

# SYSTEMATIC ORGANIZATIONAL CAPACITY BUILDING

## *Tackling Planning and Implementation Challenges*

### INTRODUCTION

*A seesaw is a common feature of many playgrounds across the world, and one often sees children rising and falling excitedly through the air on a seesaw, their play-world consisting of two poles vying for ascendancy in alternate motions. This commonplace playground scene is a good analogy for our world of global health and development. With each new strategic plan, human resources plan or business plan to strengthen systems, mobilize resources, improve services, prevent illness and heal the sick—up we go, full of hope and anticipation. And with each setback and hurdle in the implementation process—down we come, somewhat disillusioned and skeptical.*

*We have seen many implementation failures, and when we fail to fully implement needed programs, services or necessary internal management, leadership and governance changes, there are major consequences: staff question whether organizational change is possible, organizations move forward without the needed efficiency that change would have yielded, service delivery remains status quo, lives may be needlessly lost, and health status remains poor. For example, when vaccine stocks dry up, immunization rates are low and children die of preventable illnesses. When diagnostic machines are broken and medicines in short supply, farmers with malaria or HIV/AIDS go without needed laboratory tests and treatment and then cannot tend their crops and feed their families. When health workers are either unskilled or unavailable at service delivery sites, otherwise healthy women may die in child birth, and HIV therapies cannot be scaled up. In too many places, common preventable and treatable conditions continue to account for a considerable proportion of the total disease burden. Effective leadership and governance practices, sound planning and efficient management procedures can help overcome some of these implementation barriers.*



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Assistance Resources



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capacity for impact

There are many proven therapies and effective clinical, public health and organizational strengthening practices that are not transferred or applied, primarily due to implementation barriers related to organizational capacity. Too often we have seen that efforts to build organizational capacity of local implementers do not guarantee effectiveness, efficiency or sustainability of institutions or programs. Even in instances where thorough

assessments have been conducted using proven tools and methodologies, the need for improvements has been carefully identified, and capacity building interventions properly designed and funded, organizations still face implementation bottlenecks in carrying out agreed-upon organizational strengthening activities. The barriers associated with capacity building plans are the focus of this technical brief. ■

*“We develop excellent plans. We even celebrate their launch, but implementation failures remain our biggest headache.”*

— Deputy Principal Secretary, Ministry of Health and Social Welfare, Botswana.  
Remarks made at the launch of HRH Strategic Plan, 2008

## ACRONYMS

AIDSTAR	AIDS Support and Technical Assistance Resources
ASONAPVSI DAH	National Association of People Living with HIV/AIDS (Honduras)
CBO	Community Based Organization
COTR	Contract Office Technical Representative
CSO	Civil Society Organization
FLEP	Family Life Education Program (Uganda)
HRM	Human Resource Management
IS	Implementation Science
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
PEPFAR	President’s Emergency Program for AIDS Relief
USAID	United States Agency for International Development

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## ACKNOWLEDGEMENTS

**This Technical Brief** was produced by the AIDSTAR-Two Project in collaboration with the US Agency for International Development (USAID) Office of HIV/AIDS. Funded by USAID, the project's overall objective is to contribute to stronger and more sustainable, country-led HIV/AIDS programs, organizations, and networks. The AIDSTAR-Two consortium, led by Management Sciences for Health (MSH), includes: International HIV/AIDS Alliance; Cardno Emerging Markets, USA, Ltd. (Cardno); Health & Development Africa, Ltd.; Initiatives, Inc.; Save the Children Federation; and Religions for Peace.

Ummuro Adano, Senior Capacity Building Technical Advisor for AIDSTAR-Two, and Lourdes de la Peza, Senior Leadership and Organizational Development Advisor based in Mexico, and both with Management Sciences for Health, co-authored this technical brief. We extend our thanks to Dr. William Kiarie, an independent human capacity consultant in Nairobi, Kenya, as well as Karen Lassner and Xavier Alterescu of Management Sciences for Health for their technical reviews and insightful comments. AIDSTAR-Two Project Director Sarah Johnson not only provided leadership and ongoing technical guidance, but she also

carefully reviewed and commented extensively on early drafts. Ken Sklaw, Senior Organizational Development Advisor at USAID/Office of HIV/AIDS provided invaluable feedback that improved and sharpened the focus of the document on practical organizational capacity building needs and the implementation concerns of local civil society organizations.

We would particularly like to thank Elizabeth Walsh for her skilled editing and for lending her overall communication assistance in the production of this document.

We are indebted to Emily Hughes, Former USAID Cognizant Technical Officer for the AIDSTAR-Two Project for her support and commitment to our technical briefs series. We appreciate the support of the US President's Emergency Plan for AIDS Relief and the US Agency for International Development for providing the funding for the development of this document. We commend their continued investment in efforts to distill, disseminate and expand the knowledge base and best practices in organizational capacity building, and put this information into the hands of local implementers. ■

## I. PURPOSE OF THE TECHNICAL BRIEF

**T**his technical brief explores the types and causes of typical implementation challenges faced by local implementers, and shares some promising practices and stories from the field that demonstrate the results of effective implementation of capacity building interventions by civil society organizations. Across the world, there are thousands of civil society organizations and non-governmental organizations that have contributed significantly to the fight against HIV/AIDS and continue to do so. While this technical brief focuses on their implementation challenges, public sector institutions face the same issues in implementing institutional strengthening efforts.

The technical brief seeks to illuminate and expound on these issues, using the following simple, common, four-step process that most organizations go through at one time or another in their life cycle when making organizational improvements:

**Phase 1:** Conduct an organizational assessment to determine capacity building needs and priorities

**Phase 2:** Develop an action plan

**Phase 3:** Implement the action plan

**Phase 4:** Monitor and evaluate

This four-step iterative process provides a logical model of analysis that absorbs complexity and provides a way to not only organize but also understand systematic organizational capacity building. It is a simple way to get local implementers, capacity building practitioners, and donors to think about, learn and adopt effective strategies for the implementation of capacity building efforts.

In each phase, we will examine the process as well as some of the key implementation barriers, and provide a more useful operational understanding of the term implementation in the context of capacity building by taking a systems perspective.

But first, let us explore some of the generic organizational capacity building and implementation gaps as evidenced by both the literature and our own observations from the field. ■

## II. UNDERSTANDING SYSTEMATIC ORGANIZATIONAL CAPACITY BUILDING AND IMPLEMENTATION GAPS

Local implementing organizations—including civil society organizations, non-governmental organizations, community based organizations and public sector institutions—provide health services within the health sector of many developing nations, which continue to bear the burden of significant epidemics of AIDS, tuberculosis and malaria as well as other health problems and risks. When this scenario is combined with poor primary health care infrastructure and resources, inadequate leadership and governance, and inefficient internal management at all levels of the system, the need for organizational capacity building, country ownership and scaling up programs and services to meet demands for accessible and quality care becomes abundantly clear.

A recent publication makes a convincing case for the application of an implementation science (IS) framework for all PEPFAR funded HIV/AIDS programs.<sup>1</sup> The authors recommend that the design of all new programs should take into account multiple models of service delivery and rigorous impact evaluations, and suggest that implementation be monitored through operations research and strategic use of real data to inform mid-course program corrections. Such a rigorous analytical approach that focuses on the clinical efficacy of all interventions encourages program implementers to ask and find solutions to common implementation questions. However, implementation science methodology and practice must also be applied to institutional or system strengthening and internal organizational changes needed for these organizations to sustain the HIV response. Without rigor in implementing changes in an institution's monitoring and evaluation and reporting system, supply chain system,

human resource management and planning system, financial management and governance systems, even the implementation of the tried and tested services mentioned in the article will be compromised.

As such, it is equally essential to apply similar implementation rigor to all organizational capacity building interventions. The IS framework should consider a conjoined approach that seeks to improve implementation efficiency and sustainability, not just from a clinical perspective but organizationally too.

Over the years, governments, civil society organizations and donors have made significant investments in organizational capacity building with mixed results. These interventions to make internal organizational improvements are in fact change efforts. Thirty years of research by leadership development expert Dr. John Kotter has shown that 70% of all major change efforts in organizations fail.<sup>2</sup> Reasons for failure are diverse and complex and range from a lack of a sense of urgency around the change effort, to lack of a commonly shared vision, to failure to communicate the vision itself. While Kotter's research focused on private sector firms, it is likely that the success rate of internal organizational change initiatives in organizations in the health sector in developing countries is as high or higher.

Why do organizational change efforts stumble or fail? There are many possible reasons: organizations are often so consumed by direct service delivery that they do not prioritize change efforts; leadership to spearhead these changes is missing; sufficient know-how is not available on site; or organizations may not take the holistic approach required to implement and see the change

1. Padian, Holmes et al, 2011 | <http://www.pepfar.gov/documents/organization/157942.pdf>

2. Kotter, John P. *Leading Change*. Boston, MA: Harvard Business School Press, 1996

***“We cannot own or implement what we did not create.”***

— Professor James Ole Kiyapi, Permanent Secretary,  
Ministry of Medical Services, Kenya. Remarks made during  
a panel presentation in Washington, DC. September, 2009

through. Recognizing the causes of implementation failures and following the eight-step process or principles of change outlined by Kotter, summarized below, can help organizations avoid failure and become more adept at implementing change.

1. Establish a sense of urgency
2. Form a powerful guiding coalition
3. Create a vision
4. Communicate that vision
5. Empower others to act on the vision
6. Plan for, create, and celebrate short-term wins
7. Consolidate the improvements and keep the momentum for change moving
8. Institutionalize the new approaches until it becomes part of the culture of the organization—“the way we do things here”

A familiar pattern characterizes the way organizations approach internal capacity building and change efforts. Often, assessments are conducted and action plans are developed to address organizational capacity weaknesses but without sufficient attention to process or buy-in from the organization itself. In many cases, the process of assessing needs and developing a plan to improve internal capacity is often driven by external consultants, is not sufficiently participatory or inclusive, and fails to identify local champions who have the skills and clout to defend the plan authoritatively and commit support and resources for its implementation. The international, regional or local consultants may have worked with at least one person or a small team from the organization to generate a final product, but the process of solidly anchoring

the whole initiative and transforming it into a genuinely organization-led action that requires energy and follow-through has often been weak and ineffective. As a result, although the experienced consultants may set out to secure commitment and ownership from the outset, in most cases they ended up receiving lukewarm compliance from organizational leaders and staff.<sup>3</sup>

While the focus of this paper is civil society organizations, government agencies also face similar challenges with their plans. For instance, in the case of a national plan, the lack of clarity about the institutional anchor or focal point for the plan within the wider system, resources for the plan, or managing the plan's implementation process may be an issue. Even in places where a specific department within the Ministry of Health or Ministry of Social Welfare or Ministry of Gender or Women's Affairs is clearly the leader and owner of the plan, they may lack the funding, technical expertise, leadership, authority, implementation know-how and visibility to take forward such a complex initiative that calls for coordination at multiple levels of the system with different partners. Political factors such as elections or the appointment of a new Minister or Permanent Secretary in the Ministry of Health or another relevant ministry may also influence the process in unforeseen ways, either facilitating or blocking the implementation of the plan. New implementers who may come on board after a plan has been developed may simply choose to ignore it if they do not believe in it or feel that they must create something of their own.

A recent study on reversing the trend of weak policy implementation in the Kenyan health

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3. IntraHealth International, Inc. *Collection and Analysis of HR Strategic Plans: Resource Paper*. Chapel Hill, NC: IntraHealth International, Inc. 2006.

sector<sup>4</sup> cited weaknesses related to many organizational capacity building and other structural implementation barriers that stood in the way of health sector reform and progress. Some of the structural barriers identified were:

- Weak management and leadership at service delivery sites
- Limited evidence of team-based planning and problem solving
- Lack of information about development resources available at district level
- The release by the Ministry of Health of only a fraction of the approved development budget
- Fragmented financial planning and allocation processes
- Mismatch between budget allocation and spending of health resources versus set priorities
- A lack of qualified staff in the finance unit at all levels
- Poor financial and management reporting systems
- Procurement difficulties at all levels leading to chronic stockouts of essential kits, drugs and supplies

Additionally, for those who do not work in the health system or haven't had an experience of health system failure, transparency and information on the implementation of the actual organizational improvement initiative is practically invisible so there's no public awareness of the issues. This lack of data helps to explain the patchy nature of coverage on this topic of implementation challenges in the global health literature. It is encouraging, however, to see some recent examples of positive development in implementation and accountability, and growing interest in public sector and civil society governance. Two such examples include the Stop the Stockouts campaign: <http://stopstockouts.org/>, and the creation of the Budget and Expenditure Monitoring Forum in South Africa: <http://www.tac.org.za/community/BEMF>

This technical brief argues that adopting a more rigorous, systematic approach that is informed by some fundamental capacity building guiding principles derived from the AIDSTAR Two Organizational Capacity Building Framework<sup>5</sup> could ultimately lead to better assessments, better program design of capacity building activities and, most importantly, effective implementation, monitoring, evaluation and reporting. ■

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4. Glenngard and Maina, 2007. Reversing the trend of weak policy implementation in the Kenyan health sector? – a study of budget allocation and spending of health resources versus set priorities <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1851957/>

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5. [http://www.aidstar-two.org/upload/AS2\\_TechnicalBrief-2\\_4-Jan-2011.pdf](http://www.aidstar-two.org/upload/AS2_TechnicalBrief-2_4-Jan-2011.pdf)



### III. ORGANIZATIONAL READINESS TOOL

**A**t any given time, health service organizations are likely to be going through some form of small or large internal organizational improvement or change effort. The Organizational Readiness Tool on page 6 provides a self-administered, systematic, and easy to apply checklist that will assist public sector and civil society organizations to quickly assess the readiness of their organization before they embark on any significant change initiative. Structured around the four phases outlined on page 1 and key factors in leading organizational change, the tool also provides an opportunity for organizational leaders to consider what each capacity building phase implies in terms of resources needed to make changes, especially post-assessment. The four phases are described in more detail in later sections of the brief.

The tool can be down-loaded and administered by a small group of people in the organization, preferably those with ongoing responsibility for organizational capacity building and performance improvement.

First, each person completes the tool individually. Under each phase, read the statements on the key factors in leading an organizational capacity building effort described in the middle column of the matrix, and use the ranking provided at right to score each statement. Make sure that the score in each case best represents what you perceive to be the current readiness status for your organization. Then, share your individual scores, discuss as a group and reach a consensus on an overall score for your organization.

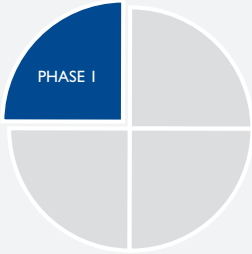
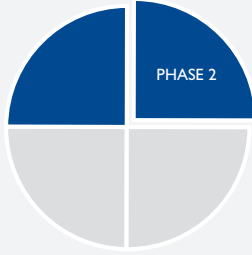
The application of this tool does not require a lot of time or other resources. The group discussion and consensus is the most important element in using the tool. You may want to nominate someone from the group to help moderate the discussion. Ideally, since the phases occur at different times, the tool assumes that the organization will be committed to the key factors listed under phases 2, 3 and 4. The results of the tool can be used to develop a plan to strengthen the areas of weakness to ensure excellent readiness. ■

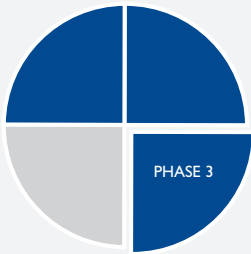
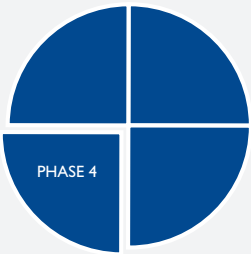
# ORGANIZATIONAL READINESS TOOL

A tool to rapidly assess the preparedness of an organization to undertake an internal capacity building effort

1	2	3	4	5
Never Happens	Rarely Happens	Sometimes Happens	Often Happens	Almost Always Happens

Fill out your responses assigning each item a point score of 1 to 5, as indicated above.

PHASES in capacity building	KEY FACTORS in leading an internal organizational capacity building effort	SCORE 1 to 5
<b>PHASE 1:</b> Conducting periodic internal organizational assessments to determine capacity building needs and priorities 	1. At the top of the organization, there is a sense of urgency communicated about the need to strengthen the organization's capacity.	1 2 3 4 5
	2. Periodic internal assessments of management, leadership and governance structures, systems, and processes with the organization are conducted to identify gaps and areas to be strengthened. The assessments use established tools and methodologies.	1 2 3 4 5
	3. The purpose of the assessment is very clear and focused on analyzing critical areas to achieve the organization's priorities, and the planned assessment and its importance are communicated throughout the organization.	1 2 3 4 5
	4. There is a wide range of people at all levels of the organization and stakeholders that participate in the assessment.	1 2 3 4 5
	5. The assessment results are widely communicated to staff and stakeholders, creating a sense of urgency for change.	1 2 3 4 5
	<i>Conducting organizational assessments: Subtotal</i>	
<b>PHASE 2:</b> Developing a sound capacity building plan 	1. A strong and committed team and champion with clear responsibilities have been selected to develop an action plan and lead its implementation. This work is not seen as secondary to their other organizational functions.	1 2 3 4 5
	2. The action plan has SMART results, short term benchmarks and indicators to measure progress.	1 2 3 4 5
	3. The action plan interventions are sound, evidence-based and address the main causes of organization weakness identified in the assessment.	1 2 3 4 5
	4. The plan clearly describes activities within each intervention and specific people are identified as responsible for the completion of the activity.	1 2 3 4 5
	5. There is a detailed budget and source of funds identified to implement action plan activities. The action plan and budget are incorporated into the organization's annual operational plan.	1 2 3 4 5
	<i>Developing the action plan: Subtotal</i>	

PHASES in capacity building, <i>continued</i>	KEY FACTORS in leading an internal organizational capacity building effort	SCORE 1 to 5
<b>PHASE 3:</b> Implementing an action plan  	1. A positive shared vision of how the organization will look when the change is successfully implemented has been communicated.	1 2 3 4 5
	2. Senior leadership is committed to the plan and champions at different levels of the organization to lead action plan implementation have been identified, engaged and trained.	1 2 3 4 5
	3. Critical decisions are made and followed through in a timely fashion to remove obstacles standing in the way of implementing the action plan.	1 2 3 4 5
	4. Resources are allocated on time according to the action plan and budget.	1 2 3 4 5
	5. People have the time, authority and resources to implement the planned activities.	1 2 3 4 5
	<i>Implementing the action plan: Subtotal</i>	
<b>PHASE 4:</b> Monitoring and evaluating the action plan  	1. There is a systematic monthly process to monitor the indicators to measure progress according to the plan. Monitoring starts when implementation starts.	1 2 3 4 5
	2. Achievements and obstacles are analyzed at different levels of the organization and evidence-based solutions implemented. Leadership does not allow the implementation of needed changes to be derailed, get sidetracked, ignored or slowed down despite daily on-going activities of the organization.	1 2 3 4 5
	3. Progress is widely communicated to staff and stakeholders.	1 2 3 4 5
	4. There are mechanisms to ensure that the change is institutionalized to become part of the organization's systems and culture.	1 2 3 4 5
	5. There is a process of learning and exchange through which individuals and groups within the organization incorporate new values, behaviors, and processes into their routine systems. Areas of improvement are identified to start the process all over again.	1 2 3 4 5
	<i>Monitoring &amp; evaluating the action plan: Subtotal</i>	
<b>TOTAL</b>  <b>Chart to interpret scores:</b> 1–20 Poor level of readiness. Change effort will definitely fail. 21–40 Unsatisfactory level of readiness 41–60 Average level of readiness 61–80 Good level of readiness 81–100 Excellent level of readiness		

## IV. PHASE I: CONDUCT ORGANIZATIONAL ASSESSMENT TO DETERMINE CAPACITY BUILDING NEEDS AND PRIORITIES

**A**n organizational assessment can be defined as:

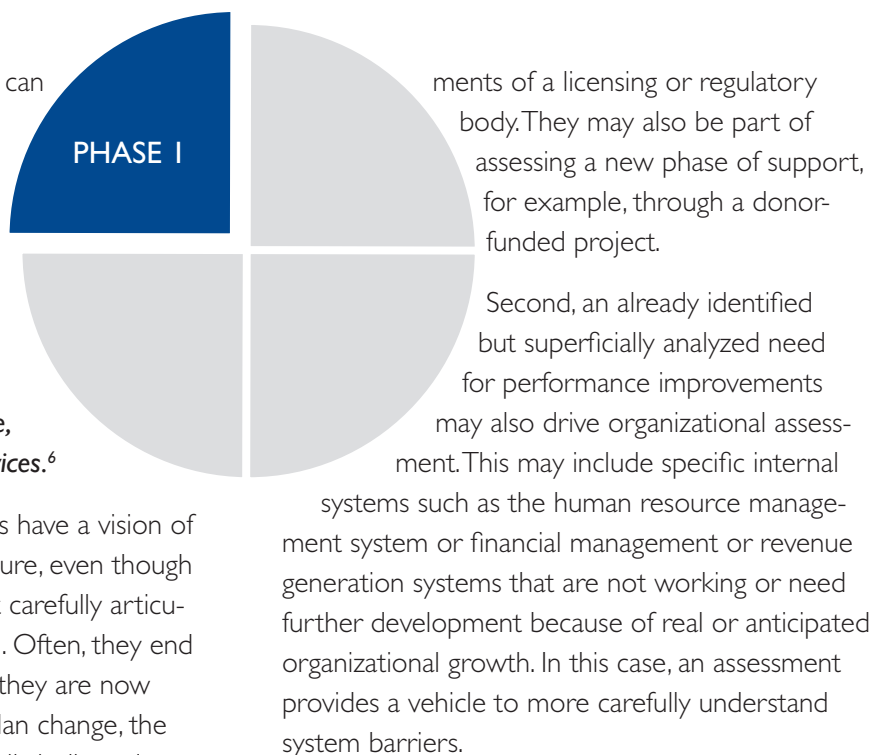
*A structured and analytical process whereby various dimensions of the capacity of an organization are assessed within a broader context of systems to determine whether the organization is able to carry out a mandate, discharge functions or provide services.<sup>6</sup>*

Many health service organizations have a vision of where they want to be in the future, even though occasionally these visions are not carefully articulated or systematically developed. Often, they end up having a gap between where they are now and where they want to be. To plan change, the organization and its staff must realistically and regularly assess current internal strengths and weaknesses. This will help identify gaps. Gaps may also be identified by asking clients, taking what clients complain about seriously, and asking other external stakeholders. This can be done by short interviews, focus groups, surveys and data review.

Sometimes, however, organizations need to engage in more systematic and comprehensive assessments in order to better understand their own performance, as well as assess the various internal components that are affecting current performance and might affect performance in the future.

Organizational assessments are normally planned and conducted to serve a variety of purposes. First, they can be driven by some form of external accountability, when an organization is required to demonstrate its preparedness or performance to meet certain donor requirements or the require-

6. "Organizational Assessment: A Framework for Improving Performance." International Development Research Centre, 2002



There are myriad proven tools and methodologies used to conduct assessments, depending on the focus area. The goal is to obtain and use the information to move beyond the current state and to make strategic and operational decisions about how to improve the capacity of a given system or systems so that the organization can better fulfill its overall mandate. The priority is the use of assessment results and findings to develop a plan for organizational improvement. Assessment findings are for decision-making and action.

It is critical to select the right assessment approach and look at who is defining and conducting the organizational assessment, whether it is an assessment of overall management capacity or an assessment of a single internal system. Irrespective of the source of funding for the assessment, it is essential that those responsible for the organization feel a sense of urgency and ownership—a commitment to success from the get-go—otherwise the

organization runs the risk of engaging in a “ceremonial assessment,” which is discussed in Box 1.

The following factors are considered essential for organizational ownership of an assessment:

- The organization must believe that the assessment is necessary and timely, and will provide the data and highlight the nature of changes that need to take place
- Senior leaders including the executive director must be on board
- Appropriate staff members need to contribute to the design and scope of work for the assessment
- People involved in the day-to-day workings of the organization who have some responsibility for the actions of the organization must be directly involved in the process
- Staff members need to see the assessment as their own inquiry

If internal teams do not own the assessment process and the findings of the assessment, whether good or bad, they will not buy into any possible solution. In these instances, teams may use the excuse of too little money or too few resources or too little time to implement changes related to assessment findings. Groups that have taken the time to “own” the assessment, in comparison, are more often inclined to characterize their challenges in ways that are more likely to lead to solutions. The challenge becomes theirs, as does the responsibility for helping to solve it.

Organizations need to have the capacity to address the findings of the assessment. They need

technical and organizational development skills to make changes in systems that inhibit successful work, and an incentive system that supports processes of change and achieving results. Staff members need the commitment and ownership to stay with the change process that the assessment and the implementation of improvements entail. Ownership and leadership are important both at the senior leadership level as well as at all other levels of the organization where actions are carried out and decisions taken. Another important aspect of ownership is that the data generated in the assessment needs to be seen as valid both at the top and at the bottom of the organization.

Assessing the performance of an organization often creates a rather unfortunate situation—a feeling where some individuals “gain” and others “lose.” In such cases, an assessment can be a sensitive and highly political process in which senior level leaders in particular, but others as well, may feel they are opening themselves up to criticism and punishment. Those fears often lead to avoiding an honest, transparent assessment of organizational performance. This can result in a “ceremonial assessment,” whereby the steps are undertaken, but in a controlled manner, so that not everything surfaces in the assessment, data is not released beyond the offices of a few individuals, and the report is either delayed or carefully worded to keep all shortcomings or criticisms hidden. An example of this is provided in Box 1 on the following page.

## BOX 1.

### *Story of a “Ceremonial Assessment”*

The director of a regional health quality research center in East Africa felt obliged to participate in an organizational self-assessment largely because his participation was suggested by a new donor from whom the organization wanted to request additional funding the following year. A scope of work was hurriedly developed and agreed upon only by the director with no involvement of any other key staff member. External consultants arrived and the assessment process got underway. It soon became evident that the director had some serious reservations about opening up the organization to scrutiny, even internal scrutiny. In the end, the assessment was carried out only by the director and just one other person from his office. Information that was requested and received from other units of the center was consistently discarded. Inevitably, the staff quickly lost interest in the assessment. A final report was repeatedly delayed and when it came out, the recommendations were not implemented.

In this example, it was in the interest of the director of the organization to keep both the process and the results of the assessment fuzzy. Sometimes key staff members do not see transparency as helpful, and they may, rightly or wrongly, feel that change works against their interests. In such a situation, organizational readiness is obviously in question. Those engaged in assessments as well as those funding them must look out for and pay attention to this kind of occurrence. An assessment is a large investment of time, money, resources and, most importantly, people. An organization must be ready both to do the assessment and to accept its results.

An organizational assessment should be a learning process for parties involved, and it should be planned and executed in an open and inclusive manner and

not conducted just because someone says so or there is a specific agenda to be accomplished. To elaborate further on this point—and provide a counterpoint to the example in Box 1—in another small non-governmental organization in Uganda, a Human Resource Management (HRM) assessment took place, but under different circumstances. In this case, staff not only participated actively, but also proposed to management that their board participate. This was accepted, and data from all levels of the organization was included in the assessment, which generated an action plan to improve the organization's HRM systems (see Box 2, next page). The action plan was successfully implemented.

## BOX 2.

### *Moving from Assessment to Action in Uganda*

Family Life Education Program (FLEP), a reproductive health program, provides community-based health services through 40 clinics in five districts of Uganda. In 2003, the FLEP of Busoga Diocese began to see an increase in staff turnover and a decrease in overall organizational performance. The workplace climate was poor and people stopped coming for services even though there were few other choices in the area. An assessment found that the quality of the health care services provided was deficient.

An action plan to improve FLEP's human resource management system was developed and implemented. To assess the strengths and weaknesses of their system and to develop an action plan, they used the Rapid Assessment Tool. The tool guides users through a process of prioritizing and action planning after the assessment is done.

By implementing the various recommended changes, FLEP established an improved, responsive HRM system. Increased employee satisfaction led to less staff turnover, better performance, and increased utilization of health services. These benefits were achieved by cost-effective measures focused on professionalizing the organization's approach to HRM.

The factors that contributed to this program's success were:

- a visionary leader who involved teams at all levels
- establishing priorities based on assessment and root cause analysis
- facilitative technical support
- creating a climate of support for managers who were formerly isolated
- establishing standards of performance and rewarding people for meeting or exceeding them
- willingness of staff to invest in learning, focus on results and link change to HRM systems

For more information, go to: <http://www.human-resources-health.com/content/6/1/11/>

Technical support, often from external sources—through a project or consultancy arrangements—can be critical to conducting successful assessments. However, while the idea of an external technical resource is appealing to most organizations, there is abundant literature and experience to support the notion that assessment teams comprised of external consultants fail if they are not closely linked to the organization in which they are attempting to produce change, or when the organization does not have full ownership of the change process.

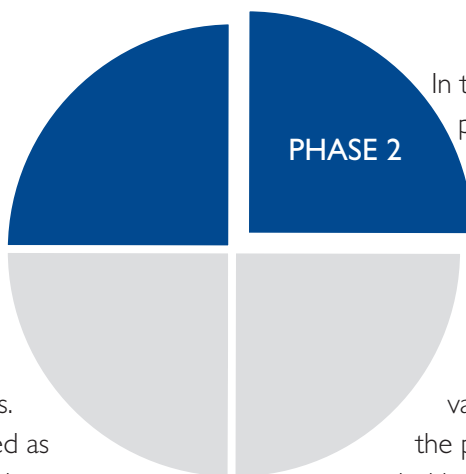
One participatory, rapid assessment tool that has been used by many public and civil society organizations in various parts of the world is the Management and Organizational Assessment Tool (MOST). Access this tool by clicking on the link here: <http://www.msh.org/resource-center/most-management-and-organizational-sustainability-tool.cfm>

Other assessment tools can be found on the resource database of the Capacity Building Knowledge Exchange Network (CBKEN) site at: <http://www.aidstar-two.org> ■

## V. PHASE 2: DEVELOP AN ACTION PLAN

Sometimes, the action planning process is an extension of the assessment process as action planning for improvement is built into the tool that is being used (for example, in the MOST process mentioned earlier). Other times, the two are completely different processes. When the action plan is developed as part of the assessment process, this ensures that the plan is developed in a timely manner and that those involved in the assessment are also involved in the action planning. It also ensures that the action plan is seen as a critical part of the assessment process and not just an afterthought.

A strong action plan, while not assuring organizational change, is an essential component. Too often, however, the first challenge that organizations face is actually precipitated by inadequacies in the process that they use to develop action plans. Consequently, they end up with plans that have not been carefully thought through, that are constructed using illogical formats with no clear pathways to change, contain too many actions some of which are not evidence-based, are not prioritized or costed, do not have staff responsible for the actions and do not contain targets or indicators. Faced with a poorly developed action plan, team members feel overwhelmed, not knowing where to begin or how to begin and implementation inevitably lags or the whole project is eventually abandoned, and people move on to other things. In some cases, yet another assessment is commissioned and the same vicious circle starts all over again. This is wasteful, difficult and frustrating for everyone involved.



In this step of developing an action plan, most of the guiding principles for effective capacity building described in Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations and Networks are valid in order to avoid or minimize the potential impact of some of the typical implementation barriers outlined in Box 3 on page 15. Access this resource by clicking on this link: [http://www.aidstar-two.org/upload/AS2\\_TechnicalBrief-2\\_4-Jan-2011.pdf](http://www.aidstar-two.org/upload/AS2_TechnicalBrief-2_4-Jan-2011.pdf).

Action planning typically includes deciding what needs to be done, who is going to do it and by when, with what resources, how progress will be measured and in what order for the organization to obtain results and reach its goals. Costing out activities in the action plan should be done. The design and implementation of the action plan that follows an assessment should address the findings and the nature and needs of the organization. There are many action plan formats out there. The action plan template that you chose to use should include the following components:

**Activities:** These are individual action steps needed to address each identified challenge.

### **Measures of Success:**

In order to create a clear, results-oriented plan of action, ways to measure achievement must be included.

### **Sample Measures:**

- Board manuals will be completed, reviewed, approved and in use by September 30, 2011



- A new financial management system based on sound business and risk management principles is installed and implemented by August 30, 2011

**People Responsible:** The key people responsible for the implementation of each activity must be listed.

**Resources:** List the resources required to accomplish the activity.

**Timeline:** Indicate when the activity needs to be completed.

The following rules of thumb (see side bar) about the process of developing an action plan provide a handy summary. ■

## ACTION PLANNING: EIGHT RULES OF THUMB

1. Develop an action plan that specifies the actions needed to address each of the organizational shortcomings based on the findings of the assessment.
2. Address one challenge at a time, especially if implementation capacity is an issue—as is often the case.
3. Identify clearly the result to be achieved and drill down to establish root causes of the performance gap and potential barriers before deciding on actions or activities.
4. Develop an action plan for each challenge depicting the specific result and objectives to be achieved.
5. Make sure the objectives are SMART (Specific, Measurable, Achievable, Realistic and Time bound).
6. Assign and clarify staff roles and responsibilities, in terms of who is responsible for what and the timeline for completing each task.
7. Assure that there are clear and realistic indicators to measure progress toward results.
8. Equip the team. Team members need to know what result they are aiming to achieve, why and with what resources. They need to know their specific roles and responsibilities and also need to be emotionally committed to it. When this happens, then the process of turning the activity into a measurable result is probably working—in other words, you are on the path to effective implementation.

## VI. PHASE 3: IMPLEMENT THE ACTION PLAN

Implementation is the deliberative process that leads to the realization or execution of an activity or set of activities in a plan, program or strategy.

Technically sound, well-crafted, and well-intentioned capacity building action plans, based on assessment findings, need to be implemented efficiently and effectively in order to have any impact on organizational performance.

One of the most common challenges with action plans—heard over and over again—is that plans don't get implemented. There are several factors that can contribute to this phenomenon. In this section of the technical brief, we will explore these implementation barriers as well as strategies for removing or minimizing their impact.

As your team moves from developing the plan (Phase 2) to implementing the activities contained in the plan, it is important to undertake the following actions:

1. Launch the plan to provide a starting point for the activities, and offer the opportunity to engage staff in the process and clarify expectations.
2. Communicate the plan to staff at all levels in the organization. Communicating the goal(s) and objective(s), timeframes, expectations, and roles and responsibilities within the organization creates clarity among staff, and focuses efforts toward the common aim of impacting the priority actions.
3. Encourage staff to ask questions, offer suggestions, understand the possible barriers that

may be encountered, and participate in discussions about the plan, in order to create support for the plan's implementation.

4. While a plan may be developed separately, it is most effective when staff view it as part of the overall organizational work plan and even strategic plan.

### PHASE 3

The examples of barriers to implementation described in Box 3 on the next page are neither exhaustive nor necessarily representative of the implementation challenges faced by all organizations. Organizational context is an important factor. Some of the barriers may manifest themselves only in more mature or sophisticated organizations as opposed to smaller or nascent organizations. There is an additional challenge, namely, the “dangerous fallacy” that technical input and money alone will lead to effective implementation of institutional improvement action plans that will lead to better functioning and sustainable services.<sup>7</sup> The field of implementation science stresses that effective implementation is often a collaborative process with the following characteristics:

- The process involves stakeholders and teams who work together to solve common and urgent challenges that they all deeply care about
- There is a shared sense of urgency about the need to resolve the challenges

7. *Global Health Matters Newsletter*, April 2010, Volume 9, Issue 2: Global health experts seek to transform programs through implementation science, Jeff Gray

### **BOX 3.**

#### *Examples of barriers to implementation of action plans*

##### **ORGANIZATIONAL BARRIERS**

- Unclear, poorly phrased actions that read like philosophical statements with no grounding in the day-to-day realities of the organization
- Internal organizational constraints—e.g. lack of time
- Overly ambitious plans
- The plan is not reflective of assessment findings
- Insufficient leadership and support at all levels of the organization
- Little buy-in because the assessment process was neither participatory nor consultative
- Bad timing—e.g., another major priority intervention is going on at the same time and exerting pressure on staff time and other limited resources
- Financial disincentives—e.g. what it would actually cost to implement the change

##### **TEAM RELATED BARRIERS**

- Lack of leadership and management
- Lack of harmonious, productive team work
- Power of opinion leaders—e.g. key persons not agreeing with assessment findings or evidence
- Lack of structured follow-through on implementation of decision points following team meetings—e.g., minutes are circulated late or not at all; agreed upon actions are not followed up on, nor are reminders to do so sent out, so that the momentum to make changes gradually fizzles out
- Lack of effective and inspiring implementation champions within the organization
- Perception amongst staff that the change means more work or new ways of working with which they may be uncomfortable
- Unclear roles and responsibilities
- No monitoring of progress

##### **STAFF KNOWLEDGE, SKILLS AND ATTITUDES BARRIERS**

- Technical competence—e.g., staff lack the skills required to implement the plan
- Change activities are introduced but no training has been arranged to provide the change management skills required
- Compulsion to act—e.g., need to do something even when skills and competencies are lacking
- Information overload—e.g. the action plan is full of un-prioritized activities and teams are unable to appraise evidence
- Supervisors do not support their staff to take on the actions. No incentives.

- Teams and resources are mobilized and aligned, and there are ample opportunities built into the implementation cycle to celebrate short term wins to keep the teams energized and inspired
- The focus is on improving performance and achieving results using proven methods, tools and solutions
- Implementation is recognized as being multi-disciplinary, and local implementers are thinking with an open mind how to develop actions that are actually actionable

Box 4 below describes an example of an effective assessment, action planning, and implementation process. In this case vignette, the organization—a civil society organization for people living with HIV/AIDS in Honduras—was able to overcome typical implementation barriers by applying most of the fundamental guiding principles for capacity building.

#### **BOX 4.**

#### *Strengthening Organizational Capacity to Receive Funding in Honduras*

The National Association of People Living with HIV/AIDS (PLHA) in Honduras (ASONAPVSI-DAH) is a CSO that was established during the first national meeting of people living with AIDS (PLWA) in 2000. The association was formed by 18 self-support groups and obtained its legal status in 2002. By 2008, the association had grown to 60 PLHA groups around the country.

In 2003, ASONAPVSI-DAH received a Global Fund grant to carry out two projects to strengthen the self-support groups to increase adherence to treatment and provide support to PLWA. Three years later, because of difficulties in complying with Global Fund rules and procedures, ASONAPVSI-DAH lost its sub-recipient status and began to be managed by an umbrella organization. Members were concerned about the chairperson's lack of accountability and asked him to leave. Both he and the accountant left, leaving the organization in a very fragile state. They not only lost their sub-recipient status but because they had lost all their financial records, they were also at risk of losing their legal status.

The new board chair took on the responsibility for engaging the board of directors on the importance of reorganizing the association and seeking technical assistance in order to strengthen their capacity to manage Global Fund Projects, recover sub-recipient status, and attract other funders and new projects.

The organizational development capacity building process started with a participative self assessment workshop.<sup>8</sup> The group comprised 25 people including board members, staff members, members of the umbrella organization and representatives from the Global Fund's Principal Recipient. During the workshop the group developed a shared vision for what a stronger ASONAPVSI-DAH, with increased capacity, would look like. The Principal Recipient assessment and the requirements to recover their sub-recipient status were taken into account. As a result of the assessment, four priority areas that required strengthening were identified: governance, finance and administration, human resources management, and monitoring and evaluation.

*continued next page*

8. MOST, Management and Organizational Sustainability Tool. MSH <http://erc.msh.org/toolkit/Tool.cfm?lang=1&TID=162&CID=4>

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*Strengthening Organizational Capacity to Receive Funding in Honduras*

At the end of the workshop the group was organized in three teams and specific results and activities were incorporated into an action plan. Each team was supported by a consultant to implement their plans in the following six months. Activities that were implemented included:

- Updating the association bylaws, clarifying the roles and responsibilities among the different governing bodies; defining the rules and procedures to conduct general membership meetings, vote for representatives, and make decisions; and developing a code of ethics to prevent conflict of interest.
- Three regional meetings were organized to validate all the governance products. During the Annual Assembly, the products were presented. High level discussion was held, but it was difficult for them to understand the need to have professionals instead of volunteers managing the organization and to understand the principles of conflict of interest. Nevertheless, the board of directors had been lobbying the assembly to assure there was a majority when voting. Although the new bylaws were approved, it was clear the learning process wasn't finalized. The educators were committed to incorporating all these governance issues into educational modules for the self support teams, so that the principles of good governance and ethics become part of the network culture.
- The team in charge of finance, administration and human resources was supported by a consultant to select and hire the manager and the accountant, using standard and transparent selection processes. The new manager and accountant updated the financial records, and using proven methodologies and technical assistance, reorganized and systematized the financial and administrative procedures, and established personnel rules and procedures.
- The team in charge of monitoring and evaluation worked with the program coordinators to review the indicators, data sources, data collection procedures and formats. Once the process was systematized, all health promoters and educators were trained in the new monitoring system.

When APSONAPVSI DAH held its first quarterly board meeting following the assessment in February 2009, the board was impressed with the changes implemented and the organization's improved performance. In March 2010, one year later, the association underwent an assessment by the Global Fund to recover its sub-recipient status, and it was approved.

According to the main external consultant and the leadership team in the organization that led the effort, the range of factors that contributed to the success of the case study in Box 4 included:

### **INTERNAL FACTORS:**

- An internal sense of urgency, driven by the organization, that created and sustained the impetus for action
- A sense of responsibility and owning the challenge by the leadership of the organization
- A deliberative planning and consultation process that identified the priorities of the organization and aligned the capacity building efforts accordingly
- Stakeholder identification that defined who should be involved and engaged at different moments of the process to have enough authority and manpower to implement the capacity building effort

- A shared vision that inspired and aligned all members of the organization to look at the desired result they wanted to achieve
- Alignment meetings to attract interest and maintain commitment of all participants
- Teams with clear mandates and the resources to carry them out
- Continuous and transparent communication about process and results

### **EXTERNAL FACTORS:**

- Facilitative technical assistance of a qualified team was available to produce the results the organization required
- A participatory assessment and planning process, that incorporated different points of view, created awareness and built commitment to the capacity building effort ■

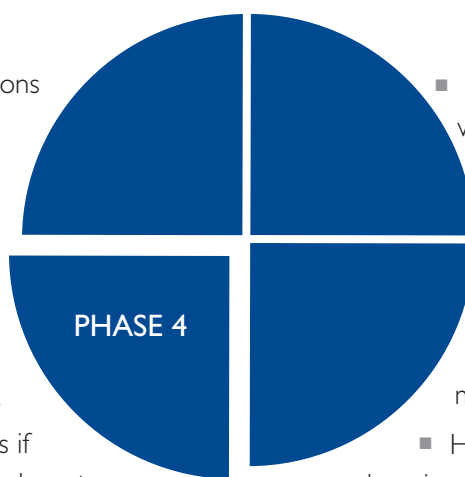
## VII. PHASE 4: MONITOR AND EVALUATE

**M**any civil society organizations struggle with the monitoring and evaluation of their organizational capacity building improvement efforts—the process by which information and data are collected and analyzed to determine whether progress is being made, measure impact and make course changes if necessary. Part of the challenge is how to effectively measure and attribute the impact of any capacity building activities that target organizational functions.

Monitoring and evaluation are essential practices that must be built into both assessment and implementation phases, so that they are linked in continuous feedback loops and cycles. At each stage, there is an opportunity to enhance organizational learning and knowledge and also ensure that metrics are used to measure changes in performance. Organizations must tie their assessments, action plans and implementation efforts to clear and measurable results. Organizations must put results at the core of all their capacity building plans—plan for results, develop for results, implement for results and monitor and evaluate for results.

Specifically, when considering possible monitoring and evaluation indicators for any activity in a capacity building action plan, teams might consider:

- What will success look like?
- What performance objectives are we working toward and how will these be measured?
- What indicators will we use to measure success?
- What data do we need to collect for the indicators?



- Is the data already available or do we need to put data collection procedures in place?
- Who will collect the data? Who will tabulate?
- Who will analyze and report?
- How will we know if we have made a difference?
- How do we share what we are learning with our staff and stakeholders?

The case study in Box 5 on the next page demonstrates how PROFAMILIA, a private NGO in Nicaragua, achieved concrete results by setting clear, measurable targets that were closely monitored and reviewed each quarter during the implementation of a capacity building action plan.

In organizations where there is an internal commitment to M&E at senior levels, and the organization is clear about the results they want to achieve through specific, carefully planned and implemented capacity building interventions, it is not difficult to generate common standards and indicators to measure organizational capacity building progress.<sup>9</sup> But if capacity building providers and the organizations that they support do not know what results they want to achieve, do not choose the right interventions, or select vague or unrealistic indicators for measuring progress, then the entire M&E process and change effort will not be fruitful. ■

9. Monitoring and Evaluating Capacity Building: Is it really that difficult? N Simister, R Smith. INTRAC Praxis Papers Series, 2010  
<http://www.intrac.org/data/files/resources/677/Praxis-Paper-23-Monitoring-and-Evaluating-Capacity-Building-is-it-really-that-difficult.pdf>

## BOX 5.

### *Case Study from Nicaragua: The PROFAMILIA Success Story*

PROFAMILIA, a private, non-profit organization and IPPF affiliate in Nicaragua, has provided integrated reproductive health services in Nicaragua through 16 clinics for over thirty years. Prior to 2003, PROFAMILIA depended on financial support from IPPF and USAID. These donations were gradually reduced over time, until finally, in September 2003, USAID decided to discontinue support for operating costs. The year 2003 ended with a sustainability rate of 56%. If that rate continued, PROFAMILIA's own funds would have been exhausted within two years. The institution was therefore forced to achieve financial self-sustainability in the short term. The first reaction from the Board of Directors was to cut costs. In early 2004, nearly 50% of the staff was laid off; the other 50% received a reduction in pay. Staff morale was very low.

Various assessments indicated that confronting the institutional challenge of self-sustainability required improving the work climate, changing the organization's culture and general operation, and changing the clinic directors' overall vision and responsibilities with an emphasis on their ability to provide more and better services at lower costs, to serve the community and achieve financial sustainability.

The executive director was aware of the urgency and asked for technical assistance. The consultants worked together with PROFAMILIA's board of directors and management team to create a common vision of the future, revise the strategic plan, analyze threats and opportunities, and design an implementation plan that outlined all of the needed internal improvement interventions, taking advantage of PROFAMILIA's existing strengths and capacity. They also involved the staff in the process to stimulate their enthusiasm for and support of diversifying PROFAMILIA's services. The vision was very clear—the need to continue providing high quality services and at the same time become financially sustainable in three years.

In order to achieve financial sustainability, the PROFAMILIA team implemented proven practices that have demonstrated results in other environments. Learning from other organizations, they expanded their family planning services to include other services, such as pharmacy, laboratory, X-ray and ultrasound. A package of services was selected for each clinic depending on its location, infrastructure, and potential client income.

Clinical directors and central level staff were trained on financial sustainability and setting targets jointly, and simple financial sustainability monitoring tools were put directly into the hands of managers. Clinic directors began meeting every month with all their staff to analyze their income, expenses and programmatic targets and to compare budget with results in order to make decisions to improve during the following period. Every clinic had specific targets to achieve and these were presented each quarter and analyzed in front of the entire group of clinic directors. Incentives were offered and then awarded when targets were met.

PROFAMILIA's sustainability grew from 56% in 2003 to 95% in the first quarter of 2006, guaranteeing the continued provision of more than 150,000 maternal and child health services and resulting in a dramatic increase in family planning uptake. Contraceptive sales increased 200% from 2005 to 2006, contributing to a 100% increase in couple-years protection from 60,000 to 120,000.

*For more information go to: "Nicaragua NGO achieves 95% of sustainability" <http://www.msh.org/news-bureau/nicaraguan-ngo-achieves-sustainability-13-11-2006.cfm>*



## CONCLUSION

In this technical brief we have explored both the challenges as well as the opportunities of implementing systematic organizational capacity building through the familiar lenses of organizational assessments, action plan development, action plan implementation, and monitoring and evaluation.

We have learned that effective implementation of change efforts holds the key to sustainable organizations. While there are no easy solutions or ready-made recipes to address this challenge of implementation, organizations should be aware of their performance gaps by conducting a participative, comprehensive and systematic assessment of the organization's needs before starting any intervention. Capacity builders and donors need to be aware that the implementation phase is the stumbling block.

As mentioned in Phase I, the process functions much better when it starts as the organization's initiative, as opposed to an external agency telling them what to do and leading the process. When the organization has full awareness of their organizational capacity building needs and a sense of urgency has been created, they can focus on the intervention and align the people, time and resources needed to succeed.

Additionally, as Kotter's change factors indicate, there is a need to provide strong and effective leadership at different levels of the system to identify, mobilize and empower all middle managers that can contribute to the implementation process. All the people involved in the design and implementation process should have a shared vision, strong sense of urgency and the capacity to communicate the vision and urgency, in order to engage and commit members of the organization and key stakeholders to the effort.

Teams must also have clear objectives and indicators to measure progress towards the result. Information about early wins, achievements and difficulties should be shared periodically among team members at all levels of the organization. This will help to inspire the teams and maintain momentum until results have been reached and can be sustained.

A strong health system is comprised of strong, effective and efficient public and private sector health organizations. One way that local implementing organizations can strengthen themselves and forge a path to greater sustainability is through the effective implementation of needed capacity building interventions. For these organizations, the institutional capacity to implement change is a vital ingredient to more efficient and effective services. When this capacity is either weak or inadequate, health spending, even on the right services, may lead to little actual provision of quality services.<sup>10</sup> Put simply, effective implementation is the key to long-term sustainability of both the organizations and the services that they provide, and contributes to the goals of health system strengthening. It is essential for local implementers, capacity builders and donors to invest time, effort and resources to bolster this foundational capacity that is critical to the survival of thousands of civil society organizations in the health sector. ■

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10. Shediak-Rizkallah and Bone. Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy <http://her.oxfordjournals.org/content/13/1/87.abstract>

## **BOX 6.**

### *Links to Additional Organizational Capacity Building Resources*

*Note: The field of organizational capacity building has its origins in the realm of practice, not in an academic discipline. As a result, much of the analysis and writing as well as tools and resources on this topic have been done by capacity building practitioners associated with development assistance or technical cooperation agencies. The websites below provide links to a range of resources on organizational capacity building.*

#### **GENERAL RESOURCES:**

<http://www.aidstar-two.org>

<http://www.health-policy-systems.com/content/5/1/3>

#### **STRATEGIC PLANNING PROCESS:**

[http://www.msh.org/Documents/upload/msh\\_eHandbook\\_ch04.pdf](http://www.msh.org/Documents/upload/msh_eHandbook_ch04.pdf)

#### **HOW TO IDENTIFY STAKEHOLDERS:**

<http://erc.msh.org/toolkit/Tool.cfm?lang=1&CID=8&TID=158>

#### **HOW TO BUILD A COMMON VISION:**

<http://erc.msh.org/toolkit/Tool.cfm?lang=1&CID=8&TID=158>

#### **MONITORING AND EVALUATION:**

<http://www.intrac.org/data/files/resources/677/Praxis-Paper-23-Monitoring-and-Evaluating-Capacity-Building-is-it-really-that-difficult.pdf>

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This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

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