

CHALLENGES ENCOUNTERED IN CAPACITY BUILDING

A Review of Literature and Selected Tools

EXECUTIVE SUMMARY

As the responses to the AIDS pandemic change from emergency services to long-term care for those infected and affected and as the responses by governments and international and local organizations put greater emphasis on implementing country-owned, sustainable programs to address the spread of the disease, the need for capacity building within the HIV/AIDS community becomes increasingly apparent. Growing demand for and recognition of the importance of capacity building in HIV/AIDS work leads to a corresponding need to ensure that capacity building is implemented effectively, efficiently, and sustainably; however, consensus on capacity building indicators is rare, and documentation of their impact is scarce.



The **AIDSTAR-Two Project**, funded by the US Agency for International Development (USAID), carried out an extensive literature and tools review that identified critical needs, including improved monitoring and evaluation, increased focus on basing capacity building programs on assessment, and wider dissemination of tools and approaches.

After reviewing more than 300 tools, approaches, and articles, the AIDSTAR-Two researchers and authors of this position paper identified four key challenges in capacity building:

- an urgent need for standardized indicators and evaluation of capacity building;
- a continuing lack of understanding regarding the definition and scope of capacity building as a field and as an approach;
- lack of local ownership;
- limited uptake of tools, which affects the implementation of capacity building programs.

Based on the findings of the review of the literature and tools, AIDSTAR-Two makes the following four recommendations for enhancing the impact of capacity building on health outcomes. Capacity building must

- be subject to rigorous monitoring, evaluation, and reporting;
- be participatory, based on the needs of organizations, and focused on sustainability;
- make tools and approaches available and adaptable;
- be recognized as fundamental to all development interventions.

These recommendations will help individuals, organizations, donors, local implementing organizations, and capacity building providers alike to change their assumptions and behaviors in simple and fundamental ways. A mutual, concerted effort will ensure that capacity building contributes meaningfully to sustainable development. ■

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
CSO	civil society organization
FBO	faith-based organization
HIV	human immunodeficiency virus
HRM	human resource management
M&E	monitoring and evaluation
MSH	Management Sciences for Health
MSI	Management Systems International
NGO	nongovernmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
USAID	US Agency for International Development

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Seims, Judith B. Seltzer, and Sara Wilhelmsen. Jeffrey W. Aubuchon directed supplementary research activities by Emily Blynn, Katharine Powell, and Rahul Sharma; the lead authors conducted subsequent analyses.

The capacity building community of practice provided invaluable input to this paper, for which the authors are thankful. In particular, Matt Reeves, Pact capacity building advisor and reviewer of this paper; and Polly Mott, director of Pact Community REACH, provided tireless support of AIDSTAR-Two and capacity building.

Finally, the team thanks colleagues in capacity building worldwide who shared their tools, approaches, and time with us, and wishes them great success in their important work. ■

I. THE ROLE OF THE AIDSTAR-TWO PROJECT IN CAPACITY BUILDING

The AIDSTAR-Two project, funded by USAID through the Global Bureau of Health, Office of **HIV/AIDS**, delivers organizational capacity building to **HIV/AIDS** implementing organizations, including nongovernmental organizations and public sector institutions and networks, and provides technical assistance to US Government country teams in coordinating and working with their local US President's Emergency Plan for AIDS Relief (PEPFAR) partners.

Although much has been learned about how to fight the AIDS epidemic, particularly since the launch of PEPFAR in 2003, a substantial amount of this knowledge is not widely accessible, despite its potential value for global application. To share tools and approaches for organizational capacity building of local **HIV/AIDS** implementing organizations and networks, and to magnify the collective impact of such programs, the AIDSTAR-Two Project was launched in October 2008.

Led by Management Sciences for Health (MSH), AIDSTAR-Two delivers systematic capacity building assistance to PEPFAR local implementing organizations and promotes the use of promising capacity building practices worldwide. The principal project tasks are to promote promising practice modules for organizational capacity building, support service provider networks working in areas that have concentrated or generalized epidemics, and provide assistance to field missions and bureaus so that they can better deliver **HIV/AIDS** programming. ■

The AIDSTAR-Two consortium comprises **Cardno Emerging Markets USA, Ltd.; Health and Development for Africa; Initiatives, Inc.; the International AIDS Alliance; Management Sciences for Health; Save the Children; and Religions for Peace.**

II. CAPACITY BUILDING CONCEPTS, MODELS, AND DEFINITIONS

As local development organizations and practitioners moved from a charity model in the postwar period of the 1940s and 1950s, through the end of colonization in the 1960s, to an empowerment approach through the 1980s, a concern about the long-term sustainability of project results emerged. In the 1980s and into the 1990s, projects began to focus on exit strategies and training so that activities would continue after external funding ended. In the past 15 years, a different understanding of sustainability, of which capacity building plays an integral part, has emerged, fueled by demands from an increasingly vibrant civil society, national governments, and donors around the world.

No organization, family, or individual is self-sustaining. All entities require the support of others to survive. The charity model provided this support to many developing countries for many years. The

empowerment model assumed that, with greater confidence in their own assets and fewer structural barriers, organizations could find this support on their own. The capacity building model acknowledges that institutions—within their cultural, economic, and legal contexts—need support to strengthen the skills of their staff members and improve organizational systems and structures. The capacity building model is based on the belief that stronger institutions with more capable staff can design, implement, evaluate, and sustain development interventions.

The two definitions of capacity building in box 1 stem from the field of capacity building and two recent conferences: the Pact Community REACH Global Summit (November 17–18, 2009) and an AIDSTAR-Two consensus meeting on capacity building (November 5, 2009). ■

BOX 1.

Two Definitions of Capacity Building for HIV/AIDS

1. Capacity building is any action that improves the 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 an individual, group, organization, or ecosystem to create positive change and perform better to improve public health results.

III. PURPOSE OF THE LITERATURE REVIEW

AIDSTAR-Two posits that organizational capacity building, as a process or series of activities (i.e., input) and an increase in capacity (i.e., outcome), is essential to sustaining health service delivery over time and after project funding ends. Further, building the capacity of individuals and teams—as part of organizational capacity building—and strengthening the systems and management of the organizations in which they work are vital to and inherent in all sustainable development.

To assist PEPFAR local implementing partners, as well as the greater HIV/AIDS community by identifying and promoting promising practices in capacity building, the AIDSTAR-Two project conducted, between January and June 2009, a review of the literature on and tools for organizational capacity building. The review gathered definitions, tools, approaches, and evidence to create a body of knowledge that will be disseminated through an online exchange network to local and international capacity builders, the US Government and other

donors, and health program managers and policymakers globally. The searches for, and analyses of, the capacity building literature and tools were conducted concurrently and are referred to in this paper collectively as “the literature review.”

The purpose of the literature review was to identify, catalogue, and summarize approaches to institutional capacity building. This paper outlines the challenges facing capacity building, based on the literature review findings. To support capacity development for organizations implementing HIV/AIDS programs, it also provides an understanding of the current state of the capacity building field and its environment. The paper concludes with recommendations for those working to address challenges in capacity building. Although the paper examines capacity building through the lens of HIV/AIDS programming, the principles may be applied, with careful adaptation, to different settings and sectors and with different types of organizations. ■

IV. METHODOLOGY

AIDSTAR-Two staff (including information and capacity building specialists) and an external consultant conducted intensive research in February and March 2009 and in June and July 2009. Researchers analyzed the findings from June through July 2009 and from December 2009 through January 2010. The team continues to add articles and tools to the knowledge base, using the criteria established during the literature review.

Researchers identified peer-reviewed articles, technical reports and other so-called gray literature (i.e., articles not peer reviewed and items not commercially published), and news stories from for-profit and not-for-profit entities. The materials collected addressed organizational capacity building or institutional strengthening in general, as well as specific capacity building tools, approaches, monitoring, evaluation, or breakthroughs in the field.

Using Library of Congress and National Library of Medicine keywords (see Appendix A), the team followed a search protocol designed and supported by MSH's information specialist. The team searched the Google Scholar, PubMed, and EBSCO databases for articles from 2003 to 2009. When team members identified a relevant article, they reviewed its references and footnotes for additional resources.

The research team searched for similar materials on the websites of organizations and projects recognized as leaders in the field of organizational capacity building, including specific organizations and projects identified in the AIDSTAR-Two Request for Task Order Proposal and the subsequently awarded contract. The team also contacted individuals from these organizations and projects. When researchers identified a specific tool or approach, they followed up with a second step to collect primary-source background information about the tool. This step

included 23 key informant interviews with individuals who came from previously identified organizations and projects, or who were recommended by other interviewees. Researchers documented information about the tool's history, maturity, and prior and potential applications.

Materials specific to **HIV/AIDS** programming or contexts were preferred, but those relevant to other health issues (particularly family planning/reproductive health) were included in the knowledge base. Similarly, researchers focused on documents that spoke to situations in developing countries or other resource-constrained environments, but also included materials that were widely cited and are considered classic in organizational development (e.g., from McKinsey or *Harvard Business Review*). Materials specific to clinical training (e.g., laboratory protocols) were excluded, as were those focused entirely on building individuals' capacity (e.g., training in a particular accounting software program).

Although the research was rigorous and comprehensive, the team faced challenges. Some challenges, such as the limited number and range of relevant peer-reviewed articles, affected the depth of the search and analysis. Furthermore, despite persistent follow-up by team members, a relatively small number of individuals contacted provided tools or firsthand information about a tool in the collection. Due to the limited responses to requests for additional information and gaps in the availability of public information, the details available about each tool vary. Proprietary and competitive concerns limited some organizations' willingness to share capacity building tools or information. Finally, the search for capacity building tools was conducted in English, which limited the number of non-English resources identified. ■

V. FINDINGS FROM THE LITERATURE REVIEW

DATA

The AIDSTAR-Two team reviewed and analyzed peer-reviewed journals and gray literature, including organizational websites, self-published tools and articles, and nonacademic journals. (See the complete reference list in Appendix B.)

Peer-reviewed articles. The team located more than 75 relevant articles from almost 30 different journals. Their primary topics fell into 10 main categories, which are consistent with commonly accepted elements of organizational capacity building:

- organizational structure, management systems, and metrics
- management capacity
- community participation
- human resource management
- organizational vision and strategy
- organizational governance
- leadership capacity
- monitoring and evaluation
- multisectoral planning
- financial management

Gray literature. The gray literature included more than 300 items (websites, tools, articles) developed or published by more than 35 different organizations. The 50 different websites varied widely and were usually focused on the project or organization rather than the discipline or a particular approach. The categories the team found in the self-published articles were consistent with those of peer-reviewed literature. The almost 200 tools reviewed were developed for a wide variety of

public and private organizations and institutions, including the following:

- community service organizations
- district-level organizations
- faith-based organizations
- family planning organizations
- the Global Fund Country Coordinating Mechanisms
- HIV/AIDS groups
- local nongovernmental organizations
- national nongovernmental organizations

The tools address one or more of the common organizational and individual capacity building challenges listed in box 2 (see next page).

Although the majority of tools were available in English and were developed in or for African nations, other languages and regions were also represented (see figures 1 and 2, page 7).

DISCUSSION

Several trends emerged from the AIDSTAR-Two team's review of more than 300 capacity building tools, approaches, and articles. Many of these trends are consistent with conventional wisdom among those who have been involved with organizational capacity building, but the trends had been observed or anecdotal and not supported by data or research.

Need for capacity building indicators and evaluation. In the team's research, health and development communities call widely for more and higher quality, evidence-based organizational capacity building interventions, yet those interventions are often not evaluated. Many tools and approaches have been developed, and many

BOX 2.

Organizational Challenges Addressed by Tools

- Creating an organizational vision and defining the organization's values
- Developing a strategic plan
- Drafting business plans for new products, services, or markets
- Establishing multisectoral partnerships
- Formulating an advocacy policy
- Mobilizing stakeholders to advocate for the organization's mission
- Designing and installing management systems
- Instituting an organizational monitoring and evaluation system
- Designing and implementing a communications system
- Promoting financial transparency
- Establishing and developing a functional board of directors
- Mobilizing resources
- Documenting and institutionalizing human resource management (HRM) policies
- Establishing a performance system, with incentives, for HRM
- Offering regular leadership development programs for staff
- Promoting and supporting teamwork
- Managing organizational change
- Managing organizational finances and grants
- Collecting and using management information for decision-making
- Providing supportive supervision to staff throughout the organization
- Establishing a knowledge management strategy
- Developing and implementing an information technology function

interventions and programs have been implemented, but few have undergone rigorous evaluation to determine if these interventions improve capacity.

Organizational capacity building might be a secondary part of a larger health program and only cursorily evaluated because the focus is on primary program elements such as HIV/AIDS prevention or treatment. In spite of dedicated

proponents of and participants in capacity building activities, however, many individual tools and approaches lack indicators or other evaluation criteria even when capacity building is a program or intervention's primary focus.

The challenge is further compounded by the lack of common indicators and standards, preventing capacity building providers from objectively comparing interventions or determining whether a

capacity building practice, activity, tool, or project is a best or promising practice.

The lack of evidence demonstrating the impact of capacity building interventions on health organizations, systems, and outcomes is a challenge to organizations operating in a results-driven donor environment. Capacity building can be a long-term process of change, but projects often demand short-term results, so the impact of capacity building is rarely explored several months or years after the intervention(s).

The individuals and organizations that developed the tools and approaches that the team identified may be put in the position of demonstrating that capacity building tools strengthened organizations and staff and that stronger organizations positively influenced health systems and outcomes. Participants and leaders alike of capacity building programs are often committed to the discipline's value and recognize the importance of hard data in promoting the interventions they believe to be effective and critical to improving health outcomes in developing countries.

FIGURE 1.

Languages into Which Tools Were Translated

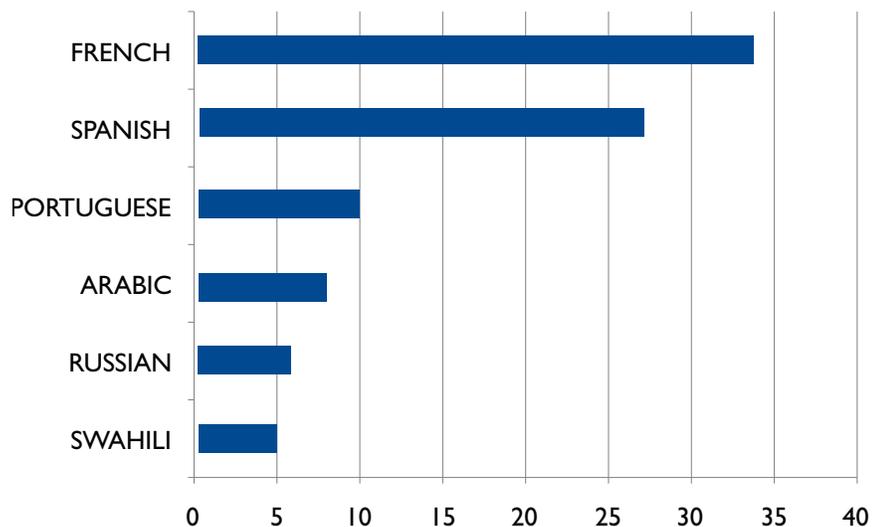
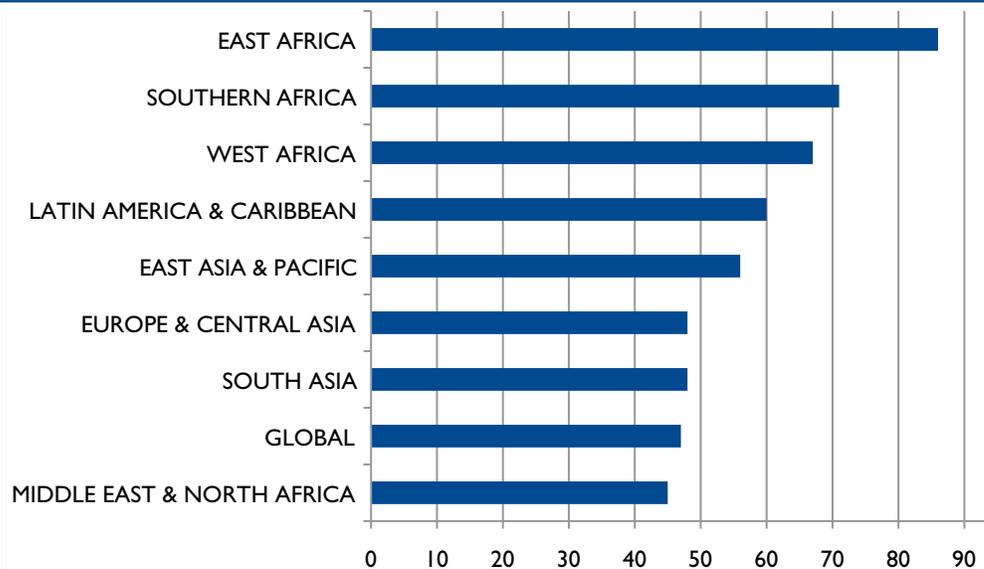


FIGURE 2

Regions for Which Tools Were Developed or in Which Tools Were Expressly Used



BOX 3.

Capacity Building Challenges Identified in the Literature Review

CAPACITY BUILDING IS INSUFFICIENTLY DEFINED, EVALUATED, AND REPORTED UPON.

- Few tools, approaches, interventions, and programs have undergone rigorous evaluation.
- When viewed as a supporting element of projects or as a means of achieving primary goals, capacity building may not be held to the same standards as primary project activities and may not be included in the evaluation and research process.
- Multiple definitions and disparities in understanding of the term *capacity building* may cause confusion among donors, providers, and recipients.
- The multiplicity of capacity building approaches and frameworks makes relevant evaluation research difficult.
- The small number of organizations involved in many capacity building efforts and the heterogeneity of approaches and tools used limit the potential sample size, affecting research design and the quality of substantive evaluation and published research.
- The lack of common indicators and standards prevents capacity building providers from objectively comparing interventions or determining a promising capacity building practice, activity, tool, or project.
- Donor demands and the competitive nature of development funding means that capacity builders may be unwilling to evaluate and share outcome results that might be negative.

CAPACITY BUILDING IS DRIVEN BY EXTERNAL FACTORS.

- Project time lines make planning and implementing capacity building to meet organizational needs difficult in the appropriate time frame.
- Organizations may be pressured to use funds earmarked for capacity building without a defined strategy, assessed need, or desired outcomes.
- When viewed as an element of a project, capacity building may not be based on assessed needs nor developed in a participatory fashion with implementing organizations.
- Few capacity building tools are designed specifically for HIV/AIDS organizations or programs.

CAPACITY BUILDING TOOLS AND APPROACHES ARE NOT WIDELY AVAILABLE OR APPLICABLE IN MULTIPLE SETTINGS.

- Reports for projects using capacity building are often not published, or capacity building results may not be included, thereby limiting the field's ability both to determine and use promising practices and to build on preexisting work.
- The wide variety of organizations undergoing capacity building may limit the generalizability of results, and the wide variety of settings in which capacity building is used leads to difficulty in generalizing approaches across settings (e.g., midlevel development, post-conflict, concentrated epidemic).
- Providers often believe that the most effective interventions should be designed to meet the specific needs of local implementing organizations, making general inferences difficult.
- Organizations may be willing to share their tools but may not publish them, make them available electronically, or translate them.
- Determining the most appropriate level of capacity building (e.g., national, regional, organizational) is difficult.

Common understandings. In the literature, organizational capacity building often is not differentiated from training. Strengthening of organizations' internal systems and structures is generally accepted as an element of organizational capacity building and widely understood to be integral to strong and successful institutions, yet is not uniquely a training intervention. Many forms of capacity building—training, mentoring, organizational design—can lead to sustainable change, yet none alone defines capacity building. A universal definition of capacity building eludes practitioners, but a functional, widely accepted definition and operable organizing framework is within the community's grasp.

Challenges in implementation. As in other areas of development, capacity building is not always based on assessments or expressed needs of local organizations. This gap threatens the responsiveness, ownership, and sustainability of any intervention and risks diverting scarce resources from where they are most needed.

A tremendous range of tools and approaches to institutional capacity building exists, yet challenges remain in gaining access to, selecting, and using them. Because of proprietary or competitive concerns, some organizations restrict dissemination of their tools (e.g., to paying subscribers or program participants). Other organizations may be willing to share their tools for free but have not

published them, made them available electronically, or translated them into English.

Even published (electronic or print) capacity building resources are not readily and widely available to many users because existing virtual or physical libraries are not comprehensive; they tend to focus on the work of a single project, organization, or donor. Despite noteworthy sites, such as that of the Impact Alliance, practitioners do not consistently use a single site to share their materials, successes, and challenges with their peers around the world.¹ A knowledge exchange network that serves as a “one-stop shop” is clearly needed.

Additionally, many tools and approaches were developed for a particular situation; although they might be adaptable to different socio-cultural, situational, or geographic contexts, no specific advice is offered on how to adapt the tools and approaches, and those tools are not readily accessible for off-the-shelf use.

All the situations described in box 3 (see previous page) limit the uptake of potentially valuable tools and approaches and impede analysis and use of these tools. Furthermore, few capacity building tools are designed specifically for HIV/AIDS organizations or programs, although it is not clear if adapting capacity building tools specifically for HIV/AIDS organizations or programs increases their impact. ■

1. Impact Alliance. 2010. *Impact Alliance—Maximize Your Social Impact*. <http://www.impactalliance.org>

VI. RECOMMENDATIONS

The recommendations that follow suggest change: Individuals and organizations alike must change their assumptions and behaviors in simple and fundamental ways (see box 4 above). Working to improve capacity building is not the responsibility of donors, local implementing organizations, or capacity building providers alone. A concerted effort by all involved will ensure that capacity building contributes meaningfully to sustainable development. Working together, donors, partners, and providers should:

- **agree to and use common indicators** to design and evaluate interventions, without undermining capacity building's basic tenets of participatory and user-driven customized interventions;
- **document and disseminate evidence**—gathered using common indicators—of capacity building's contribution to sustainable development;
- **conduct advocacy based on evidence**, as donors and to donors, for meaningful capacity building programming.

CAPACITY BUILDING MUST BE SUBJECT TO RIGOROUS MONITORING, EVALUATION, AND REPORTING

Encourage the use of a common definition for the term *capacity building* as well as common standards and indicators. The current lack of a commonly accepted definition for capacity building contributes to a disjointed understanding of the field. A shared definition of capacity building provides a common ground upon which capacity building initiatives can be founded, improves communication between actors, and facilitates communication with those outside the field. Furthermore, the development and use of common standards, indicators, and frameworks

will help link internal organizational development with improved health service delivery and health outcomes, as well as serving as a structure for establishing commonly accepted promising practices. The definitions (see box 1, page 2) developed during the AIDSTAR-Two alignment meeting and refined during the 2009 Pact Community REACH capacity building summit provide a widely accepted consensus. In addition, the Principles of Good Capacity Building (developed by the capacity building community during the Pact Community REACH summit and cited in *A New Vision for a New Decade*²) serve as a useful tool for understanding capacity building.

The development and use of common standards and measurement indicators follow the development of a common definition. A framework, with capacity building standards and indicators, allows capacity building programs to be monitored and evaluated; establishes an evidence base that assists in capacity building improvements; and provides evidence to local implementing organizations, policymakers, donors, and other stakeholders that capacity building makes a difference. Standards also serve as a baseline that organizations can use to gauge their staff's capacity, systems, and institutional health and to identify technical assistance needs. Creating these standards and indicators may prove challenging because of the broad scope of capacity building activities and the situations in which they are applied. A uniform system, however, permits the monitoring and evaluation of capacity building

2. Cornman, H., M. Reeves, and P. Mott. 2009. *A New Vision for a New Decade. Effective HIV and AIDS Capacity Building: Critical Components to Advance the Field*. Washington, DC: Pact/USAID. <http://pactworld.org/galleries/default-file/A%20New%20Vision%20for%20a%20New%20Decade%2029%20Dec%2009%20Final.pdf>

BOX 4.

Summary of Capacity Building Recommendation

CAPACITY BUILDING MUST BE SUBJECT TO RIGOROUS MONITORING, EVALUATION, AND REPORTING.

- Encourage the use of a common definition for *capacity building* as well as common standards and indicators.
- Assess the impact of capacity building over the short, medium, and long terms.
- Research, publish, disseminate, and apply findings on capacity building.

CAPACITY BUILDING MUST BE PARTICIPATORY, NEEDS-BASED, AND DESIGNED WITH A FOCUS ON SUSTAINABILITY.

- Design and implement capacity building to reflect the needs and priorities identified by local implementing organizations.
- Design and implement capacity building to correspond to local implementing partners' time lines and processes to maximize impact.
- Advocate and develop efforts for sustaining change after capacity building ends.

CAPACITY BUILDING TOOLS AND APPROACHES MUST BE AVAILABLE AND ADAPTABLE.

- Provide specific advice on how to adapt tools and approaches to different contexts, including HIV/AIDS programming.
- Find realistic means to address proprietary concerns.
- Make tools available electronically and in translation.

CAPACITY BUILDING MUST BE RECOGNIZED AS AN ESSENTIAL TECHNICAL DISCIPLINE.

- Design all projects to include appropriate individual, team, and organizational capacity building.
- Hold capacity building to the same standards as primary project activities.
- Measure and advocate for capacity building as both a means and an end.
- Support the continued professional development of existing, and train a new generation of, capacity building providers.

tools and approaches relative to one another to determine promising practices.

Assess the impact of capacity building over the short, medium, and long terms. Documenting the success of capacity building efforts is essential to link it to changes in health organizations, systems, and health outcomes. Capacity building is often perceived as a long-term process

whose impact cannot be observed within the time frames of short-term project funding. Capacity building providers must acknowledge the need for indicators and must develop short-, medium-, and long-term indicators that effectively capture impact on staff and organizational capacity. In addition, donors' expectations must shift regarding the time frame of capacity building evaluations in order to

incorporate medium- and long-term indicators as well as short-term indicators.

Monitoring and evaluation are often underfunded in projects, a problem compounded by the fact that evaluation often takes place at the end of the project, when funds have already been depleted. Similarly, in the high-pressured rush of project start-up, capacity building providers often fail to develop indicators and conduct baseline surveys, making meaningful evaluation difficult. Capacity building is particularly susceptible to underfunding, since the real impact of capacity building may be noted toward the end of a project as well as after its end. Yet evaluating these longer-term outcomes is of particular importance in determining the effectiveness of specific capacity building efforts. Funding must be specially allocated and reserved to monitor the medium- and long-term outcomes of capacity building projects. Capacity building providers should consider raising additional funds to assess the medium- and long-term impact of their efforts as a means of validating their work and sharing it with the capacity building community.

Research, publish, disseminate, and apply findings on capacity building. The lack of measurement of impact and published research findings impedes the establishment of promising practices and presents a particular challenge to establishing capacity building as a proven means of improving health organizations, systems, and health outcomes. Conducting systematic research and publishing the findings will reveal to donors, local implementing organizations, and capacity building providers better approaches for implementing capacity building. Donors should include in projects funding for capacity building research, monitoring and evaluation, and publication; providers have the duty to conduct quality research and produce candid analyses of results. Finally, implementing organizations must participate as full owners of, or partners in, the process and the results of the research.

As research on capacity building increases, capacity building providers must make a concerted effort to utilize findings in the development of new capacity building initiatives. Bridging this gap between research and practice requires a commitment to evidence-based decision-making and systematic incorporation of promising practices. It implies sharing promising practices, openly exploring unsuccessful efforts, and learning from outside the health sector.

Increasing the availability of data on capacity building must be coupled with increased pressure to use available evidence when making decisions in capacity building. Evidence-based decision-making is essential not only at the programmatic level, but also in higher level decisions such as funding, strategic planning, and policy decisions. Capacity builders must advocate with decision-makers both to seek evidence and to use it in making key decisions; capacity builders also should facilitate the process by providing evidence. Local implementing organizations should demand evidence of the impact of capacity building approaches and practices.

CAPACITY BUILDING MUST BE PARTICIPATORY, NEEDS-BASED, AND DESIGNED WITH A FOCUS ON SUSTAINABILITY

Advocate and develop efforts for sustaining change after capacity building ends.

Sustainability is a key component in development projects, including those designed for capacity building. Increasing sustainability in capacity building means ensuring that the positive changes brought about are maintained after the end of the project, by increasing the local implementing organizations' ability to use capacity building skills to evaluate their own performance and generate new improvements and adaptations over time. Therefore, the choice of capacity building tools or approaches must be based on assessed need, the

ability of local organizations to follow up to reinforce the changes, and the documented applicability of the approach. Including strategies for long-term sustainability in the design of capacity building programs is critical to creating lasting change.

Design and implement capacity building to reflect the needs and priorities of local implementing organizations. High-quality project design demands a focus on the priorities of the local implementing partner. Capacity building providers and donors can ensure that the expressed needs of those organizations are being met by having extensive communication between capacity building providers and local implementing organizations. Coupled with comprehensive needs assessments, monitoring and evaluation help ensure that capacity building interventions target the most urgent needs of the organization. Project priorities might be at odds with the implementing partner's assessed needs, in which case all parties involved must negotiate how to respond while

respecting the project deliverables previously agreed on. This negotiation may require additional time or resources. Finally, donors in particular should honor the time and effort that may be required to establish trust, conduct assessments, design appropriate interventions, and support the implementation of these interventions.

Design and implement capacity building to correspond with local implementing organization's time lines and processes to maximize impact. Effective capacity building is designed to meet the assessed needs of local implementing organizations to achieve established goals, targets, and strategies. Nesting capacity building in a local implementing organization's time line and processes strengthens its work, rather than distracting from it. For example, staff training in HRM may be most effective when it coincides with an increase in hiring. Timing capacity building efforts to coincide with organizational needs can increase efficacy but requires good communication

BOX 5.

Recommendations for Donors

WHEN DEVELOPING REQUESTS FOR PROPOSALS OR EVALUATING A CAPACITY BUILDING PROGRAM, DONORS SHOULD ASK THEMSELVES THE FOLLOWING QUESTIONS:

1. Are capacity building guidelines and indicators provided in the request for proposals?
2. Are the capacity building interventions based on a thorough, participatory assessment with the local implementing partner?
3. Do the proposed interventions take into account the context (e.g., regional, national, cultural, political, institutional) of the local implementing partner?
4. Will the capacity building provider work with the local implementing partner to ensure that changes are manageable, affordable, and sustainable after the project ends?
5. Are the capacity building interventions based on valid, tested theories (e.g., organizational, managerial, learning) or on emerging promising practices?
6. Will the capacity building interventions be monitored, evaluated, and reported on in such a way that the results can be disseminated?
7. Will a communications and knowledge management strategy for disseminating promising and best practices be included?

BOX 6.

Recommendations for Local Implementing Organizations (Public or Civil Society)

WHEN CONSIDERING LAUNCHING A CAPACITY BUILDING PROJECT OR EVALUATING A CAPACITY BUILDING PROVIDER, LOCAL IMPLEMENTING ORGANIZATIONS SHOULD ASK THEMSELVES THE FOLLOWING QUESTIONS:

1. Is the capacity building provider engaging us in a thorough, participatory assessment that allows us to identify our strengths and weaknesses and to develop a plan of improvement?
2. Do the proposed interventions take into account our context (e.g. regional, national, cultural, political, institutional)?
3. How will we sustain the changes we implement? Will we have the staff capacity, and are the changes manageable, affordable, and sustainable after the project ends?
4. Will the capacity building interventions be based on valid, tested theories (e.g., organizational, managerial, learning) or on emerging promising practices?
5. Will the capacity building interventions be monitored, evaluated, and reported on in such a way that we can replicate the results?
6. Does the capacity building provider have experience in the field, and can it describe successes it has had in building the capacity of others and within its own institution?
7. Are we willing to share our experiences with others, through dissemination of our lessons learned?

between providers and local organizations. Providers must be aware of organizational needs and timetables and design development projects that account for these time-bound needs.

CAPACITY BUILDING TOOLS AND APPROACHES MUST BE AVAILABLE AND ADAPTABLE

Provide specific advice on how to adapt tools and approaches to different contexts, including HIV/AIDS programming. Capacity building resources should provide users with detailed guidance on how to adapt the tools or approaches to the organizational stage of development, as well as the cultural, linguistic, and development context in which local organizations work. Vague recommendations cannot help capacity builders effectively adapt and replicate tools and

approaches if these people are inexperienced or less familiar with the context in which they are working. Not all tools and approaches are valid or feasible in all settings; capacity builders must test, document, and share the results of their adaptations with the broader community to ensure true replicability.

Because capacity building is a frequent component of HIV/AIDS programs, capacity building tools should be adapted or designed to meet the specific needs of these programs. These HIV-specific tools can be tailored to increase capacity in treatment, advocacy, prevention, and care and support for people living with HIV. In particular, the substantial achievements of health system strengthening and the organizational development conducted for HIV/AIDS treatment institutions should be documented.

Find realistic means to address proprietary concerns. Organizations' reluctance to share tools due to proprietary concerns impedes the field's progress in developing and implementing effective approaches. The use of collaborative document-sharing mechanisms should be supported and encouraged, and routine acknowledgments to make published tools more readily available among providers should be institutionalized. Donors in particular should help address these concerns, mandating that materials and approaches developed under project funding be made available outside the project.

Make tools available electronically and in translation. Although many organizations develop tools to carry out capacity building, such tools are often not translated or published. Making tools available electronically can avoid wasted resources in developing new tools when existing tools may serve the same purpose. The translation of materials developed through a project is integral

to expanding the scope of a project beyond its own geographic limitations. Funding for translation of developed tools must be allotted during the budgeting process to ensure widespread availability. Sharing tools among projects and organizations can increase communication and collaboration in the field and increase the number of tools that have been vetted and implemented across different settings and situations, especially as proprietary concerns are addressed.

CAPACITY BUILDING MUST BE RECOGNIZED AS AN ESSENTIAL TECHNICAL DISCIPLINE

Design all projects to include appropriate individual, team, and organizational capacity building. In the absence of simultaneous organizational capacity building, service delivery and other individually focused interventions are at risk at the end of the project funding cycle. Service delivery with accompanying capacity

BOX 7.

Recommendations for Capacity Building Providers

WHEN CONSIDERING OFFERING THEIR SERVICES FOR A CAPACITY BUILDING PROJECT, POTENTIAL PROVIDERS OF CAPACITY BUILDING SHOULD ASK THEMSELVES THE FOLLOWING QUESTIONS:

1. Have we budgeted sufficient time, money, and human resources to do a thorough, participatory assessment that allows our clients to identify their strengths and weaknesses and to develop a plan of improvement?
2. Are our tools and approaches grounded in valid, tested theories (e.g., organizational, managerial, learning)?
3. Have we clearly negotiated all roles and responsibilities for the entire capacity building intervention for the donor, our client, and us?
4. Are we willing to open ourselves up as an example of constant striving to make our work and our organization more effective?
5. Does the local organization offer the opportunity for staff to apply the new skills they've learned, and does it support them with appropriate organizational resources, systems, and structures?
6. How will we monitor, evaluate, and report in such a way that the results are useful to the local organization and can be replicated and disseminated?

building allows organizations or their staff to maintain programs, apply their skills and experiences to the next challenge, and adapt to changing environments and needs. Well-designed and implemented capacity building also strengthens internal systems and structures and allows organizations to maintain and build upon their contributions to society.

Hold capacity building to the same standards as other project activities. Capacity building often serves as a means to achieve project objectives rather than being designed as the purpose of a project itself. Effective and efficient use of capacity building demands that it be held to the same standards as other project activities even when it acts as a supporting activity. When organizations hold it to the highest standards, capacity building will maintain high levels of quality and effectiveness. Building staff and organizational capacity may be key to a project's success and should be treated as an essential project input and process, as well as an outcome.

Measure and advocate for capacity building as both a means and an end. Capacity building is unique in that it can act as both a process by which to achieve a primary objective and as the

primary focus of a project. Attempts to measure and evaluate capacity building efforts must recognize capacity building in both of these roles to truly capture its impact. In addition, advocacy for capacity building must recognize the opportunity for it to function in both of these capacities to maximize potential. Donors and policymakers, armed with sufficient evidence of capacity building's impact on organizational, health, and development indicators, will be more inclined to prioritize funding for capacity building that strengthens institutions and increases project impact.

Donors, both public and private, must mandate the improvement of capacity building and the integration of capacity building into health and development interventions. Local implementing organizations must exercise their right to insist on quality interventions, based on assessed needs, using proven tools that lead to sustainable change. Finally, capacity building providers have the responsibility to advocate to donors and, using evidence-based methodologies, report candidly on the successes and failures of different capacity building approaches. ■

CONCLUSION

Capacity building plays a central role in implementation of PEPFAR, Global Fund, and Global Health Initiative programs. Strong institutions with capable staff are essential not only to combating HIV but to other development challenges as well. Efficient and effective government and civil society institutions are essential to all societies.

The literature review that the AIDSTAR-Two project conducted was useful in providing an understanding of the current state of the capacity building field. It has affirmed an increasing commitment to and enthusiasm for capacity building, as well as the potential of capacity building within HIV/AIDS programs. The literature review also revealed challenges to the implementation of effective capacity building, yet these challenges should be viewed as opportunities rather than obstacles. The process of addressing and overcoming these challenges

can further solidify capacity building as a discipline, increase collaboration among actors, and attract global attention to what is an integral component of health programming.

Through deliberate efforts to improve monitoring and evaluation, to make sure that programs are based on needs and the leadership of local implementing organizations, and to expand the availability of tools and approaches, the full potential of capacity building can become better recognized and used. Capacity building can move beyond being viewed only as a process to being understood as a valuable objective as well. With sufficient focus and commitment to monitoring, evaluation, and reporting of impact, capacity building can be successfully implemented and can potentially lead to sustainable and far-reaching health impact. ■

APPENDIX A. RESEARCH METHODOLOGY

The literature and tools search began using the following criteria. As the search developed, researchers used information from footnotes and bibliographies in each source document to expand the search. Additionally, as capacity building concepts emerged, they led the researchers to expand the search criteria.

To launch the review, the following broad keywords were used: capacity building, capacity development, manage (management), administration, and staff development.

The broad areas were then refined to subareas for more focused articles, including the following search terms:

- organizational direction, especially multi-sectoral planning
- strengthening organizational structure and systems, especially
 - enterprise development (NGOs, FBOs, CSOs)
 - streamlined operations
 - mission or vision
 - measuring capacity
 - capacity building indicators
- organizational governance, especially
 - board development
 - relationship management with strategic partners
- improve human resources for health, especially
 - incentives for human resource management
 - financial requirements
- build leadership capacity, especially
 - coaching
 - multisectoral partnership development
 - change management for rapid scale-up
- build management capacity, including grants management
- build community capacity to partner and demand services

APPENDIX A. RESEARCH METHODOLOGY, continued

The following organizations, projects, and task-forces were contacted and added to the literature and tools database:

- African Medical and Research Foundation
- Centers for Disease Control and Prevention
- Christian Reformed World Relief Committee
- Counterpart International
- EngenderHealth
- Family Health International
- Global Network of People Living with HIV/AIDS
- Health Systems 20/20 project
- Initiatives, Inc.
- International HIV/AIDS Alliance
- International NGO Training and Research Centre
- John Snow, Inc.
- Joint United Nations Programme on HIV/AIDS
- Kwale Health Systems with Aga Khan Health Services
- Management Sciences for Health
- Management Systems International (MSI)
- MANGO
- MEASURE, Inc.
- Pact
- Papua New Guinea Capacity Building Service Center
- Parliamentarians for Women's Health
- Population Council and Pubcomm, Inc.
- PROFAMILIA
- Research Triangle Institute
- Task Force for Child Survival and Development
- United Kingdom Consortium on AIDS and International Development
- United Kingdom Department for International Development
- United States Agency for International Development
- World Bank
- World Health Organization

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