This study received ethical approval from McMaster University Research Ethics Board. All participants provided written consent prior to participating in the interview and completing the questionnaire. Participants received typed transcripts of their completed interview to review for accuracy prior to analysis.

DATA ANALYSIS – PHASE I - QUALITATIVE

The transcribed interviews were entered into NVIVO computer program for qualitative analysis. Data analysis was carried out using the grounded theory approach outlined by Wilson & Hutchinson (1991) (Wilson and Hutchinson, 1991). Each line of each transcript was assigned a level 1 code (preliminary coding capturing participants key ideas). These codes were then grouped into categories (level 2 codes) that used descriptive terms. After extensive review by members of the research team, categories were grouped under themes (level 3 codes). The themes placed conceptual labels on groupings of categories. Again the research team returned to the original transcripts to make sure that they represented the raw data. At this point the coding book was formalized and two members of the research team randomly selected 3 transcripts to review independently and code using established categories and themes. Inter-rater reliability was calculated using Cohen Kappas and all categories and themes ranged between .79 and 1.0 indicating substantial agreement between coders.

When the initial phase of analysis was complete, validity was enhanced by bringing participants back together for a one-day workshop to review findings and to check on accuracy

of interpretation. This input created new labels for some of the themes, and new models linking themes but major concepts and themes remained the same. (A summary of the participant evaluations from this workshop is in Appendix B.)

RESULTS – PHASE I - QUALITATIVE

Analysis of the interview data revealed that organizational capacity was a dynamic and constantly changing phenomena influenced by both factors external and internal to the organization. The definitions of organizational capacity as identified by participants reflect this complexity and dynamism.

DEFINITIONS OF ORGANIZATIONAL CAPACITY

Participants' definitions of organizational capacity were filled with verbs implicating action, proaction and reciprocity. The notion of thinking and planning toward the future and working with others were important factors participants identified.

> *"I see organizational capacity building as positioning ourselves for tomorrow and tomorrow and tomorrow, and different levels of three tomorrows. I think it's being aware of the changes we are going to have to make in our mandate and but ever thinking what our mission is, which is to support and prevent …"*

> *"When I think of organizational capacity, I think of the capacity to, to you know work with other organizations so that we all improve capacity within a, within a community. It's not just about us, it's how we work effectively, how we work effectively with a lot of other organizations. And I know that's sometimes not seen so clearly but from my perspective it's, you know it's not just one of us working in isolation here."*

> *"... we face a very challenging and changing environment and I think we have to ensure continually that we are ahead of the wave because it can change so quickly. And if you're not, the consequences are horrendous. So I think we're continually doing those things"*

Participants also identified that each ASO was unique and to imply that one approach to organizational capacity building would fit all organizations was wrong.

> *"And I don't think a cookie cutter approach would work in terms of this is the way an ASO should be run. I think there would be a lot of resistance out there. I think support and help and guidelines"*

> *"Nobody does what we do. And no ASO is the same. They're all so different that there's not one of them that does exactly the same thing in the same way or even has the same client base"*

Participants did however identify major areas that need to be considered when understanding organizational capacity building. Themes such as the context of ASOs in Ontario, external and internal factors influencing organizational capacity were identified.

CONTEXT OF ASOs IN ONTARIO

Participants identified how the context of HIV/AIDS work has changed tremendously in Ontario over the past twenty years. The culture and context of HIV/AIDS work has moved from volunteer grass roots community based groups to organizations with more sophistication and professionalism. The focus of care has shifted from support and care of the dying to offering services to those living with a long-term illness. The client base has increased and changed as the modes of HIV/AIDS transmission have changed bringing about changes in the ways services are delivered with clients with multiple needs.

> *"the organization started as a volunteer group … it's very beginning was as a support group"*

> *"But the messages shifted and changed. I saw that struggle as we changed messages, gay community, aboriginal, women, and then the injection drug use community as well which has been where a lot of the messages have been developed and sent out to the community recently. And support services had to struggle with shifts and changes from a client base which was predominantly white, educated, middle-class men presenting with*

a single condition, HIV infection or AIDS, to populations of people who were dealing with mental health issues, substance use, addictions, different dynamics in their groups and we had to learn a lot about how to deal with all those other issues because it was becoming so complex. It wasn't just this nice, neat, little package of gay, white, middle-class men anymore. It was very complicated. Homeless people, street people, people in prisons with all kinds of issues as well. So it was a real struggle and a learning process for them as well"

This history of the ASO movement in Ontario was founded on passion, a commitment to a cause and the changes in the client base and organizational function have caused dynamic tensions between "old" staff and clients and the "new" staff and clients.

"I think that a lot of our PHAs of the past that are still associated with this agency resent greatly the fact that this office is run in a sort of administratively excellent way and that it's become almost a business office as opposed to a comfortable place where you can come and you can wander around the office and you can you know, where clients are really involved with us. I think that's part of the past that is resented in a lot of agencies that now we're running like a corporation. So it's, it's hard to sort of make clients, the older clients feel comfortable with that. There's resentment that they used to run the agency and they don't anymore"

"A lot of times staff come here and part of the strengths are that they come with a passion or personal investment to this work, and whatever life experiences you have with HIV and who you are and then… so that comes with sort of an ownership, a feeling of ownership of the work that you do or that you provide. As times have changed and new people come in and may see this as just work, we need to help them understand the history of the movement."

Participants highlighted the importance of understanding, remembering and paying tribute to the history of the HIV/AIDS movement in Ontario. With this backdrop, then participants identified external and internal factors that together influence organizational capacity in ASOs in Ontario.

EXTERNAL FACTORS IMPACTING ON ORGANIZATIONAL CAPACITY:

Participants identified four major areas that were external to ASOs that effected ASO's organizational capacity. These were the local community the ASO was situated in; the larger AIDS community in Ontario; geographic location, and funding opportunities or lack of them.

Local Community

Many participants identified that **stigma** is forever present in the work that they do and that because of this stigma, a great deal of effort had to centre around ASOs making connections and building trust within their local communities.

> *"Not all the stigma is gone but it took us awhile I think to establish a trust with the community, especially with the needle exchange program because they just think we're feeding into the drug users. But really we're trying to make it safer. But we have, I think, a trust that has developed"*

The participants described working hard at developing relationships with other agencies in order to do the work they needed to do. This often involved **building partnerships** with other organizations within their communities to provide services to their clients. They frequently used the word ambassadors when talking of their work in the community.

> *"I think we've really done a good job at partnering, going out there and just being ambassadors. I go out and, all of our staff seem to have that ability to go out and partner with other agencies in their respective domain. Domains like the outreach worker does a lot of work in the addiction field in the treatment centres, in the correction centres. I partner with a lot of the health care agencies. I'm one of the advisors in the hospice unit here. I'm a member of the palliative care team here*"

Larger AIDS Community

The nature of the work they do means that many ASOs feel that it is important that keep in touch with each other and share knowledge and experiences. An opportunity to do this is

provided by the AIDS Bureau, which offers opportunities for those who work in ASOs to get together at a provincial level and to provide services that assist individual ASOs should they request it.

> *"there's the AIDS bereavement project, the organizational development team, all the skills building that's done. We're very well resourced and supported I think. Participants also identified that the Ontario AIDS Network also provided valuable resources for them."*

> *"The opportunities for the EDs to get together. Running AIDS service organizations is very hard work, and once a year we get together in the fall and we, we pick a topic. It might be around employer relations or around how to deal with funding cutbacks. And we help each other through those situations. That's invaluable time. And there's no one else who would do that if the OAN wasn't bringing it together. It takes a great deal of skill to do that"*

Geography

Ontario is very diverse geographically and this diversity poses different challenges depending on where the ASO is situated. ASOs in northern Ontario face large catchment areas, large distances between themselves and other ASOs, lack of medical specialists and challenges in making their services accessible for their clients.

> *"There's, there's definitely a whole difference in perception between the north and the south. I mean I don't want to divide a line between the two but southern Ontario has wonderful access to large numbers of people. They've got population density and it's more economical to probably do things in southern Ontario. Granted that it's probably more time-consuming to travel distances but you've got the volume of population to make things affordable and so on. When you get up to northern Ontario to try and communicate with people and have people travel, etc., your distances are much greater. You don't have a subway system that travels 25 or 30 miles for convenience for people. Now they either have to take a bus, find a friend with a car, get a taxicab. Like the whole transportation thing is totally different. And it's really very awkward for people to be mobile in this area."*

However, location in the northern part of the province is not the only geographical challenge for ASOs. Some ASOs which serve rural communities and the populations that live in

them face not only the distance in reaching their clients, but face dealing with the stigma the clients experience living in those communities, thus making it hard to get the clients to the services, or the services to the clients.

> *"There are other things which, because of the nature of our services, which is large and rural, make it very difficult to service a population which is not only dispersed but to some extent more underground than urban agency might have to deal with, you know, sort of closeted and very interested in preserving their privacy"*

Funding

There were several aspects of funding that participants identified as impacting on ASO capacity building.

Many participants identified that under-funding throughout the history of the ASO has often limited what services the agency can provide and the retention of good staff.

> *" It really impacts on your ability to think about where you're going in the future. Are we going to experience another 8 or 10 years of struggling to get some money to catch up? Are we going to be able to retain staff that long as they patiently wait and argue and complain about the fact that they haven't seen anything after 7 years"*

Short term funding for specific projects while seen as an opportunity for providing new services also places the organization to plan for sustainability of services when and if the funding runs out.

> *"That so much of any new funding that is coming out is project based rather than ongoing funding. And so it puts strain on organizations … We get project money and then it runs out. And then how do we continue to be sustainable and keep that going. So that is something that is a bit of a concern".*

Many participants identified that the funding often does not allow for the flexibility in moving funding from item to item that may help an organization in its capacity building. It was frequently identified that how the funding was spent was fixed by the funder.

"Funding is very directed. Externally. For the most part. Like we are, we have flexibility in our fundraising revenue but that's only like 10-15% of our budget. The rest of it is set stuff. And in terms of most funding, they will allow you some flexibility and you could sort of make arguments to revamp how you do the work but really not a whole lot you know. You are expected to do certain things"

Participants also identified that external funding was essential to the running of their organization and hence its capacity but that at times the need to receive the funding conflicted with some of the political views and positions of the organization. This was identified as a delicate balance between receiving the money and political advocacy where views may offend the funder.

"From time to time we find ourselves in positions of having to do advocacy, being critical at the same table with the people who are responsible for your own funding. So it's, it's a grey line to walk and there's always thinking about ... well you try to keep your self interest out of it, you know, but you'd be foolish to bite the hand that was writing the cheques that paid your salary. So we try not to think about that in our work and to do what we would do in spite of whose paying the bills. But it does I think present ... I mean it's a bit of a cloud. I don't know how to ever get around that but it's something that is, is there."

The final area that respondents identified under funding that effected capacity building was the area of fundraising. This was an area again that was seen as essential to ASO capacity building and something that was directly responsible for influencing organizational capacity but at the same time something that was not a comfortable fit for many staff in ASOs.

"Now, our history is that we are supportive people and good at educating people and we have been built on those foundations, we're very good at that. We are very good at administrative things and we're good at connecting. But there is an element of fundraising that is not inherent to support-type people, which is to go out and prostitute yourself in a good way to get money for things. That I think takes a particular skill and so getting those people that have those skills is a challenge because it is almost contrary to who we are, who I am as a person, in a supporting role and that kind of thing to do the sales thing. So I don't necessarily recognize the qualities in a good way or I don't know how to get them or I don't know how to connect to people that have those skills. So that's a bit of a challenge in something that we are currently working on, and applying what

measures we know about change to be able to get and gather those skills and marry the two, the two ideas."

The external factors of local community, the AIDS community, geography and funding were all felt to influence the internal factors that were identified as important to organizational capacity building.

INTERNAL FACTORS IMPACTING ON ORGANIZATIONAL CAPACITY

Three major themes emerged in participants' discussions of internal factors influencing organizational capacity building. First participants described doing the work as fulfilling the mission of the ASO. Central to doing this work was the "ethos" or philosophy of the ASO; the personnel within the ASO, and their individual capacity; the leadership within the ASO; and the clarity of the mission of the ASO. These elements identified under the theme of doing the work were seen as inter-related, dynamic and reciprocal, constantly affecting each other. In addition to these central elements, factors were identified such as teamwork, values, communication, roles, infrastructure policies and the board, which collectively impacted in doing the work. The second major theme internal to ASO capacity building was measuring success how the staff, programs, and the entire agency received feedback on how they were doing. Finally participants were able to capture future challenges that ASOs needed to respond to in order to maintain their organizational capacity. Each of the themes are discussed below.

Doing the Work

Ethos

All participants spoke about the underlying ethos of their ASO as one of the factors that affected the ASO's capacity to do the work. This ethos reflects the ASO's culture or personality, how people work with each other, how services are offered, and how relationships are made with other agencies. This ethos sets the tone of how work is done.

> *"Um, well when the agency started it was, it was a grassroots community-based organization and it still, it still holds very strong ties to that, to the way we run and operate. And I think that's, that's the key to its success. I think, I think it's community-based in not only for service users but for the staff, and by that I mean we're allowed, we're given the freedom and the trust and the flexibility to be able to try new things and to grow at our agency in terms of our skill development and our learning and our experiences."*

> *"We have always had as our philosophy, like our mission statement, that we provide exceptional care for people with HIV and AIDS, and we've taken that very, very seriously. How that's helped us is that we've known from the very beginning that what we do is care for people who have HIV and AIDS. And so whatever people with HIV and AIDS need, that's what we provide."*

Part of this ethos was being responsive, flexible and open to change. Responsiveness was reflected in the way participants described the constant changes they had to make over the years in responding to the changes in the AIDS epidemic.

> *"I think one of the incredible strengths of this organization, and it constant even though I've been part of it I'm still amazed by it, is its real ability, maybe because of its size but I think because of the strength of its staff primarily, to respond to situations pretty quickly and effectively."*

This responsiveness brings with it the notions of flexibility.

> *"We've always had I think is one of our strongest strengths is our ability to predict in some circumstances what people are gong to need and to be able to be ready for that, and to be flexible in our approach to care."*

Respondents talked of their ASO's willingness to embrace change and to remain creative in services they provide; to be proactive in facing the future.

> *"Like I say embracing change and giving it a go and implementing some of the ideas that maybe other people have had or our own kind of being creative. You need to be kind of creative."*

Personnel, Individual Capacity

The personnel working in the ASOs were considered vital to the ASO's organizational capacity. There were several characteristics of the personnel working in ASOs that were identified as contributing positively to organizational capacity. These were length of service; dedication and passion for the work; professionalism; diversity, and shared experience and respect.

Those with a long length of service were viewed as important contributors to the agency. They brought history and wisdom to the work.

> *"I've worked at a lot of different levels in organizations, one of the things that tends to make or break an organization is, is people who have been there for a while. You know organizations who have people with some history, who have an understanding of where you've been so you have an idea of where you might be going so you don't keep reinventing the wheel over and over."*

Participants talked of commitment, passion and dedication to a cause as an important factor in the personnel of an organization.

> *"You are working in this movement, you are part of this community, and it's your life. Without it being unhealthy sounding, I think it links into that passion. I mean I've been taught that, one of the traditional things that I have been taught is that you are what you do. So that everything that you do in whatever aspect of your life you're looking at, that's who you are. So you can't divide up your work and your family and your… And I feel that."*

Along with length of service, passion and commitment, participants identified the importance in the professionalism of the staff as another factor that assisted in building the organization's capacity.

> *"I'd say that every staff member here respects the organization that he or she works for and wants to portray that same image of professionalism in the community through the work that they do."*

Respect for diversity among the staff added to the organization's capacity to do the work.

> *"That it was really important in developing the trust in terms of team building and staff building that making people acknowledging the differences of the diversity within the staff team which helped people feel that they belonged. And I think that's, in terms of the staff I think that was a really key piece was making people from diverse backgrounds feel like they belonged here at this agency."*

The shared experience of HIV/AIDS was identified as another strength of the personnel working in ASOs.

> *"…you set up an agency that operates from consensus basis that has people living with HIV, people affected, skilled people generally concerned, you know, the target education communities represented on that board, and the staff represent much the same as well. So that when we come together we're people with experience and concern."*

Finally, ongoing respect between and among agency personnel was identified as assisting the organization in its capacity building.

> *"…rather than power over it's working together. There's a respect for each other's role. And I think if that's established as the, you know, sort of modus operandi then you're well on your way."*

In addition to the paid staff of the ASOs, volunteers were viewed as an essential element in organizational capacity building. Participants identified it was volunteers who provided support to ongoing programs and kept the organization running.

"…I mean volunteers are really the heart and soul, that's the way I look at it, of this organization. We simply wouldn't be able to provide the services that we do without them, right?"

Participants also identified that staff and volunteer selection and development were critical to ongoing organizational capacity. They identified it was essential to get the right people for the jobs.

"One of the things here is that people were hired with a level of politics around oppression and marginalisation discrimination. So you're not starting to try and explain to a new staff member what you mean by homophobia, what you mean by racism, what you mean by the effects of poverty, and classism. So people were hired, and that was intentionally, with an understanding of those forms of oppression."

"…and it just seems like we cannot find volunteers or more than a few volunteers. And the ones we do have I mean I couldn't say enough about how they've offered, but ideally it should be a committee of volunteers and some staff involvement just to keep in touch and make sure that things are proceeding."

Once the right people were in place as staff or volunteers, ongoing training assisted in having a highly developed, skilled work and volunteer force.

"I think it's important in being able to recognize the strengths and weaknesses and work with that. And you know also being able to support staff in getting their needs met. And if that's not happening, then it just creates a lot of problems for the agency."

"I feel comfortable and confident when I work here. I feel privileged to know about communication, stages of grief, the importance of confidentiality, self-evaluation, and so forth. I feel so grateful to undergo the training where I really feel the professionalism in this organization. The mission of (name of organization) is so great that becoming a part of it makes you a great person I'm happy to share my time with people who care for others."

Leadership Within ASOs

In addition to the characteristics of the staff in the ASOs, which were identified as contributing to organizational capacity, participants identified leadership as an important internal factor contributing to organizational capacity.

> *"In the long run, I think really the success of the organization rests on really good leadership. And I don't mean to say that it doesn't rest on good staff. I think having a good leader brings out their best performance. So I really think that primarily the success rides on the ED and the caliber of the staff and what he or she brings out in the staff."*

Clarity of Mission

All participants identified having a clear mission was essential in developing the ASOs capacity building. Each and every participant was able to describe the mission of their particular ASO. While the missions of ASOs varied depending on the organization, all participants identified the importance of why the mission had to be clear.

> *"When people come to us for care, they're not coming hoping we know what we're doing. They're coming with every reassurance that we know exactly what we're doing. And we need to do that because people with HIV don't get a second chance to do it right."*

While the essential elements of ethos, personnel, leadership and mission were identified by participants as being central to organizational capacity building, they identified additional factors that contributed to organizational capacity building. Factors such as teamwork, supportive board, communication, roles, setting priorities, decision-making, policies and infrastructure were areas that participants identified worked synergistically to enhance capacity building.

Teamwork

Participants discussed the importance of teamwork, of assisting each other, of learning from each other, of building on each other's strengths as a team.

> *"I am one person within this agency and how we usually work is when we get everyone together someone thinks of something that someone has left out. And I think that's one of our strengths is that when we get together we're very team oriented and it's that whole thing about we have eight or ten heads together and we're not going to miss much because someone is going to pick up somewhere along the line of what's been missed."*

Within the team being able to confront difficulties, challenge ideas and work out problems, was highlighted by many when discussing teamwork.

> *"I think we've, it's not to say that we're a perfect family because we're not. We have our fights and misunderstandings, but we've been able to work them out."*

Board of Directors

Participants stressed the importance of having a board that was connected and supportive of what their ASOs were doing. The board was seen to connect the ASO to the external community and to support the staff and programs offered by the ASO.

> *"But I think that our board realizes that we're the ones on the front-line, that we're the ones seeing what works and what doesn't work, and so they, they trust… they listen to what we have to say but they trust our opinions and they usually, they usually go with our feelings."*

Many participants felt it was the strong, clear recruitment policies for board members that assisted in making a successful board.

> *"We have some good new people, we did a lot of targeted, you know the targeted recruitment, and I think it's a good, building into a good strong board So I think that tells me there's a lot of strength there…"*

Communication

All participants identified clear open communication as being essential to doing ASO work, clear communication between staff and volunteers, between staff and service users, and the staff and outside agencies.

> *"It all ties into communication. If you're communicating with clients, if you're communicating with your staff, if you're communicating with the community partners, and you're going out there and actively doing that, it all ties into that communication."*

> *"I would say it's one of our strengths. It's an area that I also always say it's an area for improvement, but I think it's vital and it's important for an organization to function well, to be able to communicate clearly with everyone."*

Roles

Many participants identified that it was important in high functioning ASOs to have roles clearly identified, and while they should be flexible enough to allow change, they should be clear. Unless roles were clear, boundaries may be crossed and confidentiality lost.

> *"If you're a board member and a volunteer and potentially a PHA, who am I dealing with? Am I speaking to my boss? Am I speaking to a peer? Am I speaking to a client? And even if I'm doing one at one moment, does that switch around when the discussion is over? Don't know how to explain it in any other way than that but… The accountability can be there, the intentions can be there, but I think people really need to be willing to hold themselves to roles. That's stuff that's always going to be difficult. And confidentiality becomes really important around that because in one forum it's this and in another forum it's something else. And that's just one example."*

Setting Priorities – Being Proactive

Participants identified the importance of taking information about the trends in HIV/AIDS and planning for present and future work. This priority setting involved obtaining information from a variety of sources and then moving ahead with planning. Information was

gained in many ways, from stakeholders, other agencies, the community and a variety of professional reports.

> *"Well you know one of the things that I think we did really well is keep on top of the information, and I think that one of the things also that seems to happen is that we hear about the trends before the trends come in to reality. We have a really good, extensive way of disseminating information in terms of what comes in the mail is circulated among the staff. So that may be journals, studies, stuff like that. We also get information downloaded on the Internet that you know from the CDC in Atlanta, that type of thing, where… So we get an, we get an idea of – oh it looks like things are moving this way."*

Participants identified that once the agency had information about the needs they could then plan and set priorities for present and future work.

> *"I'm sure there's like a million other issues that are also included with HIV that could possibly be looked at. We could talk about homelessness, we could talk about single parents, we could talk about youth – things like that. But why try to deal with those issues so much if you can't do it like 100% because you haven't, because you just can't do it for lack of resources, lack of people, or for whatever reason. Like knowing the issues are there maybe but just realistically realizing that it's impossible to meet everyone's needs. You need to have a focused plan you can meet."*

<u>Decision Making</u>

Many of participants identified decision making in their organization as being one of consensus. One person was ultimately responsible for the final decision, but that depending on the decision, staff and client's opinions were obtained and included in the decision making process.

> *"We, we aim for consensus first. Absolutely. First and foremost. And it's rare that we don't operate from that perspective."*

> *"At (name of organization), it's a collaborative one that is evidence-based as much as we're able to identify. The evidence isn't always qualitative or quantitative evidence. We try to balance what we have and what's available to us at the time. But even if evidence is somebody's perception of it, we'll listen to that. And then we try to make the best decision based on our experience."*

Policies

Participants identified the need for clear policies and procedures. This seemed to arise out of the issue that boundaries can become blurred when working with clients who may be volunteers or who may be on boards.

> *"I mean clients and service users and advisory committee members and board members. I mean there's a whole kind of messy kind of (hesitates)… relationships can get messy, could get messy if I didn't have clear boundaries about it and it was tough (hesitates) providing support services to people who were (hesitates) not supervising me but you know in that hierarchy where like in an advisory committee or board level."*

Infrastructure

The actual work environment and supports were identified as important in allowing ASOs to develop their capacity. Several areas were identified; these were adequate space, up to date equipment, ability to keep and access documentation. Some ASOs identified they felt well equipped, however, others identified they lack some basic equipment.

> *"Yea, like we don't have an overhead projector and I just recently ... I did an in-service. I remember really wishing that I had those kind of tools."*

Measuring Success

In addition to identifying elements and factors that assisted ASOs in doing the work, participants also discussed the importance of receiving feedback on the work they were doing. Participants identified many indicators that they used to measure how they were doing, these focused on the individual staff, the programs offered, the larger agency and the community they served.

At the individual staff level, participants discussed the importance of receiving feedback on their performance.

"The staff get regular supervision with (name), so I think that there's an evaluative process there. And again, it's always dependent upon how honest people are with themselves or the kinds of insights that they can have about the work that they do, and that's not always an easy thing to do even if you're really trying to be honest with yourself…"

At the program level, participants identified that they frequently asked for evaluations from the clients they served, and while this is helpful for immediate feedback, overall measures of success were less direct.

"And then our education, I mean we do evaluations regularly with all our education workshops. So some of the successes come out of that as well. It's just the positive feedback that we'll get. Or even where we can improve because you now we can't improve if we don't know how to improve. So a lot, I think a lot of them are little successes along the way. But it's nice to hear when you know about them."

At the agency level, participants reported that there were several ways that success was measured, feedback from clients, annual general meetings, ongoing statistics and financial accountability and that while no one way gave a complete picture, they all gave some indication of how the agency was doing.

"A very mundane way is how the money is being spent, and it's a very practical thing, but if we can deliver services and do what we're supposed to do within our budget, that is one measure of success. It's bit of an odd one because we don't know that that necessarily brings down the number of cases of HIV, new infections, or preventing somebody from using drugs, sharing needles, or something like that. But it is a measure of success because we, because we believe that we do some good, we have to stay afloat. So that's important."

All participants recognized how difficult evaluation was.

"I'd like to say that infection rates should be some indicator but there are so many variables, so many factors that could be taken into account that that's truly not a representative, it's not a representative measure of how well you're doing because it could be that just more people are coming forward because they're more comfortable. It could mean so many things."

Opportunities And Future Challenges

Participants identified twelve areas that were challenges for the future.

Adapting To The Changing Nature Of The HIV/AIDS Epidemic

"they really are different issues facing people and I think those issues are going to change as we have people living longer and longer. And I do think that will change the focus of how ASOs will be working. I mean we won't be working our clientele towards hospice programs so much anymore. I think we'll be working with issues of reentering the community"

Dealing With a Diverse Client Base

"There are some frictions amongst the different groups. Like there are some frictions amongst the ... between some, depending on where you are, which community you're in. Now I'm not talking just about (name of ASO) I'm talking about the communities we serve. There's some frictions between the aboriginal and Francophone communities, some frictions between the aboriginal women in the community and the non-aboriginal women, or between the women who require HIV-AIDS care in the community and the gay groups that require. So all those frictions still exist as they do I'm sure anywhere else. So you have to deal with that too. (Laughs) I don't think it's fun. But this is what we need to deal with in our future."

Obtaining More Stable Funding

"Funding. And I think that relates to the apathy that I spoke to earlier. I think there has been a general apathy towards HIV and AIDS, and a real lower sense of urgency around the need to address this issue. Even given increases in infection rates that have happened, but with people living longer and whatever, I think there's been a complacency. And I think it's going to impact funding, probably very shortly, and negatively impact. If I look at our prevention education funding that expires March 31st, 2003, I'm not convinced we'll have education funding from that source after that point. Now we've had it since 1990, so that would be a significant change for us because as I mentioned that's one third of our budget. So I'm very concerned about that and where that's going"

More Research And Evaluation

" there is research that I believe needs to be done in this community that isn't done right now"

" I don't think our government does a really good job in any sense of the word with any kind of health prevention and education. I just don't. (Laughs) So I don't see that as particularly forthcoming, but I think that we'll be sitting here doing support services for the rest of our lives and we'll be doing it more and more unless more preventive education stuff happens. And there's so many creative ways that I know that that the staff think about ways to do those things, and they just don't have the resources to do them"

Improving HIV/AIDS Education In The Workplace

"In terms of positioning ourselves for the future, I think the real issue for us now is using our educators to get into work environments, to get into the corporate world to do education in terms of myths and realities of employees who may be HIV positive and to establish comfort levels because I think that our folk are going to be unable to continue to receive ODSP benefits. I think that this government is going to say, HIV is a chronic disease and it's, it's ... you can work with HIV and in a lot of cases people can, so one of the challenges for this agency is dispelling the myths around employing folks who are HIV positive and working with people who may be already in your organization who are HIV positive because we're cognizant of the fact that nine out of ten people don't know that they're HIV positive. So in this community we're looking at a lot of people that aren't aware that they have this disease and are probably in the workforce. So we need to ensure that our employers are in a position to be accepting of these people and work with them"

Dealing with Increasing Complexity Of Clients' Profiles

"I also see the work increasing, the need for our services increasing … and the complexity. I keep going back to the complexity … I think it's the complexity of the cases that will challenge us more in the future"

Spread Of The Epidemic To New Populations

"So these have massive implications for how the community is going to deal with the large population of First Nations people in the future in the next 10 years. It's going to be phenomenal. So big problems. There will be big, big problems. And the funding sources they just don't reflect enough human resources to deal with the population. I mean one ASO what can they do?"

Safety Issues

"Well I think one of things I want to bring up with you is some of the things that concern me about these conflicts within an agency by the different groups we're providing

services to … sometimes that can be a safety issue for the staff and for the people we provide services for. And I think that we have to ... we are looking at that and we're addressing it as best we can in terms of putting things in place … and I can envision the need getting greater for the groups from the intravenous drug users and the prison group, because I think that that is just building quite large that group, and I think that there will be a safety issue that when you're talking about capacity building I think that has to be addressed because ... not just for the staff but for the people that come because people will be turned away by their fear. Fear of other persons who are using the agencies. And that has to be looked at. It's just something I anticipate happening in the future. Maybe not tomorrow but a couple of years down the road because there is going to be a larger group of IV drug users and the people coming from the prisons, and it's going to be an issue that we have to deal with"

Development of New Ways of Working

"Well there's some tough decisions that have to be made in terms of where our funds are going and how we spend them. In the past these decisions may not have had to be made because the client base wasn't first of all as large, it's getting larger, and we are servicing a different group of people. Now we're servicing a broader group of people. It's different when you're serving just sort of ... well if you were serving just one community of people like the gay community. But if you're servicing a broad-base group of people you have to provide the same service across the board to all of them and we're talking about women and children and HIV drug users, people in prison, the gay community, people that live some distance from (name of place) or some distance even from their primary care physician in terms of HIV-AIDS. So the money that we're spending, we have to look at the money we're spending in terms of where are we going to provide the most support to the largest amount of people, and that's not always easily understood by people who have historically been supported by us."

Establishing Partnerships With Other ASOs

"one of the big frustrations I have with the ASO movement is you know we've got I think 19 ASOs in Toronto, and it's ... you know I just don't think that's sustainable. I, I think that you know as funders look at this they're going to say, why do we have 18 or 19 ASOs? We need more coordination, we need more working together. And I think it's incumbent on organizations who are well funded and functional and have a very clear message to sort of lead by example, in terms of establishing new partnerships. I think that ASOs can't be naive to think it's not going to happen, and I think we have to be prepared it and I think we have to do it right, rather than have it done to us."

Improving Information Transfer

> *"it would be extremely helpful if there was like a central information database where you could search for specific information"*

Financial Support for Staff

> *"I mean I guess we should try to record this here because of poor salary structure and the nature of the work, it takes a huge toll on individuals. And it's taken years. I mean I'm surprised I'm still around, and there's actually been some adjustments talked about for this year that's totally new. The stuff around salary and benefits. I don't think they've helped in terms of keeping people. We need to look at this in the future."*

DISCUSSION AND CONTRIBUTION TO THE LITERATURE

One of the primary objectives of this project was to develop a practical model, which represents organizational capacity as seen through the efforts of ASOs. The workshop that brought participants back together to discuss findings was used as an opportunity to refine a model that developed out of this research. Figure 1 illustrates the model that was discussed and refined at the workshop. The left side of the model attempts to place ASOs in Ontario in some context, considering history, the ever changing face of HIV/AIDS, the move from early roots as being reactive to the more proactive work that is presently occurring, the move towards more professionalism and finally the passion & commitment of the workers in this movement. This context permeates all ASO work. The outer circle illustrates the external factors that were identified by participants as affecting organizational capacity. The internal factors influencing an organization's capacity are in the inner circle: doing the work, measuring success and future challenges. The arrows between the internal and external factors are to illustrate the dynamic and reciprocal relationships between external and internal factors. What is difficult to capture in this model is the dynamic, changing reciprocal relationships of all the elements under the internal

factors. However, participants did feel the model captured their views. There was discussion about other possible ways of depicting ASO organizational capacity building; a sailboat sailing on choppy waters with the ship and sails depicting the internal factors and the water, the external factors. Another attempt to depict the increasing complexity, sophistication and professional growth of ASOs from their early roots until now was a picture of an amoeba moving from a single simple cell to a more complex multi-celled organism. The consensus was to use the model depicted in Figure 1 and note the other models and metaphors of depicting organizational capacity building.

Table 1 compares the themes generated in this project with that of the definitions of organization capacity previously cited in the literature.

While most of the definitions of organizational capacity including our own recognize the importance of intra organizational factors, only Olsen's 1998 model is as detailed as the Ontario ASO model generated by this study in the area of internal factors. None of the models except our own discuss the importance of **infrastructure** (space and equipment) as an internal determinant of an organization's capacity. Yet, upon reflection, such resource scarcity is often typical of community-based grass roots organization.

While most theories of organizational capacity recognize the importance of mobilizing external resources and/or multi-sectoral collaboration, including our own, few theories have addressed barriers to this collaborative such as stigma, geographic dispersion of the target population, travel, scarcity of other agencies with whom one could collaborate in some vicinities. In addition, few theories address the issue of an organization's financial sustainability and viability given the episodic and project specific nature of their source of funding and the fact that the nature of their stigmatized work may not resonate with local politics and funding priorities.

Figure 1

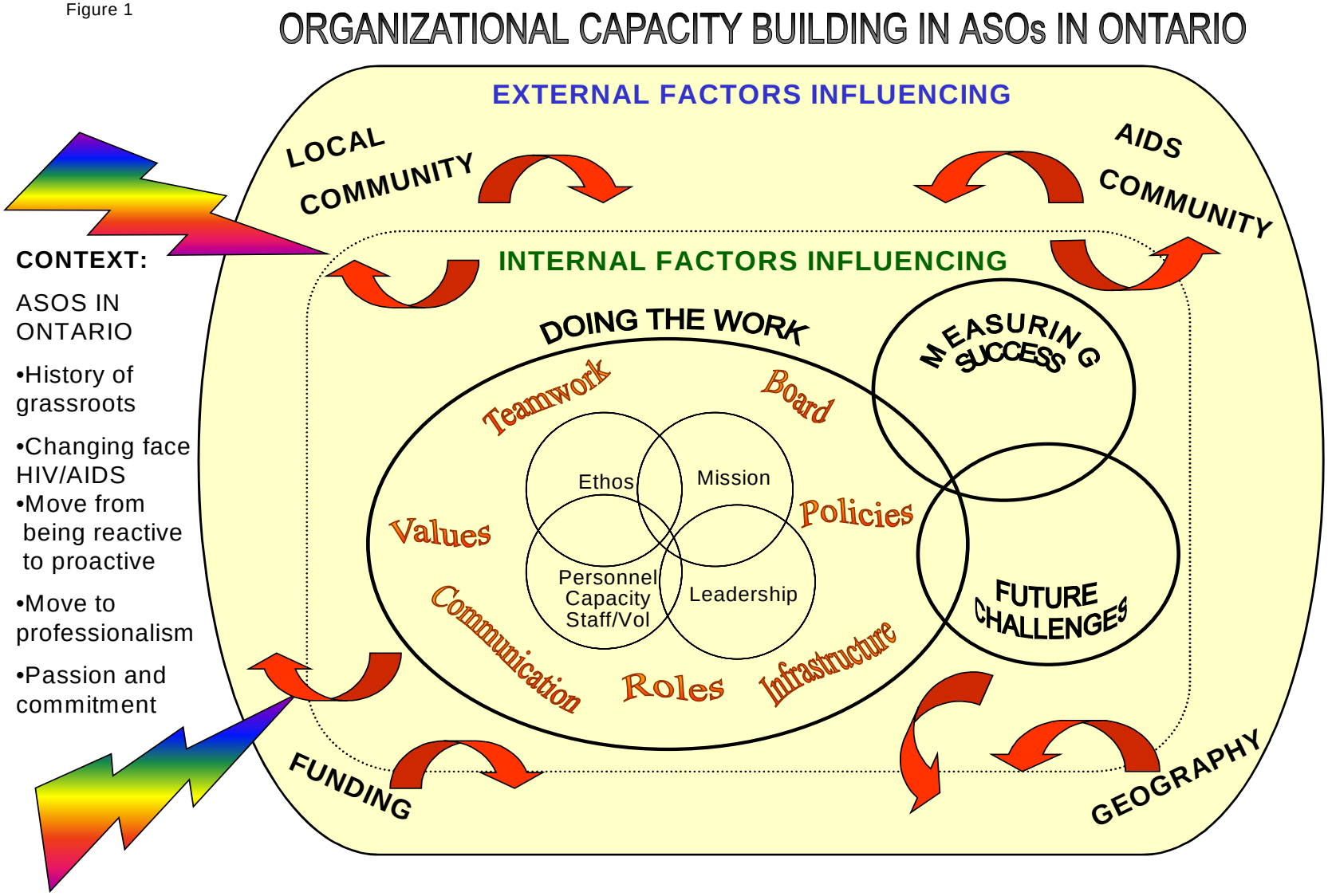

ORGANIZATIONAL CAPACITY BUILDING IN ASOs IN ONTARIO
EXTERNAL FACTORS INFLUENCING
LOCAL COMMUNITY
AIDS COMMUNITY
CONTEXT:
ASOS IN ONTARIO
•History of grassroots
•Changing face HIV/AIDS
•Move from being reactive to proactive
•Move to professionalism
•Passion and commitment
INTERNAL FACTORS INFLUENCING
DOING THE WORK
MEASURING SUCCESS
FUTURE CHALLENGES
Teamwork
Board
Policies
Values
Communication
Roles
Infrastructure
Ethos
Mission
Personnel Capacity Staff/Vol
Leadership
FUNDING
GEOGRAPHY

Table 1
Definitions of Organizational Capacity

Ontario ASO Project 2001	Olsen, 1998	Kotellos, 1998	Rowe and Grant, 1999	Crisp, 2000	Cassady, et al, 1997 Elliot, et al, 1998	Goodman, et al, 1997
Context • Grass roots history changing face of HIV/AIDS • Move from Reactive to Proactive to Professional • Passion/Commitment				Recognizing, analyzing and solving problems		
External						• Coordination among service organizations • Technology transfer • Linkage with government • Community involvement • Representation • Resource support
• Local Community Geography • AIDS Community Funding	Financial Management	Multi-sectoral Collaboration	External Resource Mobilization and Integration	By controlling External and…		
Internal *Doing the Work*						
Ethos	Institutional Values and Behaviour (culture)		Core Group Collective Empowerment - commitment - cohesiveness - conscientousness	… Internal Factors	Intra-Organizational Attributes - Staffing - Skills - Resources	
Personnel	Manpower Development	Human Resource Development	Mobilize Internal Resources			
Leadership	Leadership, Vision					
Mission	Goals, Planning	Organizational Development				
Teamwork	Resource Mobilization					
Board	Structure					
Communication	Coordinating Work					
Roles	Roles Division of Labour					
Setting Priorities (Proactive)	Goals, Priority setting		Strategy Comprehensiveness and Logic			
Decision Making	Decision Making					
Policies	Conflict Management					
Infrastructure						
Measuring Success	**Evaluation**	Evaluation	Programme Activity Monitoring and Evaluation	… for sustained change		

Finally, no other theory of organizational capacity with the possible exception of Crisp, 2000, acknowledged the importance of recognizing a changing context and nature of the (HIV/AIDS) problem to be solved and therefore, product (service) to be produced, for whom, in an atmosphere of less and less of a sense of urgency given survival rates associated with new therapies. Clearly, the changing context and atmosphere in which an organization functions clearly determines the effectiveness of organizational strategies to prevent or support a changing clientele with HIV/AIDS.

Having assessed the thoroughness of this project's themes, the participants in the workshop asked if the themes identified could be put in a check list rating scale to assist ASOs in identifying areas of strength and weakness regarding ASO organizational capacity building. This scale would not be used to rate ASOs, but to assist ASOs in reflecting on their own organizational capacity, areas of strength and other areas in need of development. Further, such a tool might be useful to the AIDS Bureau Organizational Development Team as a before/after measure of the effectiveness of their intervention. A rating scale based on the organizational capacity themes identified in this study is found on pages 36-40 of this report. Further work with ASOs would be needed to determine its accuracy, applicability and usefulness. In addition, the Rowe Questionnaire used in the quantitative phase of this study will undergo further testing and both these questionnaires can be utilized in further work.

SAMPLE QUESTIONNAIRE

Questions to Consider Regarding AIDS Service Organizational Capacity Building

Organizational Capacity Building is the ability of your ASO to recognize, analyze and respond to changes by effectively reworking external and internal resources to bring about desired change. It involves forward thinking and as one ASO staff member phrased it, "…being ahead of the wave."

Items on the questionnaire were developed from interviews with 43 participants in ASOs in Ontario (staff, volunteers, board members and executive directors).

Please rate on a scale of 1 to 5 where you feel your organization is at this particular time. This is not a scale to rate your organization as to how good or bad it is in terms of organizational capacity. Rather it is to highlight areas that may need consideration to increase capacity.

	Very Poor 1	Poor 2	Neutral 3	Good 4	Very Good 5
1. How well do you think the staff at your ASO understand the history of the HIV/AIDS movement in Ontario					
2. How connected do you think your ASO is to your local community (i.e., community supports agency's work)					
3. How well do you feel you are partnering with other agencies in your community					
4. How connected do you feel your ASO is with other ASOs in Ontario					
5. How much consideration is given to your geographic location (re: urban, rural, north, south) by funders or decision-makers					
6. How well funded do you feel your organization is					

	Very Poor 1	Poor 2	Neutral 3	Good 4	Very Good 5
7. When you are funded for short-term projects (not on-going operational funds) how well do you feel your ASO can sustain the projects, or incorporate them once funding stops (if they need to be incorporated)					
8. How good is your organization at fundraising					
9. Every organization has its own culture or philosophy of working. How well do you think staff in general fit in with this culture					
10. How well do you think the staff could describe the culture of your organization					
11. How would you rate your organization's ability to be responsive to change					
12. How would you rate your organization's ability to be creative and innovative					
13. How well is your organization able to retain staff and volunteers					
14. When you think of the staff in your organization, how committed are they to the HIV/AIDS movement					
15. How would you rate the professionalism of the staff in your ASO					
16. How would you rate your ASO's ability to respect diversity among staff/among clients					
17. How would you rate the respect between and among staff in your agency					
18. How clear are the criteria that are used to select new staff in your organization					

	Very Poor 1	Poor 2	Neutral 3	Good 4	Very Good 5
19. How clear are the criteria that are used to select new volunteers into your organization					
20. How would you rate your organization's ability to provide on-going support and skills building for staff					
21. How would you rate your organization's ability to provide on-going support and skills building for volunteers					
22. How would you rate the leadership within your organization					
23. How would you rate the clarity of your mission in your ASO					
24. When you think of the team of people you work with, how would you rate the ability to support each other					
25. How well is the team able to confront difficulties within the team					
26. How supportive is your board of directors to your ASO					
27. How well does your ASO recruit new board members					
28. How would you rate the clarity of communication in your ASO					
29. How clear are staff about their roles, and the boundaries of their roles within your ASO					
30. How well do you think you get accurate information to do planning in your ASO					
31. How well do you think that your ASO plans for the future					

	Very Poor 1	Poor 2	Neutral 3	Good 4	Very Good 5
32. When you think of the decisions that need to be made in your ASO, how efficiently do you feel they are made					
33. How clear are the policies and procedures in your ASO					
34. How adequate is the office space in your ASO					
35. How adequate is your equipment (computers, fax, etc.)					
36. How well do you feel you evaluate your programs					
37. How well do you feel you are evaluated and getting feedback on your performance					
	Very Poor 1	**Poor 2**	**Good 3**	**Very Good 4**	**Outstanding 5**
38. How well do you think your ASO is equipped to adapt to the following challenges in the future					
• The changing nature of the HIV/AIDS epidemic					
• Dealing with a diverse client base					
• Obtaining more stable funding					
• Participating in research and evaluation					
• Assisting in improving HIV/AIDS education in the workplace					
• Assisting people with HIV/AIDS to return to work					
• Dealing with the increasing complexities of client needs					
• Dealing with other populations that may be effected by HIV/AIDS in the future					

	Very Poor 1	Poor 2	Neutral 3	Good 4	Very Good 5
• Dealing with safety issues in the workplace					
• Developing new ways of working					
• Establishing partnerships with other ASOs					
• Improving information sharing and transfer of knowledge					
• Receiving more financial support for staff					

RESULTS – PHASE II QUANTITATIVE

The Use Of The Rowe Questionnaire In This Study

The results presented here are tentative ones. Discussed under design and methods the Rowe Questionnaire is a newly developed scale to measure organizational capacity building in substance abuse programs. As there were no questionnaires that could be found to measure organizational capacity in ASOs, this questionnaire was adapted to ASOs following pilot testing in one ASO. The number of items remained the same as in the original questionnaire, but were enhanced in their wording using words that were relevant to ASOs.

The first 10 items in the original Rowe Questionnaire use the words "core members"; following feedback from ASO participants in the pilot site, the wording was changed to management. Items 11 to 26 in the original Rowe Questionnaire grouped staff and volunteers together in the stem of the question; feedback from pilot testing suggested that these be separated and we adjusted for this in our revised questionnaire. Items 29-44 – words such as "program" used in the original questionnaire have been changed to "ASO" in the revised questionnaire. Items 45-58 – words such as "members" used in the original questionnaire have been changed to "board members" in the revised questionnaire. Items 59-74, the words "members and staff" and "program" in the original questionnaire have been changed to "board members and staff" and "ASO" respectively. Every attempt was made to keep the meaning of the items consistent with the original questionnaire but to make the questionnaire more relevant to ASO staff, volunteers and board members.

The revised questionnaire is currently being used in other projects in the CLEAR unit and all of the questionnaires will be used to run initial testing of the scales psychometric properties

(internal consistency and factor analysis). For this report then, the preliminary data analysis will be presented using the subscales developed by Rowe.

Results

Of the 47 participants in the qualitative phase of the study, 28 returned the questionnaire; A response rate of 60%. Of the 12 participating ASOs, 11 returned at least 1 questionnaire, one ASO did not return any. The Rowe Questionnaire has four subscales; Collective Empowerment, Internal Resources Organization, External Resource Mobilization, and Strategy Comprehensiveness. Collective Empowerment refers to those in the leadership role who have clearly defined the purpose and vision, mutual commitment, sense of responsibility and accountability, shared values and trust, and energy and passion to work together. For the purposes of this report, this subscale is entitled "Vision, Purpose and Commitment". The Internal Resources Organization subscale refers to the extent there are sufficient human, technical and fiscal resources available to the organization. The External Resource Mobilization subscale measures the extent to which external institutional and community stakeholders are effectively involved with the organization. Finally, Strategy Comprehensiveness and Logic measures the extent to which the organization is engaged in problem/situation analysis and evaluates its self and programs.

Participants

Table 2 illustrates the roles of the participants that completed the questionnaire.

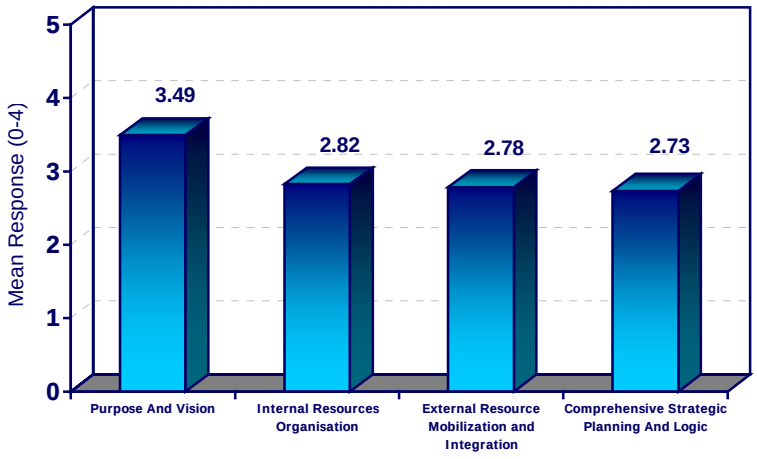
Table 2
Roles of Participants Responding

Role	Frequency
Executive Director	7
Board Member	4
Supervisor/Coordinator, Director	7
Staff	6
Volunteer	4
Total	28

Overall Responses in Four Domains

The total mean scores for each of the four domains for all participants is displayed in Figure 2. Vision, Purpose and Commitment is rated the highest where as the other three domains of internal resources organization, external resource mobilization and comprehensive strategic planning and logic ratings are very similar.

Figure 2
Overall Mean Response in 4 Domains of Capacity Building

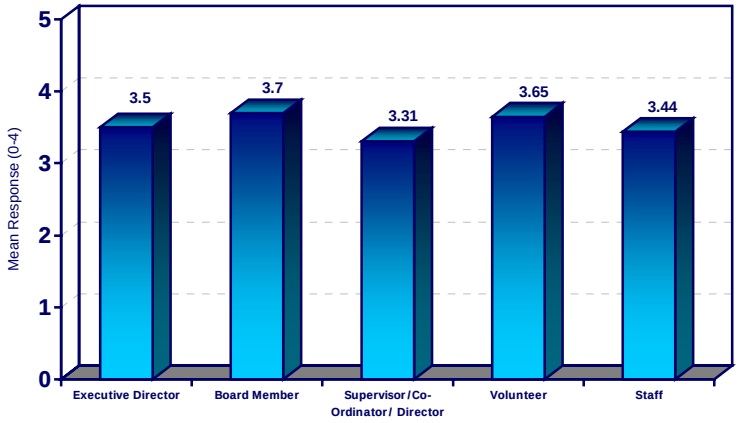


Participants in their identified roles were compared across all four subscales and are illustrated below.

Vision, Purpose and Commitment

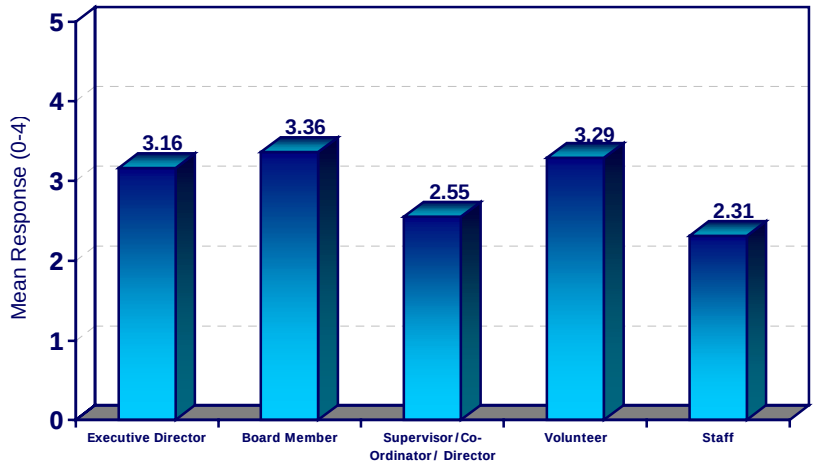
As can be seen in Figure 3, participants in all roles rated vision, purpose and commitment as high with scores ranging from 3.31 to 3.7

Figure 3
Internal Resources



The total mean scores for Internal Resources Organization across roles are illustrated in Figure 4. Executive Directors, Board Members and Volunteers tend to rate this area slightly higher than do Staff Supervisors/Coordinators/Directors.

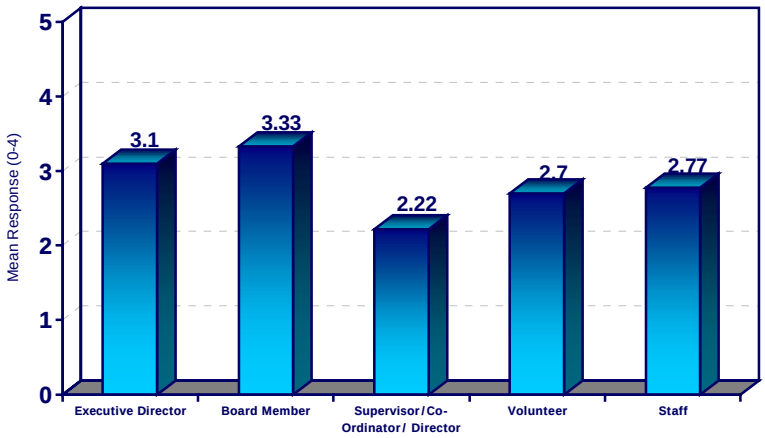
Figure 4
Overall Mean Response in Internal Resources Organization



External Resource Mobilization

The total mean scores for External Resources Mobilization are illustrated in Figure 5 with Board Members rating the highest and Supervisors/Coordinators rating the lowest.

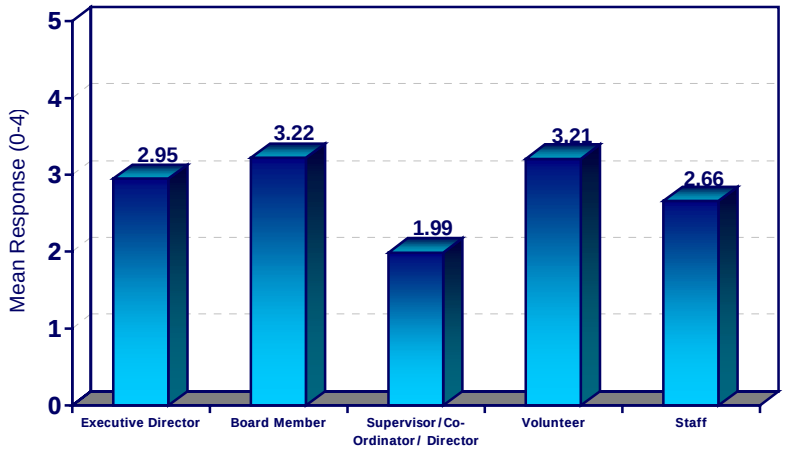
Figure 5
Overall Mean Response in External Resources Mobilization and Integration



Comprehensive Strategic Planning

Finally, the overall mean scores for Comprehensive Strategic Planning and Logic across roles are illustrated in Figure 6 with Executive Directors, Board Members and Volunteers scoring similar high scores and Supervisors/Coordinators/Directors rating this the lowest.

Figure 6
Overall Mean Response in Comprehensive Strategic Planning and Logic



The results report only on descriptive analysis due to the small numbers participating and the need for further testing of this scale.

DISCUSSION

This phase of the project was to pilot test this questionnaire and attempt to determine how, and if, it could be used in ASOs in measuring organizational capacity. It was pilot tested in one ASO and changes were made to the wording to make items more appropriate for ASO use. In considering the findings from the Qualitative work done in Phase One of this study, the items and domains for scoring do seem to be measuring themes identified by ASO participants.

However, items may be grouped or identified differently than in the model developed by ASO participants in the qualitative study.

The Rowe Questionnaire does take considerable time to complete and this may have influenced the response rate (65%). As mentioned previously, the adapted Rowe Questionnaire is being used in other studies occurring in the CLEAR unit and results from this study will be combined with other studies to conduct analysis on some of its psychometric properties. This then would give additional information on the usefulness of the questionnaire. This scale does show some promise as a useful scale for measuring capacity building as many of the items reflect areas identified by participants in the qualitative study. However, further work needs to be done on its psychometric properties, possible item reduction and further testing in ASOs.

For copies of the questionnaires discussed in this Working Paper, please contact the CLEAR unit at (905) 525-9140 Ext. 22293 or via e-mail at browneg@mcmaster.ca.

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APPENDIX A

Interview Questions
For Qualitative Study

Appendix A

1. What kind of work does your agency do?

Probes: Who do you work with?
How long has your agency been in existence?
What is your role within the agency?
How long have you been with the agency?

2. Have you had to make any changes at your agency as the AIDS epidemic has changed?

Probes: I'm sure you have lots of examples of things you did, for example, when you switched your focus from ____ to ____ what kinds of things did you do?
What has worked / which strategies were most helpful?
What didn't work? - tell me about the things you tried to do but discontinued / any changes you tried to make which were unsuccessful?

3. You've just described to me how you have adapted to change. What things helped you get there ?

Probes: What would you say are the key things that helped?
What has worked/which strategies were most helpful?
Links with external / outside agencies?

4. I wrote down the key things that you mentioned. Can you rank these in order of importance?

5. Thinking about your agency, what would you say are its strengths which helped it to adapt to these changing needs?

6. Were there any things that hindered or prevented your agency from adapting to these changing needs?
Probes: What didn't work? – tell me about the things you tried to do but discontinued / any changes you tried to make which were unsuccessful?

7. How do you know if what you are doing as an agency is working?
Probes: What do you look for as signs of success?

8. On a scale of 1 to 10, how well do you think your agency is doing?

9. When you look into the future, what kind of work do you think your agency will be doing?

10. Do you think that your agency will be able to do this?
Probes: What do you need to be able to do this? Would you have to make any changes to be able to do it?

11. Lots of people are using the term organizational capacity building and we are really interested in hearing what this means to you?

12. We are going to use the results of these interviews to develop a practical model of organizational capacity building which will be helpful to ASOs. Do you have any advice for us?

13. Have I missed anything? Is there anything about the area of organizational capacity that we should have talked about but didn't?

Any comments on the interview itself?

APPENDIX B

Summary of Evaluations from the Capacity Building Workshop

Appendix B
ASO Organizational Capacity Building Workshop

Evaluation

	Scores (1-5) **5 = extremely useful** **Mean**
Helping shape the research findings	4.23
Content covered	4.15
Use of presentation overheads	3.77
Use of discussion	4.54
Handouts	4.31

What was most useful:

- Opportunity to reflect and to have input
- Discussion and interaction
- Discussion
- Discussion on next steps
- Identifying purpose and importance of organizational capacity building
- Sharing
- Information gathered from interviews will be good tools to start with
- Group discussion
- Developing the questions even if some of them won't be covered for a while
- Dialogue of opportunity to shape both process of future learning of research into capacity building as a resource in developing further the AIDS response
- Discussion
- Going over the data
- Time taken
- Discussion
- Group discussion
- Candid, thoughtful discussion
- Sharing ideas and concerns

What was least useful:

- needed more time – maybe an hour longer
- the boat metaphor
- to time to engage in and define what was needed

Other comments:

- great facilitating
- excellent facilitation
- great work
- good food
- in the spirit of "the AIDS analysis" this piece of research appears to strengthen beyond its intentions
- helpful to have handouts delivered prior to workshop for opportunity to pre-read
- overwhelmed by magnitude of capacity building
- it motivated me to move forward and participate actively with organization