CAPACITY BUILDING STRATEGY

COMMUNICATIONS SUPPORT FOR HEALTH PROGRAM
INTRODUCTION

The Communications Support for Health (CSH) program aims to enhance the capacity of the Government of the Republic of Zambia (GRZ) to manage and implement effective national health communications interventions. It is expected that enhanced IEC/BCC management of the GRZ will translate into changes in population health related behaviors. This change is expected to result in a measurable reduction in the practice of risky behaviors, and increased demand for and use of health care services. The vision of the CSH program is to have an empowered Zambian population that is able to make informed health decisions and lifestyle choices. The CSH project has four objectives:

- Strengthen national health communications campaigns
- Increase the GRZ’s use of evidence-based health communication approaches
- Strengthen local capacity to support sustained implementation of IEC/BCC activities
- Coordinate IEC/BCC activities among USAID projects

To achieve these objectives, the CSH team is implementing a multi-pronged capacity building strategy that involves strengthening individuals’ performance, organizational structures, and national strategies.

Capacity building efforts implemented by the CSH program focus on building partnerships; developing national guidelines, communication strategies and training manuals and guides; issuing and managing grants; training and orientation; and mentorship and coaching.

Capacity building is a crosscutting activity that underpins all elements of the program.

Definition of Capacity Building

Although there are a variety of definitions for capacity building, perhaps the most fundamental is “actions that improve an individual or organization’s effectiveness.” Other discussions about capacity building refer to the concept as “actions that enhance an organization’s ability to work towards its goal.”

CSH uses short-term, medium-term, and long-term capacity building interventions to address issues of sustainability beyond the program’s implementation period.

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<th>SHORT TERM</th>
<th>MEDIUM TERM</th>
<th>LONG TERM</th>
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<tr>
<td>Sensitization workshops</td>
<td>Embedded staff at Ministry of Health, National Malaria Control Centre, and National AIDS Council</td>
<td>Production and dissemination of training toolkits and manuals</td>
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<tr>
<td>In-house/onsite training</td>
<td>Training</td>
<td>Production and dissemination of national communication strategies and guidelines</td>
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<td>Exchange visits</td>
<td>Gap analysis</td>
<td>Networking and partnerships</td>
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<td>Site visits/monitoring</td>
<td>Mentorship and learning-by-doing</td>
<td>Research and dissemination of findings (baselines, formative research)</td>
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<td>Gap analysis</td>
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<td>Documentation of lessons and success stories</td>
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<td>Development of capacity building plans</td>
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<td>Refresher and retraining</td>
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The Process

CSH follows a five-step process.

1. Stakeholder Engagement
At every stage of CSH activities, the program team engages GRZ and key partners and encourages them to be fully involved in the process, whether it is development of a campaign, creation of a training toolkit, or research. The purpose is to achieve a high level of ownership and motivation on the part of GRZ.

2. Capacity Assessment/Identification of Gaps/Needs
At the beginning of the program, the team conducted capacity assessments to ascertain strengths and gaps in development and implementation of IEC/BCC activities and campaigns. Capacity assessments were conducted for other areas such as monitoring and evaluation, research, and systems.

3. Formulation of Capacity Building Plans
Capacity building plans are informed by findings from the capacity assessments, and represent both short-term and long-term planning. (The grants to Afya Mzuri and CHAMP are long-term capacity building strategies.)

4. Implementation of Capacity Building Plans
Different interventions are planned respond to the needs identified during the capacity assessments. This is an ongoing process that includes identification of emerging needs and additional gaps and adjusting the plans to incorporate the new findings. (For example, the initial capacity building plan targeted national-level GRZ staff; later, a need was identified to include provincial-level staff members who are directly responsible for implementation.

5. Monitoring and Evaluation of Capacity Building Plans
The CSH team has developed tools and frameworks to monitor all campaigns and training. Monitoring is a continuous process, carried out through field monitoring and review of activity reports.
CONCEPTUAL FRAMEWORK

Improved Performance

Motivation

Opportunity to Practice

Know How to Do It

Guidelines

Policies

Infrastructure

Research and M&E

ORIENTATION, TRAINING, AND MENTORSHIP

CAPACITY BUILDING PLANS AND PARTNERSHIPS

Capacity Assessments/Gap Identification

Capacity Building Strategy: USAID/Zambia Communications Support for Health Program
CHALLENGES/CONSTRAINTS

1. *Limited participation in capacity building activities by national-level GRZ staff* has resulted in weak ownership of some interventions (for example, most campaigns are implemented directly by CSH through other partners and CSOs).

2. *Limited human resources coupled with staff turnover*. Some staff members trained by CSH have moved on to other organizations, leaving a gap in skills and knowledge required for effective BCC programming.

3. *Challenges related to motivation of staff to embrace the CSH program’s approaches* due to demands beyond what CSH is able to offer.

**Addressing Challenges and Constraints**

- Flexibility
- Creativity
- Ongoing communication
- Working together
- More opportunities for practice
- Refresher/retraining
- Public-private partnerships