TRANSITION OF MANAGEMENT AND LEADERSHIP OF HIV CARE AND TREATMENT PROGRAMS TO LOCAL PARTNERS

CRITICAL ELEMENTS AND LESSONS LEARNED

TECHNICAL BRIEF

AIDSTAR-One
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AIDSTAR-One

John Snow, Inc.
1616 Fort Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
E-mail: info@aidstar-one.com
Internet: aidstar-one.com

TECHNICAL AREA/ISSUE AND BACKGROUND

The reauthorizing legislation (Tom and Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008) for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), emphasizes alignment of U.S. Government (USG) efforts with national strategies of partner governments and other public and private entities to support country ownership of HIV programs (Lantos and Hyde 2008). A critical component of the PEPFAR 2010–2014 Strategic Plan is transitioning ownership of HIV programs to host countries. This transfer of ownership and management of programs and their functions, as well as broader capacity building necessary for the transfer, is a concept known as transition of management (Office of the U.S. Global AIDS Coordinator 2009).

The concept of transition of management grows directly from the Accra Agenda for Action (see Box 1), which aims to "strengthen country ownership over development." Country ownership, as defined by the Accra Agenda for Action, occurs when "developing countries determine and implement their development policies to achieve their own economic, social, and environmental goals." The Accra Agenda for Action sets forth three steps to facilitate transitioning the management of development projects and programs: 1) broaden country-level policy dialogue on development; 2) strengthen developing country capacity to lead and manage development; and 3) strengthen and use developing country systems to the maximum extent possible (Organisation for Economic Co-operation and Development 2008).

Assessing and strengthening countries' capacity to implement policies and manage public resources toward their development goals has become a key priority for donors working to transition management of devel-

opment programs, such as HIV antiretroviral therapy (ART) programs, to country ownership. Country ownership and involvement are key factors in PEPFAR guidance (detailed in Box 2) to align programs with the national strategies of partner governments to foster sustainability of HIV programs. By determining and implementing their own development policies to achieve their economic, social, and environmental goals, countries take greater responsibility and control of their development programs, helping ensure program sustainability. Ethiopian Health Minister Dr. Tedros Adhanom Ghebreyesus has stated in articles and interviews that ownership leads to commitment, accountability, and the ability to bring programs to scale (Ghebreyesus 2010; Ministerial Leadership Initiative 2010). For example, in 1999, concerned about the effects of the HIV epidemic on the economy and

the country, members of Zambia's business commu-
nity initiated the Zambia Business Coalition on AIDS
(ZBCA). The idea evolved from the Thailand Business
Coalition on AIDS (TBCA), which had mobilized
companies in Thailand to establish workplace HIV
programs. With support from a former U.N. Develop-
ment Programme (UNDP) resident representative for
Southeast Asia familiar with the TBCA and the U.N.
country team in Zambia, members of the business
community visited the TBCA to learn how it oper-
ated. On their return, they formed the ZBCA, which
now has more than 70 member companies adopting
HIV programs in their workplaces and supporting
community programs for youth. The executive direc-
tor for TBCA served as a technical advisor during the
first year of ZBCA's operations. During the first year,
the Joint U.N. Programme on HIV/AIDS facilitated
ZBCA's establishment; after the first year of operation,
the Zambian business community became responsible
for financing the ZBCA (UNDP 2009).

The USG, other donors, and host country govern-
ments are identifying mechanisms to put these prin-
ciples into practice, and to transfer greater manage-
ment of HIV care and treatment programs to local
partners (e.g., ministries, local nongovernmental orga-
nizations [NGOs], civil society organizations [CSOs],
universities, and private clinics). Additionally, the U.S.
Agency for International Development and other
PEPFAR partners are developing systems that create
an environment conducive to this transition and are
addressing potential challenges that may occur during
the transition period (Office of the U.S. Global AIDS
Coordinator 2009).

In the past several years, numerous programs across
a variety of sectors have been transitioned or begun
to transition to country ownership. Donors and the
international community are coordinating their aid
strategies with national strategies of partner govern-
ments and other public and private entities in support
of country-owned and -managed programs. During

this process, it is essential that critical elements and
lessons learned from programs that have transitioned
successfully be captured to inform and guide others.
The purpose of this technical brief is to highlight the
common elements of successfully transitioned pro-
grams, their approaches, and lessons learned in order
to help PEPFAR program managers transition their
programs to greater host country management.

The information in this technical brief is drawn from literature on transition of management and country ownership; PEPFAR guidance; reports of approaches, successes, and lessons learned in programs that have transitioned or are in the process of transitioning; and interviews with people on the ground who have seen the process unfold.

PROGRAM CONSIDERATIONS

The process of transition of management requires a network of stakeholders to 1) define the context and key participants; 2) establish a transition plan or agenda; 3) carry out the plan in a flexible, learning-by-doing approach; and 4) monitor, evaluate, and make adjustments based on lessons learned. This approach aims to create the flexibility to deal with uncertainties and the ability to pursue incremental improvements to find solutions on the right scale (Loorbach and Rotmans 2010).

Transitioning the management of HIV care and treatment programs from PEPFAR to local partners (e.g., ministries, local NGOs, CSOs, universities, and private clinics) involves a careful look at the country context, systems in place, and existing ca-

pacities across sectors. For example, although two programs may be performing the same functions, transitioning an HIV program in Zambia may be quite different from transitioning a similar program in Rwanda due to differences in the approaches of the ministries of health (MOHs; Sheneberger 2010), as well as differences in existing capacities in the facilities and organizations operating the programs.

The level at which the appropriate government institution participates and the choice of local partners depends on the structure of HIV care and treatment in a country and how care and treatment services are supported. For example, the MOH may already support a subset of clinics through its district health system. Therefore, the MOH might be the best candidate to assume management of other clinics that were previously operated independently by a donor. In other cases, there may be strong NGOs, private hospital systems, or universities already providing healthcare that have a long-term relationship with the MOH and understand its protocols and standards and have the capability to manage the program as local partners. In countries where there is clinical but not management capacity, some PEPFAR implementing partners have created an umbrella NGO to help harmonize programs

TRANSITION IN SOUTH AFRICA

The transition of ART programs in South Africa reflects some of the range of possibilities for structuring transition that can emerge from an evaluation of country context, systems, and capacities. AIDSRelief South Africa worked through two indigenous umbrella partners: the Institute for Youth Development South Africa (IYDSA) and the Southern African Catholic Bishops Conference (SACBC) AIDS office. IYDSA, with five ART sites in Eastern Cape Province, receives funding directly from the Centers for Disease Control and Prevention (CDC) to manage all aspects of its sites. SACBC, with 20 ART sites in seven provinces, transitioned to local management and receives funding directly from CDC to manage its sites. Because SACBC needed support in certain areas, it also has a service agreement with Catholic Relief Services for monitoring and evaluation, training, clinical coordination, and some aspects of financial management. St. Mary's Hospital, which had previously worked under SACBC, transitioned into an independently functioning organization receiving funds directly from CDC (Broemmelsiek and Stark 2009). The programs reflect the organizational changes that can arise during transition planning and provide an example of a local partner that receives direct funding and manages all aspects of ART sites, and a local partner that subcontracts certain aspects of management.

with country policy, work with the appropriate ministry, and manage the funding for the clinical sites.

Because every transition requires tailoring to the particular situation within a country, there is no one formula or approach that will work in all cases. However, there are some general steps that can guide program leadership through the process of transitioning management and leadership of their program to local partners. The four-step framework in Figure 1, adapted from Loorbach and Rotmans' transition of management cycle (2010), can be used by PEPFAR program managers to transition management of HIV care and treatment programs successfully.

Each step of the framework involves activities and benchmarks as outlined in Table 1. The activities and benchmarks listed are some of the actions and intermediary outcomes PEPFAR program managers should consider. These are general activities and benchmarks that need to be adapted and expanded based on the country context and should be developed jointly by the program manager, local partners, and stakeholders as part of the transition of management planning process, which may need to be modified along the way. Stakeholders are the people and organizations in country that will be involved in the transition process and will include appropriate ministries as well as local organizations such as hospitals, NGOs, universities, or clinics and

their personnel as well as recipients of care, such as people living with HIV. The local partners are the organizations to which the program management is being transitioned and may include a prime contractor for and distributor of USG funds.

The activities listed draw from the organizational capacity assessment domains outlined in the AIDSTAR-One *Capacity Assessment Tool for Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners* (Gutmann and Franco forthcoming): human resources, leadership, effective policy, operating systems, management systems, infrastructure and resources, fiscal management, and partnerships and alliances.

The following descriptions of each of the four steps for transition of management provide examples from two countries, Zambia and El Salvador, where program management has been transitioned from the donor or PEPFAR implementing partner to host country institutions. The descriptions include 1) the purpose, activities, and benchmarks in each step with reference to how it moves toward the five PEPFAR aspects of country ownership and 2) how the benchmarks were achieved and lessons learned.

Step 1: Analyze the Context and Determine Stakeholders

Transitioning a program to country-owned and -led management involves determining the potential in-

Figure 1. Steps for Transition of Management
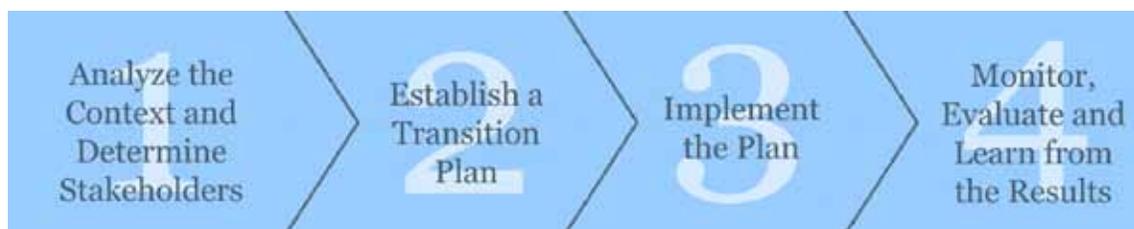
Adapted from Loorbach and Rotmans 2010.

TABLE 1. ACTIVITIES AND BENCHMARKS FOR THE TRANSITION OF MANAGEMENT PROCESS

ACTIVITIES	BENCHMARKS
Step 1: Analyze the Content and Determine the Stakeholders	
• Engage appropriate government ministry and implementing partners • Clarify/align programs with national HIV strategic plan or framework • Assess country capacity (what and when to transition) • Map current activities and areas of support that need to be transitioned • Identify local partner(s) to manage the program • Assess partner capacity.	• PEPFAR-supported services are better aligned with the national HIV strategic plan/framework and integrated with existing healthcare delivery systems • Identification of strong local partner(s) that can manage the program building on existing organizational capacity • Identification and engagement of key local partners in transition planning and decision making, including ministries, civil society, private sector, and universities.
Step 2: Establish a Transition Plan in Collaboration with Local Partners	
• Clarify roles, responsibilities, and accountability of different local partners • Develop a transition plan with clear, measurable benchmarks and monitoring system • Plan for local partner capacity building in transitioned functions, including (as appropriate) human resources, pharmacy, quality assurance/quality improvement, procurement, grant application and management, internal controls, governance, preparing for audits, and any necessary personnel training.	• Planning for transition of management informed by results of assessment of country readiness and capacity of local partners • Local partners are receiving technical assistance and mentoring to carry out the necessary tasks and build human resources and local capacity (e.g., treatment sites, laboratories, and drug management) • Operational plan developed for transition of key programmatic functions and resources to local partners • Resources secured for capacity building and implementation of the transition of management process • Opportunities for south-to-south technical assistance are identified, supported, and facilitated.
Step 3: Implement the Plan Flexibly	
• Support local partners to implement programs and monitor implementation, with the goal of functioning independently from the transitioning partner • Strengthen the ability of local partners to manage grants and USG funding, including working to provide technical capacity and encouraging joint planning and budgeting among partners and program participants • Continue capacity building, transferring responsibilities in identified areas as partners become ready to take over program management • Address problems and capacity gaps as they arise.	• Transfer of key program functions initiated • Support is provided for quality assurance and financial program • Continued bilateral engagement through Partnership Frameworks and other efforts • Open communication and strengthened partnerships.
Step 4: Monitor, Evaluate, and Learn from the Results	
• Monitor transition of leadership and management of program functions, responsibilities, performance, and results • Assess current status in relation to initial goals and objectives of the transition of management plan • Use information gathered in the monitoring and evaluation process to inform and redirect efforts as necessary.	• Local partners successfully manage key program functions • Local partners maintain and improve organizational capacity in core areas • Local partners provide effective program services and uninterrupted HIV care and treatment • Local partners successfully manage USG funds.

country partners and their capacity to manage and lead the response to the country's HIV care and treatment needs. If transition to a locally led and managed program is to be successful, it will build on existing capacity in designing and implementing strategies that lead to effective and sustainable development (Ekong 2010; Hoos 2010).

In preparing to transition a program, it is necessary to understand the current framework for HIV care and treatment in a country. Questions to be asked include:

- What are the political and social consequences in moving to local ownership?
- Who are the key stakeholders? Whose commitment is required for successful transition of management?
- Who funds the programs? How does money move from donors to implementers?
- What is the current role of the relevant ministries? Do they provide standards for providers, programs, and facilities to follow? Do they run facilities?
- Are there district health teams? How do they work and what has been their role?
- Are there local facilities or NGOs with capability or already running the program?

The answers to these questions will determine the local partners, what parts of the program are transitioned first, and what capacities are needed for full transition. Following are examples of how AIDSRelief and the World Food Programme (WFP) analyzed the context and determined the local partners in their transition of management process in Zambia and El Salvador.

Zambia

The AIDSRelief consortium in Zambia aims to develop and strengthen HIV care and treatment delivery across the country (Sheneberger 2009).

AIDSRelief oversaw several key steps in analyzing the status of HIV care and treatment in Zambia prior to transition of management to a local partner.

First, AIDSRelief ensured that the transition of management process adhered to Zambia's national HIV care and treatment framework documents. Zambia's MOH has national HIV care and treatment guidelines, a national HIV strategic framework, and an approach for monitoring and evaluation that involved a review of site processes and procedures.

Second, AIDSRelief assessed a number of potential local partners and chose the Churches Health Association of Zambia (CHAZ). CHAZ has been working in Zambia since the 1970s. It has a trusted relationship with the MOH (Sheneberger 2010) and operates 146 church health institutions in nine provinces working in 56 out of 72 districts in Zambia (CHAZ 2010).

Finally, AIDSRelief began establishing the foundations of a transition plan and management team. After identifying CHAZ as their local partner, AIDSRelief established a Leadership and Governance Forum composed of management and staff from the transitioning facilities, CHAZ staff and board members, and AIDSRelief staff to guide the transition process. For example, the Forum developed a communication strategy at the very beginning of the transition process to help ensure engagement of all stakeholders (CHAZ 2010).

El Salvador

A successful handover of the WFP's school feeding program in El Salvador in 2008 also illustrates some of the characteristics of Step 1 in action. In 1997, the government began to take over responsibilities for the program, which had grown to reach 90 percent of school age children in rural areas. School feeding was already part of the national

policy framework and in 2000, El Salvador passed a law that required that proceeds from privatizing the national telecommunications company be put in a trust fund and the interest earned used for social programs such as school feeding. High-level political figures, such as the First Lady and the Minister of Education were involved in the program's technical and steering committees, which gave the program visibility. This prominent commitment to the program secured the Government of El Salvador as the local partner for the transfer of management of WFP's efforts (WFP 2008, 2010).

The key lesson learned from both the Zambia and El Salvador examples is the importance of early engagement with key local partners and stakeholders. In the case of Zambia, the identification of a strong local partner to lead and manage the program took into account local strengths and capacities. In the case of El Salvador, multi-year funding flows enabled proper, long-term planning so that the local partner could be identified early.

Both examples illustrate activities key to Step 1 of a successful transition of management process:

- Engage the appropriate government entity in communications with a broad set of stakeholders to ensure commitment and participation in the transition process
- Ensure the program is aligned with national policies
- Emphasize existing institutional and human resource capacity
- Establish a leadership structure for managing the transition process.

Step 2: Establish a Transition Plan in Collaboration with Local Partners

Once the context has been analyzed and stakeholders and local partners for the transition have been determined, the next step is to plan for the transi-

tion. A good plan for the transition of management works with stakeholders to clarify roles, responsibilities, and accountability for local partners. The plan should map the functions needed for the program to run successfully after the transition, understand where the current program is providing support that will need to be transitioned, identify gaps in transitioning partner and national management capacity, and plan for, and begin building, that management capacity where needed. Resources for the process should be secured at this time, including the potential for local and other south-based technical assistance. At this point, it is very important to determine how to strengthen the capacity of the local partner to manage grants and USG funding, including encouraging joint planning and budgeting among stakeholders. This is also the time to create a system to monitor the implementation that addresses problems as they occur, builds capacity as needed, and ensures that any necessary modifications can be made to the plan as implementation progresses. Box 3 suggests some elements to consider in a transition of management monitoring plan for an HIV care and treatment program.

These activities address three of PEPFAR's five aspects of country ownership, including strengthening engagement with multiple levels of government to raise the profile of HIV and increase dialogue, helping expand technical assistance to support a capable cadre of professionals, and increasing the potential for partnering with governments through bilateral, regional, and multilateral mechanisms that support south-to-south technical assistance.

Zambia

For Step 2 of the transition of management process, AIDSRelief created a transition plan for the initial phased transfer of five treatment centers and their site management to CHAZ (CHAZ 2010). AIDSRelief provided site support for the program through CHAZ and technical support

through collaboration with the MOH, University Teaching Hospital in Zambia, and the University of Zambia (Sheneberger 2009). The Leadership and Governance Forum, established in Step 1, created four subcommittees on clinical management, supply chain management, grants management, and strategic information to help design a roadmap and detailed workplan for the transition. The communication strategy developed at the very beginning of the process was used to involve all stakeholders in the planning process (CHAZ 2010).

The plan provided for CHAZ to hire local program staff who currently worked for AIDSRelief in key areas such as supply chain management, medical expertise in ART, and monitoring and evaluation. CHAZ staff were trained by AIDSRelief in site capacity assessment, management of USG funds and policies and procedures, and pharmaceutical management of ART. Joint AIDSRelief-CHAZ site visits to the transitioning treatment centers were initiated as well as a visit to the transitioned AIDSRelief program in South Africa to further build staff capacity (CHAZ 2010).

El Salvador

The WFP's transition plan grew out of a longterm process that included working to increase government capacity to finance and manage its school feeding program. Based on information from surveys and analyses of food distribution sites, WFP identified gaps in management capacity in the Government of El Salvador and, using that assessment, included capacity building in its transition of management plan. WFP and the government collaborated on a handover strategy that took into account local needs and gaps and provided clear agreement on the duration of WFP's involvement. The agreement provided for systematic planning for a gradual transfer of responsibility for the program (WFP 2010).

Together, these two examples reflect similar strategies that:

- Use existing institutional and human resource capacity from the transitioning and recipient organizations and focus on transition of human resources capacity and skills as a key step
- Reinforce communications and relationships among stakeholders and partners early in the process

- Assess capacity of the local partner and the sites being transitioned
- Prioritize functions to be transitioned based on capacity
- Strengthen existing systems
- Allow for a gradual transition of management and leadership oversight and responsibilities
- Emphasize close partnering throughout the process from assessment, through planning to implementation.

Step 3: Implement the Plan Flexibly

The primary functions of this step are supporting and working collaboratively with local partners in managing the program and monitoring implementation to ensure problems and capacity gaps can be addressed as they arise, and to continue planned capacity building and transfer of responsibilities as partners become ready. Every transition of management process encounters obstacles and unplanned events, so program managers should leave room in the transition plan for the unexpected. When this is acknowledged at the beginning of the process, it is possible to reserve additional resources that will allow for flexibility.

The implementation process may address all five of PEPFAR's aspects of country ownership, especially strengthening engagement, expanding technical assistance, partnering with governments through various mechanisms, and ensuring alignment with national plans.

Zambia

AIDSRelief encountered several unexpected challenges during the implementation of its transition plan in Zambia. The plan called for the phased transfer of treatment centers, starting with 5 and expanding eventually to 20. At the same time that AIDSRelief was transitioning these sites, it was expanding their treatment capacity. The need

to build capacity while maintaining the quality of treatment programs placed added stresses on financial and human resources during the transition process. During this time, AIDSRelief learned that increased funding it had expected was either cut or would remain flat (Sheneberger 2010).

As the transition plan moved forward, four of the sites intended for transition expressed different treatment philosophies than CHAZ or thought they had capacity to run their own programs. A new partner for these four centers, Chreso, an NGO, was identified. The fact that AIDSRelief had identified local partners early in the process and initiated extensive communication among the stakeholders helped greatly in addressing the issues raised by the four centers (Sheneberger 2010). Changing requirements and guidance on the transition process from the USG also meant that AIDSRelief had to change its strategy more than once. Addressing strategy changes was easier because of the strong relationships that had been established in Step 1, analyzing the national context.

El Salvador

WFP's transition plan in El Salvador allowed for a gradual increase in the government's capacity to finance and manage the program. Because there was dedicated funding for El Salvador's school feeding program from the establishment of a government trust fund, which covered basic program costs (such as food), WFP could use its resources for capacity building. This enabled WFP to implement a training effort at all levels of the program, from encouraging community participation, to coordinating personnel working at distribution sites, to managing logistics and procurement (WFP 2010).

These examples show the strength and flexibility derived from early planning, good communication

throughout the process, ongoing monitoring of the process, and external forces requiring adaptation and strong partnerships. AIDSRelief has been able to weather changing requirements and the need for an additional local partner for four sites because of strong communication and good relationships among the partners, sites, and the MOH. WFP's strong capacity building and long-term planning helped it complete a transition with El Salvador while allowing the government to achieve 100 percent coverage with its programs.

The difference between the two transitions is most strongly illustrated in their funding. El Salvador had arranged for a trust fund for the program, which ensured at least 30 percent of the government's budget for school feeding in 2008. AIDSRelief has not received expected funding increases and experienced funding cuts, emphasizing a need for secure funding streams prior to planning and implementation.

Both transitions benefited from:

- Strong institutional structures and arrangements
- Strong partnerships and coordination among stakeholders that strengthened engagement among different levels of government
- Expanded capacity of partners
- Programs aligned with national policy.

Step 4: Monitor, Evaluate, and Learn from the Results

Monitoring and evaluation for the transition of management process will vary depending on what kind of program is being transitioned. The monitoring system built in Step 2 and used in Step 3 can also help evaluate the transition once it has been completed. The system can serve as a way for the local partner to evaluate and improve its services, and it can also be used by

program managers in an advisory capacity after the transition is complete. At a minimum, transition of program leadership, functions, responsibilities, performance, and results should be evaluated.

Zambia

AIDSRelief's careful monitoring of CHAZ during the implementation revealed the need for further capacity building in managing the requirements surrounding U.S. grants. Although CHAZ had managed a variety of grants, including from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the requirements for managing USG grants and the ability to prepare for and respond to audits entails specialized knowledge that should not be underestimated (Sheneberger 2010). This emphasizes the importance of monitoring even in areas where local partners have been assessed as capable, as well as the need for clarity about the roles and requirements local partners will be assuming. When a local partner has not been clear about a requirement, it may take time and effort before the organization realizes its capacity gaps. As a result, it may be useful to revisit capacity assessments at different steps in the transition process. Part of monitoring and evaluation for transition of management involves establishing shorter-term goals such as strengthening individual and organizational capacities so that the whole process works smoothly.

El Salvador

Monitoring and evaluation is also instrumental in providing lessons learned and evidence for good practices. For instance, in a review of its transition of management of school feeding programs globally, WFP determined the following common characteristics of successful transitions:

- Programs were included in national policy frameworks and processes

- Multi-year funding flows enabled proper, long-term planning
- Sound analysis and advice allowed decision makers to develop a needs-based, cost-effective program design
- Strong institutional structures and arrangements drove effective implementation and monitoring
- Strong partnerships and coordination among education, health, agriculture, and local government sectors enabled wider socioeconomic impacts
- Community participation and ownership increased sustainability (WFP 2010).

SUMMARY AND CONCLUSION

Transitioning management of programs to in-country partners where programs are integrated in national policy is a complex, long-term process. It begins with a survey of the context, and if planned well under the right conditions, may result in country ownership of funding responsibility. All the elements of transition of management require funding for planning, for the transition itself, and for sustainability. It is good to have sustainability in mind at the beginning of the transition when discussing policies with the host government. When the host country government has incorporated requirements or directives for programs such as school feeding or ART into its policy and planning framework, the budget may be more secure. Ideally, as in the WFP's transition in El Salvador, there is dependable funding allocated to the program through the national budget (WFP 2010), or in the case of the ZBCA, transition of funding is planned from the beginning. While this is not always possible, it is one avenue to pursue during initial planning for a transition.

Program managers transitioning HIV care and treatment programs need to understand the structure of care and treatment in the country. They need to analyze the political and social consequences of moving to local ownership, and know whether to invest their money and effort with a strong national or local ministry or a capable local institution. These decisions have managerial and political consequences as well as consequences for quality and delivery of HIV care and treatment (Hoos 2010).

In reviews of transitioned programs and interviews with transition leaders and participants, several common themes arose: the importance of communication and capacity building, the long-term nature of the transition process, and the necessity for stable sources of long-term funding. Clarity about the timing and amounts of funding is essential because sources of funding can be tenuous (Sheneberger 2010). For example, if the main funding stream is going to remain flat and the trajectory of enrollment in HIV care and treatment services is projected to continue to rise, either adjustments to the transition plan must be made or further sources of funding must be pursued. Interviewed sources emphasized the importance of having clear discussions on capacity early on to identify gaps and develop a vision for addressing them. Taking time to understand and address capacity challenges before beginning to transition may smooth the process (Sheneberger 2010). One interviewee stated that, "You have to know how strong people are as a group before you transition, and then you need to be able to have continuing mentoring and a continuing relationship so people still feel there is a connection and they can get advice" (Ekong 2010, 3). This is illustrated in transitions, where WFP, for instance, continues to be available as a consultant to El Salvador's national school feeding program (WFP 2010).

Capacity building, by its nature, takes time. Transitioning management of programs can create or change the organizational, governance, and management structures of local partners. For instance,

many local partners need to develop the financial skills, controls, and structures to enable them to manage and monitor USG grant monies, a process quite different from managing grants from other sources. Local partners may need time to develop the mechanisms, systems, and personnel to continue program implementation in the face of a monetary or leadership crisis if given only a short timeframe for transition (Hoos 2010).

RESOURCES

This section lists tools that can be adapted for evaluating capacity at the country and ministry level in order to develop a transition plan.

AIDSTAR-One. *Capacity Assessment Tool for Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners.* **Forthcoming.** Will be available at www.aidstar-one.com/treatment. This tool is intended to be used by PEPFAR program managers and implementers to assess the capacity of a country to assume greater responsibility and management of HIV care and treatment programs and resources. This tool serves as a mechanism for assessing and shifting management of care and treatment programs from PEPFAR to national and district governments and NGOs, includes ways to incorporate costing into decision making, and outlines the stages and steps necessary to build country capacity. This tool can also assist PEPFAR country teams to identify areas that need strengthening and monitor progress toward greater country management.

Asian Development Bank. *Capacity for Results Management: A Guide for Conducting a Rapid Assessment of the Capacity of Developing Member Countries to Manage for Results.* **2006.** Available at www.adb.org/MfDR/publications-readiness.asp. This guide describes an approach for rapid assessment of a country's capacity for results

management. It is constructed using key factors that influence the demand for results management: improving performance, increasing efficiency, and enhancing the effectiveness of the machinery of government.

European Commission. *Institutional Assessment and Capacity Development: Why, What and How?* **2005.** Available at http://ec.europa.eu/europeaid/multimedia/publications/documents/tools/europeaid_adm_concept_paper_en.pdf. This paper provides a clear five-step process that includes rationale for institutional assessment and capacity development, a process for assessment and approaching capacity development issues, a step-by-step assessment process, tips to distinguish between symptoms and causes of levels of performance, capacity development and change processes, and the role and support of donors. It encourages active engagement of stakeholders in all levels of the assessment and decision making on capacity development priorities.

U.N. Development Group (UNDG). *UNDG Capacity Assessment Methodology User Guide for National Capacity Development.* **2008.** Available at: www.undg.org/docs/8778/UNDG-Capacity-Assessment-User-Guide-Feb-2008-1.doc. This publication provides step-by-step guidance on capacity assessment and design of capacity building strategies and includes a tool for evaluation of the country environment, accountability, knowledge, participation of civil society, and external/international relations.

UNDG. *Capacity Assessment Framework.* **2008.** Available at http://content.undp.org/go/cms-service/download/asset/?asset_id=1684933 (practice note) and www.undg.org/docs/8947/UNDG_CA_Supporting_Tool-April-2009.xls (supporting tool). This is a comprehensive set of tools intended to serve as a starting point for capacity assessment exercises

for UNDP and other development practitioners. The framework provides a comprehensive view of the issues that could be addressed in capacity assessment, yet it is flexible enough for adaptation to different situations. UNDP configures capacity assessment as the first in a four-step capacity development process: assess capacity and needs, formulate capacity development strategies, implement capacity development strategies, and monitor and evaluate capacity development strategies.

U.N. Population Fund (UNFPA). *Assessment of National Execution Capacity: A Methodology.* **2000.** Available at www.unfpa.org/monitoring/pdf/n-issue29.pdf. This sample tool was developed and used by the UNFPA Madagascar Country Office to assess national capacity for project execution. It contains a questionnaire to assess the general management, technical, and financial capabilities of government and nongovernmental bodies.

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