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Draft Report

HIV/AIDS Capacity Building Survey:

An Analysis of 72 HIV & AIDS Capacity
Building Initiatives Worldwide



Community REACH Program

Community REACH

Draft Report

HIV/AIDS Capacity Building Survey:

An Analysis of 72 HIV & AIDS Capacity
Building Initiatives World-Wide



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Purpose

Pact is convening a global summit on HIV/AIDS sector capacity building in collaboration with USAID's Office of HIV/AIDS (OHA) in November of 2009 to review *what organizational capacity building approaches have worked*; which have resulted in improved services and management of programs and *why*; and *what challenges* are being encountered. To prepare for this effort Pact developed a short survey and requested practitioners from across the globe to provide their opinions and insights on capacity building efforts in the sector. Pact hopes that outcomes of the Summit will influence the selection of recommended approaches to be scaled up and emphasized in future HIV and AIDS programming, as well as to guide practitioners and the community in general in identifying important policy changes for which to advocate.

Methodology

A call for interest to participate in The Capacity Building Summit was widely distributed through various global health and capacity building related listserves in June and July 2009, and was posted on the Pact Inc. HIV/AIDS Capacity Building Summit webpage. The call asked individuals to indicate if they would be interested in attending the Summit and if they would be willing to complete the Summit Survey. Pact sent an internet survey with twenty-six questions, to those who responded affirmatively. Responses were gathered through early October 2009. Qualitative responses were analyzed using standard methodologies and QSR NVivo software.

For the purposes of this study *Capacity Building* was defined broadly and included any action that improved effectiveness of individuals, organizations, networks or systems--including organizational and financial stability, program service delivery, program quality, and growth.

Who responded – who does this data represent?

Some 158 individuals from 131 organizations said that they were willing to answer the survey and were sent the survey link--of these 84 individuals on 82 projects working for 72 different organizations completed the survey (for a 53% response rate). Respondents worked on projects operating in 48 countries (see inset). Just over half (51%) of respondents reported that they worked for an *international* NGO or foundation (such as FHI, MSH, Pact¹, AED, CRS, the Gates Foundation, etc), while a third (33%) worked for a *national* (local) organization, and 16% worked for other types of organizations such as clinics/health service providers, universities, government, or were independent contractors. Eighteen percent (18%) of these organizations were identified as faith-based organizations and 14% as networks.

¹ The majority (87%) of responses were *not* Pact staff (11 responses or 13% of all respondents were Pact employees).

Respondents had worked on HIV/AIDS Capacity Building Projects operating across the globe:

Australia
Belize
Bolivia
Botswana
Brazil
Burkina Faso
Cambodia
Cameroon
China
Cote d'Ivoire
Ecuador
Egypt
El Salvador
Ethiopia
Gambia
Guatemala
Guyana
Haiti
India
Jordan
Kenya
Laos
Lesotho
Malawi
Mozambique
Namibia
Nicaragua
Nigeria
Pakistan
Papua New Guinea
Peru
Philippines
Romania
Russian Federation
Rwanda
Senegal
South Africa
Somalia
Swaziland
Tanzania
Thailand
Trinidad & Tobago
Uganda
UK
USA
Vietnam
Zambia
Zimbabwe

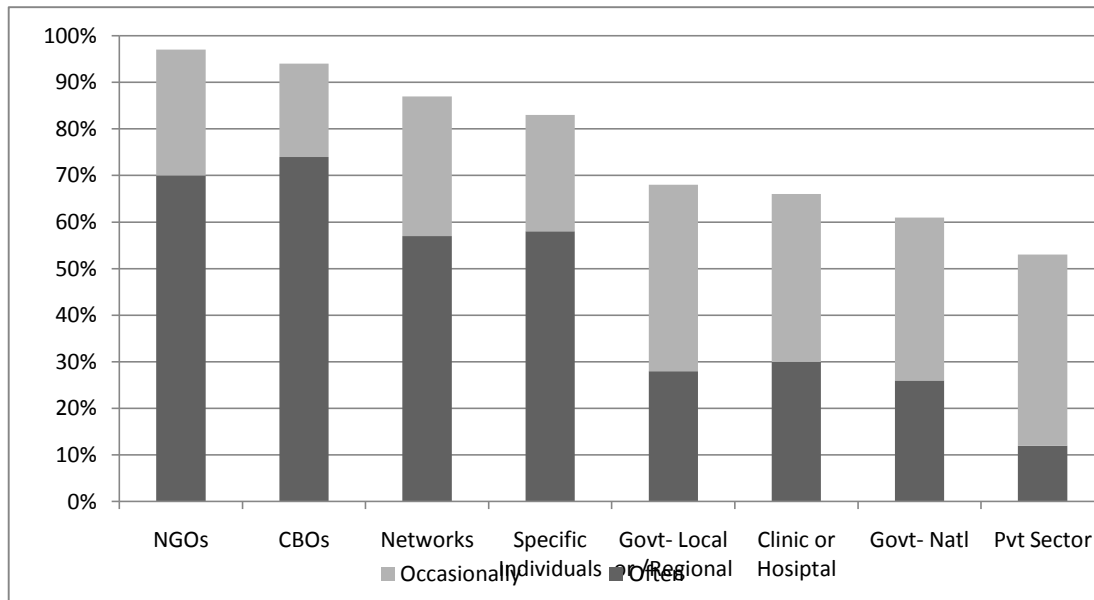
In general how often and whose capacity did they build?

Over fourth-fifths (81%) of respondents reported that their organizations frequently (i.e. *often*) provided capacity building services while just under one fifth of respondents reported their organizations provided these services *occasionally*.

More than half of all respondents reported that they most *often* built the capacity of Community Based Organizations (74%) and Local NGOs (69%). Followed by specific targeted individuals (such as health care professionals, civil society leaders – 58%), and networks (such as PLHIV and other HIV networks - 57%).

More than a third of all respondents reported that they *occasionally* built the capacity of private sector entities (41%), local or regional government entities (40%); clinics or hospitals (36%); and national government bodies (ministries, etc.) (35%).

Type of organizations that were the focus of the capacity building efforts



General Approach to Capacity Building

The survey asked respondents to summarize their organizations' general approach to capacity building.

Two distinct themes emerged with more than half of respondents referring to their approach as being a training-based approach while a quarter of respondents referred to their approach as holistic organizational systems strengthening.

1) *Training based...*

"Our organization adopted a "Training of Trainers" (TOT), approach in its community capacity building on HIV&AIDS for effective and efficient service delivery to their target audience."

"Our organization helps communities meet their own challenges through training—either of community members or of local government officials. The more local the training can be, the more likely it is to be put into practice and to be sustainable."

Common organizational "approaches" to capacity building

- Training-Based
- Holistic organizational system strengthening
- Participatory methods
- Increasing skills of individual staff
- Strengthening local leadership
- Provision of technical assistance

2) *Organizational system strengthening...*

"[Our project] uses a "whole of system" approach by developing capacity in the full range of organizational competencies including such areas as leadership and management, management systems, resource mobilization, organizational governance, and technical expertise."

"Our approach is to build systems within organizations from within themselves. We start with compliance, financial management, human resource development and monitoring and evaluation and then build technical capacity."

3) *Other*

Other approaches noted with some repetition by respondents included that their approach was **participatory**-- involving communities and organizations in processes and decisions; or focused on **increasing the skills of staff, strengthening local leadership, or providing technical assistance**.

"Our approach to CB is that of participatory involvement whereby the local non-governmental organizations are involved in all stages such as development of the assessment tool, participation in organizational assessment and are given a chance to be in forefront in initiating their own institutional strengthening plans."

Most Successful Capacity Building Initiatives

The survey asked respondents to identify one of their most successful capacity building initiatives. As a result seventy-two (72) separate HIV/AIDS capacity building *initiatives* were identified and described by respondents.

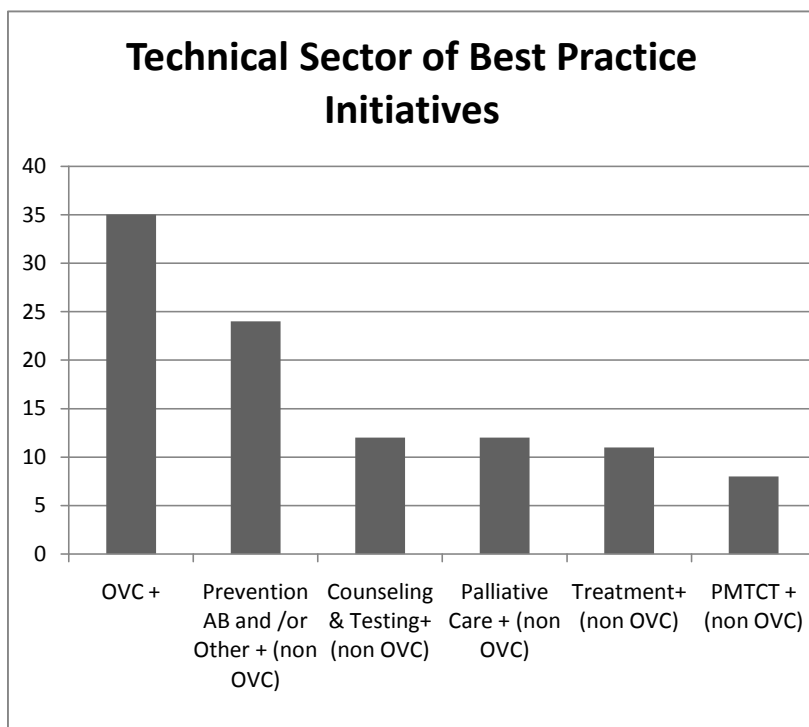
Who was the target of the capacity building effort?

Most commonly, respondents noted that *local implementation organizations* were the primary target of their capacity building efforts, followed by *youth* and *community members*.

In which technical sectors?

Respondents also identified the technical sector the recipient of the capacity building effort was addressing.

Interestingly most of the best practice initiatives identified were relatively complex HIV/AIDS programming with more than two-thirds (67%) working in four or more technical sector services. In fact nearly a third (31%) of the recipients of the capacity building efforts worked in six or seven sectors and one-third (33%) worked in one to three sectors. Half (50%) of the recipients worked in the OVC sector (as well as providing other sector services such as prevention messaging, and palliative care etc).



On what type of epidemic?

Three-fourths of respondents (75%) reported that the recipient of the capacity building effort was working in an area with a generalized epidemic and one-fourth (25%) reported working in an area with a concentrated epidemic.

Length of capacity building effort

The survey asked respondents how long the capacity effort lasted. Most of the initiatives received support in capacity development for a significant length of time with 39% receiving capacity development assistance for three to four years; and an additional 20% running four years or longer. About one-fourth of the initiatives received support in capacity development for one to two years; and 16% of efforts ran for under six months.

Primary Donors

Respondents were asked to list the donor of the capacity building initiatives and the majority of respondents provided the names of several donors.

More than half of the initiatives in the study were funded at least in part by USAID (58%) and an additional 13% by other *Bi-laterals* such as CDC, DoD, AusAid, CIDA, SIDA DFID, Dutch Aid, and Irish Aid etc.

About one-fifth (19%) of the initiatives received some type of *foundation or private donation* for example from the Ford, MacArthur, or Clinton Foundations or from specific religious groups or individuals.

Just under 10% reported donor support from *multi-laterals* such as World Bank, Global Fund, UNICEF, UNIFEM, etc., and 10% reported some type of donor assistance (in funds or commodities) from *host country governments*. Interestingly the government assistance noted was not always from the Ministry of Health but instead from other public sector sources such as the Highway Authority or Department of Justice.

Other sources of donor assistance were also listed in about 10% of the initiatives including self-funding, network or membership funding, mining companies, or academic institutions.

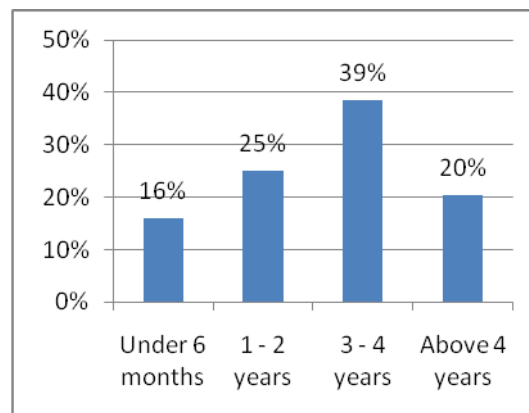
What were the key objectives of the “capacity building effort”?

When asked to identify the key objectives of the identified best practice capacity building initiative, responses in general fell into two major themes:

Group 1 (31 responses) stated its main objective was **to improve HIV/AIDS service delivery, access, practice or prevention messaging** – and in general they defined the objective of the capacity building initiative **as message promotion, training and skill building in service delivery areas.**

Group 2 (29 responses) respondents defined its objectives a bit differently, focusing on an **organizations’ (or groups’ of partners or networks’) internal structures, systems and leadership** – in general they defined the objective of the capacity building initiative **as internal organizational systems development to improve service delivery:**

Length of Capacity Building Assistance



Key Objectives of the Capacity Building Efforts

Group 1

“[The key objective was] to equip them with skills on how to conduct community, social mobilization for PMTCT with focus on male involvement in PMTCT issues”

“We conducted two years of capacity building for the NGO personnel from close to 40 NGOs involved in HIV prevention and care related activities. Training was focused on building knowledge, skills and attitude. [The] key objective... was to build the capacity so they could better deliver services.”

“We designed a training program for individuals and CBOs addressing the issue of HIV/AIDS among the refugee communities.”

Group 2

“We were entrusted with developing the organizational capacity including human resources, facility, policies and implementation plans with an objective to increase intake of males and provide safe, swift and effective adult [male circumcision]MC.

“The objectives of the initiative have been to improve [their] underlying organizational capacity.”

“[The objective was] Strengthened role of organizations and individuals in the Asia and Pacific regions to contribute to effective responses to HIV. ... In collaboration with our partners we support skills building, organizational strengthening and leadership development.”

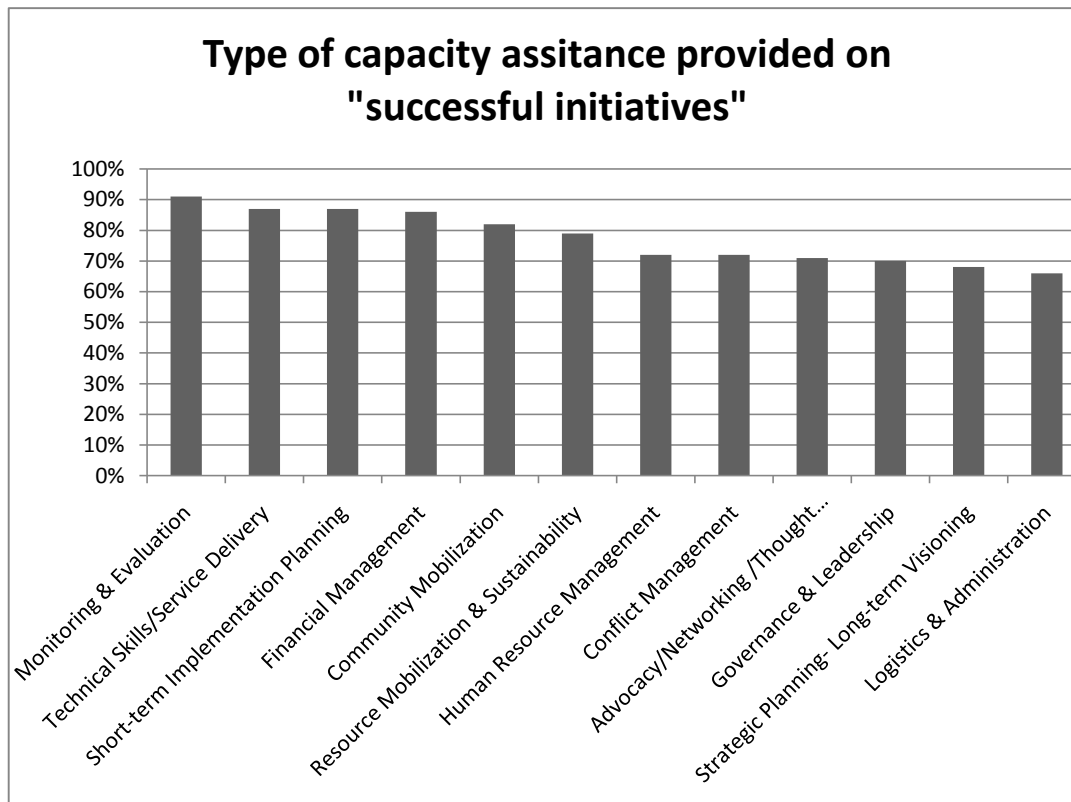
Type of Assistance Provided and Common Delivery Methods

Common types of *assistance* provided in “successful” capacity building efforts

More than 80% of all respondents reported that they provided assistance or support in the following five areas: monitoring and evaluation; technical HIV/AIDS skills/service delivery; project planning (short-term implementation planning); financial management; and community mobilization.

At least 70% also said they provided support in resource mobilization and sustainability; human resource management; and conflict management.

It is interesting to note that more than half of respondents reported that they provided at least 12 *separate services* as part of their capacity building support in their most successful initiatives clearly this seems to indicate **that most successful initiatives receive a comprehensive capacity building service package.**



% of Respondents who reported providing a type of capacity assistance

Service Delivery Methods

Respondents cited training and mentoring/coaching as the two most common service delivery methods. Most often this involved a combination of training and mentoring to deliver each type of assistance. This method was followed by: provision of individual technical assistance / consultancies. To a lesser degree, in most cases less than a third of the time; peer exchange; knowledge management /IT support and grant making were also cited as service delivery methods.

Of 12 services listed, two; technical service delivery and community mobilization required a fairly intensive service delivery approach with more than half of respondents reporting they provided training and mentoring and coaching *with* peer exchange *and* specialized technical assistance/consultancies. Five types of services provided used just training and mentoring as key service delivery methods. These were financial management resource mobilization and sustainability, conflict mgmt, advocacy/networking, and governance and leadership.

Most common methods of service delivery

Type of capacity building assistance / support	Most common methods of service delivery (cited more than 50% of the time)
Technical Service Delivery	Training + Mentoring & Coaching + Peer Exchange + TA/Consultancies
Community Mobilization	Training + Mentoring & Coaching + Peer Exchange + TA/Consultancies
Monitoring and Evaluation	Training + Mentoring & Coaching + TA/Consultancies
Short-term Implementation Planning	Training + Mentoring & Coaching + TA/Consultancies
Long-term Planning/Visioning	Training + Mentoring & Coaching + TA/Consultancies
Human Resource Management	Training + Mentoring & Coaching + TA/Consultancies
Logistics & Administration	Training + Mentoring & Coaching + TA/Consultancies
Financial Management	Training + Mentoring & Coaching
Resource Mobilization & Sustainability	Training + Mentoring & Coaching
Conflict Management	Training + Mentoring & Coaching
Advocacy/Networking	Training + Mentoring & Coaching

What made the capacity building initiative successful?

After describing one of their most successful capacity building initiatives, respondents identified why they thought the initiative was successful; what about the initiative they found most promising. The recurring ideas are presented below:

Networking and Joint Coordination

More common answers across respondents included responses referring to the positive aspects of **networking** which was seen as important for the role it played in **building partnerships to increase scale-up** and support **longer term sustainability**

“The most promising aspect is that we have built strong partnerships and participants of the network support each other”;

“[the initiative built] a bridge of cooperation between organizations which share a common goal”;

“The Program seeks to build durable and long-standing relationships between partners, which can change and adjust as capacity develops...being guided by our partnerships ensures that the program is appropriate and effective, and conforms to principles of local ownership.”

Ownership

Also commonly cited were the positive aspects of building **ownership** which was seen as important for the perceived role it played in forwarding program accountability and sustainability of the program:

“Our project has community ownership therefore there is an inherent desire to continue the work”; *“By ensuring that all staff who participate have a voice in building the capacity of the organization, the process promotes ownership thereby securing accountability of the staff for implementation.”*

Participation

Participation was also commonly reported as a key aspect of a successful initiative, with respondents citing the benefits of a **participatory approach** or noting **high levels of participation** in the program. *“The initiative was successful due to the participatory approach at each stage of development.”;* *“The success was determined based on the turn out and participation of invitees.”*

What made the Capacity Building Initiative Successful?

Key aspect	Why important
Networking and Joint Coordination	Increased partnership which improved scale up and sustainability
Ownership	Ensured accountability and increased chances of sustainability
Participation	Increased involvement and turn out in program activities
Awareness Raising	Increased knowledge and understanding
Holistic and transparent approach	Comprehensive and - open nature
Needs Driven	Self-determination-- reflects what the community or organization needs and wants

Awareness Raising

Respondents, most commonly respondents from national organizations, noted the role **awareness raising** played in the success of their initiative as it **increased knowledge and understanding of HIV/AIDS related issues**.

"It was successful because ... the message we had shared during our workshops and sensitizations had worked"; "[The initiative was successful because it] enabled us to build capacity of our NGOs members that lead to raised community awareness on HIV/ AIDS prevention."

Holistic / Comprehensive

Several respondents cited the holistic and comprehensive nature of the capacity building approach as a key aspect of what made their capacity initiative successful.

"This initiative was successful because there was scope for a comprehensive approach to capacity building. It had elements of assessment, training at various levels - central, regional and at the project site, training follow-up in the field and provided hand holding support to crystallize learning, focus on building skills.";

"...we do not focus solely on strengthening activities, but we also look beyond activities to... strengthen the overall management of the local organization, even including other programs";

Transparent / Open

Several respondents cited the transparent and open nature of the capacity building approach as a key aspect of what made their capacity initiative successful:

"...the culture of openness and transparency is slowly being cultivated".

"The most promising aspects of this initiative are that it encourages a holistic and transparent approach to capacity building, one that focuses on strengthening both technical and organizational skills and reinforces key elements of mutual respect and accountability";

Interestingly, *international organizations* more commonly listed holistic and transparent attributes as key aspects of a successful capacity building program than did national organizations.

Needs Driven

Finally, respondents also commonly cited that the initiative was successful because it was **needs driven**:

"...we were able to assist organizations in ways that they decided, leading to organizations that grew in relationship to their perceived needs.";

"Capacity building for representatives of community structures must be practical, driven by the realities of daily life, and oriented toward their needs and expectations in order to create the proper conditions for stimulating the effective and long-term adoption of new skills.';

This initiative has been successful because it has been driven by community-defined needs."

What aspects of the capacity building initiative were the most challenging – What were the barriers to implementation?

After describing what made their capacity building initiative successful, respondents identified aspects of the initiative that were the most challenging for implementation – what they felt were the barriers they had encountered in implementing the capacity building program? The recurring ideas are presented below:

What were the Barriers to Implementation?

General Setting / Context

By nearly a two to one margin the most common challenges reported had to do with issues around the general setting or context / environment in which respondents were working - of particular note were issues with *low levels of literacy and long distances to project sites; a lack of basic commodities and infrastructure and the lack of political will or an enabling environment.*

“Challenges have included training people with very low literacy levels to conduct comprehensive HIV testing and counseling services.”

“The biggest challenge is that so many communities are only accessible by foot or by boat.”

“Unreliable/inaccessible pharmaceutical and laboratory systems”

“Limited test kits and other commodities”

“There is no political will and support to implement HIV/AIDS initiative in Somaliland”

“The environment was not very conducive because of the fluidity of the political situation at that time it did not give us the free space to operate.”

“Key challenges included the fact that both sex work and homosexuality in Kenya is criminalized.”

Cultural and Religious Barriers

Respondents also frequently reported challenges relating to cultural and religious barriers and resulting conflict or stigma around HIV programming.

“The most challenging aspect of the initiative implementation is the non-supportive hand from the Muslim leaders who we found difficult to share our ideas and strategies within our service delivery”

“Cultural and religious barriers especially by the Roman Catholic Church.”

Common Themes
Context - General Setting <ul style="list-style-type: none"> • Literacy • Distance /rural nature • Lack of basic commodities and infrastructure • Lack of political will or enabling environment
Conflict with cultural or religious values
Time and costs
Lack of trained staff

Time and / or Costs

About a fifth of respondents reported challenges with time and/or costs either for program implementation or for longer term sustainability of programs:

“I think the most challenging thing during the implementation was that we found out that we had a lot to do with very few funds. “

“Creating, strengthening and institutionalizing these structures, particularly where they have previously not existed, requires a significant time and resources.”

Lack of Trained Staff

There was also some concern over a lack of trained staff or availability of qualified human resources. A few respondents mentioned staff turnover as a problem.

“I believe the main barrier to implementation is the country wide lack of qualified personnel to conduct testing and counseling on a wide scale.”

What was the Impact of the Capacity Building Initiative?

Respondents were asked to identify what had been the impact of the capacity building initiative. There were four key themes in responses:

1) Increased Scale and Reach / More Access to Services

Respondents stated that they felt the impact of their work was an increase in scale and outreach of HIV related programming:

“The scale up on the program to several new sites has increased access to services [to] OVC who previously had very little or no service delivery in their areas.”

“At this point the network reaches 3.3 million people - 35% to 40% of national population (access improved) Multiple health indicators improved dramatically (95% immunization rate across population served, over 25% of HIV/AIDS services (nationwide) provided using under 10% of resources expended in country are examples)”

“We trained 1,520 community Health Workers and 400 peer educators and 500 youths groups, 1,800 women groups and 60 women networks and reached people in communities, churches, and schools with HIV/AIDS and AB and C (abstinence, be faithful, use condoms) messages – all of which have impacted behavior.”

Impact of Capacity Building Programs – 4 Common Themes

- Increased Scale and Reach / More Access to Services
- Improved Capacity to Plan and Implement Programs
- Improved Service Delivery / Quality of Care
- Improved HIV/ AIDS Education & Knowledge

2) Improved Capacity to Plan and Implement Programs

Another common theme in respondent's answers was that they believed the impact of the capacity building effort was an improved ability of organizations, health care providers, government and communities to plan and implement HIV and AIDS programming:

"We already knew that partners had the ability to reach beneficiaries through their close community ties; through [our program] however, our partners were able to learn about how to manage HIV prevention and care programs, organize large trainings, holistically support OVC, and develop stronger cooperatives. They also learned how to make their organizations stronger through organizational development techniques, such as strategic planning, fundraising, and human resources management."

"Capacity among government offices was increased so they could better coordinate the national response to HIV/AIDS"

3) Improved Service Delivery / Quality of Care

Respondents also commonly noted that they felt a major impact of their capacity building effort was improvements in service delivery and quality of care:

"Volunteers proved they were capable of doing quality care and able to take on new tasks (adherence counseling and monitoring)."

"This project, now well documented, is considered a most impressive example of meeting high demand for [male circumcision] MC with excellent supply, under strict quality control measures; offering a replicable model for capacity building in the area of MC for HIV prevention and reducing HIV infection on individual and community levels."

"Capacity Building initiatives improved Clinic services"

"Change in the quality culture of health providers and managers."

4) Improved Education/ Knowledge that will lead to improved practice /prevention

The fourth repeated theme respondents reported was that that they felt a major impact of their program was an increase in community knowledge and awareness of HIV and AIDS which they felt then would result in improved prevention practices:

"Majority of Community people now know where to go for health services and how to protect themselves."

"... improving their knowledge and practice towards prevention of HIV."

Key Fundamental Tenets of Capacity Building

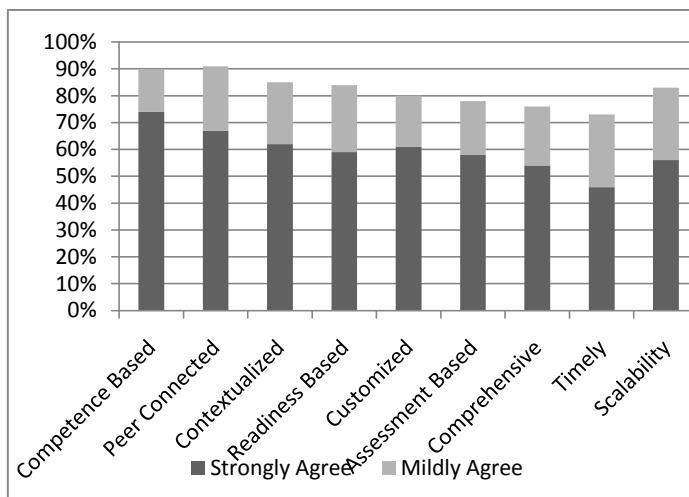
1. **Competence-Based:** The capacity building services are offered by well-trained providers and requested by knowledgeable, sophisticated customers
2. **Peer-Connected:** There are opportunities for peer-to-peer networking, mentoring and information sharing
3. **Contextualized:** Occurs in the larger context of other strengthening services a not-for-profit is receiving. Incorporates an understanding of the NGO's environment.
4. **Readiness-Based (Demand Driven):** The not-for-profit "client" is ready to receive this specialized kind of service (i.e. not in a crisis)
5. **Customized:** Responds to the project's critical questions – and to strengthening needs identified by the organization
6. **Assessment-Based (Builds Local Ownership):** Entails a thorough assessment of the needs and assets of the organization and community
7. **Comprehensive (Multi-modal):** There is some degree of "one-stop shopping" for capacity building services
8. **Timeliness:** The balanced space between actions which are taken too slowly or too quickly
9. **Scalability:** Activities are well documented and assumptions are tested in order that the project and the broader development community may benefit from efforts

Did the best practice initiatives incorporate the key fundamental tenets of capacity building?

Respondents were asked a series of questions about their most successful initiative and asked to determine if the initiative met the tenets of sound capacity building practice (these tenets were drawn from a literature review)². The idea was to see if the initiatives selected as most successful did or did not meet the key factors / tenets which the literature states contributes to effective capacity building.

In general, respondents *did* believe that their most successful initiatives met the fundamental tenets with a few interesting nuances in their responses.

Did Initiatives Meet Capacity Building Criteria?



² Organizational Development: Lessons from more than a decade of field practice. L. Tessege et al 2008. Building Capacity, Granting for Impact- Research report. The Ontario Trillium Foundation. April 2005
Arizona Non Profit Capacity Building Initiative- Best Practices Report. 2002.
Building Capacity in Non Profit Organizations. Edited by Carol J. De Vita and Cory Fleming. The Urban Institute. 2001

Competence Based & Peer Connected

Most respondents (90%+) believed that the capacity building services were provided by well trained, highly competent service providers and they also felt that capacity initiatives offered opportunities for peer-to-peer networking, such as mentoring and information sharing between similar organizations.

Contextualized & Readiness Based

Most respondents (80%+) also reported that the capacity building took into sufficient account the larger context the organization was operating within and incorporating an understanding of the NGO's environment. This is interesting as respondents also listed the operating context as being one of the key challenges to program implementation – one they apparently felt they addressed sufficiently. Respondents also reported that they felt the initiative met the *readiness based* tenet and noted that they thought the organization or group being targeted was ready to receive capacity building services (e.g. it was not in crisis, etc.).

Customized & Assessment Based

Respondents agree but begin to show more diversity in their response on the issue of whether their capacity building initiative was actually customized and assessment based. In general about 80% agreed that the initiative met these tenets but one-fifth (20%) was not comfortable in stating that it responded to the project's critical questions and to strengthening specific needs relevant to HIV/AIDS implementation or was based on an individualized unique assessment where the target organizations identified their own strengths and weaknesses.

Comprehensive

Similarly respondents were also less uniform on whether they thought the capacity building effort was *comprehensive* with 75% agreeing that there was a wide variation in the scope of services offered but nearly a quarter (24%) *disagreeing* thus implying they felt a limited scope of services had been offered.

Timely

Respondents were most diverse in their opinions on whether they felt the capacity effort was timely – a full one-quarter of all respondents reported that they did not believe there was sufficient time to roll out activities so that individuals and organizations could absorb change appropriately.

Scalability

Respondents were asked what they thought the potential scalability of this initiative was and why they thought it would or would not be scalable. In addition they were asked if the capacity building services were well documented so others in the broader development community may benefit from the experience and if their organization had undertaken any formal evaluation of this initiative.

72% of organizations had NOT undertaken any formal evaluation of the capacity building initiative.

Was the initiative documented and evaluated in a manner that could be shared?

In an interesting juxtaposition more than half of respondents reported that they strongly agreed (56%) that the capacity building services were well documented (and 27% mildly agreed) so that others may learn from them but nearly three quarters (72%) of respondents reported that they had **not undertaken any formal evaluation** of the initiative in a manner that could be shared. More than a third (38%) had done an evaluation and provided it as part of their response.

Was the initiative scalable?

All respondents reported that they believed the initiative was scalable and more than 10% reported that they had already done so.

The more common reasons respondents provided for *why* they thought the initiative was scalable was that it was adaptable, practical and that manuals and program frameworks existed that could be shared. Other ideas included that because there was great ownership and participation, partners and communities would naturally roll out the program further, that after the capacity effort there were more trained staff and volunteers available, that substantive partnerships had been formed that could encourage further scale-up and that there was a certain simplicity in the process that made the effort scalable and replicable.

“This program is quite scalable and, in fact, was successfully expanded to include new partners under a different project about a year ago. While some modification of tools, such as the capacity assessments and plans, needs to take place to ensure relevancy of technical indicators for new projects or new contexts, the concepts that we use to build capacity are easily replicable in other contexts”

“The model can be replicated and scaled up fairly quickly as all the tools and relevant process has been documented and experience on what will work and what does not work is available.”

A few respondents noted however some limitations to scalability noting the costs involved in running the program were significant so scale would require further funding, concerns that if the program got too large, local ownership might be lost, that there was a lack of documented models and information on the initiative that could be shared with and used by others. Respondents also noted that trained staff had limited time and availability, and that capacity building took a long term investment that required considerable commitment.

Conclusion - Way Forward and Call for Further Research

The information gathered from the survey data provides us with an interesting and useful starting point for conversations at the Capacity Building Summit. The following are some highlights and conclusions that we have drawn from the data. Each conclusion is followed by a question that summit participants may want to pursue further over the course of the two days.

1. 58% of capacity building initiatives documented by survey respondents were funded by USAID. 13% of respondents reported they had received funding from other bi-lateral donors, 10% from multi-lateral donors, and 19% from foundations.

To what extent is this information useful in informing an advocacy strategy for capacity building? Given the difference in funding levels, should our advocacy approach with USAID be different to our advocacy with other donors?

2. 80% of funding for capacity building was for initiatives lasting less than 4 years, and 16% was for funding was for initiatives lasting less than six months.

We often talk about the need for capacity building to be long-term, in order to ensure sustainability and impact. However, it appears that most current funding is for short-, or medium-term initiatives. What does this mean for us moving forward?

3. The majority of capacity building initiatives identified as successful have been undertaken at the organizational level. The primary recipients of organizational capacity building have been Community Based Organizations and local Non-Governmental Organizations. Most other successful capacity building initiatives have been undertaken with individuals such as healthcare professionals and civil society leaders.

The capacity building literature speaks of the need to strengthen networks, systems and even ecosystems of actors in order to have the greatest impact on complex issues such as HIV/AIDS, poverty and climate change. Should we be looking to focus more at building capacity at systemic levels, in addition to with organizations and individuals, moving forward? If so, how might we go about doing this?

4. More than half of respondents provided at least 12 separate services as part of their capacity building support.

Most successful capacity building initiatives appear to employ a comprehensive service package. How can we ensure that service providers are delivering the right mix of services, and that services in any given area are provided by the most competent providers?

5. The most common forms of service delivery cited were training, mentoring/coaching and technical assistance consultancies.

Given what we know about adult and organization learning – that they are based on incentives and occur through experimentation and discovery – are these common approaches to capacity building the most impactful? What other, complementary approaches to capacity building should we be looking to scale-up?

6. When asked what had made their capacity building initiatives successful, capacity building providers cited networking and joint coordination as their most common answer. Other attributes of successful capacity building initiatives included ownership, participation, awareness raising, a holistic and transparent approach, and a needs-driven orientation.

The assertion that networking plays a key role in successful capacity building indicates that providers are aware of the value of an approach to capacity building that integrates multiple actors across a system. How can we leverage these lessons to foster greater systemic level change?

7. By nearly a two to one margin the most common challenges reported had to do with issues around the general setting or context in which capacity builders were working - of particular note were issues with *low levels of literacy* and *long distances to project sites*; a *lack of basic commodities and infrastructure* and the *lack of political will or an enabling environment*.

We have always known about the impact of context on the design and delivery of capacity building activities. The results of this survey support this. How can we ensure that our capacity building practice takes varying country contexts and their unique challenges into account?

8. Respondents stated that the greatest impact of their work was an increase in scale and outreach of HIV related programming. Other common impacts of capacity building efforts were an improved ability to plan and implement HIV/AIDS programming, improvements in service delivery and quality of care, and increased knowledge and awareness of HIV/AIDS resulting in improved prevention practices. Despite these assertions, however, 72% of organizations had not undertaken any formal evaluation of the capacity building initiative.

Too much of the information about what works in capacity building remains anecdotal and unsupported. The monitoring and evaluation of capacity building activities is an important, but difficult process. How can we ensure that we develop a body of knowledge around the impact of capacity building initiatives that is useful in informing practice and assisting advocacy efforts?

In reviewing *what organizational capacity building approaches have worked* and have resulted in improved services and management of programs and *why and what challenges* are being encountered; it is hoped that outcomes of this survey and the capacity building summit will influence the selection of recommended approaches to be scaled up and emphasized in future HIV and AIDS programming.

While this data set represents a milestone, further information needs to be collected relating to the impact and quality of capacity building efforts in HIV and AIDS programming. All data have their limitations and this survey is not an exception, results can only be generalized to the initiatives that are presented in the dataset and may not represent other capacity building initiatives.

Furthermore, responses were not intended to describe and evaluate initiatives in detail, and thus the data presented represents more of a snapshot, rather than a comprehensive study, of the state of practice in HIV/AIDS capacity building efforts at this time.

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