Promoting Involvement of Community-Based Organizations (CBOs) in China's Response to HIV

Excerpt: Section 3.3 Building CBOs Technical and Organizational Capacities (pp 20-24)

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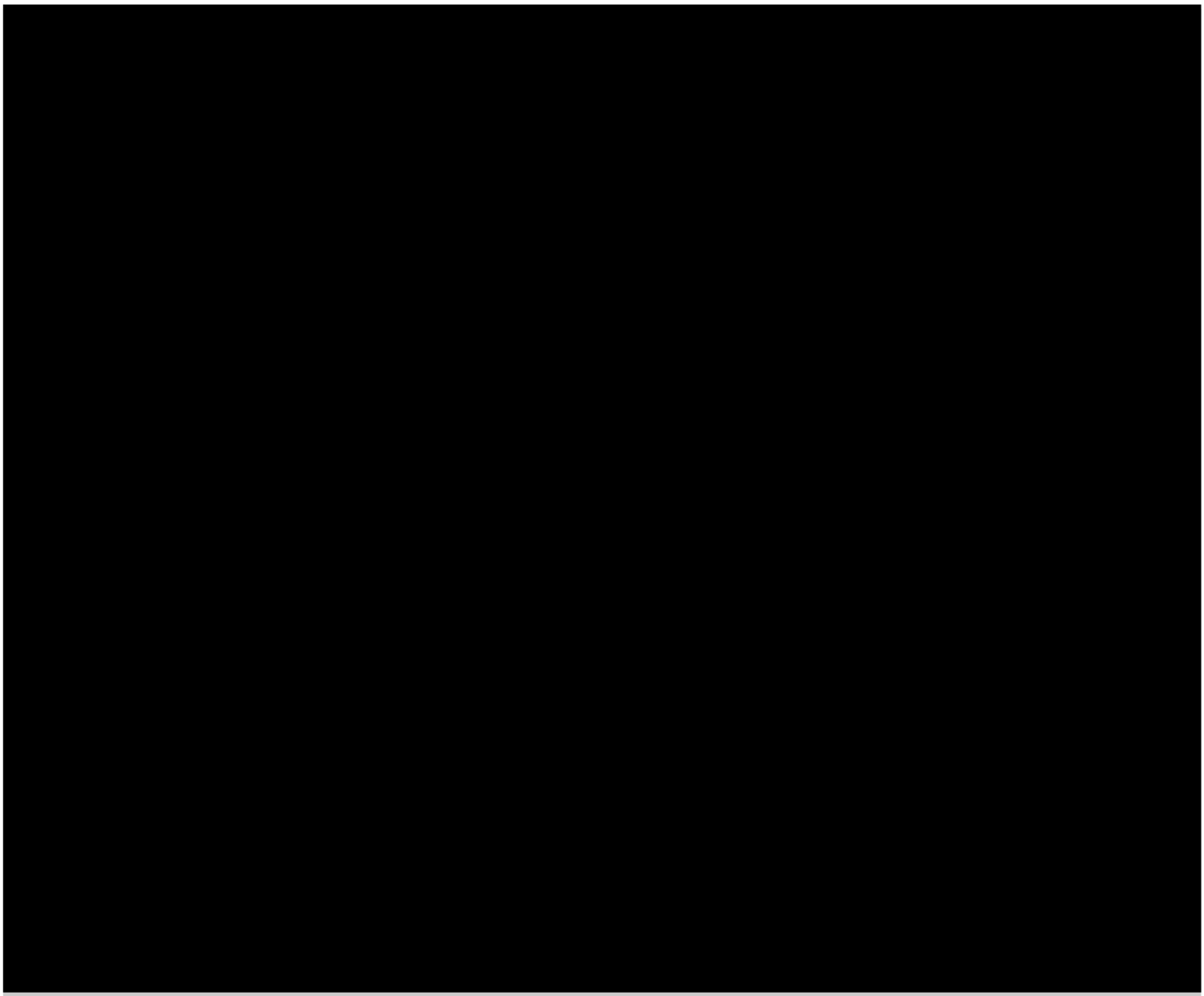

3.3 Building CBOs Technical and Organizational Capacities

3.3.1 Approach

CBOs capacity before the China–Gates HIV Program

As previously mentioned, civil society is a rather recent phenomenon in China and most CBOs working on HIV were relatively young at the start of the China-Gates HIV Program (less than

5 years old). A baseline study on CBOs by the China-Gates HIV Program in 2007 found there were about 200 CBOs with a total of about 360 staff and volunteers serving the three-quarters of a million target beneficiaries of the program across the 15 program sites. Not only human resources were insufficient in quantitative terms, many staff and volunteers of these CBOs also lacked technical capacity needed to deliver on program requirements (testing mobilization, ART care and support). Furthermore, most of these CBOs were initially formed as social networks rather than organized to deliver services according to program targets and be paid based on their performance. Thus many of these CBOs, when they first joined the program, found it quite challenging to meet the program's relatively strict performance standards.

The China–Gates HIV Program strategy on CBO capacity building

The China-Gates HIV Program invested substantially in CBO capacity building efforts. At the beginning of the program, a series of training workshops across all 15 program sites were organized by these sites' program management offices (CDCs, GONGOs) to quickly orient CBOs involved on the current HIV/AIDS situation, program and operational strategies and their roles in meeting program objectives. After the program launch further training workshops were held to strengthen CBOs technical capacity to carry out HIV services.

Besides direct CBO training, the China-Gates HIV Program also supported technical assistance aimed at improving program service quality, addressing specific technical capacity weaknesses and longer-term organizational development. Third party technical assistance providers included Tsinghua University, the China office of Family Health International, and Pangaea Global AIDS Foundation.

Demand–led capacity building initiatives

By 2011, feedback from CBOs suggested the training provided by the program thus far was too theoretical and not directly relevant to their work. As the first step of its response to CBOs, the China-Gates HIV Program organized an expert team to study local capacity building needs and initiate the development of site-specific strategies for CBO capacity building.

Confirming CBOs feedback, the expert team found key weaknesses associated with many of the training workshops during the early phase of the program. These included: (1) overly theoretical content; (2) content poorly related to real work situations; (3) content lacked specificity needed for practical application; (4) poor workshop organization and session planning; (5) insufficient depth on topics covered; (6) trainers had poor understanding of the situation of CBOs; and (7) generally uninteresting presentations.

The assessment also found that capacity building organizers had seldom asked anyone from their target audiences about their needs before planning activities and the program management offices of the 15 program sites were not well aware of their capacity building needs. In some cases, training activities were organized and attended as an obligation rather than a welcomed

activity. Participation requirements were unclear and most training opportunities were taken by the same few individuals rather than matching participants' responsibilities within their organizations to workshops on related themes. Finally, the wide range of activities and types of expertise needed by CBOs, even in just one program site, limited the usefulness of these large, classroom-based lecture-type training conducted in the early phase of the program.

Based on the above findings the China-Gates HIV Program developed a revised capacity-building framework in 2011. This new framework included: (1) the overall capacity building goals, principles and strategies of the program; (2) positive prevention and follow-up care to PLHA, psychological support and counseling for ART adherence; (3) testing mobilization and related communication and counseling skills; (4) organizational development such as program, financial and human resource management.

The framework also called for new capacity building delivery formats to address problems commonly faced by CBOs, using practical cases rather than theoretical models, and simple languages. These new formats for capacity building included:

- Site visits at experienced CBOs. The use of site visits, usually lasting for four to five days, was based on the assessment findings that the most effective way for CBOs to acquire the technical and organizational management skills was to learn directly from other more experienced CBOs at their offices. This would provide the opportunity for CBO staff and volunteers to observe and learn practical knowledge directly from staff and volunteers of the more experienced host CBOs.
- Mentorship by experienced CBOs or technical experts. Mentorships, ongoing advice either through face-to-face onsite support or over the phone for typically six to nine months, have the distinct advantage being tailor made to target specific weaknesses (both technical and organizational) a specific CBO needs to address. In addition to strengthening capacities related to their routine work, mentorships are also particularly useful in introducing a CBO to new areas of work such as performance-based quality-driven program management.
- Participatory training by skilled trainers with practical CBO work experience. The review findings also highlighted the importance of the participatory nature of training. The traditional lecture-style training by academics without practical CBO experience during the beginning of the program was not able to address the practical problems facing CBOs, even when the right topics were covered. The participatory approach allowed CBOs who were receiving training to contribute to the agenda and delivery format of the training. During training, trainees would be interacting with the trainers using real cases (often based on their own CBO work experience) to illustrate how problems can be solved.

The program implemented this revised and improved capacity building approach, beginning in 2011, initially through the use of site visits, mentorships and participatory retreats. A key element in the success of the site visits program was careful selection of host CBOs based on an expert panel's review of applications, which included a detailed work plan, schedule, capacity building materials and organizational background information. The CBOs with strong technical and organizational capacity and experience were invited to apply to become host CBOs. During 2011-12 five experienced CBOs were selected to host covering mobilization for testing and care and support.

A similarly thorough selection process was used for the mentorship program to select experts or staff of experienced CBOs to provide on-site training and problem solving advice to staff and volunteers of CBOs who needed assistance. A national panel reviewed potential mentors' theoretical and practical knowledge and experience of support areas needed by CBOs, understanding of the CBOs' work, technical and operational problem solving skills before selecting and assigning them to mentor CBOs. Furthermore, to assure the outcome of these capacity building activities, a CBO requiring assistance would have to undergo a rigorous application and approval process to ensure they were committed and ready for such technical support.

3.3.2 Lessons learned

- Involve trainees in the planning of capacity building activities and events. Participant needs should be systematically collected and assessed as part of the capacity planning process to assure the topics covered are pertinent and the planned processes to be used are appropriate and effective.
- Select participants through matching technical and managerial topics with the current and future roles of CBO staff and volunteers. Criteria such as previous similar training and compatible skill levels with other participants are important.
- Trainer qualifications need to include a balance of practical experience and theoretical knowledge. Relevant technical experience, problem solving and communication skills are also important.
- The format of capacity building activities needs to match training objectives and the work setting and circumstances of trainees. As CBOs become more mature, traditional lecture-style training workshops increasingly become unsuitable for CBOs. Effective short-term site visits have stronger potential for high quality learning but require careful selection of host organizations with high quality activities and staff members willing to mentor interns. Ongoing mentorship can also be highly effective, but identifying experts with both technical

skills and willingness to effectively transfer knowledge is critical. The China-Gates HIV Program observed that although the costs per trainee in site visit and mentorship programs were higher than those in traditional lectures, their capacity building potential outweighed the investment, particularly among CBOs with strong community commitment and a proactive attitude towards collaboration with CDCs and hospitals.