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BUREAU FOR GLOBAL HEALTH
OFFICE OF HEALTH, DISEASE, AND NUTRITION USAID/GH/HIDN

CHILD SURVIVAL AND HEALTH GRANTS PROGRAM (CSHGP)

TECHNICAL REFERENCE MATERIALS 2006

CAPACITY BUILDING

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Abbreviations and Acronyms

ACTs	Artemisinin-Based Combination Therapies
AFP	Acute Flaccid Paralysis
AI	Appreciative Inquiry
AIDS	Acquired Immuno-Deficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Clinic
ARI	Acute Respiratory Infection
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
BCG	Bacille Calmette-Guerin
BCI	Behavior Change Interventions
BHR	Bureau for Humanitarian Response
CA	Collaborating Agency
CBD	Community-Based Distributor
CDC	Centers for Disease Control
CDD	Control of Diarrheal Disease
CHW	Community Health Worker
CORE	Child Survival Collaborations and Resources Group
CORPS	Community Oriented Resource Persons
CQ	Chloroquine
CSHGP	Child Survival and Health Grant Program
CSTS+	Child Survival Technical Support
CYP	Couple-Years of Protection
DHS	Demographic and Health Survey
DIP	Detailed Implementation Plan
DOSA	Discussion-Oriented Self-Assessment
DOT	Directly Observed Therapy/Direct Observation of Treatment or Therapy
DOTS	Internationally recommended strategy for TB control consisting of 5 components (originally Directly Observed Therapy, Short-course, although current DOTS strategy is much broader now than these two concepts)
DPT	Diphtheria-Pertussis-Tetanus
DST	Drug susceptibility testing
DTP	Diphtheria-Tetanus-Pertussis vaccine [N.B. International terminology has now shifted so that the convention is to use DTP rather than DPT.]
EBF	Exclusive Breastfeeding
EMNC	Essential Maternal and Newborn Care
EmOC	Emergency Obstetric Care
EOC	Essential Obstetric Care
EPI	Expanded Program on Immunization
FE	Final Evaluation
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunization
GDF	Global Drug Facility
GEM	Global Excellence in Management

GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
GIVS	Global Immunization Vision and Strategy
GLC	Green Light Committee
HB	Hepatitis B
HI	Hygiene Improvement
Hib	Haemophilus influenzae type b
HIF	Hygiene Improvement Framework
HFA	Health Facility Assessment
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HQ	Headquarters
HR	Human Resources
ID	Intravenous Drug
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IPTp	Intermittent Preventive Treatment in pregnancy
IR	Intermediate Results
IRS	Indoor Residual Spraying
ISA	Institutional Strengths Assessment
ITM	Insecticide-Treated Material
ITN	Insecticide-Treated Nets
IUATLD	International Union Against Tuberculosis and Lung Diseases
IUD	Intrauterine Device
KPC	Knowledge, Practice, and Coverage Survey
LAM	Lactational Amenorrhea Method
LBW	Low Birth Weight
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MCE	Multi-Country Evaluation
MCH	Mother and Child Health
MDR-TB	Multidrug-Resistant Tuberculosis (resistance to at least rifampin and isoniazid)
MIS	Management Information System
MNHP	The Maternal Neonatal Health Program
MOH	Ministry of Health
MPS	Making Pregnancy Safer
MTCT	Mother-to-Child Transmission
MTCT/HIV	Mother-to-Child Transmission of HIV
MTE	Mid-Term Evaluation
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
NIDS	National Immunization Days
NMCP	National Malaria Control Programs
NMR	Neonatal Mortality Rate
NTP	National Tuberculosis Program

OPV	Oral Polio Vaccine
OR	Operations Research
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for Aids Relief
PHC	Primary Health Care
PLA	Participatory Learning and Action
PMTCT	Prevention of Mother-to-Child Transmission
PVC	Office of Private and Voluntary Cooperation
PVO	Private Voluntary Organization
QA	Quality Assurance
QI	Quality Improvement
RED	Reaching Every District
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
RFA	Request for Applications
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendance
SCM	Standard Case Management
SDM	Standard Days Method
SIAs •	Supplementary Immunization Activities
SNL	Saving Newborn Lives Initiative
SP	Sulfadoxine-Pyrimethamine
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
Td	combination of Tetanus toxoid and a reduced dosage of diphtheria
TRM	Technical Reference Materials
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VA	Vitamin A
VAD	Vitamin A Deficiency
VCT	Voluntary Counseling and Testing
VVM	Vaccine Vial Monitor
WHO	World Health Organization
WRA	Women of Reproductive Age

Caretaker: An individual who has primary responsibility for the care of a child. Usually, it is the child's mother, but could also be his or her father, grandparent, older sibling, or other member of the community.

Introduction to the Technical Reference Materials

The Technical Reference Materials (TRMs) are a product of the Bureau for Global Health, Office of Health, Infectious Disease, and Nutrition USAID/GH/HIDN. This document is a guide (not an authority) to help you think through your ability and needs in choosing to implement any one technical area of the Child Survival and Health Grants Program. An attempt has been made to keep the language simple to encourage translation for use as a field document.

The TRMs are organized into modules that correspond to the primary technical areas and key cross-cutting areas that are central to the Child Survival and Health Grants Program. Each module is designed to reflect the essential elements to be considered when implementing the given intervention or strategy, important resources that grantees should consult when planning their interventions. Grantees are encouraged to download the specific modules that are most relevant to their proposed programs, or to download the entire package of TRM modules as a zipped file. The TRMs presently include the following modules:

Technical Areas

- Family Planning and Reproductive Health
- Maternal and Newborn Care
- Nutrition and Micronutrients
- Immunization
- Pneumonia
- Diarrheal Disease Prevention and Control
- Malaria
- Tuberculosis
- Childhood Injury and Prevention

Cross-cutting Areas

- Capacity Building
- Sustainability
- Program and Supply Management
- Behavior Change Interventions
- Quality Assurance
- Monitoring and Evaluation
- Integrated Management of Childhood Illness (IMCI)
- Health System Strengthening

The present TRMs are regularly reviewed and updated with input from technical specialists in the USAID Collaborating Agency (CA) community, CORE Working Groups, and USAID technical staff. The date of revision of each specific TRM module can be found at the bottom of each page of the module. The TRMs are updated regularly to ensure that they remain up to date and reflect current standards relevant, and useful to the PVO community. With this in mind, we ask that each user of this document over the next year please keep notes and inform us on the usefulness of these references, information that should be amended or changed, additions and subtractions, and general comments. This will help us keep this document alive and responsive to your needs throughout the life of your programs. Please share comments and any (electronic) translated copies with Michel Pacqué at CSTS+, michel.c.pacque@orcmacro.com.

The 2006 edition was coordinated by Michel Pacqué, CSTS+, who is grateful for the many contributions and reviews by staff of the different Offices of the Bureau of Global Health, and many of their collaborating agencies, the CORE working groups and most of all to our PVO partners who continue to use this guide and provide valuable insight on how to improve it.

New Additions to the Capacity Building Module:

The 2006 Capacity Building TRM madule was updated utilizing the most recent research and guidance on strategies to build institutional capacity of partners within Child Survival and Health projects. New sections include:

- Comparisons of Commonly Used Capacity Assessment Tools
- Key Questions for Formulating a Capacity Building Strategy
- Steps to Create Successful Capacity Building Interventions
- Updated Reference Materials

Capacity Building

Key Definitions

Given that the terms "capacity" and "capacity building" are used in many and varied ways, it is best to start this module with definitions of what we mean by the terms. The definitions in the text box are taken from the monograph of LaFond and Brown, "Monitoring and Evaluation of Capacity Building Interventions in the Health Sector of Developing Countries" (See Essential References, LaFond and Brown, 2003).

Capacity Building

Capacity building is a process that improves the ability of a person, group, organization, or system to meet objectives or to perform better.

Capacity

Capacity is the ability to carry out stated objectives.

Performance

Performance is a result or set of results that represent productivity and competence related to an established objective, goal or standard.

This TRM will focus on institutional or *organizational capacity* rather than the capacity of individuals. This TRM will take the point of view of examining situations in which a PVO seeks to build the capacity of local institutions in a project area, although much of what is said here could just as well apply to building the capacity of the PVO itself, either in its entirety or some section of it.

PVOs in CSHGP projects usually seek to build the capacity of a variety of key local partners. Some of these may be governmental (e.g., various levels of the Ministry of Health, Municipal or Provincial governments) while others are non-governmental (e.g., community based organizations, faith based organizations, local NGOs). Although the general areas of interest for capacity and capacity building are much the same across many types of organizations, the relative importance of different capacity areas will vary depending on the nature (and the size) of the organization as well as its history and other contextual factors. For instance, fundraising capacity is much more important in non-governmental organizations than it is for governmental entities, as NGOs cannot depend on a steady stream of government revenue.

The level of evidence for capacity building interventions is considerably less strong than for the technical interventions covered in other modules of these TRMs. While it may be axiomatic that a stronger organization can deliver more and better services, there has been little comparison of the best strategies to employ, the most critical areas to address, the possible time lag between increased capacity and increased performance, or how often capacity is increased without realizing improved performance. But first things first: Before deciding on the best capacity building strategies, we must decide how we will measure increased capacity, In other words, we must determine how we will know if we have succeeded! The first problem that the field of capacity building suffers from is a lack of consensus in defining successful outcomes. Then there is the problem of measuring whatever

capacity areas we decide on in a valid and reliable way. There is a bewildering variety of tools in use for assessing the institutional capacity of development organizations. Different tools divide the areas of capacity slightly differently and use different terms for the same or similar areas of capacity. Thankfully, there is getting to be more of a consensus about the areas of capacity. Table 1 shows an analysis done by Jerry VanSant of the Duke School of Management comparing the capacity areas measured by a variety of capacity assessment tools commonly used by PVOs internationally (See Essential References, VanSant 2003). One can see that although the names for the different capacity areas differed among tools, there was an underlying consistency in the concepts measured across the ten capacity areas proposed by VanSant.

TABLE 1 – Areas of capacity measured by commonly used capacity assessment tools.

Area of Organizational Capacity	ISR (VanSant)	OCAT (PACT)	DOSA (Levinger)	TTAP (Counterpart)	ISA (CSTS)	IDF (MSI)	OCI (CRWRC)
Legal Structure and Governance	Institutional stock	Governance					
Human Resources	Human resources	Human resources	Human resource management	Human resources	Human resource management	Human resources	Teamwork
Management Systems and Practices	Management	Management practices		Management	Management practices	Management resources	Management
Financial Resources	Financial resources	Financial resources	Financial resource management	Financial sustainability	Financial resource management	Financial resources	
Program Results	Program delivery	Service delivery	Service delivery	Products and services			Results attainment
Networking and External Relations	Environmental mastery	External relations	External relations	Interaction with the environment		External resources	Networking Communication
Application of Technical Knowledge					Use and management of technical knowledge		
Organizational Autonomy	Institutional condition	Sustainability		Governance	Sustainability	Oversight/ vision	Spirituality and faith
Leadership	Leadership		Strategic management		Strategic management		Transformational leadership
Organizational Learning			Organizational learning		Organizational learning		Community and culture

Key Questions for Formulating a Capacity Building Strategy

This section sets out three key questions that must be answered before designing a capacity building approach.

1. Whose capacity is being built?
Implicit in this question is the recognition that capacity building is a complex undertaking. Many factors influence capacity. Projects sometimes target capacity building efforts on individual actors or simply on training and knowledge transfer, but weak organizational performance is rarely attributable to one missing resource or skill. More successful efforts tend to be those that take a systems approach, taking into account factors at various levels of organizational hierarchy that may impede organizational performance. Program planners must assess broadly and think strategically about which specific capacities need to be built in order to achieve program results. Also, the types of issues with which one will need to deal and can realistically addressed will differ if the organization is a large nationwide organization or a small community-based organization, or if it is an NGO versus a governmental entity.

2. Why are we attempting to build capacity?
Another way to state this question is: How will our capacity building strategy contribute to project effectiveness and sustainability? There are many possible areas that can potentially be improved within an organization (including ones own!), but in the context of a project with limited time and resources, it is best to focus on those areas that are most likely to contribute to project success or failure. If program managers want an organization or the health system to learn to address health problems effectively during the project period and sustainably afterwards they should ask themselves and their project partners: What improvements in performance are required for project success? What areas of capacity contribute to improving and sustaining these performance outcomes? This will help to make the effort attainable and concrete and tied to the rest of the project plan.

3. How will we know we have succeeded in building capacity?
This is a measurement question. Stated in other ways: How will we measure progress? How will we monitor and evaluate our capacity building effort? These questions bring up a couple of related issues.

First, it is important that the decision is made to *measure capacity at all*. One ought not be empirical about one's capacity building efforts, but be as systematic in one's thinking about capacity as one is with more technical interventions. As an example, the most obvious deficiencies contributing to a lack of local partner capacity might be logistical in nature (e.g., there are not enough telephones, vehicles, or other equipment). While deficiency of such hardware often *is* a limiting factor, the "software" that goes with such resources may indeed be lacking as well: a policy for telephone use, a budget for recurrent costs like printer cartridges control, a tracking system for vehicle use, training in the use of a new piece of equipment, a plan for service and maintenance of new computer equipment, etc. Any assessment needs to look systematically at all these capacities or lack thereof, not just the most tangible. Without solving

these related problems in a systems approach, there may not be improved organizational performance even to reward the project's capacity building efforts.

Second, there is the question of *when* one will measure capacity. There should be a commitment that capacity will be measured over time and not just at the start of the project. As obvious as this might seem, it is a common pitfall that an institutional needs assessment might only be done initially in the planning stage and no further tracking of progress is done. The reason given for the lack of tracking is often that there is a belief that the true measure of progress in capacity will be attainment of project results. While this is true, if there are problems with attainment later on, there ought to be a way to explore the reason for this in a systematic and dispassionate way. Even if there are no problems, feeding back positive information can be highly motivational for institutionalizing and sustaining interventions that have improved organizational performance. The bottom line here is that assessment of capacity ought to be built into the project monitoring and evaluation system so that it can be both *monitored* (e.g. trainings done on logistics management, supportive supervisions conducted, client satisfaction surveys conducted and acted upon, village health committee meetings held) and *evaluated* (e.g. increased capacity for supportive supervision, higher percentage of recurrent cost covered by cost recovery mechanisms, etc.).

Finally, there is an ongoing debate within the development community about the relative merits of *externally-driven assessments* versus *self-assessment techniques*. While self-assessment techniques, which often measure perceptions of capacity, may have limited validity and reliability for monitoring and evaluation (M&E) purposes, they can be useful tools for fostering ownership of capacity building strategies, building relationships with partners, and therefore may result in greater likelihood of organizational change and improved capacity. The mere act of doing a self-assessment can serve as a capacity building intervention when it creates a mutual understanding among different stakeholders. On the other hand, there are also objective measures of increased capacity such as the existence of a functioning health information system where one did not previously exist; increased health worker skills assessed through ongoing supervision; or MOH staff conducting assessments or delivering services that they had not previously offered. Program managers must carefully choose their assessment, monitoring and evaluation techniques in order to achieve the desired results. Often a combination of self-assessment and external assessment or more objective measures is used in order to "get the best of both worlds."

Areas of Organizational Capacity

Not all the nine areas of capacity listed below can or should be addressed in any one capacity building intervention; however, it is fruitful to consider all these areas and assess them in some way. Taking the approach of "assess broadly; act specifically" keeps project managers from prematurely focusing on the most obvious, but possibly not most important capacity problem area.

Over the past several years, a number of initiatives have sought to synthesize the existing base of knowledge in capacity building. One such effort was completed by the USAID-funded Child Survival Technical Support Project, which conducted a review of existing capacity assessment tools to identify common programmatic areas with which grantee organizations, local partners, and community-based organizations routinely address capacity. This review identified six

primary areas of capacity. Jerry VanSant, as outlined in Table 1 identified ten areas in his 2003 review of USAID Private Voluntary Cooperation (PVC)-funded programs. Much of the difference in the two lists is a matter of whether certain capacity areas were split or grouped together, rather than true differences. The nine areas of capacity presented in this section are a synthesis of these two analyses. To VanSant's list is added Administrative Infrastructure and Procedures. From his list is subtracted Organizational Autonomy which is included under Management Practices; and Organizational Performance which is considered to be the ultimate goal of all capacity building efforts. So taking it out as a separate area is not meant to deny its importance, but rather is a reflection of the thinking Organizational Performance is not a separate are but rather that all these capacity areas should ultimately be evaluated based on improved organizational performance.

It should be noted that there is some overlap in these capacity areas with the concept of sustainability. This is not surprising, as the point of much partnership development and capacity building effort is to make project results more sustainable than if they had been achieved by direct implementation of an outside agency.

Legal Structure and Governance

This area covers issues such as whether the organization is legally constituted and recognized. This is obviously more of an issue with small NGOs or Community Based Organizations than it is with governmental organizations or larger non-governmental organizations. "Governance structure" refers to those people and structures whose task is to set the overall strategic direction and purpose of the organization, as opposed to managerial decisions like purchasing, hiring, and work planning. With larger organizations governance functions are often handled by a Board of Directors. Smaller organizations may not have such an entity. This capacity area also covers whether the governance structure of the organization facilitates or impedes the accomplishment of performance goals. Organizations with strong capacity in this area have an organizational vision, mission, and governance structure that guides management practices. These management practices, in turn, facilitate successful project outcomes.

Management Systems and Practices

This area includes an organization's capacity in the areas of teamwork, delegation of authority, internal operations, and autonomy. Some would include the area of leadership here, but this area is considered separately here because of its critical importance. Topics that are included in the management capacity area have much more to do with the day-to-day functioning of the organization than the topics included in Governance.

Human Resources and Human Resource Management

This area includes staff development, deployment, recruitment and compensation; performance appraisal; opportunities for advancement; grievance and conflict management processes; administrative personnel practices; supervision; allocation of tasks; and other areas related to the management of an organization's human resources. Organizations with strong capacities in human resource management routinely offer staff training, which contributes to the achievement of the organization's priorities; provide opportunities for staff growth and development; and proactively address the issue of staff turnover.

Organizational Leadership

This area could be thought of as part of management, but given its critical nature, it is treated separately here. The Management Science for Health (MSH) web site describes the area and need for examination of this area this way: "Decentralization, a worldwide trend, is bringing massive change to job responsibilities at a time when health risks are rising. Managers need to improve the morale and motivation of their frontline health workers despite insufficient resources, preparation, and training. Whether they supervise teams at rural clinics or serve as ministers of health, health managers need to know how to lead well and manage well to achieve results in the face of such challenges."

Administrative Infrastructure and Procedures

This area is probably the most tangible and concrete of all the capacity areas. It includes procurement of supplies and equipment, logistics management for supplies, and administrative support and infrastructure. It also includes the status of communications infrastructure such as telephone, e-mail and transport that might facilitate the success of specific technical interventions.

Financial Resource Development and Management

This includes all issues related to how an organization manages its finances such as resource generation, the availability of funds for planned activities; the status of financial management and accounting systems; and the accuracy of financial data and budgeting. Organizations with strong capacities in this area regularly use established procedures to maintain revenue and expenses in balance; make accurate financial projections; include financial contingency measures that prevent operational disruptions; modify expenditures on a timely basis to account for revenue shortfalls; and disburse and account for funds in a timely manner.

Application of Technical Knowledge and Skills

This capacity area describes the degree to which project staff, partners, and beneficiaries possess the requisite knowledge and skills in key child survival interventions. These interventions should include the technical areas that are relevant to that project. This area further describes how well these individuals are able to access technical resources when new technical challenges arise. Use and management of technical knowledge and skills is a primary area of focus for many development organizations working in the health arena and includes technical training for community health workers and MOH staff, and facilitation of access to State-of- the-Art technical resources for field staff.

Networking and External Relations

This area is concerned with whether the organization acts in isolation or if it has formed strong and durable relations with other local organizations and actors relevant to its mission. In the case of a local NGO, this is related to organizational autonomy and independence from the donor international PVO. For instance, does the NGO depend on the PVO for its training on technical areas or has it formed relationships with other NGOs or with a local university that can offer these same services? Does the organization communicate with others to leverage resources and/or to ensure that it is not duplicating efforts by others? Marketing of the services of the organization can also be considered an aspect of this area of capacity.

Organizational Learning

This area pertains to the learning capacity of the organization, whether that organization is a village health committee, a private partner, a project team, or the grantee organization itself. Learning organizations use data for action, making adjustments to their program based on data collected from their projects, and then document the new and innovative strategies that have emerged from these adjustments. These organizations routinely recognize the interdependence of the host PVO, its partners, and the beneficiary community, and involve all three actors in addressing project challenges and making key decisions.

Steps for Implementing a Capacity Building Intervention

A successful capacity building strategy should follow four basic steps. These steps can be iterative, with the results of evaluation (Step #4) feeding back information that can be used to formulate or refine further capacity building strategies (Step #3):

1. First, the PVO must develop or strengthen its partnership with its local partner(s).
2. Then there should be an initial assessment of organizational capacity, covering the areas mentioned in the last section
3. The PVO and its local partner should then formulate capacity building strategies linked to program goals and mutually identified capacity areas of concern from the assessment
4. The PVO and its local partner should formulate a plan to monitor and evaluate progress that is agreed to at the beginning of the project or intervention

Partnership development

This is an often neglected but critical first step in the process of capacity building. Without a strong positive relationship between the PVO and its local partners, either governmental or non-governmental, effective capacity building will be impossible. This is because, in the final analysis, no organization can truly "build the capacity" of another. The organization must build its own capacity with the facilitation and encouragement of the PVO. This process requires cooperation and mutual trust.

The USAID New Partner Initiative (NPI) defines partnership a follows (New Partner Initiative, Chapter 5): Partnership is a term that can be applied to a wide variety of inter-organizational forums to share and exchange resources and information and to produce outcomes that one partner working alone could not achieve. In their broadest sense they include everything from informal forums, such as lunches or informal contacts, to formal systems, such as a formal consultation processes or new legal entities. Rather than think of partnerships as an outcome, it is useful to think of them as a process: as an action called *partnering*. This conveys the key active aspect of partnerships; they are not static, but are always changing as goals, abilities and relationships change.

Furthermore, in the case of PVOs managing CSHGP grants, the following type of partnership outlined by the NPI is the relevant one: "Inter-organizational cooperation between Northern private voluntary organizations (PVOs) and Southern nongovernmental organizations (NGOs) has emerged as a critical form of partnership…. These partnerships make possible development activities that combine technical and financial resources of Northern agencies with the grassroots

knowledge, cultural sensitivity, and cost effectiveness of Southern NGOs and peoples' organizations."

CSHGP grantees are usually forming partnerships with local entities that are described in Table 2 as "High Specificity, Low Diversity." Such relationships should be close, requiring intimate collaboration, agreement on goals, and coordination of activities. Ideally, it should be in this context that a capacity building intervention takes place.

TABLE 2 - Dimensions of Partnering

Reproduced from Chapter 5, pg. 194 of USAID/BHR/PVC, New Partnership Initiative, NPI Resource Guide. NEW PARTNERSHIPS INITIATIVE: A STRATEGIC APPROACH TO DEVELOPMENT PARTNERING

	Low Partner Diversity	**High Partner Diversity**
Low Task Specificity	**Vision:** Agreement on general problems relevant to similar constituents. **Organization:** Associations or ideological networks that allow loose coordination among similar organizations.	**Vision:** Agreement on general problems relevant to diverse constituents. **Organization:** Broad social movements and geographically-based networks that allow loose coordination among diverse organizations.
High Task Specificity	**Vision:** Agreement on specific problems and actions needed by similar constituents. **Organization:** Issue-based networks, alliances or organizations that coordinate task and resource allocation among similar organizations.	**Vision:** Agreement on specific problems and actions needed by diverse constituents. **Organization:** Coalitions and partnerships that coordinate task and resource allocation among diverse organizations.

Capacity assessment

Measuring the baseline level of capacity for the key partners in the program can be useful and even necessary at the outset of the project or before implementing capacity building strategies. The organization(s) included in this analysis can be any or all of the following:

- Local Ministry of Health (at the level of single health units, this is a specialized assessment that is known as a Health Facilities Assessment and is covered in the M&E section)
- Local NGO partner organization(s)
- Community-based organizations supporting the delivery of health services
- The grantee organization itself at its local or headquarters levels

A variety of tools are available ranging from formal surveys and checklists to more unstructured focus group discussions. Some tools are self-assessments and others are to be applied by external assessors (see text box at the end of this section for several of the tools in more common use by PVOs). It is important to select the tool or approach that is most appropriate to the project setting and partner dynamics. For instance, if a quick scan of various potential local project partners is desired, a rapid externally applied assessment tool might be the most appropriate. On the other

hand, if a close and trusted partner is experiencing well recognized performance difficulties, an in-depth self-assessment tool might be the better choice.

As discussed in the last section, there is a potential trade-off between validity of the results obtained, on the one hand, and acceptance ("buy-in") of those results by the partner on the other hand. While self-assessment approaches are especially open to biases, they are also more likely to build local ownership by helping develop a consensus concerning the areas of capacity to be assessed and improved. Capacity assessment is the introduction to capacity building and is a critical opportunity for building relationships with partners and facilitating discussion of organizational issues critical to success of the project and beyond. The desire for the most valid information should not "trump" the need to build a strong partnership that will be important for project effectiveness and sustainability. For instance, if an external assessment finds that there is a non-supportive management style contributing to low staff morale, but the upper management does not accept this assessment, there is not only little chance that it will be acted upon, but there is the potential of straining partner relations, jeopardizing the ability to carry out project activities.

There are many tools available for organizational capacity assessments. Table 3 lists four tools illustrative of the range of tools that are in wide use by PVOs and available on the Internet. The first (CORE Initiative Capacity Assessment Tool) is a fairly simple tool that is most appropriate for small NGOs, CBOs, or FBOs. It was specifically developed for organizations involved in community-based work in HIV/AIDS but can be applied with little modification to other health organizations. The second (IDF, Institutional Development Framework) is a more complex tool developed by Management Sciences International that is most appropriate for larger NGOs. The last (OCAT, Organizational Capacity Assessment Tool) is a large and comprehensive tool developed by PACT that is only appropriate for large organizations. The second and third tools were not developed for health organizations but are generic enough to be applicable to organizations involved in a wide variety of fields. Finally, the fourth tool (ISA, Institutional Strengths Assessment) is a tool developed by Child Survival Technical Support Project to assess the capacity of PVO headquarters to backstop child survival projects. It has been adapted to assess PVO and NGO field units as well. There are many other tools capacity development tools that have been developed and/or used by PVOs. Almost all of them share a few common characteristics:

- They are best done as facilitated self-assessments, thus getting both an insider and outsider perspective simultaneously.
- Those from the organization who are doing the self-assessment should represent a cross-section of its members – both mangers and workers
- They systematically assess a majority of the capacity areas outlines in the last section
- They use ordinal scales (e.g., "Please rate for me on a one to five scale how well the organization handles its budgeting.") that have a series of specific questions in each capacity area and specific instructions for the level of capacity required to be rated at any point on the scale. This increases the reliability of the measurement

TABLE 3 – Illustrative list of capacity assessment tools

Tool	Organization	URL
CORE	USAID	http://www.coreinitiative.org/Resources/Publications/Capacity_Analysis/CORE_Capacity_Analysis.pdf
IDF	Management Sciences International	http://pdf.dec.org/pdf_docs/pnacg624.pdf
OCAT	PACT	http://pdf.dec.org/pdf_docs/pnack432.pdf
ISA	CSTS	http://www.childsurvival.com/tools/project_planning.cfm

Formulating and implementing capacity building strategies

The TRMs on Quality, Health Systems Strengthening, and Management TRMs, all have information relevant to formulating and effective capacity building strategies. The following gives an outline of the most important points for formulating effective strategies.
Once baseline data have been collected and analyzed, program managers must develop strategies for building capacity. For complex organizations like Ministries of Health or large NGO, capacity building strategies should considered the three distinct levels within the organizational hierarchy that are outlined below. At each level the following two questions should be kept in mind:
What *improvements in performance* are required to achieve project objectives?
What *areas of capacity* contribute to improving and sustaining these performance outcomes?
For simpler organizations like Community Based Organizations, small Faith Based Organizations or small NGOs, the first two levels will be the most critical.

Certain problems can be solved by focusing on the lowest level of hierarchy. For instance, if there is excess spoilage of drugs because health workers are not implementing a logistical system well, then training of these workers may be all that is needed. On the other hand, the most effective and durable capacity building strategy is likely to involve other levels of the management hierarchy as well, e.g., that there is supportive management to check that logistics procedures are correctly implemented; that proper policies and procedures are in place.

Level 1: Individual Level (Behaviors/Skills)
This is the most common level at which development programs approach capacity and includes strategies such as training to improve health worker skills and monitoring and supervision of health facility staff. Strategies at this level might also include cross-site visits between different PVOs or projects, on-the-job training (OJT), reward or employee recognition systems, and other innovative approaches to individual behavior change.

*Level 2: Organizational Level (Management Systems***)**
This includes systems and structures for organizing personnel and service delivery within governmental, non-governmental, and/or community-based organizations. The following are examples of strategies which address organizational systems:

- a census-based management information system that is integrated into the MOH, allowing data to be fed back into the project to guide management decisions
- assistance to a local partner for the development of a financial accounting system

- an analysis of division of work responsibilities that help or hinder organizational performance

Level 3: Institutional Level (Policies and Structures)
This includes national or local health policies (e.g., allowing community-based health workers to use antibiotics for pneumonia management, adoption of IMCI as national policy). It also includes considerations like the existence of a local or national health coalition that can play a role in leveraging greater resources or managing activities in a more participatory manner.

It is important for PVOs to identify what levels are most appropriate for capacity building based on the specific situation in the project area and its local and national environment and not simply focus on training at the individual level. It may not be possible or relevant to develop specific strategies at each of these levels, but analyzing the issues at each level and weighing the likelihood of success of various possible capacity building strategies can be a productive process not only for devising the most effective interventions but also for building partnership when done in a participatory manner. Each situation is distinct. For instance, in a situation where an important policy change is being considered, a project may contribute to facilitating this institutional change (e.g., introduction of IMCI as national policy). On the other hand, in project areas where there is little or no health infrastructure or an ongoing conflict, it may only be feasible to support capacity-building strategies targeted at the development of individual behaviors and skills.

Monitoring of capacity building efforts and evaluation of organizational capacity

The title of this sub-section is stated this way to emphasize the difference between process and outcome. Although *capacity building* is a process, increased organizational *capacity* is the objective that is sought (in order to enhance organizational performance and hence fulfillment of project goals and objectives). Ongoing capacity building efforts need to be monitored on a frequent basis: Have training occurred? Have new supportive supervision policies been adopted? Has a new logistics management system been established? Then at distinct and less frequent points in time the fruits of these ongoing efforts should be evaluated: Is there improved performance of the logistics system in terms of fewer stock-outs? Are community health workers correctly implementing standard diarrhea case management?
M&E should not be an afterthought. This is as true for capacity and capacity building as it is for the more technical parts of health interventions. Developing an M&E plan that includes a strong capacity measurement component should go hand in hand with project planning. The baseline assessments and the strategy planning activities should be used to develop clear objectives and indicators for capacity and to define monitoring benchmarks for the capacity building activities (see Essential References, LaFond and Brown, 2003).

As in other areas of M&E system development, milestones should be specific, measurable, achievable, realistic, and time-bound. This can be a challenge with the more qualitative and subjective measures involved in capacity and capacity building like leadership ability or supportive management. For monitoring purposes, indicators are best that are concrete and easily measurable like the number of meetings held, or the number of supervisory visits performed, etc. For evaluation, more in-depth and results-focused indicators are usually employed like adherence to a set of agreed-upon performance criteria. Many of the tools in the sub-section on assessment

try to break down and operationalize subjective concepts so that they can be measured in a more reliable and valid way. This division between monitoring and evaluation indicators is by no means rigid. In fact, it is probably best to have some ongoing, frequent and rapid assessment of key performance measures within the monitoring regime that allows for more immediate feedback, facilitating more rapid organizational behavior change, rather than only waiting for the results of periodic evaluations.

Monitoring of progress toward capacity-building objectives can be an organizational development intervention in itself. Whether through supervisory visits, periodic self-assessments that measure progress from baseline, community-driven discussion groups, or other approaches, the process of reviewing progress toward a given objective allows data to inform decisions, an element of organizational capacity that is weak in many organizations. It is important to point out that monitoring and management be done in a supportive and not punitive manner. This may require intensive coaching and behavioral modeling in some settings as this might go against the organizational culture that has developed over a period of years.

References

Introduction

Many of the references listed below are now web-based and contain their highlighted (in blue) "hyperlinked" website address. To access them, use an electronic copy of this document (which you can access from our website: http://www.childsurvival.com/documents/usaid.cfm). Simply click on the blue highlighted website address of the reference that you want to find in this document, and you will automatically be connected to that site/reference online. Another option is to be online using your browser, and manually cut and paste/or type in the website address for the reference you want to find from this document.

Some of the references still remain available only in hard copy, and an attempt has been made to provide information on how to obtain them. All documents published under USAID-funded projects can be obtained from USAID's Development Experience Clearinghouse (DEC), http://www.dec.org. The order number of each document begins with PN- or PD- and appears in parentheses at the end of the citation.

This reference list is by no means the last word on any of these interventions or cross cutting strategies. This annex cannot possibly be exhaustive, but rather can help steer the user in the right direction when researching these areas.

This is a dynamic list, as are the TRMs in general. We ask that throughout the year you provide us with information on the availability and usefulness of each entry, as well as additional resources that you think should be added to this list, as appropriate, so that next year we can continue to update it. Please send comments and recommendations to Michel Pacqué at CSTS+ mailto:Michel.C.Pacque@orcmacro.com.

Essential References

Brown L, LaFond, and K. Macintyre, 2001. *Measuring Capacity Building* http://www.dec.org/pdf_docs/PNACM119.pdf
This reference gives a very good overview of the state of the art in terms of conceptualization and measurement of capacity, capacity building and its components.

LaFond A and Brown L, 2003. *A Guide to Monitoring and Evaluating Capacity Building Interventions in the Health Sector in Developing Countries.* MEASURE Evaluation Manual Series, No. 7, Carolina Population Center, University of North Carolina, Chapel Hill. http://www.cpc.unc.edu/measure/publications/pdf/ms-03-07.pdf
This reference sets up a framework for measurement of capacity at various levels. It focuses its attention on government entities (Ministry of Health).

Management Sciences for Health (MSH), The Health Manager's Toolkit, part of the Manager's Electronic Resource Center http://erc.msh.org/index.cfm

This is a comprehensive, well-tested, and well-respective practical guide to actually carrying out capacity building. This focuses on Ministry of Health managers.

Stuckey J, Durr B, Thomas G, 2000. *Partnership and Institutional Capacity Building: Bibliographic Resources,* CARE USA http://www.usaid.gov/our_work/cross-cutting_programs/private_voluntary_cooperation/conf_care_resources.pdf

An excellent bibliography for capacity and capacity building, especially for the NGO sector. There are references on the critical issue of partnership and partnership building as well.

VanSant J, 2003. *Frameworks for Assessing the Institutional Capacity of PVOs and NGOs*

http://www.ngomanager.org/vansantarticle.htm An excellent short reference for sorting out institutional capacity areas and mapping them to commonly used tools for capacity assessment. This obviously focuses on the NGO sector.

Measuring Institutional Capacity: Recent Practices in Monitoring and Evaluation. USAID Center for Development and Evaluation, 2000, No 15 http://www.dec.org/pdf_docs/pnacg612.pdf

The International Forum for Capacity Building is a global initiative launched by Southern NGOs (SNGOs) from Asia-Pacific, Africa and Latin America in an effort to focus on key future priorities of capacity building for SNGOs to enhance their effectiveness in addressing issues of poverty, marginalization, democratization and strengthening of civil society, human rights and sustainable human development.

The Center for Development and Population Activities (CEDPA).

Sustaining the Benefits, A Field Guide for Sustaining Reproductive and Child Health Services
http://www.cedpa.org/publications/sustainingthebenefits/sustainingthebenefits_all.pdf
The CEDPA Training Manual Series. Copyright 1995: CEDPA; 1400 Sixteenth Street, N.W., Suite 100; Washington, D.C. 20036. Tel: 202-667-1142, Fax: 202-332-4496, e-mail: cmail@cedpa.org

USAID/BHR/PVC, New Partnership Initiative, NPI Resource Guide. NEW PARTNERSHIPS INITIATIVE: A STRATEGIC APPROACH TO DEVELOPMENT PARTNERING
http://www.usaid.gov/pubs/npi/npiresrc.htm

Annex - Key Internet Resources

There is a wealth of information on the Internet on capacity building and capacity assessment. This list is not exhaustive and is just a sampling of those resources that are most likely to be relevant for international health programmers. The details of many of the capacity measurement tools found on these sites are found in Table 7 in Part 3 of the MEASURE Guide mentioned in the Essential References (LaFind and Brown, 2003). The web sites are listed in alphabetical order.

Capacity.org

http://www.capacity.org/index_en.html

Capacity.org is a Website dedicated to advancing the policy and practice of capacity building in international development cooperation. Issue 14 of the web-based magazine *Capacity.org* presents highlights of the UNDP initiative on capacity building and related information on the policy and practice of capacity building in international development cooperation (also see UNDP website at http://www.undp.org/dpa/publications/capacity.html)

EngenderHealth

http://www.engenderhealth.org

EngenderHealth works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable. EngenderHealth provides technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce in partnership with governments, institutions, and health care professionals. EngenderHealth's trademarked COPE (client-oriented, provider-efficient services) is a set of flexible self-assessment tools that assist providers and supervisors to evaluate and improve the care offered in clinic and hospital settings. Using self-assessment, client-interviews, client-flow analysis and facilitated discussion, staff identify areas needing attention and develop their own solutions and action plans to address the issues. Originally developed for family planning services, COPE has been successfully applied in a variety of healthcare settings all over the world for over 10 years. With the growing popularity of COPE, healthcare providers from related disciplines asked if the tools could be adapted to a wider range of health services. EngenderHealth has answered the demand by creating these new products: *COPE for Maternal Health Services* and *Community COPE: Building Partnership with the Community to Improve Health Services.*

International HIV/AIDS Alliance

www.aidsalliance.org/ngosupport

The AIDS Alliance has developed an HIV/AIDS NGO/CBO Support Toolkit that is available on their Website or by CD-Rom with over 500 downloadable resources and supporting information. The toolkit includes practical information, tools and example documents to help those working to establish or improve NGO/CBO support programs. The toolkit also describes key components of NGO/CBO support programming, based on the Alliance's experience. It also includes resources from a wide range of other organizations to bring different perspectives and experiences together. The HIV/AIDS NGO/CBO Support toolkit has been developed for those wishing to establish or improve NGO/CBO support programs. The toolkit will be useful both for NGO-led support programs and for government-led or multi-sectoral programs, especially in the context of Global Fund and World Bank financing for NGOs and CBOs working on AIDS. The toolkit will

also be useful to organizations that provide only funding or only training. Order single or bulk copies of the CD-ROM and supporting publication free of charge from:
publications@aidsalliance.org

International Development Research Centre - Canada (IDRC)
http://www.idrc.ca/
The International Development Research Centre (IDRC) is a public corporation created in 1970 to help developing countries find long-term solutions to the social, economic, and environmental problems they face. IDRC's Evaluation Unit has been working in the area of organizational assessment for over 5 years and has developed a number of tools, including: *Enhancing Organizational Performance,* a guidebook that presents an innovative and thoroughly tested model for organizational self-assessment. The tools and tips presented in the guidebook go beyond measuring the impact of programs, products, and services to integrate techniques of formative assessment, in which the assessment team becomes involved in helping its organization become more effective in meeting its goals. The tools and techniques are flexible, and the model can be adapted to any type or size of organization. Worksheets and hands-on exercises are included. *Enhancing Organizational Performance* will be useful to any organization that is initiating a process of self-assessment, internal change, or strategic planning. It will appeal particularly to heads and staff of research organizations, university administrators, staff of research-granting agencies, and academics and professionals in organizational development and evaluation.

International Institute for Sustainable Development (IISD)
http://iisd1.iisd.ca/measure/
IISD has been working on measurements and indicators since 1995, with the aim of making significant local, national, and international contributions, and building the Institute into a world center of expertise in this field. One of IISD's strategic objectives is to develop robust sets of indicators for public and private sector decision-makers to measure progress toward sustainable development and to build an international consensus to promote their use.

International NGO Training and Research Centre (INTRAC)
http://www.intrac.org/
International NGO Training and Research Centre (INTRAC) provides support to organizations involved in international development. Their goal is to improve the performance of NGOs by exploring relevant policy issues and by strengthening NGO management and organizational effectiveness. Documents can be ordered through their Website including:
Practical Guidelines for the Monitoring and Evaluation of Capacity-Building: Experiences from Africa
ISBN: 1 897748-64-7
OPS No. 36, November 2001.
Capacity building and monitoring and evaluation have become two of the most important priorities of the development community during the last decade. Yet they have tended to operate in relative isolation from each other. In particular, capacity-building programs have been consistently weak in monitoring the impact of their work. This publication aims to help NGOs and donors involved in capacity building to develop appropriate, cost-effective and practical systems for monitoring and evaluation. While not under-estimating the complexity of these tasks,

this publication puts forward some practical guidelines for designing monitoring and evaluation systems based on experiences with three organizations in different parts of Africa.

International Service for National Agricultural Research (ISNAR)
http://www.isnar.cgiar.org/ecd/index.htm
This site promotes the use of evaluation as a tool to advance the development of organizational capacity and performance. Its main purpose is to support a group of managers and evaluators who are evaluating capacity development efforts in their own organizations in Africa, Asia and Latin America. This site presents the work of a global project, "Evaluating Capacity Development Project (The ECD Project)." National and international research and development organizations are participating in the ECD Project, which is supported by five donor agencies and coordinated by ISNAR. The site features the ECD Project's activities since 2000 and its result to date. It provides access to project reports and events. Lists of useful concepts and terms, bibliographic references and Internet resources are also provided for use by capacity developers and evaluators.

INTRAH/Prime II
http://www.prime2.org/
The PRIME II Project is a partnership combining leading global health care organizations dedicated to improving the quality and accessibility of family planning and reproductive health care services throughout the world. Funded by USAID and implemented by the University of North Carolina at Chapel Hill School of Medicine, PRIME II focuses on strengthening the performance of primary care providers as they work to improve services in their communities. To accomplish its goals, PRIME II applies innovative training and learning and performance improvement approaches in collaboration with host-country colleagues to support national reproductive health goals and priorities.
Since 1997, The PRIME Project has been committed to applying the guiding principles of performance improvement (PI) to real-world reproductive health contexts. Work in Yemen, Burkina Faso, the Dominican Republic, and India indicates that PI users like the clear, highly participatory process and the focus on cost-effective interventions to address the most important problem areas. This interactive Website, created by the PRIME II Project and INTRAH, presents a revised edition of *Performance Improvement Stages, Steps and Tools*, first issued in print form in 2000.
INTRAH/PRIME II published this site online in August 2002 (www.intrah.org/sst/).
For more information, please contact Marc Luoma by email (mluoma@intrah.org).

JHPIEGO
http://www.jhpiego.org
Through advocacy, education and performance improvement, JHPIEGO helps host-country policymakers, educators and trainers increase access and reduce barriers to quality health services, especially family planning and maternal and neonatal care, for all members of their society. JHPIEGO's work is carried out in an environment that recognizes individual contributions and encourages innovative and practical solutions to meet identified needs in low-resource settings throughout Africa, Asia, and Latin American and the Caribbean.
TIMS is a computer-based tool to track and monitor training efforts. Each person's skills, qualifications, and location are stored, along with courses taken and taught, through a Microsoft

Access 2000 database application that stores information about training course content, timing, participants, and trainers. In the standard form, TIMS tracks the following training results over a period of time:
- Which providers from which service sites have been trained, and in what topic(s)
- Which trainers have been conducting courses, and how many people they have trained
- How many courses have been held, summarized by training center, district, or province

TIMS allows senior and mid-level program managers to monitor the variety of training activities and track results in a number of perspectives. TIMS is designed to be part of a country's training information system, replacing paper-based reporting and aggregation with a computer database. Ministries of Health, Planning and/or Finance can use TIMS to supplement service information for policy decisions on training, retraining, and provider deployment.
For additional information about TIMS, contact Catherine Schenck-Yglesias by e-mail (cschenck-yglesias@jhpiego.org).

Manager's Electronic Resource Center – Management Sciences for Health (MSH)
http://erc.msh.org/
http://www.msh.org/
The Health Manager's Toolkit is an electronic compendium of tools designed to assist health professionals at all levels of an organization to provide accessible, high-quality, and sustainable health services. It is particularly useful for managers who lead others to produce results. The Health Manager's Toolkit includes spreadsheet templates, forms for gathering and analyzing data, checklists, guidelines for improving organizational performance, and self-assessment tools that allow managers to evaluate the systems underlying their entire organization. The tools have been developed by organizations working throughout the world to improve delivery of health services.
For more information, contact Gail Price or Amanda Ip by e-mail (toolkit@msh.org).

PACT
http://www.pactworld.org/services/oca/index_oca.htm
http://www.pactworld.org/
Pact's unique methodology for organizational capacity assessment and strengthening (OCA) helps organizations anticipate and overcome the greatest barriers to organizational change and growth. Through a guided self-assessment and planning process, organizations reflect upon their performance and select the tools and strategies they need to build capacity and broaden impact. Pact's OCA is the product of ten years of research and field practice in partnership with the Education Development Center and USAID's Office of Private & Voluntary Cooperation. Hundreds of local and international NGOs, private-sector corporations, and municipal governments around the world have used this methodology.
OCA is a four-stage process that includes:
- *Participatory tool design* that empowers organizations to define the critical factors that influence their performance and to identify relevant indicators for evaluating their competency.
- *Guided self-assessment* that leads employees, board members, and constituents through structured discussions followed by individual scoring on a series of rigorous performance indicators.
- *Data-guided action planning* that provides organizations with an opportunity to interpret the self-assessment data and set change strategies most appropriate to their environment.

- *Reassessment for continual learning* that allows organizations to monitor change, track the effectiveness of their capacity-building efforts, and integrate new learning as their needs change and capabilities increase.

Publications available from Pact
www.pactpublications.org
From the Roots Up: Strengthening Organizational Capacity through Guided Self-Assessment
by World Neighbors Publisher: World Neighbors Year: 2000
Basic Guide to Evaluation for Development Workers
by Frances Rubin
Publisher: Oxfam
ISBN: 0-85598-275-6
Year: 1995
This book will help groups to plan for and carry out evaluations as an integral part of development activities. Easy to follow, it focuses on the principles underlying evaluation and deals clearly and simply with the issues to be considered at the planning stage. It then examines the steps involved in carrying out different types of evaluation, for specific purposes. The importance of involving local people in evaluations is emphasized throughout.

Participatory Monitoring, Evaluation and Reporting: An Organisational Development Perspective for South African NGOs
by Pact
Publisher: Pact Publications
Year: 1998
This manual explains why participation is important and how to achieve effective stakeholder participation; the role of monitoring in sustaining progress toward better organizational effectiveness; how evaluation helps an organization to assess its capacity; and the critical role of reporting to stakeholders. It then deals with applying the Organizational Capacity Assessment Tool (OCAT) in practice, together with examples. A step-by-step guide to designing and implementing a Participatory Monitoring, Evaluation and Reporting (PME&R) information system is included. Although it has been specifically adapted for use by South African NGOs, NGOs can use OCAT in other countries.

Performance Improvement in Healthcare
http://www.picg.net/
This website is designed to provide information, tools, and guidelines for planning, implementing, monitoring and evaluating performance improvement processes and activities in health services delivery organizations. The site is especially tailored for managers, leaders, providers and other employees working in international health organizations and institutions, whether they are health ministries or health departments in the public sector or NGOs in the private non-profit sectors. The site is also for those working as partners with people in these institutions. Performance Improvement (PI) is a process for enhancing employee and organizational performance that employs an explicit set of methods and strategies. Results are achieved through a systematic process that considers the institutional context; describes desired performance; identifies gaps between desired and actual performance; identifies root causes; selects, designs and implements interventions to fix the root causes; and measures changes in performance. PI is a continuously evolving process that uses the results of monitoring and

feedback to determine whether progress has been made and to plan and implement additional appropriate changes. The goal of PI is to solve performance problems or realize performance opportunities at the organizational, process or systems and employee levels in order to achieve desired organizational results. The overall desired result in our field is the provision of high quality, sustainable health services. The Website includes information on the performance improvement process and factors affecting worker performance, PI tools, and experiences using PI in different health care settings,
For more information or questions email info@pihealthcare.org

Reflect-Learn.org - The Organizational Self-Reflection (OSR) Project
http://www.reflect-learn.org/
The Organizational Self-Reflection (OSR) project aims to improve organizational learning by increasing access to self-reflection tools. The process of reflection implies an organizational diagnosis that will allow learning from experiences, styles of work and results in order to foster strategic vision, decision making, organizational change and capacity building. The organization keeps control over orientation of the process and use of results. The project links a direct service, based on the Internet, and a research agenda designed to create knowledge about self-reflection and its contribution to organizational learning. The OSR project seeks to engage diverse organizations in the use of self-reflection resources and also catalyzes the development of a learning community that focuses on OSR, organizational learning, and the use of the Internet for institutional strengthening. Several useful frameworks and tools for organizational assessment are presented

United Nations Development Program (UNDP)
http://www.undp.org/dpa/publications/capacity.html
Developing Capacity through Technical Cooperation: Country Experiences provides some concrete inputs to rethinking technical cooperation for today's challenges based on six country studies – Bangladesh, Bolivia, Egypt, Kyrgyz Republic, Philippines and Uganda. *Capacity for Development: New Solutions to Old Problems,* with prominent academics and development practitioners as contributors, proposes new approaches to developing lasting indigenous capacities, with a focus on ownership, civic engagement and knowledge. It is a contribution to a process of debate and dialogue around the broader issue of improving effective capacity development. *Development Policy Journal* is a new forum for presenting ideas on applied policies. The subject of capacity for sustainable development is addressed in this first issue.

USAID – Development Experience Clearinghouse (DEC)
http://www.dec.org/
The DEC includes Evaluation Publications such as the TIPS series, which provides guidance on using the Results Framework, measuring institutional capacity and general quality of indicators and performance measures.

World Health Organization (WHO)
http://www.who.int/whr2001/2001/archives/2000/en/index.htm
World Health Report 2000. Health Systems: Improving Performance
The World Health Report 2000 aims to stimulate a vigorous debate about better ways of measuring health system performance and thus finding a successful new direction for health

systems to follow. By shedding new light on what makes health systems behave in certain ways, WHO also hopes to help policymakers weigh the many complex issues involved, examine their options, and make wise choices.