

FY 2012

Capacity Building and Strengthening Framework

Version 2.0

Table of Contents

1	Background	3
2	Purpose.....	4
2.1	How to Use the Capacity Building Framework	5
2.1.1	Reporting Requirements.....	Error! Bookmark not defined.
3	Capacity Building, Country Ownership, and Transition	5
3.1	Transitioning Authority and Responsibilities	6
4	PEPFAR Capacity Building Framework.....	7
5	Monitoring and Evaluating Capacity Building Strategies	13
5.1	Monitoring Capacity Building.....	15
5.2	Evaluating Capacity Building	18
5.3	Capacity Building Technical Assistance	19

"A continuum [of response] requires both commitment and capacity on the part of the government. ...I am encouraged that your Frameworks and Implementation Plans are focused on building the technical and managerial capacity of partner governments. NGO partners, civil society and the private sector are often in a position to impact the needed skills to Ministries, and many of you are deploying them wisely in this way".

Ambassador Eric Goosby, Office of the Global AIDS Coordinator, 2011

1 Background

Capacity building is integral to the USG's efforts in fighting the global AIDS epidemic. It is what we do and how we do our work. **Capacity** is defined as, "the ability of individuals and organizations or organizational units to perform functions effectively, efficiently and sustainably."ⁱ **Capacity building** is an evidence-driven process of strengthening the abilities of individuals, organizations, and systems to perform core functions sustainably, and to continue to improve and develop over time.

Following on the initial emergency response from 2004–2009, the second phase of the President's Emergency Plan for AIDS Relief (PEPFAR) 2009–2013 emphasizes country ownership and sustainability. This approach is consistent with the Paris Declaration on Aid Effectiveness, signed by more than 100 bilateral donors and developing countries, which states that the "capacity to plan, manage, implement and account for results ... is critical for achieving development objectives."ⁱⁱ To achieve these ambitious goals, the USG strengthens host country capacity to respond to HIV/AIDS effectively and efficiently and to build sustainable national HIV/AIDS programs. Capacity building is an inherent part of initiatives and activities underway in PEPFAR, including program activities in all technical areas covering prevention, care and treatment, and cross-cutting areas of health system strengthening and integrated health services, civil society (CSO) programs, country ownership, and transition to local partners and programs.

US government investment in capacity building through PEPFAR, within the context of national HIV/AIDS plans, seeks to assist host governments' efforts to know their epidemics and respond strategically to prevent new infections, care for and treat infected and affected populations, and mitigate the social and economic consequences. Effective capacity building efforts target government, local research and development institutions, nongovernmental organizations, networks, communities, academia and the private sector, with a goal toward enhancing the short and long term potential for these institutions to support the local response and for host governments to lead, manage and monitor internal and external efforts to address HIV/AIDS in country. Part of this process includes a country's ability to drive the process to identify, source and manage on-going capacity building efforts as a sustained government-led effort to target change.

PEPFAR endorses a capacity building framework that addresses three integrated and reinforcing components: individual/workforce, organizational, and systems within a country setting. ⁱⁱⁱ The conceptual framework for capacity building stresses the interrelationship of the three components— the individual, organizational and systems— often requiring concurrent and sustained capacity strengthening of all levels over time. As PEPFAR and host country partners strive to increase the sustainability of HIV/AIDS programs and results, the relationship between capacity building and development outputs, outcomes and impact is increasingly important. The host country’s ability to capture and measure change in HIV/AIDS program quality, efficiency and health outcomes over time is of critical importance.

2 Purpose

This document provides a framework to help USG PEPFAR teams to enhance their approaches and plans for in-country HIV/AIDS capacity building. It provides an overarching vision for the strengthening of host country capacity to respond efficiently and effectively to the HIV/AIDS epidemic through more capable government agencies and service delivery, civil society organizations (including networks of PLHA), private companies, and research and academic communities.

Much has been done to promote capacity building at the country level. This framework is intended to support USG teams, in collaboration with host country partners and key stakeholders, to better articulate the full breadth and depth of their capacity building efforts and develop ways to measure the degree to which PEPFAR-supported activities improve host country capacity to appropriately respond to the epidemic and ultimately lead to measurable improvements in HIV outcomes and impact.

This document specifically:

- Provides a high level strategic framework for capacity building within PEPFAR for use by technical working groups and country teams.
- Encourages strategic use of USG resources to develop capacity in the context of overall national strategic plans for HIV and the broader, health sector both public and private.
- Promotes the development of more strategic, systematic, and measurable approaches to capacity building at all levels.
- Provides illustrative approaches to monitor and communicate results on capacity building efforts by specific technical areas.

2.1 How to Use the Capacity Building Framework

The Capacity Building Framework is meant to *complement and support* current activities as well as other guidance and strategy documents (such as the partnership framework guidance, the country operational plan guidance, country strategic plan guidance, country ownership), with an operational approach to defining and monitoring capacity building strategies that are implemented within these PEPFAR initiatives.

The guide is *not* intended to dictate or direct a single way to approach capacity building, but rather to ensure that a systematic, strategic approach is employed and documented, that effective partnerships are aligned with program efforts, and that the capacity building outputs, performance outcomes, and health program impacts are reported.

This document should be used for the following:

- Assessing the current baseline of national and local partner contributions to the PEPFAR country portfolio.
- Conducting a systematic review and planning for capacity building objectives by country team technical work groups during COP/ROP planning and annual reporting results.
- Creating a systematic approach in-country for monitoring capacity building results and progress in country capacity to lead and manage HIV services and programs over time that integrates with on-going program monitoring approaches in-country.

This framework is a conceptual guide to support country team and technical work groups to plan systematic capacity building approaches, and provides more comprehensive information how to design an integrated capacity building strategy for country teams.

3 Capacity Building, Country Ownership, and Transition

PEPFAR has identified ‘capabilities’ as an important dimension of country ownership.^{iv} PEPFAR recognizes that for programs to be sustained and quality retained, country leadership must have the technical and management capabilities to oversee programs and make adjustments and shifts over time. Capacity building, consistent with national plans and supported through PEPFAR programs, is an essential component of strengthening country ownership of HIV/AIDS services and programs. Country ownership requires that national and local partners be capable of mobilizing, designing, implementing and monitoring, and take on greater leadership in managing HIV services, programs, and evaluation efforts.

To effectively strengthen country ownership, capacity building priorities must be generated with the leadership of key stakeholders in the country, building on existing

infrastructure, abilities and experience, recognizing the interdependence among multiple actors, systems, and levels, and responding to political and governmental realities. Approaches must be tailored to meet the needs of individual countries and contribute to national HIV/AIDS strategies and capacity building plans with capacity building efforts aligned and harmonized among donors.

In the design and planning phase of capacity building initiatives, partnerships with national governments and local partners, including the active involvement of all local stakeholders, are essential in establishing ownership for the capacity building goals, implementation of activities, and monitoring and evaluation plans.

3.1 Transitioning Authority and Responsibilities

Capacity building efforts will help operationalize the PEPFAR II vision of greater country ownership and sustainability. This vision is a change from PEPFAR I, in which the focus was on the emergency response and making services available as widely and quickly as possible. The graph below shows the desired movement from PEPFAR I to PEPFAR II.^v To make this transition from an emergency response to a more sustainable one will require a transition in the way donors support the development of capacities at the individual, organizational and systems levels.

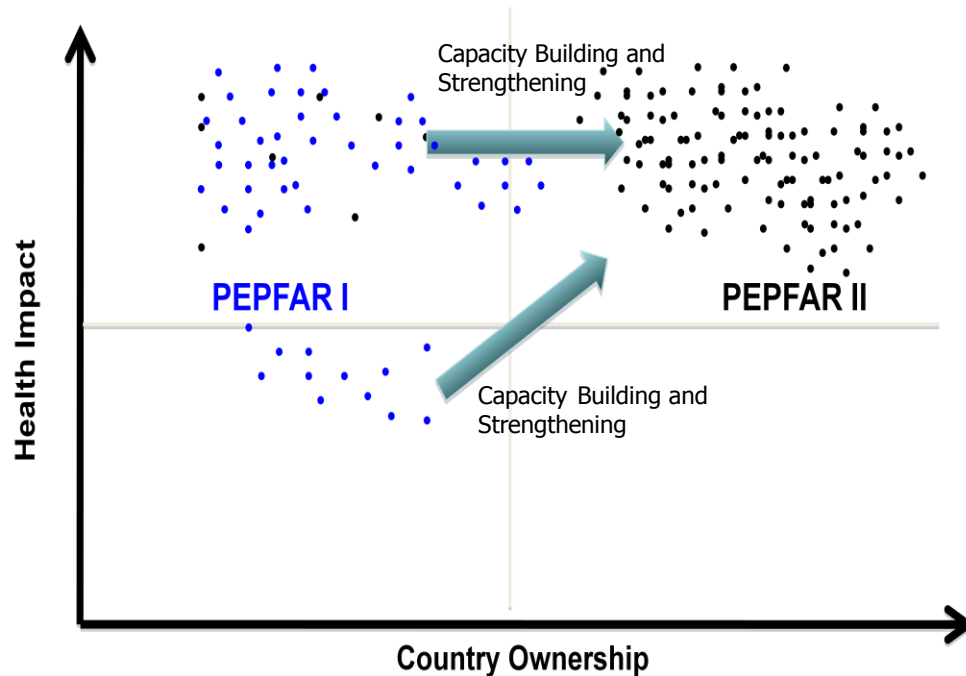
The focus of capacity building will be on shifting abilities for implementation and management of PEPFAR-supported HIV services and programs to local and national organizations over time, while sustaining continued gains in health impact. This supports country ownership by providing the skills needed for local partners will take on more leadership and direct program implementation roles over time, while international partners continue to provide capacity strengthening and technical assistance. This transition to local partners under PEPFAR has been underway in many country programs for some time; however, it has not been systematically integrated into in all aspects of the PEPFAR program.

During this and subsequent COP planning years, the transition will be monitored according to a defined, country-level strategic vision and overall PEPFAR targets. Building local capacity in leadership, management, and program implementation will be a critical part of this transition and will need to be monitored and measured. Technical assistance roles should be gradually shifted to local, national, and regional providers where possible, to ensure sustained technical support for HIV services and programs. During the transition phase, close monitoring of health output and impact indicators, and the ability to achieve PEPFAR targets, is essential to ensure sustained health impact.

Transition of responsibilities should be modulated at a pace that ensures sustained health impact, according to the country context and evidence of increased capacity over time. However, incremental transition progress over time should be systematically planned for and monitored by country teams across all technical areas, with special

attention to ensuring that quality standards remain as host countries take a greater role in leading and managing the response.

**Capacity Building Goal:
Increased Country Ownership with Sustained Health Impact**



4 PEPFAR Capacity Building Framework

Capacity building should be driven by clearly defined objectives that state what the initiative is intended to achieve and how it will accomplish its objectives in the context of PEPFAR, the national strategic plan, and the expected prevention, care and treatment targets and HIV/AIDS program outcomes. Partnerships will be pivotal to capacity building and will ensure that local institutions own and lead the capacity building process.

Partnerships

Partnerships are a fundamental component of an effective capacity building strategy because of their central role in establishing ownership, support, and sustainability of capacity building interventions. Partnerships supporting capacity building occur at multiple levels, from strategic national partnerships that prioritize a country-level plan

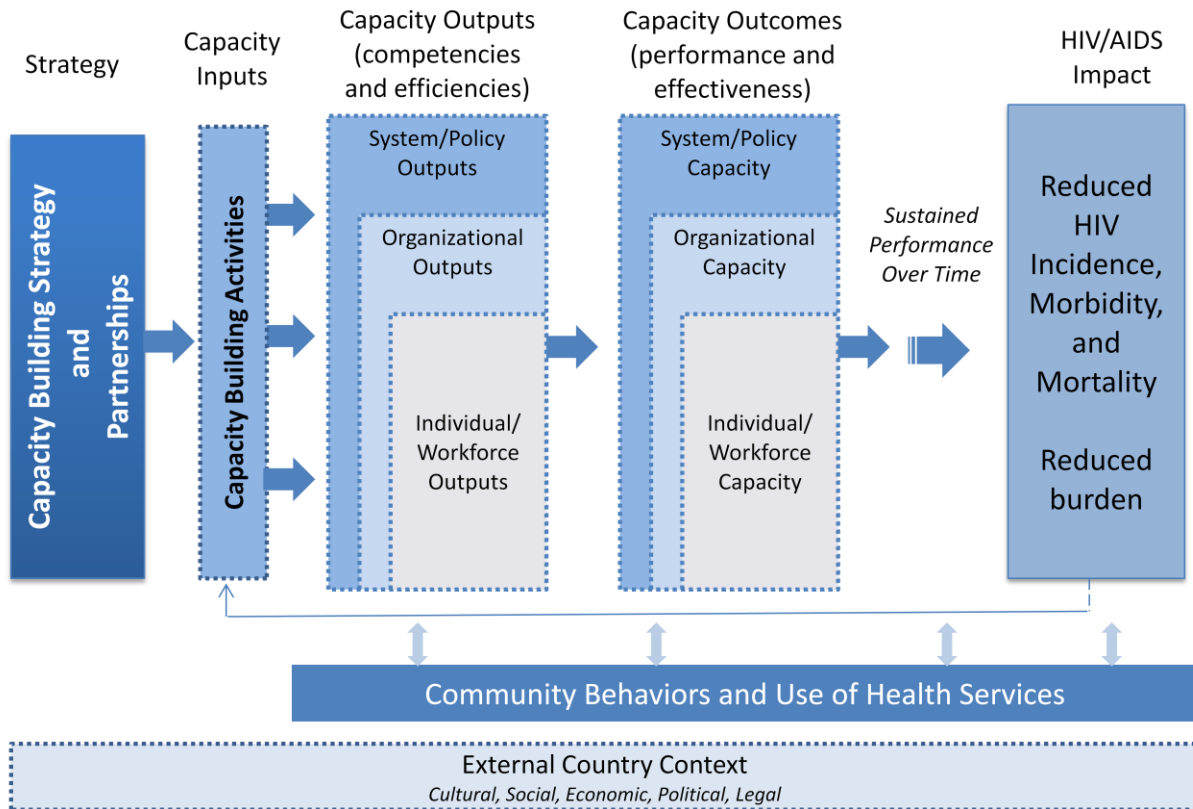
for capacity building in HIV services and programs, to implementation partnerships that support specific capacity building activities in different technical program areas.

Therefore, partnerships for capacity building can include national and regional government entities, local research and development institutions, nongovernmental organizations, networks, communities, academia and the private sector. Partnership Frameworks and Partnership Framework Implementation Plans are an important foundation for identifying what key partnerships will support capacity building efforts.

Partnership efforts supporting capacity building must be explicitly recognized and monitored for their effectiveness. To achieve sustained improvements in capacity and performance, capacity building must *continually* focus on supporting ownership of the process, otherwise, there is the risk that capacity will diminish once donor resources or interest end.

We should be able to demonstrate both how the partnership creates mutual commitment and shared expectation and accountabilities for capacity building. Partnerships should develop and change over times, with outcomes that demonstrate increased leadership by local and national partners, and a shift in the role of USG engagement to less direct involvement over time.

PEPFAR II Capacity Building Framework: Strategic Contributions to HIV Program Results



Integrated, Multi-level Strategies for Capacity Building

The Capacity Building Framework reflects an integrated and reinforcing set of capacity building activities that address individual/workforce, organizational, and systems levels of capacity to further host country leadership in addressing HIV/AIDS. USG teams are encouraged to examine their programs through the lens of this framework.

Individual and workforce level capacity building activities should be within the context of and accompanied by strengthening of organizations and systems that will ensure the sustainability of activities, outputs, and outcomes. Capacity building strategies should include strengthening of local organizations and local and national government units to implement the full array of activities required to sustain national HIV program outputs, outcomes and impact with decreasing levels of external assistance, and should be within the context of systems at the local, district and national levels within the country context.

Table 1: Examples of Capacity Building Components and Types of Activities

Potential Effect of Capacity Building By Component		Illustrative Examples of Activities for Building Capacity	
		Governance/Management	Technical
Systems	Systems and policy level capacity building activities improve the external environment in which organizations and individuals function, including structures supporting the way organizations interact, and/or policies and standards that must be adhered to. These may be at the national level or below.	<ul style="list-style-type: none"> • Governance and stewardship • Policies, laws, and regulations • Human resource management systems • Resource generation and allocation • Guidelines and systems development for management and accountability • Coordination • Infrastructure • Management of strategic partnerships 	<ul style="list-style-type: none"> • National technical leadership • Human resource technical accreditation • Technical guidelines • Technical policies and standards • Infrastructure • Technical training program accreditation and guidelines • Strategic partnerships/ technical forums
	Organizational level capacity building activities improve the performance of internal organizational systems and processes leading to stronger organizations with the ability to adapt and continue to develop over time.	<ul style="list-style-type: none"> • Governance procedures • Strategic planning • Organizational management • Human resource management • Financial management systems • Change management • Organizational tools and standard operating systems • Information technology systems • Project management • Performance management systems • Strategic collaborations and partnerships 	<ul style="list-style-type: none"> • Organizational technical leadership • Program approach • Technical guidelines • Standard operating procedures • Results monitoring and reporting • Technical infrastructure (laboratories, curriculum development) & equipment • Organizational training systems • Strategic technical partnerships
	Individual/workforce level capacity building activities improve the performance of staff according to specific, defined competencies and job requirements.	<p>Skills, training and/or degrees in the following areas:</p> <ul style="list-style-type: none"> • Leadership • Strategic thinking • Organizational management • Performance management • Project management • Financial management • Supervision • Partnerships /collaboration • Professional networking • Access to information resources • Advocacy and mobilization 	<p>Skills, training and/or degrees in the following areas:</p> <ul style="list-style-type: none"> • Clinical and non-clinical • Program strategic information • Epidemiology and surveillance • Evaluation, monitoring and research • Laboratory • Technical training and mentoring

Individual/Workforce level

Individual/workforce level capacity building activities improve the performance of staff according to specific, defined competencies. This needs to be looked at in the context of the organization(s) and systems in which the individuals work, and refers not only to clinical health professionals, but to all staff required to plan, implement, monitor and evaluate HIV/AIDS programs, including managers, finance staff, supply chain staff, researchers, laboratory professionals, and social workers.

At the individual level, capacity building can include pre-service or in-service training, on the job training, mentoring, distance learning, advance degree or certificate programs, or continuing education courses. Pre-service training is something that will be affected at a higher level, such as a government developing a medical school or a management curriculum for public health professionals, and is generally longer term training. In-service training includes short term workshops or trainings of a limited duration that provide an individual or a group on a specific skill or set of skills. This might be reflected in coaching activities, mentoring activities and workshops. Such trainings may be targeted at clinical or management staff, community health workers, volunteers, for example, and specific technical skills, such as managing drug regimens for HIV/TB co-infections, psycho-social support for OVC, financial management or M&E skills. Additional activities to support individual/workforce include access to information and professional networks, and providing clear job requirements and career progression for individuals. Continuing education generally comprises courses offered by a professional association for clinical or para-medical training, public health, health administration, and epidemiology. To enhance and retain competencies, individual capacity requires supportive supervision along with the requisite job aids, supplies and equipment. Other areas for individual/workforce capacity building include leadership, management, and governance training and development.

Organizational level

Capacity building in this context is intended to facilitate and accelerate the development of sustainable institutions within the country that can respond to the HIV/AIDS epidemic. Organizational level capacity building activities improve the ability of organizations to finance, plan, manage, implement and monitor programs, both in the immediate and longer term, through the strengthening of internal organizational structures, administrative systems and processes, quality assurance systems, program/project management, leadership, governance, resource mobilization and overall staff capacity (from AIDSTAR-II Organizational Capacity Building Framework).^{vi} This should be considered in the larger context of the system, for example, a district HIV/AIDS or health office, a network of PLHA groups or a national health system.

Organizational capacity building is often based on institutional assessments that systematically look at strengths and weaknesses of organizations and is used to develop responses to identified weaknesses. Interventions can be trainings, mentoring, and technical assistance to develop systems and standard operating procedures, documents or tools, curriculum and or laboratories, hiring of staff to fill organizational needs, and

staff retention and recruitment incentives. It is critical that the interventions be based on assessed needs and that they be designed to improve the organization's overall performance and its ability to adapt itself within a changing context, and not be limited to immediate program implementation needs. However, broader organizational capacities, including leadership development and team building, financial management, and internal business operations and procedures, are closely linked to sustained program performance. Organizational level capacity building often requires changes in organizational vision, strategy, structure, behavior and attitudes found in organizations and systems and may require facilitation.

Systems level

The system level refers to the functions and structures that support programs and activities that cut across organizations or government units. Systems and policy level capacity building activities improve the external environment in which organizations and individuals function, including structures supporting the way organizations interact, and/or policies and standards that must be adhered to. This includes setting standards, guidelines and requirements at the national level, including supportive policy and legal environments. Systems below the national level also require capacity building, such as systems of coordination and support, reporting, referrals and linkages at regional or local levels of service delivery. Other local systems are also important, such as networks and coordination of providers of community-based support programs.

Capacity building at the systems level requires synergies across system components. Also, system strengthening requires investment and buy-in from higher levels of the country, and may require, for example, a change in laws, national budgets, service delivery guidelines, and or demand generation approaches for services. Capacity building at this level often involves multiple interventions across different sites, through different types of activities and may require multiple donors and an alignment of donor resources and activities. Successful system-level interventions also require agreement by all parties to share information and to act in cooperative ways that further the system capacity building objectives.

Examples by HIV/AIDS Technical Area — PMTCT

While PEPFAR has supported many strategic efforts to advance the capacity of host government HIV/AIDS programs at all levels, the capacity building framework is meant to integrate capacity building and strengthening into all PEPFAR efforts to enhance the long term impact of all programs. For example, for an effective and efficient PMTCT response, capacity must be strengthened at the individual, organization and systems levels.

At the systems level, the national government will need to strengthen policies, strategies, standards, human resource development plans, costing analyses and budget planning, supply chain for commodities such as testing supplies and ARV drugs, laboratories, and information systems that support PMTCT and integrated service delivery. In addition, the host country will need to develop a systems-level approach

and capacities to monitor and evaluate PMTCT efforts at multiple levels of the health system.

At the organizational level of clinical service delivery sites, capacity building focuses on the development of the capacity of ante-natal care (ANC) and labor and delivery (L&D) clinics to deliver PMTCT services and provide, refer or link to comprehensive HIV services. Standard operating procedures for service delivery, quality management systems, and systems for referrals and linkages are required.

Organizational capacity building may also need to focus on strengthening the capacity of nursing and medical schools, and health in-service training programs/centers for hospital staff in order to meet the on-going training needs for PMTCT providers in the country over time. Community-based organizations may be strengthening to effectively create awareness and demand for PMTCT and support PMTCT and ARV adherence.

At the individual/workforce level, specific cadres of staff at the national, regional, service delivery sites, and community organizations will require training and post-training mentoring and support in all technical and management areas.

In this example, the framework supports ensuring competent staff implementing PMTCT activities, developing local universities' or medical training institutes' capacity to provide on-going PMTCT pre-service training and continuing education, and ensuring national MOH policies, standards, human resource plans, and budgets for PMTCT all contribute to a systems approach to strengthening the provision and continuous development of PMTCT services. Regardless of whether this comprehensive approach is fully or partially supported by PEPFAR, the impact of this combined initiative should have a more sustained and measurable outcome, including improvements in PMTCT service coverage and quality.

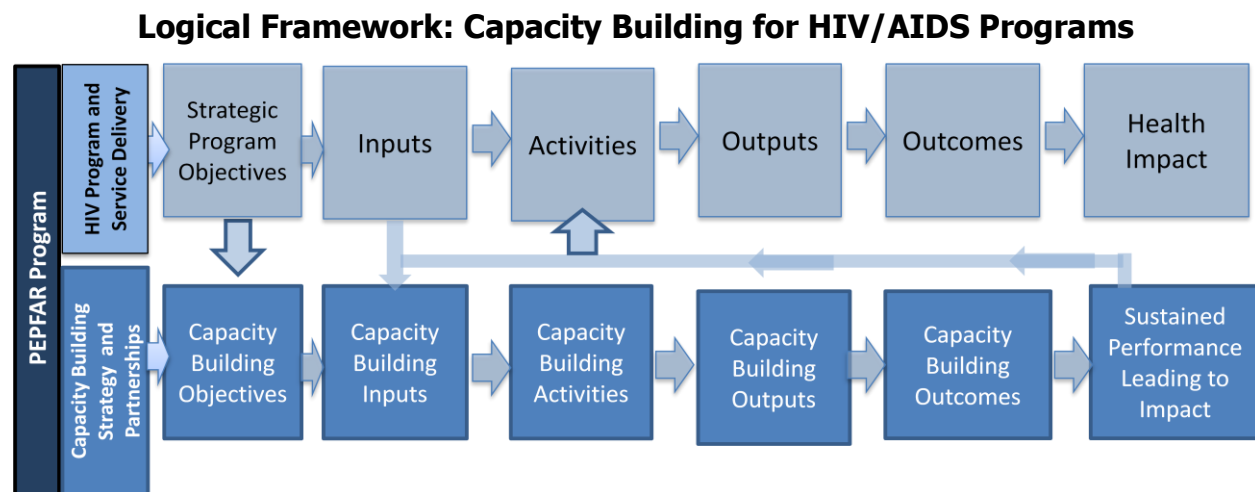
5 Monitoring and Evaluating Capacity Building Strategies

Capacity building requires the same rigorous monitoring and evaluation as other interventions, therefore, monitoring and evaluation of capacity building efforts should be programmed from the beginning, and should be designed to demonstrate results for the PEPFAR II mandate to develop partner country capacity to respond to HIV/AIDS effectively and efficiently.

Because capacity building strategies will include a heterogeneous set of activities between technical program areas and across countries, this guidance will provide an outline of basic information recommended for documenting the planning, implementation and measurement of progress in developing country capacity to respond to HIV/AIDS effectively and efficiently.

Capacity development strategies and interventions should be informed by agreed-upon priorities with local and national partners, sufficient baseline performance information on existing workforce, organizational, and systems level capacity and performance, and targeted assessments of needs where appropriate. Monitoring and evaluation of

capacity building is an integral part of the overall HIV/AIDS monitoring and evaluation framework.



Progress toward a transition to greater country capacity and ownership should be monitored according to a defined, country-level strategic vision and overall PEPFAR targets. This includes monitoring changes in the country-level PEPFAR portfolio, such as increased investments in defined capacity building activities, and increased country capacity of national and local partners to manage and implement key program areas over time.

Following this framework, these are key questions that programs should address in planning and monitoring capacity building strategies and activities:

1. What are the overall capacity building strategy and objectives for your program? Does the approach integrate individual/workforce, organizational, and systems/policy needs? Is the priority determined by its expected effect on health outcomes and impacts?
2. What are specific priority capacity building objectives by technical area? Does each approach integrate individual/workforce, organizational, and systems/policy needs? Is the priority determined by its expected effect on health outcomes and impacts?
3. What current or new partnerships with national government, local organizations and other stakeholders will support the strategy?
4. What are the capacity building activities, outputs, and outcomes and what indicators will be used to measure these?
5. What measures are in place or will be developed to assure that quality standards remain as host countries take a greater role in leading and managing the

response. What capacities will need to be enhanced to take on these roles? Quality standards are determined at the country level based on input from a collaborative process with host country and other stakeholders, including USG teams.

6. What are the benchmarks to measure change in the intended overall performance outcome(s) of all capacity building activities that will support the independent implementation of HIV programs and services by national governments and local partners?
7. How will change in capacity of national governments and local partners be measured over time?

Note: This information is required in the FY 2012 Country Operational Plan, consolidated for each of the 4 Technical Area Narratives (TAN). Detailed capacity building monitoring plans are not required to be reported to headquarters.

Capacity building interventions should be evidence based. However, research and evaluation on capacity building are greatly needed to build a body of knowledge to ensure systematic and tested approaches are available. Therefore, effective monitoring and evaluation plans are needed to build the evidence-base for implementation strategies applied by country teams. Evaluation of capacity development, discussed in the next section, is supported by comprehensive monitoring plans created or updated at the COP planning phase.

5.1 Monitoring Capacity Building

Recognizing the heterogeneity of PEPFAR country programs and contexts, PEPFAR country teams are encouraged to use a selection of indicators to monitor change over time in capacity building efforts.

Country Program Portfolio Monitoring:

Program-level monitoring and reporting should describe the current status of the country portfolio in developing local and national capacity to lead and manage HIV services and programs. This should include a description of the overall capacity building strategy, partnerships, activities and expected outputs, outcomes and impact, including priority capacity-building results from Partnership Framework Implementation Plans and support for National HIV Strategic Plans. Country teams should ensure that all PEPFAR awards contain specific objectives for building the capacity of local and national partners to lead and manage programs.

Technical Area Portfolio Monitoring for Capacity Building

Monitoring plans for capacity building strategies should be developed in collaboration with and through the partnerships established to guide capacity building activities. The technical area monitoring plans for capacity building should provide sufficient information to inform future decision-making, changes in strategy, and to ensure joint programmatic accountability with country governments, local civil society, international organizations, and other donors.

Capacity building progress and transition in each technical area should be monitored systematically, in order to demonstrate how PEPFAR investments are resulting in improved country capacity and performance. *Capacity outcomes* define the local organization's ability to perform core HIV program functions independently, and should be specified as part of the capacity building plan and measured and monitored over time. Capacity outcomes should define observable and/or measurable results from applying improved organizational capability to perform core functions in support of HIV services and programs, with decreasing levels of external technical support over time.

Each technical area will need to define *specific technical performance measures* that indicate improvement in capacity for sustained program implementation and results by national and local partners, according to the specific needs and context in the country.

Although strategies for capacity development will vary widely by technical area and by country and program context, **Table 2** provides *illustrative* examples of indicators for country-level technical work groups to track overall progress in implementing and monitoring capacity building approaches in a way that is consistent across PEPFAR technical areas.

Technical work groups are encouraged to identify *specific technical indicators* that demonstrate improved capacity and performance in the technical area, in order to communicate progress in building a sustainable, country-led HIV response. Specific technical area capacity indicators should be determined in-country to match the country's program portfolio, creating a monitoring approach that captures multi-level investments in capacity building in PEPFAR that are linked to defined HIV program impacts. Country-level indicators for technical area capacity should be modified and harmonized with existing systems, where possible.

Table 2: Illustrative Indicators for Capacity Building

Illustrative Indicators for Monitoring Capacity Building		
<i>(*Country teams to select or develop limited specific indicators for reporting that match their planned activities)</i>		
	Capacity Building Outputs	Capacity Outcomes
Strategic Partnerships	<ul style="list-style-type: none"> • Formal joint planning process aligned to country processes • Leadership role of national/local partners defined • Joint accountabilities defined • Agreed-upon M&E plan for activities • Periodic internal assessment of quality of partnership (mutual respect, learning, accountability) 	<ul style="list-style-type: none"> • Joint resources applied to capacity development effort (financial, in-kind) • Evidence of partnership quality • National/local partner assumes increasing leadership and implementation responsibilities over time
System/Policy	<ul style="list-style-type: none"> • New/updated national guidelines approved • New/updated strategic plans approved • New/updated policies and/or standards approved • New/updated national management systems implemented • Official organized networks supported 	<ul style="list-style-type: none"> • % of target organizations implementing national guidelines in technical area • % of target organizations using new/updated policies and/or standards approved • Evidence of impact of new/updated management systems on performance • Evidence of impact of role of organized networks supported • % of PEPFAR-supported government staff transferred to government salaries
Organizational	<ul style="list-style-type: none"> • # of national/local organizations provided with minimum package of technical & management capacity development assistance • # of organizational systems/tools/processes improved <ul style="list-style-type: none"> ○ Technical ○ Managerial (<i>planning, HR, leadership, financial</i>) ○ M&E • Assessed improvement in national/local partners technical and management capacity in targeted areas 	<ul style="list-style-type: none"> • % of national/local partners/supported sites achieving operational targets • % of national/local partners/supported sites achieving technical program standards • % sanctioned HR positions filled in local/nat'l partners' programs • % of PEPFAR-supported government staff transferred to government salaries • % of national/local partners/supported sites with adequate equipment/materials • % of funded national/local funded prime partners submitting program and financial reports on time and complete • % of funded national/local funded prime partners with unqualified audits
Individual/workforce	<ul style="list-style-type: none"> • # of workers trained (technical skills) • # trained managerial skills (hr, financial/ grants, leadership other) 	<ul style="list-style-type: none"> • % of targeted cadre of staff in technical area with required skills • % trainees demonstrating competence in work setting post-training • % of trainees that apply skills to current work • % of trainees retained in job @ 12 months

5.2 Evaluating Capacity Building

While there is evidence to support the assertion that capacity building does strengthen our programs, there is little systematic evaluation in this area. Building this evidence base is, therefore critical. Evaluation is also important to build into innovative or pilot projects that test new capacity building approaches to determine effectiveness or the best way to achieve the expected results. It is also important to evaluate capacity building efforts that are being taken to scale to determine the impact on skills, services and programs. This will require that the expected capacity building outcomes be measurable. Evaluations also need to show the causal pathway of capacity building to capacity outcomes and, in the case of impact evaluations, to improved health outcomes.

Evaluations can be grouped in two major types:

- Basic program evaluation (process and outcome evaluations)—focus on descriptive and normative questions linked to program design or management decisions: whether the program is being implemented as designed; what a particular project or program has achieved; how it is being implemented; how it is perceived and valued; and whether expected outcomes are occurring. Qualitative and quantitative methods are appropriate. Basic program evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual or control group. They are effective for internal program improvement efforts.
- Impact evaluations—measure the change in the development outcome or impact attributable to a given intervention. This requires a credible and rigorously defined counterfactual, or comparison group, to control for factors other than the intervention that might account for the observed change.

While not all countries will be able to fund and perform external impact evaluations of capacity building activities, teams should, at a minimum, consider what opportunities exist to answer key program questions on the effectiveness of capacity building through basic program evaluations, where possible, including requirements for partners that implement capacity building activities, to evaluate capacity building outcomes and performance. Specific evaluation models and requirements of each PEPFAR implementing agency should be considered. Many PEPFAR partner countries have limited in-country capacity to conduct evaluations, thus including activities to build country-level capacity to conduct evaluation is also critical.

Evaluation of capacity building activities should focus on key questions that are not answered through the routine monitoring of programs, and that will provide useful information on what works and why for different approaches to capacity building.

Key questions for capacity building evaluations may include:

- Have capacity building outputs for individual, organizational, and systems contributed to improved performance contributing to health impact?
- What combination of capacity building activities (individual, organizational, system) and what specific interventions are most effective in improving performance? At what levels of the health system?
- Have partnerships supporting capacity building in country been effective, and resulted in change over time in the roles of local and national partners?
- Has program quality been maintained as national and local partners take on increased roles and responsibilities?
- What is the impact on program costs of capacity building over time (short, medium, long-term)?

Evaluation plans for capacity building activities should include:

- Integration of the evaluation plan at project/program design stage where possible
- Baselines (taken prior to project inception preferred)
- Limited number of relevant evaluation questions linked to decisions or processes
- Qualitative and/or quantitative methods that generate the most credible evidence given available resources
- Effective participation of local partners and stakeholders in design and implementation of the evaluation
- Demonstration of accountability for priority program areas through external evaluations
- Transparent and timely sharing of findings

5.3 Capacity Building Technical Assistance

Country teams requiring additional assistance with developing and monitoring capacity building strategies should make requests for technical assistance from specific technical work groups through their CSTL. SI Advisors can provide support in development of appropriate planning and monitoring of capacity building activities that are a part of PEPFAR planning and reporting.

ⁱ UNDP Capacity Development Practice Note (2008). United Nations Development Programme. New York, NY 10017 USA. Accessed online at <http://www.undp.org/capacity/ourapproach.shtml>.

ⁱⁱ Organization for Economic Cooperation and Development. Paris Declaration on Aid Effectiveness (2005) and Accra Agenda for Action (2008). Accessed online at <http://www.oecd.org/dataoecd/11/41/34428351.pdf>.

ⁱⁱⁱ UNDP Capacity Development Practice Note (2008). United Nations Development Programme. New York, NY 10017 USA. Accessed online at <http://www.undp.org/capacity/ourapproach.shtml>. LaFond A; Brown L (2003). *A guide to monitoring and evaluation of capacity building interventions in the health sector in developing countries*. MEASURE Evaluation Manual. Series No. 7. Chapel Hill: Carolina Population Center; University of North Carolina.

^{iv} USG. Office of the Global AIDS Coordinator. PEPFAR Fiscal Year 2012 Country Operational Plan (COP) Guidance (August 2011).

^v Thomas R. Frieden, CDC. Strengthening Public Health Systems. Presentation at the PEPFAR Annual Meeting, May 3, 2011. Johannesburg, South Africa.

^{vi} AIDSTAR-Two's database of organizational capacity building tools available online at <http://www.aidstar-two.org/>.