

CO-CREATION EVENT RAW CONTENT

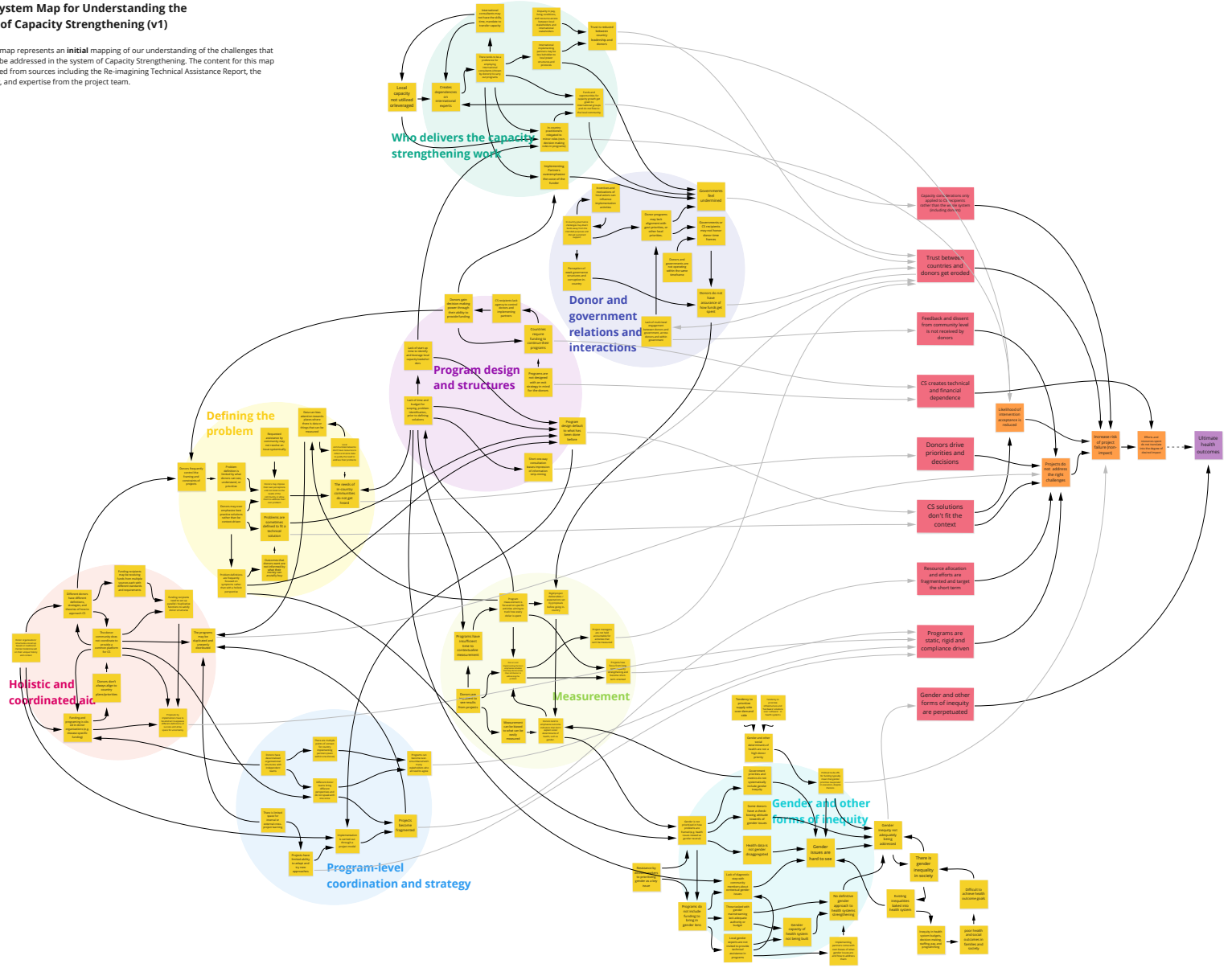
IMPROVING DONOR SUPPORT FOR CAPACITY STRENGTHENING

INTERAGENCY WORKING GROUP FOR CAPACITY STRENGTHENING
USAID | WORLD BANK | BMGF

FACILITATED BY GLOBAL CHANGELABS & JSI

Initial System Map for Understanding the System of Capacity Strengthening (v1)

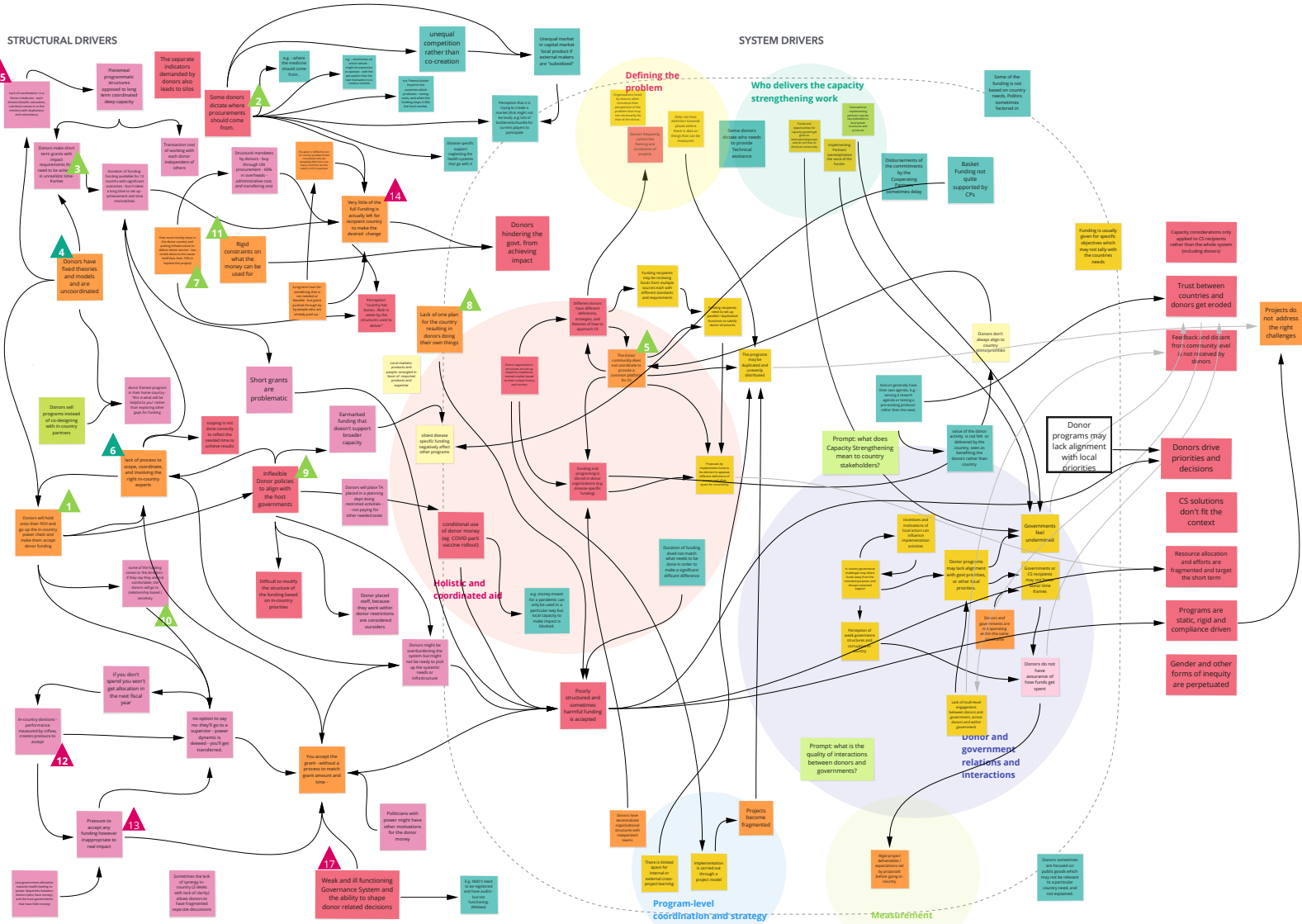
This system map represents an **initial** mapping of our understanding of the challenges that still need to be addressed in the system of Capacity Strengthening. The content for this map was generated from sources including the Re-imagining Technical Assistance Report, the Desk Review, and expertise from the project team.



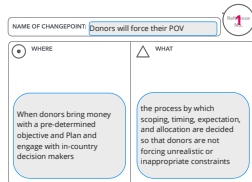
GROUP I

FOCUS:

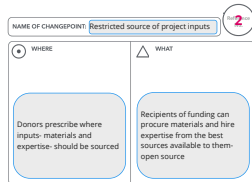
COORDINATED HOLISTIC AID + DONOR AND GOVERNMENT RELATIONS



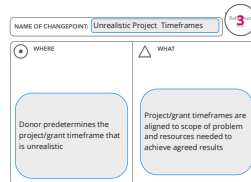
CHANGEPOINT



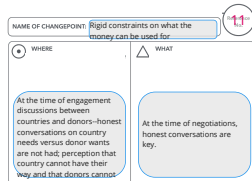
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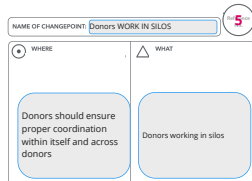
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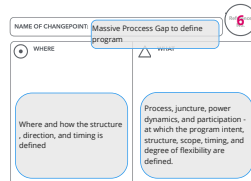
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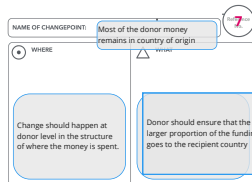
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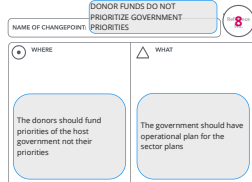
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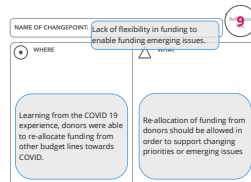
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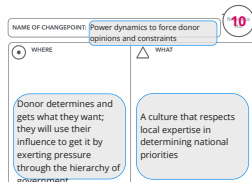
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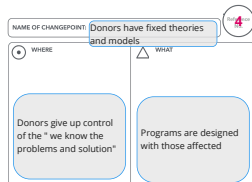
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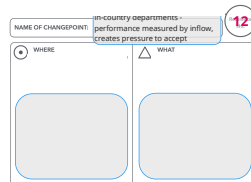
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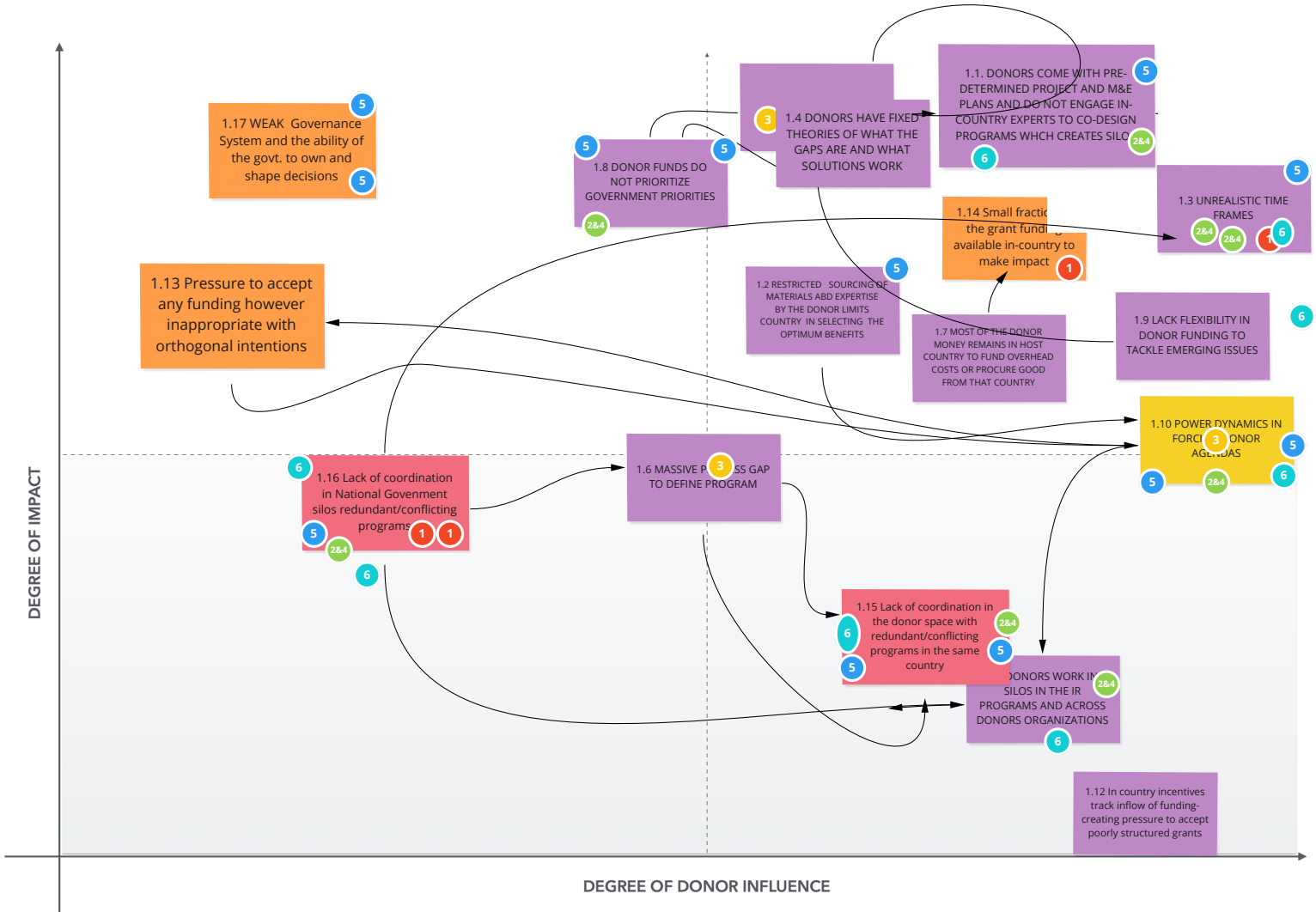


CHANGEPOINT



CHANGEPOINT



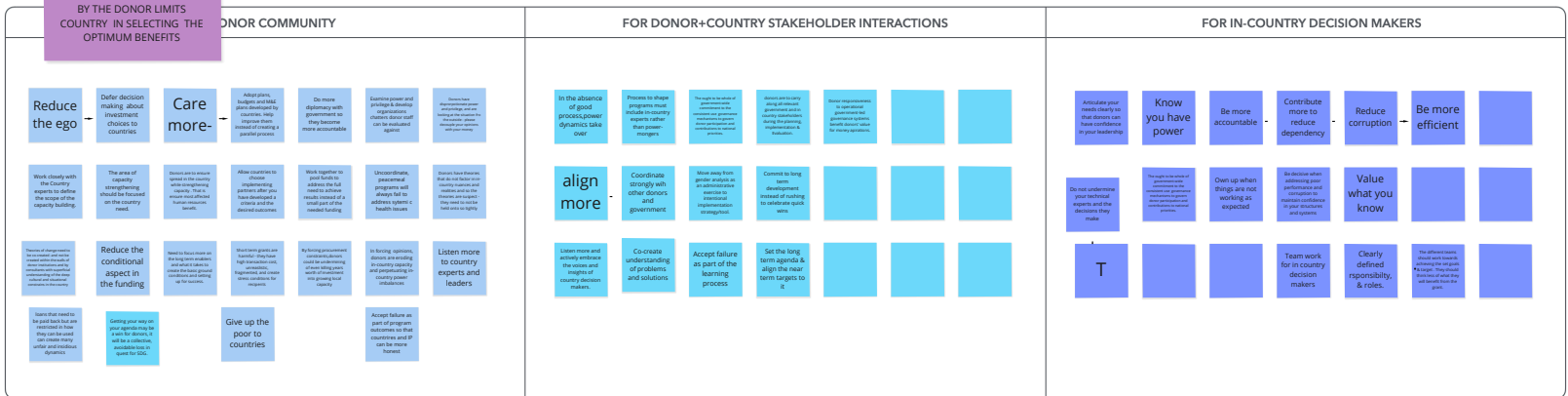


PROPOSING DIRECTIONS FOR CHANGE

PART A | SYSTEMS VIEW OF CHANGES



PART B | RATIONALES



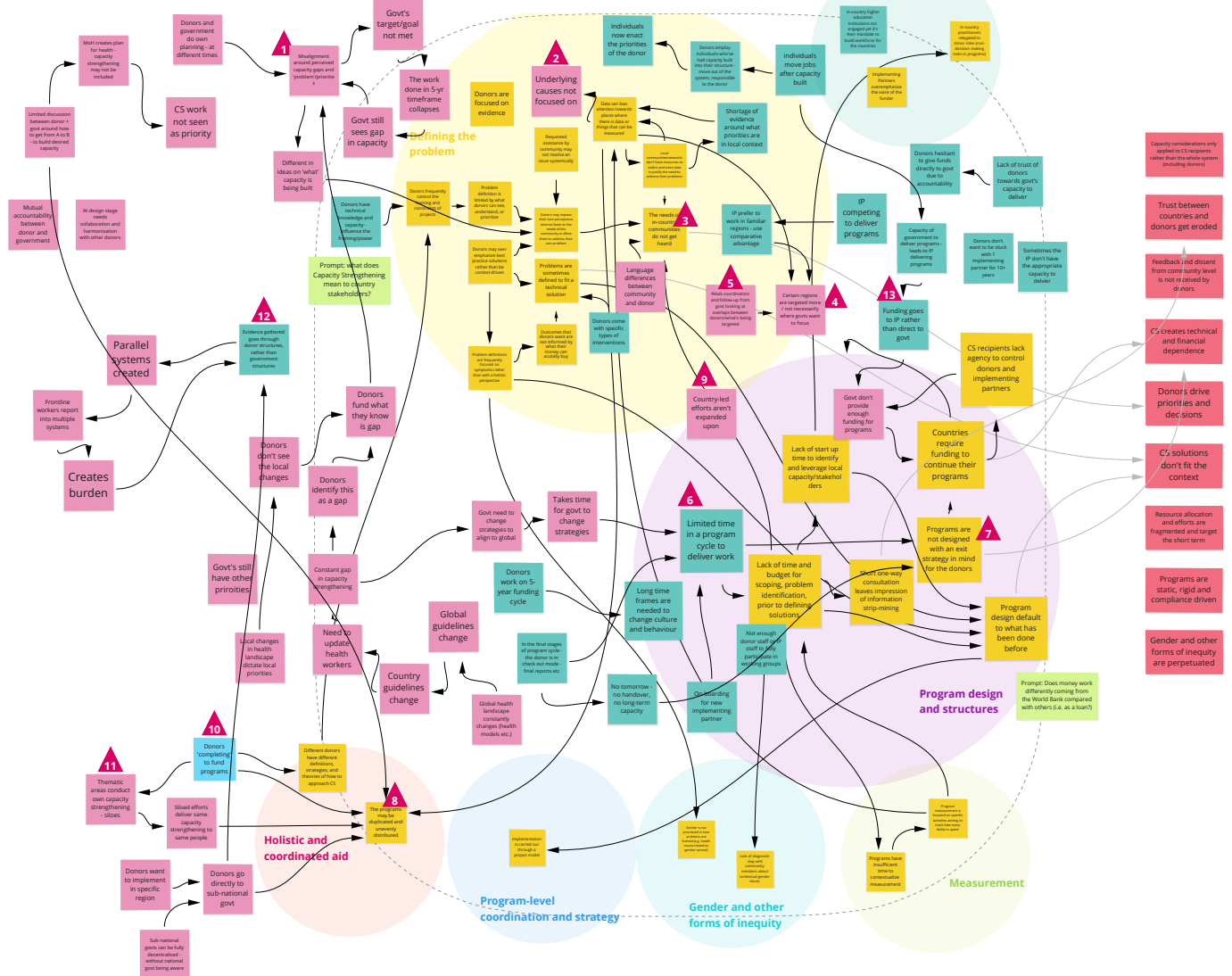
GROUP 2

FOCUS:

DEFINING THE PROBLEM + PROGRAM DESIGN AND STRUCTURES

STRUCTURAL DRIVERS

SYSTEM DRIVERS



CHANGEPOINT

NAME OF CHANGEPOINT: Misalignment 1	
WHERE	WHAT
Misalignment around perceived capacity gaps and problem/priorities	Strengthen coordination efforts with government and local partners

CHANGEPOINT

NAME OF CHANGEPOINT: Root causes 2	
WHERE	WHAT
Underlying causes not focused on	More time for investigative research on why and more focus on in-country expertise to understand context and possible solutions

CHANGEPOINT

NAME OF CHANGEPOINT: In-country voices 3	
WHERE	WHAT
The needs of in-country communities do not get heard	In-country needs and voices are incorporated into prioritizing effort and designing programs

CHANGEPOINT

NAME OF CHANGEPOINT: Implementation across regions 4	
WHERE	WHAT
Certain regions are targeted more / not necessarily where govts want to focus	Alignment with governmental needs and more power given to country demand

CHANGEPOINT

NAME OF CHANGEPOINT: Government coordination 5	
WHERE	WHAT
Weak coordination and follow-up from govts looking at overlaps between donors/what's being targeted	De-fragment/de-silo systems to ensure there is not duplication of effort

CHANGEPOINT

NAME OF CHANGEPOINT: Limited time in program cycle 6	
WHERE	WHAT
Limited time in a program cycle to deliver work. First year is taken up on initiating the program, last year is taken up on finalizing reports.	Donors should weave in the transition periods within the funding cycle and closely coordinate with partners and government to ensure institutionalization of the program wins

CHANGEPOINT

NAME OF CHANGEPOINT: Exit strategy 7	
WHERE	WHAT
Programs are not designed with an exit strategy in mind for the donors	The transition between funding cycles should be well planned between and coordinated between donors, partners and government and integrated as part of the funding process

CHANGEPOINT

NAME OF CHANGEPOINT: Duplicated programs 8	
WHERE	WHAT
The programs may be duplicated and unevenly distributed	Coordinate the funding efforts and donors to talk to each other, IPs to talk to each other and both to talk to Government to reduce duplication. A central repository of what programs are happening

CHANGEPOINT

NAME OF CHANGEPOINT: Expanding country-led coordination efforts 9	
WHERE	WHAT
Country-led efforts aren't expanded upon	Country leadership coordinating closely with donors and partners at national and sub-national levels with common reporting platforms

CHANGEPOINT

NAME OF CHANGEPOINT: Donors competing 10	
WHERE	WHAT
Donors 'completing' to fund programs	Donor agencies should speak to each other to leverage strengths and coordinate funding streams.

CHANGEPOINT

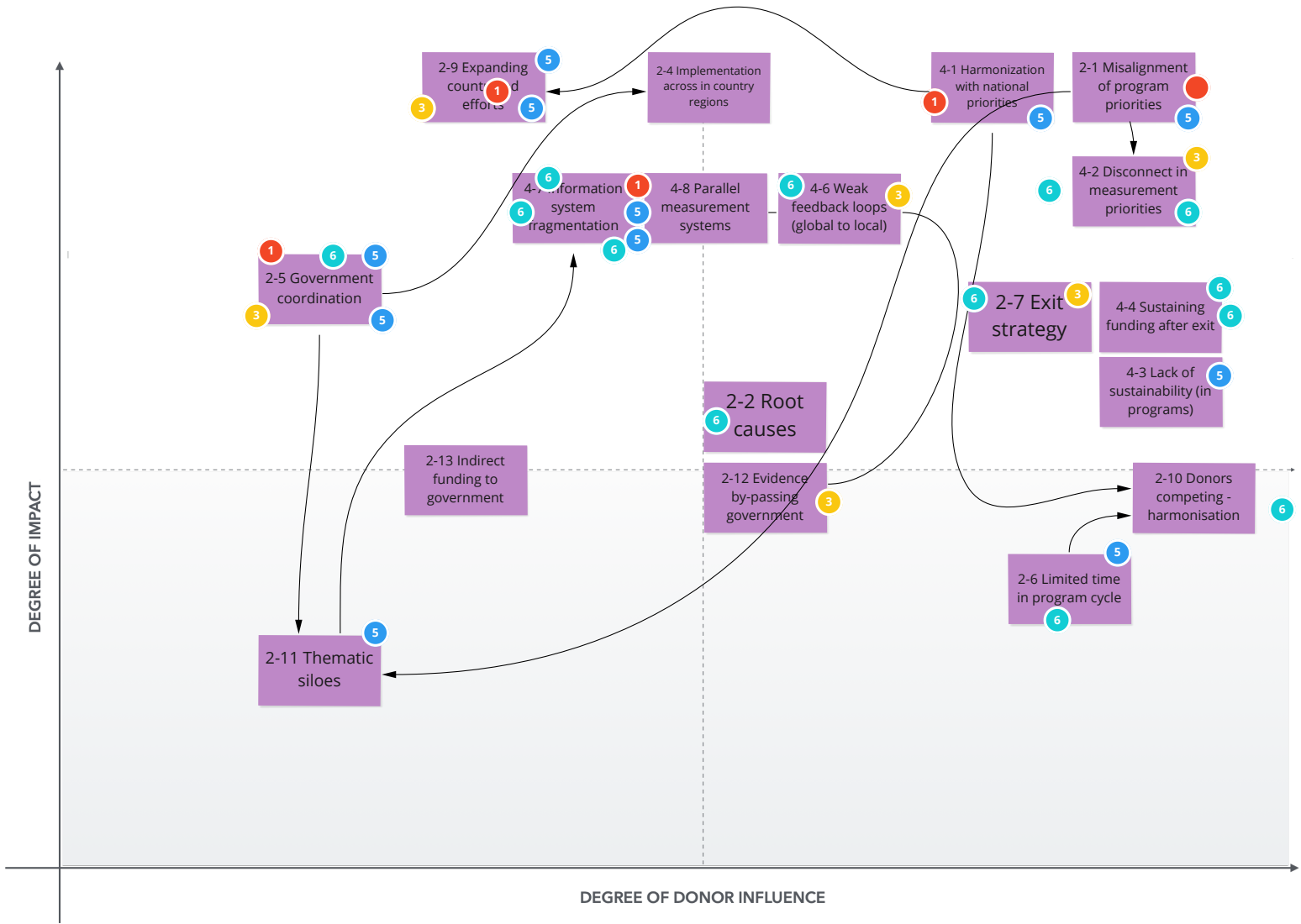
NAME OF CHANGEPOINT: Thematic siloes 11	
WHERE	WHAT
Thematic areas conduct own capacity strengthening - siloes	Donors should adopt a Multi-sectoral approach where funding activities are implemented across sectors

CHANGEPOINT

NAME OF CHANGEPOINT: Evidence by-passing government 12	
WHERE	WHAT
Evidence gathered goes through donor structures, rather than government structures	Donors and government should negotiate and adopt joint reporting and evidence gathering structures and systems

CHANGEPOINT

NAME OF CHANGEPOINT: Direct funding to government 13	
WHERE	WHAT
Funding goes to IP rather than direct to government	Funding goes directly to government - emphasize that funds go towards in-country betterment rather than going to international NGOs



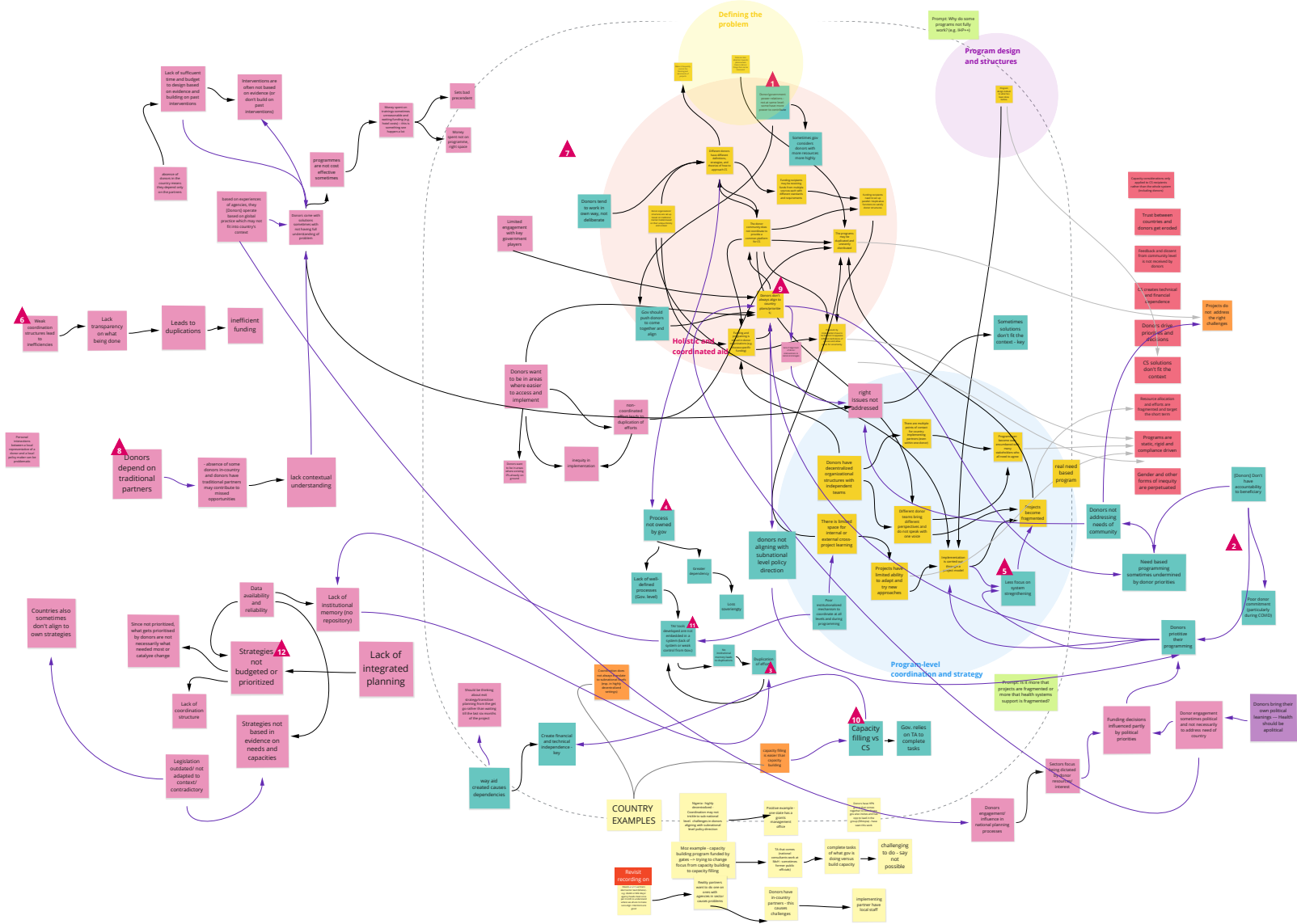
GROUP 3

FOCUS:

HOLISTIC AND COORDINATED AID + PROGRAM-LEVEL COORDINATION
AND STRATEGY

STRUCTURAL DRIVERS

SYSTEM DRIVERS



CHANGEPOINT

NAME OF CHANGEPOINT: Power relationship between donor and Gov 1st

WHERE	WHAT
donor not at same level with govt. Power relationship between donors and government	Donors and gov need to be at same level, coordinate together-

CHANGEPOINT

NAME OF CHANGEPOINT: Need Based Programming 2nd

WHERE	WHAT
Design of the programming based on needs and context - need based programming	Address the real need of community for better development (versus first prioritizing donor priorities)

CHANGEPOINT

NAME OF CHANGEPOINT: Duplication of efforts 3rd

WHERE	WHAT
Duplication of efforts - wastage of resources for same things others are doing who brought, what changes?	Better coordination at all levels

CHANGEPOINT

NAME OF CHANGEPOINT: Process not owned by government 4th

WHERE	WHAT
ownership of program [Government ownership and leadership around donor funded efforts?]	lacks sustainability [Gov takes lead in coordination and managing priorities?]

CHANGEPOINT

NAME OF CHANGEPOINT: Lack donor focus on system strengthening 5th

WHERE	WHAT
Donor funding is often siloed and not focused on system strengthening	Donors prioritize system strengthening and coordinated, longer-term investments

CHANGEPOINT

NAME OF CHANGEPOINT: Weak coordination structures lead to inefficiencies 6th

WHERE	WHAT
Lack of coordination and transparency at investment and implementation level leads to duplication	Government led coordination systems/structures?;

CHANGEPOINT

NAME OF CHANGEPOINT: Donors tend to work in own way, not deliberate 7th

WHERE	WHAT
Donors operate and structure aid based on their own priorities, requirements, motivations	Donors align to country priorities, systems, structures

CHANGEPOINT

NAME OF CHANGEPOINT: Donor depends on traditional partners 8th

WHERE	WHAT
Donors depend on traditional partners [to implement their program investments]	Donors take time to engage with and work with in-country partners and stakeholders

CHANGEPOINT

NAME OF CHANGEPOINT: Donors don't always align to country plans/priorities; 9th

WHERE	WHAT
lack of alignment of donor interventions to national strategies	Donors align their investments to country plans and priorities

CHANGEPOINT

NAME OF CHANGEPOINT: Capacity filling versus CS 10th

WHERE	WHAT
policy design and human resource constraints (e.g. brain drain, salary)	Policy redesign in terms of Human Resource allocation (salaries, health spending); Support from donors (not steal resources from gov) - behavior change in gov to retain talent

CHANGEPOINT

NAME OF CHANGEPOINT: TA/ tools developed are not embedded in a system (lack of system or weak control from Gov.) 11th

WHERE	WHAT
Lack of gov TA coordination system between donor partners	Coordination systems and mechanisms to facilitate leveraging existing tools, etc and avoid duplication of efforts

CHANGEPOINT

NAME OF CHANGEPOINT: Strategies not budgeted or prioritized 12th

WHERE	WHAT
Policy design (which includes behaviour change from government and donors) and relationship between partners and government.	Draft policies based on evidence, prioritise and budget. Align partners (well defined coordination structures, i.e. country platform)

CHANGEPOINT

NAME OF CHANGEPOINT: 20th

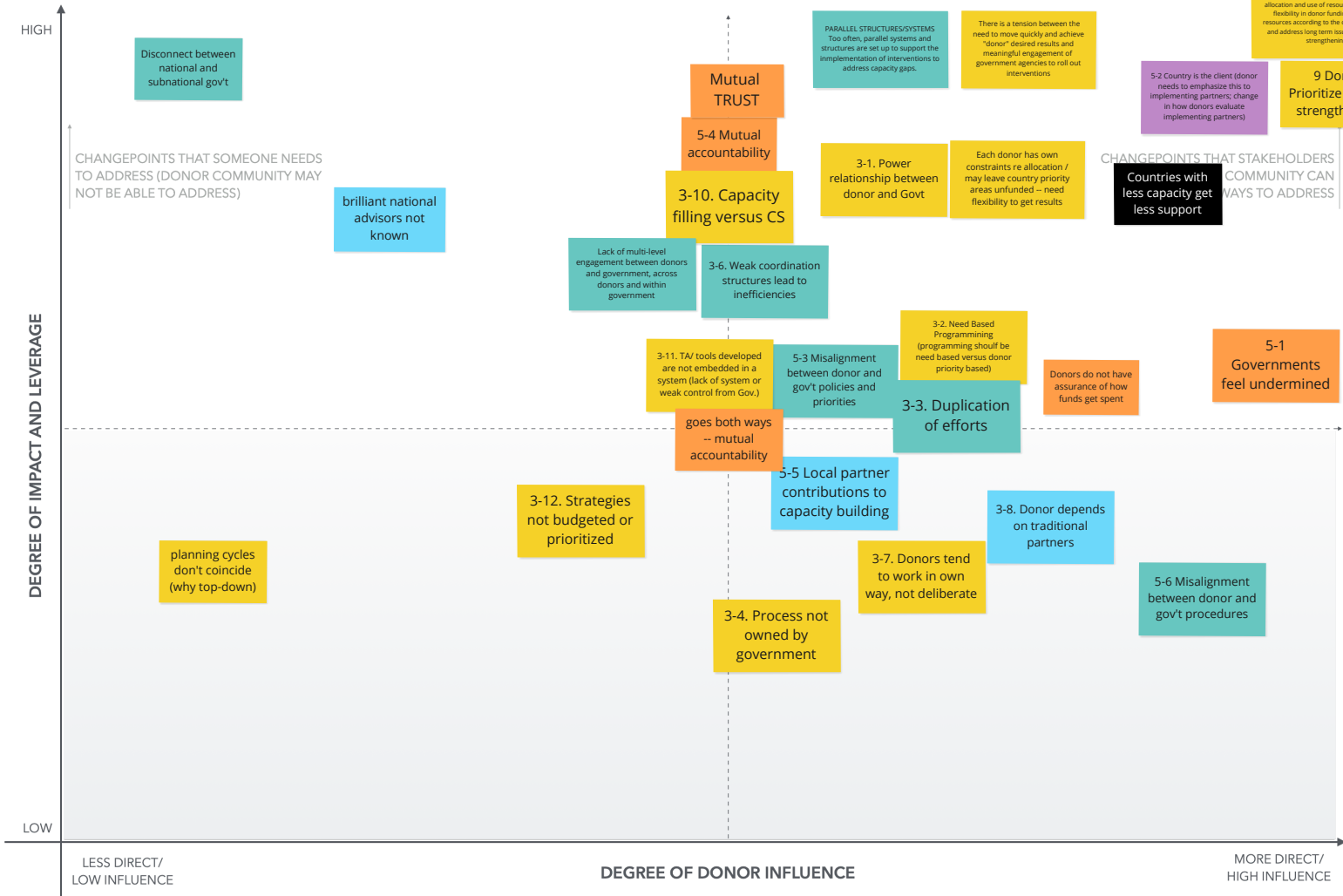
WHERE	WHAT
How donors align their priorities with governments	Paradigm on how donor make planning - donors don't come in with their own ideas about what to do. Donors come in and support -

CHANGEPOINT

NAME OF CHANGEPOINT: 21st

WHERE	WHAT
How governments prioritize programs and allocate resources	Governments have the control over defining policies and priorities Strong institutions and well defined process Governments define where they need support

CHANGEPPOINT EVALUATION



CHANGEPPOINTS THAT SOMEONE NEEDS TO ADDRESS (DONOR COMMUNITY MAY NOT BE ABLE TO ADDRESS)

CHANGEPPOINTS THAT STAKEHOLDERS COMMUNITY CAN ADDRESS

LESS DIRECT/ LOW INFLUENCE

DEGREE OF DONOR INFLUENCE

MORE DIRECT/ HIGH INFLUENCE

PROPOSITIONS FOR CHANGE

21. Governments have the control over defining policies and priorities
Strong institutions and well defined process

PART A | SYSTEMIC VIEW OF CHANGES

20. Paradigm on how donor make planning - donors don't come in with their own ideas about what to do. Donors come in and support-



IMPROVED HEALTH OUTCOMES

PART B | GUIDING CONSIDERATIONS



GROUP 4

FOCUS:

MEASUREMENT + PROGRAM DESIGN AND STRUCTURES

STRUCTURAL DRIVERS

Donors may take advantage of political wealth and/or push their agenda
Donors coming with an agenda to ensure that what they want to show
Donors need to engage with country govt early in the process when there is less room to negotiate

Country stakeholders should be involved in the early stages
Donors may engage with government late in the process when there is less room to negotiate
There is a notion that country stakeholders don't have the capacity to lead a program regardless

Who has been involved? Donor they engage publicly but not technically
Need technical expertise to engage

focused on parallel systems as opposed to strengthening the current system

Early interaction between country and donor to ensure alignment

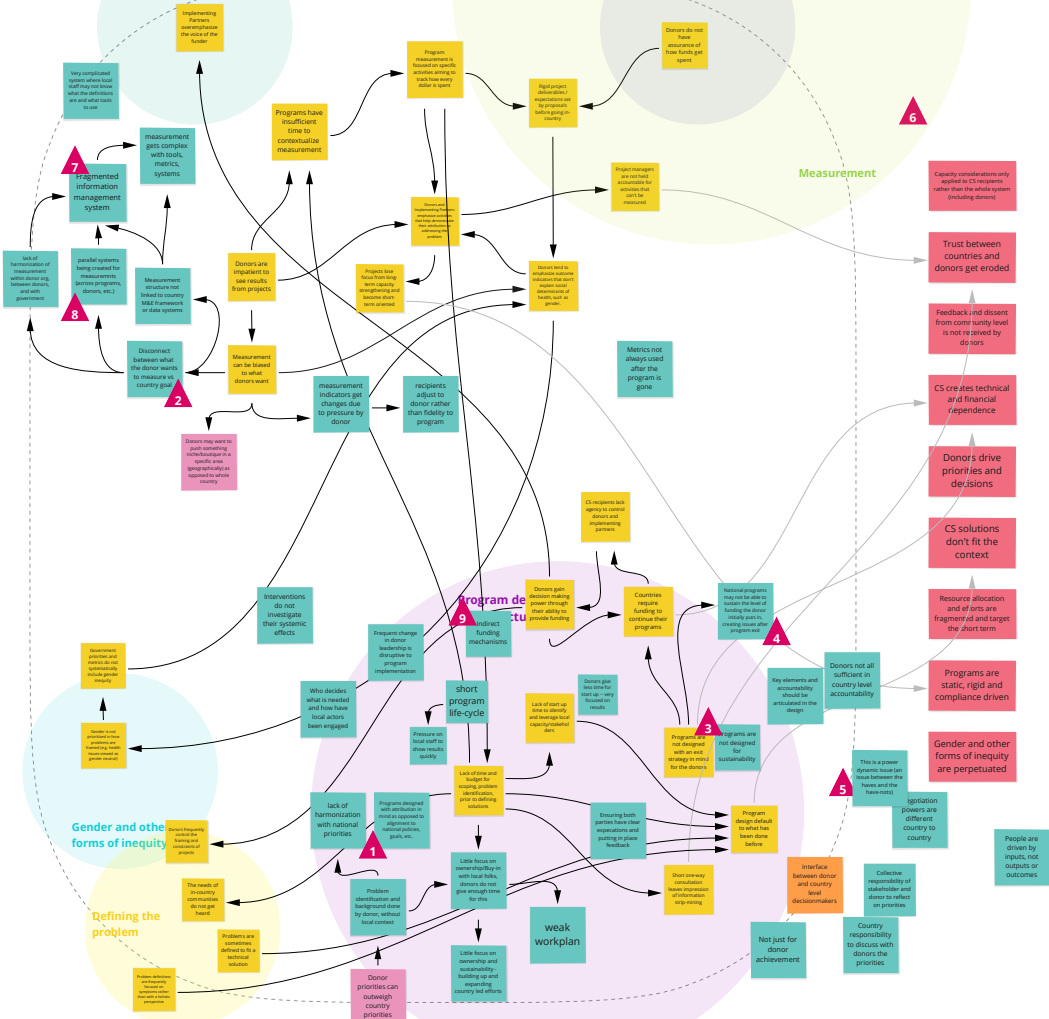
Power dynamics within country stakeholders
Technical team are more likely to hold political power instead of those there at the table during negotiation
Local language barriers lead to lack of accountability of local voices/power govt is not communicating

Who delivers the capacity strengthening work

SYSTEM DRIVERS

Donor and government relations and interactions

Measurement



6

7

8

2

9

3

4

5

Country considerations only applied in CS program rather than the whole system (including donors)

Trust between countries and donors get eroded

Feedback and dissent from country level is not realized by donors

CS creates technical and financial dependence

Donors drive priorities and decisions

CS solutions don't fit the context

Resource allocation and efforts are fragmented and target the short term

Programs are static, rigid and compliance driven

Gender and other forms of inequality are perpetuated

This is a power struggle between the state and the grassroots

Significant powers are offered, country to country

Collective responsibility of stakeholder and donors to reflect on priorities

Country responsibility to discuss with donors the processes

Interface between donor and country local decisionmakers

Not just for donor achievement

People are driven by inputs, not outputs or outcomes

Metrics not always used after the program is gone

CS requires both agency to control donors and partners

Challenges require funding to continue these programs

Donors give technical expertise but not up-very technical results

Programs are not designed with sustainability in mind

Program design default, it should have been done before

Short energy conditions have been incorporated and putting to press feedback

Ensuring that partners have been incorporated and putting to press feedback

Challenges require funding to continue these programs

Donors give technical expertise but not up-very technical results

Programs are not designed with sustainability in mind

Program design default, it should have been done before

Short energy conditions have been incorporated and putting to press feedback

Ensuring that partners have been incorporated and putting to press feedback

CHANGEPOINT

NAME OF CHANGEPOINT: **Harmonization with national priorities** Reference 1

WHERE	WHAT
lack of harmonization with national priorities	More coordination across donors and governments, and better alignment with country priorities

CHANGEPOINT

NAME OF CHANGEPOINT: **Disconnect in measurement priorities** Reference 2

WHERE	WHAT
Disconnect between what the donor wants to measure vs country goal	Better coordination and alignment between donor and country priorities

CHANGEPOINT

NAME OF CHANGEPOINT: **Lack of sustainability** Reference 3

WHERE	WHAT
Programs are not designed with an exit strategy in mind for the donors	Programs must be more adaptive and have less rigid end time (and rethink the 5-year program cycle)

CHANGEPOINT

NAME OF CHANGEPOINT: **Sustaining funding after exit** Reference 4

WHERE	WHAT
National programs may not be able to sustain the level of funding the donor initially puts in, creating issues after program exit	More flexible and agile funding, better planning for post-program exit and donor-exit in country

CHANGEPOINT

NAME OF CHANGEPOINT: **Have and have-nots** Reference 5

WHERE	WHAT
Negotiation powers are different country to country	

CHANGEPOINT

NAME OF CHANGEPOINT: **Weak feedback loops (global to local)** Reference 6

WHERE	WHAT
Very little feedback from global to local	Strengthen feedback loops and evidence-based learning across the system

CHANGEPOINT

NAME OF CHANGEPOINT: **Information system fragmentation** Reference 7

WHERE	WHAT
Fragmented information management system	Integration of information systems within the routine HMIS

CHANGEPOINT

NAME OF CHANGEPOINT: **Parallel measurement systems** Reference 8

WHERE	WHAT
parallel systems being created for measurements (across programs, donors, etc.)	Harmonization of HMIS/LMIS AND program systems that align with country metrics and priorities

CHANGEPOINT

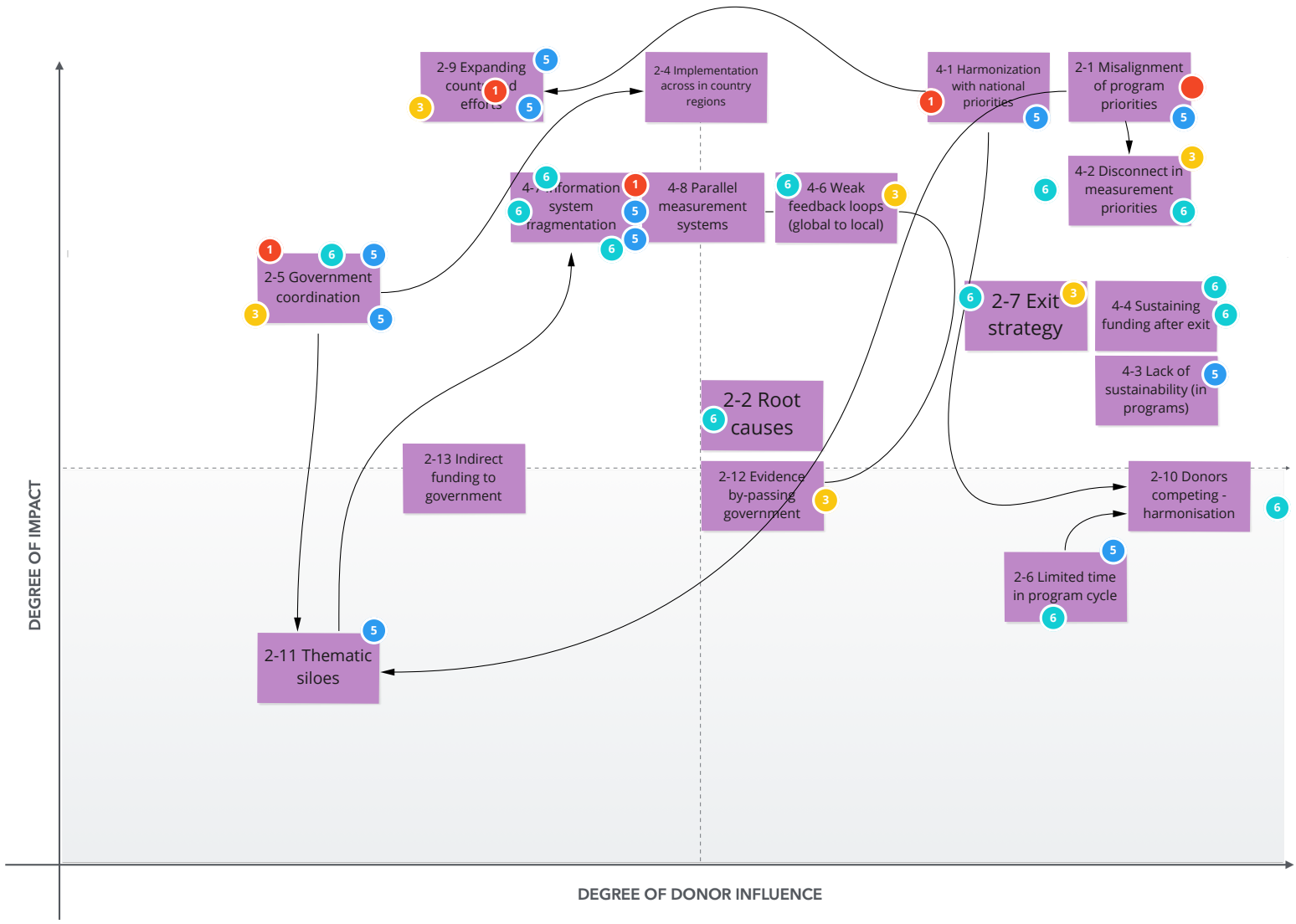
NAME OF CHANGEPOINT: **Lack of coordination across donors** Reference 9

WHERE	WHAT
Lack of coordination across donors globally and in-country	More coordination and prioritization across donors and funders, with customized focus based on national priorities

CHANGEPOINT

NAME OF CHANGEPOINT: **Weak feedback loops** Reference 10

WHERE	WHAT
Very little feedback from global to local (frontline workers or those many programs are targeting are not in the loop)	More representation of local actors in national, global conversations and/ more emphasis on feeding back to frontline workers



GROUP 5

FOCUS:

WHO DELIVERS THE CAPACITY STRENGTHENING WORK + DONOR AND
GOVERNMENT RELATIONS AND INTERACTIONS

CHANGEPOINT

NAME OF CHANGEPOINT: Governments feel undermined Reference No. 1

WHERE	WHAT
Relationship between government and funder -- especially a lack of trust	There is joint interrogation and aligned understanding for reasons of lack of trust

CHANGEPOINT

NAME OF CHANGEPOINT: business model: funder is the client and want to get more projects Reference No. 2

WHERE	WHAT
The change would need to happen at both donor and host government levels.	The donor could require IPs to respond to beneficiary needs (beneficiaries in this instance being the government)

Gov't demand that their needs be met and that the support is useful to them

Donors emphasize that client is the gov't

CHANGEPOINT

NAME OF CHANGEPOINT: Misalignment between donor and gov't policies and priorities Reference No. 3

WHERE	WHAT
Changes in donor governments and policies -- leads to short-term horizons as well as content	

CHANGEPOINT

NAME OF CHANGEPOINT: Mutual accountability Reference No. 4

WHERE	WHAT
Perception of weak governance structures and corruption in-country	having early involvement of country stakeholders to establish mutual trust and accountability in program design

CHANGEPOINT

NAME OF CHANGEPOINT: Local partner contributions to capacity building Reference No. 5

WHERE	WHAT

CHANGEPOINT

NAME OF CHANGEPOINT: Misalignment between donor and gov't procedures Reference No. 6

WHERE	WHAT

CHANGEPOINT

NAME OF CHANGEPOINT: Reference No. 7

Reality is there are not many people where the capacity can be built - how to institutionalize within work we do

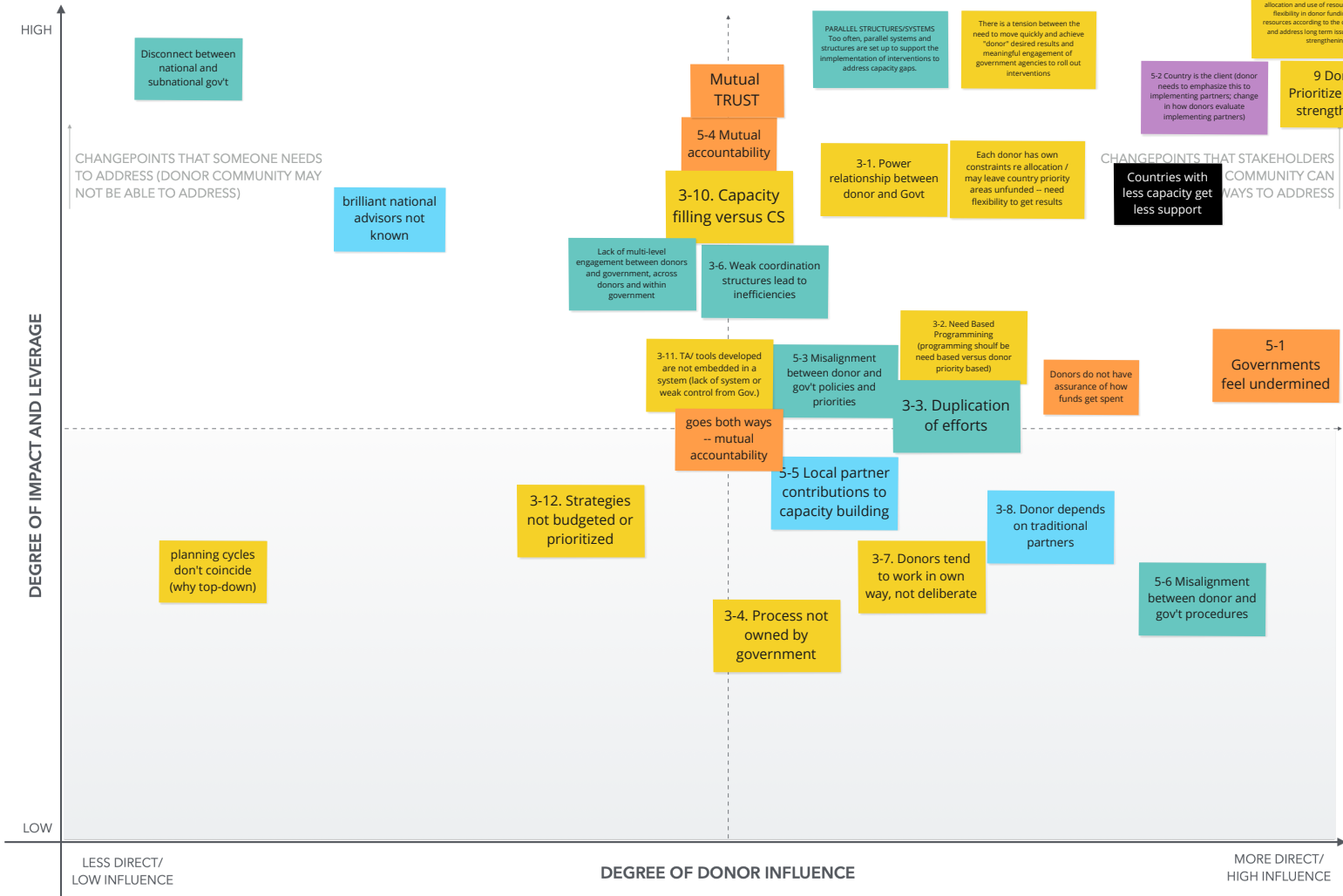
WHERE	WHAT
Design of capacity building programs	Capacity building is institutionalized - tools Implementation of policies Government institutions are part of the capacity building design

CHANGEPOINT

NAME OF CHANGEPOINT: Reference No. 9

WHERE	WHAT
Donor priorities and strategies	Donor Prioritize system strengthening

CHANGEPPOINT EVALUATION



PROPOSALS FOR CHANGE

21. Governments have the control over defining policies and priorities
Strong institutions and well defined process

PART A | SYSTEMIC VIEW OF CHANGES

20. Paradigm on how donor make planning - donors don't come in with their own ideas about what to do. Donors come in and support-



IMPROVED HEALTH OUTCOMES

PART B | GUIDING CONSIDERATIONS

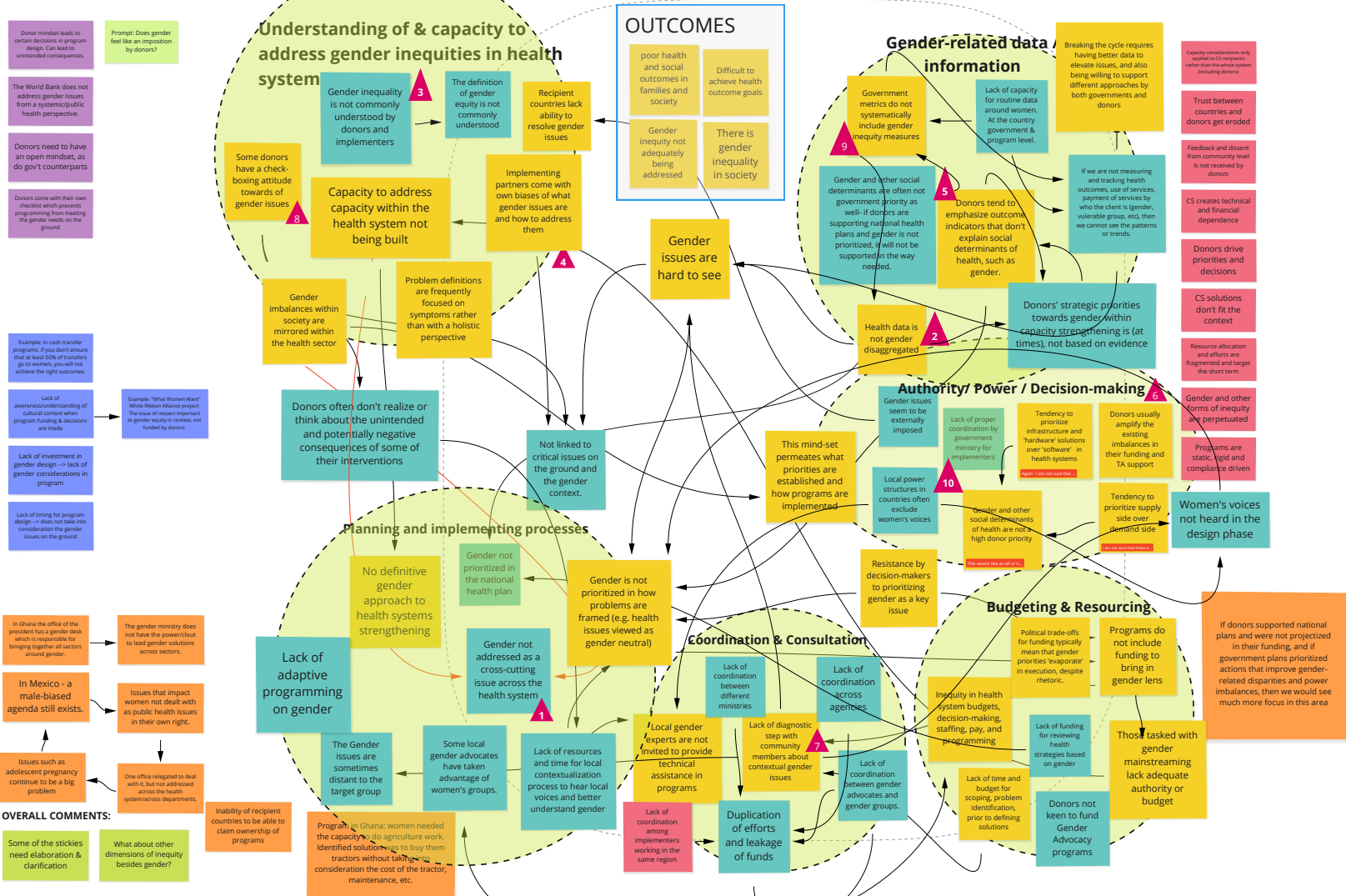


GROUP 6

FOCUS:
GENDER AND OTHER FORMS OF INEQUITY

STRUCTURAL DRIVERS

SYSTEM DRIVERS



CHANGEPOINT

NAME OF CHANGEPOINT: Gender mainstreamed across all levels of health system Reference No. 1

WHERE	WHAT
Gender not addressed as a cross-cutting issue across the health system.	Gender mainstreamed and addressed across all levels of the health systems, not as a separate department or siloed issue.

CHANGEPOINT

NAME OF CHANGEPOINT: Health data & gender data Reference No. 2

WHERE	WHAT
Data are not gender disaggregated and gender bias data not accessible to health system and donor decision-makers in a user-friendly way.	Gender disaggregated data needs to be captured in a user-friendly way, accessible, and used for decision-making in health system; and data are used to elevate messaging around key-gender related problems that society needs to solve

CHANGEPOINT

NAME OF CHANGEPOINT: Definition of gender equity Reference No. 3

WHERE	WHAT
The definition of gender equity is not commonly understood. In particular "equity" and "equality" are not clearly defined/differentiated. Lack of understanding and capacity hinders	All levels of the health system (including donors) have a clear definition of what gender equity means - and how to operationalize it and adapt to the realities in specific countries.

CHANGEPOINT

NAME OF CHANGEPOINT: Implementers comes with biases Reference No. 4

WHERE	WHAT
Implementing partners come with own biases of what gender issues are and how to address them	Implementing partners should seek information and framing of the gender issues being addressed from those most affected

CHANGEPOINT

NAME OF CHANGEPOINT: Outcome indicators don't explain social determinants of health Reference No. 5

WHERE	WHAT
Donors tend to emphasize outcome indicators that don't explain social determinants of health, such as gender.	Donors expand their mindsets and begin to incorporate indicators that demonstrate a program's impact on gender inequality within the health sector and their links to health outcomes.

CHANGEPOINT

NAME OF CHANGEPOINT: Unintended consequences of donor bias Reference No. 6

WHERE	WHAT
In donor strategies for resourcing and capacity strengthening investments, donors' own bias and blindspots can cause unintended consequences for impact	Donors should become more aware of how they are potentially reinforcing gender biases and imbalances in their investments and in how TA is provided and strive to prevent these unintended consequences

CHANGEPOINT

NAME OF CHANGEPOINT: Lack of diagnostic step with community members about local context of gender issues Reference No. 7

WHERE	WHAT
Lack of diagnostic step with community members about contextual gender issues at the point of investment and program design	Donors, health system decision-makers and implementers ensure that a participatory & inclusive diagnosis process with affected community members (including women and girls) is always a key step in health system capacity strengthening

CHANGEPOINT

NAME OF CHANGEPOINT: "checklist" mindset to gender Reference No. 8

WHERE	WHAT
Donors (and governments) have a "checklist" mindset to gender; this occurs during the design phase of programs/projects	Incorporating an open mindset by donors and govt counterparts, with sufficient attention/time to understanding gender in that context. Agenda should be country-defined or co-created and moving towards a more holistic, inclusive, in-depth approach to gender.

CHANGEPOINT

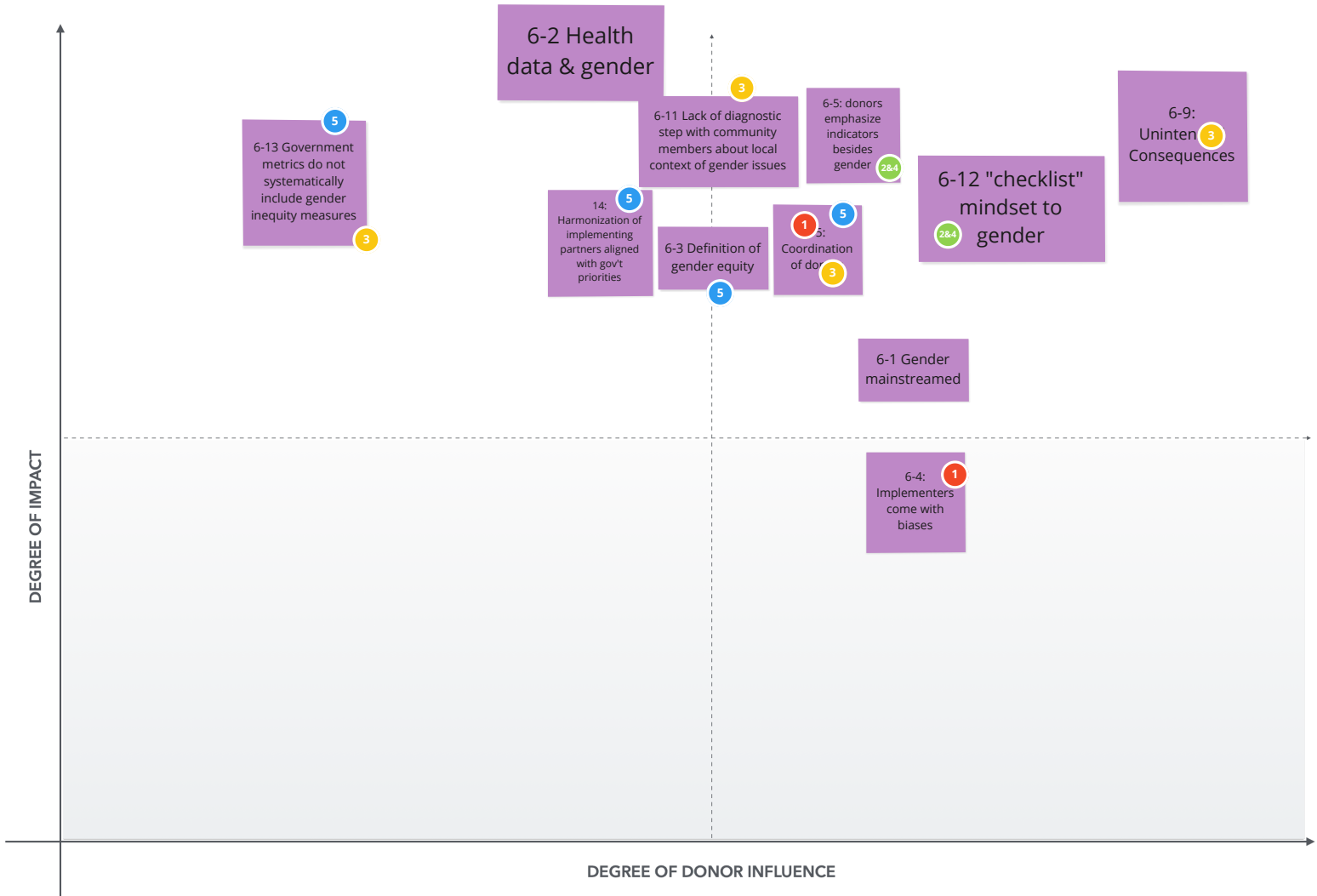
NAME OF CHANGEPOINT: Systemic gender inequity metrics Reference No. 9

WHERE	WHAT
Government metrics do not systematically include gender inequity measures	Government systematically collect and use data measuring gender inequity to guide health policy

CHANGEPOINT

NAME OF CHANGEPOINT: Lack of structured coordination for health activities Reference No. 10

WHERE	WHAT
There is a lack of coordination, planning by donors, implementers and govt decision-makers which affects duplication and leakage of funds	Clear coordination, planning by donors, governments and implementers



PROPOSING DIRECTIONS FOR CHANGE

PART A | SYSTEMS VIEW OF CHANGES



PART B | GUIDING CONSIDERATIONS

