HUMAN AND INSTITUTIONAL CAPACITY DEVELOPMENT (HICD) DESK REVIEW

Recommendations on Development Practitioners' Own Capacities

This resource offers recommendations to enhance *development practitioners' own capacities to facilitate local capacity development*, including those of USAID staff. In doing so, it begins to make connections between conceptual lessons found in the development literature and programmatic learning emanating from USAID Human and Institutional Capacity Development (HICD) activities.

This exploratory analysis draws from two related efforts:

- USAID's Paper Series on Capacity and Capacity Strengthening, particularly Inquiry 4 on Development Practitioners' Own Capacities, and

- A synthesis of recommendations from nine evaluations and final reports for HICD activities posted on USAID's Development Experience Clearinghouse.

STUMBLING BLOCKS AND SUCCESS FACTORS IDENTIFIED IN HICD EVALUATIONS AND FINAL REPORTS

Stumbling blocks and success factors identified across HICD evaluations and final reports centered around three core themes: HICD expertise, sustainability, and motivation. The chart on page 3 illustrates how a small number of design choices and contextual factors either enhanced or impeded capacity strengthening work depending on how they were implemented or addressed.

HICD Expertise & Accessibility of Staff

Sustainability & Continuity of Change Efforts

Motivation & Open Organizational Culture

WHAT DOES THE RESEARCH SAY?

Inquiry 4 of the Paper Series on Capacity and Capacity Strengthening found that the capacities of development practitioners have rarely been questioned or systematically addressed. Structural issues, skill gaps, blind spots, and hidden biases often affect development practitioners' ability to effectively develop local capacity.

RECOMMENDATIONS FROM RESEARCH AND PRACTICE

Three recommendations from the synthesis of HICD evaluations and final reports stand out for being aligned closely with themes identified in Inquiry 4:

- Address development practitioners' management challenges that can undermine capacity strengthening efforts. These may include: administrative bottlenecks; risk-averse policies and practices; management deficits; high rates of personnel turnover; lack of understanding of local context; and staff skill gaps.

- Recognize the imbalanced power dynamics between development practitioners and local actors that can lead to ineffective or unsustainable capacity development efforts.

- Adopt a facilitative (rather than directive) posture toward supported organizations. This may require development practitioners to reflect on their own skill gaps and structural challenges.

The following recommendations draw from HICD evaluations and reports that align with findings from Inquiry 4 on development practitioners' own capacities.

USAID as a Good Partner: Broaden mission staff understanding of HICD and, in particular, of institutional capacity development. Ensure reporting and documentation requirements placed on partners are practicable and necessary for effective activity and project management.

Staffing HICD Programs: Ensure that the implementer of the HICD program has certified HPT[1] experts on staff, including by dedicating resources to hire experts where needed. Ensure high quality capacity development support by maintaining a balance between implementer staffing levels and the size of the HICD portfolio supported. When embedding consultants within a target institution, be careful to manage the scope of embedded consultants' work so that it does not displace the efforts of core staff members, which may undermine the organizational change objectives of the HICD program.

Appreciating and Leveraging Local Capacity: Establish relationships of mutual respect with assisted organizations, and use participatory approaches whereby the local institutions identify their own needs and are involved in both designing and implementing their action plans. Focus on country ownership by recognizing the local capacity that already exists and by shifting more responsibility for capacity development efforts to local actors, moving away from a reliance on U.S. organizations and universities.

Performance Measures and Indicators: Accept that outcomes from capacity development efforts often develop over the long term. Recognize that fewer results may be achievable in the short term and, therefore, focus on developing fewer and clearer objectives tailored to the scope of the program and the assisted organization's needs.

Institutional Capacity and Change Management: Mitigate negative consequences from frequent changes in staff, management and organizational structure by addressing these explicitly with the supported organizations. Include change management principles as a standard component of an HICD program. Consider ways USAID can shift from a more direct role and "project-based outsourcing" to more collaborative roles such as that of broker, facilitator, and convener for ideas and networks.

Considerations for Sustainability After the HICD Program Ends: USAID should seek ways to remain engaged with the supported institution to provide technical assistance as needed, and ensure the performance solutions are working after the HICD program ends. To ensure sustainability of outcomes, consider devoting or mobilizing some resources to continue to assist target institutions beyond activity end, if resources are limited, prioritize continued assistance to systemically important target institutions rather moving on to support additional institutions. Integrate sustainability plans into HICD program designs.

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1 Learn more about Human Performance Technology (HPT) here.

THE **STUMBLING BLOCKS** AND **SUCCESS FACTORS** IDENTIFIED ACROSS EVALUATIONS AND FINAL REPORTS WERE OFTEN TWO SIDES OF THE SAME COIN.

Stumbling Blocks		Success Factors

Limited accessibility and/or expertise of in-country staff — **7** | **5** — > Coordinated, shared solutions between HICD staff and partner organization
> HICD integration into partner organization
> Performance assessment teams led by HICD experts

Sustaining improvement after HICD intervention ends <
Withdrawing funds too early < — **6** | **4** — "Dual capacity development" i.e developing HICD capacity of local implementers

Imbalanced workload of HICD implementers to support target organizations — **5** | **4** — Flexibility to respond to unexpected technical needs

Existing organizational culture/resistance — **4** | **5** — Motivation/openness to change

Staff turnover in target organizations — **6**

Significant lag-time between the completion of the performance assessment and implementation of performance solutions — **3** | **2** — Performance assessment engendered buy-in

Disruption caused by frequent but short trips in/out of country by performance improvement experts — **2** | **1** — Accessibility of in-country staff

Lack of available performance data — **3**

Mission reporting requirements — **2**