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National AIDS/STI/TB Council Behaviour Change Programming Capacity Assessment Index Report

March 2014

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1. Introduction

The main objective of the United States Agency for International Development-funded Communications Support for Health (CSH) project is to strengthen the capacity of the Government of the Republic of Zambia's (GRZ) Ministry of Health, National Malaria Control Centre (NMCC), and National HIV/AIDS/STI/TB Council (NAC) to develop and implement evidence-based behaviour change communication (BCC) interventions. To help measure progress towards this objective, CSH administers an annual assessment of the capacity of NAC, NAC, and NMCC to plan, implement, and manage BCC interventions.

1.1. Overview of the Capacity Assessment Index

The Behaviour Change Programming (BCP) Capacity Assessment Index is a tool that was developed by CSH as a means of systematically achieving one of the CSH project objectives: building the capacity of GRZ to design, implement, and manage effective BCC interventions. It is a tool for assessing the capacity of an institution to plan, implement, monitor, and evaluate BCC interventions/programmes. The index provides an overall score (out of 100) and summary scores for each of the following specific capacity areas: BCC planning and design, programme implementation, and monitoring and evaluation (M&E). The results from the assessment are tracked within CSH's Performance Monitoring and Evaluation Plan. The assessment is administered annually.

The capacity assessment index tool was first administered for NAC in 2012 as a baseline. The overall score of the 2012 NAC capacity assessment was 56 percent. During this assessment, a number of strengths and gaps in capacity were identified. CSH, in close collaboration with the NAC leadership, has since been implementing specific capacity-building interventions aimed at bridging some of the institutional capacity gaps that were identified in 2012. Therefore, this assessment was implemented as a follow-up to the 2012 exercise with the aim of measuring any changes in NAC's capacity to design, implement, and manage BCC interventions after CSH's BCC capacity-building interventions support.

Objectives of the Assessment

1.1.1. Main Objective

The main objective of the capacity assessment is to identify gaps in NAC's capacity to design, implement, and monitor and evaluate behaviour change interventions, with the aim of strengthening capacity in the areas that are identified as needing improvement.

1.1.2. Specific Objectives

Specifically, the objectives of the assessment are to

- Identify gaps in planning, designing, implementing, and monitoring and evaluating BCC interventions; and
- Inform the design of CSH's capacity-building initiatives for GRZ, such as providing further trainings in BCC and systems development.

1.2. Methodology

The BCP Capacity Assessment Index tool was administered in a workshop setting to staff within the BCC Unit of NAC by the CSH M&E Unit. Five staff members drawn from various operational units of NAC were invited to participate, as they are responsible for the design, implementation, management, as well M&E of BCC programmes. Two members of the CSH M&E Unit facilitated the workshop in order to be able to probe for more details, review responses, and gain consensus on the scores awarded. The tool was administered to the staff together within the target institution to ensure that responses given on the tool represent the views of an institution and not those of the individual participants. This proved to be the most effective way of obtaining sufficient information from the participants and NAC as an organisation. The assessment tool was projected on a wall using an LCD projector so that all NAC staff could read through the assessment items together. As co-facilitator, Collins Muntanga from CSH provided probing questions, took notes, and recorded the notes and scores.

The assessment process was interactive and driven by NAC staff responses to the individual items in the assessment tool. Assessors were provided with some documentation from NAC during the assessment, while other documents were provided to the assessors after the assessment for further reference and review.

The assessment was conducted at NAC Headquarters in a workshop setting on 15 January 2014. The purpose of holding a workshop was to ensure that participants were convened in one location, free from disruptions. The assessment lasted approximately three hours. Five of the expected 11 participants attended the assessment workshop.

1.3. Key Assessment Domains

There are 10 key capacity domains in the capacity assessment, grouped within three main sections:

Section 1: BCC Planning and Design

- 1.1. Health problem definition and situation assessment
- 1.2. Conduct of behavioural analysis
- 1.3. Programme definition and communication strategy development
- 1.4. Detailed communication planning
- 1.5. Establishment of strategic partnerships

Section 2: BCC Programme Implementation

- 2.1. Implementation of communication strategies
- 2.2. Staff capacity
- 2.3. Supervision and quality of BCC intervention delivery

Section 3: BCC Monitoring and Evaluation

- 3.1. M&E frameworks and systems
- 3.2. Data use

2. Findings

NAC's overall capacity to design, implement, and manage effective BCC interventions has improved from 56 percent in 2012 to 74 percent in 2014, with two of the three main sections recording significant improvements (Planning and Design, Programme Implementation). This improvement was attributed to both technical and financial support that NAC has received, particularly from United States Government-funded partners. There were two specific capacity areas, conduct of behavioural analysis and M&E frameworks and systems, that demonstrated remarkable improvements over the 2-year period. NAC's ability to conduct behavioural situation analysis improved from 42 percent in 2012 to 92 percent in 2014, while M&E frameworks and systems improved from 25 percent in 2012 to 92 percent in 2014. The capacity area on data use, under the M&E section, registered no improvements over the 2-year period. This was mainly a result of challenges in operationalisation of the NAC online reporting system. NAC, as a coordinating agency for HIV/STI/TB programming in the country, has developed the NAC online reporting system that provides implementing partners a platform to report and share results. The capacity area on supervision and quality of BCC intervention delivery recorded a significant decline, from 63 percent in 2012 to 25 percent in 2014. NAC alluded to budgetary limitations for the organisation's decreasing abilities to supervise the design and implementation of BCC interventions. These resource limitations have prevented NAC from conducting supervisory field visits to ensure that implementing partners are following NAC's BCC guidelines.

Table 1 below summarises the 2012 and 2014 NAC capacity assessment results across the three main sections and the 10 specific capacity areas.

Table 1: BCC Capacity Assessment Scores for NAC, 2012–2014

Section No.	Section	Average Score (%)	
		2012	2014
1	BCC Planning and Design		
1.1	Health problem definition and situation assessment	63	100
1.2	Conduct of behavioural analysis	42	92
1.3	Programme definition and communication strategy development	63	81
1.4	Detailed communication planning	67	75
1.5	Establishment of strategic partnerships	63	88
2	BCC Programme Implementation		
2.1	Implementation of communication strategies	61	93
2.2	Staff capacity	75	67
2.3	Supervision and quality of BCC intervention delivery	63	25
3	BCC Monitoring and Evaluation		
3.1	M&E frameworks and systems	25	71
3.2	Data use	38	38
Overall Score		56	74

The key findings from the assessment were as follows:

- NAC usually conducts situation assessments to better understand a health problem that the unit wishes to address through a BCC intervention.
- NAC demonstrated high capacity in BCC programme implementation, particularly in the use of multiple communication channels to deliver BCC; frequent pretesting of BCC products arising from the technical support; and trainings that NAC has received from its cooperating partners, including United States Government projects such as CSH. For example, NAC staff members have undergone trainings in behaviour-centred programming (development of BCC guidelines), formative research, as well as M&E for BCC campaigns. However, high staff attrition remains a huge challenge for the entity.
- While NAC does not implement BCC activities directly, it helps coordinate BCC activities across the partners. Thus, the quality of programme implementation is dependent on the technical and financial abilities of implementing partners. NAC has a checklist for conducting partner supervisory visits to ensure that the guidelines and standards are followed in BCC implementation of activities by partners. However, operationalisation of the supervisory tool to enforce BCC guidelines and standards to ensure that the BCC activities being implemented are of high quality remains a challenge due to limited financial resources.
- NAC uses existing research in designing and implementing BCC interventions. Due to limited financial resources, NAC over-relies on its partners to undertake new research generate findings to be used to inform BCC programming.
- NAC has an online reporting system that all implementing partners are supposed to use to upload and download data and reports. However, due to funding issues, the system has not been fully operationalised and the system to date cannot generate sufficient and accurate reports. Very few partners are inputting their performance data into the online reporting system, and the data that are collected are rarely compiled, disseminated, or shared.
- NAC has designated staff for creating and managing strategic partnerships with donors, other programme implementing partners (e.g., community-based organisations, civil society organisations, and non-governmental organisations), and the private sector. NAC has a good working relationship with its stakeholders as a coordinating institution in its areas of mandate.
- NAC has a well-formulated M&E plan that covers all NAC activities. However, it is the implementation of the plan and system that remains a challenge due to financing gaps. NAC is facing challenges in enforcing the utilisation of the NACMIS, and these challenges are reportedly caused by financial resource limitation. Recruiting and retaining staff in M&E positions has also been a challenge for NAC. At the time of this assessment, the M&E Specialist and Officer positions were both vacant. The M&E Specialist position has been vacant since October 2013.

3. Challenges

No major challenges were experienced in conducting the capacity assessment despite the workshop being hosted at NAC offices. NAC staff were committed to having the capacity assessment exercise completed.

4. Conclusions

Overall, NAC capacity to plan, implement, and manage BCC interventions has significantly improved over the 2-year period across all three major sections of the assessment. The overall assessment index improved from 56 percent in 2012 to 74 percent in 2014. The areas that revealed significant weaknesses were data use, as well as supervision and quality of BCC interventions delivery. NAC is operating on a 5-year strategic plan that has a very articulate M&E framework. However, operationalisation of the M&E framework is a challenge owing to resource constraints.

5. Recommendations

As a result of assessment findings, CSH and NAC developed a list of recommendations for the institution. These recommendations outline specific steps of action that both organisations believe will help to improve the unit's capacity to design, implement, and monitor and evaluate its BCC programmes and interventions. The recommendations are as follows:

1. The NAC online reporting system needs to be fully operationalised to ensure that data from BCC partners across the country are being captured, aggregated, and shared with all NAC's collaborating partners to inform programming. While a system is in place, its full operationalisation remains a major challenge.
2. In view of the foregoing, there is a need for NAC's collaborating partners to assist NAC in strengthening the NAC online reporting system for collecting, storing, and disseminating all information and monitoring data all BCC interventions implemented by NAC's partner organisations. Additionally, it will be important to sensitise NAC partner organisations on the importance of routinely inputting data into the NAC online system as well as using the data collected within the system for decision-making.

3. Way Forward.

The CSH facilitators informed NAC staff that CSH would work and consult with NAC leadership to develop and agree upon an action plan and timeline that outlines all of the steps that both partners will need to take to implement each of the recommendations.

Annex 1: Capacity Assessment Programme Agenda

Date: 15 January 2014

Venue: NAC Boardroom, NAC Headquarters, Lusaka

NAC BCC Capacity Assessment Index

Agenda

Time	Activity	Facilitator
11:10 – 11:20	Arrival of Participants	All
11:20 – 11:35	<ul style="list-style-type: none">• Introductions/Welcome Remarks• Tea	Mr. Victor Peleka/all
11:35 – 11:40	<ul style="list-style-type: none">• Review of Meeting Objectives• Introduction to Capacity Assessment	Mr. Collins Muntanga
11:40 – 12:30	<ul style="list-style-type: none">• Part 1 of Capacity Assessment: Planning and Design of BCC Interventions	Mr. Victor Peleka
12:30 – 13:20	<ul style="list-style-type: none">• Part 2 of Capacity Assessment: BCC Programme Implementation	Mr. Victor Peleka
13:20 – 14:00	<ul style="list-style-type: none">• Part 3 of Capacity Assessment: Monitoring and Evaluation of BCC Intervention	Mr. Collins Muntanga
14:00 – 14:35	<ul style="list-style-type: none">• Closing Remarks• Way Forward• Lunch	Mr. Collins Muntanga

Annex 2: Participants of the Capacity Assessment Index

#	Name	Designation
1	Rita C. Kalamatila	BCC Officer
2	Justin Mwiinga	Donor Coordinator/PRM
3	Kambikambi Scrivener	Civil Society Coordinator
4	Emmanuel Sakala	Management Information Systems Officer
5	John Banda	Provincial and District Response Coordinator

Capacity Assessment Index Facilitators

#	Name	Designation
1	Collins Muntanga	M&E Advisor
2	Victor Peleka	M&E Specialist