



Technical Report: Local Partner Capacity Development Experience: USAID/ Community HIV Care and Treatment Activity

Project HOPE began its implementation of the USAID funded Community HIV Care & Treatment (CHCT) Activity in 2017, with scheduled activities into 2022. The program aims to accelerate and sustain HIV epidemic control in Ethiopia through delivery of high impact community based HIV services. A principal strategy has been strengthening community health and support systems for service delivery through local implementing partners (LIPs). This document discusses the processes and lessons learned in local partner capacity development.



Fig. 1 Training to LIPs on Subaward Management Requirements and Procedures

Background

Project HOPE and three INGOs; namely Population Service International (PSI), Management Science for Health (MSH) and Dimagi, joined hands to implement the CHCT Activity in Ethiopia. HOPE partnered with Twelve Local Implementing Partners (LIPs) and two strategic partners; namely Network of Networks of HIV Positives in Ethiopia (NEP+) and National Network of Positives Women Ethiopia (NNPWE), to provide Capacity Development (CD) services.

The CHCT program was designed to achieve the three 90's results (By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression.) With three interrelated core strategies that include: 1) strengthening community health and support systems for service delivery; 2) strengthening organizational and technical capacity of community structures and strengthening the use of data for learning and program improvement.

The delivery of community-based HIV services is mainly through local implementing partners (LIPs). The core interventions by LIPs include but not limited to:

- ICT referrals
- Strengthening community based HIV/AIDS case management services for PLHIVs
- Improving adherence to treatment including active tracing and reengaging those LTFU, reinforcing adherence counselling and support
- Ensuring linkages to health facilities for services

Capacity Development Approach

The CHCT activity has three major objectives and CD is one of those pillars intended to strengthening the organizational and technical capacity of community structures. These interventions are intended to strengthen an organization's ability to provide quality and effective services. CD focuses on systems and structures, policies and practices, staff skills and knowledge development that helps to create a resilient institution and sustain in the industry. Our CD support targets: Government structures, CSOs, FBOs, PLHIV Associations, CCCs/CCs, and other CBOs.

What is our approach?

Knowing and understanding entry point is crucial for meaningful investment in order to produce sustainable results. Project HOPE engages partners and stakeholders in a holistic manner for thoughtful decision making process in order to frame the CD interventions and the levels (individual, organizational, sectoral and institutional) and types of capacity (hard and soft) in order to avoid the trap of thinking everything starts and ends with training individuals.

Our approach is focused on improving knowledge and practice of evidence-based core competencies of these partners/stakeholders and properly functioning systems for HIV/AIDS service delivery. It encompass several inter-related steps from pre award stage through and monitoring and evaluation of the outcome of the CD interventions (see graph illustrated below). Those are some of the core requirements that should be taken seriously when designing capacity development interventions.



Organizations that are identified as potential partners undergo rapid pre-award assessments. These facilitator-scored, data-guided assessments helps to determine whether an organization has the necessary financial and management capacity to comply with donor rules and regulations. The results are used to determine risk levels (Low, Medium and High) and develop risk mitigation plans (RMP) to address the gaps. The next step is to work with the partner to facilitate a comprehensive, participatory organizational and technical capacity assessment (OTCA). This assessment assists individual organizations to determine their current status of strengths and weaknesses and to help them develop institutional strengthening plan to build on the strengths



and address the gaps and challenges in order to be a strong organization that meets its mission. It is of little use if the result OTCA produces is not translated into an action plan for targeted capacity building intervention. At this stage, it is relatively easy to spot areas that should be prioritized when designing capacity building support plan for intervention. Targeted CD support is provided to partner(s) according to the activities in the action plan and each of these interventions serves to reinforce the others and would have an impact on the capacity of an organization. At periodic intervals, changes in partner(s) capacity will be evaluated through various ways (for example, asking them to re-run OTCA and provide update of the findings depending on availability of time and resources). Through all the processes, it is essential for us to focus on building and maintaining strong relationships with our partners and these relationships can greatly influence their absorption of capacity development interventions.

Organizational and Technical Capacity Assessment (OTCA)

OTCA leads organization(s) to pay attention to strategically important capacity areas that it might have ignored in the past. It can enable them to better measure their change in capacity and performance over time. OTCA process helps organizations to identify their strengths and weaknesses on their own and identify unique organizational and technical capacity areas, clarify their vision, plan for success, and ultimately take greater ownership over their future.

Project HOPE has designed OTCA tool in response to a need to assess the organizational and technical capacity of NGOs/CSOs implementing CHCT activity. It is a comprehensive tool that considers a broad range of performance parameters: Two strategic functions (organizational and technical) and thirteen principal capacity domains that include - Governance and Leadership; HRM; Finance & Administration; Grants Management; Logistics and Procurement; Networking and Partnership; Communication; Resource Mobilization; Project Management; M&E & Knowledge Management; Service Delivery & Quality Assurance and Sustainability, to comprehensively assess the capacity of the organizations.

The process engages organizations in learning by bringing members from various divisions of the organization together for a facilitated discussion on those key organizational and technical capacities of the organization. It is based on the assumption that the most effective way to initiate organizational change is to involve staff members and other key stakeholders in an open assessment and consensual planning. For this reason, OTCA approach strongly recommends that organizations invite multiple individuals within the organization to complete this assessment and then discuss results – including any differences of opinion. External stakeholders, if involved, can also provide a valuable perspective on all or sections of this assessment. There might be differences of opinion which can be taken as acceptable and can be easily addressed, or it could reveal areas where there is more work to be done. The entire process covers four key steps

illustrated below: organizational and technical capacity assessment followed by institutional strengthening plan which is again followed by tailored capacity building support and MERL activities.



All CHCT Local Implementing Partners have conducted OTCA, through a self-administered approach, with the aim to assess critical elements for effective organizational management, and identifying those areas that need further improvement (Rating scale: Ideal Practice, Adequate capacity, Weak capacity and Inadequate capacity). They developed ISPs for tailored CD interventions. The process of using the tool helped partner organizations to see their capacity limitations to find solutions (short, medium long term). Moreover, they can use the result of the assessment as a baseline for continuous monitoring and evaluation of progress against relevant indicators and help create a solid foundation for long term planning, implementation and sustainable results. We highly recommended to use the OTCA tool at least annually to measure the effectiveness and efficiency of their organization for continuous improvement overtime.

What is the Role of Project HOPE in the OTCA Self-Administered Approach?

Project HOPE Capacity Development Team (CDT) provided in-depth orientation to the staff of LIPs on the tool and processes to be followed, technical assistance virtually as well as through face to face discussions on gap analysis, interpretation, prioritization and ISP development, on how to integrate the results of the assessment with SPs and AOPs. Further, PH assisted the organisation(s) to learn from the experiences of the assessment so that it may become more self-regulating in future. LIPs have been continuously witnessing the support of PH for helping them to use the tool to diagnose their problems and find short, medium and long term solutions. CDT has been using various platforms/events to capacitate LIPs on the importance and utilization of the tools.

Moreover, Project HOPE has also designed a tool called Institutional Technical Capacity Assessment (ITCA) for capacity assessment of community based structures (PLHIV Associations, CCCs/CCs, and other CBOs) delivering services for PLHIVs. This tool is primarily used by LIPs

to assess institutional capacity of these community-based organizations and develop institutional strengthening plan (ISP) to improve the gaps identified.

Examples of the Most Common Gaps Identified Through OTCA

Capacity gaps have been identified for every subdomain under all the 13 principal capacity domains. However, not all diagnosed capacity gaps are targeted for ISP, rather capacity limitations with huge impact (organizational and technical) have been focused – as addressing those can address other routine challenges.

Capacity Domains	Capacity Gaps	Actions Recommended
Governance and Leadership	<ul style="list-style-type: none"> Inadequate CB for board members Lack of leadership succession plan Weak involvement of stakeholders 	<ul style="list-style-type: none"> Identify capacity needs, provide capacity building sessions Develop succession plan Develop/update stakeholders engagement strategy
HR Management	<ul style="list-style-type: none"> Poor staff capacity development plans Poor performance evaluation and feedback system 	<ul style="list-style-type: none"> Develop staff capacity development plans Develop performance review tools
Resource Mobilization	<ul style="list-style-type: none"> No RM strategy/plan No staff with relevant capacity 	<ul style="list-style-type: none"> Develop RM strategy/plan Training for staff on RM
M&E and Knowledge Management	<ul style="list-style-type: none"> Poor DQM plan Inadequate staff capacity 	<ul style="list-style-type: none"> Develop DQM plan Training for staff
Service Delivery and Quality Assurance	<ul style="list-style-type: none"> Lack of SOP for service delivery Lack of QA plans 	<ul style="list-style-type: none"> Develop SOP for service delivery TA on QA plan development

Project HOPE capacity development team (CDT) provided support to all LIPs to develop tailored institutional strengthening plans (ISP) taking into consideration of the gaps identified. The assessment results are used to develop an action plan that include low cost interventions. The action plan form covers the following areas: capacity gaps by domain areas, proposed priority action, deliverables/outputs, resource required (internal/external), responsible person and timeline. This is for short, medium and long term plans. Each of the LIPs include these action items in their regular plans to monitor implementation and periodic review of performance improvements. Bi-annually or annually, LIPs re-run OTCA to review progress of actions implemented and develop follow up action plan for further improvement.

What CD Support have been provided by PH to address the Gaps identified through OTCA Process?

Project HOPE has been providing comprehensive support to LIPs to improve their capacity to achieve its mission. For examples, LIPs have been capacitated on domestic resource mobilization (DRM); Financial and Grants Management; Governance, Communication and Project Management. Continuous coaching and mentoring has been provided including through site level supportive supervision activities. We have been supporting them to qualify for transitioning to USAID direct funding. Five of the CHCT LIPs have been transitioned to USAID direct award. PH's CD support was well praised by the LIPs.

In addition, Project HOPE actively engages local implementing partners (LIPs) in annual planning, periodic performance review meetings, joint supervision activities, capacity building trainings, one on one meetings, technical working groups (TWGs) meetings, and virtual calls/meetings. LIPs are regularly involved in those platforms and always encouraged to share their performance (progress, successes and best practices, lessons learnt, challenges faced, actions taken, etc.). LIPs actively participate in weekly, biweekly, monthly, quarterly, biannual and annual events where additional guidance are provided by the PH technical team and also address LIPs concerns.

Furthermore, PH has extended series of capacity building support to F/RHAPCOs and Woreda level structures. HIV/AIDS multisector response, DRM, supporting national strategic planning (NSP), strengthening eMRIS reporting system, technical and financial support on annual progress review and planning meetings, representation in TWGs and providing expert support, among others.

Some Examples of success factors include:

- Improved utilization and management of funds
- Improved reporting (quality and timeliness)
- Improved documentation and records
- Improved compliance (adherence) on standard requirements/conditions
- Improved knowledge and skills DRM
- Improved communication and Project management techniques
- Able to assess and analyze own capacity and motivation to use the tool
- Improved capacity of local community structures
- Improved relationships between LIPs and local community actors due to the CD intervention
- Generally, improved organizational and technical capacity

Conclusion

CD has an immense role to overcoming development challenges. It should be planned and implemented in a systematic manner in order to bring the desired social impact. CSOs/Local Implementing partners and community structures have significant contribution in HIV service delivery and control of the epidemic in the country. As a result of Project HOPE's extensive CD support five of the eleven LIP's who were previously sub awardees on the CHCT project have now received direct funding from USAID. CD plays critical role and however, taking an appropriate approach matters a lot. It should not be planned at a glance. Understanding the context and careful planning can lead to CD interventions to bring greater impact in the life of vulnerable population.



Fig 2. HIV/AIDS Multisector Response Training,
Gambella Region

“We are very much thankful for the organizational and technical capacity assessment conducted by your good office in the CHCT activity implementing woreda and town administrations which helped us to prepare remedial action plan to fill the identified gaps and act accordingly”

-Gambella People's National Regional State HIV/AIDS Prevention and Control Secretariat

“The training contents were very important to fill the real knowledge gaps of most training participants which will help us effectively coordinate the multisectoral response of the HIV epidemic.”

-Government Stakeholder Participant assessment

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