



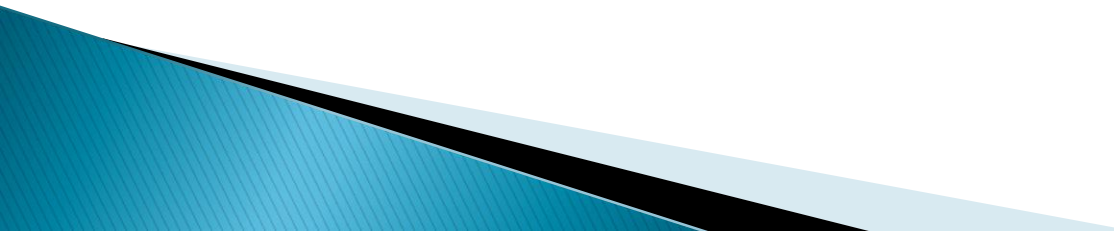
**USAID**  
FROM THE AMERICAN PEOPLE




# Defining Capacity Building for HIV/AIDS

HIV/AIDS Capacity Building Summit  
Washington, DC, 17–18 November, 2009

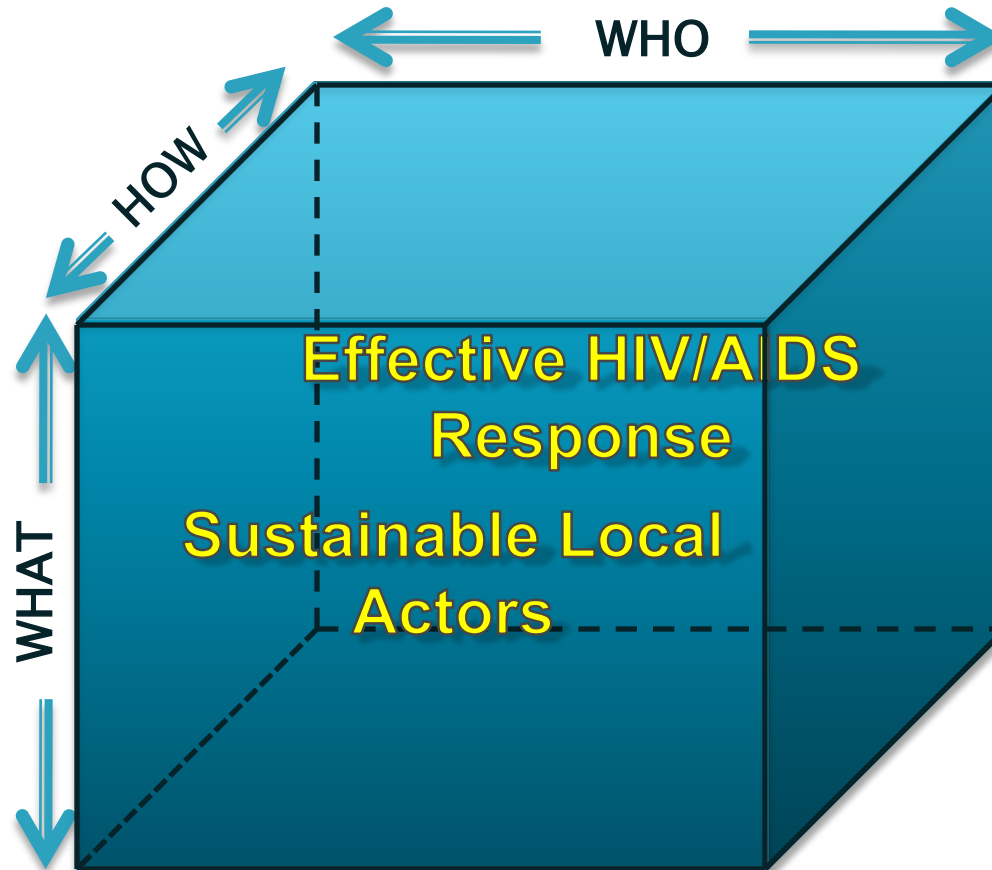
# Objective

- ▶ Define the continuum of Capacity Building approaches within the HIV/AIDS sector, and identify those that have been most successful in:
    1. Improving the sustainability of local actors
    2. Increasing the efficacy of the HIV/AIDS response
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# Capacity Building for the HIV/AIDS Sector – Working Definitions

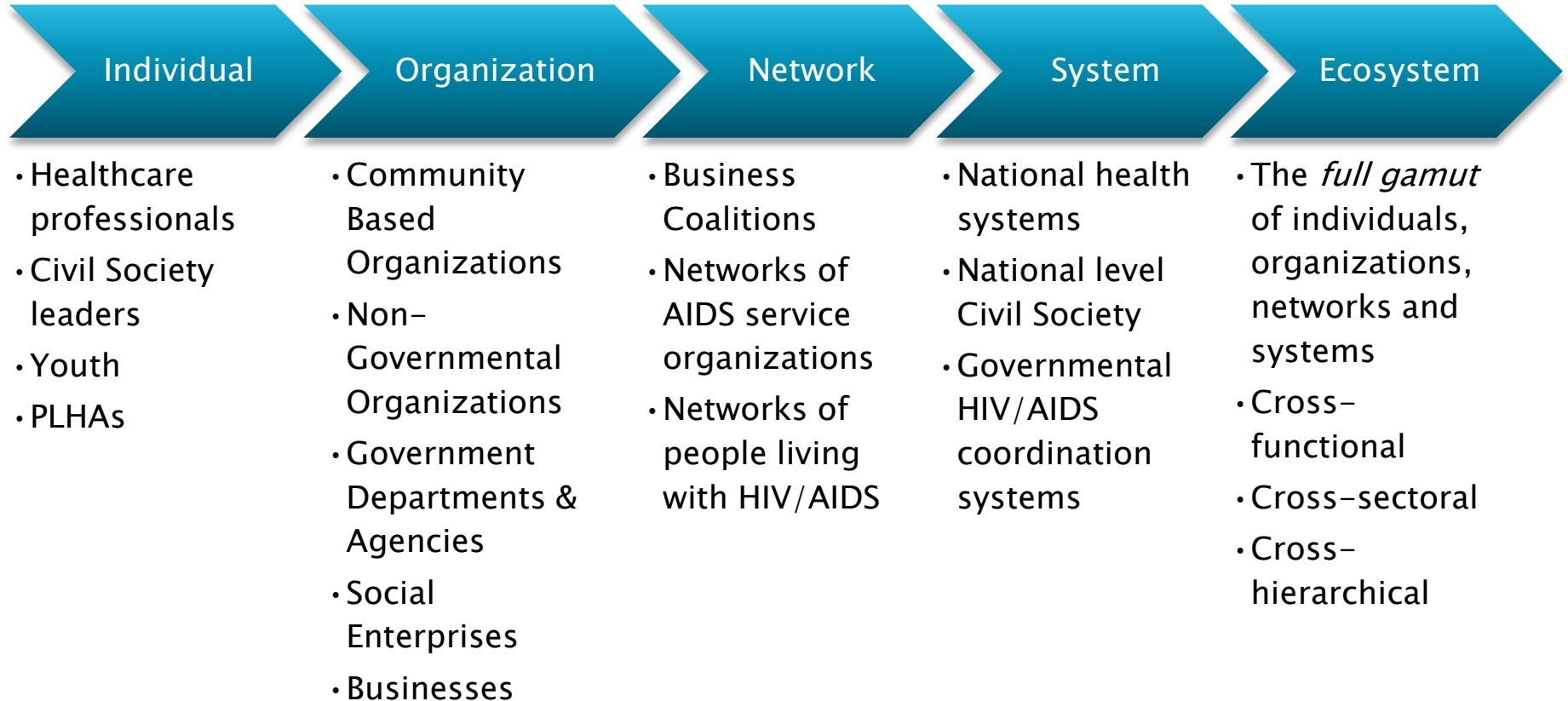
- ▶ Capacity building is any action that improves effectiveness of individuals, organizations, networks or systems—including organizational and financial stability, program service delivery, program quality, and growth.
  - ▶ Capacity building is a long term process that improves the ability of a person/individual,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

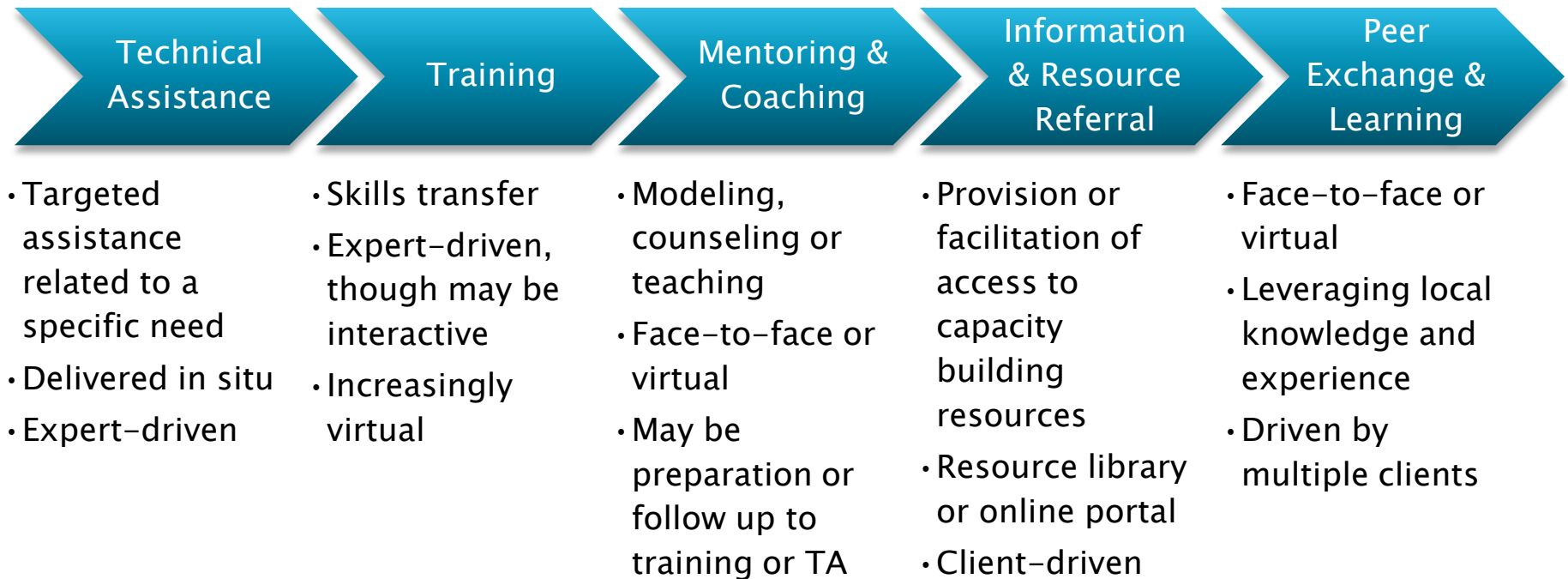


TENETS OF GOOD  
CAPACITY BUILDING

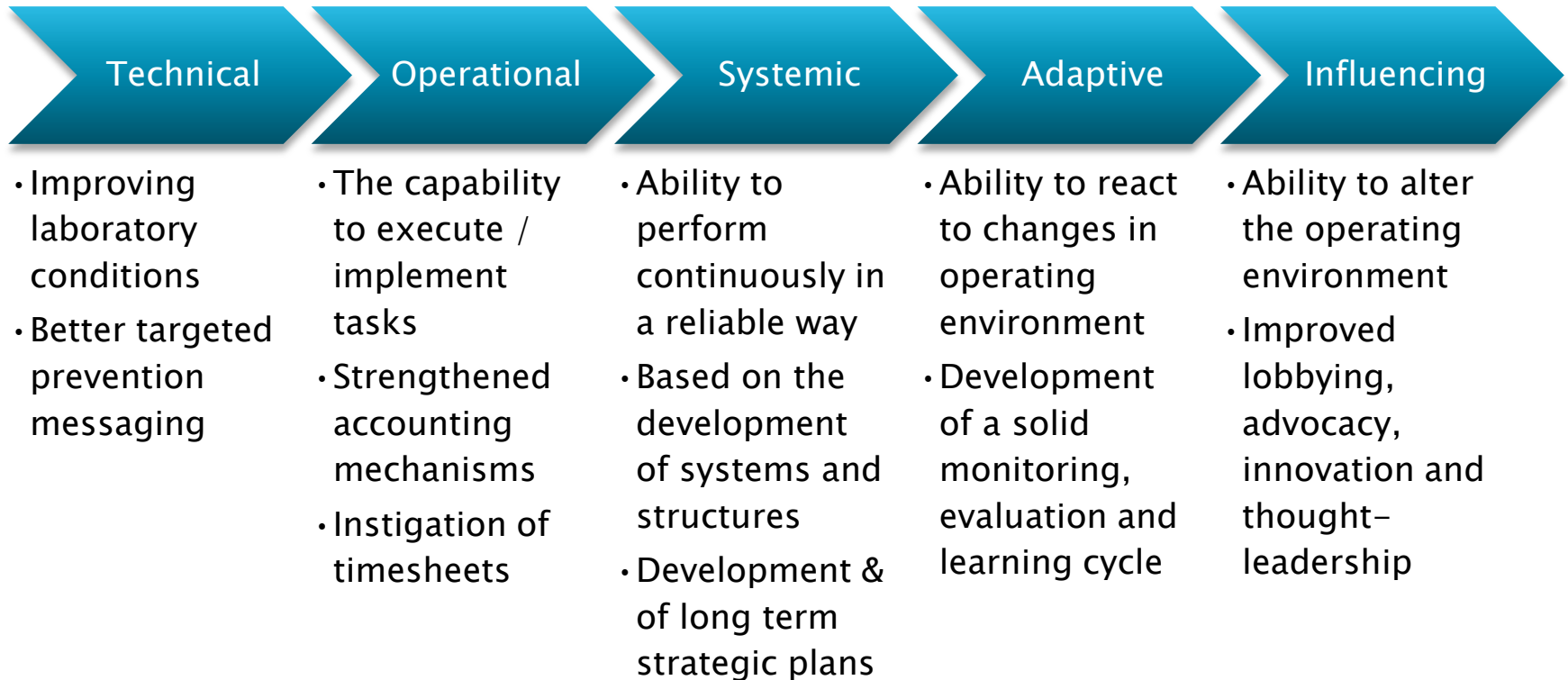
# Continuum 1: Who's Capacity is Being Built?



# Continuum 2: How is Capacity Being Built?

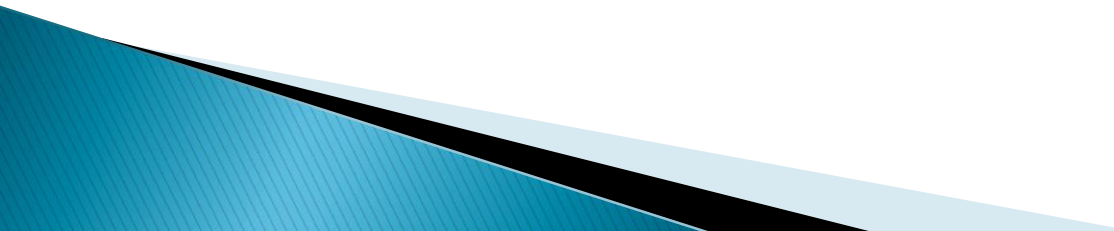


# Continuum 3: What Capacities are Being Built?

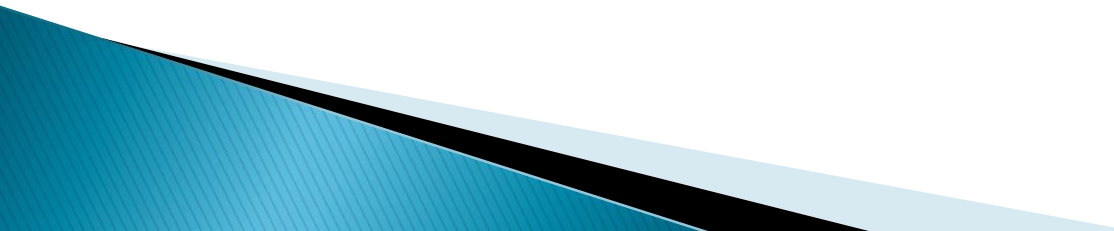


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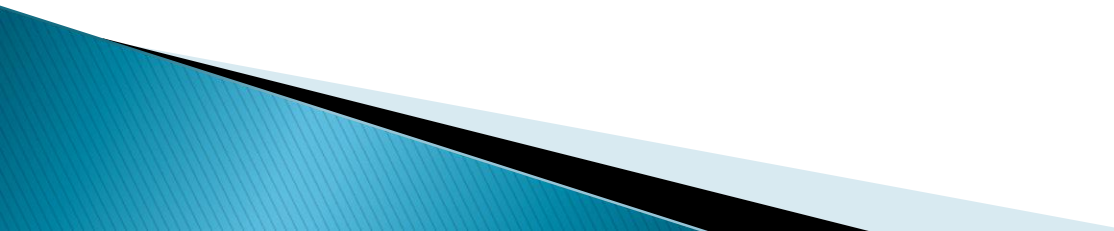
# Fundamental Tenets of Capacity Building

1. **Competence-Based:** Capable supply, knowledgeable demand
  2. **Peer-Connected:** Horizontally and vertically integrated
  3. **Contextualized:** Responsive to environment
  4. **Readiness-Based:** Clients are ready for and want assistance
  5. **Customized:** Adapted to client and development challenge
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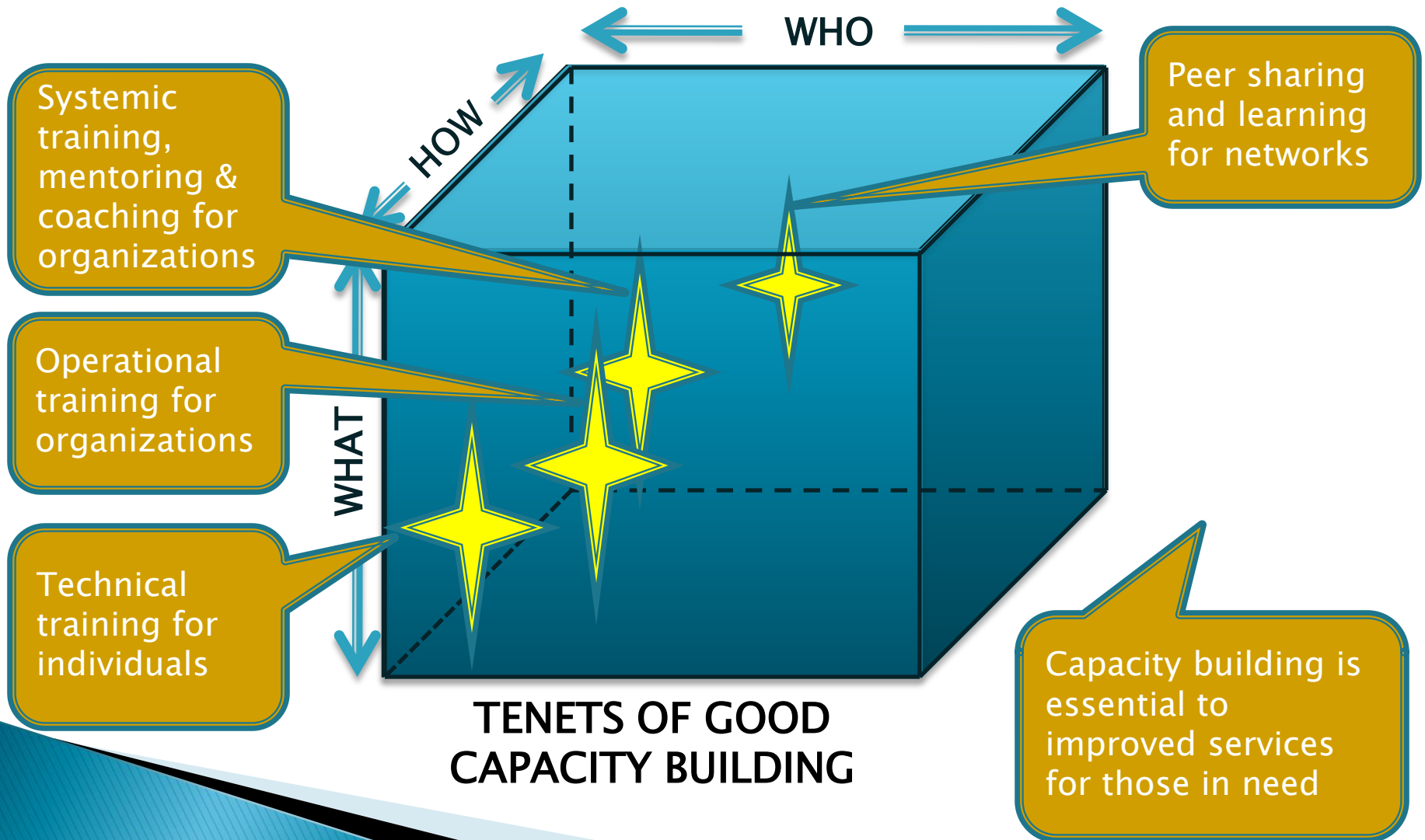
# Fundamental Tenets of Capacity Building

6. **Assessment-Based:** Built on thorough, client-led analysis of needs and assets
  7. **Comprehensive:** Addresses the full range of needs
  8. **Timely:** Occurs at a pace that it can be successfully absorbed
  9. **Scalable:** Documented and tested so that others may benefit
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# What is the Present State of Capacity Building for HIV/AIDS?

- ▶ Two explorations of current trends in capacity building:
    - Pact online survey of 72 organizations doing capacity building in 48 countries.
    - AIDSTAR II review of 100+ articles on capacity building and more than 200+ capacity building tools and approaches.
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# Continuum of Capacity Building



# Continuum 1: Who's Capacity is Being Built?

Most successful capacity building has been with organizations and individuals. Primary recipients of capacity building have been community based organizations, local non-governmental organizations, healthcare professionals and civil society leaders.



The majority of capacity building approaches exist to improve individual and organizational performance.

# Continuum 2: How is Capacity Being Built?

The most common forms of capacity building service delivery are training, mentoring/coaching and technical assistance.

80% of funding for capacity building is for initiatives lasting less than 4 years. 16% of funding was for initiatives lasting less than 6 months.



Articles reviewed tend to equate capacity building with training.

Many articles described approaches to providing mentoring & supportive supervision.

Research was general, with few specific approaches and little evidence of success.

# Continuum 3: What Capacities are Being Built?

Most successful capacity building initiatives to employ a comprehensive service package. More than half of survey respondents identifying their capacity building as successful provide at least 12 separate capacity building services.



# Fundamental Tenets of Capacity Building

## 1. Competence-Based

There is little consensus around what constitutes best practice for capacity building.

## 2. Peer-Connected

Networking and joint coordination were cited as the primary reason for the success of capacity building.

## 3. Contextualized

Several articles reviewed describe approaches to working within the local context.

## 4. Readiness-Based

## 5. Customized

The most common challenges reported related to the context in which capacity builders were working.

# Fundamental Tenets of Capacity Building

## 6. Assessment-Based

Even in successful initiatives, providers commented that capacity building was often not delivered in a timely manner.

## 7. Comprehensive

## 8. Timely

Respondents described their greatest impact as an increase in scale and outreach of HIV programming.

## 9. Scalable

There is little evidence to present to policy makers, donors, stakeholders, or our peers that capacity building makes a difference. 72% of organizations had not undertaken a formal evaluation their work.