

COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING ASSISTANCE NEEDS ASSESSMENT FOR HIV/AIDS PREVENTION PROGRAMS

This needs assessment will help to determine what types of HIV/AIDS capacity building assistance will best help minority community-based organizations (CBOs) to better meet the needs of the populations they serve. The information in this survey is **CONFIDENTIAL**, which means that the results of this survey will be reported in a way that your CBO will not be singled out or identified. If a question does not apply to your organization, please leave it blank.

Thank you for completing this needs assessment!

SECTION I. PROGRAM DEMOGRAPHICS

The questions in this section of the needs assessment will identify the geographic location and the types of services offered by your HIV/AIDS prevention program. Please tell us about your location and the types of populations served by your HIV prevention program.

1. For how many years has your organization actually provided HIV/AIDS prevention programs?
(Check one response only.)

- Less than one-year 1-3 years 4-6 years
 7-10 years More than 10 years

2. In the blanks below, please provide us with the following information about your primary location (headquarters) as well as your service areas:

- a. City and State of Primary Location: _____
b. City and State of Service Areas: _____

3. Which of the following **BEST** describes your organization's HIV/AIDS prevention service area?
(Check one response only.)

- Primarily inner city Rural and urban
 Primarily urban Remote
 Primarily suburban Other (**specify**) _____
 Primarily rural

4. In the blank spaces below, write the **LETTER** of the category which **BEST** describes the primary and secondary racial/ethnic populations targeted by your organization's HIV/AIDS prevention programs:

_____ 1. Primary racial/ethnic population _____ 2. Secondary racial/ethnic population

- a. African American (non-Hispanic) e. Alaskan Native
b. Asian/Pacific Islander f. Native American
c. Caucasian (non-Hispanic) g. Native Hawaiian
d. Hispanic/Latino h. No specific racial/ethnic population targeted

5. How many members of each ethnicity are on your board of directors?
(Please provide actual numbers)

- _____ a. African American _____ f. Native American/American Indian
_____ b. Hispanic/Latino _____ g. Alaskan Native
_____ c. Pacific Islander _____ h. Native Hawaiian
_____ d. Caucasian (non-Hispanic) _____ i. Other (**specify**) _____
_____ e. Asian American (excluding Native Hawaiian)

6. The following is a list of HIV/AIDS prevention services. Please circle the letters of **ALL** the program activities your organization provided in calendar year 2000 or 2001. **(Check all that apply.)**

- | | |
|---|---------------------------------------|
| a. Street/bar outreach | i. HIV/AIDS Community Sessions |
| b. Risk-reduction counseling | j. Needle exchange |
| c. HIV antibody testing/counseling | k. Conduct community needs assessment |
| d. Partner notification | l. Service referrals |
| e. Prevention case management | m. Policy and advocacy |
| f. Peer-based community interventions | n. Client transportation |
| g. Non peer-based community interventions | o. Capacity building assistance |
| h. Community organizing
(specify) _____ | p. Other
(specify) _____ |

7. Of the services circled in Question 6, what are the top three services provided by your organization: **(Write the three letters from the list above.)**

1. 2. 3.

8. In the calendar year 2000 or 2001, approximately how many people did your HIV/AIDS prevention programs serve? **(Check one response only.)**

- | | | | |
|--|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Less than 100 | <input type="checkbox"/> 500-599 | <input type="checkbox"/> 1000-1499 | <input type="checkbox"/> More than 2000 |
| <input type="checkbox"/> 100-499 | <input type="checkbox"/> 600-999 | <input type="checkbox"/> 1500-1999 | |

9. Which of the following groups does your organization's HIV/AIDS prevention programs serve? **(Place an "x" in the appropriate box.)**

- | | |
|--|---|
| <input type="checkbox"/> Community-at-large | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Non gay-identified men who have sex with men | <input type="checkbox"/> Children (12 & under) |
| <input type="checkbox"/> Gay-identified men who have sex with men | <input type="checkbox"/> Bisexual men |
| <input type="checkbox"/> Injecting drug users (IDUs) | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Non-injecting drug users | <input type="checkbox"/> Sex industry workers |
| <input type="checkbox"/> Sex or needle-sharing partners of persons at risk | <input type="checkbox"/> Incarcerated adults |
| <input type="checkbox"/> Youth in general (ages 13-19) | <input type="checkbox"/> Incarcerated youth |
| <input type="checkbox"/> Youth with same-sex partner(s) | <input type="checkbox"/> Transgendered persons |
| <input type="checkbox"/> Heterosexual women | <input type="checkbox"/> Rural/migrant population |
| <input type="checkbox"/> Heterosexual men | <input type="checkbox"/> Immigrants |
| <input type="checkbox"/> Lesbian or bisexual women | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Other (please specify) _____ | |

10. Of the populations identified in Question 9, what are the top three populations served?
(Please write the three letters from the list above)

1.

2.

3.

SECTION II. ORGANIZATION RESOURCES

Community Based Organizations vary in the number of personnel and other resources they have dedicated to HIV/AIDS prevention programs. Please provide the following information about your organization's resources.

11. Which best describes your organization's budget for its HIV prevention programs this fiscal year? **(Check one only.)**
- | | |
|--|--|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$1 million-\$1,999,999 |
| <input type="checkbox"/> \$100,000-\$249,000 | <input type="checkbox"/> \$2 million-\$4,999,999 |
| <input type="checkbox"/> \$250,000-\$999,000 | <input type="checkbox"/> \$5 million or more |
12. From where does the majority of your funding come? **(Check one only.)**
- Federal government (e.g., CDC or HRSA)
 - State government (e.g., State Department of Health)
 - Local government
 - Private foundations
 - National affiliate organization
 - Other **(please specify)** _____
13. How many full time staff does your organization have dedicated to HIV prevention? **(Check one only.)**
- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 11-15 |
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 16-20 |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> More than 20 |
| <input type="checkbox"/> 7-10 | |
14. In a typical week, how many volunteers are actively involved in your organization's HIV prevention program? **(Circle one only.)**
- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 11-15 |
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 16-20 |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> More than 20 |
| <input type="checkbox"/> 7-10 | |

15. To what extent do you feel that your organization has an adequate amount of the following resources? (**Place an "x" in the most responsive column.**)

	<i>Not adequate at all</i>	<i>Barely Adequate</i>	<i>Adequate to some extent</i>	<i>Adequate</i>	<i>Very Adequate</i>
Computers and software					
Internet access (e.g., e-mail, World Wide Web)					
Audiovisual equipment (e.g., projectors, VCRs, TVs)					
Educational videos, films, or audiocassettes					
Physical space for your organization					
Other (please specify)					

CAPACITY BUILDING ASSISTANCE DEFINITIONS

The following definitions will allow us to identify which types of HIV/AIDS capacity building assistance will be most useful to your organization.

There are two categories of capacity building assistance. They include **organizational** capacity building assistance and **community** capacity building assistance.

1. **ORGANIZATIONAL CAPACITY BUILDING ASSISTANCE FOR HIV PREVENTION** is the process that results in increasing the core competencies of individuals associated with organizations providing HIV prevention services. Organizational Capacity Building Assistance has two content areas:
 - Organizational Infrastructure Development and Assessment.
 - Intervention Design, Development, Implementation, and Evaluation.
2. **COMMUNITY CAPACITY BUILDING ASSISTANCE FOR HIV PREVENTION** is the process that results in increasing the core competencies of community stakeholders who can be mobilized in support of HIV prevention goals. Community Capacity Building Assistance has two content areas:
 - Community Capacity-Building for HIV Prevention.
 - HIV Prevention Community Planning Effectiveness and Participation.

SECTION III. ORGANIZATIONAL CAPACITY

Using the definitions given above, please respond to the following questions.

16. Which of the following do you think your **ORGANIZATION** is in need of? *(Place an "x" in the appropriate columns.)*

Yes	No	Unsure	
			A needs assessment to identify gaps in services
			Assistance on how to write grants
			Assistance on how to manage programs by objectives.
			Assistance on how to evaluate programs
			Strategies on how to develop a strategic plan
			Assistance on how to access and apply research
			Assistance on how to assess data to improve prevention programs
			Assistance on developing programs
			Assistance on how to recruit and train board members
			Assistance on effective ways to raise funds
			Other <i>(please specify)</i> _____

17. Does your organization have? *(Place an "x" in the appropriate box.)*

	Yes	No	Don't know
Mission statement			
Long-range plan			

18. How would you rate your organization's fundraising capabilities?

Low Average High

19. What are the top **THREE ORGANIZATIONAL** capacity building assistance needs of your organization? *(Write one letter in each of the boxes below.)*

1 2 3

- | | |
|--|--|
| a. Board development | h. Program Planning and development |
| b. Grant writing | i. Volunteer recruitment, development, and retention |
| c. Program evaluation | j. Staff training and development |
| d. Resource development | k. Management information services |
| e. Media/publicity | l. Incorporation process |
| f. Fiscal management | m. Information transfer |
| g. Other <i>(please specify)</i> _____ | |

20. Which of the following are significant barriers to providing HIV prevention programs for your organization?
(Place an "x" in the appropriate box.)

	Not significant at all	Barely Significant	Significant	Somewhat Significant	Very Significant
Fear of lack of confidentiality					
Unsupportive public attitudes					
Limited staff or volunteers					
Denial of risk among target population					
Target populations not aware of services					
Lack of program planning and development					
Small size of target population					
Discrimination against target population					
Lack of funding for programs for target populations					
Language barriers					
Lack of organization support					
Other (please specify)					

21. Which of the following facilitate the provision of HIV prevention programs by your organization?
(Place an "x" in the appropriate box.)

	Not at all	Rarely	To some extent	Often	To a great extent
Large size of target population					
Increased number of staff or volunteers					
Awareness of risk among target population					
Target population aware of services					
Funding for programs for target populations					
Supportive public attitudes					
Ability to reach multilingual populations					
Organizational support					
Other (please specify _____)					

SECTION IV. FISCAL MANAGEMENT AND RESOURCE DEVELOPMENT

Fiscal Management and Resource Development assures the stewardship and procurement of funds from grants, contracts, and donations to effectively conduct HIV prevention programs.

22. Does your organization have a computerized accounting system?

Yes No Don't Know

23. How many grants and/or funded contracts did your organization have for HIV Prevention during 2000 or 2001?

None 1-2 3-4 5-6 7 or more

24. Does your organization outsource (contract) with another agency for the following fiscal management services? **(Place an "x" in the appropriate box.)**

Yes	No	Don't Know	
			Payroll
			Bookkeeping
			Tax Planning/Maintenance
			Investments
			Fund Raising

25. To what extent does your organization encounter these barriers in preparing applications for HIV Prevention funding? **(Place an "x" in the appropriate box.)**

	Not at all	Rarely	To some extent	Often	To a great extent
Lack of time					
Writer's Block					
Lack of grant writing skills					
Lack of community support					
Limited staff					
Lack of Board/Administrative Support					

26. What capacity building assistance needs are most important to help your organization overcome these barriers via skills, services or consultation? **(Place an "x" in the appropriate box.)**

- | | |
|---|--|
| <input type="checkbox"/> Proposal Development | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Collaborative Development |

SECTION V. EVALUATION

Evaluation is the process of assessing how well a program is functioning (**process evaluation**), how effective it is in bringing about changes in the people who are actually enrolled in the program (**outcome evaluation**), and how effective it is in bringing about changes the total target population (**impact evaluation**).

27. Does your organization evaluate its HIV prevention programs?

Yes No Don't Know

28. If **YES**, which methodologies does your organization employ for evaluating its HIV prevention efforts? **(Place an "x" in the appropriate box.)**

	Not at all	Rarely	To some extent	Often	To a great extent
Pre- and post-tests					
Needs assessments					
Surveys					
Focus groups					
Experimental/experimental designs					
Interviews					
Talking circles					
Case studies					
Observations					
Other (please specify) _____					

29. To what extent does your organization face these barriers in evaluating HIV prevention programs? **(Place an "x" in the appropriate box.)**

	Not at all	Rarely	To some extent	Often	To a great extent
Lack of knowledge about evaluation					
No staff available for evaluation					
Lack of funding for outside consultants					
Inability to identify appropriate evaluation consultants					
Unwillingness to give time or resources to evaluation					
Other (please specify) _____					

30. What capacity building assistance needs are most important to help your **ORGANIZATION** overcome these barriers? (**Check all that apply.**)

- Understanding basic evaluation methodologies
- Understanding how to translate evaluation findings for program improvement
- Identifying training opportunities for internal staff
- Acquiring information about identifying and working with evaluation consultants
- Justifying the use of organizational resources for evaluation
- Other (*please specify*) _____

35. Which of the following are significant barriers to providing **HIV prevention programs for your COMMUNITY?**
(Place an "x" in the appropriate box.)

Not at all	Rarely	To some extent	Often	To a great extent	
					Fear of lack of confidentiality
					Unsupportive public attitudes
					Limited staff or volunteers
					Denial of risk among target population
					Target populations not aware of services
					Lack of program planning and development
					Small size of target population
					Discrimination against target population
					Lack of funding for programs for target populations
					Language barriers
					Lack of organization support
					Other (please specify) _____

36. Which of the following facilitate the provision of HIV prevention programs in your **COMMUNITY?**
(Place an "x" in the appropriate box.)

Not at all	Rarely	To some extent	Often	To a great extent	
					Large size of target population
					Increased number of staff or volunteers
					Awareness of risk among target population
					Target population aware of services
					Funding for programs for target populations
					Supportive public attitudes
					Ability to reach multilingual populations
					Organizational support
					Other (please specify) _____

SECTION VII. COLLABORATION

Collaboration is when two or more organizations work together to improve HIV prevention efforts.

37. What other organizations do you currently collaborate with? **(Circle all that apply.)**
- | | |
|---------------------------------|--|
| a. State Health Department | l. Other health organizations (e.g. mental health, drug treatment program) |
| b. Local Health Department | m. Gay/Bisexual/Lesbian Organization |
| c. Testing Centers | n. Women's Organizations |
| d. Community Planning Groups | o. Transgender organizations |
| e. Ryan White Planning Body | p. Youth Organizations |
| f. Other HIV/AIDS organizations | q. Cultural/arts organizations |
| g. NRMOS | r. Businesses |
| h. Nat'l org. (e.g., Red Cross) | s. Labor Unions |
| i. Community health clinics | t. Indian Health Services |
| j. Hospitals | u. CDC |
| k. Managed Care Organizations | v. Other (please specify) |
-
38. What are some of the factors that have enabled coordination/collaboration with other entities? **(Circle all that apply.)**
- a. Other organizations have the expertise
 - b. Credibility desired
 - c. Resources needed
 - d. Funders encourage collaboration
 - e. Work with same target population
 - f. Similar organizational philosophies
 - g. Past or current experiences of working together
 - h. Personal relationships with staff from other organizations
 - i. Other **(please specify)** _____
39. What are the barriers to coordination/collaboration with other entities? **(Circle all that apply.)**
- a. Work with different target populations
 - b. Other organizations do not want to collaborate
 - c. Competition/ "turf" issues
 - d. Personal relationships
 - e. Conflict of organizational philosophies
 - f. Lack of expertise of other organizations
 - g. Lack of credibility of other organizations
 - h. Other organizations do not want to work with an organization which serves our population(s)
 - i. Geographical location
 - j. Other **(please specify)** _____
40. What would most help your organization overcome these barriers? **(Circle all that apply.)**
- a. Developing networks in your community
 - b. Improving information exchange and referrals
 - c. Developing memorandum of understanding/collaboration agreements
 - d. Finding resources for collaborative projects
 - e. Diversity/cultural competence
 - f. Service coordination
 - g. Other **(please specify)** _____

45. What assistance would help your organization to participate in the community planning process?
(Circle all that apply.)
- a. Working with the Health Department/CPG on Parity, Inclusion and Representation
 - b. Understanding of the functions, roles and responsibilities of the HIV Prevention CPG
 - c. Understanding and using epidemiologic information for planning decisions
 - d. Understanding the needs assessment process
 - e. Creating an effective multicultural planning process
 - f. Our role as a planner and advocate
 - g. How to get appointed to the CPG
 - h. Other **(please specify)**_____

