CASE STUDY

Capacity Development Plan for Global Fund Sub-Recipients in Zimbabwe

Background

Since 2004 the Global Fund has approved over US$ 606 million through 14 grants to support the fight in Zimbabwe against HIV and AIDS, tuberculosis, and malaria. Three different national organisations and UNDP have held the Principal Recipient (PR) role in Zimbabwe, but in 2008 the Global Fund placed Zimbabwe under their Additional Safeguards Policy (ASP) and assigned UNDP as PR for all grants. Currently four Round 8 grants are in progress supporting HIV and AIDS, Malaria, Tuberculosis, and Health System Strengthening.

As PR, UNDP is supported by seven Sub-Recipients (SRs) to implement the Round 8 grants. In Phase 1 of Round 8, UNDP implemented a programme of capacity development to address capacity gaps in each SR, focusing on individual skill building and awareness-raising. To build upon this work, a plan for capacity development during the three-year period of Phase 2 (2012-2014) was required, targeting capacity improvements for SRs at the institutional and organisational levels.

Objectives & Scope

The key objectives of the capacity development planning effort were to: (1) facilitate capacity self-diagnoses for each of the SRs, and (2) prepare an integrated capacity development plan for Phase 2 covering all SRs to address common and individual capacity needs. The goal of the plan is to develop capacities to ensure that all SRs effectively fulfil their roles as SR, and that one or more of the SRs will be nominated, assessed, and approved to perform a PR role at an appropriate time after the ASP is lifted in Zimbabwe. A transition plan to transfer the PR role from UNDP to one or more SRs will need to be developed once the ASP is lifted and when there is a clear indication of which SRs may assume a PR role in the future.

The seven SRs within the scope of the capacity development plan were: three units of the Ministry of Health and Child Welfare of Zimbabwe (MOHCW) – the HIV Unit (MOHCW-HIV), National Tuberculosis Programme (MOHCW-NTP), and the National Malaria Control Programme (MOHCW-NMCP); the Health Service Board (HSB); the National Pharmaceutical Company (NatPharm); the National AIDS Council (NAC); and the Zimbabwe AIDS Network (ZAN). Of these SRs, MOHCW-NMCP and NAC had previously held the PR role.

The scope of capacities for diagnosis and planning were those areas identified by the Global Fund to assess organizations nominated to perform SR and PR roles: programme management, SR/SSR management, financial management and systems, pharmaceutical and health product management, and monitoring and evaluation. Specific attention was placed on risk management, fraud, and knowledge management, based in part on increasing Global Fund focus in these areas. Not all capacity areas were diagnosed for all SRs based on the functions of the SRs; the scope for NatPharm included only pharmaceutical and health product management (and this capacity area was not addressed in other SRs), and the scope for HSB included only programme management.

Approach

A tool for diagnosing PR capacities in Zambia was used as base and adapted to create self-diagnosis tools appropriate for each SR (a sample of the self-diagnostic framework is described in the Annex). Capacities were diagnosed through documented evidence (existing reports, audits, and assessments), and through consultations with SR managers and staff. During the self-diagnoses, staff identified a current level of capacity and a targeted level of capacity, differentiating between national, provincial, and district capacity levels as appropriate. Targeted capacity levels assumed a 3-year horizon, so that the subsequent capacity development plan would aim for projected levels of capacity based on strategic directions and priorities. Consultations also included a discussion of capacity needs and recommended actions.

A review of self-diagnosis results from the seven SRs showed some capacity needs and recommendations that were shared and required collaboration across all SRs, Therefore, capacity development plans were approached from both cross-SR and SR-specific levels.
Results from the diagnoses were used to identify a set of capacity development objectives. These objectives outlined broad areas for improvement, for example strengthened Provincial management, accountability and oversight, and comprehensive, accurate, and timely data capture and reporting from Provincial levels. For each capacity development objective, a set of capacity development indicators was defined to measure progress towards achieving improvements in the capacity development objective. Finally, a set of intervention objectives was identified to address the capacity development indicators and objectives, and each intervention objective was detailed with example interventions and milestones. This objectives-based and results-based approach is illustrated below:

Next, a prioritisation and sequencing of indicators and intervention objectives was done, considering logical sequencing of interventions by function, cross-objective dependencies, as well as national and cross-organisational priorities discerned through consultations. Following this, a high-level grouping of indicators and objectives into stages was considered. These implementation stages, which included a preparatory stage and three annual stages, created a vision for the set of capacity development interventions within that stage. Finally, an initial bottom-up budget was estimated based on the set of example interventions.

Overview of the Plan

The high-level capacity development objectives identified in the plan, which address cross-SR and the majority of SR-specific capacity needs, are:

1. Cross-organisational programme management coordination and collaboration
2. Strengthened Provincial management, accountability, & oversight
3. Improved Provincial and District performance and staff satisfaction
4. Cross-organisational M&E coordination and collaboration
5. Comprehensive, accurate, and timely data capture and reporting from District and Provincial levels

These broad objectives highlight capacity needs to strengthen risk and results-based management, coordination, and accountability; improve performance from District and Province levels; and deliver accurate and timely monitoring and evaluation.

The four stage of the plan, including a subset of indicators by capacity development objective, are shown in the diagram below. The staging represents a stepwise progression from mobilisation, to management effectiveness, to increased performance, to integrated information and analysis.
From Plan to Implementation

This plan, like any plan, will require regular review and modification, following approval by the Country Coordinating Mechanism (CCM) and Global Fund. It is assumed that the capacity development objectives and indicators will remain rather static, with intervention objectives and activities more dynamic and changing based on success in achieving indicator targets.

To oversee the mobilisation and implementation of the capacity development plan, a Capacity Development Working Group was recommended as part of the plan, co-chaired by the to-be-hired MOHCW Global Fund Programme Coordinator and UNDP. Representatives from UNDP and each SR will constitute this working group, with an objective to meet on a regular basis to review the plan, address risks and issues, and share lessons and experiences of interventions.

As PR, UNDP will manage and control the budget for the plan. In addition, UNDP will liaise with the Global Fund and the CCM in reporting status of the capacity development plan, and provide assistance in mobilising resources, partner support, and capacity development expertise.

Lessons Learnt

Key lessons learnt to apply to future Global Fund capacity development planning efforts include:

**Key Roles**

1. Ensure the following on-going roles are identified during the capacity development planning process:
   - **National CD Owner** – a leader from the target organisation, to provide and promote political support and leadership to capacity development efforts through the plan
   - **National CD Manager** – a manager from the target organisation, responsible to own, manage, and lead capacity development efforts; ideally a “change agent” within the organisation
   - **UNDP CD Manager** – a UNDP staff person to work alongside the capacity development planner during the self-diagnostic and planning processes for continuity and understanding, and responsible to own and carry forward capacity development planning and implementation work with the National CD Manager

**Communications**

2. Dispel the notion up-front that capacity development is solely additional staff, workshops, and individual training
3. Discuss capacity development in terms of their strategic plan and goals; where do they want to be in 2-3 years? What results and what performance levels?

4. Ensure that capacity development is understood to be incorporated within and integral to the success of grant implementation and achievement of longer-term strategic goals, and not an optional add-on or bolt-on

5. Communicate up-front in an easy-to-understand way the self-diagnosis and planning processes, including ownership and objectives

6. Explain at the outset that the planning process is strategic and results-based; similar to programme proposal development; from needs to objectives and indicators, and finally to activity development

7. Endeavour to ensure that the target organisation understands and feels their ownership of and responsibility for implementing the plan

8. In meetings and self-diagnostic discussions with the target organisation, it is essential to include representatives from National, Provincial, and District levels

9. Coordinate inputs and ideas with local development partners, especially from a UN perspective, UNDP HIV and AIDS representatives and UNAIDS

10. Plan to bring all partners together to ensure the plan is seen as building capacity within the country – especially where there are politically sensitive issues (and unknown factors) within the transition; this also helps when there are many cross organizational issues

**Process and Producing the Plan**

11. If time allows, plan for one meeting for self-diagnosis evidence gathering, and a second (a day or two later) for scoring, to allow reflection and review

12. Keep the plan simple; if too complicated, those responsible to implement it will have difficulties

13. Balance capacity development improvements between thematic areas (HIV and AIDS, Tuberculosis, and Malaria), functional areas (policies, procedures, guidelines, technologies, etc.), and political/cultural areas (incentives, job satisfaction, leadership, organisational dynamics, etc.)

14. Remember that an updated or redefined TOR will not empower an employee to perform without a clear organisational vision, goals, and objectives

15. Try to group objectives or indicators into “stages” that represent step-wise progress on an annual or semi-annual basis

16. Consider the results of the implementation of the capacity development plan in improving medium-term performance of the grant and subsequent disease management

17. Plan objectives should integrate with and clearly support grant and organizational strategic plan goals

18. Mobilize partners to finance portions of the plan as well as to lead or provide technical support for identified activities

19. Develop an approach and strategy for funding the plan through time, including current and projected financing from the Global Fund, the government, and development partners
Annex: Using the Self-Diagnosis Framework

The self-diagnosis tool consists of a framework to be filled in for each capacity within a capacity area. An example framework is shown below, with instructions for completing each section of the framework.

<table>
<thead>
<tr>
<th>Capacity area</th>
<th>Specific capacity being diagnosed</th>
<th>Capacity grading levels; same as Global Fund</th>
<th>Specific capacity indicators for each grading level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Management Capacity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.1.4 Capacity to recruit, maintain, and develop knowledge of staff to manage</td>
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</table>

Types of evidence required: Data on numbers, responsibilities, and skill sets for management and staff are essential to determine the level of capacity. Evidence may include policies and procedures, training and performance indicators, training manuals, and standards. Staff profiles should be updated on a regular basis to ensure that they are accurate and up-to-date.

The self-diagnosis tool is ideally completed through facilitated meetings with appropriate management, functional, and technical teams, either individually or in groups. The ideal approach should be determined based on the culture and dynamics of the organisation itself.

When completed, the self-diagnosis frameworks are used as inputs in defining the capacity development plan. These inputs consist of detailed and summarised capacity diagnoses, as well as detailed and summarised capacity gaps and desired levels of capacity.

The objective of the self-diagnosis is not to assess risk, but to determine capacity needs and provide recommendations towards prioritised areas of improvement to be addressed in a capacity development plan.

The findings from each self-diagnosis framework should be summarised by functional area (Program Management, Financial Management Systems, etc.) to identify key capacity needs and recommendations.