

Capacity Strengthening and Transition to Local Ownership

» HIGHLIGHTS
OF CRS' GLOBAL
EXPERIENCE

» Intro

CRS believes that when it invests in people and helps build healthy institutions, local governments, organizations and communities are better able to lead their own development. The dynamic nature of today's development environment has made clear that local ownership of development programming is key to sustainability. To handle their growing responsibilities, indigenous organizations need innovative, professional partnership and capacity strengthening support. Increasingly, both donors and the international development community seek to empower local government and civil society organizations to chart their own path forward.

CRS defines its approach to capacity strengthening as having three elements: 1) **Capacity building** – supporting individuals and teams to build knowledge, skills, and attitudes in key capacity areas; 2) **Institutional strengthening** – supporting those individuals and teams to strengthen their organizations by developing or improving systems, structures, and policies to function more effectively and achieve goals; and 3) **Accompaniment** – providing consistent follow-up to ensure mastery of new skills and/or consistent application of organizational changes.

• • • OUR APPROACH • • • *to Capacity Strengthening*



Capacity Building



Institutional Strengthening



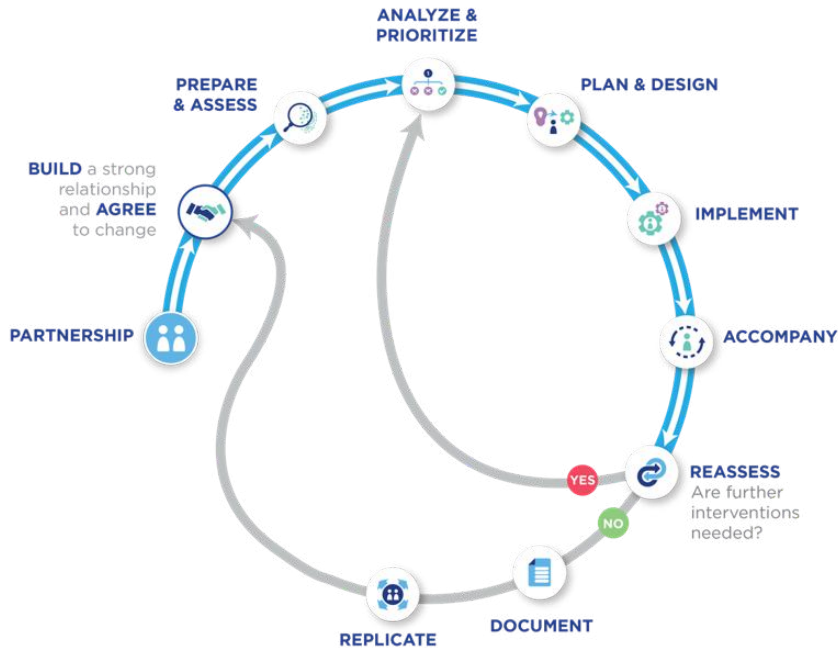
Accompaniment

CRS' capacity strengthening approach is highly participatory, based on the needs of local partners, be they government, faith-based or civil society partners. CRS facilitates and promotes the strengthening of partners' abilities to identify and address their specific needs through a deliberate capacity strengthening process illustrated in CRS' Capacity Strengthening Model.

Cover photo: Hajara Abubakar feeds her nine-month-old daughter a nutritious mixture of soy, corn and cray fish in the village of Alogani Central in Nigeria. Through a CRS partner agency Center for Women, Youth and Community Action (NACWYCA), Abubakar learned to breast feed her child for the first six months before starting her on such a mixture. CRS supports NACWYCA as part of the SMILE program (see page 4). *David Snyder for CRS*

Photo this spread: Graduates and organizers of a workshop at Villanova University in Pennsylvania, where CRS staff from more than 40 countries gathered for an intense six-day training in capacity strengthening methods. *CRS staff*

● ● ● CRS' Capacity ● ● ●
STRENGTHENING MODEL



CRS has deep experience in supporting local actors to strengthen their own capacity in order to incrementally assume ownership of projects. Through the High-Performing Implementers (HPI) Initiative, CRS is applying this expertise with national partners. CRS offers partner-led, CRS-facilitated capacity strengthening that places national government partners in the driver's seat of their own growth as sustainable Principal Recipients of Global Fund grants, using this process:

- 1 **Assess:** CRS facilitates a partner-led assessment through which national partners identify their capacity gaps against CAT standards.
- 2 **Plan:** Once the national partner has identified its capacity gaps against CAT standards, CRS supports it in creating an action plan that builds on any previous plans and leverages HPI solutions and technical assistance from other providers to close identified capacity gaps through a holistic capacity strengthening approach.
- 3 **Implement:** CRS supports partners to implement the action plan and close identified capacity gaps through a mix of: direct trainings to enhance staff knowledge and skills in priority capacity areas (capacity building); technical assistance to improve policies and practices (institutional strengthening); and accompaniment to support application of learning and functionality of new/improved policies or practices (accompaniment). While support may be provided to the national government by multiple entities, CRS works with national partners to ensure a holistic mix of approaches so that capacity is truly strengthened, and CAT standards are achieved.
- 4 **Monitor:** CRS and the national government regularly convene to review progress and adapt as needed. The assessment instrument can be re-applied throughout implementation to measure progress towards meeting CAT capacity standards. Transition planning can begin once the capacity strengthening plan is underway and includes establishing milestones and benchmarks for a phased handover of grant responsibilities.

The one-page summaries in this document provide examples of CRS' experience across the world in capacity strengthening and transition to local ownership.

Further reading: [CRS' Comprehensive Approach to Capacity Strengthening](#)



» Rwanda/ AIDSRelief



AIDSRelief, a five-member consortium funded through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and for which CRS served as prime from 2004 to 2012, aimed to rapidly scale up HIV care and treatment for poor and underserved communities in ten countries. Focusing on systems strengthening, the \$700 million AIDSRelief project provided direct assistance to partners in the development of financial, technical, and organizational capacities. In Rwanda, AIDSRelief staff accompanied the Ministry of Health (MoH) partners through a robust and intentional process of capacity strengthening, program quality improvement and phased transition. CRS' capacity strengthening efforts with the ministry included:

- 1 Transition Task Force (TTF) was created by MoH to develop guidance and parameters for transition.
- 2 Detailed work plans for the 2009 - 2011 transition period was developed by MoH and AIDSRelief.
- 3 Transition orientation meetings were established to familiarize districts and transitioning facilities with their new responsibilities and new funding mechanisms.
- 4 District hospitals lead work planning for antiretroviral therapy (ART) sites, supervising and mentoring facility staff.
- 5 MoH holds responsibility for clinical and grants management.
- 6 All 20 program-supported sites were successfully transitioned from AIDSRelief to the Rwandan Ministry of Health.

Rooted in CRS' commitment to capacity strengthening and equitable partnerships as a means to promote local ownership and sustainability, AIDSRelief was designed to transition management of the program to a local partner. These capacity strengthening efforts directly contributed to excellent clinical outcomes:

- 1 Antiretroviral therapy was expanded to 12,000 patients in Rwanda.
- 2 Approximately 90% of ART-eligible patients received treatment (2009).
- 3 Only 2% of AIDSRelief patients were lost to follow-up (2011).
- 4 Viral loads were undetectable in 91% of ART patients surveyed.

By the end of 2011, AIDSRelief Rwanda had facilitated the transition of all 20 program-supported sites from AIDSRelief to the Rwandan MoH. The MoH now maintains those ART sites and their affiliated patients as part of the national health system.

The AIDSRelief model of care produced outstanding clinical results in the Rwanda program, with CRS' approach to capacity strengthening and transition playing a key role in achieving those clinical outcomes.

Further Reading:

[Case Study on Transition to the Rwandan MOH](#)

[AIDSRelief Final Report](#)

[AIDSRelief Rwanda Partnership](#)

Photo: Cecile Mujawayezu is a senior nurse at Bungwe Health Centre in northern Rwanda, an AIDSRelief partner site. *Helen Blakesley for CRS*



» Nigeria/ SMILE

In Nigeria, CRS acted as prime recipient for the Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) project, a nationwide, USAID-funded grant that supported 500,000 orphans and vulnerable children (OVC) through a comprehensive program implemented along two objectives:

- 1 Strengthen institutional and technical capacity of state and local governments to provide, manage, and monitor integrated comprehensive care to OVC and their families.
- 2 Strengthen organizational and technical capacity of civil society organizations to manage integrated programs for improved well-being of OVC and their households.

Over the life of the project (2013-2018), SMILE served 336,651 beneficiaries with a range of need-based services including household economic strengthening, access to HIV care, nutrition, education and psychosocial support. Through SMILE's government systems strengthening efforts, there have been recorded increases in state commitments to the coordination and ownership of OVC activities including budgetary allocations, child protection structures, monitoring and evaluation, and effective referral coordination. Ultimately, with support from CRS, the capacity of 49 local partners was strengthened, improving their financial risk ratings from an average 58% at baseline in 2014 to 90% in FY18. By project end, 10 partners were transitioned to prime recipient status for direct donor funding.

The \$40.9 million SMILE project worked at the state level to strengthen organizational systems and technical capacity of the five-state Ministries of Women Affairs and Social Development (SMWASD). The project also worked with the Social Welfare Department in targeted local government areas (LGA), enabling SMWASDs and LGAs to work in collaboration with relevant line ministries to coordinate a holistic response. The project facilitated the following capacity strengthening and transition activities:

- 1 Successfully transitioned a caseload of 200,584 beneficiaries to CDC-funded Implementing Partners.
- 2 Provided technical support to 42 local CSOs to deliver sustainable quality services to households and children.
- 3 Facilitated functional coordination structures, planning processes, and improvement teams in 40 LGAs along with local government involvement in monitoring of OVC services to ensure adherence to national quality standards beyond the life of the project.
- 4 Enhanced technical capacity of SMWASD, LGA social workers, and staff at other ministry departments and agencies in case management, reporting and documentation, monitoring and evaluation, child protection, quality improvement science, resource mobilization and sustainability.
- 5 Collaborated with LGAs and communities to establish improvement teams to promote welfare and the rights of children, reduce HIV stigma, mobilize resources for community development.
- 6 Strengthened Nigeria's social welfare system by providing standard para-social work training. Developed standard operating procedures on OVC service delivery and data management to increase the capacity of community quality improvement teams.

Further Reading:

[SMILE Overview](#)

Photo: Haruna B Anzaku, Headmaster at a primary school in Galle, Nigeria, where some students received uniforms through the SMILE project.
David Snyder for CRS

» Uganda/ SOCY

In Uganda, CRS currently serves as prime recipient for the ongoing USAID-funded Sustainable Outcomes for Children and Youth (SOCY) project. SOCY (2015-present) is designed to improve the health, economic, educational, and psychosocial wellbeing of orphans and vulnerable children (OVC), youth, and their households, as well as reduce abuse, exploitation, and neglect among this population.

Through a network of civil society organization social workers and frontline para-social workers, SOCY provides services that reduce the risk of HIV and violence and link individuals to services that ensure diagnosis, treatment, and retention in care of children and adolescents living with HIV. Through home visits, case managers monitor progression of children, adolescents, and their households towards case plan achievement and eventually graduates them from program support.

Since 2015, this \$45.5 million project has served 379,525 OVC from 76,713 households. With a model of implementation that emphasizes local civil society capacity strengthening in case management to meet the needs of children and families, SOCY has, to date, graduated 13,017 households (17%) out of program support. In FY19, SOCY graduated 28,496 individual beneficiaries from 7,081 OVC households that met the prescribed benchmarks (22% of the case load against the annual graduation target of 15%). Through the project, CRS strengthened the capacity of 13 local partners, all of whom have increased their financial capacity by 27%, on average. One SOCY partner, the Transcultural Psychosocial Organization (TPO), is now in transition to become a major Local Prime. With CRS support and accompaniment, districts prioritize service delivery to children. In FY19:

- 1 15 of the 19 target districts had functional District OVC Coordination Committees.
- 2 13 districts reported additional funding from other sources.
- 3 15 districts had 80% of key community services positions filled.
- 4 All districts were using the OVCMS for planning and decision making.

Results are attributed to the growing capacity of the para-social workers to take the lead in data management and data quality. SOCY also supported MoLG to finalize the pre-test of performance indicators in eight SOCY districts, which were rolled out in all SOCY districts in FY20. Anecdotal reports indicate that where trained para-social workers exist, there are improved community case management response approaches.

SOCY has intensified its work with clinical partners and has strengthened bi-directional linkages between health facilities and social services at the community level. The capacity strengthening and accompaniment efforts of CRS have resulted in:

- 1 Completion rate for referrals 69%: Success attributed to stronger collaboration with clinical partners, active district-level referral networks, and functional linkage desks at both community service points and health facilities.
- 2 GBV screening tool administered during home visits and group activities: Local Government Capacity Assessment Report (July 2019) reports SOCY areas of operation had better response mechanisms to cases of child abuse and neglect, as well as GBV, as compared to non-SOCY areas.
- 3 Capacity strengthening of 13 local OVC service providers: Completed capacity assessments, identified gaps, and provided training and coaching in key areas (USAID regulations and financial management); TPO to receive direct PEPFAR funding for OVC service delivery in 15 districts.

Photo: Sharuwa Nasimba (center), 16, takes part in a Sinovuyo training in Kaleere village in Uganda in January 2019 as part of the SOCY project. Will Baxter/CRS



» Benin/ Global Fund

In Benin, CRS was awarded over \$22 million from the Global Fund as Principal Recipient for the R7 and TFM malaria grants from 2008-2015, achieving an A1 rating for its performance. As PR in Benin, CRS coordinated closely with the Central Medical Store, the National Malaria Control Program and civil society sub-recipients to strengthen supply management systems, streamlining processes to ensure quick turnaround upon delivery at the regional level and rapid dispatch to communities. By project end:

- 1 The % of households with at least one long-lasting insecticidal net increased from 20% to 55%
- 2 CRS achieved zero ACT stock-outs among 99.8% of community-based organizations

Through Global Funds grants, CRS accompanied the scale-up of community-based management of uncomplicated malaria. CRS also built the capacity of more than 1,800 community-based organizations in the use of rapid diagnostic tests to identify and treat positive, uncomplicated cases and refer severe cases to health centers. Trained community-based organizations treated 2 million positive cases of malaria in children under 5 across 14 health zones from 2009 to 2015. Following the successful handover of the Global Fund grant to the Ministry of Health in 2016, CRS continued to support International Child Care Ministries of malaria, pneumonia, and diarrhea as a sub-recipient to the National Malaria Program (NMP). Highlights of CRS' capacity strengthening and transition efforts in Benin include:

Financial Management

- Increased PNLP financial capacity (micro planning, forecasting, closure of grants, replies to management letters, interpretation of progress reports, budget reviews), resulting in improved financial absorption rates and correction of budget errors neglecting four implementing partners.

Supply Chain Management

- Project data was collected through the VCP project are shared with the MoH and used for restocking and reducing stock-outs.

Data Quality Improvement

- CRS collaborated with the MoH to ensure that data collected at community level through the project are included in DHIS2; advocated for modification in DHIS2 configuration to include CHW level.
- Through a USAID-funded malaria research project (CATCH), CRS recruited a consultant who helped the MoH revise its national communication strategy for social and behavioral change. CRS has designed a picture box for the acceptability of RTDs at the community level that is currently used by all actors.

ICT4D Solutions

- The government of Benin, in partnership with The Global Fund, the Bill & Melinda Gates Foundation, and CRS, is using CAT and geospatial analysis in the 2020 mass campaign where households across the entire country will be registered and receive bed nets all within one month.
- The government of Benin will use household registration data for planning and targeting resources for other health programs, particularly maternal, newborn, and child health.

» The Gambia/ Global Fund



In The Gambia, CRS implemented Global Fund malaria programs as co-Principal Recipient with the Ministry of Health from 2010-2018, with a cumulative award value of over \$11 million for the R9 and NFM1 cycles. CRS' strong partnership with national and local partners led to eventual full transition of the Principal Recipient role to the National Malaria Program. During the period that CRS served as co-Principal Recipient, malaria parasitic prevalence decreased from 4% in 2010 to 0.1% in 2017 while malaria infections decreased by 50% across all regions of the country between 2011-2017. As of December 2016, the program had:

- 1 distributed a cumulative 988,531 long-lasting insecticidal (LLIN) nets to children under one
- 2 distributed 460,007 LLINs to pregnant women
- 3 distributed 2,401,873 LLINs to the general population
- 4 reached 814,338 households with community messages about malaria prevention and control issues
- 5 trained 33,000 peer health educators, reaching over 210,239 in-school and out-of-school youth

These interventions contributed to improved outcomes including uptake of IPTp (two doses) by 82% of pregnant women (target was 85%), and reported LLIN use (the night before the survey) by 94% of pregnant women and by 95% of children under 5 (target was 85%), and by 83% of other household residents (target was 60%).

CRS implemented a number of capacity strengthening activities, including:

- training community volunteers (Positive deviance individuals (PDIs) and Kabilo representatives (KR)) and enlisting drama groups and traditional communicators (sometimes called storytellers) to promote health behavior change) and the distribution of LLINs
- providing technical assistance related to LLIN distribution and IEC/BCC to the National Malaria Control Program
- supporting the National Malaria Control Program to strengthen its organizational capacity
- introducing seasonal malaria chemoprevention in 2014 - CRS is currently supporting its sustained scale up
- supporting local sub-recipients to strengthen financial management through provision of accounting software, computers and accessories; staff training; quarterly supervision and monitoring.
- improving partners' technical capacities related to LLINs, including: 1) tools for distribution, data collection, monitoring and reporting; 2) Information Education Communication and Behavior Change Communication; 3) peer health education among students; and 4) promoting behavior change through community members who have successfully modeled the desired change
- providing material support to sub-recipients including computers, vehicles/motorcycles, fuel, and routine maintenance

CRS continues to support The Gambia through accompaniment to improve monitoring and evaluation systems and modify approaches to move closer to disease elimination. The National Malaria Control Program and other government agencies are replicating CRS' approach to behavior change in other sectors, and many government and local NGOs have institutionalized the use of digital system (mobile devices) for data management and reporting as part of project implementation. In its Sub-Recipient role, CRS provides technical support on SMC data management and initiated a cross-border pilot project between Senegal and The Gambia. This pilot initiative is showing results and both countries have plans to strengthen and scale up this approach in future years.

Photo: CRS field agents use ICT4D to conduct house-to-house registration for the national long lasting insecticidal net (LLIN) distribution campaign taking place in May-June 2017. *Dominique Guinot/CRS*



» Guinea/ Global Fund

In Guinea, CRS has served as the Principal Recipient for the Global Fund malaria grant since 2012. With over \$154 million awarded in Global Fund funding through the R10, NFM1 and NFM2 cycles, and working hand-in-hand with the National Malaria Control Program, CRS has:

- 1 managed three successful national insecticidal net campaigns (2013, 2016 and 2019), distributing nearly 13 million bed nets and supporting routine distribution of bed nets in health centers
- 2 worked with the National Malaria Control Program, an NFM2 sub-recipient, to provide training and supervision in malaria case management to personnel in 1,000 health facilities across 19 districts
- 3 worked with civil society sub-recipients to implement social and behavior change activities to increase uptake of appropriate prevention measures, improve recognition of malaria signs and symptoms, and increase understanding of when medical attention should be sought
- 4 supported the scale-up of seasonal malaria chemoprevention and reached over 480,000 children aged 3-59 months every year since 2017, with more than 700,000 reached in first round in 2020
- 5 expanded access to rapid diagnostic testing/treatment for malaria at the community level

Working hand-in-hand with the National Malaria Control Program, CRS works closely with the central pharmacy and national medical regulatory authority to implement interventions to strengthen supply chain management. To improve health management information systems, CRS collaborates with the Ministry of Health Bureau of Strategy and Development and with the Community Health & Traditional Medicine Department.

Capacity building interventions:

- training district health teams and facility-based staff in the use of DHIS2
- supporting trainings on Tompro; recruitment, and development of a procedure manual as prerequisites to introduce flexibility in the Zero Cash Policy
- training community health workers to ensure rapid access to essential treatments for children

Institutional strengthening interventions:

- supporting the National Malaria Control Program to build a plan to strengthen financial management and internal controls
- development of a costed national strategic plan, including the scale-up of DHIS2
- providing district health teams and facility-based staff with necessary hardware, software, and internet connectivity (DHIS2 is now functional in all eight regions of the country, including in 45 hospitals and 38 districts)
- rehabilitation/equipping of central pharmaceutical warehouse and four regional warehouses
- procuring several trucks and vehicles to strengthen distribution
- supporting warehouse managers and health facility staff to improve inventory management and ensure WHO compliance for good storage practices and good distribution practices.

Accompaniment interventions:

- embedded focal points in regional structures to strengthen capacities in malaria, pharmaceutical management, and health management information systems (Focal points will be transferred to Ministry of Health management in January 2021)
- working with Ministry of Health staff to improve the Integrated Community Case Management in two districts
- reinforcing the capacity and engagement of local authorities to actively promote the health of their community

Photo: CRS has partnered with the Global Fund since 2004 to fight malaria around the world through mass distribution of mosquito nets focusing mainly on pregnant women and children under age 5. *Hadjara Laouali Balla/CRS*



For more info

Visit crs.org for additional information about CRS efforts to strengthen partner capacity and transition to local ownership.