Capacity Assessment

Once you complete the Capacity Assessment, you’ll have a better idea as to your ability to implement the program you’re considering with enough fidelity to achieve your desired outcomes. The most revealing part of this task may be the gaps that appear. The gaps may be capacities you can build to achieve your goals or they may indicate that you need to select another program.

If you’re completing the tool for several programs, you might consider splitting the task among several people. You could either divide the task by each program you’re reviewing or have one person responsible for finding out all about one capacity area, such as technical expertise, for all programs you’re considering.

Proceed through the steps below. The process is simple, but it involves rigorous attention to many details about the elements and operation of your organization.

* 1. Make as many copies of the tool as you need to complete this task. There are separate capacity worksheets for six areas:
* Program facilitator capacities
* Other program staff capacities
* Board and other leadership capacities
* Technical capacities
* Fiscal and other resource capacities
* Collaboration/partnership capacities
	1. Gather information describing requirements for implementing the program under consideration, including costs, staffing levels and requirements, training needs, materials, facilities, and other fiscal and resource capacities.
	2. Go through each capacity worksheet and answer the questions about capacity requirements, determine whether or not your organizational capacity is adequate in each area, and then, as appropriate, explain your plan to increase capacity.

If you don’t have the necessary capacities, it’s important first to brainstorm ways to meet them. Then, if you know you can’t deliver the program well because of capacity challenges, perhaps you should consider selecting a different EBP (identified in Step 3 Best Practices) or stepping back to boost capacities before implementation.

Capacity Assessment

Program:

#### Program facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| Facilitator capacities | Requirements | Yes/No | Plan to increase capacity |
| Do you have the number of adult and youth facilitators recommended for the program? |  |  |  |
| Do your facilitators meet program qualifications, including education level, years of experience, and necessary communication skills? |  |  |  |
| Are your facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity?  |  |  |  |
| Have your facilitators received all training necessary for working with youth (e.g., group facilitation, abuse & neglect reporting, CPR)? |  |  |  |
| Have your facilitators received sufficient training specific to the program? |  |  |  |

#### Other program staff

|  |  |  |  |
| --- | --- | --- | --- |
| Staff capacities | Requirements | Yes/No | Plan to increase capacity |
| What type of additional staff do you need to do this program? |  |  |  |
| Do staff members have adequate qualifications? |  |  |  |
| Have staff members received necessary training for their role? |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Board and other leadership

|  |  |  |  |
| --- | --- | --- | --- |
| Leadership capacities | Requirements | Yes/No | Plan to increase capacity |
| How committed is your organization leadership to the program? |  |  |  |
| Do they support the program staff? |  |  |  |
| Are there clear channels of communication between all leaders involved? |  |  |  |
| How comfortable are organization leaders (e.g., staff and board) with managing controversy and conflict?  |  |  |  |
| How competent or experienced are organization leaders with managing controversy and conflict?  |  |  |  |
| Do the leaders involve staff members in decision-making when appropriate? |  |  |  |
| Is meeting facilitation effective? |  |  |  |

#### Technical capacity

|  |  |  |  |
| --- | --- | --- | --- |
| Technical capacities | Requirements | Yes/No | Plan to increase capacity |
| Are any special materials needed to deliver the program? |  |  |  |
| Do you need access to a computer or special computer programs? |  |  |  |
| Does the program require other technical components? |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Fiscal and other resource capacities

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal and resource capacities | Requirements | OK? | Plan to increase capacity |
| Transportation | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Special trips | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Printed materials (including curriculum) | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Staff training | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Participant incentives | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| Food | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Babysitting/Sibling care | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Number of volunteers |  |  |  |
| Equipment | Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Amount of space | Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Equipment | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Evaluation materials and efforts | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Total Cost | Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

#### Collaboration / partnership capacities

|  |  |  |  |
| --- | --- | --- | --- |
| Collaboration capacities | Requirements | Yes/No | Plan to increase capacity |
| What partners in your community are key to the success of the program? |  |  |  |
| Which of these already provide support for the program? |  |  |  |
| What other stakeholders in your community might support the program if asked? |  |  |  |
| What stakeholders in your community could hinder program implementation? |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_