



RESULTS FOR
DEVELOPMENT



DISCUSSION PAPER

Designing Development Programs to Build Capacity

Emerging Experience from the
Results for Development Institute

Aarthi Rao, Amanda Folsom

Results for Development Institute

Caroline Pang

London School of Hygiene and Tropical Medicine

Acknowledgments

The authors thank Marty Makinen, David de Ferranti, Robert Hecht, and Dennis De Tray for their feedback on earlier drafts of this paper. The Results for Development teams supporting the Transparency and Accountability Program and the Joint Learning Network for Universal Coverage participated in useful discussions around their programs' designs. Kaylyn Koberna provided valuable research assistance.

Cover image: A partially paved road nead Kainantu, Eastern Highlands, Papua New Guinea. (Photo: Kahunapule/Michael Johnson via Flickr; <http://www.flickr.com/photos/kahunapulej/459029973/>; licensed under Creative Commons Attribution-NonCommercial-ShareAlike 2.0 Generic)

Page 5 image: A teacher attendance ledger at the Akanabala-Bulanga Primary School, outside of Iganga, Uganda. Teacher absenteeism dropped from 43 percent to 10 percent, thanks to the ledgers, which the school adopted after an R4D-supported study by the African Network for the Prevention and Protection against Child Abuse & Neglect. (Photo: R4D)

Results for Development Institute (R4D) is a non-profit organization whose mission is to unlock solutions to tough development challenges that prevent people in low- and middle-income countries from realizing their full potential. Using multiple approaches in multiple sectors, including Global Education, Global Health, Governance and Market Dynamics, R4D supports the discovery and implementation of new ideas for reducing poverty and improving lives around the world.

For more information, please contact mmakinen@resultsfordevelopment.org

Copyright ©2011

Results for Development Institute
1100 15th Street, N.W., Suite #400, Washington, DC 20005

Table of Contents

Partnering to Build Capacity	1
Introduction	1
Foundations of Capacity Building	1
Facilitating Country-Driven Programs	2
Tailored and Flexible Programs	4
Building Relationships through Peer-to-Peer Learning	6
Conclusions	7
Appendix	8
Endnotes	9
About the Authors	9

Partnering to Build Capacity

Introduction

A country's capacity to effectively implement policies and programs has long been recognized as crucial for its progress.¹ Inadequate capacity—for example, deficiencies in institutions and in the skills of their personnel—has left a long trail of disappointed expectations for faster reduction of poverty. Building stronger capacity has thus become a prominent priority in international development, as evidenced in such initiatives as the Paris Declaration for Aid Effectiveness and the Accra Agenda for Action. Recently, top African leaders have called for “efforts in building capacity that go beyond achieving the Millennium Development Goals (MDGs) target of 2015.”²

The challenges to building capacity are considerable. The available evidence on what works and doesn't, and what works best and most cost-effectively, is mixed. Researchers—studying the issues through many lenses and across many sectors—have explored the effects of historical context, human resource development, aid dependence, and weak governance. Much analysis has been done on which aid practices have failed to improve capacity or have even weakened capacity. Further documentation of innovative approaches, and monitoring of their effects over the long-term, is needed to build a more complete evidence base—one that will guide development assistance practices in the years ahead.³

Three initiatives (see box below) that the Results for Development (R4D) Institute has been involved in—combining capacity-building goals with other objectives growing out of the specific subject matter being addressed—offer interesting lessons and insights, suggesting ideas for how capacity building might be done better in future. Reviewing that experience provides opportunities—as with these three programs—to see how recent capacity-building initiatives play out in practice.

The three programs vary in their particulars but share some common design elements that have shown promise so far and have been well received by the beneficiary countries and groups. This discussion paper focuses on three of these shared elements and how these might be helpful in crafting successful capacity-building initiatives.

1. Country Driven. Programs led by countries both in concept and in implementation stand a greater chance of building capacity. In our experience, being country driven not only means having impetus from the highest levels of government, but also requires that local implementers are empowered to design and manage

work streams while still being accountable to achieve a larger vision.

- 2. Flexible and Tailored.** Programs viewed as collaborative partnerships around a shared vision stand a better chance of meeting a country's true needs than those that impose strict criteria. The flexibility to adapt to the operational context of individual countries, sectors, or organizations can enhance the chances for a program's success. This idea has been put forward before but has rarely been achieved because it requires considerable trust in country actors and flexible funding streams.
- 3. Peer-to-Peer Learning.** Peer-to-peer learning is a powerful tool that can forge learning partnerships that foster strategy sharing and critical policy dialogue and create a rich pool of regional and global knowledge. Peer-to-peer learning can have major benefits between national aid recipients who are addressing similar issues and country implementers and international colleagues who can bring a global perspective to addressing problems. This allows programs to take problem solving out of the hands of development partners and put it into the hands of program participants.

Foundations of Capacity Building

Capacity has been defined as “a nation's ability to implement programs and policies for its sustainable development.”⁴ Policymakers and related stakeholders need to be able to develop a long-term vision and then design, implement, and monitor the day-to-day processes that realize this vision. Other researchers have put forward theoretical frameworks and roadmaps for building capacity and empowering local actors, and the empirical points raised in this paper fall in line with much of this previous work. An overview of existing research in this area is included in Appendix 1.

The essence of these other approaches to capacity building largely aligns with the elements that we propose, but there is one notable departure. These approaches mostly apply to explicit efforts to build capacity. Our approach relies on the three elements outlined above that build on these ideas and can be applied to development programs that have broader goals beyond, but also including, capacity building. Our own framework views building capacity as a means to effectively formulate and drive forward a set of policies and programs.

R4D Projects Featuring Capacity Building

Joint Learning Network for Universal Health Coverage (JLN)

JLN provides a forum for debate and exchange among health financing experts seeking to achieve universal health coverage within their countries. Through a series of peer exchanges, JLN's members support one another in overcoming operational challenges in priority technical areas. JLN is managed by a Joint Secretariat including R4D, ACCESS Health International (India), Centre for Health and Social Services (Ghana), International Health Policy Program (Thailand), German Agency for International Cooperation, and the World Bank. It is funded by the Rockefeller Foundation, the Bill & Melinda Gates Foundation, and the UK Department for International Development (DFID).

Ministerial Leadership Initiative for Global Health (MLI)

MLI works with health ministries in Ethiopia, Mali, Nepal, Senegal, and Sierra Leone to advance country-led development in three interrelated policy areas: equitable health financing, donor harmonization and alignment, and reproductive health. MLI is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation and is a four-year program of Aspen Global Health and Development at the Aspen Institute and implemented in partnership with R4D.

Transparency and Accountability Program (TAP)

TAP combats corruption and inefficiency in social-sector public spending by strengthening the capacity of civil society organizations (CSOs) to conduct research and evidence-based advocacy campaigns aimed at increasing governmental accountability. TAP has recently selected five grantees in Burkina Faso, Ghana, Rwanda, and Uganda to participate in a three-year program of research and advocacy. TAP, a program of R4D, was founded in 2006 with funding from the William and Flora Hewlett Foundation.

Consider the analogy of a car, for example. If an uneven road is a country's specific sociopolitical context, then capacity is not only a car's ability to move along the road but also its ability to adapt to unexpected potholes; to stop, accelerate, and maintain its speed as necessary; and to change course as needed. A car's tires are made of rubber, not steel, and naturally adapt to these changing conditions. In our approach the driver would always be the country's own policymakers and key stakeholders (such as civil society groups), and development partners can help supply the critical individual parts that keep a vehicle moving, like the fuel and engine parts. They can take a seat next to the driver and offer advice about navigating potholes or tricky intersections without taking over the wheel. Driving the car itself is a way to learn through action—navigating one uneven road leaves the driver better prepared to encounter another. Like development partners, other passengers and drivers on the road can help set the pace or offer guidance and help along the way, but they should not bump the car off the road or force a change of direction through unwarranted advice. Most importantly, there is no one "right" development program, but rather a mix of models suited for different purposes. The key is to keep the driver in the driver's seat and the car running smoothly, moving ahead, and not suffering breakdowns. The three elements that we have identified from our own programs are not the only essential design elements that support capacity development, but they have promise and can be applied to a wide range of programs.

Facilitating Country-Driven Programs

Our first element for building capacity at the country level is for external program managers to closely collaborate with the country actors involved in the day-to-day activities of a program so that their knowledge and insights shape and drive the program's direction. When country actors are in the driver's seat, local leaders exercise their skills and draw from their own experiences. Although the three programs discussed here have broad agendas, such as increasing transparency in the use of public funds or promoting health equity, they do not prescribe how to arrive at these ends but often offer menus of options that help national decision makers to know the array of choices available to them to choose what is appropriate for their situations. Funders and country governments and institutions must work together to identify shared priorities, agree upon an approach (that might not be the funder's first choice but has a technically acceptable probability of success), develop and implement a work plan to pursue the chosen approach, define the intended results and outcomes, monitor progress, and adjust the course as necessary.

In our experience, an application or formal request process can be an effective way for country-based actors to lead from day one. Offering assistance to many countries that then must apply to obtain it, rather than having one country chosen by an external agency to receive it, helps

funders identify which applicants have a strong internal vision and can demonstrate political commitment to realizing it. It also requires applicants to envision a program that is integrated into their own sector's planning activities before receiving financial support. TAP issued competitive requests for applications from civil society organizations (CSOs) that have a mandate to reduce corruption and inefficiency in public spending and that would like support for their efforts to hold governments accountable for transparency and equity in public resource allocation. The application process encouraged CSOs to identify their own research questions that fit within TAP's broader objectives, rather than to respond to a specific question laid out in a traditional request for proposals (RFP).

Based on the proposals received, program staff selected CSOs that were most aligned with TAP's mission and willing to work collaboratively with the TAP team, other participating CSOs, and policymakers. The flexibility of the RFP also allowed staff to identify CSOs that possessed a clear internal vision rather than "donor darlings" who adjust their missions to suit RFPs. This approach is similar to that of

MLI, which also used a competitive application process to select countries to participate based on the strength of their proposals and the level of political commitment; and JLN, which requires a formal letter of request backed by high-level leadership. For all three projects, the application and submission process facilitated the first step of agenda setting.

A major component of country-owned capacity building is close collaboration between funders and country-level actors. Policymakers from all five MLI countries (Ethiopia, Mali, Nepal, Senegal, and Sierra Leone) recently came together to endorse the close working relationships involved in the MLI program.⁵ Efforts must be devoted to establishing trust between the parties, which can build gradually over the course of the initiative. For example, countries that are members of JLN can access the Joint Learning Fund, which invites government representatives or affiliated institutions from JLN countries to submit proposals for support of activities related to achieving health coverage reforms. This fund helps to tailor JLN's support to the needs of an individual country and reinforces JLN's commitment to the country's priorities.

Methods to Facilitate Capacity Building			
	Country-Driven Program	Flexible and Tailored Program	Peer-to-Peer Learning
Joint Learning Network for Universal Health Coverage (JLN)	<ul style="list-style-type: none"> Letter of commitment Technical tracks selected collaboratively Joint Learning Fund for on-demand learning opportunities 	<ul style="list-style-type: none"> Use of country-level focal points Joint Learning Fund for on-demand learning opportunities 	<ul style="list-style-type: none"> Large-scale multicountry workshops Small-scale learning collaboratives on technical track topics Study tours Virtual and in-person bilateral exchanges Joint resources disseminated through website Documentation and synthesis of country programs to produce global guidelines, toolkits, and/or requirements on technical areas of focus
Ministerial Leadership Initiative for Global Health (MLI)	<ul style="list-style-type: none"> Application process, joint agenda setting Use of local and regional expertise Ministry partners charged to monitor and implement key programs 	<ul style="list-style-type: none"> Flexibility to change program scope in response to real-time needs Use of country leads (country level focal points) 	<ul style="list-style-type: none"> Multicountry workshops Study tours Skills-based workshops for ministry staff Virtual exchanges
Transparency and Accountability Program (TAP)	<ul style="list-style-type: none"> Application process, joint agenda setting 	<ul style="list-style-type: none"> Flexibility to change program scope and timing in response to real-time needs 	<ul style="list-style-type: none"> Technical workshops Peer review of key products Online peer communication platform

When shared priorities and goals are established, programs can be designed to empower government staff to take the lead in crafting statements of work and terms of references for technical assistance, developing budgets, selecting technical assistance providers, and monitoring contractor deliverables. Like other development partners, MLI supports this process and fills gaps when necessary, but the momentum stems from the country. When Ethiopia's health minister requested MLI support to implement a Balanced Scorecard (BSC) throughout the health sector, staff at the health ministry helped vet contractors to design and implement the BSC, jointly formulated activities of BSC rollout, and secured complementary funding from the World Bank to organize a study tour to Botswana to learn about its BSC experience.

However, country-led programs pose a necessary risk. Supporting country-driven work requires accepting the trade-off that a product or outcome may not be exactly as expected by the development partner. The most important outcome from a country-led process is that a country is better able to manage activities and policies and carry goals into the future. One MLI country identified resource allocation as a priority area and commissioned a national study to develop options for reallocating resources more equitably. Although the final report deviated from what development partners might have expected from a report that they had overseen, the ministry of health judged that the report met their needs for advancing policy dialogue and is using it to carry its own work forward. The traditional approach would have been for MLI to select and manage its own technical consultant and deliver a resource allocation formula to the ministry. In this case, the ministry might have felt uninvested in the design of the formula, unaware of its technicalities, and disinclined to use it. Supporting country-driven work in this way facilitates capacity building through hands-on action, or stated another way, allows drivers to learn the rules of the road. Projects might deliver better products if they are carried out through external technical assistance and are outside of the scope of country actors to manage and advance on their own; however, they would not result in the same degree of sustained capacity.

Tailored and Flexible Programs

A tailored and flexible program takes broad policy priorities, shapes them to meet the needs and motivations of stakeholders in a specific context, and responds to ongoing changes—such as those related to staff, political priorities, and resource challenges. When staff responded to practical needs expressed by individuals involved with our programs, relationships naturally developed; and as a result, our partners were willing to share their true challenges and priorities. This creates the space for country-led initiatives.

Designing and implementing tailored and flexible programs requires a deliberate change in the traditional measure of success—one that emphasizes short-term changes in indicators and thus is not focused on who is implementing programs and the program's influence on institutional capacity. Although development partners value the timely achievement of short-term objectives, programs that encompass a mix of intermediate and longer-term goals for successes that might only be achieved beyond the life of the specific initiative are likely to do the most to build capacity. An overarching goal that exceeds the duration of a program would encourage both development partners and countries to invest in the country-level processes and skills necessary to achieve it after the program's conclusion. Programs benefit from approaching honest mistakes with patience and from being open to second-best approaches when necessary. Improving long-term-capacity goals must be balanced against short-term gains.

The MLI offers multiple instances where the program's immediate efforts have helped to initiate or support a longer-term process of policy reform without concern that the ultimate impact be attained during the period of MLI support. Health financing work undertaken in Mali required patience and flexibility on MLI's part: the leadership in Mali used MLI resources first to study previous community-based health insurance experiences at home and abroad, then to think through potential policy options in Mali, and

Supporting Policymaker-Driven Initiatives

In May 2011, Malaysia became the first JLN member to apply for and receive a grant from the Joint Learning Fund. Following a December 2010 JLN workshop on provider payment funding, Malaysia's Ministry of Health (MoH) recognized that its staff lacked the skills to develop and implement its own provider payment mechanisms (PPM) package. The MoH's plan to bridge this capacity gap—a specialized follow-up workshop series designed to educate technical working groups—was faced with the dual challenges of procuring and paying for international expertise. Frustrated by difficulties in seeking assistance elsewhere, the MoH turned to JLN.

Through the Joint Learning Fund, Malaysia's MoH secured the timely support that it needed to host technical experts for an intensive, two-day PPM workshop. The knowledge gained by participants will help policymakers reform the health system as workshop members begin work on the MoH's health system overhaul, 1Care for 1Malaysia.

finally to formulate a national scale-up strategy and a pilot implementation plan—all important steps, but far from the actual impact of offering coverage to improve the use of health services. Similarly, in Ethiopia, MLI helped the federal Ministry of Health, at its request, to plan for and construct a Balanced Scorecard for the health sector and apply it for the first time at the central level of the system. The Balanced Scorecard program will be carried forward (or cascaded) to all levels of the system by the ministry, and the information provided to policymakers by the tool will shape the health sector for years to come. Rather than insisting on using MLI resources for an activity that would attain impact during the period of assistance, MLI played a supporting role in these necessary early steps in a long-term process and was joined by other development partners in doing so.

The linchpin to having a tailored and flexible initiative is knowing what you are adapting to.



Although the initiatives in Mali and Ethiopia were designed as discrete initiatives with finite resources and a distinct horizon, the true measure of success will come years down the line when these countries will be able to look back and see whether the MLI support was a part of the starting point for significant sector change. The typical three-to-five-year time horizon of a donor project often determines its goals, but it is not always realistic to try to measure success in a similar time period. Results in reforming health-sector management will not necessarily manifest themselves along a quick timeline. Outputs achieved in three to five years can certainly be a part of a program's objectives, but they can be designed as markers along the road of achievements that help to gestate long-term success. The JLN takes an even more explicit approach in setting long-term goals: the network helps countries tackle specific near-term operational challenges in expanding health insurance coverage, but with the ultimate goal of laying the foundation for universal coverage.

Understanding what success looks like in the long term and being able to work toward it takes time and investment. Development partners benefit from knowing and understanding the people and institutions with whom they are working so that they can appreciate their strengths,

weaknesses, and interests. The linchpin to having a tailored and flexible initiative is knowing what you are adapting to. Like MLI, JLN relies on focal points in each country to synchronize technical assistance to the local policy environment. However, these focal points are not uniformly selected. The most important factor in choosing a focal point is the confidence that the individual person is best placed to drive coverage reform efforts across sectors. Additionally, MLI undertook an informal "diagnostic" process to understand whether a leadership program was the best tool to support its partner ministries by sending MLI staff to each country at the beginning of the program to facilitate the planning activities. This resulted in informal assessment of the strengths, weaknesses, and interests of the countries' MLI participants. In the future, a more systematic assessment process could help uncover the capacities that are most lacking within an organization and the potential for a specific program to realistically improve those areas. For most initiatives that are aiming to strengthen capacity within a country, a baseline system of institutions and leaders must already be in place.

Program managers within aid agencies must have the flexibility to make decisions that are best for the country. A small change might interrupt an expected intermediate output, but it might be the best step to achieve a long-term goal. In Sierra Leone, the original MLI work plan was designed to provide support for the ministry to develop reform strategies in health financing. The ministry, however, recognized that more foundational needs within the ministry impeded a larger reform effort. The ministry requested a significant change to the plan to address an urgent need to improve basic financial management practices. MLI adapted to the ministry's new priority and quickly mobilized technical assistance to strengthen financial management systems and practices. MLI learned that an important step to take before shifting the direction of a program is to consider whether the change in priorities reflects a legitimate need or an individual whim—and embedded Country Leads who understood the motivations of policymakers were particularly helpful to MLI in making this distinction.

Another obstacle that MLI has faced is rapid changes in health-sector leadership. This has required not only adapting to different types of political commitment and interest but also building strong working relationships with the intermediate cadre of sector leaders who weather the transitions and constitute the long-term foundation of ministry capacity.

In all of these instances, adapting to unexpected potholes and curves has helped the program stay in the right direction. If a program charges forward in a straight line toward objectives set at the start despite a change in the environment, then it risks greater damage to itself and to its partners later on.

Building Relationships through Peer-to-Peer Learning

The third element that we have identified is to ensure that peer-to-peer learning opportunities such as peer workshops, study tours, and virtual exchanges are readily available and adapt to the needs of stakeholders. The purpose of peer-to-peer learning is to build knowledge and expertise through cross-sharing and relationship building with colleagues or peers either in-country or outside the country. Peer learning provides opportunities for policymakers, trusted advisors, and technical leaders to understand how others in similar situations are tackling shared challenges. Peer learning exchanges foster joint problem solving, constructive criticism, friendly competition, and the knowledge that others are engaged in similarly difficult work. If designed well, these opportunities can facilitate the development of peer relationships that last beyond the lifetime of a given project and help develop individual and institutional capacity.

Peer learning is an iterative process. One meeting or workshop is usually not enough to build lasting relationships. A series of face-to-face encounters over time, coupled with teleconferences or virtual exchanges, can provide both formal and informal interactions and allow peers to build trust with one another. The more productive exchanges are participatory and designed around concrete objectives such as vetting work plans, brainstorming solutions to programmatic challenges, and sharing constructive criticism of different participants' approaches. If successful in taking root, peer-to-peer exchanges over the long term can be self-sustaining as relationships develop.

The JLN provides a model of peer learning that brings together technical leaders from countries in Asia and Africa

on topics related to attaining universal health coverage. Countries that participate in the JLN share a strong political commitment to coverage reforms even though they vary in the maturity of their efforts. JLN countries have one or two face-to-face workshops per year focusing on quality of care, provider payment mechanisms, information technology, and expanding coverage, which are reinforced by targeted one-on-one and small-group peer exchanges. The Joint Learning Fund, described earlier, also helps JLN participants to complete study tours or attend relevant regional technical events. Countries have independently requested peer-learning opportunities from the fund after their initial exposure to JLN workshops.

MLI also focuses on peer learning. The five participating countries come together once or twice a year, and in between are multiple opportunities for small group and bilateral exchanges. MLI peer exchanges organized around the World Health Assembly have been a forum for health ministry leaders to meet annually, and in 2010 MLI held a Learning Collaborative Forum (involving teams of representatives of the ministry of health leadership of all five countries sharing experiences in specifically designed interactive formats) in Addis Ababa, Ethiopia. Smaller-scale exchanges have included country-to-country study visits; for example, Senegal and Mali leadership visited Rwanda to learn about health financing reforms; Senegal leaders visited Mali to learn about aid harmonization and alignment; the Mali ministry leader participated in negotiation of a skill development program in Nepal. These exchanges help the program's participating policymakers not only to learn from one another but also to interact on an ongoing basis, to monitor one another's progress, and to troubleshoot along the way. For example, after initial discussions about one country's strategic approach to health financing at earlier exchanges, the country's delegation shared the draft strategy with the other countries at the Learning Collaborative Forum and invited critique and feedback to strengthen it. Following other countries' reform efforts has also created a friendly

From Peer Learning to Professional Collaboration

During TAP's 2009–2010 grant round, both the Uganda National Health Consumers Organisation (UNHCO) and the Coalition for Health Promotion and Social Development (HEPS) conducted studies on health rights: UNHCO examined health-provider absenteeism; HEPS tracked systemic inefficiencies in the provision of essential medicines.

Although the groups had encountered one another during other advocacy initiatives, it was not until HEPS and UNHCO connected through TAP that a true partnership was born. According to Geoffrey Atim, program officer for UNHCO, "The partnership with HEPS...developed in the [TAP] peer review workshops after sharing our different surveys from the previous studies." In the months following the workshop, the organizations continued to collaborate, participating in evidence-based advocacy on one another's behalf and jointly disseminating their studies' findings.

In 2011, HEPS and UNHCO applied to TAP for joint funding to assess the extent to which resource allocation to Uganda's health sector affects the public's access to medicine. Denis Kibira, a program manager at HEPS, notes, "The benefits of this collaboration are numerous: first and foremost, since we both represent large coalitions...the voice will be amplified. We also get to share expertise and this reduces costs of hiring external consultants."

sense of competition among the countries as each wants to keep up with the others' successes.

TAP brings together its partner CSOs to share their work in peer review and technical workshops focusing on advocacy strategies and social accountability tools such as absentee studies, quantitative service delivery surveys, citizen scorecards, and public expenditure tracking. TAP's independent evaluation, which was conducted by the National Opinion Research Center, suggests that workshops can have subsidiary benefits for participants. For example, although most TAP workshop participants are analysts, they come away with more effective communications skills. In addition, TAP workshop participants independently share research techniques with one another between the workshops, which further reinforces their learning and enhances peer-to-peer relationships.

Both TAP's and MLI's evaluations reveal that peer-to-peer learning is a highly valued component of the programs and helps forge professional linkages. Learning from others who have worked through a similar technical process can be more convincing and relevant than a theoretical presentation from a donor nation. The confidence to reach out to peers and seek support provides a foundation for maintaining newly acquired capacity.

The content of the discussions ought to reflect not only what participants voice as priorities (which can be systematically collected through surveys and interviews so as to design exchanges) but also areas where countries are well positioned to help one another. A dynamic and participatory format that relies on participants' training and sharing with one another is one of the most effective ways to facilitate peer learning. Presentations by the external coordinating body on topics where a peer country has experience and expertise are rarely as useful, although external advice (often behind the scenes) on how to make the presentations and to fill technical gaps can optimize the learning. Sharing country experiences before the event itself, collecting feedback, and then offering countries a menu of technical events based on their feedback can help planners build robust exchanges.

Although peer-to-peer learning is an important tool for both building and maintaining capacity, it presents a distinct set of challenges. First and foremost, it requires flexibility on both an operational and strategic level. Policymakers' schedules are demanding and constantly shifting, and aligning policymakers' schedules can delay peer-learning events. But beyond the operational difficulties in scheduling events, it is important to note that countries progress at different paces. Even if two countries start a reform process at the same time, their needs may be very different after just six months. One country may need basic support in modeling the costs of a health policy, whereas another may need communications

support to roll out a newly implemented policy. Adapting to a country's needs in such a case can thus outweigh an easy, but ultimately ineffective, chance for peer learning. Different paces and priorities do not preclude peer learning events nor render them meaningless for participants, but they do require that these events are conscientiously crafted. Addressing other logistical issues like coordinating travel and translation of multiple languages can, however, require a significant time and resource investment from development partners.

Conclusions

The international development community agrees that capacity building is important, but there is little operational evidence of the specific aspects of a program's design that succeed in strengthening capacity. Documenting new approaches to capacity building and observing their effects as they unfold can help overcome this knowledge and action gap. The three design elements discussed in this paper—programs that are country driven, are tailored and flexible, and employ peer-to-peer learning—are ideas that we have put into practice in our own work that are showing promise. Thus, we recommend that they continue to be used to shape other development programs to serve the needs of their partner countries and to build capacity to develop and maintain policies and programs. Programs designed in line with these elements are not without risks, challenges, and setbacks; but they do appear to offer important advantages that have the potential to build and maintain capacity through the acquisition of skills and relationships. Most importantly, they are flexible and can be fitted to any program, whether or not its primary focus is to build capacity.

The effects of the programs described in this report have yet to be observed in the long term. We will continue to engage with our partners to learn the effects of our programmatic choices around capacity building and to seek out new program innovations that complement this approach to capacity development. The experience of the three programs described in this paper suggest that these elements are promising approaches and, returning to our car analogy, keep the vehicle running as it changes speeds (and steers carefully around potholes) to arrive at its long-term destination. International agreements articulate funders' pledges to promote country ownership and build capacity, and these three elements provide one way to translate these commitments into tangible changes in development programming.

Appendix

Appendix 1: Frameworks for Capacity Building

<p>Baser, Hauck, and Land⁶</p>	<p>Like Potter and Brough⁷, in <i>Capacity Change and Performance Baser</i>, Hauck, and Land reject the idea that targeting individual components of a system will improve its capacity. Instead, they argue that development partners need to view institutions as organic systems that are constantly evolving in reaction to a wide range of external and internal pressures. The authors advocate a locally owned, process-oriented approach that bypasses predetermined outcomes in favor of experimental methodology.</p>
<p>Fukuyama⁸</p>	<p><i>State-Building: Governance and World Order in the 21st Century</i> analyzes the past and current trends in governance that have resulted in modern-day weak states. Fukuyama argues that capacity building, while an important component of state building, is nevertheless inherently complicated by several factors including the number of decisions that need to be made and the amount of information available to the decision makers.</p>
<p>Israel⁹</p>	<p><i>Israel's Institutional Development: Incentives to Performance</i> examines the origins of a long-standing belief of development experts that "hard projects" (e.g., building a school) have a greater impact than "soft projects" (e.g., improving teacher performance). In assessing the different characteristics of each type of project, Israel determines that the greatest barrier to successful soft projects is their lack of specific goals, methods, and criteria of evaluation.</p>
<p>Potter and Brough⁷</p>	<p>In <i>Systemic Capacity Building: A Hierarchy of Needs</i>, Potter and Brough propose a comprehensive approach to capacity building that incorporates nine elements of capacity. Their approach—illustrated by a pyramid in which the building blocks of systems, staff, skills, and tools support one another through a series of feedback loops—challenges the idea that capacity can be enhanced through the strengthening of a single component.</p>
<p>Wubneh⁴</p>	<p>Wubneh draws upon the experiences of the African Capacity Building Foundation (ACBF), a joint initiative of African governments, the World Bank, the United Nations Development Program, and the African Development Bank, to assess the efficacy of current approaches to capacity-building initiatives within the continent. Four major themes emerge in her work: the influence of political and institutional factors on capacity-building projects; the relationship between human and material resources and capacity building; the relative unimportance of donor funding and expatriate staff; and the importance of contextual factors such as the project gestation period, project structure, and institutional setting.</p>

Endnotes

- ¹ Organisation for Economic Cooperation and Development (OECD), *Shaping the 21st Century: The Contribution of Development Cooperation* (May 1996).
- ² The African Capacity Building Foundation (ACBF), "Capacity Building in Africa Transcends MDGs," <http://www.acbfpact.org/capacity-building-in-africa-transcends-mdgs.aspx> (accessed May 2011).
- ³ Milèn A, *What Do We Know about Capacity Building?* (Geneva: World Health Organization, June 2001).
- ⁴ Wubneh M, "Building Capacity in Africa: The Impact of Institutional, Policy, and Resource Factors," *African Development Review* 15, no. 2-3 (December 2003): 165-198.
- ⁵ Ministerial Leadership Initiative for Global Health, *Country-Led Development in Health: Practical Steps Forward* (May 2011).
- ⁶ Baser H, Hauck V, Land T, *Capacity Change and Performance: Capacity Development: Between Planned Interventions and Emergent Processes* (ECDPM, March 2009).
- ⁷ Potter C, Brough R, *Systemic Capacity Building: A Hierarchy of Needs* (Oxford, UK: Oxford University Press, 2004, Health Policy and Planning).
- ⁸ Fukuyama F, *State-Building: Governance and World Order in the 21st Century* (New York: Cornell University Press, 2004).
- ⁹ Israel A, *Institutional Development: Incentives to Performance* (Baltimore and London: Johns Hopkins University Press, 1987).

About the Authors

Aarthi Rao joined the Results for Development team in June 2009. She has worked across various projects including the Ministerial Leadership Initiative for Global Health, the Center for Global Health R&D Policy Assessment, and the Health Financing Task Force. She is now helping to lead a study of the biomedical innovation system in India and assessing its role in advancing global health technologies. Ms. Rao has worked in both India and Nepal in addition to U.S.-based non-profit organizations. She holds a B.A. in Public Health from the Johns Hopkins University where she studied Public Health and International Development.

Caroline Pang is an M.Sc. candidate in the Public Health, Health Services Management program at the London School of Hygiene and Tropical Medicine. Previously, Caroline was at the Results for Development Institute, where she supported the Ministerial Leadership Initiative for Global Health on health financing for equity and donor harmonization, and also an assessment of the private health care sector in the Congo. She holds a B.S. in Science, Technology, and International affairs from Georgetown University's Edmund A. Walsh School of Foreign Service.

Amanda Folsom has over 14 years of experience in global health policy, health systems, and health care financing. She is a Program Director at the Results for Development Institute (R4D) where she provides program management for the Joint Learning Network for Universal Health Coverage (JLN), a platform for exchange between countries implementing health financing reforms aimed at achieving universal health coverage. Previously she led R4D's work on the Ministerial Leadership Initiative for Global Health (MLI), focusing on enhancing the capacity of ministries of health to effectively lead health care reforms, and also participated in R4D's technical work on private health sector assessments (Republic of Congo), policy translation, and the stewardship of mixed (public/private) health care systems. Ms. Folsom is a graduate of the University of Virginia and holds a Masters in Public Health degree from the Johns Hopkins Bloomberg School of Public Health.



1100 15th Street, N.W., Suite #400
Washington, DC 20005
Tel: (202) 470.5711 | Fax: (202) 470.5712
info@r4d.org | www.r4d.org



**RESULTS FOR
DEVELOPMENT**