A New Vision for a New Decade

Effective HIV and AIDS Capacity Building:
Critical Components to Advance The Field

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Pact
Washington, DC
December 2009

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Acknowledgements

Numerous individuals deserve massive credit for their efforts supporting both the production of this paper and the convening of the two-day HIV and AIDS Capacity Building Summit in November 2009. Neither would have happened without the encouragement and invaluable contributions of our USAID Office of HIV/AIDS CTOs, Colette Bottini and Pamela Wyville-Staples. We thank them for this, as well as for the excellent guidance they have given the Community REACH program in its final years. In addition, many thanks to the Community REACH team and Pact staff who worked around the clock for weeks to ensure a flawless meeting; especially Catherine Gibbons, Liz Loughran, Lynn McCoy, Mary Ngugi, David Jacobstein, Jana Kala, Emmanuel Lamptey, Sarah Otto, Mai Rattanavong, John Bernon, Angel Ling, Erica Mongelli, Charles Guedenet, Angela Gasparetti, Marshall Maher and Meghan Corneal.

We thank all the summit presenters for their extraordinary insights and participants for their energetic sharing. Finally, a special nod to the MSH's AIDSTAR-Two Project team members, Sarah Ford, John Berman and Becky Bennett for their committed and flexible collaborations before, during and after the summit. Onward to the next chapter and the new decade.

Photo credits: Page 1 (left to right): Quy Ton, Dan Craun-Selka, Xavier Alterescu
November Summit: Angela Gasparetti, Marshall Maher

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This publication was made possible through support provided by the Office of HIV/AIDS, Bureau for Health, U.S. Agency for International Development, under the terms of Pact's Award No. GPH-A-00-01-00074-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the view of Pact or the U.S. Agency for International Development.



December 2009

Defining Capacity Building for HIV and AIDS

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After nearly three decades of a global struggle to defeat the AIDS epidemic and as we enter the second decade of the new century, the reality is that there is no "silver bullet" on the horizon. Pact strongly believes that donor countries can best assist in overcoming the challenges of the pandemic by developing the capacity of local actors to ensure that interventions are community-led and country-driven. As we move from an *emergency* to a *developmental response* to HIV and AIDS, there must be a coordinated effort on the part of NGOs and government entities to define the future of capacity building and outline the most effective path to sustainability. Global civil society has a critical role to play as thought leaders in addressing this question.

In 2008, the Lantos-Hyde Act reauthorizing the President's Emergency Plan for AIDS Relief (PEPFAR II) emphasized capacity building initiatives to promote greater sustainability through country-driven efforts. Complementing PEPFAR II is the new five-year strategy of the Office of the Global AIDS Coordinator (OGAC), released on December 1, 2009. One of the key pillars of this strategy is building the capacity of grass roots organizations, communities and government to transition to this more sustainable HIV and AIDS response.

During 2008, Pact directly built the capacity of 12,100 organizations worldwide. In the health sector alone, Pact strengthened more than 1,500 HIV/Health organizations that have in turn reached 2.3 million people infected with or affected by HIV and AIDS.

Pact is a non-profit, mission-driven international development organization delivering essential support to those most in need while building their skills and knowledge to help themselves. For nearly 40 years, Pact has operated on the firm belief that the best assistance harnesses local knowledge and expertise, leaving behind institutions and individuals with the capacity to pull themselves and their communities out of poverty.

In November 2009, Pact convened a global summit on Capacity Building for HIV and AIDS that over one hundred practitioners from more than 50 organizations and 15 different countries attended. The gathering was one of the largest of its kind, bringing together experts from the U.S. government, representatives of capacity building institutions, and field implementers of HIV and AIDS programs from around the world. The summit focused on where capacity building is today and developing a vision for the next decade that will enable NGOs and governments to strengthen local communities, organizations and systems for sustainable, long-term impact. This report is a summary of the Capacity Building Summit and recommended approaches to move us into the next chapter of the response to HIV and AIDS capacity building.

Pact

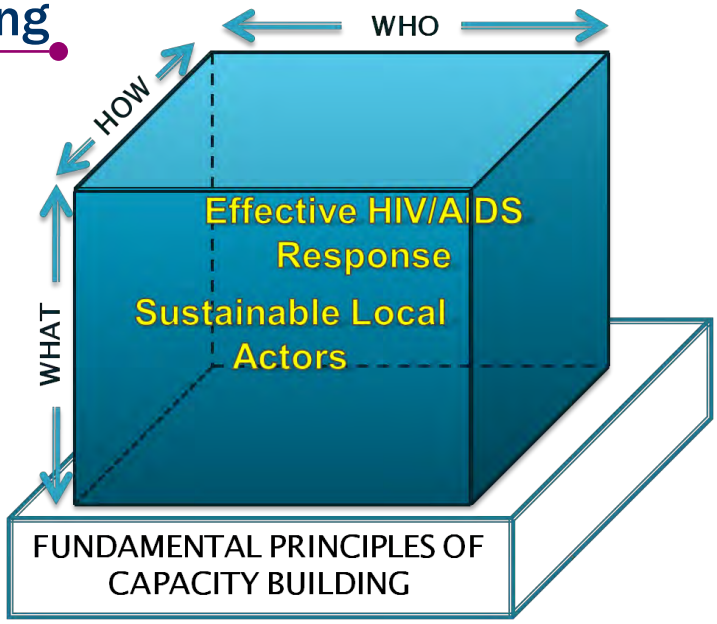
What is Capacity Building for the HIV and AIDS Sector?

Pact believes that effective capacity building can strengthen empowered and capable institutions to respond to HIV and AIDS at the community and national levels. Yet the term 'capacity building' is complex, requiring further definition. The following two definitions stem from the field of capacity building and a recent MSH's AIDSTAR-Two Projectconsensus meeting that included the participation of Management Sciences for Health (MSH), USAID, John Snow Institute (JSI), Pact, International HIV/AIDS Alliance, and other implementers offering capacity building services.

1. Capacity building is any action that improves effectiveness of individuals, organizations, networks or systems—including organizational and financial stability, program service delivery, program quality and growth.
2. Capacity building is a long term process that improves the ability of a person/individual, group, organization, or eco-system to create positive change and perform better to improve public health results.

The Continua of Capacity Building

Capacity building is not static and involves several facets and dimensions. Most critically, any capacity building initiative needs to take account of *WHO* the capacity building is for, *HOW* the capacity is being delivered and *WHAT* capacities are being built. Together these three dimensions form a capacity building "space," which in its totality describes a comprehensive capacity building response. See diagram on right. At its base are the fundamental principles of capacity building. These principles will be presented in the next section of the report.



Capacity Building space

In order to find out more about the current state of capacity building for HIV and AIDS, and identify strengths and weaknesses in our collective response, Pact and AIDSTAR-Two conducted complementary studies. Pact carried out an online survey of 72 organizations conducting capacity building in 48 countries. Just over half of respondents reported that they worked for an *international* NGO or foundation, one-third worked for a *national* (local) organization, while the remainder worked for other organizational types such as health clinics and government agencies. Survey respondents answered several questions about how they build capacity and what represents successful capacity building. Under the auspices of MSH's AIDSTAR-Two Project, an extensive literature review of capacity building tools and research papers was conducted. In total, they reviewed more than 100 articles on capacity building and more than 200 capacity building tools and approaches. The following continua represent the three dimensions of the capacity building space, and define in more detail the *WHO, HOW and WHAT* of capacity building, and where the field of capacity building for HIV and AIDS stands today.

Chamrong Phangnongyang from the Thai NGO, SWING, shares approaches for building capacity among most at-risk populations

Continuum 1: Whose Capacity is Being Built?

Individual	Organization	Network	System	Ecosystem
• Healthcare professionals • Civil society leaders • Youth • People living with HIV and AIDS (PLHIV)	• CBOs • NGOs • Government departments & agencies • Social enterprises • Businesses	• Business coalitions • Networks of AIDS service organizations • Networks of PLHIV	• National health systems • National level civil society • Governmental HIV and AIDS coordination systems	• The *full gamut* of individuals, organizations, networks and systems • Cross–functional • Cross–sectoral • Cross–hierarchical

The first dimension of the capacity building space considers the targets of the capacity building – moving from individuals at one end of the continuum, through organizations and networks, to systems and ecosystems. Pact's survey found that the most successful capacity building has traditionally been with organizations and individuals. Primary recipients of capacity building have been community-based organizations, local non-governmental organizations, healthcare professionals and civil society leaders. Less commonly, one-third of capacity building has been with private sector entities, hospitals and government bodies. The MSH's AIDSTAR-Two Project review found that the majority of capacity building approaches exist to improve individual and organizational performance. According to the review, very few capacity building activities to date have successfully focused on networks, systems or ecosystems.

At the marketplace, Joyce Mataya, presents lessons from Malawian NGO, CABUNGO, based on their capacity building services

Liz Loughran from Pact leads the closing summary discussion of the summit.

Continuum 2: How is Capacity Being Built?

- Targeted assistance related to a specific need
- Delivered in situ
- Expert-driven

- Skills transfer
- Expert-driven, though may be interactive
- Increasingly virtual

- Modeling, counseling or teaching
- Face-to-face or virtual
- May be preparation or follow-up to training or TA

- Provision or facilitation of access to capacity building resources
- Resource library or online portal
- Client-driven

- Face-to-face or virtual
- Leveraging local knowledge and experience
- Driven by multiple clients

The second dimension looks at how capacity building is delivered. The continuum progresses from approaches that are more expert driven, such as technical assistance and training, to those that are more client-led, such as information referral and peer-learning. Pact's survey documents that the most common forms of capacity building service delivery are training, mentoring/coaching and technical assistance. For survey respondents, 80% of funding for capacity building is for initiatives lasting fewer than four years and 16% is for initiatives lasting fewer than six months. MSH's AIDSTAR-Two Project found that most of the literature equates capacity building with training, and describes approaches to providing mentoring and supportive supervision with little documented evidence of success.

Continuum 3: What Capacities are Being Built?

- Improving laboratory conditions
- Better targeted prevention messaging

- The capability to execute / implement tasks
- Strengthened accounting mechanisms
- Instigation of timesheets

- Ability to perform continuously in a reliable way
- Based on the development of systems and structures
- Development of long term strategic plans

- Ability to react to changes in operating environment
- Development of a solid monitoring, evaluation and learning cycle

- Ability to alter the operating environment
- Improved lobbying, advocacy, innovation and thought-leadership

The final dimension looks at the types of capacities that are being built. The continuum moves from 'harder' technical and operational capacities that are visible and easier to measure, to 'softer' adaptive and influencing capacities that are less tangible, but equally important. Pact's survey found that the most successful capacity building initiatives employ a comprehensive service package. More than half of respondents identifying their capacity building as successful provide at least 12 separate capacity building service types. Survey respondents cited networking and joint coordination as the most important aspect of a successful capacity building project. Other attributes of successful capacity building initiatives included ownership, participation, awareness raising, a holistic and transparent approach, a needs-driven orientation, active monitoring, evaluation, reporting and learning.

Fundamental Principles of Capacity Building

Regardless of whose capacity is being built, what capacities are being built, and how they are being built, the activities of capacity builders must be driven by a set of standards that inform our work, and act as a foundation for our capacity building space. The studies conducted by Pact and MSH's AIDSTAR-Two Project revealed little consensus on what constitutes best practice for capacity building. However, based upon an extensive literature review conducted as part of an evaluation of Pact's work in Ethiopia, Pact has developed a series of nine 'fundamental principles for good capacity building'. We have field tested these principles, both with Pact practitioners and summit participants, and found universal support for these as common elements of successful capacity building.

1. **Competence-Based:** Services are delivered by competent, well-trained providers to clients who are informed about why they are receiving a particular service, and the mechanism by which it will be delivered.
2. **Peer-Connected:** Organizations or individuals receiving capacity building are intentionally connected with others for networking, mentoring and information sharing.
3. **Contextualized:** The capacity building response is tailored to the specific challenges and opportunities of the environment in which it is being implemented.
4. **Readiness-Based:** The client is ready for and wants assistance. Client readiness may vary throughout the course of an initiative, and mechanisms are in place to respond to this.
5. **Customized:** Capacity building is adapted to the specific situation of the client and the development challenge or project objective.
6. **Assessment-Based:** Services delivered are built upon a thorough, client-led analysis of needs and assets.
7. **Comprehensive:** Services are delivered in a holistic manner, with attention given to the full range of client needs.
8. **Timely:** Capacity building is not rushed, and occurs at a pace at which it can be successfully absorbed by the client.
9. **Scalable:** Approaches are properly documented and tested so that others may benefit from successes and lessons learned.

Having defined the capacity building space and the fundamental principles, and gathered information about current trends, it is clear that capacity building for organizations and individuals is being carried out with some success. According to the survey and summit discussion, there are some successful capacity building efforts focusing on governments, health care professionals and civil society leaders. However, there continue to be limited activities aimed at the other end of the *WHO* continuum focusing on the ecosystems in which development takes place. We also learned of very few capacity building activities aimed at altering operating environments, lobbying for improved services, creating advocacy campaigns to address human rights abuses and generating thought leadership on how to create more efficient and sustainable change. Furthermore, while capacity builders described their greatest impact as an increase in scale and outreach of HIV programming, there is little evidence to present to policy makers, as 72% of survey respondents had not undertaken a formal evaluation of their capacity building efforts.

Challenges in Providing Capacity Building

Alongside the many successes identified, the capacity building sector within HIV and AIDS does encounter challenges and roadblocks. By nearly a two-to-one margin the most common challenges cited in the Pact survey results had to do with issues around the environment or context in which capacity builders were working. Of particular note, were issues related to *low levels of literacy* and *long distances to project sites; a lack of basic commodities and infrastructure;* and *a lack of political will or enabling environment*. Other common themes included conflict with cultural or religious values as well as time and costs associated with providing capacity building. Presenters echoed these constraints during the summit, and identified the following additional challenges:

- Lack of diffusion of concepts and practices delivered through training,
- High staff turnover,
- Inadequate quality assurance to ensure that tools and resources are being used appropriately,
- Unrealistic timeframes and unrealistic expectations for immediate results,
- Limited skill sets of those providing capacity building,
- Multiple stakeholders with varying perspectives and needs,
- Limited pre-assessment of capacity,
- Lack of buy-in for capacity building by beneficiaries and/or donors,
- Short-term donor commitments, and
- Cumbersome rules and reporting.

Vision for Capacity Building for HIV and AIDS: 2010—2020

In addition to examining what capacity building is today, the purpose of Pact's summit and of this summary is to look at the future, where capacity building needs to be in the next decade. We must examine why capacity building is so critical right now. Our world is ever changing and as we move from a large-scale emergency response to one driven by constricted resources, sustainability and impact, we must adapt our behavior and initiatives accordingly.

To bring us into this next chapter, the following are key elements of our collective *Vision of Capacity Building for HIV and AIDS for 2010 to 2020*, identified during the November summit:

1. The actors working on HIV and AIDS will be more varied with in-country actors leading through local civil society organizations, national NGOs and networks, local governments, local businesses practicing corporate social responsibility and beneficiaries.

2. Local communities will identify their values and needs, drive their own response to the challenges of HIV and AIDS; governments and civil societies will participate; and international actors will play a supporting role abroad and an advocacy role at home.

Aster Birke of Pact Ethiopia facilitates an active small group discussion

3. Structures, most likely networks and umbrella organizations, will be increasingly decentralized, nimble, and oriented towards complex, ever-changing environments, and engaged in activities that are closely aligned to the priorities of intended beneficiaries. These structures will rely heavily on the strategies of networking, strategic partnerships, advocacy, sharing best practice and knowledge management to promote shared learning, continuous innovation, entrepreneurship, resource leveraging and accountability.

4. Donor funding flows will continue to focus increasingly on country-driven models such as the country coordinating mechanism of the Global Fund and bi-lateral mechanisms that provide grants directly to national organizations. Both multilateral and bi-lateral donors, are increasingly seeing the value of investing directly in national civil society.[1]

[1] Elden Chamberlain, International HIV/AIDS Alliance, "Supporting community action on AIDS in developing countries," at Pact's HIV/AIDS Capacity Building Summit, November 18th, 2009.

5 Capacity building will be more needs-driven than donor-driven, take into account varying contextual settings, accountable, employ customized and adaptable approaches, use "facilitative" rather than "expert" working styles, use technology to employ better services and redesign structures, include time-limited projects, and be firmly embedded within the broader ecosystem.[2]

6 Local HIV and AIDS responders will be empowered to actively drive their own capacity building, change initiatives and processes. Leadership will be decentralized and distributed. There will be a reliance on participatory practices in project design and implementation, and respect for local knowledge and ownership.

7 Collaboration will be effective, transparent, empowering and based on flexibility and trust. It will be broadened to include those beyond the traditional HIV and AIDS sector such as social entrepreneurs and governance and advocacy specialists. Innovation, knowledge sharing and sustainability will be encouraged.

8 Capacity building efforts will be broadened from an individual focus on training and mentoring to a holistic approach that nurtures an enabling environment, ensures appropriate policies, norms, national systems and structures capable of managing the response to HIV and AIDS locally.

9 Success will be defined in terms of increased capacities and empowerment, leading to an improved quality of life and an enabling environment for all actors and beneficiaries.

Pact's Mary Ngugi works on a vision for the future of capacity building with other participants

In Practice: What Steps We Must Take

The HIV and AIDS sector presents opportunities and challenges at every turn. There are many activities and constructs that will need to be implemented to complete the vision described above. The following steps represent a practical pathway toward our shared vision. The path towards realizing this vision is laid with a set of essential stepping stones which fall into the following key areas:

- **Programmatic tools & approaches** – The range of delivery mechanisms and modalities that we need to employ to achieve our goals.
- **Systems –** The frameworks and systems that determine and encourage interactions between organizations engaged in the HIV and AIDS response.
- **Standards –** The highest ideals and minimum standards that we should aim towards, and how we go about setting and achieving those standards.
- **Advocacy** – Specific advocacy tools and activities needed for us to succeed in implementing our future vision.

[2] Evan Bloom, Root Change, "Capacity Building in a Changing World: Lessons Learned in the Fight Against HIV," at Pact's HIV/AIDS Capacity Building Summit, November 18th, 2009.

Programmatic Tools & Approaches

1. Capacity building must focus on both immediate (technological, human resources) and long-term consideration (policy, governance, and environmental factors). Sustainability of capacity building efforts must be discussed from the beginning of a project design.
2. Capacity building must engage the research community to move from anecdotal to more evidence-based learning. External evaluations must be completed. Lessons learned should be shared through knowledge management activities and communities of practice.
3. Capacity building initiatives must embody a more holistic vision, move beyond "training" and take full advantage of technology to share learning, empower end users, and bring about systemic change.

Standards

1. Capacity building processes must be phased into different categories including but not limited to: participatory assessment and planning; beneficiary-led interventions; and comprehensive evaluation and planning. Capacity building processes must be continuous during the lifespan of a project, with an aim towards graduating partners to take on their own capacity building efforts.
2. Monitoring, evaluation and reporting must become a cornerstone to our efforts and drive the global response to HIV and AIDS through the identification and sharing of best practices. Higher standards, consistency and clearer language for measurement must be developed to include beneficiary input and recognize the complexity of the systems in which we operate. Accountability and transparency measures must be adaptable, tailored to fit various programs, and demonstrate a clear link between capacity building inputs and impact on the epidemic.
3. Outcomes sought should include those from both the public health and organizational strengthening fields. The achievement of longer-term outcomes must not be superseded by the desire for immediate or shorter-term results.

Systems

1. A culture of networking, collaboration, and coordination must be fostered to help us better prioritize and focus our capacity building efforts. It will require clearly delineating roles and responsibilities and donor collaboration on certain aspects within capacity building such as needs assessments, audits and controls, and governance.
2. A rigorous set of indicators on capacity building core areas (e.g. financial management, project planning and design, etc.) must be developed.
3. Funding must move from short-, or medium-term initiatives to comprehensive longer term funding to ensure sustainability and impact. Resources to provide support should be locally sourced and allow for mentoring and training of locally-based capacity builders.

Advocacy

1. Capacity building needs to become institutionalized as a practice area within the HIV and AIDS response, and given the same attention as treatment, prevention and care.
2. A multi-level rights-based advocacy agenda needs to be established to include components from the international (e.g. influencing partnership frameworks, Global Fund proposals) down to the grassroots (influencing laws discriminating against most at risk populations), taking into consideration where each institution or network can be most effective.
3. High-quality research must be undertaken to answer priority questions around capacity building and provide substantive support to advocacy efforts.

Our Commitment Going Forward

The information summarized in this report provides us with a useful starting point for conversations around the next chapter of capacity building within HIV and AIDS. We believe that to enter into this chapter, the following questions must be addressed by capacity building organizations and donors alike. The answers to these questions will determine the most effective ways to leave a capacity building legacy in communities and build programs to outlast us and create the most impact in addressing HIV and AIDS.

- How can we move current short- or medium-term initiatives to longer-term impact driven funding initiatives?
- To what extent do our systems, processes, ethos, services, and relationships support adaptation, collaboration, democratic participation, and boundary-crossing? And are they congruent with our mission and desired level of impact?
- How well positioned are we to address rapid changes in our operating environment and donor playing field?
- How can we focus more capacity building efforts on systemic level change to strengthen networks, systems and multiple actors across a system?
- How can we ensure that we develop a body of knowledge around the impact of capacity building initiatives on each of our stakeholder groups that is useful in informing practice and assisting advocacy efforts?
- How can we increase transparent and clear collaboration that will share knowledge and create communities of practice?

Although far from complete, what is described in this document represents some thinking towards what will be needed to take us into the next decade and chapter of capacity building. This must be a chapter that assists our sector to move towards innovation and measurable capacity building to increase the efficiency of sustainability of local actors and create an effective HIV and AIDS response.

Over the coming months, Pact will endeavour to work with others to realize these vision for HIV and AIDS capacity building outlined in this document. In particular, Pact commits to:

- Initiating a community of practice for practitioners to operationalize critical aspects of our shared vision.
- Disseminating the findings of the Summit broadly to donors, practitioners and beneficiaries.
- Advocating with USAID-OHA and OGAC for an expanded definition of capacity building that recognizes the full range of activities and end-users outlined in this document.
- Completing action research and developing a practitioner's toolkit focused on strengthening the capacity of networks for development.

It is time that we work together to overcome the inevitable constraints and "complete" the response to HIV and AIDS as opposed to "compete" within the response. This increased collaboration will inevitably contribute to moving the HIV and AIDS response from a state of emergency to long-term sustainability.

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Pact's mission is to build empowered communities, effective governments and responsible private institutions that give people an opportunity for a better life. Pact has offices in 24 countries and programs in 59. For access to the presentations given and materials developed for the HIV and AIDS Capacity Building Summit, visit www.pactworld.org/cs/community_reach/hiv/aids_summit