



Assessing and Improving the Capacity of Monitoring and Evaluation and Health Information Systems

Guidance

February 2018



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ABBREVIATIONS

APIR	Annual Program Implementation Report
CB	capacity building
CBP	capacity building plan
CHMT	community health management team
DDU	data demand and use
DQA	data quality assurance
ECB	evaluation capacity building
HIS	health information system
HPNSDP	Health, Population and Nutrition Sector Development Program
M&E	monitoring and evaluation
MECAT	Monitoring and Evaluation Capacity Assessment Tool
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
PMMU	Program Management and Monitoring Unit
PRISM	Performance of Routine Information System Management [tool]
RDQA	Routine Data Quality Assessment [tool]
SmPR	Six-Monthly Progress Report
TAST	Technical Assistance Support Team

INTRODUCTION

The assessment of capacity is an important step in identifying, describing, and documenting evidence related to the stages of progression to a strong health information system (HIS), and is a particularly effective way to measure and document those stages. The information can be used to expand our knowledge of capacity building (CB) for HIS and for monitoring and evaluation (M&E) systems, thereby informing the design of new interventions and the adaptation of existing approaches. The assessment of capacity is also an essential approach to designing technical assistance, training, mentoring, or related interventions to strengthen health systems; to building M&E-related capacity at individual, organizational, or systems levels; and ultimately, to improving health outcomes (Horton, 2003).

Much of what is written about capacity assessment and planning is fragmented and geared to the use of a specific assessment method or tool. This guidance takes a broader view of capacity assessment, providing practical considerations for choosing a specific CB approach. The guidance also provides suggestions for the use of assessment results, including the development of a CB plan (CBP).

Intended Audience

This guidance is intended for use by those working with individuals, teams, organizations, or systems to improve capacity in M&E or HIS. This capacity building work may be explicit (for example, in response to a formal request from the beneficiary or donor) or it may be implicit (as in the case of collaborative implementation of an evaluation).

Purpose

The purpose of this document is to present best practices for assessing capacity systematically and using the assessment results to develop a CBP to strengthen HIS and M&E systems. The document provides information that:

- Helps you decide whether a formal capacity assessment is appropriate for your activity
- Offers strategies if you are struggling with stakeholder buy-in
- Identifies options and alternatives for assessing capacity if you have stakeholder buy-in but constrained resources
- Presents considerations for how the formal capacity assessment results or other documented information about capacity may be used for planning your CB interventions and for monitoring and tracking progress
- Offers options for adapting or hybridizing tools if no existing tool fits your needs
- Outlines ways that assessing and documenting M&E-related capacity may be used to inform project planning, to provide feedback to donors and other stakeholders, and to report, including through the development of a CBP

Please note that this guidance and its associated tools (available here: <https://www.measureevaluation.org/resources/assessing-the-capacity-of-monitoring-and-evaluation-and-health-information-systems/>) focus on the assessment of the capacity of teams, organizations, and systems, with individual capacity included, as well.

BEST PRACTICES IN ASSESSING CAPACITY

Role of Capacity Assessment in Strengthening HIS and M&E Systems

Capacity assessment is useful to understand current competencies; identify performance gaps; understand factors that hinder or facilitate CB activities; and inform the development of CBPs to guide the planning, organization, implementation, and monitoring of CB-related activities. Assessments of capacity enable all stakeholders to:

- Identify strengths and gaps in the capacity of teams, organizations, or systems that inhibit performance or the achievement of stated goals and objectives.
- Plan CB or related activities to address performance gaps and build on local strengths/assets.
- Monitor gains in capacity and progress toward performance milestones and benchmarks.
- Document results/achievements that feed into planning and link to improved organizational or system performance.

The assessment of capacity is instrumental in framing the following types of activities:

- National, regional, and organizational strategic and annual planning
- Budgeting and resource allocation
- Measuring enhanced capacity/establishing baselines
- Linking enhanced capacity to improved performance
- Advocacy for donor funds
- Health investment prioritization

Although capacity assessment can be useful and instructive for activity planning and implementation, many complex factors influence and inform an organization's or team's ability to conduct formal capacity assessments. Donor interest, local buy-in among stakeholders, available resources, and timing may influence the approaches taken to assessing capacity.

In many instances, local conditions and factors may not support the implementation of a formal capacity assessment. In circumstances where buy-in from one or more local stakeholders is absent, donors are ambivalent, funding is constrained, or timelines are crunched, a staged or gradual approach to capacity assessment that includes a combination of ***advocacy, independent documentation, and collaborative documentation*** may be key to generating support, funding, and momentum to embark on a more formal capacity assessment.

Suggested Approaches

There are four primary approaches that are useful in the assessment of capacity for strengthening HIS and M&E systems. They are:

- **Advocacy:** Using observation, secondary data/information, and stakeholder perspectives to encourage stakeholders to use systematic and strategic approaches to assessing, planning, building, and measuring their HIS and M&E capacity
- **Independent documentation:** Materials collected by activity leads or other staff that provide official information or evidence of capacity, and serve as a record of gains in relevant capacity attained during implementation
- **Collaborative documentation:** Materials collected by local stakeholders, implementing partners, or others, and the project activity leads or other project staff that provide official information or evidence of capacity, and serve as a record of gains in relevant capacity attained during the implementation activities
- **Formal capacity assessment:** The analysis of desired capacities against current capacities, generating an understanding of capacity assets and needs, which informs the formulation of a capacity development response

These approaches take into consideration situational factors and the need for those working with beneficiaries to have *flexible approaches* to advocate, plan, and implement a formal capacity assessment and related activities that support *local ownership* of these efforts.

Advocacy

Advocacy is a strategy that uses observation, secondary data/information, and stakeholder perspectives to encourage stakeholders to employ systematic and strategic approaches to assessing, planning, building, and measuring their M&E, HIS/routine HIS, and evaluation capacity. Advocacy is often crucial for engaging local stakeholders and donors, accessing available funds, and maintaining momentum amid sometimes challenging circumstances and changing landscapes.

The main advocacy strategies that benefit activities overall, and which may also help garner support for a formal capacity assessment are:

- Using “inside-out capacity building,” which means, working with the local organization to tap into the knowledge and skills that personnel already have but are not using, and leveraging these internal assets to build awareness, raise interest, and cultivate local buy-in for an investment in a formal capacity assessment
- Communicating the value-added that capacity assessment and documenting enhanced capacity bring to the activities that are planned or currently under way
- Engaging local stakeholders in planning and identifying options for operationalizing a formal capacity assessment and documentation as much as the local context will allow. Encouraging self-assessment by the organizations, when practical.

Documentation

Two types of documentation are useful in assessing capacity: independent documentation and collaborative documentation. Both involve:

- Observing and recording strengths and gaps in capacity when providing technical assistance or conducting routine work
- Detailing activities and interventions that have been tried to address identified gaps
- Noting any gains in capacity made throughout the course of the work conducted

These strategies can be accomplished through an organization’s routine activity reporting. However, they may be more useful if routinely documented using a tool like the sample provided in Appendix A; if used in developing and implementing a CBP; or if referenced when completing informal capacity assessment worksheets and interviews. Another strategy that can be useful is tracking changes in capacity, by establishing a retrospective baseline and monitoring enhanced performance and decreasing amounts of technical assistance. Independent documentation serves as evidence for activity reporting and provides valuable information that can be leveraged with local stakeholders when an organization provides technical assistance and works side-by-side to achieve activity objectives.

Documentation may be undertaken internally, by the technical assistance provider or other CB lead, when the local stakeholders or donors are not open to or interested in assessing or monitoring increases in capacity.

The main distinction between independent and collaborative documentation is that collaborative documentation is done in partnership with local stakeholders and may even be led by them. Collaborative documentation may or may not be openly shared with donors and other interested parties. Using this approach, stakeholders may participate in determining what CB activities, capacity gaps, or performance

elements they want to monitor over time. Collaborative documentation can be used as an advocacy tool that paves the way for a formal capacity assessment to evaluate and monitor changes in capacity and link them to improvements in performance.

In addition, collaborative documentation may be useful in:

- Tailoring capacity assessment and/or technical assistance to local stakeholders' interests and needs
- Working with the organization privately on the interpretation of results to inform decision making or communicating with donors or others
- Communicating results to donors and others (United States Agency for International Development, implementing partners, ministry of health [MOH]) to advocate additional resources

Examples of Independent and Collaborative Documentation

Here is an example of how *independent documentation* was used when a formal CB assessment was not feasible. The MEASURE Evaluation team in Rwanda did not have the opportunity to conduct a formal capacity assessment. Instead, the activity lead and the MEASURE Evaluation M&E Unit produced a write-up describing the changes in capacity that were evident, because they could be seen in the organization's improved performance conducting data quality assurance (DQA).

The Ministry of Health in Rwanda institutionalized DQA by funding CB in DQA and creating a branch for DQA supervision

The improvement in data quality and its use have become so important to the MOH leadership in Rwanda that a central team was formed to lead the improvement of data quality at all levels of the health system. The team received DQA training in May 2010 from MEASURE Evaluation. In addition, MEASURE Evaluation assisted in the development of the concept paper that outlined the strategy for the long-term sustainability of data quality and continued CB of health facilities in data quality improvement—that is, the implementation of an approach that will institutionalize data checks in health facilities and promote data quality improvement at all levels of the health system. To date, the DQA team has conducted site visits to 168 facilities. MEASURE Evaluation no longer pays for the DQA training. The demand for good-quality data is so high that the MOH and other implementing partners now fund the DQA work in Rwanda. MEASURE Evaluation has recently been asked to conduct a training of trainers with the central level DQA team so that it can independently lead DQA training in the future.

Next is an example of the successful use of *collaborative documentation* to support and leverage CB activities in MEASURE Evaluation's Phase III activities in Bangladesh. A formal capacity assessment was not

conducted. Rather, staff worked intensively with local stakeholders to document, plan, and implement an array of CB activities.

MEASURE Evaluation support to the Government of Bangladesh's Program Management and Monitoring Unit strengthened performance monitoring of the Health, Population and Nutrition Sector Development Program (HPNSDP).

Under the two previous sector-wide health programs in Bangladesh, M&E units were not functional, because of a lack of commitment by the Ministry of Health and Family Welfare (MOHFW) to invest in and institutionalize such a unit as a permanent structure in the MOHFW. With support from MEASURE Evaluation's Technical Assistance Support Team (TAST), and with subsequent buy-in from the MOHFW, the Program Management and Monitoring Unit (PMMU) was established to strengthen performance monitoring of the HPNSDP. MEASURE Evaluation's TAST worked with the PMMU to institute regular performance monitoring and reporting procedures for the first time in the sector-wide health program's history. The PMMU is now the recognized M&E unit of the HPNSDP. With TAST support, the PMMU leads the development of all biannual and annual program performance reviews of the HPNSDP and produces the Six-Monthly Progress Reports (SmPRs) and the Annual Program Implementation Reports (APIRs). The PMMU works to strengthen the capacity of other MOHFW program staff to systematically report and interpret program performance data during the preparation of the SmPRs and APIRs. MOHFW staff have increasingly demonstrated a better understanding of the HPNSDP program and have shown greater ownership of and accountability for the data being reported. The SmPRs and APIRs are now the key reference documents used by the MOHFW and development partners to assess program performance, to review financial arrangements, and to assess how well donor support meets the priorities and requirements of the HPNSDP. Although no formal baseline capacity assessment was performed to document changes in PMMU capacity, changes were evident by the Government of Bangladesh's commitment to fully staff the PMMU, the gradual shift in responsibility and ownership of the management and leadership of the annual performance reporting process from the TAST to the PMMU, and recognition by the government and development partners of the increased quality of monitoring and performance reporting of the HPNSDP by the PMMU.

Formal Capacity Assessment

The assessment of capacity facilitates the identification of performance strengths and capacity gaps and weaknesses. Once identified, the gaps and weaknesses can then be addressed through technical assistance, mentoring, training, and related CB activities, leading to improvements in performance that ultimately strengthen health systems. Once donor support, local buy-in, adequate funding, and timing align appropriately, formal capacity assessment becomes possible. As defined by the United Nations Development Programme, formal capacity assessment is the "analysis of desired capacities against existing capacities and offers a systematic way of gathering data & information on capacity assets and needs," which informs the formulation of a capacity development response (United Nations Development Programme, 2008).

A **formal capacity assessment** may be one element of a package of interventions designed to strengthen the M&E system, HIS, and rigorous evaluation efforts.

CB activities, including formal capacity assessments and corresponding CBPs, should be tailored to the context in which personnel, organizations, and systems are working. Similarly, approaches and processes for assessing capacity should be sufficiently flexible to fit or adapt to the local context. This means that the approaches used to assess capacity may incorporate a mix of methods and tools to identify gaps in capacity and plan for CB activities to suit the context and broader system considerations. A formal capacity assessment provides three distinct advantages. It enables you to:

- Ideally, formal capacity assessments should be done at least twice (at the beginning and at the end of the CB activity, at a minimum), and sometimes three or more times.
- Formal capacity assessment can be done using several methods; it is therefore important to review what has been done previously and adapt it to your needs/program.

When thinking about embarking on a formal capacity assessment, consider:

- Target your intervention at the right organizational level (systems or individual); the right technical areas; and the right technical level
- Measure any progress at individual and organizational levels
- Provide evidence to donors and other decision makers
- Just as CB activities should be tailored to the context (culture, level of capacity) in which personnel, organizations, and programs operate, so must capacity assessment approaches and tools be adapted to the specific context.
- Local buy-in and trust are essential.
- Capacity assessment should be a collaborative process, with all stakeholders involved (beneficiaries, donors, and the agency providing technical assistance for CB activities).
- Stakeholders should agree on the goals and expectations of the CB activity from the start.
- In many cases, an M&E plan with defined indicators and tools for measuring changes in performance should also be developed.

The capacity assessment results may guide a CB planning process, and inform activity planning, budgeting, and subsequent reassessment.

Capacity assessment creates a foundation that facilitates interventions that are targeted and intentional. When used as a baseline and endline, a formal capacity assessment can document capacity gains against benchmarks

identified in CBPs, can help you understand the impact and cost-effectiveness of an intervention, and help determine whether an intervention should be repeated/scaled up/continued.

Capacity assessments may be promoted as positive activities that are in the interest of the beneficiary (e.g., personnel, organization), because they will provide information that can foster better, stronger programs and systems. Once buy-in from local beneficiaries and donor support have been obtained through advocacy efforts, areas for CB should be identified together with stakeholders through a facilitated consensus-building process. From this buy-in, a protocol, tools, and assessment process can be developed. Once consensus on the desired capacities has been reached and the tools and process have been fully vetted, the actual assessment and analysis of assessment data follow. Assessment findings may be shared with the local organization and used to develop a CBP that addresses the needs and gaps identified by the assessment. During the development of the CBP, performance objectives/expectations are formulated, and CB activities are identified.

Examples of Formal Capacity Assessment

Below are three examples of formal capacity assessment—two from the implementation of the Monitoring & Evaluation Capacity Assessment Tool (MECAT) in Kenya and one from Côte d’Ivoire with the Routine Data Quality Assessment (RDQA) tool and the Performance of Routine Information System Management (PRISM) tool. The MECAT examples highlight assessment findings as a key input for planning, with findings at both the national and subnational level informing the development of action plans.

In Côte d’Ivoire the assessment process sparked interest in improving data quality. Repeating the same assessments four years later clearly demonstrated improvement in targeted areas.

The MECAT was used to inform national-level health systems strengthening in Kenya.

At the national level, the MECAT was implemented to establish the M&E capacity of the Kenyan MOH for specific programs, including the Division of Community Health Services, Division of Malaria Control, Division of Reproductive Health, and Division of Disease Surveillance and Response, along with the Department of Civil Registration and Vital Statistics, in the Ministry of Immigration. Using the MECAT, the divisions were able to identify weaknesses in their M&E capacity, establish the actions that needed to be taken to address the gaps/weaknesses, and assign a point person who would be responsible for each action. Then, these data were compiled, and an action plan was developed to lay out the next steps to improve the M&E capacity of the divisions. The MOH will conduct a follow-up of the action plans and review the use of the plans across the divisions to determine whether M&E capacity has improved.

The MECAT was used to address gaps in M&E capacity identified at the subnational level in Kenya.

At the subnational level, the MECAT was implemented by the community health management teams (CHMTs) to establish the M&E capacity of the M&E system for health countywide. Using the MECAT, the CHMTs were able to identify gaps in their counties' current M&E capacity, determine the actions that needed to be taken to address the weaknesses, and assign an individual to be responsible for each action. Then, an action plan was developed to establish the next steps to improve the countries' M&E capacity. From these applications of the MECAT, key lessons were learned:

- The MECAT tool is best administered in a workshop setting and where participants are knowledgeable about the organization that is undergoing the assessment.
- At the national level, institutions must recognize and own their need for an assessment of M&E capacity.

Regional health directorates in Côte D'Ivoire conducted supervisory visits using the RDQA and PRISM assessment tools, with limited MEASURE Evaluation support.

MEASURE Evaluation provided technical and financial support to train a total of 48 staff from regional health directorates to monitor activities in their areas of expertise, and to lead the supervision of the continued assessment of quality and use of routine data through the application of the Routine Data Quality Assessment (RDQA) and Performance of Routine Information System Management (PRISM) tools. Prior to this training, data quality control was not systematic and was limited to assessing completeness. The training raised an interest in each region in maintaining data quality by combining supervision with data quality control and use of information. Regional health directorates were mentored during one joint supervision visit to help them master the PRISM tools. They then conducted supervision independently using the RDQA tool or PRISM follow-up tool. The comparison between 2008 and 2012 PRISM results noted:

- Increased data accuracy, from 43 percent to 60 percent at the facility level, and from 40 percent to 81 percent at the district level
- Improved capacities of the MOH partners to conduct DQA and RDQA with limited assistance from the project
- Increased use of information at the district level, from 44 percent to 70 percent

The PRISM findings were disseminated during a national health coordination meeting and were discussed during M&E training focusing on the health region. In addition, M&E training, including training in the use of the RDQA and PRISM follow-up tools, was conducted, and joint supervision visits were organized.

THE LOGISTICS OF CAPACITY ASSESSMENT

Adapting and Hybridizing Tools

CB interventions are highly contextual, situational, and need-driven. Once you have obtained the necessary buy-in from donors and beneficiaries, and have secured resources to conduct an assessment, it is often a challenge to identify a single tool that will address all areas that are of interest. It is quite possible that the assessment tools listed and categorized in the Excel spreadsheet—“Tools for Assessing Capacity,” available at <https://www.measureevaluation.org/his-strengthening-resource-center/his-assessment-tools>—will not exactly fit with your activity’s needs or objectives.

Adapting a tool or combining multiple tools may be an effective way to meet the needs of your context and activity. You may choose to use specific sections from different assessment tools to augment one tool, or pull individual questions from many tools to create an assessment instrument that fits the specific context, activity, or country to be assessed.

When adapting or hybridizing a tool, it is important to do the following:

- Keep a good record of the source document(s)/assessment tool(s) that compose the new instrument as you are pulling sections and questions from different instruments.
- Review the tool in collaboration with your primary beneficiary/beneficiaries and donor(s), to be sure the assessment questions are relevant, appropriate, and necessary.
- Pre-test the new instrument, to identify any challenges before you conduct the full assessment.
- Document the process you follow for implementing the assessment, so that you and others may replicate the process if you choose to conduct the assessment multiple times, or use the assessment to establish midlines and end lines.

Please note that as you are adapting, modifying, or hybridizing your assessment tool(s), questions of validity may arise. As a rule, when working in a country or on a specific activity, funding will not likely be available to fully validate an adapted or hybridized tool(s). Following the checklist given above to document the tool’s use and experience is the first step in systematically describing and explaining your approach to adapting and validating your assessment tool(s).

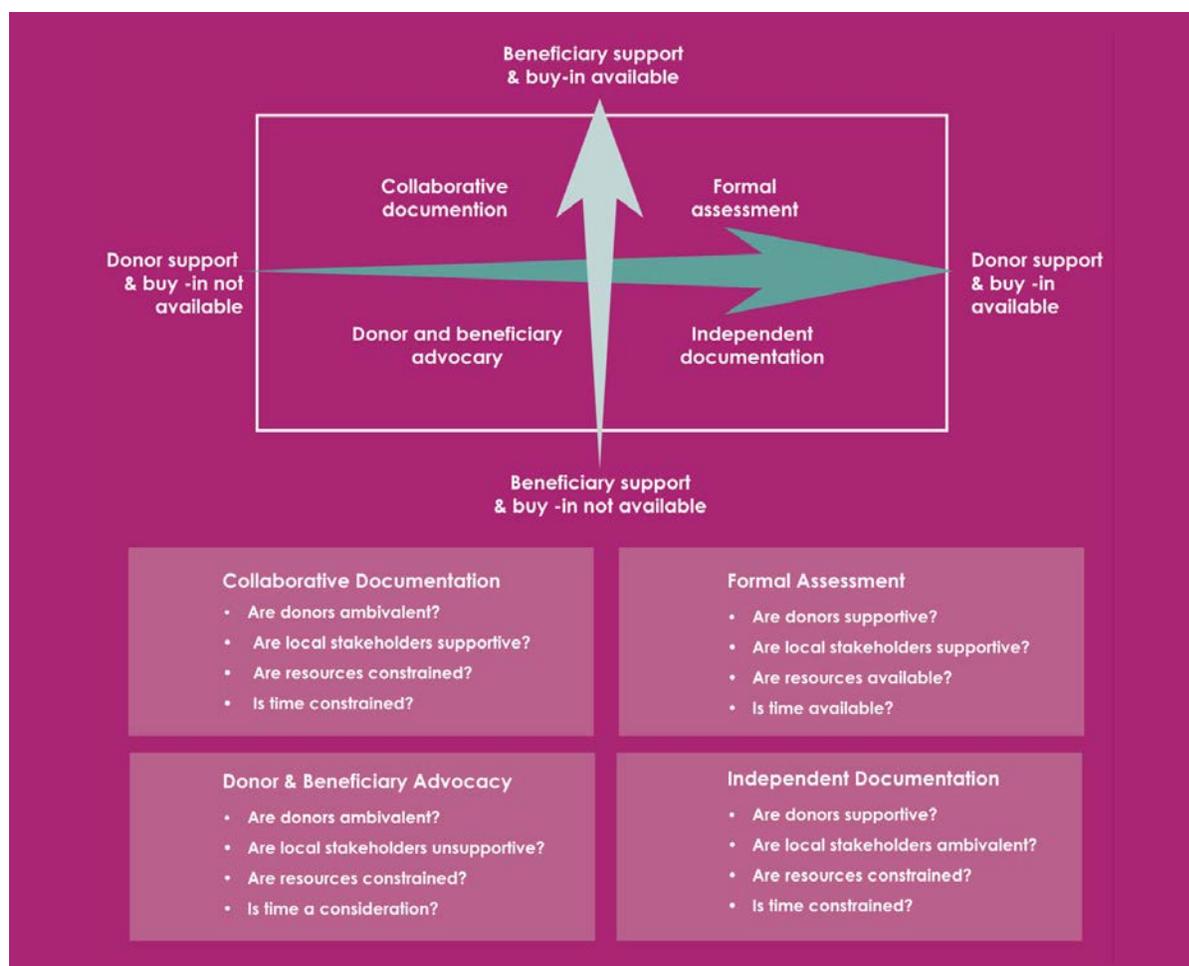
Cost of Assessments/Budgeting

Assessment costs may vary widely depending on the CB activity’s context, scope, and method. Several categories of costs should be included in the budget and are generally consistent across the wide range of

assessment methods. When you plan and budget the implementation of a formal capacity assessment, the budget should include line items for level of effort for staff, partners, stakeholders, and others; travel; and supplies. Depending on the scale, scope, and design of the formal capacity assessment, it may also be necessary to include line items for travel to assessment sites, meeting/venue costs, and associated supplies. Supply expenses may include items needed for stakeholder meetings, airtime for telecommunications, and so forth.

A rapid qualitative interview approach is less resource-intensive than interviews combined with a statistically significant sample of respondents. By the same token, the approaches and processes for implementing formal capacity assessment are highly variable. They are also scalable, so you can tailor your approach to the resources available. This is another reason why adapting and hybridizing tools may be an effective strategy.

HOW TO DETERMINE YOUR APPROACH TO ASSESSING CAPACITY



The model above depicts each of the four approaches and when they can be considered based on the context in which you are working. Each activity or local context will fall somewhere on this x/y axis, where x is donor support and buy-in and y is beneficiary support and buy-in. Note that advocacy permeates each approach and should occur whenever you are engaging donors and beneficiaries to assess and build capacity. To identify the strategy that best suits a specific local context, answer the following questions in each box below to obtain guidance and help identify which approach best fits the context of the specific activity.

Note that you may be best served by using multiple approaches (independent documentation and advocacy; advocacy; collaborative documentation; advocacy and formal assessment) if your goal is to generate donor and local stakeholder buy-in, procure resources, and conduct a formal capacity assessment.

USING ASSESSMENT RESULTS

Linking Enhanced Capacity to Improved Performance

Individual or organizational performance is often considered a reliable measure of staff and organizational capacity, and improved performance is an important consideration in assessing the effectiveness and impact of CB efforts (Brown, LaFond, & Macintyre, 2001). Improved organizational or individual performance may be measured in terms of team or unit functioning (service performance, and service and HIS management). This suggests that an initial assessment of capacity before designing CB approaches include common measures of service performance, such as selected indicators of coverage, quality, and client satisfaction, and HIS and data use performance.

Planning for CB

A CBP is an important tool for planning and coordinating CB interventions. The CBP helps identify and organize CB needs, identify strategies to meet those needs, and monitor progress in the achievement of the CB objective(s). The CBP helps you better understand the capacity needs of a team, organization, or system, and the opportunities to meet those needs. CB is often embedded in activities that may or may not have CB as their primary objective.

A CBP can also help identify areas where resources are not sufficient to cover planned CB activities and can be used as an advocacy tool to seek additional funding. By monitoring progress on the objectives of the CBP, you can better understand how the activities are working, where more effort is needed, and when you are achieving your objectives.

CBP Components

As noted above, a CBP is a document that outlines capacity needs in an organization, the strategies to address those needs, and a plan to monitor progress toward the achievement of CB objectives. The plan should focus on strengthening the ability of an individual, organization, or system to carry out its stated operational and strategic objectives. A CBP can include background on the organization or system, CB achievements to date, results of a capacity assessment, identified gaps in capacity, strategic responses/activities to address gaps, clear timelines, a monitoring plan, and a budget. Each CBP should be tailored to the specific context in which it will be implemented.

A capacity assessment is an important input for developing a CBP, because the plan is based on current capacity. However, the assessment can be formal or informal based on budget and time. Assessment can even be included in the CB planning process itself, with areas of need identified by stakeholders as they develop the CBP.

Developing a CBP

Costs involved in developing a CBP vary widely depending on the process's scope, formality, and timeline. If needed, costs can be kept low, simply by including staff time for completing the plan. That said, for a more

formal and participatory approach, there may be costs associated with a stakeholder meeting, including travel and per diem for participants.

The process used to develop the CBP depends on its intended use, funding, timelines, and the size of the organization or team. The following are key principles for developing a CBP:

The development of a CBP is the first step in an intentional CB process. Plans for follow-up of the CBP, including the person/people responsible and a timeframe, should be laid out in the plan itself. This will likely involve a plan for monitoring implementation, a monitoring plan that may include periodic assessments to measure capacity gains, and updates on benchmarks reached. The CBP may also need to be updated periodically, to reflect changes in external factors and resource availability.

- 1) Ensure that the CBP is developed in a participatory and engaging process and that all key partners/stakeholders are involved. This will ensure that there is ownership of the plan.
- 2) Ensure that the plan is appropriate to the mission, mandate, and goals of the organization that is the focus of the plan.
- 3) Identify an organizational champion who will ensure that the plan is implemented.
- 4) Ensure that the plan establishes a clear process for monitoring progress and measuring achievement.

CONCLUSION

This document presents a systematic approach to CB through capacity assessment and planning for CB. Besides being systematic and methodical about CB interventions, make sure that these interventions are tailored to the context, including understanding current and future capacity needs, availability of resources, and stakeholder commitment. This document is meant to serve as guidance, and may be adapted and tailored to each use, team, organization, and system.

REFERENCES

Brown, L., LaFond, A., & Macintyre, K. E. (2001). *Measuring capacity building*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill. Retrieved from http://pdf.usaid.gov/pdf_docs/Pnacm119.pdf

Horton, D. (2003). *Evaluating capacity development: Experiences from research and development organizations around the world*. Ottawa, Canada: International Development Research Centre. Retrieved from <https://www.idrc.ca/en/book/evaluating-capacity-development-experiences-research-and-development-organizations-around-world>

United Nations Development Programme (UNDP). (2008). Capacity assessment. New York, NY, USA: UNDP. Retrieved from <http://www.undp.org/content/undp/en/home/librarypage/capacity-building/capacity-assessment-practice-note.html>

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