Using Evidence to Build Organizational Capacity for HIV Response Coordination in Nasarawa State, Nigeria

BAKO I A

Department of Epidemiology and Community Health, College of Health Sciences
Benue State University, Makurdi, Benue State, Nigeria
Email: bakoiara@yahoo.com
Tel: +234803 397 6675

ATUMA E

ProACT (Prevention Organizational Systems AIDS, Care & Treatment)
Management Sciences for Health, Abuja, Nigeria

SAKA M J

Department of Epidemiology and Community Health (Health Management Unit)
College of Medicine, University of Ilorin, Ilorin, Nigeria

Abstract

Capacity-related challenges facing institutions at all levels hinder their ability to assume ownership and ensure sustainability of the HIV and AIDS responses. The aim of this research was to demonstrate how customized capacity building using evidence from Organizational Capacity Assessment Tool (OCAT) resulted in an increase in institutional capacity for HIV and AIDS coordination at a sub national level. Baseline assessment of organizational capacity of then Nasarawa State Action Committee on AIDS (NASACA) using Technical and Organizational Capacity Assessment Tool (TOCAT) among Management staff of the agency was carried out in June 2006 and compared with another assessment carried out in May 2009 after customized technical assistance facilitated by the Department for International Development (DFID)/Strengthening Nigeria's Response to HIV AIDS Programme (SNR). In most of the domains assessed, there were improvements. Organization capacity assessment tools and processes were effective in strengthening the institutional capacity of NASACA to coordinate HIV response in the state. The customized technical assistance was effective in addressing identified gaps in HIV and AIDS response coordination in Nasarawa State.

Key Words: Technical Assistance, Capacity Building, Capacity Assessment, Nasarawa.

Introduction

Nasarawa state**,** Nigeria in the past years has had HIV prevalence higher than Nigeria's national average. The HIV sentinel survey among women attending antenatal care showed that the state had HIV prevalence of 7.5% in 2010. **(**FMOH, Nigeria, 2010**)** The HIV and AIDS response in the state, as in many developing countries, is heavily donor dependent with many programmes relying to a large extent on expensive consultants and intermediaries resulting in dependency, lack of local ownership and undermining local capacity including ability to use data for effective decision making. (Italia V Rolle et al, 2011). Capacity-related challenges facing institutions at all levels hinder their ability to take ownership and ensure sustainability of the HIV and AIDS responses. (USAID/AIDSTAR-TWO, 2012).

Nasarawa State AIDS Control Agency (NASACA) was created with statutory mandate to oversee, plan and coordinate the comprehensive multi-sectoral response to HIV and AIDS control activities in the State. This

include mandate to coordinate state level partners including line ministries, Local government Action Committees on AIDS, Civil Society Organizations (CSOs) and their networks, Private for profit organizations and development partners. This requires a high level of institutional, programmatic and financial management capacity. An effective coordination system is an imperative to sustainability of the HIV and AIDS response in line with UNAIDS' 'Three Ones' principles, Paris Declaration on Aid Effectiveness and the Global Task Team recommendations. (Resch, Stephen et al, 2009) With the dwindling funding from international donors and development partners as a result of the international financial meltdown, many of them have indicated desires to build local capacity for sustainable development and attainment of the Millennium Development Goals. (Chibba, 2011).

The Department for International Development (DFID) - funded Strengthening Nigeria's Response to HIV/AIDS (SNR) programme operated in six states of Nigeria including Nasarawa State in response to the growing HIV epidemic in Nigeria and in the six selected states in particular. The program aimed at strengthening the technical and managerial capacity of Nigeria's State AIDS Control Agencies (SACAs) in the selected states to effectively carry out their mandate of coordinating a multi-sectoral, state-owned and led response to the HIV epidemic. This was premised on the recognition of a shift in the AIDS response from "crisis management to sustained strategic response"(Piot, 2006).

Organizational capacity is a critical determinant of performance, sustainability and achievement of its goals and objectives. (Meyer, Davis and Mays, 2012). Capacity Development is defined as the process through which individual, organizations and societies obtain, strengthen and achieve their own development objectives over time. (UNDP, 2007). Several strategies have been used to address gaps in HIV and AIDS programmes organizational capacity in developing countries. These include training on Health system and HIV and AIDS leadership, fellowship/mentorship training programmes aimed at enhancing leadership and management capacity for HIV/AIDS programs as well as experience sharing in managing HIV in resource-poor settings among developing countries. (Joseph, Matova, Rhoda et al, 2011 and Cassell, Sahasrabuddhe, Shah, Chi and Vermund, 2010).   These approaches, though may be effective, are often costly, not based on evidence and so often not efficient. In addition, quite often, they do not address all the vital elements of an organizational capacity.

Use of evidence to inform decision making has been identified as a priority for organizational planning and implementation (Humphrey, Hampe, Larsen and Bowen, 2010; Annear, Ahmed, Rose and Ir, 2013 and Ward and Mowat 2012). There are several HIV and AIDs organizational capacity assessments which utilize either quantitative and qualitative methods or both. While many of the capacity assessments are done at organizational levels, some such as the USAID's Health management capacity of the health system assess the capacity of the system as a whole. (USAIDAIDSTAR TWO, 2012) Organizational capacity assessment is not meant to be an end to itself but rather a means to developing appropriate, evidence based strategies to strengthen the organizational capacity to deliver on its mandate. (Mondia M. 2009).

The Organisational Capacity Assessment Tool (OCAT) is aimed at ensuring sustainable evidence based organizational capacity building. (Sharma, Chiliade, Michael et al, 2013; Uneke,Ezeoha, Oyibo, Onwe and Ogbonna, 2013). It has clearly defined assessment processes using participatory approach including guided facilitation, consensus building and ranking. This is in line with criteria for sustainable organizational capacity building. (Bates, Taegtmeyer, Squire et al, 2011; Bushe , 2011; Dicicco and Crabtree, 2011; Perla, Bradbury and Gunther-Murphy, 2013)

The organizational capacity assessment was successfully used for the CAP USAD-funded Capable Partners Botswana (CAP) in Botswana. There were improvements in overall capacity scores between year 1 (baseline) and year 2 (midpoint) following customized technical assistance based on identified gaps at base line. HIV prevention service delivery also improved at midpoint assessment. (FH1 360 Botswana, 2013) The participants of the OCAT exercise also unanimously agreed that the assessment findings were true picture of their organizational accomplishments and gaps. (FH1 360, Botswana 2013)

www.irmbrjournal.com
March 2014
International Review of Management and Business Research
Vol. 3 Issue.1

The OCAT exercise sought at to answer the following questions:

  i.   Where are we now?
  ii. Where do we want to be?
  iii. What are our strengths and weaknesses?
  iv. What do we need to do to close the gaps?
  v.   What support do we need to reach where we want to be and when?

The objective of this study was to determine how Organizational Capacity Assessment Tool (OCAT) provided evidence for customized capacity building for HIV and AIDS coordination in Nasarawa State, Nigeria.

Methods

Data were collected prior to intervention at baseline in June 2006 and repeated in May 2009 after three years of customized technical assistance facilitated by the SNR Programme. Gaps identified at baseline assessment in the state's ability to coordinate a multi sectoral HIV and AIDS response informed the development and implementation of a customized capacity building plan.

Assessment Tools

The baseline and second assessments were carried out using the Technical and Organizational Capacity Assessment Tool (TOCAT) which is an assessment tool developed by FHI and based on the Global Fund for AIDS and Tuberculosis, and Malaria (GFATM).

Selection of Participants:

Participants for the assessments selected using purposive sampling technique from Management/ secretariat staff of the State AIDS Control Agency (NASACA) with at least one person each from all the departments and units of the agency.

Data Collection & Analysis

The assessments utilized the qualitative methods of focus group discussions (FGD) and key informant interviews (KII). One FGD and 7 KII for the NASACA secretariat staff were conducted during the assessment. The data generated through these two methods were triangulated with examination of available records and documents and analyzed to be able to present a more holistic picture of the agency for organizational capacity to respond to HIV/AIDS in the state. The OCAT methodology combined the administration of the instruments and analysis at the same time and the same respondents providing information jointly analyzed their responses to arrive at their findings as described below. The assessment investigated 20 domains broken into:

  i.   Systems and Infrastructure: 13 domains and
  ii. Technical capacity and Management: 7 domains

The fielding and analyses took place in five stages as follows:

- *The Completion of a Self Assessment Checklist /Pretest* – Eight respondents were brought into a Focus Group Discussion (FGD) where each participant in the FGD group was allowed to fill out a self-assessment checklist providing a score on all the attributes for the respective domains identified in their respective tool without prior facilitation by the research team, and without any form of discussions and/or information sharing among participants;

- *Facilitated Group Discussions* – During this stage, participants asked questions and discussed among themselves to deepen their understanding of the domains and their attributes. The facilitator explained the ideal state of the respective models in the respective OCAT tool (one after the other), ensuring that all participants understood these models, and the pre-conditions to meet the ideal state. The respondents were then presented once more with the same checklist in the pre-test stage and asked to re-evaluate their initial assessment and re-score should this be required.

- *Group Consensus Building & Ranking* – at this stage, all participants openly discussed the implications of the percentage scores recorded by individual members of the group, within the realities of what existed in the organization. This session was facilitated by one of the participants serving as a leader of the group for that purpose. At the end, the group arrived at a consensus score.

- The scoring used in the assessments is categorized as follows:

The OCAT Organizational Capacity categories
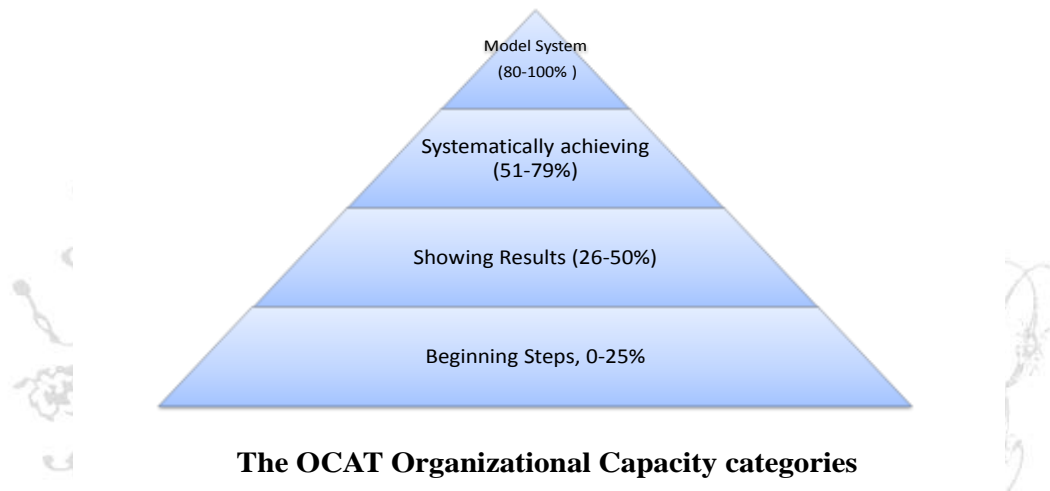
Using the respective OCAT tool, individual participants assessed attributes (indicators) of the respective domains, using values 1 – 4 scales. For each participant, the values of each domain's attributes were added to arrive at 'total points earned' for the specific domain, while the percentage of *the total points earned* is found against *the total possible points* for each domain.

- *SWOT/Gap Analysis* – At this stage, respondents of the group agreed on reasons for the consensus figure, and also reiterated *areas of strengths,* and *areas requiring improvements* as a means to chart a way forward.

- *Action Planning-* After identifying capacity and resource gaps, the next step was to develop an evidence-based plan for capacity building based on the identified priority gaps.

Results

Some of the gaps identified at baseline included unclear roles and responsibilities for the agency staff and board members, lack of program planning skills by key functionaries, absence of enabling laws setting up the coordinating structures, weak monitoring and evaluation and a general lack of advocacy skills. Other gaps included overdependence on donor funds and low capacity to identify and mobilize sustainable alternative resources.
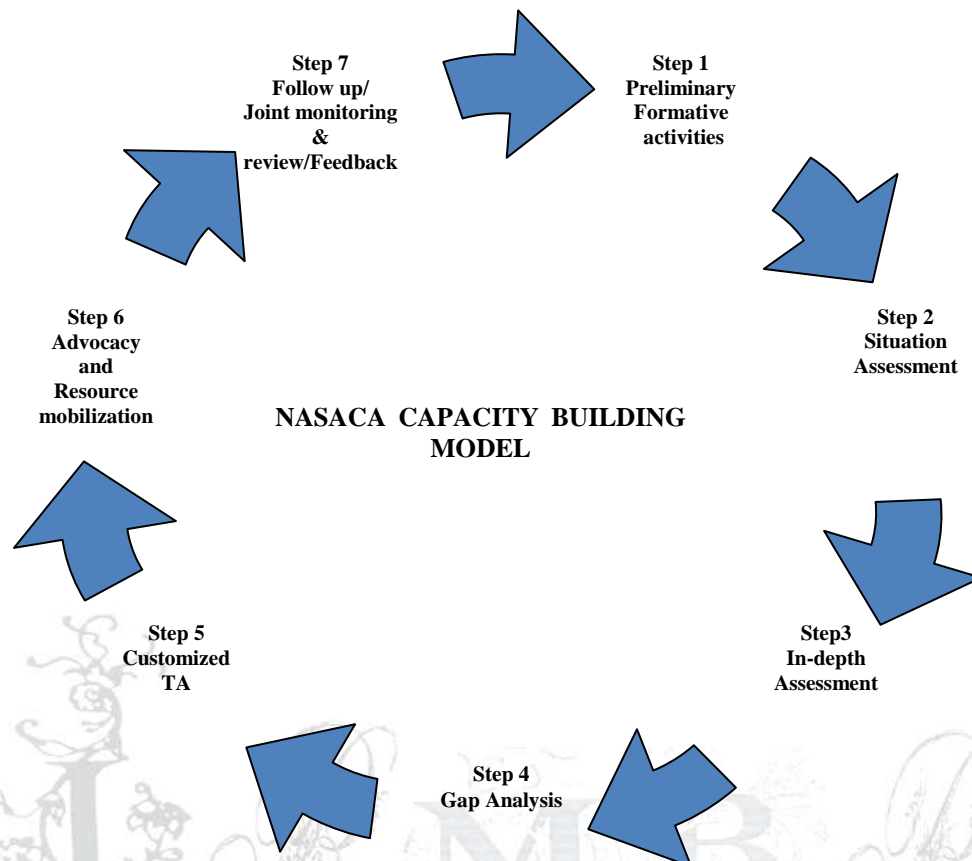
Figure 1: Capacity building model

Interventions Carried out after Baseline Assessment

i.   Transformation of AIDS committee to an agency.
ii.   on-the-job mentoring and direct technical assistance which was facilitated by collocation of SNR and SACA staff.

iii. Improvement of Monitoring and Evaluation system through procurement of computers and training on DHIS (the District Health Information System) and orientation on the NNRIMS (Nigerian National Response Information Management System) monitoring and evaluation framework. SNR provided technical support to SACA on the development of State Strategic Plans (SSPs) by the stakeholders as well capacity to use the SSPs to derive annual operational plans and budgets and as well as using it as a tool for resource mobilization.

iv.   Creation of coordinating platforms.
v.   Trainings on Planning, management, Advocacy, resource mobilization and HIV prevention.

Part 1: Systems and Infrastructure.

Some of the domains that had the highest improvements were Cash and banking (33% in 2006 to 80% in 2009), accounting and record keeping (15% in 2006 to 95%nin 2009), data collection (11% to 60%) and operational planning (18% to 95%). (Figure 1)
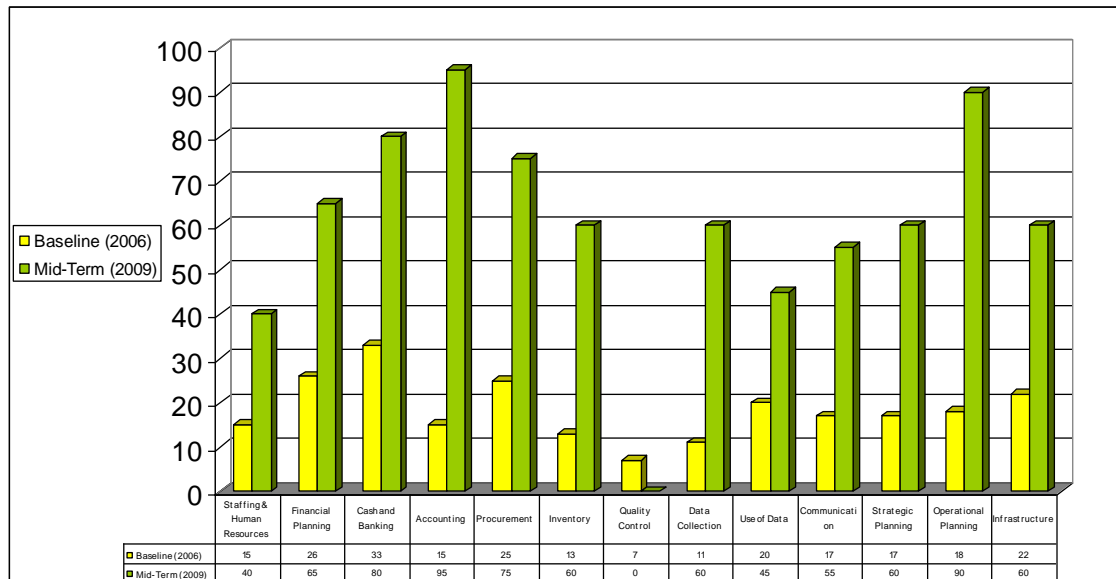
Figure 2: Comparison Scores (%) for NASACA Systems and Infrastructure in 2006 and 2009 Assessments

	Staffing & Human Resources	Financial Planning	Cash and Banking	Accounting	Procurement	Inventory	Quality Control	Data Collection	Use of Data	Communication	Strategic Planning	Operational Planning	Infrastructure
Baseline (2006)	15	26	33	15	25	13	7	11	20	17	17	18	22
Mid-Term (2009)	40	65	80	95	75	60	0	60	45	55	60	90	60

Part 2: Technical Management Area

Seven domains of Technical and Management capacity of SACA based on its mission were investigated in this part of the assessment. The issues under this included: the number, mix and capacity of technical staff to run, implement and manage NASACA as an organization. Improvements were recorded in programme planning (8% in 2006 to 75% in 2009), and technical networking (14% in 2006 to 70% in 2009) while number, mix and capacity of staff increased from 13% in 2006 to 40% in 2009.
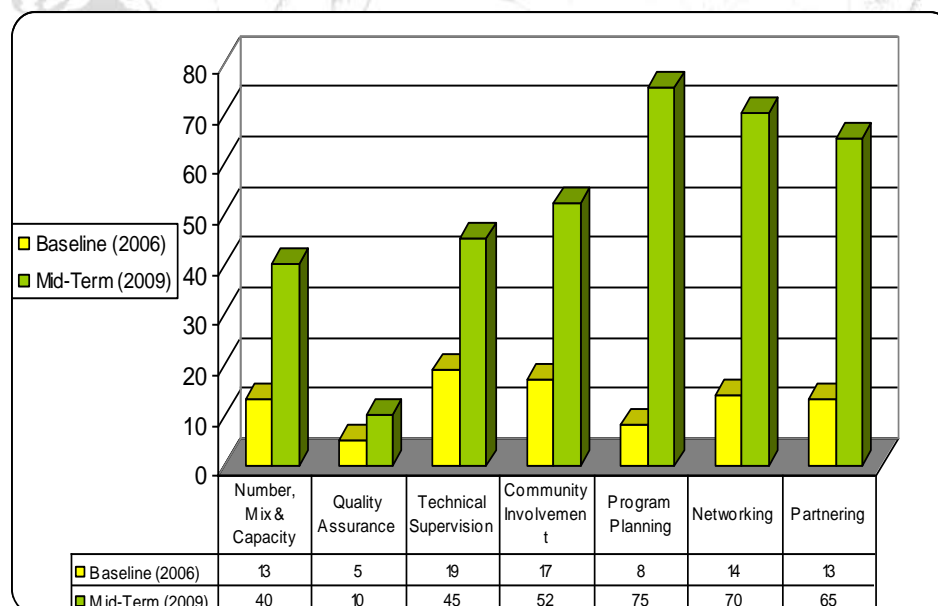

	Number, Mix & Capacity	Quality Assurance	Technical Supervision	Community Involvement	Program Planning	Networking	Partnering
Baseline (2006)	13	5	19	17	8	14	13
Mid-Term (2009)	40	10	45	52	75	70	65

Figure 3: Comparison Scores (%) for NASACA Technical Management

Discussion

The OCAT tool provided opportunity for management and staff of Nasarawa State AIDS Control Agency to appreciate the strength and weaknesses of HIV response coordination in the state and development of evidence-based and innovative capacity building plan. The assessments show that there were some improvements in the agency which include existence specialized staff in different fields, a designated secretariat, existence of an annual work plan; systems and procedures for financial. The modest improvement across the different domains was indicative of SACA's enhanced technical capacity. This finding is in agreement with findings from OCAT conducted in Botswana among a group of Nongovernmental organizations in which there was an overall improvement in organizational capacity score and increase in HIV prevention delivery following evidence based capacity building. (FHI 360, Botswana, 1023). It also agrees with previous evaluations which showed that organizational capacity is critical to its performance. (Meyer, Davis and Mays, 2012 and Annear, Ahmed, Rose and Ir, 2013)

The improvements can be attributable to customized technical assistance and other actions taken based on gaps identified at the baseline assessment. There was an increase in coordination platforms, coordination tools and training of staff in this area. There was also improvement in financial, budgeting and accounting due to the linking of Budget and financial reports to analysis of cost. There was also an involvement of all the units of the agency in budget preparation as well as availability of regular training of staff. Other domains were similarly affected. However, Domain 7 (quality control for critical drugs, equipment and supply) did not improve as a result of a general feeling that SACA did not have a responsibility for the functions under this domain. The function was said to be the responsibility of the Ministry of Health for drugs and Ministry of Works for construction work.

The improvement in the scores on Management information systems is an indication of improved capacity to effectively collect, collate, analyze and transmit data from the fields but also providing feedbacks to constituent organizations and utilizing these for decision taking. A strategic plan for the state HIV response developed following the first assessment provided the direction for all players in the state HIV and AIDS response including development partners. It also served as a resources mobilizing tool with partners willing to support different aspects of the plan that had no funding sources. The strategic plan provided a guide for the development of annual operational plan by constituent organizations in the state as well as development partners.

Appreciable improvements were also recorded in the Technical Management domains. These domains represent various aspects of organizational systems and infrastructure which include staffing and human resource management, financial planning, cash and banking, accounting and record keeping, procurement, distribution, stock and inventory management, quality control for critical drugs, equipment and supplies, various aspects of management information system such as data collection, use of data, communication and reporting, strategic and operational planning and physical infrastructure.

In all the domains, the assessment shows that there has been a lot of improvement except in domain seven. Domain 7 still ranks low (Not relevant) as NASACA did not consider quality control for critical drugs, equipment and supplies as part of its function.

Technical persons existed in the six key areas of in interventions with availability and understanding of technical information in all the departments. However the number of technical staff was not enough to effectively carry out the coordination of the state HIV response.

The need to urgently fill the existing vacancies becomes imperative. Improvement in community involvement and outreaches would increase access to services and enhance ownership and sustainability of the response at community level. Nasarawa state is an agrarian state with over 75% of the population living in the rural areas where access to health and other essential services is low.

The assessment using OCAT has a number of strengths. The institutional and technical capacity assessments conducted at different times was able to measure impact of capacity building at different times. There were however some observed limitations of the OCAT tools and processes, chief of which is the level of subjectivity of the scoring and weighing. The scores for each domain were recorded to help identify progress and are aggregated to provide an average percentage score of organizational strength and performance carried equal weight irrespective of the relative importance to the organizational purpose. In addition, Participants might have overstated strengths understated the challenges and gaps. However, attempt to address this was that consensus scoring was based on superior arguments to justify the scores given and confirmation of justifications for scores using available records and documents.

Major challenges to the sustainability of organizational capacity include staff attrition and poor funding from the government. Even though technical facilitation I an integral part of the OCAT exercise, it as observed that the partner (FHI/SNR) led most of the initiatives (financial and technical) in addressing the gaps identified. This portends to danger to the much desired ownership and sustainability. Organizational (management and staff) readiness for organizational capacity assessment therefore becomes an imperative especially as it often requires internal organizational changes of processes and systems, post assessment. A readiness assessment of the organizations and identification of organizational champions that will lead the change process would be helpful.

Conclusion

Customized capacity building using evidence generated from OCAT has greatly improved NASACA's infrastructure, systems and structures and therefore its capacity to coordinate the Nasarawa State multisectoral HIV and AID response. Most of the domains moved to systematically achieving. Organization capacity assessment tools and processes as deployed by FHI/SNR programme for SACA was therefore effective in strengthening the institutional capacity of the agency. The customized technical assistance ensured that specific key gaps were adequately addressed. There is need to streamline the various domains in the OCAT, while applying different weights to the domains based on critical relevance to organizational purpose and structure, as well as set thresholds to measure performance and progress with a given range. Government funding for HIV response coordination should be increased to ensure ownership and sustainability.

References

Annear PL, Ahmed S, Ros CE, Ir P.(*2013*). Strengthening institutional and organizational capacity for social health protection of the informal sector in lesser-developed countries: a study of policy barriers and opportunities in Cambodia. *Soc Sci Med. Nov;96:223-31.*

Bates I, Taegtmeyer M, Squire SB, Ansong D, Nhlema-Simwaka B, Baba A, et al. (*2011*). Indicators of sustainable capacity building for health research: analysis of four African case studies. Health Res Policy Syst.;9:14.

Bushe GR. (*2011*). Appreciative inquiry: theory and critique. In: Boje D, Burnes B, Hassard J, editors. The Routledge companion to organizational change. Oxford, UK: Routledge; pp. 87–103.

Cassell H, Sahasrabuddhe V , Shah S , Chi B , Vermund S (*2010*). Fostering South to South alliances: new frontiers in HIV/AIDS research training. XIII International AIDS Conference, July 18-23, Vienna, Austria; Thpe0258

Chibba M.(*2011*). the Millennium Development Goals: Key current issues and challenges. Development Policy Rev. 29:79 – 90.

DiCicco Bloom B and Crabtree BF (*2006*). The qualitative research interview. Med Educ. 40:314–21.

Federal Ministry of Health, Department of Public Health, National AIDS/STI Control Programme. Technical report 2010: National HIV/Syphilis sero-prevalence sentinel survey among pregnant women attending antenatal clinics in Nigeria. Abuja; 2010.

Humphries S, Hampe T, Larsen D, Bowen S.(*2013*). Building organizational capacity for evidence use: the experience of two Canadian healthcare organizations. *Healthc Manage Forum. Spring;26(1):26-32.*

Joseph K.B. Matovu, Rhoda K. Wanyenze, Susan Mawemuko, Gakenia Wamuyu-Maina, William Bazeyo, Olico-Okui, and David Serwadda.(*2011*). Building capacity for HIV/AIDS program leadership and management in Uganda through mentored Fellowships. Glob Health Action. 4: 10.3402/gha.v4i0.5815.

Meyer AM, Davis M, Mays GP. (*2012*). Defining organizational capacity for public health services and systems research. *J Public Health Manag Pract. 18(6):535-44.*

Perla RJ, Bradbury E, Gunther-Murphy C (*2013*). Large-scale improvement initiatives in healthcare: a scan of the literature. J Healthc Qual. 25:30–40.

Piot P.(*2006*). AIDS: from crisis management to sustained strategic response. Lancet. 368:526–30. doi: 10.1016/S0140-6736(06)69161-7.

Resch, Stephen, Hong Wang, Michael Kayode Ogungbemi, and Gilbert Kombe. (2009). *Sustainability Analysis of HIV/AIDS Services in Nigeria*. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc.

Sharma A; Chiliade P; Michael Reyes E; Thomas K K; Collens S R and Morales J R (*2013*). Building sustainable organizational capacity to deliver HIV programs in resource-constrained settings: Stakeholder perspectives. *Glob Health Action. 6: 10*

Uneke CJ, Ezeoha AE, Ndukwe CD, Oyibo PG, Onwe F, Ogbonna A (*2013*). Assessment of organizational capacity for evidence-based health systems operations in Nigeria. *Soc Work Public Health. 28(2):97-108*

USAID/AIDSTAR-TWO (*2013*). Country Ownership and Organizational Capacity Building; *Beyond Principles to Practices. Technical Brief No. 4. MAY 2012*

Ward M, Mowat D (*2012*). Creating an organizational culture for evidence-informed decision making. *lthc Manage Forum. 2012 Autumn; 25(3):146-50.*