

EpiC Spotlight on Local Partner Capacity Development

Why is local capacity development important for achieving and sustaining epidemic control?

Throughout the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)'s history, local partners have been integral to addressing the HIV epidemic. Local partners, including civil society organizations (CSOs), local government ministries, and other locally owned and managed entities, are critical to program design to ensure appropriateness for local context, program delivery as trusted community institutions, and advocacy for change on behalf of local communities. Across geographies and contexts, local partners function in different capacities to contribute to sustained epidemic control.

Each country's health ecosystem has an essential space for local partners such as:

- Providing basic health care services in the most restrictive political environments
- Forming coalitions of service delivery institutions that provide the majority of HIV outreach within a country
- Advocating for removal of barriers to accessing vital HIV prevention care and treatment services
- Monitoring the quality of service provision to vulnerable communities and holding decision makers accountable

"To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and community-based and community-led organizations — regardless of current ARV coverage levels."

Country Operational Plan
Guidance for Fiscal Year 2020

Depending on the environment, partners may have access to plentiful local resources including rich technical assistance and local government funds for program implementation, or they may be within a context where HIV services are primarily funded by external donors. Based on all these factors, the needs of local partners to support their communities in the most effective manner will differ.

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group. For more information about EpiC, including the areas in which we offer technical assistance, click [here](#).

In recognition of the importance of community self-reliance, PEPFAR's Local Partner targets, introduced in April 2018, has refocused funding toward sustainable (host country financed) epidemic control by directing 70% to local partners by the end of FY20, underscoring the importance of empowering local partners to achieve epidemic control. For Country Operational Plans (COP) in 2019, approximately 46% of USAID and PEPFAR funding was allocated to local partners, leaving a sizeable margin to achieve the 70% target. While many local partners have received direct awards from the U.S. government (USG), others struggle to meet USG funding and reporting requirements, implement programs with fidelity, and adapt effectively to changes in guidance. Some may not have systems in place to manage the levels of funding provided by the USG. International nongovernmental institutions (INGOs) have a unique role to play in helping to achieve this goal by supporting the development of capacity, skills, and systems for local partners and helping local governments explore ways to finance management of the HIV epidemic in their countries.

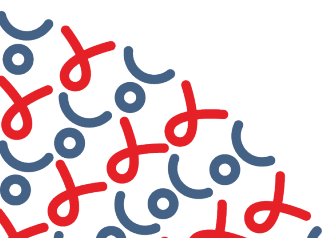
As local partners move toward direct funding, some common needs and capacity support have been identified as critical for qualifying to manage and effectively implement USG-funded programs. To achieve sustained locally financed and led epidemic control, local partners need:

- Organizational and financial management capacity—to effectively manage and implement USG programming in compliance with regulations and standards
- Strategic information (data) capacity—to collect, interpret, and report on data as well as make strategic, data-guided decisions, manage confidential data, and maintain effective data management systems
- Technical performance capacity—to implement effective HIV programming in line with national and international standards while meeting donor requirements and deliverables and adapting to appropriate contextual factors as well as changes in international guidance

At a systems level, local partners may also need (1) resources to continue their work (from the USG, local institutions, or through other domestic/international financial mechanisms); (2) support or additional skills to organize and form coalitions for advocacy purposes, information sharing, and continued growth; and (3) an environment that allows them to operate and support their communities in the most effective manner.

These identified needs align with what local partners say they need to successfully implement USG-funded subawards. A recent survey of local partners conducted by the PEPFAR-funded LINKAGES program in 2018 indicated the most appreciated support was:

- Technical assistance (TA) to enhance programmatic service delivery
- Support for data systems for regular data collection and reporting
- Financial management capacity development to effectively manage USG funding



Enhancing these skill sets will better prepare local partners to effectively and efficiently manage direct USG funding, and moreover, contribute more substantially to epidemic control within their own countries. Beyond the USG providing direct funding to local partners, additional support to local governments and institutions is needed as they begin to explore ways to finance management of the HIV epidemic within their own communities and countries. This involves public financial management for HIV at national and subnational levels, including program-based budgeting for HIV, and governance and stewardship structures for planning, financing and managing HIV programs. Additionally, this includes services provided by the public sector as well as those contracted out to CSOs and other private sector providers. Successful social contracting usually requires building capacity of CSOs, of governments, and strengthening the links between these two sectors.

The Meeting Targets and Maintaining Epidemic Control (EpiC) consortium is in a unique position to provide this support and strengthen local partners to be self-reliant, ready to manage direct funding and be resilient local contributors to sustained epidemic control. The EpiC consortium has the experience, skills, and toolbox to support both local partners and countries and enhance the capacity of CSOs to achieve epidemic control.

EpiC brings proven experience and innovative solutions to common capacity development challenges

The EpiC consortium—led by FHI 360 along with Right to Care, Palladium, PSI, and the Gobe Group—has years of experience providing capacity development support to local partners and local systems to empower them to achieve their goals and sustain change.

EpiC's capacity development approach is guided by four mutually reinforcing principles: (1) a focus on speed, scale, standards, and sustainability; (2) customization according to local priorities, financing, and the differentiated needs of local partners; (3) adaptive management based on results; and (4) engagement of strong local and regional partners in capacity development activities.

The EpiC team can work directly with grant recipients through a traditional prime-sub relationship, provide technical assistance only to local partners in a range of areas, or strengthen the capacity of regional and strong local partners to become capacity developers themselves.

Based on the partner, the intended goal of the capacity development experience, and the context, EpiC can:

- Call upon our vast network of resources in country to identify and engage new partners to engage in epidemic control
- Conduct initial organizational (or network or system), technical, and strategic information needs assessments to identify performance gaps

- Jointly develop institutional improvement plans outlining performance goals, technical assistance required to achieve goals, and milestones for measurement
- Deliver capacity development support through a range of interventions including mentoring, distance support, peer-to-peer exchange, training, twinning, as well as other methods
- Monitor progress toward achievement of goals and course correct as needed
- Evaluate the engagement, document lessons learned, and support the transition to other TA providers, direct funding, or other resources

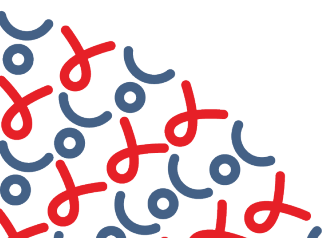
In addition to working directly with local partners to achieve capacity development outcomes, EpiC can also enhance local systems to:

- Enhance national government abilities to plan, manage and finance HIV programs
- Support national governments to introduce, develop capacity for and implement social contracting mechanisms to directly fund local partners in country
- Bring together or enhance existing networks of partners working to address epidemic control
- Identify barriers to greater CSO engagement within health systems and provide recommendations

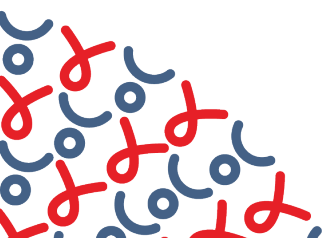
Examples of EpiC consortium members' past performance and technical assistance offerings in capacity development

Challenge	Solution provided by EpiC partner
<p>Limited experience and capacity among local partners in managing subaward funding and meeting financial reporting requirements of subawards</p>	<p>LINKAGES conducted assessments for 19 local partners in Kenya, some of whom had not previously received any major funding, to identify gaps in organizational capacity. The major gaps included lack of financial systems, and lack of finance, human resources (HR), administration, and procurement policies as well as weak governance systems. FHI 360 provided software and training, and conducted on-site follow-up to ensure they were adequately managing funds from FHI 360, able to track their budgets, and could produce monthly reports aligned with donor requirements as well as for internal decision-making. Since working with the LINKAGES team, nine grantees have received additional funding from USAID, Global Fund, and other donors.</p> <p>The MULU Key Populations project in Ethiopia, led by PSI, developed the technical and monitoring skills of its local implementing partners (LIPs) in the first round of the award. In its second phase, PSI Ethiopia conducted rigorous assessments of these LIPs to ascertain their readiness to manage direct funding from USAID, identifying a subset that were close</p>

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	<p>and delivering tailored technical assistance to address specific gaps. Two of those organizations, Beza and HIDO, are now direct recipients of USAID funds with more LIPs preparing to compete. Throughout the life of the project, 1,283 clinical service providers have been trained on integrated clinical service delivery specifically for key populations.</p>
<p>Weak technical capacity and back office functions among potential local sub-awardees</p>	<p>PSI's Central American regional affiliate, PASMO, works closely with permanent national and local entities to strengthen their capacity to deliver, while also serving as a direct implementor where current organizations lack the capacity to meet the needs of their target populations. PASMO has established rigorous protocols for sub-award management, regional awards, and capacity development of local organizations as evidenced by effective management of over twenty sub-awards across more than ten countries for over ten years. Under PASMO's sub-award management policy, PASMO works with sub-awardees to develop individualized monitoring and capacity-building plans that are enforced and supported through both remote and in-person monitoring. Sub-award monitoring is enforced through an internal audit conducted every year. Sub-awardees have received specific training and technical assistance in areas such as: administration and finance; monitoring and evaluation (M&E); legal regulations; human resources; and technical strengthening in HIV, combination prevention, and behavior change communication methodologies.</p>
<p>Transition of service provision to local/government institutions</p>	<p>Under the SHIFT Vietnam program, funded by USAID, FHI 360 helped local authorities define roles and performance oversight mechanisms for service providers, from hamlet health workers delivering outreach and community-based support to clinical, laboratory, and provincial agency personnel. As a result, USAID SHIFT transitioned 70 project sites in six provinces to local ownership and support (159% of target) within the first two years of programming.</p>
<p>Local partner systems not fully ready for transition to direct USG funding</p>	<p>In Malawi, the LINKAGES project provided a subaward to local partner Pakachere beginning in July 2015 for four years for approximately \$2.3 million. In 2018, Pakachere was identified as having potential for direct USG funding. LINKAGES conducted an initial assessment and reviewed existing programmatic and subaward materials, identified potential areas of risk for management of USG funding, and provided targeted technical</p>

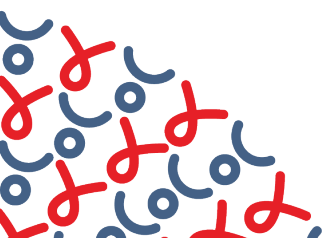


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	<p>assistance to mitigate risks. In late 2019, Pakachere received its first direct USG funding from USAID.</p> <p>In Mozambique, the USAID-funded Capable Partners Program (CAP) Mozambique associate award focuses on supporting organizations with the potential to become leaders in the fight against HIV/AIDS. One such NGO was N'weti, which provides social and behavior change interventions in Mozambique. In 2015, they had 50 staff members and a budget of approximately \$3.6 million. CAP strengthened N'weti's core finance, administrative, and business development systems to successfully manage USAID funds. By the end of 2018, N'weti's role in the HIV response had expanded— they are now responsible for implementing community HIV interventions in three provinces in Mozambique, receiving direct funding from USAID and other donors through 11 projects, and have a budget of approximately \$6.9 million and a staff of 135.</p>
<p>Mitigating risks and ensuring success among local partners when they receive direct USG funding for the first time</p>	<p>FHI 360 has a long history of supporting local partners receiving first-time funding from the USG from supporting 29 partners under Round 1, 2, and 3 of the PEPFAR-funded New Partners Initiative (NPI) (2007–2012) to supporting three recipients of the Local Partners Initiative awards (2014–2019), and has a strong understanding of the types of support needed and the questions asked by first-time partners to the USG. Based on this extensive experience, FHI 360 has developed guidebooks, tip sheets, a toolbox of trainings, and other resources to support first-time recipients of direct USG funding (available at NGOconnect.net). Through NPI, FHI 360 supported 16 organizations to receive over \$22 million in funding to continue HIV programming activities.</p>
<p>Slow program adaptation due to limited data analysis skills and lack of real-time data</p>	<p>In Burundi, the LINKAGES program worked closely with local partners and consortia of partners, to achieve program goals. During implementation, it became clear that weak data analysis skills and lack of data hindered the program from making timely adaptations. The LINKAGES staff trained the partners on two databases—INFOLINK and the e-Cascade developed on District Health Information Software 2 (DHIS2)—to help them with data analysis, and monitoring and improving data quality. The e-Cascade has led to improvements in data quality due to more rigorous, individual-level, real-time data collection, and in data use for analysis and program interventions.</p> <p>Additional information available: LINKAGES Burundi Summary of Achievements: August 2016–September 2019.</p>



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<p>Difficulties meeting USG reporting requirements</p>	<p>Kheth'Impilo is a South African NGO and a prime partner of USAID that has been providing clinical care, treatment services, and health and community systems strengthening for more than 10 years. Through the USAID-funded, FHI 360-led Capacity Development Support (CDS) project, Kheth'Impilo received comprehensive Monitoring, Evaluation, and Reporting (MER) capacity development, resulting in improved and timely reporting compliance (including meeting indicator requirements, validity, and disaggregation). Reporting is now aligned with Data for Accountability, Transparency and Impact (DATIM), data analytics have improved in quarterly reports, and decision-making is data driven.</p>
<p>Lack of coordinated data collection among local partners and lack of alignment with national data collection systems</p>	<p>LINKAGES Kenya provided subawards to 24 local partners to achieve program goals. LINKAGES supported the development of an efficient and sustainable M&E system at the country project level and for the CSOs supporting implementation. LINKAGES engaged the program implementation team and the Ministry of Health (MOH) in revising the tools to capture additional data required by USAID and to improve documentation of key population (KP) members accessing services across different program areas. LINKAGES also involved CSOs in the creation and implementation of the M&E system, resulting in enhanced competencies in monitoring, data analysis, and use of data for decision-making to improve coverage and quality of services. The Kenyan national program adopted some of these tools for use by all KP implementing partners. CSOs improved their understanding of program indicators and how to conduct internal data quality assessments and verification, leading to improved data quality.</p> <p>Additional information available here: LINKAGES Kenya Summary of Achievements: March 2016–October 2019.</p>
<p>Local partners struggling to achieve PEPFAR targets</p>	<p>In late 2015, LINKAGES established a global acceleration initiative to fast-track and strengthen delivery of a comprehensive package of health services for KPs at scale. “Acceleration” means simultaneously delivering speed, scale (within and across countries), and standards (a common core program). In Cote D’Ivoire (CI), the staff needed to improve the case-finding rate to achieve targets. The LINKAGES team chose to pilot the enhanced peer outreach approach (EPOA). Staff attended a Regional Acceleration Workshop in February 2017 on EPOA. Acceleration teams then supported the CI team to develop an EPOA implementation plan. During and after the</p>

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	<p>pilots, the LINKAGES team provided technical support to monitor implementation, analyze results, and plan for how to sustain gains. The average HIV case-finding rate was significantly higher during EPOA implementation than during routine outreach (7% vs. 3%; $p < 0.01$).</p> <p>Additional information available here: LINKAGES Cote d'Ivoire Summary of Achievements: March 2016–September 2019.</p>
<p>Need to transition voluntary medical male circumcision (VMMC) programming to sustainable models</p>	<p>Working through existing government structures and engaging public sector health care workers in VMMC service delivery and demand creation, PSI has built sustainable systems for VMMC services. This capacity development model, already implemented in Malawi, includes provision of operational support and training, mentoring staff on demand creation, building VMMC technical skills, data management, and QI with public sector staff at all levels.</p> <p>PSI successfully leveraged the private health sector to increase the capacity for VMMC service delivery in Zimbabwe and South Africa through engaging 20 general practitioners and 33 private clinics to integrate VMMC services into their private practices. PSI's TA to private practitioners is focused on the integration of continuous quality improvement (CQI) activities and M&E in line with national and international standards. These services are complemented by strategic communication efforts that generate informed demand while maximizing the benefits of VMMC for men and their sexual partners.</p>
<p>Limited capacity to deliver and support HIV Self-Testing (HIVST) through local partners</p>	<p>The PSI-led Unitaaid-funded HIV Self-Testing Africa project has scaled HIVST in six countries using community- and facility-based approaches, training community organizations and local partners to deliver self-test kits and support to local communities. Working closely with ministries of health and regulatory bodies. PSI also built the capacity of governments and partners to monitor HIVST.</p>
<p>Lack of knowledge or systems for local governments to provide grants to local partners</p>	<p>Palladium has supported more than a dozen PEPFAR countries in developing "social contracting" approaches – helping untangle government regulatory and financing mechanisms and developing tools and operational plans to allow governments to directly fund NGOs/CSOs delivering HIV services, and building capacity of CSOs to engage with government to access funding.</p>



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<p>Nascent Networks and Organizations need support to fully engage in PEPFAR funded programs</p>	<p>Palladium has worked across West Africa, Central Asia and the Caribbean to support local organizations and networks (including key population networks) develop strategic plans, operational plans, management and staffing plans. Many of these organizations are now key population investment fund (KPIF) or EpiC and other NGO partners.</p> <p>In Malawi, Health Policy Plus (HP+), a USAID-funded program led by Palladium, is providing subgrants to six faith-based organizations through PEPFAR’s Faith and Communities Initiative. HP+ is providing TA to help these new PEPFAR partners to disseminate key HIV messages to their communities and to engage with clinical service providers to mobilize communities for testing, support treatment adherence and positive living, and return those lost to follow up to care. This will support Malawi’s priority of reaching men and boys and retaining them in services.</p>
<p>Local partners want to support their communities to monitor health services for patient experience</p>	<p>Several HIV programs supported by LINKAGES and EpiC receive support to use an electronic client feedback system called LINK. It routinely monitors clients’ satisfaction with HIV services and can similarly capture health providers’ perspectives affecting client experience. In Thailand, seven community outreach and clinical partners integrated LINK into their eCascade electronic client management system. When eCascade records that a client is provided with outreach-, mobile-, or clinic-based services it automatically sends clients a message via SMS with a link to provide feedback in Survey Monkey. The survey helps the program identify barriers to care, initiate feedback loops between clients and providers, and generate easily understandable and actionable data. Similar systems have been established within clinics using facility-based tablets (Cambodia and Liberia) or integrated with online appointment booking platforms.</p> <p>Additional information available here: https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-electronic-client-feedback-systems.pdf</p>

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