

Visions of Success and Challenges: HIV/AIDS Capacity Building Summit

Capacity Building

Care Treatment

Prevention

Vaccines

Frank Beadle de Palomo

**Senior Vice President and Director, Global
HIV/AIDS Programs, AED Center on AIDS &
Community Health**



Center on AIDS & Community Health

Overview of Presentation

- The NPI Capacity Building Model
- NPI Lessons Learned
- AED's Learnings from NPI and other Capacity Building Efforts
- Capacity Building in 2020

Capacity Building

Care Treatment

Prevention

Vaccines





New Partners
Initiative

New Partners Initiative (NPI)

Capacity Building

Care Treatment

Prevention

Vaccines

- **Launched on World AIDS Day in 2005, NPI is PEPFAR's signature effort to help new and diverse partners build their capacity to fight HIV/AIDS at the local level**
- **Funded NGOs (Partners) have capacity in reaching people who need HIV/AIDS services, but may lack experience in working with the USG (and may need technical strengthening)**
- **Three Rounds (to date)**
 - Round 1: AED is the TA Provider for 22 Grantees
 - Round 2: JSI is the TA Provider to 13 Grantees; AED provides TA to one Round 2 Grantee
 - Round 3: AED and JSI both provide TA (total of 19 Grantees)
- **NPI is jointly implemented by USAID, CDC, and HRSA**



The NPI Capacity Building Model

- The NPI Capacity Building Model is a:
Participatory Capacity Development Model



- AED has set up staff in two core regions (East Africa and Southern Africa, as well as staff in Cote d'Ivoire, Haiti and Vietnam) to provide "liaison handled" TA
- JSI has set up core staff in East Africa, and embeds a staff person in each agency
- Initial TA was focused on Program and Financial Management; now shifting more strongly to technical

Capacity Building

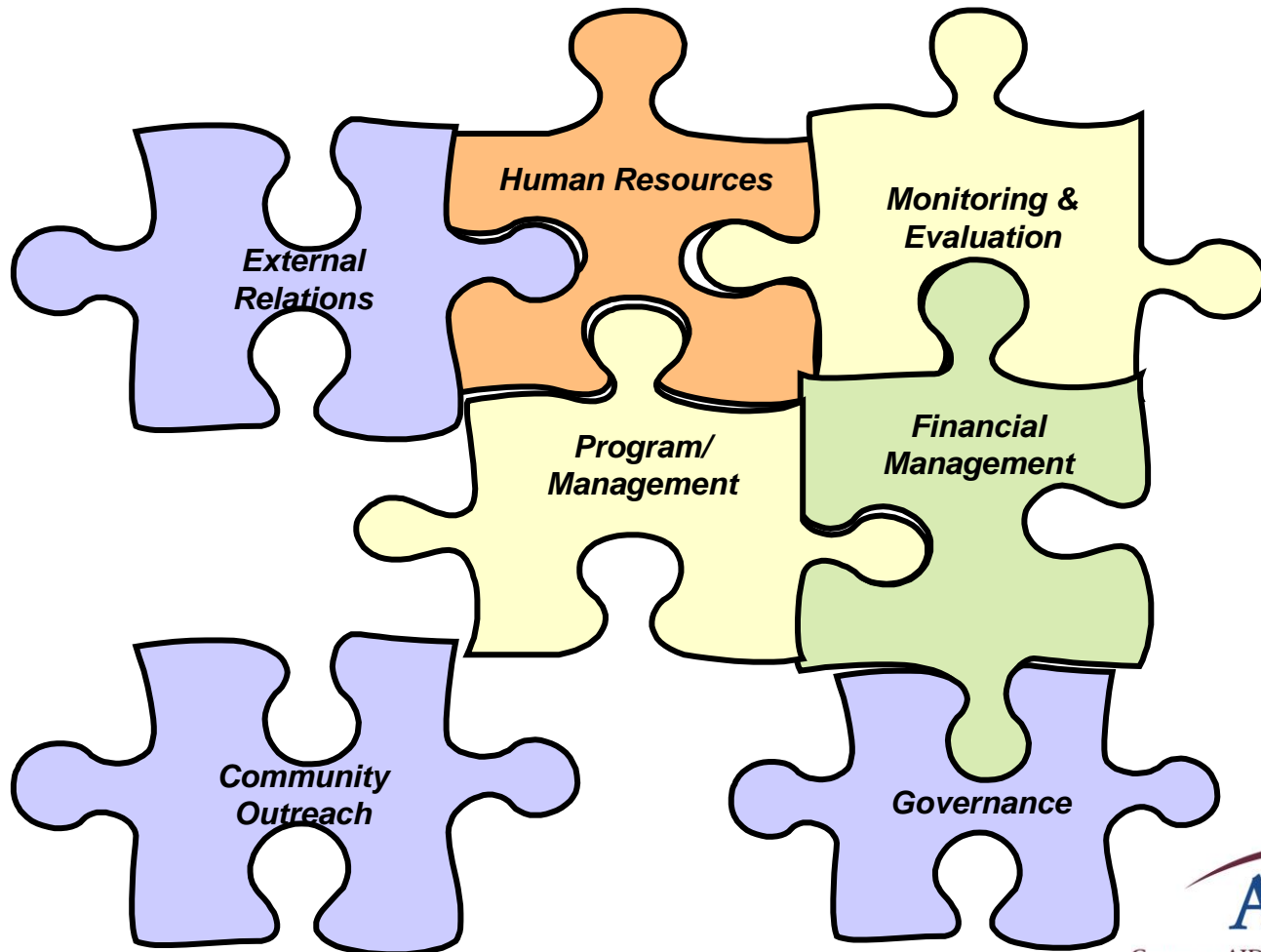
Care Treatment

Prevention

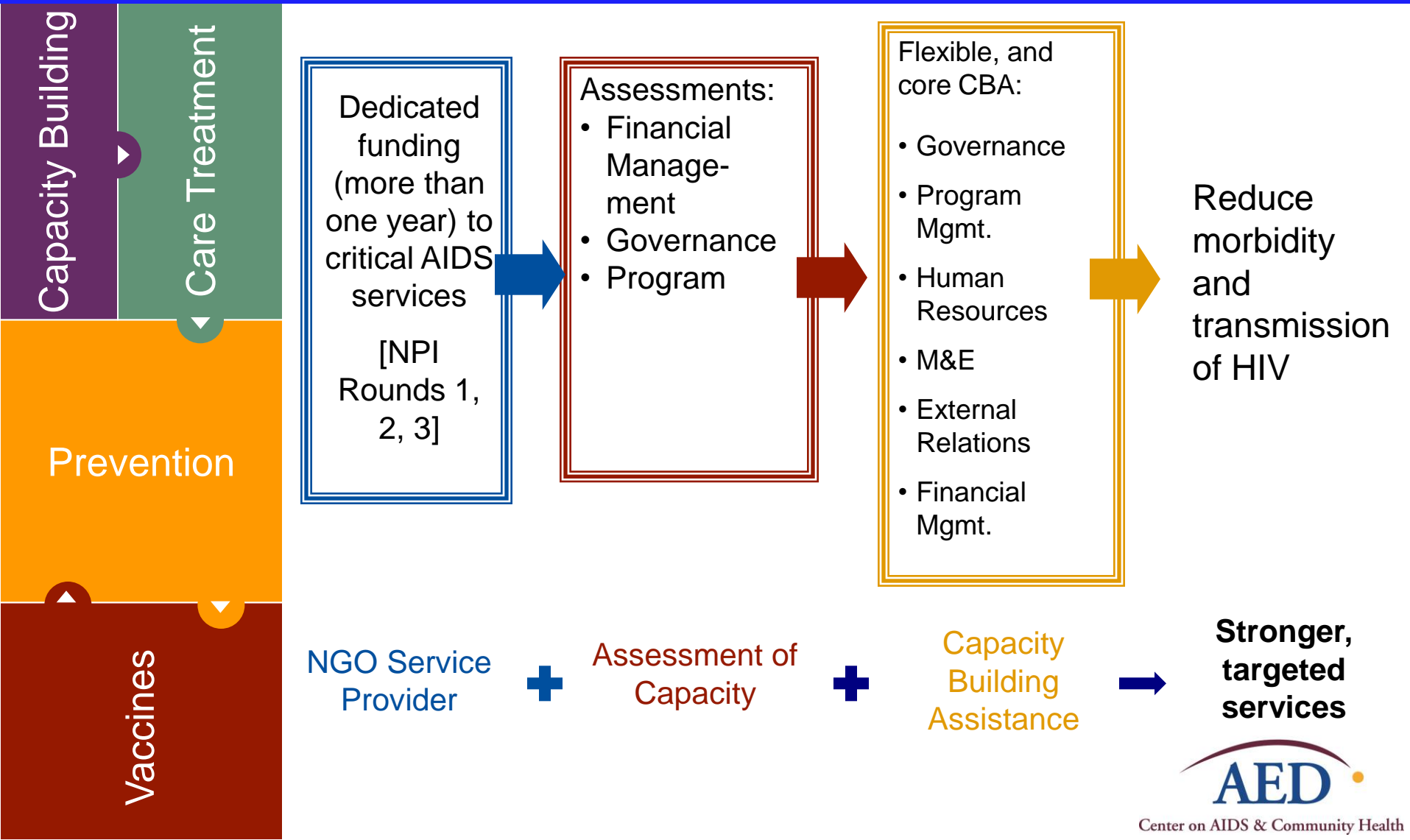
Vaccines

NPI Model

- Begin with an organizational capacity assessment to review grantee capacity in “core” areas, including:



Capacity Building Can Reduce HIV Transmission



Successes from Providing TA to Round 1 Grantees

Capacity Building

Care Treatment

Prevention

Vaccines

- Organizational assessments have helped identify strengths and gaps (*helped organizations know what they don't know*)
- Positive peer pressure among grantees has increased affinity for adherence to compliance
- Assisted in developing relationships with local missions, Technical Working Groups, and also other funding sources
- Building confidence and skills to seek other funding sources
- Improved governance procedures have led to grantees seeking registration, increased board oversight, and increased staff integrity
- Improved data quality management and greater linkages into national reporting structures
- Funding (and TA) has raised the profile of grantees providing enhanced recognition with host governments

Successes from Providing TA to Round 1 Grantees (con't)

Capacity Building

Care Treatment

Prevention

Vaccines

- Training workshops have provided a large number of organizations with “first time” access to materials in key areas (e.g., M&E, data quality, Financial Management, and OD)
- Reduced stigma in requesting TA: Providers are able to provide tools to grantees, particularly on specific HIV technical areas.
- TA provider able to introduce new concepts, e.g. data quality which grantees have not been exposed to previously
- Use of electronic communication technology has increased capacity to provide TA to grantees.
- Including sub-grantee implementers builds capacity of both the grantee and other implementing partners
- Peer-based site visits have allowed grantees to see first-hand best practices

Challenges in Providing TA

Capacity Building

Care Treatment

Prevention

Vaccines

- **Limited staff capacity:** Some grantees' staff do not have the capacity to implement TA-recommended follow up
- **“TA focal points” are not always available:** not all organizations have enough or appropriate staff to serve as a focal point for particular TA assignments
- **Diffusion is not automatic:** staff who attend training may not have the ability or mandate to transfer acquired skills, knowledge, and practices to the next tier of staff, field staff, or to sub-grantees
- **High staff turnover:** high turnover for key positions; staff who acquire skills and are often “poached” by larger NGOs to work in other USG-funded programs
- **Hard to prioritize time for quality assurance:** conducting adequate follow up to ensure that tools/resources are being used appropriately by grantees to enhance their organization and systems is a challenge (both in terms of time and cost)

Challenges in Providing TA (con't)

Capacity Building

Care Treatment

Prevention

Vaccines

- **Building the capacity of subs is not a top priority for all grantees:** some grantees do not take on their role of adequately supporting sub-grantees; often demanding that AED build the capacity and provide the quality assurance
- **Previous “cookie-cutter” TA not always helpful:** some grantees have had external firms develop their policies/procedures, which are often too generic and do not reflect the needs of organization (creating policies/procedures that are sometimes incorrect, harmful, or useless)
- **Original timeframes may be unrealistic:** the duration of funding for some grantees is insufficient to build sustainable programs or to create adequate linkages with US missions and other implementers
- **End-of-Project anxiety:** uncertainty regarding continuation of funding (or new funding) is beginning to preoccupy grantees (somewhat taking the focus away from achieving outcomes)

Learnings for Implementing NPI & Other Capacity Building Programs

Capacity Building

Care Treatment

Prevention

Vaccines

- **AED has been implementing HIV/AIDS-focused capacity building for over 15 years**, including:
 - CAP Botswana – Speak for the Child (Kenya)
 - COMCAVI (Honduras) – UGM (South Africa)
 - LPCB (Zambia) – Plus U.S. programs (50 states, plus 8 Territories)
- **Standards:** Development of standard training tools and curricula for core OD/CB areas (e.g., Financial management, Project planning and design, M&E, etc.) are critical to addressing standard issues with partners
 - However, a major need to adapt and tailor programs for varying capacity levels
- **Rigorous approach to M&E:** COMCAVI required monthly process reports and partners were given opportunities to correct the issues or be put on probation, with eventual graduation

Learnings for Implementing NPI & Other Capacity Building Programs (con't)

Capacity Building

Care Treatment

Prevention

Vaccines

- **Selection of grant partners:**

- When partners are pre-determined by donor, can be positive, as no favoritism is shown by implementer
- May also be limiting (having no connection to decision)
- May not be targeted: cannot solicit an open process and select the “best” or most deserving partners.

- **Sustainability:** How do we address sustaining services after program funding ends?

- Need to begin working on sustainability from the beginning

- **Resource development/diversification of funds:**

- Partners often pay consultants to write proposals to win and do not pay as much attention to what's been proposed, thus unrealistic budgets, stretching outside of niches to win. Grantees are busy implementing program, often do not make time for program development. When additional funds arrive, hard to shift operations to address this new funding (ability to scale up or down)

Learnings for Implementing NPI & Other Capacity Building Programs (con't)

Capacity Building

Care Treatment

Prevention

Vaccines

- **Major difference in sustainability between care services and prevention providers:**
 - For example, often difficult for OVC Care and Support partners to create an exit strategy.
 - Often easier for prevention partners
- **Strategic and exit planning:** needs to occur very early in the project life cycle to be most effective.
- **Customized yet flexible approach to capacity building:** every partner is different with different needs. TA has to respond.
- **Onerous Reporting requirements:** desire and need to coordinate reporting requirements of grantees, too many reports, burdensome on partners (COPs, work plans, quarterly, semi-annual and annual reports, etc).

Capacity Building: 2020

- Donor Collaboration on:
 - Needs Assessment
 - Audits/Controls
 - Governance
 - Required skills sets (staff, Directors, etc.)
- Third-Party, Universal: “*Seal of Good Housekeeping*”
- Sustainable Investment (look to agriculture and environment)
 - Seed capital

Capacity Building

Care Treatment

Prevention

Vaccines