



LESSONS LEARNED IN ORGANIZATIONAL CAPACITY BUILDING FOR HEALTH SYSTEMS STRENGTHENING

May 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by Fred Rosensweig and Stephanie Schalk-Zaitsev for Health Systems 20/20 Project.

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

May 2012

For additional copies of this report, please email info@healthsystems2020.org or visit our website at www.healthsystems2020.org

Cooperative Agreement No.: GHS-A-00-06-00010-00

Submitted to: Scott Stewart, AOTR
Health Systems Division
Office of Health, Infectious Disease and Nutrition
Bureau for Global Health
United States Agency for International Development

Recommended Citation: Rosensweig Fred, Stephanie Schalk-Zaitsev. May 2012. *Lessons Learned in Organizational Capacity Building for Health Systems Strengthening*. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | P: 301.347.5000 | F: 301.913.9061
| www.healthsystems2020.org | www.abtassociates.com

In collaboration with:

| Aga Khan Foundation | Bitrán y Asociados | BRAC University | Broad Branch Associates
| Deloitte Consulting, LLP | Forum One Communications | RTI International
| Training Resources Group | Tulane University School of Public Health and Tropical Medicine

LESSONS LEARNED IN ORGANIZATIONAL CAPACITY BUILDING FOR HEALTH SYSTEMS STRENGTHENING

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

CONTENTS

- Acronyms.....vii**
- Acknowledgments..... ix**
- Executive Summary xi**
- 1. Introduction 1**
 - 1.1 Overview 1
 - 1.2 Methodology 2
 - 1.3 Conceptual Approach..... 2
- 2. Summary of Capacity-building Activities..... 5**
- 3. Lessons Learned 9**
 - 3.1 Role of Organizational Capacity Building in Health Systems Strengthening..... 9
 - 3.2 Targeted Organizational Capacity Building..... 11
 - 3.3 Design of Organizational Capacity-building Activities 13
 - 3.4 Practice of Organizational Capacity Building 18
- 4. Conclusions 23**
 - 4.1 Overall Conclusions.....23
 - 4.2 Path Forward23
- Annex: Health Systems 20/20 and Capacity Building: Summary of Projects 25**

ACRONYMS

AFENET	African Field Epidemiology Network
CBHI	Community-based Health Insurance
CESAG	<i>Centre Africain d'Etudes Supérieures en Gestion</i> (African Center for Advanced Management Studies) (Senegal)
DRC	Democratic Republic of Congo
ECSA	East, Central, and Southern Africa Health Community
HAPSAT	HIV/AIDS Program Sustainability Analysis Tool
HEARD	Health Economics and HIV/AIDS Research Department (South Africa)
HEFD	Health Economics and Financing Directorate (Afghanistan)
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome
HSA	Health Systems Assessment
HSAN	Health Systems Action Network
HSPI	Health Strategy and Policy Institute (Vietnam)
HSS	Health Systems Strengthening
IRSP	<i>Institut Régional de Santé Publique</i> (Regional School of Public Health in Benin)
ISED	<i>Institut de Santé et Développement</i> (Institute for Health and Development) (Senegal)
KSPH	Kinshasa School of Public Health (DRC)
MOH	Ministry of Health
MPH	Masters of Public Health
NAC	National AIDS Commission
NGO	Nongovernmental Organization
NHA	National Health Accounts
PNLS	Programme National de Lutte contre le SIDA (National AIDS Program) (DRC)
PROSALUD	Bolivian NGO
USAID	United States Agency for International Development
USG	United States Government

ACKNOWLEDGMENTS

This document is based on Health Systems 20/20's work with 24 organizations over a six-year period and could not have been developed without the work of the many Health Systems 20/20 staff and consultants directly involved in the planning and implementation of the activities. The authors gratefully acknowledge their contributions, of which there are too many people to name individually.

The authors would also like to acknowledge the insights and contributions from the client organizations. The nature of organizational capacity building requires the development of a real partnership and trusting relationship. These relationships in turn led to a deeper understanding of the perspective of the client organizations. These insights greatly informed the lessons presented in this document.

We would also like to acknowledge the 25 Health Systems 20/20 team leaders and client organizations that graciously gave their time to be interviewed.

Steve Yank, Lisa Howard-Grabman, and Dan Edwards from TRG provided a useful review of the initial draft of the lessons learned.

Derick Brinkerhoff and Ann Lion also deserve special thanks for their review and comments on the draft document that improved the final product.

Fred Rosensweig

Stephanie Schalk-Zaitsev

EXECUTIVE SUMMARY

Capacity building is an essential ingredient to strengthening any health system. There is now widespread recognition that country-owned and -led development requires local institutions in the public and nongovernmental sectors with the capacity – or skills, experience, and leadership – to lead health system strengthening (HSS) efforts. These organizations must have the technical and management capacity to plan and carry out activities and also account for the resources they receive.

In broad terms, capacity building has three levels of intervention.

1. Individual level - aimed at developing knowledge and skills of specific individuals at an organization through training, mentoring, and coaching.
2. Organizational level - focused on building the capacity of a single organization.
3. System level - multi-organizational in nature and involves the procedures, institutional arrangements, and coordination mechanisms required for institutions both public and private to work together toward a common end.

Health Systems 20/20's primary capacity-building focus has been on the organizational level. The project's vision has been to strengthen key regional- and country-level organizations that are essential to strengthening health systems in their respective countries and regions. In general, based on demand from USAID missions, the organizations that have been assisted include key national government agencies that have a stewardship role, NGO and consulting firms that provide technical assistance and training, research institutions that provide the evidence for HSS, and training institutions that train public health and health system leaders. To the extent possible, Health Systems 20/20 sought to develop capacity in the full range of organizational competencies, including such areas as organization development (e.g., leadership and management, strategy and planning, team effectiveness, organizational structure), management systems, resource mobilization, governance, resource mobilization, and technical competence.

Generally speaking the project's 24 capacity-building activities over a six-year period fall into three broad types:

- Comprehensive building of core organizational competencies;
- Activities aimed at strengthening the capacity of central government agencies; and
- Activities aimed at building organizational capacity in a specific technical area.

When looking across all these activities, some key generalizations can be made:

- Almost all of these activities were multi-year in nature.
- In most activities, the team leader used an approach grounded in the principles of organizational development.
- The approaches Health Systems 20/20 used have been applied across a range of organizational types including academic institutions, NGOs, and government agencies.
- Health Systems 20/20 worked with both new and well-established organizations of differing sizes.
- The activities covered a wide range of settings including post-conflict and low-resource settings, such as Liberia and Afghanistan.

LESSONS LEARNED FOR CAPACITY BUILDING

Categories	Lessons Learned
Role of organizational capacity building in HSS	<ol style="list-style-type: none"> 1. Organizational capacity building should be aimed at those organizations whose role is to strengthen the health system – those that play key roles in stewardship, provision of evidence for decision-making, technical assistance, and training. 2. The success of HSS efforts depends on both the overall management and technical capacity of the organizations that strengthen the health system. Without management capacity to set direction, plan and implement activities, and manage resources, technical capacity building will have limited impact unless the client organization is already managerially strong.
Targeted organizational capacity building	<ol style="list-style-type: none"> 3. The right partner should be selected for organizational capacity-building activities targeted at a specific technical area. Partners must have functional management systems, leadership commitment, a viable business model, and adequate pre-existing technical capacity. 4. Targeted capacity building in HSS tools and approaches requires a strong learning-by-doing component, close oversight at each stage, and a willingness by the partner organization to engage and learn.
Design of organizational capacity-building activities	<ol style="list-style-type: none"> 5. Take a holistic and comprehensive approach to organizational capacity building by addressing the full range of organizational competencies. A comprehensive approach refers to all of the competencies an organization needs to master to be effective in carrying out its mission. 6. When creating a new or nascent organization, ensure it has a viable business model that will generate revenue from the services it provides and take into account both the revenue it generates and the expenses it incurs. 7. Design capacity-building activities so the client organization has the incentive to participate in the capacity-building process. These incentives can include tangible improvements such as IT systems. 8. Define benchmarks for success and milestones for measuring progress at the beginning and update on an ongoing basis. By linking measures of progress directly to the intervention plan, the technical assistance provider and client organization can share a common definition of success.
Practice of organizational capacity building	<ol style="list-style-type: none"> 9. Form a partnership with the host organization by ensuring trust and collaborative engagement. Trust is built over time through open dialogue, using a client-centered approach, working side-by-side, and focusing on tangible outcomes. 10. Maximize the use of local consultants and organizations but provide close oversight and supervision. 11. Ensure buy-in and commitment from senior leadership of the client organization. Organizational change cannot occur without the commitment of senior leadership. 12. Be flexible and adapt the approach and the interventions to emerging needs and changing context. As the client organization becomes more self-aware and the consultants understand the organization better, other needs will be identified. 13. Tailor all interventions to the country context, the size and sophistication of the host organization, and the resources available. Interventions must be designed so they can be sustained over time both financially and managerially.

FUTURE

Should donors be investing in organizational capacity-building activities? Health Systems 20/20's experience strongly indicates that these are essential investments. The interest shown by USAID missions and the receptivity shown by the client organizations have demonstrated the perceived value of these investments. Many of the activities that Health Systems 20/20 started were originally one year in duration, but in almost all cases, these activities became multi-year in nature because of their perceived value. While more focused attention is needed to document the value of investments in capacity building, the experience of Health Systems 20/20 over the past six years provides many examples of the results that have been achieved and the benefits they bring to health systems.

I. INTRODUCTION

I.1 OVERVIEW

Capacity building is one of the four main components in Health Systems 20/20's original scope of work and also one of eight specific strategies that has guided the project's work over six years. While the project emphasized capacity building from the outset, the emphasis on country ownership and the USAID FORWARD initiative have placed increased emphasis on capacity building in the last several years of the project. There is now widespread recognition that country-owned and -led development requires local institutions in the public and nongovernmental sectors with the capacity to lead these efforts. These organizations must have the technical and management capacity to plan and carry out activities and account for the resources they receive.

Broadly defined, capacity building has three levels of intervention.

- Individual level - aimed at developing knowledge and skills through training, mentoring, and coaching.
- Organizational level - focused on building the capacity of a single organization.
- System level - multi-organizational in nature and involves the procedures, institutional arrangements, and coordination mechanisms required for institutions both public and private to work together toward a common end.

Health Systems 20/20's mandate and primary focus has been on the organizational level. The project's vision was to strengthen key regional- and country-level organizations that are essential to strengthening health systems in their respective countries and regions. The project makes a distinction between the organizations that strengthen the health system and the network of health facilities that deliver services. In general, due to demand, the organizations that Health Systems 20/20 has assisted include key national government agencies that have a stewardship role, NGO and consulting firms that provide technical assistance and training, research institutions that provide the evidence for health systems strengthening (HSS), and training institutions that train public health and health system leaders. To the extent possible, Health Systems 20/20 has sought to develop capacity in the full range of organizational competencies: organizational development, management systems, resource mobilization, technical assistance and training, organizational governance, and technical capacity.

Over the six years of Health Systems 20/20, the project has worked to strengthen the capacity of 24 organizations in 18 countries. In all of these cases, capacity building was the primary purpose to the activity. Capacity building occurred in dozens of other project activities because of its inherent cross-cutting nature. The focus of this document is on those activities where organizational capacity building was the primary goal. Many of these activities have been comprehensive and multi-year in nature. Others have focused more narrowly at developing technical capacity in one specific area. Together these activities provide a rich database from which to determine lessons learned.

The purpose of this report is therefore to offer lessons learned from Health Systems 20/20's experience in organizational capacity building as part of the project's HSS efforts. Given the expected continued demand for organizational capacity building, these lessons will be useful to those who plan and implement organizational capacity-building activities.

I.2 METHODOLOGY

The methodology for determining lessons consisted of the following:

- Creation of a matrix of all activities where capacity building was the primary goal
- Review of documentation on the activities including reports and website postings
- Interviews with the team leaders of 16 activities
- Interviews with the directors or key contact in nine client organizations.
- Analysis of interview data and determination of lessons learned
- Validation of lessons with a sample group of capacity-building specialists
- Further refining of the lessons with supporting examples

I.3 CONCEPTUAL APPROACH

The project uses a conceptual framework that includes six core organizational competencies as shown in Figure I:

FIGURE I. CORE COMPETENCIES



Each of these dimensions covers the following core questions:

- **Technical competence:** Does the organization have the technical capacity to carry out its mandate? This includes the ability to use tools and methodologies, and a technically qualified workforce.
- **Resource mobilization:** Does the organization have a business model that allows it to mobilize resources and be financially viable?
- **Technical assistance and training:** Do local staff and consultants have basic skills in consulting and training to provide effective technical assistance and training?

- **Governance:** Is there a governance system that provides the necessary checks and balances, assures that the organization achieves its objectives, and meets professional and ethical standards?
- **Management systems:** Does the organization have the necessary management systems in areas such as financial management, procurement, human resources, information technology (IT), and administration to function effectively?
- **Organizational development:** Does the organization have the capacity to plan and manage its activities? This includes the ability to develop strategic and operational plans, provide effective leadership and management, build an effective team, and create a structure with clear roles and responsibilities.

These competencies can be adjusted depending on the nature of institution. So for an academic institution, technical expertise might become academic programs or research capacity. For a network organization made up other organizations, coordination capacity would be included as a competency.

Illustrative capacity-building interventions targeted at these core competencies are listed in Table I.

TABLE I: ILLUSTRATIVE INTERVENTIONS

Competency	Illustrative Interventions
Technical competence	<ul style="list-style-type: none"> • Skills assessment • Developing training plans • Technical training • Mentoring
Resource mobilization	<ul style="list-style-type: none"> • Development of resource mobilization plan • Establishing a business development strategy • Developing a financial strategy
Technical assistance and training	<ul style="list-style-type: none"> • Consulting skills training • Pricing technical assistance • Training of trainers
Governance	<ul style="list-style-type: none"> • Developing by-laws • Board building
Management systems	<ul style="list-style-type: none"> • Strengthening financial management systems • Developing indirect cost rates • IT improvement • Developing administrative systems and procedures
Organizational development	<ul style="list-style-type: none"> • Strategic planning • Organizational structure • Building planning and M&E capacity • Strengthening coordination capacity • Leadership and management development • Team-building • Performance management systems

Health Systems 20/20 uses the best practices in the field of organizational development to carry out a change process with its client organizations. These steps include:

- Organizational assessment based on the six core competencies to identify the priority capacity-building needs.
- Design of an intervention plan based on those needs.
- Implementation of the intervention plan.
- Ongoing monitoring and evaluation to determine if the interventions are having the desired impact and make adjustments to the plan.
- Recommendations for ongoing development of the organization.

This client-centered approach is central to the organizational strengthening process and includes close partnership with the client organization at all steps of this process to build ownership and commitment.

2. SUMMARY OF CAPACITY-BUILDING ACTIVITIES

Organizational capacity building was the primary focus of 20 multi-year activities affecting 24 separate organizations. Table 2 is a summary of the institutions that Health Systems 20/20 has strengthened.

TABLE 2: SUMMARY OF INSTITUTIONS HEALTH SYSTEMS 20/20 HAS STRENGTHENED

Category	Organizations	Country
Central government agencies	<ul style="list-style-type: none"> Ministry of Health (MOH) HIV/AIDS office MOH Office of Nutrition MOH Office of Reproductive Health National AIDS Commission (NAC) Secretariat MOH Health Information Systems Directorate MOH Health Economics and Financing Directorate (HEFD) MOH National Institute of Public Health Ministry of Women's Affairs and Social Welfare MOH National Malaria Control Program NAC 	<ul style="list-style-type: none"> DRC DRC DRC Liberia Namibia Afghanistan Cote d'Ivoire Mozambique Malawi Mozambique
NGOs, consulting organizations	<ul style="list-style-type: none"> African Field Epidemiology Network (AFENET)• PROSALUD in Bolivia Health Systems Action Network (HSAN) Small NGOs and consulting firms 	<ul style="list-style-type: none"> Regional Bolivia Worldwide Senegal and Zambia
Research institutions	<ul style="list-style-type: none"> Health Strategy and Policy Institute (HSPI) African Center for Advanced Management Studies (CESAG) Regional School of Public Health (IRSP) in Benin Makerere University School of Public Health East, Central, and Southern Africa Health Community(ECSA) Health Economics and HIV/AIDS Research Department (HEARD), University of Kwazulu Natal Institute for Health and Development (ISED), University of Anta Diop Proposed African Observatory for Health Systems 	<ul style="list-style-type: none"> Vietnam Senegal Regional Uganda Regional South Africa Senegal Regional
Training institutions	<ul style="list-style-type: none"> National Tuberculosis and Leprosy Training Centre in Zaria Kinshasa School of Public Health (KSPH)• Ministry of Health and Population Leadership Academy 	<ul style="list-style-type: none"> Nigeria DRC Egypt

Generally speaking the activities fell into three broad types:

- Comprehensive capacity building covering the core organizational competencies such as the activities to strengthen KSPH, AFENET, the Liberian NAC Secretariat, and PROSALUD.
- Activities aimed at strengthening the capacity of central government agencies such as the MOH HIV/AIDS Program in the DRC or Namibia HIS Directorate. While Health Systems 20/20 tried to work as comprehensively as possible with government offices, some core competencies such as financial management systems are usually tied to a larger ministry or government-wide systems and are outside the scope of most organizational capacity-building activities.
- Activities aimed at building organizational capacity in a specific technical area, such as the regional activity to institutionalize the capacity of six African institutions to use three HSS methodologies – HIV/AIDS Program Sustainability Analysis tool (HAPSAT), National Health Accounts (NHA), and Health Systems Assessment (HSA) – and an activity with the National Tuberculosis and Leprosy Training Centre in Zaria to develop its capacity to conduct leadership and management training.

Table 3 shows how Health Systems 20/20’s activities can be sorted against these three categories.

TABLE 3: CAPACITY-BUILDING ACTIVITIES BY CATEGORY

Category	Organization
Comprehensive approach	AFENET*
	KSPH, DRC
	PROSALUD, Bolivia
	NAC Secretariat, Liberia
	NGOs and consulting firms, Senegal and Zambia
	Ministry of Health and Population Leadership Academy, Egypt
	Proposed African Observatory*
Government management and coordination capacity	HSAN*
	MOH HIV/AIDS office, DRC
	MOH Nutrition office, DRC
	MOH Reproductive Health office, DRC
	HIS Directorate, Namibia
	HEFD, Afghanistan
Targeted approach	National Malaria Control Program, Malawi
	National Tuberculosis and Leprosy Training Centre in Zaria
	HEARD
	ISED
	IRSP*
	ECSA*
	CESAG*
	Makerere University School of Public Health, Uganda
	HSPI, Vietnam
Ministry of Women’s Affairs and Social Welfare, Mozambique	

*Organization works regionally or globally.

The annex to this report provides a matrix with additional information about the focus of each activity. This document will further highlight some of the examples to the degree to which they illustrate the lessons learned.

Health Systems 20/20’s approach was to work as comprehensively as possible even if the activity had a primarily technical focus. For example, when working with HEARD and ISED to develop their capacity to conduct HAPSATs, Health Systems 20/20 spent time in the initial training on the management requirements, pricing, contracting models, and marketing HAPSAT capacity.

When looking across these activities, some key generalizations can be made:

- Almost all of these activities were multi-year in nature.
- Typically the team leader used an organizational development approach.
- The approaches used by Health Systems 20/20 have been applied across a range of organizational types including academic institutions, NGOs, and government agencies.
- Health Systems 20/20 has worked with both new and well-established organizations of differing size.
- The activities cover a wide range of settings including post-conflict and low-resource settings such as Liberia and Afghanistan.
- In the second half of Health Systems 20/20, USAID missions have shown increased interest in strengthening the management and technical capacity of government counterpart offices within ministries of health.

3. LESSONS LEARNED

This chapter presents 13 lessons learned in organizational capacity building. These lessons draw from across all the activities that were summarized in Chapter 2. The lessons fall into four categories: role of organizational capacity building in HSS, targeted organizational capacity building, design of organizational capacity-building activities, and the practice of organizational capacity building. The table below provides an easy reference to the lessons.

Categories	Lessons Learned
Role of organizational capacity building in HSS	<ol style="list-style-type: none"> 1. Organizational capacity building should be aimed at those organizations whose role is to strengthen the health system – those that play key roles in stewardship, provision of evidence for decision-making, technical assistance, and training. 2. The success of HSS efforts depends on both the overall management and technical capacity of the organizations that strengthen the health system.
Targeted organizational capacity building	<ol style="list-style-type: none"> 3. The right partner should be selected for organizational capacity-building activities targeted at a specific technical area. 4. Targeted capacity building in HSS tools and approaches requires a strong learning-by-doing component and close oversight at each stage and a willingness by the partner organization to engage and learn.
Design of organizational capacity-building activities	<ol style="list-style-type: none"> 5. Take a holistic and comprehensive approach to organizational capacity building by addressing the full range of organizational competencies. 6. When creating a new or nascent organization, ensure it has a viable business model. 7. Design capacity-building activities so the client organization has the incentive to participate in the capacity-building process. 8. Define benchmarks for success and milestones for measuring progress at the beginning and update on an ongoing basis.
Practice of organizational capacity building	<ol style="list-style-type: none"> 9. Form a partnership with the host organization by ensuring trust and collaborative engagement. 10. Maximize the use of local consultants and organizations but provide close oversight and supervision. 11. Ensure buy-in and commitment from senior leadership of the client organization. 12. Be flexible and adapt the approach and the interventions to emerging needs and changing context. 13. Tailor all interventions to the country context, the size and sophistication of the host organization, and the resources available.

3.1 ROLE OF ORGANIZATIONAL CAPACITY BUILDING IN HEALTH SYSTEMS STRENGTHENING

Lesson 1: Organizational capacity building should be aimed at those organizations whose role is to strengthen the health system.

The success of HSS activities depends on the capacity of the organizations that are aimed at strengthening the health system itself. These include national government agencies that play a stewardship or leadership role, research institutions that carry out the studies to inform health system reform, and NGOs and consulting firms that provide technical assistance and training to address specific health system constraints. Table 4 presents the HSS roles and functions and illustrative categories of organizations that typically carry them out.

TABLE 4: HEALTH SYSTEM ROLES AND FUNCTIONS

Role and Function	Illustrative Organization
Leadership to set direction, align stakeholders with the direction, mobilize resources, set standards, and monitor implementation	Ministries of health (e.g., planning department), national AIDS commissions, disease-specific MOH offices such as HIV/AIDS, reproductive health, or malaria
Research to provide the evidence for health system changes	Research institutions (e.g., universities, research institutes)
Technical assistance to address specific problems	Consulting firms, NGOs, and universities
Training to develop professionals with expertise in strengthening health systems	Training institutions (e.g., universities)
Advocacy organizations to build support for health system reform and to hold government accountable	NGOs
Standard setting	Professional organizations, MOH

Ideally, a mapping study should take place early in an HSS effort to identify those organizations that are most critical to success. This mapping would be tailored to the issue at hand. If the activity was related to community-based health insurance (CBHI), for example, the mapping study would identify those institutions that are essential to CBHI, such as the ministries of labor and health and NGOs that provide technical assistance and training.

Organizations that carry out these functions reside in the public, nonprofit, and private sectors. Over the course of the past six years, Health Systems 20/20 has worked to strengthen institutions in most of these categories, especially organizations that focus on leadership, research, technical assistance, and training.

Because leadership of HSS efforts is an inherently governmental function, it requires working with public sector agencies, most often directorates and offices in the ministry of health. In fact, as USAID missions began to recognize the connection between country ownership and sustained health systems change, starting in 2009, Health Systems 20/20 experienced an increase in the number of requests to strengthen the management and coordination capacity of key counterpart offices in ministries of health. In the DRC, Health Systems 20/20 has worked with three offices in the MOH – HIV/AIDS, reproductive health, and nutrition. In Afghanistan, the project strengthened the Health Economics and Financing Directorate in the MOH. In fact, the capacity-building activities in one office have led to similar requests from other parts of the MOH. There are, of course, limitations in working with a single office of a larger ministry as certain issues such as financial management systems and hiring practices are beyond the control of any one office.

Lesson 2: The success of HSS efforts is dependent on both the management and technical capacity of the organizations that strengthen the health system.

Often when considering the importance of building the capacity of HSS organizations, the emphasis is on the technical aspects. However, strengthening the capacity of organizations technically is usually not sufficient. Without management capacity to set direction, plan and execute activities, and manage resources, technical capacity building will have limited impact unless the client organization is already managerially strong.

Health Systems 20/20 uses a broad but flexible definition of management depending on the nature of the organization. When working with an autonomous organization such as AFENET or PROSALUD, both of which are NGOs, and KSPH, Health Systems 20/20 worked to strengthen the full range of organizational competencies including the following:

- Leadership and management (e.g., organizational structure, teamwork, communication)

- Strategy and planning
- Management systems (e.g., financial management, information technology, procurement)
- Organizational governance
- Resource mobilization including financial viability
- Coordination and outreach

When working with government organizations such as the MOH HIV/AIDS office in the DRC, the range of management competencies was somewhat different because of the limitations of working with one office of a larger ministry and typically included the following:

- Role and mandate in the MOH
- Leading and managing
- Organizational structure and human resources
- Strategic leadership including planning and monitoring processes
- Communication and coordination of partners

In some activities, Health Systems 20/20 was asked to strengthen management capacity only. In those cases where the focus was primarily on technical capacity building, within the boundaries of available resources and scope, an attempt was made to also address the management implications of the technical strengthening. For example, when strengthening the capacity of regional institutions to conduct HSA, HAPSAT, and NHA, the training included building the organization’s skills in such areas as administrative and financial requirements, marketing its capacity, and project management.

Over the past six years, Health Systems 20/20 has noticed an increased recognition of the importance of strengthening management capacity. Health Systems 20/20 has found that when the full range of management competencies is addressed and there is a multi-year commitment, significant organizational strengthening is possible and even likely. Of course, there are other factors that will affect success such as the quality of leadership in the client organization, but a comprehensive view of organizational strengthening is an essential starting point.

“The biggest change is that people feel like a team, have a sense of ownership and commitment to the school. This is the most important accomplishment.”

Patrick Kayembe,
Dean, Kinshasa School of Public Health

3.2 TARGETED ORGANIZATIONAL CAPACITY BUILDING

Lesson 3: Select the right partner for targeted organizational capacity-building activities.

While Health Systems 20/20 places strong emphasis on the importance of taking a more comprehensive approach to organizational capacity building, in some activities the focus was on building the technical capacity of the organization in a specific area. This is often the case when it is clear that there is a specific technical capacity-building need to be addressed or when the funding being offered for the capacity building is targeted to a specific area. In these cases of targeted capacity building, selecting the right partner to build this capacity is of utmost importance.

The right partner is one that already has:

- Potential to establish a viable business model to provide services (see Lesson 6)
- Functional management and administrative systems

- Leadership commitment to using the strengthened capacity
- System of accountability
- Staff buy-in and commitment
- Pre-existing technical capacity among staff
- Willingness to engage as full partners

A strong example of where selecting the right partner helped to ensure successful capacity building was with the Nigeria leadership and management training activity for tuberculosis managers. The National Tuberculosis and Leprosy Training Centre in Zaria is an autonomous government institution with a strong reputation. The top leaders of the Centre were fully committed to the activity and developing their capacity to deliver leadership and management training. Staff were also committed and competent to manage all of the elements of the program. After Health Systems 20/20 assistance ended, the Centre sought out and received other donor support in order to be able to continue to conduct the leadership and management training.

Another clear example of selecting the right partner is HSPI in Vietnam. HSPI is a semi-autonomous organization under the MOH that conducts research to inform health policy development. It employs 70 full-time staff. HSPI has excellent senior leadership, technically competent and highly motivated staff, a firm commitment to developing its own capacity, and a commitment to working in full partnership. Health Systems 20/20 subcontracted HSPI to adapt the HSA model for use at the provincial level and then conduct HSAs in eight provinces. With Health Systems 20/20 assistance, HSPI revised the HSA tool, developed its capacity to use it, and then played a quality control role. The fact that the Deputy Director of HSPI was the primary contact person ensured that resources were fully utilized.

One reason for the success of this activity is that HSPI was already a strong functioning organization. They were able to take the HSA methodology and replicate it much more efficiently than if we came and conducted the HSA for them.

Amy Taye,
Team Leader, HSA Vietnam

Health Systems 20/20 applied lessons learned from our work with the Zaria Training Centre and HSPI in selecting African regional partners to use key HSS methodologies including HSA, NHA and HAPSAT. The selection process was systematic and included the development of a short list through interviews with key informants, initial contact with the organizations to determine interest, development of a list of core technical competencies, in-depth discussions to make sure these partners were clear on the implications for their institution, and then preparation of a formal memorandum of understanding signed by the leader of each of the institutions selected. As a result, the majority of the organizations selected are in a strong position to incorporate these methodologies into their core business and sustain the capacity-building efforts going forward.

Lesson 4: Targeted capacity building in HSS tools and approaches requires a strong learning-by-doing component, close oversight at each stage, and willingness by the partner organization to engage and learn.

In addition to selecting the right institution in the first place, the capacity-building process for transferring a methodology or approach to a developing-country organization must be carefully designed and implemented.

Health Systems 20/20 worked with nine organizations to develop their capacity in specific technical areas. Three of these were the development of the capacity of the National Tuberculosis and Leprosy Training Centre in Zaria, Nigeria, to conduct leadership and management training, development of the

capacity of the HSPI in Vietnam to conduct HSAs, and institutionalization of social worker training in the Ministry of Women's Affairs and Social Welfare in Mozambique.

The most comprehensive activity of targeted capacity building was the regional activity to develop the capacity of six African research institutions, three Francophone and three Anglophone, to conduct NHA, HAPSAT, and HSA studies in their subregions. These are all highly sophisticated methodologies. This activity consisted of a selection process, an approximately one-week training program to learn the methodology, an application of the methodology with oversight and coaching from Health Systems 20/20, and an after-action review to determine lessons learned.

As of the writing of this document, the activity is ongoing. However, a number of important lessons have emerged so far.

- When developing tools such as HAPSAT and HSA, the developers should have developing-country institutions in mind from day one. Having this audience in mind may influence the nature of the tool itself so it is user friendly and easily transferrable.
- Methodologies requiring qualitative data collection and analysis are more difficult to master than those that are more quantitative in nature. HSAs rely on qualitative data and require sophisticated analysis and report-writing skills.
- Training is not nearly enough to transfer skills. While training is a starting point for the capacity-building process, it must be accompanied by extensive and regular mentoring and working side-by-side with those already very experienced in the methodology.
- The capacity-building process must be led by a senior person who is expert in the methodology and has the time to devote to the activity.
- The target organization must have the management systems and the value of accountability to provide timely and high-quality technical assistance. This is often lacking in academic institutions, which are not by nature structured to provide technical assistance.
- The target organization must be willing to learn and receive feedback, and be open to changing how it does business.
- Senior leadership commitment of the target organization must be present throughout the capacity-building process.
- The most capable institutions are busy and do not currently have the capacity to meet all the demand.

3.3 DESIGN OF ORGANIZATIONAL CAPACITY-BUILDING ACTIVITIES

Lesson 5: Take a holistic and comprehensive approach to organizational capacity building.

One of the more prominent lessons learned is the importance of using a more holistic and comprehensive approach to organizational capacity building. A comprehensive approach refers to all of the competencies an organization needs to master to be effective in carrying out its mission. The conceptual framework for these competencies is presented in Section 1.3. This framework forms the basis for a needs assessment carried out in close partnership with the client organization. It results in the identification of priority gaps and areas of most critical need for the organization. Out of this a detailed work plan of interventions that typically spans a two to three-year period is created. The plan is created together with the host organization leaders and staff to ensure buy-in and commitment to the process. Like any plan it needs to be revisited and revised based on needs that emerge from the organizational strengthening process. The plan also needs to be realistic and not go beyond the capacity of the client organization to absorb.

Health Systems 20/20 used a holistic approach to organizational capacity building in a number of activities. Table 5 highlights several of these activities.

TABLE 5: EXAMPLES OF COMPREHENSIVE CAPACITY BUILDING

Activity	Country or Region	Brief Description of Holistic Approach
AFENET	Africa	Interventions included strategic planning, restructuring the board of directors, supporting development of an in-house financial management system as well as a resource mobilization plan and capacity to implement it, team building for the Secretariat, and developing a human resources plan.
KSPH	DRC	Interventions included developing a leadership team, strengthening financial management, installing an IT system, establishing a business development center, establishing a mentoring system for new faculty and graduate students, streamlining administrative systems, and revising the MPH academic program.
PNLS	DRC	Interventions focused on improving leadership and management capacity, coordination between the central and provincial offices, strategic leadership capacity and coordination capacity with partners, and developing an IT infrastructure to enhance communication capacity and improve productivity.
NAC Secretariat	Liberia	Interventions included creating an organizational structure, job descriptions, and a performance management system, work planning, strengthening M&E capacity, and improving internal financial management capacity.
PROSALUD	Bolivia	Interventions were in three broad areas: quality of services since PROSALUD is a service delivery organization, organizational capacity building focused on the management team and board of directors, and improving financial sustainability.

Below are further details on two of the above examples that highlight the ways in which the holistic approach helped to address the most critical organizational capacity-building needs.

With KSPH, Health Systems 20/20 worked with the entire range of organizational competencies including leadership development, resource mobilization, financial management, IT, administrative services, updating of the academic program, and procurement to improve the physical infrastructure. The interconnectedness of the interventions proved to be highly beneficial. As an example, improving the financial management system required a functional IT system, which in turn required a reliable power supply, which was provided through installing a back-up generator. Similarly, maintaining the IT system required additional operating costs, which was addressed through better recovery of indirect costs from the approximately six million dollars of revenues from research projects each year.

Similarly, the AFENET needs assessment and intervention plan was based on the full range of organizational competencies. Out of the assessment emerged priority gaps that have been addressed over the life of the activity. As a result, the organization now has a five-year strategic plan in place, a detailed administrative procedures manual, a financial management system that is compliant with U.S. government (USG) accounting standards, a revised constitution that restructured the board of directors, which is in place and working well, a human resources plan that also resulted in the major decision not to establish satellite offices in other

“As a result of all of this assistance, one of the greatest things we have achieved is cohesion in the network. Without the governance assistance, as well as the development of some of the fundamentals, it is highly likely that the network would have crumbled in the first year. We have different institutions, different cultures, and different ways of doing things and yet we have maintained cohesion and I attribute a lot of that to the assistance to the Health Systems 20/20 project.”

**David Mukanga,
Executive Director, AFENET**

countries, a long-term resource mobilization plan and the establishment of a business development unit, and a Secretariat functioning as an effective team. Because of this comprehensive approach, AFENET has the organizational systems and capacity to manage a level of activity that has grown from \$750,000 in 2007 to \$14 million in 2011.

Lesson 6: When creating a new or working with a nascent organization, ensure they have a viable business model.

Many examples exist in the development world in creating new organizations to fill an unmet need. Quite often the gap that the organization fills is important, yet at the same time the literature is replete with examples of the difficulty and often failure in establishing sustainable and effective organizations. Over the course of the project, Health Systems 20/20 carried out five activities aimed at assisting new or nascent organizations in getting established.

Organization	Status	Type
AFENET	Nascent	NGO – regional network
Liberia NAC Secretariat	Nascent	Government agency
African Observatory (proposed)	New	Research institution
HSAN	New	NGO
Egypt MOH Leadership Academy	New	Government agency

While these organizations all have different mandates, structures, and resources, the experience in working with them all pointed out the importance of the “business model” that each organization had. Business model refers to the plan implemented by the organization to generate revenue from the services it provides and takes into account both the revenues it generates and the expenses it incurs. In other words, does the organization offer programs or services that others are willing to support, thus making the organization financially viable?

Of the five new organizations with which Health Systems 20/20 worked, AFENET and the Liberia NAC Secretariat can both now be considered to have viable business models. AFENET’s revenues have grown from \$750,000 in 2007 to \$14,000,000 in 2011. It works in 14 countries and has diversified funding from USG sources and growing revenues from non-USG sources. The Liberia NAC Secretariat is an official government agency and now that it is officially approved, receives a regular appropriation from the national budget in addition to funds it can attract from donors. Health Systems 20/20 and the Secretariat emphasized the importance of formally establishing the Secretariat through the legislative process in order to qualify for regular funding.

In contrast, the Leadership Academy in Egypt collapsed, in large measure because it was established without a firm commitment by the Ministry of Health and Population to fund it and without assurances that other sources were available. HSAN was established by Health Systems 20/20 and was so identified with USAID that it was unable to attract the interest of other donors. In Health Systems 20/20’s commitment to applying lessons across the project, the African Observatory activity benefited from this lesson. Health Systems 20/20 conducted a feasibility study to see if there were research organizations in Africa interested in being part of the proposed Observatory and if there was one that could serve as the hub. In addition, prospective donors were consulted to determine if they would be interested in funding the Observatory. The clear conclusion was that there was not sufficient donor interest in establishing it outside of the World Health Organization and the idea was shelved.

The importance of a viable business model is not intended to imply that other factors are not important in establishing an organization such as having a charismatic and entrepreneurial leader in the beginning stages. The lesson is that the development community in general needs to pay more attention to the business model than is often the case in order to ensure financial viability before investing resources in creating a new organization.

Lesson 7: Design capacity-building activities so the client organization has the incentive to engage in the capacity-building process.

Incentives play a role in the willingness of the client organization to engage in the capacity-building process. Organizations all exist within a sociopolitical context that influence how they respond to capacity-building assistance and what they then do with their newly developed capacities. While influencing the broader context was outside the purview of Health Systems 20/20, the project nevertheless recognized that the capacity-building process would only work if the organization was fully engaged and had the incentive to do so. Many of the organizations engaged because the leadership of the organization was committed and believed that the assistance would assist the organization to carry out its mission. However, at the same time, Health Systems 20/20 was aware of the need to provide organizational incentives (as opposed to individual incentives) that would motivate the client organization to participate. Below are examples of the incentives that motivated organizations to engage.

- *Tie to longstanding relationships.* In a number of organizations, the incentive to participate was directly linked to their longstanding relationship to the USG including the financing of activities. Simply stated, capacity building was viewed as part of a larger ongoing relationship. This was especially true with government partners such as the MOH HIS Directorate in Namibia and the MOH offices in the DRC.
- *Tangible incentives.* In the case of KSPH, because of the general lack of concern in the DRC for the collective good, Health Systems 20/20 recognized that it needed to do something concrete to build credibility for the capacity-building process. To provide an incentive for the school, Health Systems 20/20 procured a number of needed improvements including IT infrastructure, a back-up generator, vehicles, and office equipment including a copier and LCD projectors. These types of very practical incentives built credibility and also addressed some pressing needs.
- *Potential business opportunities.* In the activity to develop the capacity of African institutions to use key HSS tools, Health Systems 20/20 pointed out the potential business opportunities that would result from engaging in the process. Some organization saw their participation as a way to gain great exposure to USAID and its implementing partners. Others simply saw it as a way to expand their business in HSS.
- *Appealing to funders.* Some organizations simply recognized that by strengthening the institution they would make themselves more attractive to funders.

Lesson 8: Define benchmarks for success and milestones for measuring progress at the beginning and update on an ongoing basis

One of the most challenging aspects of organizational capacity building is how to measure progress. Health Systems 20/20 used a practical framework for defining success that is linked directly to Health Systems 20/20's comprehensive approach to organizational capacity building and the intervention plan developed for each organization. Typically these indicators include the following:

Illustrative Organizational Capacity-building Indicators

- Accepted and understood strategy to guide decision-making
- Adequate number of qualified staff with clear roles and responsibilities to carry out key functions
- Leadership that can provide direction and align actions with strategy
- Management capacity to plan, budget, and implement activities
- Key management systems (financial, IT, and procurement) in place and functioning
- Effective relationships with other organizations established
- Governance structure that provides checks and balances
- Ability to mobilize resources to carry out mandate and be financially viable

By linking the measures of progress directly to the activities in the work plan, the technical assistance provider and the client organization can share a common definition of success and have a practical way to determine if success was achieved.

An example of this approach from the project’s work with KSPH can be found in Table 5.

TABLE 5: SAMPLE RESULTS FOR KSPH

Results	Milestones
Cohesive leadership team that provides overall direction and takes responsibility for KSPH’s long-term institutional health	<ul style="list-style-type: none"> • Management Committee focused on KSPH institutional issues. • Action teams established to expand leadership beyond Management Committee
Improved financial sustainability	<ul style="list-style-type: none"> • Justifiable indirect cost rate established • KSPH paying recurrent costs of IT maintenance and ISP • KSPH business development center created and center coordinator selected and trained • Tuition increased to cover actual costs
Strengthened internal management systems <ul style="list-style-type: none"> • IT infrastructure in place that provides for a network, a secure system, and internet access • Strengthened financial management system that accounts for expenditures and provides information for decision-making. 	<ul style="list-style-type: none"> • IT infrastructure in place and functioning and full-time KSPH-funded IT manager hired • Financial management assessment completed • Automated financial management system in place and utilized • Financial management policies and procedures established and followed • KSPH budget established and being utilized for financial management
Next generation of KSPH faculty in place and given increased responsibility	<ul style="list-style-type: none"> • Three new professors supported by USAID completed PhDs and have joined faculty and taken on leadership responsibilities • Mentoring program in place
Number of women MPH students increased	<ul style="list-style-type: none"> • Increase in number of women from 4 to an average of 10 per year • Eligibility criteria and selection process revised to increase opportunities for women

Results	Milestones
Improved KSPH infrastructure so it can function more efficiently	<ul style="list-style-type: none"> IT infrastructure in place Basic equipment in place and functioning, e.g., generator, copiers, projectors
Updated MPH program responsive to needs in DRC and better aligned with international standards	<ul style="list-style-type: none"> MPH curriculum revised
Administrative services more efficiently provided and at lower cost	<ul style="list-style-type: none"> Administrative Action Team established Supervisory training conducted Job descriptions created Procedures developed for procurement and stock management

These milestones were achieved over the life of the project and updated on a regular basis. The results expected in the beginning were not etched in stone and were updated as the activity unfolded and new areas of need emerged.

In general, leaders of the client organizations cited more qualitative measures (e.g., stronger teamwork and improved leadership) and concrete outcomes (e.g., strengthened accounting system, functioning IT system) when asked what were the most important results of the capacity-building process.

3.4 PRACTICE OF ORGANIZATIONAL CAPACITY BUILDING

Lesson 9: Form a partnership with the host organization by building trust and collaborative engagement.

A strong partnership between the consultants and the host organizations is an essential element of organizational capacity building. The partnership approach can be defined as one that:

- Builds trust over time through open dialogue, commitment to the capacity-building process, and knowing the organization at a deeper level
- Offers knowledge and advice for what would be best for the organization without coming across as being academic or directive
- Solicits ideas and input from the host organization partners about what makes the most sense from their perspectives
- Works side-by-side with the partner on capacity-building efforts and tasks
- Focuses on tangible outcomes that are the result of the collaborative effort

This approach was cited as a major success factor in the Afghanistan HEFD activity. This project started out with a participatory assessment activity. Health Systems 20/20 provided HEFD with a number of assessment tools and HEFD selected one, adapted it to their needs. Based on the results, Health Systems 20/20 and HEFD developed a work plan to address these needs. Health Systems 20/20 also provided individual HEFD staff with a counterpart who provided virtual mentoring – being in close communication on a regular basis throughout the

During the design phase we had a series of discussions with the Health Systems 20/20 team. We explained our problems, provided our recommendations and suggestions. We also had inputs from the Health Systems 20/20 team...we listened to their recommendations and saw flexibility from their team. It was a consensus agreement from both parties that led to successful outcomes.

**Dr. Salehi,
Director, HEFD**

project. They developed a trusting relationship based on a partnership approach, ensuring availability, access, and support.

Health Systems 20/20 also worked in full partnership with AFENET from the outset. The assessment process in the first phase involved interviews and an electronic survey to solicit ideas. The results were validated with the AFENET Secretariat and Board and interventions plans were developed collaboratively. Annual work plans were always formally approved by the Secretariat and Board and after the first phase of work consisted largely of interventions based on AFENET's priorities. AFENET staff also recruited and selected the consultants, nearly all of whom were local, and therefore could take full responsibility for the results of their work. Health Systems 20/20 played an advisory role throughout and never imposed its priorities.

One thing I have enjoyed is the collaborative approach. [Health Systems 20/20 is] not prescriptive to say 'we know what is best.' They say we have ideas for you to consider, then we add to the list and together we come up with the best approach to the job.

David Mukanga,
Executive Director, AFENET

As a result of taking seriously the partnership approach to organizational capacity-building efforts, the host organization is more likely to own the process and to sustain the gains after the activity is completed. Having an external consultant tell the organization what it needs to do goes against the larger goals of building capacity. This does not mean the consultants don't provide advice based on their experience. In fact, this was highly appreciated by clients. Rather the consultant must serve as a partner, coach, and enabler for the organization.

Lesson 10: Maximize the use of local consultants and organizations and provide appropriate supervision.

Maximizing the use of local organizations and consultants in organizational capacity-building efforts has multiple benefits. First, it contributes to building local capacity to provide such services, which in turn contributes to building a local consulting market. Second, interviewees from the host-country organizations cited the value that local consultants bring in terms of understanding the culture and context of the organization and their ongoing availability. Finally, it is cost effective.

Health Systems 20/20 has found that the kind of local expertise needed exists in most countries. Clearly the depth of local expertise depends on the country. Countries such as Senegal, Uganda, and Kenya have significant local expertise in a variety of technical areas. In contrast, in low-resource settings such as Liberia and South Sudan, it is more difficult to find qualified local consultants.

The effectiveness of local consultants is dependent on providing direction and the right amount of supervision and support. Local consultants must be integrated into the overall capacity-building effort and not operate independently of the other team members. Supervision and support includes the following:

- Developing clear and detailed scopes of work and setting clear expectations of the role of the consultant
- Ensuring the consultant has a clear understanding of the overall activity and where his or her work fits in
- Ensuring that the consultant views the local organization being strengthened as the primary client
- Monitoring of the progress and troubleshooting when needed and providing constant feedback to the consultant

The KSPH institutional strengthening activity illustrated many of these points. An IT consultant was brought in to help install a better IT system to meet their needs. A local accounting firm was brought on board to help strengthen the financial management system. Local advisors also helped develop the resource mobilization capacity of KSPH. A local coordinator provided support to the procurement process and the scholarship program. All local consultants were approved by the client organization. Scopes of work were developed and updated each year. Team meetings were held periodically and work was closely monitored. The Health Systems 20/20 team leader, an organizational development specialist, played a strong supervisory role to ensure the consultants met the needs of the client organization and that all activities were integrated.

In the comprehensive approach used for the organizational capacity building of AFENET, bringing in local consultants for the various activities was highlighted as one of the reasons for the overall success of the activity. In the case of AFENET, with the exception of an organizational development specialist, all the consultants were local. AFENET benefits from being located in Kampala where significant expertise exists. Together with the Health Systems 20/20 Team Leader, AFENET leadership was responsible for the recruitment and selection of these individuals with Health Systems 20/20 only providing concurrence. Health Systems 20/20's role was to assist in drafting consultant scopes of work, review key deliverables, and monitor just enough to ensure that the objectives of the consultancy were being achieved.

Lesson 11: Ensure buy-in and commitment from senior leadership of the host organization.

Success in an organizational capacity-building effort depends on the commitment of key players. Organizational change cannot occur without the commitment of senior leadership. When this buy-in is missing, success becomes more unlikely and the sustainability of the improvements is jeopardized. Key players in the organization must include at a minimum top leadership, but should also include other senior leaders and staff in the organization whose commitment is essential to the success of interventions. Ensuring that this buy-in exists is a challenging task as there may be resistance to the capacity-building efforts depending on the personal agendas of the leaders or the people to whom they report. It is sometimes difficult to convey to these doubters the impact an intervention will have until they see the results first hand.

In order to gain this buy-in and commitment, Health Systems 20/20 typically did the following:

- As a part of the assessment process, sought agreement on the assessment dimensions, review of the findings, agreement on the interventions to address the gaps
- Asked for review and approval of all consultants, both local and expat
- Used regular check-ins with senior leadership and agreement on mid-course corrections
- Ensured communication with others in the organization to keep them informed and engaged
- Remained responsive to the client's priorities

One of the main reasons for the success of the Nigeria Leadership and Management Training was the involvement and commitment of the director of the National Tuberculosis and Leprosy Training Centre in Zaria. As Health Systems 20/20 Team Leader John Osika said, "a key reason for the success of this activity was the commitment of the leadership of the institution. They took ownership of the activity. The leader involved all staff in each step of the planning and implementation. The staff of Zaria was dedicated to making the project a success." The Director of the Centre described the value of taking time to get buy-in from various stakeholders who were involved in the design and implementation of the training.

Another activity that had strong buy-in and commitment from all levels of the organization was the Afghanistan HEFD activity. HEFD was fortunate to have a director who was not only committed to the

success of the capacity-building activity, but is also a strong leader. Many staff in the organization were involved in the conceptualization of the activity and they themselves determined what was really important for them to function more effectively going forward. The leader also set performance goals and targets for success at the organizational and individual level.

Lesson 12: Be flexible to adapt the approach and the interventions to emerging needs.

While a capacity-building plan is an important starting point, it is still critical to remain flexible and adapt the plan to emerging needs and changing context. In interviews, many of the host organizations described this flexible approach as one of the more important aspects of the capacity-building effort.

Health Systems 20/20 found that as the client organization becomes more self-aware and the consultants understand the organization better, other needs will surely be identified. Addressing these emerging needs builds credibility for the capacity-building process and serves to strengthen the organization.

This flexibility is a core component of the organization development approach outlined in the introduction. In this approach, it is critical to move forward as planned with method and rigor, and then as the process evolves, step back occasionally, allow additional needs to emerge, and reassess which are the most critical to address. This constant reassessment needs to be built into the overall plan of any multi-year capacity-building effort. Health Systems 20/20 has found that working with the client organization to conduct a participatory annual review followed by an updating of the work plan is an effective way to do this.

In the Liberia NAC Secretariat activity, flexibility was cited as a major enabler of success. Originally the support was mostly aimed at the management-related interventions needed to establish a viable organization including an organizational structure, staffing plan, job descriptions, management skills, and team development. As the work progressed, other needs emerged. Health Systems 20/20 provided a regional consultant to provide on-site capacity building for the monitoring and evaluation coordinator. A small grant was provided to support county activities and bridge funding for a key staff person. A financial specialist developed a financial procedures manual, and helped to install a new accounting software system. This flexibility was highly appreciated by the Secretariat.

In the activity to strengthen the MOH HIV/AIDS office (PNLS) in the DRC, Health Systems 20/20 made some major adjustments in the second year. The HIV/AIDS office requested financial support in renovating a meeting room that would allow PNLS to hold meetings in its own space, a much more cost-effective approach than renting meeting space. Health Systems 20/20 was able to respond to this request.

More importantly, PNLS requested assistance in conducting an annual review and developing its annual plan. Health Systems 20/20 saw this as an opportunity to apply the skills in management and teamwork in real time, especially in developing a collaborative planning process with the 11 provinces. The result was a much improved plan compared to previous years' versions.

“Our positive experience is due in part to the flexibility of the Health Systems 20/20 funding. The funding was originally provided to support management training, team-building, and structure. Along the way we agreed that because of severe financial limitations we could use funds to support county orientations. We also agreed to strengthen our financial management... this flexibility is excellent. In some of the funding we get, you have to stick with the original plan.”

**Ivan Camanor,
NAC Director**

The activity to strengthen PROSALUD in Bolivia was a three-year effort that evolved considerably. PROSALUD requested assistance in the second year in some new areas, namely human resources management, strengthening consulting skills, developing procedures for contracting with medical providers based on new government regulations, and management coaching of the executive director. Health Systems 20/20 was able to respond to these needs.

Lesson 13: Tailor all interventions to the country context, the size and sophistication of the host organization, and the resources available.

All interventions must be tailored to the context of the country and the size and sophistication of the host organization. These interventions must also be designed in a way that will allow them to be sustained over time, both financially and managerially. In designing and implementing interventions consider:

- Stage of growth of the organization (start-up vs. more advanced)
- State of the country (low-resource, post-conflict)
- Amount of time required for the intervention
- Availability of qualified local organizations and consultants

In the Vietnam HSPI activity, the goal was to build the capacity of the organization to use the HSA tool and to adapt it to the Vietnamese context. In the first phase, the Health Systems 20/20 team worked closely to adapt the HSA model for the provincial level and to develop HSPI capacity to conduct an HSA. Through this process HSPI and Health Systems 20/20 worked together to revise the model to make it relevant to the country context. The result was an HSA model adapted to the Vietnamese context.

The Liberia NAC Secretariat is a powerful example of needing to tailor the intervention to the country context. In a post-conflict setting with very weak institutions and an extremely low human resource base, the activity had to be tailored in a way that took all of this into consideration. Because of the severe shortage of trained people, the focus was on hiring staff with the minimum of qualifications and then on developing their skills and creating an organizational climate that allowed them to grow. Performance development plans were created for each staff member and training was provided in both team development and technical expertise.

“While the consultancy had objectives, it wasn’t very rigid. Many times with consultants – they are not flexible. The project is designed before they even get involved and they want to carry it out as it was written. But you encounter rocks in the road; things change. The good thing about this consultancy was that they were flexible. You can’t always do everything that was in the original plan.”

**Luis Fernandez,
Executive Director, PROSALUD**

4. CONCLUSIONS

4.1 OVERALL CONCLUSIONS

The original objective of the capacity-building component of Health Systems 20/20 was to increase the capacity of regional- and country-level organizations to provide technical assistance and decrease their reliance on international sources. To achieve this objective, Health Systems 20/20 developed a conceptual framework and approach for organizational capacity building and developed a broad portfolio of activities. This portfolio provided a broad base of experience that in turn informed a much larger issue – the essential role of organizations in strengthening the health system and the need to focus on the enablers of HSS. As country ownership has become increasingly the focus in USAID, the rationale for organizational capacity building in HSS has become widely accepted.

The overarching conclusions of Health Systems 20/20's experience are the following:

- Consider the full range of organizations that enable HSS before selecting the organizations that offer the greatest potential to achieve the HSS objectives of the funder. These organizations are government agencies that have a stewardship role, research institutions that provide evidence for HSS decision-making, and NGOs and consulting firms that provide technical assistance and training, and advocate for HSS.
- Use a holistic approach to developing the capacity of an organization. HSS interventions are implemented through organizations. If these organizations do not have both technical and management capacity, they will not be able to use the technical expertise they have gained.
- Allocate sufficient time to strengthen an institution. Enough time must be allocated to ensure that the newly developed capacities will be sustained.
- Targeted technical capacity building can be very effective if the right organization is selected and if the capacity-building process allows for mentoring, learning by doing, and working side-by-side.
- An approach grounded in the principles of organizational development can be highly effective in developing organizational capacity. A key part of this approach is flexibility and tailoring the interventions to the organization's needs.

4.2 PATH FORWARD

Over the past five years, the role of organizational capacity building in HSS has become clearer and much has been learned about the practice of organizational capacity building. Still much remains to be done. The issues below suggest a potential capacity-building agenda for the next five years.

- Measurement of organizational capacity-building activities and the linking of capacity building to HSS outcomes is as yet an unresolved issue. As yet, there is no agreed upon standard set of indicators for organizational capacity building. Capacity-building does not readily lend itself to quantifiable measures, especially because some of the most important outcomes like leadership and teamwork are not easy to measure. As discussed in Lesson 8 Health Systems 20/20 took a very practical approach to measurement by identifying the results tied to each activity and then identifying the measures that would indicate whether that result was achieved. So if the project helped an organization establish an IT infrastructure, the measure was that the infrastructure was installed, maintained, and a plan was put in place to pay for its operation. Similarly if an organization is lacking

direction and focus, a strategic plan would be a logical outcome. In the coming years, consensus and guidance on how best to measure organizational capacity building will need to be developed.

- A more systematic approach to choosing which organizations to strengthen is needed. Lesson 1 suggests a typology of organizations that could form the basis for a mapping process to indicate broadly where the gaps are. Such an institutional mapping is strongly suggested for specific HSS activities that aim at a specific issue such as an effort to scale up CBHI or implement a performance-based financing scheme.
- With the increased attention to strengthening government agencies, more attention should be paid to defining the boundaries of capacity building. When working with a single office in a ministry of health such as the HIV/AIDS office, there are issues that are outside the control of the office to address such as financial management systems, compensation policies, and hiring practices. How far can these boundaries be pushed?
- A greater focus will be needed on capacity building at the system level. Many HSS issues will necessarily require strengthened political commitment, workable and clearly defined institutional arrangements, effective coordination mechanisms, and improved processes for decision-making and sharing information. Working on a topic like social health insurance will require the coming together of multiple organizations in the public and private sectors around a common objective and then developing the capacity to plan and implement an agreed upon strategy. More system-level interventions will be needed to address some of the key constraints in the health system.
- Cost-effective models need to be developed for strengthening subnational government. As countries increasingly decentralize and give real authority and responsibility to local governments, developing the technical and management capacity of district health teams will become a focus. Because of the sheer number of local governments, this will necessitate the development of sustainable capacity development systems that can operate at scale.
- HSS would benefit from using a change management paradigm more systematically. Change management teaches us that we must first create a sense of urgency for addressing the problem, then build a guiding coalition to manage the change process, create a vision for change and communicate it, empower others to act on the vision, create short-term wins to build support for the change process, and institutionalize the change.¹ While some of these steps have been applied in activities highlighted in this document, the systematic application of this sequence can be used to guide system-level changes that are inherent in HSS activities.

Should donors be investing in organizational capacity-building activities? The conclusion of Health Systems 20/20 over the past six years strongly indicates that these are essential investments. The interest shown by USAID missions and the receptivity shown by the client organizations have demonstrated the perceived value of these investments. Many of the activities that Health Systems 20/20 started were originally envisioned to be one year in duration, but in almost all cases, these activities became multi-year in nature because of their perceived value. USAID FORWARD and country ownership have led to a paradigm shift on how business is done and have become strong drivers for organizational capacity building. While more focused attention is needed to document the value of these investments, the experience of Health Systems 20/20 provides many examples of the results that have achieved and the benefits they bring to health systems.

¹ Kotter, John. 1996. *Leading Change*. Boston: Harvard Business Review Press

ANNEX: HEALTH SYSTEMS 20/20 AND CAPACITY BUILDING: SUMMARY OF PROJECTS

Activity Name	Country/Region	Description of Activity	Length of Time	Type of Institution
Institutionalization of HSS Methodologies	Africa	Develop the capacity of six African regional institutions to use three key HSS methodologies, HAPSAT, HSA, NHA: CESAG and ECSA for NHA, HEARD and ISED for HAPSAT, and Makerere School of Public Health and IRSP in Benin for HSA.	FY 11-12	Research institutions
Establishing an HIS Directorate in the MOHSS in Namibia	Namibia	Establish an HIS Directorate that is accepted by stakeholders and ensures an integrated HIS. Includes helping to develop the organogram, job descriptions, action plan and timeline, and participatory planning for integrating the various parallel health information systems. Also includes establishing a technical working group to guide planning process.	FY 11-12	Government office
Kinshasa School of Public Health (KSPH)	DRC	Improve the long-term sustainability of KSPH through development of leadership team, strengthening of resource mobilization capacity, improving financial management system, installing IT system, revising MPH curriculum, procurement, streamlining administrative services, and scholarship program.	FY 09-12	Academic institution
MOH HIV/AIDS Office (PNLS)	DRC	Improve the management and coordination capacity of PNLS. Includes strengthening leadership and management skills, strengthening planning process, improved internal team work, strengthened relationships with provincial offices, coordination of activities of implementing partners, and installation of IT infrastructure.	FY10-FY12	Government office
MOH Nutrition Office (PRONANUT)	DRC	Improve management and coordination capacity of PRONANUT.	FY 12	Government office
MOH Reproductive Health Office (PNSR)	DRC	Improve management and coordination capacity. Establish a PMTCT coordination committee and an interagency PNLS/PNSR coordination mechanism to oversee and guide PMTCT activities	FY 12	Government office
Liberia National AIDS Commission (NAC) Secretariat	Liberia	Establish a permanent Secretariat that can coordinate activities of partners, develop national strategies, monitor and evaluate program, and mobilize resources. Interventions include staffing plan, job descriptions, team-building, performance management system, executive coaching, strengthening financial management system, and building M&E capacity.	FY 10-12	Government agency
Strengthening Institutional Capacity of the African Field Epidemiology Network (AFENET)	Africa	Strengthen the organizational foundation of AFENET to manage a significant increase in activities and resources through development of strategic plan, team-building of Secretariat, development of HR plan, revision of constitution, strengthening administrative procedures, strengthening of financial system based on USG standards, and building capacity in resource mobilization.	FY 07-12	Regional Network/ NGO

Activity Name	Country/Region	Description of Activity	Length of Time	Type of Institution
Nigeria Leadership and Management Training	Nigeria	Health Systems 20/20 developed capacity of the National TB and Leprosy Training Centre (NTBLTC) in Zaria to deliver a leadership and management course for TB and HIV managers. Staff were trained and then mentored to deliver the course jointly developed by HS 20/20 and partner.	Fy 09-10	Training Institution
MOH National Malaria Control Program	Malawi	Conducted a management and organizational assessment of the NMCP and developed a five-year strategic plan with extensive stakeholder involvement.	FY 09 and FY 11	Government office
MOH Health Economics and Financing Directorate (HEFD)	Afghanistan	Improve the capacity of HEFD systems, structures, tools, and strategies, and staff skills and knowledge to implement and institutionalize health economics and financing activities and services. Included work study partnership program with university in Thailand.	FY 11-12	Government Institution
MOH Leadership Academy	Egypt	Established leadership academy in MOH. Developed plan to establish the leadership academy and began implementation. Two courses were developed and trainers trained to deliver them. Activity was cancelled in mid-stream by USAID.	FY 09-10	Training Institution
Leadership and Management Training Program	South Sudan	Put in place the building blocks to develop leadership and management training capacity in MOH. Developed a course, delivered it twice to national- and state-level officials. Then trained nine local trainers to deliver the course to health managers in three states. Two deliveries have taken a place with the third scheduled for June 2012.	FY 09-12	Government Institution
Leadership training for decentralized levels of MOH	Cote d'Ivoire	Developed the capacity of National Institute for Public Health to conduct leadership and management training. Developed course materials, trained MOH trainers to deliver it, and supported delivery to over 200 MOH staff in regions and districts.	FY 08-09	Government institute
PROSALUD	Bolivia	Strengthened PROSALUD's core competencies so the organization can become self-sustaining. Activities were aimed at developing systems to improve quality of services, strengthening management skills, and developing financial strategies to become more financially sustainable.	FY 08-10	NGO
Health Systems Action Network (HSAN)	Worldwide	Health Systems 20/20 helped to legally establish HSAN as an NGO, develop a strategic plan, and create an online communication platform.	FY 07-09	Global network of professionals
Vietnam Health Strategic and Policy Institute (HSPI)	Vietnam	Health Systems 20/20 developed the capacity of HSPI to conduct health systems assessments (HSA). The HSA methodology was adapted for use at the provincial level. HSPI then conducted HSAs in two provinces and later in six more provinces;. HSPI developed capacity in data analysis, interpretation of findings, and report writing. To strengthen HSPI's capacity to mobilize resources, HSPI staff learned about market analysis, business planning, development of marketing materials, and proposal writing.	FY 09-11	Research institute
African Observatory	Regional	HS 20/20 subcontracted the London School of Economics to carry out a study to determine feasibility of establishing an African Observatory for Health Systems. The study consisted of a mapping study of potential members, review of institutional options, and financial feasibility. The conclusion was that while there is interest there was not sufficient donor financial support.	FY 09-10	Research network

Activity Name	Country/Region	Description of Activity	Length of Time	Type of Institution
Ministry of Women and Social Affairs	Mozambique	Institutionalized training for social workers and developed and implemented long-term strategic plan to provide ongoing educational and training opportunities for staff. Curriculum for social welfare technicians and early child educators has been updated.	FY 10-12	Government office
Developing capacity of local organizations	Senegal and Zambia	Trained executive directors of local NGOs, consulting firms, and research organizations to develop their own organizations, using a comprehensive framework for organizational strengthening. Activities in both countries consisted of training and follow-up.	FY 07-08	Small consulting firms and NGOs

