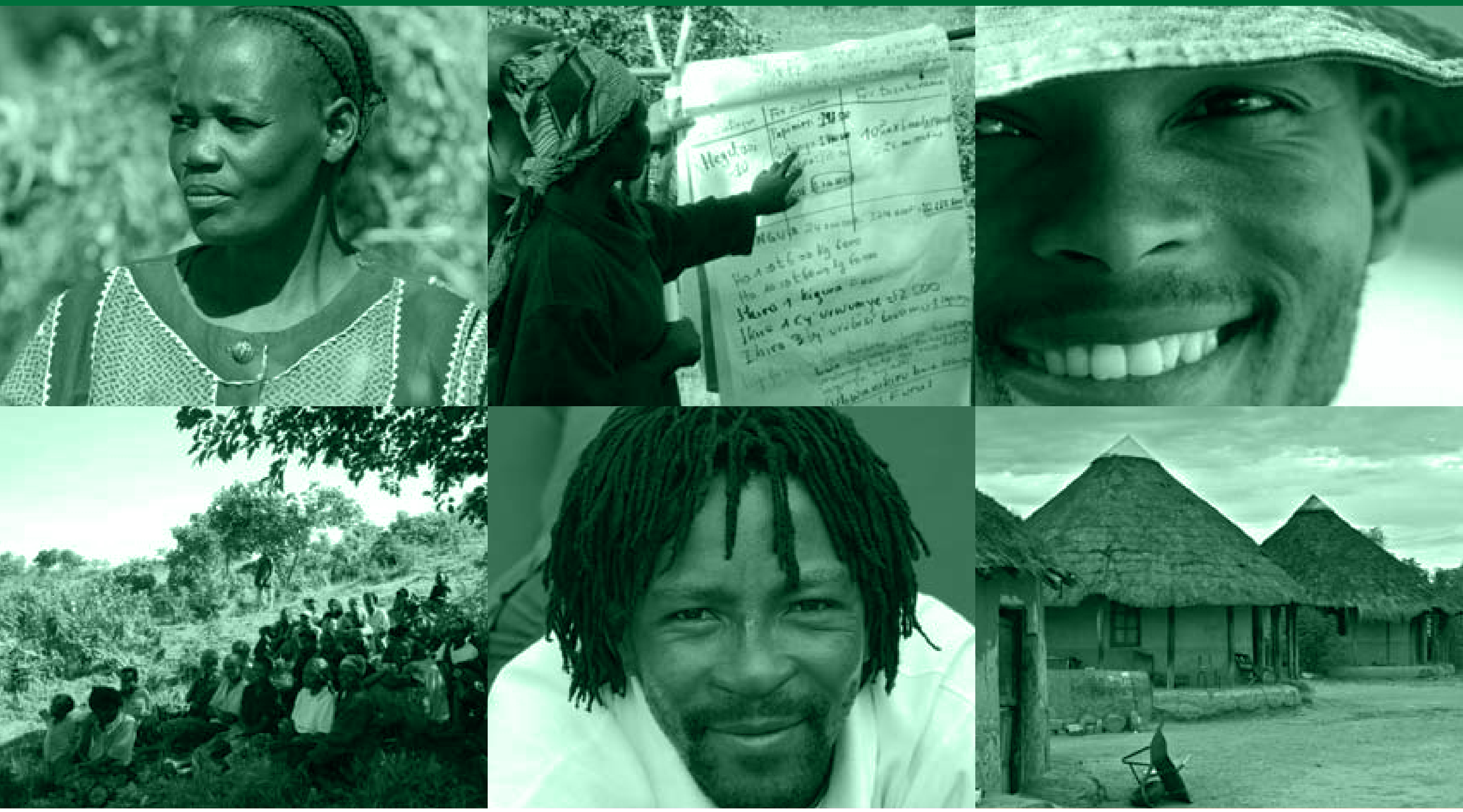
PLP in Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa



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CASE STUDY

Partnership Capacity Building for Economic Strengthening in HIV and AIDS-Impacted Communities: Two Cases from Rwanda

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Abstract

This technical note shares experiences and lessons learned from two international NGOs working with local partners to deliver microfinance and microenterprise development services to clients affected by HIV and AIDS. The two cases examined here, CHF International and Catholic Relief Services, are both international NGOs operating in Rwanda and participants in The SEEP Network Practitioner Learning Program on Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa (BASICS).

This document is also published as an addendum to The SEEP Network *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities* at http://hamed.seepnetwork.org.

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List of Acronyms

AEE	African Evangelistic Enterprise
BDS	business development services
CHAMP	Community HIV and AIDS Mobilization Program
CRS	Catholic Relief Services
CSO	cooperative support officers
MED	microenterprise development
NGO	non-governmental organization
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLP	Practitioner Learning Program
PLWHA	person living with HIV and AIDS
SILC	savings and internal lending communities
TOT	training of trainers
USAID	United States Agency for International Development

About The SEEP Network

The SEEP Network, founded in 1985 and headquartered in Washington, DC, is an association of more than 70 international NGOs that support micro- and small-enterprise development programs around the world. SEEP's mission is to connect microenterprise practitioners in a global learning community. As such, SEEP brings members and other practitioners together in a peer-learning environment to produce practical, innovative solutions to key challenges in the industry. SEEP then disseminates these solutions through training, publications, professional development, and technical assistance.

About the Practitioner Learning Program

The Practitioner Learning Program (PLP) methodology was developed by SEEP as a way to engage microenterprise practitioners in a collaborative learning process to document and share findings and to identify effective and replicable practices and innovations that can benefit the industry as a whole. The PLP combines a small grant program with an intensive small group-facilitated learning process, usually over a period of one or more years.

PLPs focus on learning at three levels: the individual organization, the PLP group, and the industry at large. At the individual level, organizations have the opportunity to share with other organizations and to revise their individual work plans. At the group level, all participants involved in the PLP share experiences and ideas. Participants decide by consensus the common themes that they want to explore as a group, which is called the learning agenda. At the industry level, PLP participants produce learning products documenting their lessons learned, challenges, and promising practices to benefit the microenterprise and microfinance industries.

The objectives of the BASICS PLP are to empower microenterprise development practitioners through peer learning to build and strengthen strategic alliances with community-focused organizations, and to document and disseminate the most effective models for developing these alliances for maximizing impact.

For more information on partnerships for microenterprise development in HIV and AIDS impacted communities, please visit http://hamed.seepnetwork.org to view the other learning products in this series:

- Enhanced Service Provision for Economic Strengthening in HIV and AIDS-Impacted Communities
- Partnership Models for Successful Microenterprise Service Delivery to HIV and AIDS-Affected Communities
- Partnering to Achieve Economic Impact in HIV and AIDS-Impacted Communities: A Partnership Toolkit for Microenterprise Development

Introduction

The SEEP *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities* states that "microenterprise development is a crucial element of a holistic approach to HIV and AIDS prevention and mitigation." It acknowledges, however, that "implementing integrated programming is challenging. It requires bringing together diverse technical approaches, different program priorities, and—sometimes—competing institutional and professional interests. The key to addressing these challenges is facilitating effective cross-sector partnerships among public health and MED (microenterprise development) professionals and organizations."[1]

1. The SEEP Network, 2008, online document. "What Kind of Microenterprise Development Strategies Work for HI and AIDS-Impacted Communities?" section 2.3, and "How Can We Facilitate a Cross-Sector Partnership?" section 2.5, in *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities,* Book 2, *For Microenterprise Development Practitioners,* http://communities.seepnetwork.org/hamed/node/38 and http://communities.seepnetwork.org/hamed/node/40, respectively. Section 2.5 contains guiding principles for integrated programming.

Partnerships with local organizations are common among microfinance and microenterprise development organizations serving HIV and AIDS-affected clients and communities with economic strengthening programs, particularly those that attempt to deliver or provide access to holistic services and integrated programming. Often larger organizations will help build the capacity of local partners to implement economic programs. Effective capacity building is critical for successful services delivery, but organizations may be challenged in determining the rationale, methods, outcomes, and sustainability of capacity building.

Section 2.5 of the SEEP *Guidelines* sets forth guiding principles for integrated programming and discusses institutional and technical challenges to delivering integrated programming through partnerships.[2] One challenge not discussed extensively in the *Guidelines* is that of building the capacity of local partners. This document furthers the dialogue by sharing experiences and lessons learned from capacity building efforts of local partners. The case studies examined, CHF International and Catholic Relief Services (CRS), are both international NGOs operating in Rwanda and participants in The SEEP Network Practitioner Learning Program (PLP) on Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa (BASICS).

Intended Audience

This technical note is intended mainly for large NGOs, private consulting firms, and government programs with technical competencies in microfinance or microenterprise development that are partnering (or considering partnering) with organizations at the community level to better serve their clients. The BASICS PLP concentrates on partnerships that improve services to HIV and AIDS-affected communities; some of the lessons here are specific to serving that population.

Local organizations that have partnered with larger firms may also find this technical note helpful, as it can help them determine their own capacity-building needs and decide whether or not they can reasonably expect the needed support from their lead partner. Donors funding economic programs and partnerships may also find this note of interest, to help them consider the resources necessary to build local partners' capacities.

Background on Rwanda

Rwanda is among the least developed countries in the world, ranking 161 out of 177 countries.[3] It is the most densely populated country in Africa, with approximately 310 inhabitants per square kilometer,[4] a total population of 9 million people, and an average annual population growth rate of 2.4 percent.[5] The population of Rwanda is overwhelmingly rural, with 90 percent of the country depending on agriculture. Chronic and acute food insecurity is endemic among the most vulnerable groups of society—orphans and vulnerable children, the chronically ill, and people living with HIV. As of 2005, Rwanda had a 3.1-percent adult HIV-prevalence rate (3.6 percent women and 2.3 percent men).[6] UNAIDS in 2006 reported that Rwanda had 190,000 people living with HIV and 210,000 children orphaned by AIDS.[7]

2. Ibid., online document. "How Can We Facilitate a Cross-Sector Partnership?" section 2.5, http://communities.seepnetwork.org/hamed/node/40.

3. United Nations Development Programme (UNDP), Human Development Index Report, 2005, http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_RWA.html

4. World Food Program (WFP), 2008, website, "Countries: Rwanda," http://www.wfp.org/country_brief/indexcountry.asp?country=646

5. UNAIDS, 2006, website, "Rwanda Country Situation Analysis," http://www.unaids.org/en/CountryResponses/Countries/rwanda.asp

6. Carl Haub, n.d., *Population Reference Bureau* website, "Rwanda 2005 Demographic and Health Survey," http://www.prb.org/Articles/2006/RwandaDHS2005.aspx

7. UNAIDS, 2006, "Rwanda Country Situation Analysis."

Since the genocide in 1994, the government of Rwanda has embarked on an ambitious program of national unity and reconciliation. It has also established a national council on fighting genocide, as well as *Gacaca* (traditional-style community courts) for trying genocide perpetrators. Fifteen years later, Rwandans still suffer from deep psychological wounds, expressed as largely silent but profound distrust. Although most Rwandans feel that the government has restored order and public safety, community trust is extremely low. This impedes development programming and improvements in social assets, putting vulnerable populations further at risk.

Background on PEPFAR

HIV and AIDS has been one of the leading global challenges of this century. The effects of this devastating disease have been mostly felt by the poor and have resulted in increased poverty in the world's poorest countries. In 2004, then-U.S. President George W. Bush launched the President's Fund for AIDS Relief (PEPFAR), which initially targeted 15 countries in Africa and the Caribbean. The aim of PEPFAR is to develop programming that mitigates the impacts of HIV and AIDS through prevention and care and treatment for infected people, while also providing broader care to affected groups, such as orphans and vulnerable children. PEPFAR was reauthorized in 2008 with a commitment of up to US$ 48 billion through 2013. Both CHF International's and CRS' programs described here are funded through PEPFAR.

Introduction to the Case Studies

These two case studies were chosen because of their relative similarity. Both CHF and CRS are large, international NGOs in Rwanda, engaged in institutional partnerships with local partner organizations in order to provide economic strengthening services to clients affected by HIV and AIDS.[8] Both are also building "asymmetric" or one-way capacity of their local partners, some of which did not previously have a core strength in economic programming.

CHF, Community HIV and AIDS Mobilization Program, and African Evangelistic Enterprise (AEE)

CHF International is the lead organization in managing the Community HIV and AIDS Mobilization Program (CHAMP) program in Rwanda. Since 2005, CHAMP has delivered community-based health interventions for people affected by HIV and AIDS in 20 districts in Rwanda, working through the country's grassroots organizations. Overall, CHAMP supports more than 43,000 orphans and vulnerable children.

CHAMP recently added an economic opportunities initiative, which is the focus of CHF's work in the SEEP PLP. In 2008, CHF realigned its program to become more market-driven, concentrating on facilitating access to markets, business services, and finance for cooperatives of persons living with HIV and AIDS. CHF works with and through 12 Rwandan partner organizations, which are health-focused or faith-based.

African Evangelistic Enterprise (AEE) is one of CHF's most successful Rwandan partner organizations. AEE started working in Rwanda in 1984. It is registered as a non-profit organization, and its vision is "evangelizing African cities through word and deed in partnership with churches." AEE is part of a larger regional body, African Enterprise, which is active in 10 African countries. In Rwanda, AEE has several program areas. AEE works with the greatest number of cooperatives of all of CHF's partners and actively requests technical support from CHF when needed.

Source: CHAMP Newsletter, "Congressional Staffers Visit CHF/CHAMP, AEE and ADEPR, Gisenyi," vol. 3, no. 2 (January-March 2009), http://www.chfinternational.org/files/Q2%20COP08%20CHAMP%20Newsletter.pdf

8. For more on partnership models, see companion publication from the BASICS PLP, J. Dada et al., 2009, "Partnership Models for Successful Microenterprise Service Delivery to HIV and AIDS Affected Communities," PLP Technical Note (Washington, DC: SEEP Network).

Catholic Relief Services (CRS) and Caritas-Rwanda

Since 2005, CRS Rwanda has responded to the needs of orphans and vulnerable (OVC) children through programming funded by PEPFAR and private donors. Its OVC program provides a package of services, including school materials, school fees for child-headed households, health insurance, nutrition education, and psychosocial support.

Caritas Rwanda is an outreach arm of the Catholic Church in Rwanda and is a registered NGO. CRS has carried out its work with orphans and vulnerable children through local church partners, primarily diocesan-level Caritas groups. Caritas-Rwanda's primary goal is "to empower society's most disadvantaged groups and restore the human dignity of man that has been threatened by social marginalization, ethnic divisions, and injustice." Its three areas of focus are development, social work, and health.

CRS and Caritas Rwanda have been able to meet some of the psychological and economic needs of orphans and vulnerable children and their households, but a tremendous need remains. CRS Rwanda therefore launched its Savings Pilot Project, which introduced the savings and internal lending communities (SILC) methodology to help OVC households build financial assets. CRS has had extensive experience in implementing SILC activities worldwide and has been successful in reaching very poor populations with SILC. To date, CRS has reached 24,279 SILC clients in Rwanda since 2007.

Source: CRS and Caritas staff; Caritas International homepage, http://www.caritas-africa.org/

Case Study 1: Capacity Building between CHF and Rwandan Partners

After surveying the capacity of candidate NGOs and business service providers throughout Rwanda, CHF concluded that its local partner organizations under CHAMP were best suited to provide business development services to cooperatives serving people living with HIV and AIDS (PLWHA), despite their lack of past economic development experience. The attempt to expand their partner organizations' capacity in a new area of practice required both intensive training for key personnel, as well as considerable support on human-resource and institutional issues. The results have been understandably mixed, as different partners demonstrated varying commitment and aptitude toward broadening their assistance strategy.

Identifying Need for Capacity Building

When it started the economic opportunities component, CHF understood the need to deliver business development services through local organizations to reach the dispersed target population and to meet the goal of sustainability in the project's aftermath. However, it was not immediately clear which organizations would deliver the services, what the organizations' current capacity was, or what capacity building was most needed. CHF used a four-step process to determine the need for capacity building:

1. **Identify unmet program need:** CHF's target beneficiaries were nascent cooperatives, comprised of people living with HIV and AIDS, which needed extensive organizational and business development assistance in order to realize the goal of effectively linking to markets and raising member incomes. Knowing that CHF itself could not sustainably provide these linkages directly, the challenge was to identify who could deliver these services.
2. **Assess possible partners:** Before arriving at the decision to work with current partners, CHF considered a number of alternatives. CHF first identified and approached existing private-sector business service providers, but found that they were largely oriented to urban areas and did not see the business value of extending their operations into rural locations where CHF's clients were located. CHF also sought out other NGOs in Rwanda with BDS experience, but found none with the appropriate experience.

3. **Assess current partners' capacity as service providers:** For lack of experienced alternatives, CHF elected to build the capacity of its existing CHAMP partners, noting that their trusted relationships with the groups and familiarity with their personal and environmental constraints could be leveraged in the economic development realm. The assessment of Rwandan partners involved reviewing their institutional approach to providing assistance, as well as the knowledge and training capacity of existing personnel. CHF found that, although many partners had a stated interest in economic development, they were unfamiliar with market-oriented economic programming and lacked staff with the requisite business skills. Given the common specialization in social and health support to persons living with HIV, some were wary of this approach, preferring to provide relief assistance. Nevertheless, given the partners' existing relationship with CHF, their proven ability to reach out to cooperatives, and the lack of other firms with the necessary capacity, CHF determined that it would be most effective to build the partners' capacity to deliver business development services.
4. **Identify partners' capacity-building needs:** CHF developed an elaborate assessment tool with a composite scoring index to identify their partners' most pressing capacity-building needs. The process revealed needs in two core areas: institutional/human resource development and program methodology. While partners generally were willing to incorporate this new programming into their organizational agenda, they needed to hire qualified staff before undergoing technical trainings and to develop internal procedures to support these new programs. CHF would also need to spend time convincing certain partners of the benefits of the market-based approach.

Capacity-Building Activities and Topics

Following the assessment, each partner developed a customized capacity-building plan with CHF's assistance, specifying topics requiring emphasis, and outlining required training and technical assistance activities. CHF responded with several levels of support.

Technical Training

To initiate the capacity-building process, CHF developed an extensive, interactive training of trainers (TOT) curriculum for cooperative support officers (CSOs) on a wide array of cooperative and business development themes. CSOs received instruction on topics, such as strengthening cooperative business management, establishing group savings and lending activities, and identifying and facilitating market linkages.

Having undergone the multi-module training, the CSOs began to instruct client cooperatives under close monitoring by CHF staff. Knowing that the CSOs were new to this activity, CHF provided oversight by making regular joint field visits with each CSO to ensure they were effectively advancing cooperatives' business interests. Lessons are reinforced both in the field and at regular monthly CSO meetings held by CHF, during which past lessons are reviewed and CSOs are given the opportunity to share their experiences and compare approaches for essential peer mentoring and support.

These meetings also created the opportunity to assign additional tasks, which provide market information to clients while furthering CSO education. For instance, CHF developed a tool to assess Rwandan financial institutions, which CSOs use to collect data on eligibility requirements and lending terms. CSOs are also in the process of mapping regional marketing channels for various products, as well as business services and resources available to cooperatives. This market research is not only of business interest to CHAMP client cooperatives but the exercises themselves are educational for CSOs and their partner organizations as they learn to network and foster a more comprehensive awareness of the business environment.

Tapping into external sources for learning, CHF arranged exchange visits with successful cooperatives in Rwanda and close-by countries for the newly recruited officers. When specific technical expertise was needed by cooperatives, CHF arranged assistance from other donor projects, NGOs, and agriculture extension agents in areas, such as dairy farming and chili cultivation. In short, CHF employs a combination of training, application, reinforcement and exposure to confront the challenging task of cultivating economic development capacity for partner organizations.

Institutional and Management Support

Working with partner organizations on the economic development front began with CHF and partners jointly creating job descriptions for cooperative support officers and participating in the recruiting process. Even after CSOs were hired and trained, CHF maintained direct contact with the management of partner organizations to provide guidance in organizational governance, strategic planning, financial management, human-resources management, and personnel policies and procedures.

Project management was another element of training provided, with components in project design, fundraising, facilitation techniques, knowledge management, and information sharing. CHF assisted partners in developing action plans and budgets for economic opportunity activities and took the further step of reviewing these plans and providing feedback. It conducted annual capacity-building assessments for each partner to compare their year-to-year progress.

Challenges and Results of Capacity Building

CHF's local partners had limited experience in microenterprise development and other economic programs before working with CHF. Most of them were faith-based organizations that generally provided basic relief assistance. As a result, CHF faced considerable challenges in teaching their partners to embrace economic opportunity programming and its distinct nature.

Several partners were initially reluctant to hire new staff with economic and business skills. For example, they assumed that their accountant could do economic development work or felt that they could use existing staff with expertise in other, unrelated areas. Some partners even opted not to participate in CHF's economic opportunity program because business activities did not fall into their organizational mandates. CHF understood and accepted these partners' decisions not to enter into activities that did not align with their missions.

Most of CHF's partners were accustomed to a more traditional, grant-giving model of aid. Many had difficulty with the new way of promoting economic development through facilitation and access to markets, and perhaps were a bit skeptical that market-focused economic development actually worked. CHF realized it needed to dedicate sufficient time to working with partner organizations to help them comprehend the benefits of the market-led model for economic development and the importance of having the appropriate expert staff to effectively implement these programs.

The partners experienced varying levels of success, largely corresponding to the aptitude of the CSOs hired. Those who showed more desire and enthusiasm have been more willing to try new activities and to reach out to CHF for support and feedback, leading to a "virtuous cycle" of stronger service delivery. Other organizations that remained unconvinced about market-led strategies or did not hire staff with business expertise tended to struggle more.

Sustainability of Capacity Building Outcomes

CHF's capacity-building strategy was created with sustainability in mind—to enable AEE and other local partners to deliver effective economic development services to target groups beyond the current life of CHAMP. CHF considers that partner organizations have graduated from their capacity-building program when they have successfully addressed their capacity-building objectives, demonstrated high-quality service delivery, and met project targets, and are able to achieve sound financial management and solvency. CHF therefore measures sustainability in two dimensions: program-related competencies and institutional strength.

Sustainability of the Rwandan Partner Organizations' Program Competencies

Since CHAMP is currently active, the ability of CHF's partners to deliver services beyond the end of the project is still unknown. CHF wants the CSOs' newly acquired skills to permeate their organizations in order to institutionalize the capacity. To encourage this, CHF mandated that additional partner staff accompany the CSOs on exchange visits, so that their managers and strategic directors could learn new ways of implementing their programs. Partners also send program managers to the cooperative support officers' trainings, demonstrating institutional commitment to economic programming.

Institutional Sustainability of the Partner Organizations

Given their target clients' limited ability to pay for business services, partner organizations need to consider alternative ways to sustain their economic development activities. To this end, CHF offers assistance in strategic planning, proposal development, and donor outreach to boost partners' management, marketing and fundraising capacity, helping them attract donor funding. For instance, AEE successfully applied for U.S. Peace Corps volunteers to support their work and, as a result, three volunteers will work with AEE for the next two years. AEE has also applied for two USAID grants, which are currently under consideration.

Case Study 2: Capacity Building between CRS and Caritas

Caritas Rwanda is one of CRS' main implementing partners in Rwanda. In 2007, CRS Rwanda began a pilot savings project, funded under CRS' internal innovation fund, Microfinance Lifelines. The Savings and Internal Lending Communities (SILC) pilot project was designed to promote economic strengthening, using a CRS savings-group methodology that had been tested in other countries in sub-Saharan Africa. In order to be successful, CRS had to develop Caritas' capacity to launch and support SILC groups. Initially, the savings project was funded for one year. By June 2008, the project had incorporated over 10,000 households into more than 400 SILC groups, so SILC was incorporated into other areas of programming. Based on this success, a second year of funding was granted to build on the experiences in the first phase.

Identifying Need for Capacity Building

Since Caritas was its long-term, preferred partner, CRS knew that it would be working through Caritas and anticipated a need for capacity building for the SILC methodology. The nature of SILC, in which agencies act more as facilitators and organizers and then train community members to replicate the groups themselves, also dictated the content of the capacity building. SILC is different from many programs in that no money or assets are transferred to clients, and the majority of the program work is on teaching and organizing community members. Therefore, much of the capacity building needs to be similar to training of trainers. CRS' process for capacity building also followed four steps, like CHF, although its model was different:

1. **Train and orient partner staff on program focus:** At the beginning of the savings pilot project, CRS generally trained and oriented Caritas and new staff to SILC and gave more specific instruction on the objectives and expected results of the project.
2. **Assess the partners' needs of capacity building:** CRS held quarterly meetings with Caritas and other implementing partners. At these meetings, the partners let CRS know what capacity they needed to add, developed capacity-building plans, and determined who was in charge of each of the activities in the plan.
3. **Periodic activity evaluations:** CRS periodically evaluated the project with Caritas, using the evaluations as an opportunity to improve the project where possible and determine new areas for capacity building. CRS collaborated with Caritas on developing evaluation questions, determining sampling, collecting data, and reviewing the draft evaluation report to help Caritas to improve its skills in these areas.
4. **Feedback on reports:** Caritas submitted regular reports to CRS on project implementation. The SILC program has a performance evaluation system, called the "SILC Brownie-Point System," which gave Caritas staff feedback on the quality of data in the report and their actual outreach compared to targets. CRS used this information to suggest improvements and corresponding capacity building plan where needed.

Capacity Building Activities and Topics

CRS conducts a range of capacity-building activities with Caritas, including direct training, mentoring, and experiential learning. The training content includes management issues, the role of field agents and supervisors, and specific technical content on SILC. The capacity-building activities are matched with the information and experience that CRS wants to transfer.

Technical Training

CRS provided introductory training and technical assistance to Caritas staff to orient them to the SILC methodology and offered ongoing support as SILC groups were launched. Further technical training on the SILC approach included detailed information on group size, formation, and activities, as well as training on awareness-raising and the importance of saving and lending. A training of trainers component was also available, so that Caritas staff could teach communities to take advantage of SILC. CRS organized learning tours between Caritas staff and SILC groups in different parishes, so that newer groups could benefit from the experience of more mature groups. Discussions during these visits focused on topics, such as increasing periodic savings, diversifying income-generating activities, and improving internal rules and regulations. A CRS "economic strengthening officer" made site visits to Caritas coordinators and field agents three times a month to offer hands-on technical assistance to SILC groups and Caritas. With help from CRS, Caritas staff formed their own SILC groups, so that they could "learn by doing" the finer points of the SILC methodology. The diocese-wide SILC coordinator observed the field agents' own SILC group and offered assistance as needed.

Institutional and Management Support

CRS provided regular, direct technical assistance in the form of visits from its finance, human resources, and IT teams to Caritas. Specifically, these teams helped Caritas develop a list of qualifications and job descriptions for SILC staff (including supervisors and field agents), explained the need for paid field agents (most Caritas staff are volunteers), and helped with the recruitment and selection process, including the interview format and a written test for candidates.

With CRS support, Caritas identified additional volunteer parish "animators" (community organizers who promote and help establish new SILC groups), recruiting them from existing SILC groups, so that they already had some knowledge of SILC. CRS coordinated quarterly meetings between CRS and all Caritas diocesan supervisors to promote mutual learning, exchange experiences, and jointly plan for the next quarter.

Challenges and Results of Capacity Building

In October 2008, CRS conducted an evaluation of the savings project. The evaluation demonstrated that eight CRS partners had improved their capacity to implement economic strengthening programming, including SILC. CRS' dedicated support of Caritas and other local partners seems to have paid off: 80 percent of partners regularly sent, good quality reports to CRS.

Like CHF, however, CRS has experienced difficulties in helping Caritas find the right staff to administer the project. Some diocesan Caritas offices still do not understand the correct selection criteria for a SILC field agent or continue to use existing staff—who are overburdened with other tasks—as SILC field agents. Some staff members who are supposed to focus full time on SILC can only spend 10–15 percent of their time on SILC activities.

Before the savings project began, certain partners resisted the SILC approach, believing that without external financing the beneficiaries would not be able to improve their own financial standing. However, after the program began, the beneficiaries reported frequent testimonies about the success of SILC. The partners began to value the methodology and to accept its suitability for serving very poor clients. This has led to a stronger willingness to dedicate time and effort SILC programming.

Sustainability of Capacity Building Outcomes

CRS and Caritas have a long-term relationship, so sustainability is not a simple question of program exit. However, they plan for the SILC model to become sustainable within Caritas and the parishes, allowing CRS and Caritas to focus on other projects in their partnership.

Sustainability of Caritas' SILC Programs

Now that Caritas has seen firsthand the success of the SILC model, it has incorporated it into existing community activities and its social and economic outreach work. Caritas has implemented SILC using existing Caritas volunteers, making SILC a part of its regular work and not just a one-time funded project. However, CRS hopes that in the long term, Caritas field agents will organize and support new SILC groups on their own without CRS support. CRS does not yet know whether the Caritas field agents' training (four courses over the first two years, followed by certification) is sufficient to motivate SILC field agents to continue this program. CRS, however, is looking at various market-driven service delivery models that would ensure the quality of field agent support, as well as provide sufficient incentives to keep them engaged in the process of training and supporting SILC groups.

CRS also realizes that its capacity-building budget is limited and hopes that the SILC methodology, which calls for easy replication of groups in the community, will allow CRS to concentrate its capacity-building resources only where needed. Self-replication has already begun in some dioceses, which is encouraging, and in some cases SILC groups are already paying for the support provided by their field agents.

Institutional Sustainability of Caritas

CRS and Caritas have a long-term partnership that does not always imply a long-term presence for CRS. Caritas Rwanda is one of the largest social service providers in Rwanda and has been CRS' partner of choice for many years. CRS' business model is to help build the capacity of local partners to sustainably manage various development initiatives and apply innovations where appropriate. CRS' capacity building efforts thus far have improved Caritas Rwanda's institutional processes, for example, on human management and financial management. Over the years, Caritas Rwanda has been able to manage various sector initiatives well, including attracting government donor funding (such as USAID and the EU) to support the scale up of their programs.

Lessons Learned and Recommendations

By working in similar contexts and programming, CHF International and CRS experienced common themes and challenges. This section offers their lessons and recommendations from capacity building with partners.

Mission (Mis)Match

Even before lead partners attempt to transfer technical knowledge, they may need to spend considerable time changing their partners' mindsets about economic programming. Many organizations serving clients affected by HIV and AIDS may embody a holistic, charitable, or health-based outlook and may find market-oriented economic programs particularly difficult to accept. This can be mitigated with economic programs that have a clear link to partner organizations' values. The SILC methodology, for example, has a strong community-empowerment component, which may have made it easier for Caritas to adopt it once they moved past an initial impulse to hand out funds.

When partner organizations are not committed to the program's mission or the economic program methodologies, it may not be worth the effort to convince them otherwise. CHF, for example, has another CHAMP partner that only offers programs for orphans and vulnerable children. They told CHF from the start that they were not interested in helping cooperatives access market opportunities because cooperatives were not one of their target populations. CHF understood, and they continued their relationship by focusing on areas of mutual interest. With other partner organizations, CHF invested time and resources on training and technical assistance, but a persistent mismatch between partner interests and CHF's desires eventually led to CHF's terminating the relationships.

Working with Organizations New to Economic Programming

Partnering to serve clients affected by HIV and AIDS often means working with organizations that are experienced in health, psychosocial support, or charitable services. This translates into a greater need for capacity building in economic development programming if the partner organization is to carry out this type of program.

Both CRS and CHF work with faith-based grassroots organizations that are highly capable in their outreach to the target community, but have less expertise in economic development programming. This created challenges for both organizations. "Soft" skills, such as community interaction and interpersonal skills, were a particular challenge for CHF's partner organizations and difficult for CHF to transfer. CHF also noticed that market development training was harder than other topics, such as nutrition and health, because their partners lacked economic development expertise. CRS found that Caritas expected CRS to give money to the SILC groups because it did not understand the self-generated nature of the SILC methodology.

Who Asks for Capacity Building?

The supply-driven nature of capacity building was common in both cases and affected the ultimate success of the effort. CHF initiated the capacity building for its partners, but noticed that some partners took more initiative than others, asking questions and requesting feedback and more information from CHF. These partners, in general, were more successful with CHAMP. CHF has now moved to a model that responds to partner requests for support, so it will become more demand-driven. CRS also initiated capacity building, but measured demand by whether Caritas staff returned for further training in specific areas according to their need. The dioceses and parishes that asked for more training and support also tended to be more advanced and active.

Learning What Capacity Building Is Needed

CHF stresses the importance of taking the time to get to know each partner individually and figuring out what their individual capacity-building needs are. It has developed several tools, including a capacity assessment and a subsequently tailored capacity-building plan, to assess and plan out capacity-building activities. CHF also uses site visits and internal partner review meetings to assess progress and address issues that arise. As partners go through training and learn the program through implementation, CHF observes the programs and checks in frequently with partners to see what additional capacity-building needs have arisen. This is a gradual, iterative process.

Capacity Building Methodologies and Timing

Methodology and timing can also affect program success. Both CHF and CRS use interactive, adult-learning techniques, which are highly participatory and mix classroom training with extensive field experiences and practical training. While this is an engaging, fun methodology, many partner staff members were not familiar with it and approached it with skepticism, assuming that the facilitator had no expertise or insights to offer. However, post-training evaluations showed that participants did learn from the training and appreciated the learning methods.

Curriculum development matters as well. CHF's training manual was developed by an international consulting firm. CHF discovered, however, that they needed to adjust and add to it, to make sure it was relevant and attractive to a Rwandan audience. This included adapting it to address concerns in the Rwandan environment on cooperative support and include specific mention of promising markets in Rwanda. CRS and CHF also recommend periodically re-assessing partners' training needs during the program and changing the curriculum as needed.

CHF and CRS structure their training curriculums into several sessions, allowing plenty of time for participants to reflect on what they are learning. CHF's curriculum includes group work on different aspects of the same case study throughout a session, which provides continuity for participants. CHF also recommends alternating classroom training with testing the new skills in the field, which has worked well for their partners. This may be particularly important when adapting an established program to an HIV and AIDS-affected context, where affected people may have health issues or family obligations keeping them from being economically active. For example, the SILC methodology is used around the world, but CRS helped Caritas adjust it for groups with a large number of members with HIV and AIDS.

Training versus Individual Interaction

Because CRS and CHF work with a number of partner organizations, conducting formal training is attractive because it is fast, cost-effective, and easily replicable. Both NGOs agree, however, that training is not nearly as effective or important as individual attention in the form of counseling, mentoring, guidance, and in-person observation. This is very time- and labor-intensive, but has a stronger impact in the long run than general training.

Partner Staff Competencies

In cases where existing capacity is not present, partners can either train existing staff or hire staff with economic development experience. However, this is not always a smooth process. For example, CHF knew that its partners did not have any previous experience in economic development. In response, it became highly involved in the recruitment and selection process, helping partners to develop job descriptions and interview questions, and even participating in interviews. Ultimately, however, the choice of staff is up to the local partner, which can cause considerable frustration if there is no consensus. Programs responding to the varied needs of clients affected by HIV and AIDS can face particular difficulties because local partner staff is more likely to be expert in community development or in health than in market development or microfinance.

CHF and CRS recommend that lead partners require that multiple staff members from each partner organization attend trainings and meetings, particularly those related to decisionmaking and project planning. For example, Caritas' nutrition staff works with the same populations as the SILC staff, so it is helpful if they each know about the other's programs. General courses, such as fundraising or project management, are useful to most or all local partner staff. CHF also advises that lead organizations clearly spell out which partner staff members should attend which trainings.

Ever-Increasing Training Needs

As the CHAMP program got started with the cooperatives, CHF realized that even more business-related services, such as conflict management, advocacy, and lobbying, were needed. These were well beyond the capability of its partners. CHF therefore decided to develop their partners' ability to identify other service providers with these specific skills, and encouraged these linkages.

Partner-Peer Learning

For organizations with multiple local partners, partner-peer learning can be a highly-effective and low-cost way to improve partner capacity building. CHF has found that struggling partners benefit from the example of stronger peer organizations and the positive peer pressure they receive from interacting with them. It recommends scheduling meetings for all partners in a given program or region to share their accomplishments and challenges with one another. Lead organizations may want to consider allocating funds to enable particularly high-performing local partners to make site visits or offer peer assistance for partners with difficulties. Other opportunities, such as national microenterprise conferences, should also be encouraged or mandated.

Partner Commitment

CRS believes that the positive results of capacity building ultimately come down to the individual capacities and receptivity among different Caritas staff. Management commitment matters as well; some of the Caritas directors and administrators show their commitment to the SILC program by including it in their strategic plan and have even asked CRS to help them implement more advanced economic programming. Other Caritas management staff is more skeptical of the methodology or has other commitments, and has not invested the time and attention necessary for SILC to succeed.

Sustainable Capacity-Building Outcomes

The desired sustainability of capacity building will vary from partnership to partnership, and between the lead and local partner. While funding from CRS for the savings project has ended, Caritas continues to engage in SILC activities—proving the viability of the model through its ease of replication.

CHF knows that organizations often implement programs only as long as there is funding and quickly shift their programmatic focus as donor preferences change. In order to increase the chance that their Rwandan partners will continue market development activities after CHAMP ends, CHF has started to train partners in strategic planning, fundraising, and in identifying and centering their organizations around core business areas (such as economic development or HIV prevention services). It also promotes basic institution-building measures, such as dedicating a staff member to institutional financial management. CHF's hope is that the partners will take on economic development as a core business and will learn to fundraise for their business plans rather than chasing donor funding. The twin milestones of technical capacity and fundraising ability are CHF's key measures of whether partner organizations are "ready" for its exit.

CRS and CHF recommend that lead partners have an exit strategy and announce it at least two years ahead of time. The local partners need to accept the eventuality that the lead partner will certainly exit and to understand what milestones they must meet before the transition occurs. Local partners also need opportunities to let the lead partner know what further assistance, such as funding, training, linkages, or institutional strengthening, they will need to be able to implement the program on their own.

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