PAPUA NEW GUINEA
Capacity Building Service Centre (CBSC)

Capacity Building Compendium

A collection of capacity building tools and resources
Acknowledgements

JTA wishes to acknowledge the hard work of advisers and project team members involved in the AusAID-supported PNG Capacity Building Services Centre who contributed to the compilation of this compendium through the trialing and recording of different approaches to capacity building. We also acknowledge additional contributions and feedback from other JTA consultants working on projects throughout the region.
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1 Introduction

Capacity development tools and approaches for health development have been developed through the AusAID-funded Capacity Building Service Centre (CBSC) program and the Health Sector Service Program (HSSP) in Papua New Guinea (PNG). This Capacity Building Compendium (the compendium) provides a concise inventory of the tools and approaches developed by these programs.

The compendium is divided into five sections: capacity mapping, capacity building, performance appraisals, evaluation, and training programs. Each section details the objectives of the capacity building approach, the tools used, the process followed, the lessons learned during implementation, and the potential for the tools’ application to various settings.

The compendium is a living document and will be updated annually as the approaches are evaluated and refined; it is a work in progress, designed as a knowledge dissemination tool. Many people around the world are working on capacity building and we hope, by sharing our work in progress, we can stimulate ideas and information exchange.

For additional information, Capacity Building and Health: An Annotated Bibliography is a guide to current thinking on the meaning, role, and use of capacity building in health development. It provides information and current literature on planning, implementation, and management of health sector projects and programs, that is particularly relevant to people actively developing health-related policy development.
2 Capacity mapping

2.1 Capacity mapping objectives—the CBSC objectives

As part of the CBSC planning process, organisational development capacity mapping was conducted in 2007 for all National Department of Health (NDoH) branches, Provincial Health Offices, and Provincial Hospitals. Capacity mapping is one of a suite of tools used to identify the stages of capacity development of units in the health sector.

The objectives of the CBSC capacity mapping activities included:

- gaining an insight into organisational capacity to support priority health service delivery and functions, according to the roles and responsibilities of the unit or level
- recognising stages of capacity development and identifying needs for continuing development
- producing evidence, based on tested and trialled tools, to inform future capacity building activities
- providing objective feedback to health managers on their organisational capacity to support the public health strategic directions and the management strategic directions
- establishing some baseline data about how the health sector is functioning that could be monitored over time.

2.2 Capacity mapping tools

The CBSC capacity mapping approach has three main tools:

- Skills audit and job analysis
- Capacity mapping template assessment tools
- Organisational development profile
2.3 Capacity mapping process

The process taken for the CBSC capacity mapping was developed and contextualised for NDoH branches, provinces, and hospitals. The key assessment criteria contained a logical sequence for auditing organisational capacity, including strategic directions for health sector management. Content analysis was used to identify stages of capacity development (latent, developing, expanding, and consolidating), and capacity issues cutting across branches, hospitals, provinces, and the health sector as a whole.

In addition, the capacity assessment identified the capacity of units to support public health strategic directions for the sector. Another element of the assessment identified capacity-facilitating and capacity-inhibiting factors outside each unit’s area of influence.

These assessments were based on respondents’ self-assessment using the capacity mapping tools. Other tools to complement self-assessments can also be used. For example, expert external reviews of actual capacity against defined core capacities, training needs analyses of individuals, and internal and external client surveys can be used.

A three-stage process was followed for the CBSC capacity mapping exercise.

1. A comprehensive literature review was conducted to determine the approach to organisational development capacity mapping. Tools and lessons were drawn from international best practice, particularly from the Discussion Oriented Organisational Self Assessment (DOSA) (Levinger and Bloom, 1997) and the Organisational Capacity Assessment Tool—OCAT (PACT, 1996), which have been used successfully in other development settings. A field test of the capacity mapping instrument was conducted with a sample of interviewees. Based on the field test, the length of the questions were modified, the probes were changed and simplified, and less ambiguous language was used in the questionnaire. A second field test was undertaken using a sample of local CBSC Advisers.

2. Interviews were conducted by staff during May and June 2006. The average duration of the interviews was 60 to 90 minutes. The questions were divided into two parts: a ‘score’ of current capacity and qualitative questions, which were open-ended and probed. Based on the score and a content analysis of the qualitative responses, a ranking process was developed. All quantitative data was entered into an Excel spreadsheet and all qualitative data into Microsoft Word.
3. A sector-wide overview was then developed based on an analysis of five key units of competency in organisational development: strategic management and governance, infrastructure, service delivery, human resources, and community engagement. Critical information was gathered by including a number of questions for each unit of competency. Three members of each unit responded to the survey, usually the Director, a member of the principal advisory team, and a member of the technical (middle) management team. The interviewees were given prompt questions to gather more evidence about their decision-making process for arriving at the 'score'.

2.4 Capacity mapping—lessons learned during implementation

A technical review of the process was undertaken including:

- analysing content to identify and review the rankings
- identifying inconsistencies between interviewees from the same unit
- identifying stages of capacity development and capacity issues that cut across the branches, hospitals, provinces, and the health sector as a whole
- capacity mapping of each unit’s ability to support public health strategic directions and management strategic directions
- identifying capacity-facilitating and capacity-inhibiting factors outside the units’ area of influence.

2.5 Potential to apply capacity mapping to other settings

Capacity mapping is an internationally recognised tool to assist identifying, monitoring, and evaluating capacity building in development settings and domestic social sectors. Capacity mapping is not static—tools and approaches can be applied to a broad range of purposes. For example, some capacity mapping tools are determined by the type of organisation being assessed while others are determined by the significance of the analysis within the whole capacity development process. Capacity mapping is a ‘structured and analytical process whereby the various dimensions of capacity are assessed within the broader systems context, as well as evaluated for specific entities and individuals within the system’. (Douglas and Renneberg, 2005).

Capacity mapping has also been used to identify the capacity needs of individuals, organisations, and systems within the health sector. It can assist in developing capacity improvement plans to support the NDoH and provinces to meet strategic directions set by planning processes.
3 Capacity building

3.1 Capacity building objectives
Establishing strong working relationships between Technical Advisers (TAs) and Partners is important to ensure consensus when identifying capacity needs and creating an agreed understanding of mutual accountability.

To maximise the benefits of capacity building exercises in PNG, a three-phased tool was designed to identify and build the capacity needs of TAs and Partners. In the first phase, a Situation Analysis is undertaken of an individual’s or organisation’s capacity needs, including analysing any external influencing factors. The second phase uses a Capacity Support Agreement to develop collaboration between TAs and Partners by formalising their capacity-building relationship. The third phase uses a Capacity Building Plan to link agreed activities to broader goals and strategies of the health sector or government department. This tool assists TAs and Partners monitor progress against key performance indicators and highlight areas for improvement.

The CBSC has also devised strategies to select capacity building techniques appropriate to different environments and workplace settings. To assist in identifying internal and external factors that influence capacity building activities, the CBSC has developed tools for TAs and Partners promoting open dialogue and regular progress assessments. These tools include the Capacity Building Options Menu, Workplace Journaling, and reflective practice.

3.2 Capacity building tools
- Situation Analysis
- Capacity Support Agreement
- Capacity Building Plan
- Capacity Building Options Menu
- Workplace Journaling
  - Workplace Journal
  - User Guide

3.3 Capacity building process

Situation Analysis Tool
The Situation Analysis Tool is being tested in 2007. It consists of elements such as skills and job analysis, training needs analysis, organisational capacity
mapping, and assessment of physical needs according to minimum standards and international standards for development settings.

**Capacity Support Agreements**
Capacity Support Agreements (previously called Learning Agreements) were introduced during the 2006 orientation for all CBSC Advisers. The purpose of the tool is to identify learning opportunities for Partners to achieve their Annual Activity Plans (AAPs) and to develop a clear set of competencies, skills, behaviours, and attitudes. Opportunities are identified, agreed, and formalised. The Capacity Building Specialist then provides appropriate support or additional resources to implement the Agreements.

Capacity Support Agreements create partnerships that help identify learning needs and investigate appropriate solutions, jointly determined between TAs and their Partners. They are two-way agreements that encourage building competencies and capabilities. Capacity Support Agreements also help determine clear and concise learning objectives, realistic strategies, critical success factors, and key performance indicators. Understanding how the plans and agreements align with the National Health Plan's strategic directions also results in actions that support national health strategies.

Open and honest communication is crucial to the success of Capacity Support Agreements, making regular meetings and continuous feedback essential.

Capacity Building Agreements formalise an arrangement between TAs and their Partners by:
- identifying the Partners’ capacity building needs
- acknowledging links to relevant strategic directions or annual plans for the sector
- setting realistic and achievable objectives
- determining practical strategies on how objectives can be achieved
- specifying individual performance indicators
- identifying timeframes for achieving agreed outcomes.

Capacity Support Agreements are reviewed quarterly using the Review Phase Template and adjustments are made accordingly. The Capacity Support Agreement tool itself was reviewed in 2006 and some minor adjustments made after receiving feedback from users.

**Capacity Building Plans**
The Capacity Building Plan template identifies capacities or competencies to be developed by individuals, groups, or systems and the performance measures and strategies to be used for measuring outcomes. This plan identifies links to the relevant strategic directions or AAPs for the PNG health sector.

The key areas of focus for the Capacity Building Plan are:
- identifying capacities or competencies that need to be developed (‘What do we need to do?’)
- outlining capacity building tasks and strategies (‘How will we do this?’)
- identifying performance measures (‘How will we know what has been achieved?’)
- devising timelines (‘When will we expect it to be completed?’)
- linking to AAPs or Health Sector Strategic Plan.

Periodic reviews are incorporated into the planning process to ensure capacity building tasks and strategies are contributing to desired outcomes.

TAs review progress-to-date quarterly and complete the Review Phase document, attached to the Capacity Support Agreement.

Every six months TAs provide a report to the Capacity Building Specialist that:
- reviews the progress of each learning objective
- indicates the factors enabling success
- indicates any factors preventing success.

**Capacity Building Options Menu**

A capacity building options menu has been developed for capacity-building methodologies at individual, organisational, and system levels. The menu is a reference document for TAs and Partners when options for building Partners’ capacity are being considered.

All TAs are given the options menu and are offered support and additional training on options for different situations. The current options menu is divided into three sections: individual capacity building, group and organisational capacity building, and systems capacity building.

In addition to the options menu, an options matrix discusses the approximate budget and time required to implement each option. The matrix assists TAs and Partners to make informed decisions when choosing capacity building options, ensuring value-for-money is taken into consideration.

**Workplace Journaling and reflective practice**
The CBSC is using Workplace Journals to identify capacity building techniques that work well in different environments. Reflective workplace journaling is an important tool allowing TAs and their Partners to:

- identify the capacity building tools that work best at an individual, organisational, and system level
- determine the different stages of capacity building
- monitor and measure factors that enable or inhibit success.

TAs and their Partners meet on a regular basis to discuss progress towards elements of their Capacity Support Agreement. The Workplace Journal facilitates ongoing discussion and reflection, enabling TAs and Partners to exchange ideas and thoughts that directly relate to the Partners’ capacity building activities. As each competency is achieved, this tool provides an opportunity to acknowledge success or perhaps change direction.

Through regular reflection and journaling, the CBSC can respond to situations as they arise rather than waiting for periodic reviews.

3.4 Capacity building—lessons learned during implementation

- A broad suite of options, including options with limited or no costs, should be incorporated into the options menu. Evidence also suggests that multiple options are more effective than simply using a single option in isolation.

- Capacity Support Agreements are an effective tool for defining areas for development and as a reference for both parties to keep focused on original or revised capacity building objectives. The review also highlighted the need to have good relationships between TAs and Partners for this type of tool to be effective.

- Capacity building needs to occur over time and, therefore, TAs are given an option to journal bi-monthly rather than monthly, depending on the amount of capacity building activities in their province or branch.
4 Performance appraisals

4.1 Performance appraisal objectives

Performance management is used as a strategic and integrated approach to deliver sustained success by improving the performance of the people who work within an organisation and by identifying and developing the capabilities of team members and individual contributors.

In May 2005, an extensive **360 degree appraisal** process was developed for the national and international TAs in the HSSP working both in the NDoH and throughout various provinces of PNG.

Conducting **360 degree appraisal** performance reviews aims to:
- encourage open and honest feedback from a variety of sources
- obtain a deeper perception of overall TA performance
- analyse the delivery and impact of TA capacity building skills and activities.

4.2 Performance appraisal tools

*Capacity Building 360° Appraisal Form*

4.3 Performance appraisal—lessons learned from implementation

- Positive responses about the Workplace Journal were received in a recent review from both TAs and their Partners.
- Workplace Journals can now be orally recorded through interviews. Not all TAs are comfortable writing, but they are good at discussions. Oral recording can encourage reflection.
- Feedback to TAs and Partners will be more actively provided to facilitate their use and level of reflective practice.
- Some editorial changes were made to the Workplace Journals.
- The structured critical incident techniques were removed as the only method of reflection.
5 Evaluation

5.1 Evaluation objectives

Ethically designed frameworks for evaluation are important to ensure participant consent is obtained and degrees of confidentiality are set. This ensures participants and assessors are comfortable providing and receiving feedback.

The evaluation framework should include, but not be limited to:
• obtaining consent to participate
• outlining various levels of consent and determining if providing names is appropriate
• obtaining consent for the type of data collected and its intended circulation
• provide an opportunity for assessors to review comments before publication.

5.2 Evaluation tools

• Most Significant Change Framework
• Review of Capacity Building Tools

5.3 Evaluation process

Most Significant Change

The Most Significant Change (MSC) approach is a type of participatory monitoring and evaluation. MSC involves collecting and interpreting stories of significant change in a systematic way. Unlike conventional approaches to monitoring, MSC only uses qualitative data and does not use quantitative indicators. Many stakeholders are involved in deciding the types of significant change that are recorded and are involved in analysing the data. MSC contributes to evaluation by providing data on impacts and outcomes that can be used to assess the performance of the project as a whole¹.

Rick Davies originally developed the MSC approach through his work with a participatory rural development project in Bangladesh in 1994. The approach has

¹ Extract from Davies and Dart, [2004] MSC User Guide.
since been adapted and widely promoted in Australia by Jessica Dart. Information about the MSC approach is also available globally through an MSC approach internet discussion group. The group was set up in 2000 and now has more than 120 members. Access to the mailing list and papers about the work of Rick Davies, Jessica Dart and others can be found at: <http://groups.yahoo.com/group/mostsignificantchanges>

The MSC process involves collecting stories of significant change from the field with panels of stakeholders or staff systematically selecting the most significant stories. The staff and stakeholders initially search for project impact. MSC is a valuable way to incorporate the ideas of local beneficiaries by highlighting the end user and providing a better understanding of local beliefs and behaviour. MSC highlights the end user and provides the Project with views of the end user. MSC works alongside traditional quantitative monitoring and evaluation. In addition, storytelling is an appropriate form of communication for the Melanesian context.

6 Training programs

6.1 Training tools

- Professional Development Passport for Advisers
- Technical Specialist Meeting Action List
- Meeting Minute Recorder
- Training and Development record

6.2 Training process

‘Making a Difference’—practical tools and approaches for capacity building

The ‘Making a Difference’ program is designed for TAs and Partners who want to improve their working relationships to lead to more effective, intentional, and sustainable capacity building.

The program is offered over three separate stages: an initial three-day block workshop, six weeks of on-the-job application, and a two-day forum to consolidate and expand on the activities undertaken in the first two stages.

The content includes a wide range of practical applications for capacity building such as coaching, action planning, communication skills, change management, principles for learning, and consulting skills.
6.3 Evaluation—lessons learned from implementation

Lessons learned include the need for both TAs and Partners to commit to attending each stage of the program together in order to formulate relevant and appropriate action plans.
7 References

Davies and Dart, [2004] MSC User Guide
Douglas and Renneberg, 2005
Levinger and Bloom, 1997
PACT, 1996
Additional resources and tools

Further information
1. Capacity Building and Health: An Annotated Bibliography

Capacity mapping and monitoring
2. Skills Audit and Job Analysis Form
3. Capacity Mapping Assessment Tool—sample
4. Organisational Development Profile

Capacity building
5. Capacity Building Options Menu
6. Capacity Support Agreements

Advisory practice
7. Workplace Journal
8. Workplace Journal Users’ Guide

Performance appraisals
9. 360° Appraisal System

Evaluation
10. Most Significant Change Framework (Solomon Islands’ example)
11. Review of Capacity Building Tools

Professional development
12. Professional Development Passport for Advisers
13. Technical Specialist Meeting Action List
14. Meeting Minute Recorder
15. Training and Development Record
Capacity Building and Health: An Annotated Bibliography

Introduction

Capacity Building and Health: An Annotated Bibliography is a guide to current thinking on the meaning, role, and use of capacity building in health development. It describes current literature on capacity building and health development for those actively involved in policy development, planning, implementation, and management of health sector projects and programs.

The material is drawn from technical documents and reports, journal articles, and the internet. A list of recommended books, journals, and websites provides further information on capacity building for health and related topics.

Disclaimer:

Capacity Building: An Annotated Bibliography is designed to be an ongoing compilation of resources rather than a comprehensive collection of material on capacity building.
Papua New Guinea Capacity Building Service Centre (CBSC) program and the Health Sector Service Program (HSSP)\(^1\)

**HSSP (2001).** *Capacity Building as part of the PNG Health Services Support Program.* Port Moresby, National Department of Health.

This was one the first reports to formalise capacity building as a process within the Papua New Guinea (PNG) HSSP. The report defines capacity building both generally, and as an approach within the HSSP. Within the HSSP, capacity building was defined as the ‘long-term systematic process of achieving the goals of the PNG National Health Plan’. The process was based on a partnership approach with involvement from the National Department of Health (NDoH), hospitals, provinces, and Technical Advisers (TAs). The report outlines the four original elements of the capacity building approach: terms of reference for TAs, the Annual Activity Plan (AAP), individual TA capacity building plans, and an annual review of capacity building achievements. These elements are aimed at building capacity at three levels—individual, system, and organisational.


After the capacity building process in the HSSP was formalised, this report provided a brief background to capacity building planning, both as a general construct and specific to HSSP. The report includes an implementation plan for the new capacity building approach it details the trial of the capacity building plans. It also discusses two major paradigm shifts about capacity building, which were necessary for this transition to occur.


This report reviews the first stage of the capacity building process in PNG, which began in March 2002. The report also describes plans for further capacity building activities. Of the key lessons learned, many related directly to communication and the relationship between TAs and their Partners. The critical step of both parties coming together early to discuss the activities and approach is highlighted, as is discussion of how TAs would assist Partners and ensuring capacity building meetings were scheduled to align with quarterly AAP reviews. The report concludes with a statement about future directions, including refining the capacity building model and sharing experiences with a broader audience.

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\(^1\) Note: CBSC and HSSP projects are funded by AusAID as part of the Australian Government’s official overseas aid program
Findings

- There was a lack of common understanding between TAs and Partners about respective roles and responsibilities.
- Creating a common understanding and focus between TAs and Partners is necessary for successful implementation of activities.
- Making this common understanding a priority is necessary for future activities.
- Regular meetings between TAs and Partners were not established.
- Most meetings were held on an ad hoc basis and reviewed progress of capacity building plans.


Following the capacity building trial, this report comments on the capacity building plans (CBP) developed by TAs. It contains three de-identified CBPs and a table of completed CBPs. The report also includes common themes needing capacity building support as identified by Partners. The main areas of need were management and supervision. The report concludes that management training structured around the common identified themes will be provided.


This report was the first annual review of capacity building in PNG. It evaluates the first year of delivery, the six stages of implementation, and provides suggestions for future activities. The report highlights the experiences from three perspectives: organisational (NDoH), sectoral (Provincial Advisers), and individual (TAs). It also outlines the requirements for capacity building and provides examples of capacity mapping and the capacity building processes from the trial. The report also provides an overview of the capacity development needs, with specific examples and results. This report shows that the HSSP capacity building approach provided significant achievements, such as the use of CBP to motivate Partners and to set realistic and achievable goals. The report outlines several success factors identified during the review.
Findings

Common capacity needs were identified for the four levels of capacity: individuals, organisations, systems, and sectors.

<table>
<thead>
<tr>
<th>Capacity level</th>
<th>Comments</th>
<th>Identified needs</th>
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</table>
| Individual     | The identified needs made up approximately 90% of the issues identified for individuals across hospitals, provincial health, and across PNG in general. | • Strategic management practices  
• Organisational learning  
• Use and management of technical knowledge and skills  
• Financial resource management  
• Human resource management  
• Administrative procedures |
| Organisational | HSSP supported activities through many branches of the NDoH. This report provides examples from the Health Promotions Branch, the Policy and Projects Branch, and the Health Facilities Branch. | • In-house seminar series  
• Developing work management practices, including work planning, staff movements register, records management systems, flow of accounts, and other financial documents  
• Developing regular civil works review meetings |
| System         | Two case studies illustrated in the report: Health Promotion Branch and HSIP Financial Management Committee. | Health Promotion Branch  
• Work needed to fill a gap in Information and Education Communication (IEC)  
• Gaps previously identified through RHAP/HSSP including:  
  - developing skills of NDoH HPB and monitoring and research staff  
  - developing pilot HP programs  
HSIP Financial Management Committee  
• Common problem was lack of transparency, accountability, and coordinated financial decision-making processed.  
• Decision-making gaps included:  
  - where funds should be spent  
  - prioritisation of activities  
  - application of funds process |
| System         | Two case studies demonstrating gaps: the Provincial Situational Analysis and the Medium Term Expenditure Framework (MTEF). | Gaps were identified as:  
• personnel to undertake research, analysis, and documentation  
• development of MTEF as a priority policy and planning framework |

This report evaluates the capacity building approach taken for the HSSP, details the lessons learned, and proposes further projects. The report outlines three major paradigm shifts in thinking about capacity building: creating a true sense of partnership and ownership by Partners, recognising that capacity building must take environmental factors into account and capacity building assessment criteria must examine the pertinence and genuineness of capacity building demands. The report also outlines the principles of capacity building used. The report focuses on two key themes—that capacity building must be a long-term process and, when designing capacity building activities, the broader environments in which it is operating must be taken into account.

**Findings**

A number of factors and cases, which demonstrated gaps in understanding or impact, are highlighted in the report.

<table>
<thead>
<tr>
<th>External factors</th>
<th>Other factors</th>
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</thead>
<tbody>
<tr>
<td>Understanding of cultural context</td>
<td>Individual motivation</td>
</tr>
<tr>
<td>Organisational culture</td>
<td>PNG public service does not have performance-based assessment</td>
</tr>
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<td>Management practices</td>
<td>Hierarchy of the wontok system</td>
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<tr>
<td>Effective communication networks</td>
<td>Inter-government relationships</td>
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<tr>
<td></td>
<td>Limited or ‘superficial’ understanding of capacity or capacity building by Partners and organisations</td>
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</tbody>
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An internal AusAID document, this report describes the concept of capacity development and proposes principles and practices for capacity development within AusAID. The report outlines a series of principles for all stages of capacity development including activity design and implementation. The report also outlines common approaches to capacity building used in AusAID projects and programs. These approaches, including strategies for success, include technical assistance, on-the-job training, train-the-trainer courses, formal short courses, study tours, international work placements, domestic work placements, organisational twinning, research and analysis, scholarships, infrastructure, and equipment and manuals.


This report on capacity building in the PNG health sector includes a review of activities undertaken since capacity building was implemented in 2001. It also provides advice on the transition phase of the HSSP and outlines major changes necessary, such as strengthening the strategic planning framework and linking identified capacity development activities to individual AAPs. The report also states that capacity building under HSSP has continued to build sustainable and effective independence, and provides a platform for programs and strategies to be managed and implemented in line
with the NDoH’s or provinces’ strategic vision and objectives. The report outlines six common capacity building needs identified through the process by Partners.

**Findings**

This report slightly refines the six common capacity building needs first identified in the 2003 Annual Review. These six areas account for over 80% of capacity needs: organisational management, financial resource management, leadership, human resource management, supervision and coordination, and clinical services and outreach improvement.

Of these areas, organisational management and financial resource management are recognised as a gap in every plan. Specific activities related to each area are identified below.

<table>
<thead>
<tr>
<th>Capacity building area of need</th>
<th>Identified activities</th>
</tr>
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</table>
| Organisational management     | • Developing executive management teams  
• Assisting in management and coordination of monitoring meetings  
• Assisting to establish Provincial Health Boards and District Health Committees  
• Supporting development of operational and strategic plans |
| Financial resource management | • Financial and resource planning across the system  
• Strengthening poor linkages between plans and processes  
• Lack of regular financial expenditure reporting to NDoH Directors and to PHAs |
| Leadership                    | • Weak leadership practices  
• Poor communication |
| Human resource management     | • Negative consequences of management initiating disciplinary action  
• Inaction by staff  
• Limited capacity in preparing correct paperwork to initiate actions  
• Producing staff development plans |
| Supervision and coordination  | • Establishing quarterly review meetings of the PHO  
• Mentoring on-the-job with Partners on supervision visits  
• Development of detailed supervisory checklists |
| Clinical services and outreach improvement | • Development of joint supervisory teams from PHOs and hospitals  
• Regular executive support meetings with supervisory focus  
• Linking in-service training development to proposed clinical outreach activities |
Articles on capacity building

<http://www.ecdpm.org/Web_ECDPM/Web/Content/Navigation.nsf/index.htm>

This paper aims to encourage moving policy thinking on improved aid management practices to the operational level. The main form of harmonisation considered by the article is ‘pooling’, which was defined in this study as 'the integration of all technical assistance within a single management and financing framework under recipient country ownership or third party management support', and requiring 'acceptance and usage, by all stakeholders, of common implementation procedures'.


The article suggests how to optimise the capacity building work of consultants with non-profit clients. The article uses the concept of 'developmental consulting assistance' to describe an enhanced role for outside expertise.


This paper provides an overview of capacity development for practitioners. It outlines some of the reasons for the increasing interest in capacity development within the international development community. The meaning of capacity development is explored and the implications of embracing a capacity development approach by donors and developing countries are discussed.


A shift from a project approach to a program approach has occurred in international development in recent years. This article outlines why programs have emerged as an important element in aid renewal, what is meant by a ‘program focus’, the significance of this move to development programming, and some of the implications for donors and developing countries.

This case study informed the final review of capacity in PNG’s health sector. The preliminary observations were developed from a series of interviews with stakeholders in Port Moresby, Milne Bay, Madang, and Morobe. The observations include comments about how capacity and capacity development is viewed and incorporated in the health sector in PNG. The study makes recommendations for the future, including ensuring initiatives develop local capacity and rely on local systems. Specifically, Bolger recommends that a broader and more explicit expression and understanding of capacity development.


This paper examines current changes in PNG’s health sector from a capacity development perspective. A number of successful factors are highlighted from the work completed to date. However, the article notes that despite the successes, health outcomes in PNG have still fallen short of the expected results. Issues and challenges in the sector are outlined including management issues, relationships, finance issues, health practitioner skills, and factors beyond the control of the health sector such as institutional rules governing organisations. The main conclusion of the article is that capacity building needs more explicit design and must include both ‘hard’ and ‘soft’ capacities.

*<http://www.capacity.org/Web_Capacity/Web/UK_Content/Download.nsf/0/2C0F98DCBDCF7096C1256DCE004B273F/$FILE/issue-19e.pdf>*

This paper considers questions such as: ‘What does capacity look like?’ ‘How can you develop capacity from the bottom-up?’ ‘What is the driving force behind successful capacity development?’ ‘Does better capacity necessarily lead to better performance?’ The paper presents the results of the DAC study on capacity and discusses topics including responsive entrepreneurship; lessons from NGOs; and performance amid conflict, epidemics, and poverty.

*<http://www.livelihoods.org/lessons/Learning/RelationsMatter.pdf>*

This paper challenges some of the assumptions about the practice of aid. It argues that for donors to achieve their aims of contributing to the reduction of global poverty, more time should be spent managing relationships. The behaviour of staff in international development agencies, and their influence on the partners with whom they are engaged, is examined and challenged.

The paper outlines an alternative theory of development assistance by analysing the ‘old’ strategies for technical cooperation, capacity-building, and development assistance in a way that points to ‘new’ strategies. The premise of helping people help themselves is put forward and explored.


This paper discusses capacity development in the context of decentralisation. The author proposes that capacity development in the structural areas of management and accountability need to be complemented by capacity development in basic areas such as financial management service delivery, local needs assessment, and strategic planning.


This paper explores the case of Cambodia to illustrate the need for donors to develop a coherent strategy to deal with delivering technical assistance so that partners in poorly-funded governments can continue to perform after the end of development projects in a sustainable way. The author illustrates how projects are too often donor-driven in their identification, design, and implementation, often to the detriment of capacity development.


Based on a case study prepared for the ‘Capacity, Change and Performance’ Project through the ECDPM, this report comments on the role of PNG church systems in governance and public performance in PNG. The report acknowledges the extensive influence of the church in PNG, which provide about half the country’s health services. The church sector in PNG has an excellent history of commitment and engagement in capacity development. Bolger et. al. outline four capabilities of the church, which they believe strengthen the churches’ dominant role: the capability to use space, especially in creating public space; the capability to link policy and practice through their networks; the capability to bridge across boundaries by creating opportunities for exchanges with peers; and the capability to bond with communities, which is critical to building capacity. The report concludes that the church sector is not without its challenges, for example issues such as internal management need to be considered.
This report attempts to clarify capacity building as a concept, and to develop indicators that could determine whether or not capacity building by health promotion workers is being done well. This report contains nine checklists, each with a number of indicators, developed for health promotion practitioners to assess the quality of their overall work practice.


This paper presents a method for local government professionals to use in building their leadership capacity through self-reflection and experiential learning. This method involves greater efforts by development partners in the early stages of projects, but the potential for improvement outweighs the cost of extra efforts.


This paper discusses ten basic issues involved in planning, implementing, and evaluating capacity development efforts in research and development organisations.


This paper is a chapter from a larger volume, but it provides valuable discussion and definition of capacity building in an organisational change context.


This paper aims to deepen understanding of the importance of capacity development as a concept, and to clarify the implications of adopting a capacity development approach in development cooperation. The paper discusses the difficulties of adopting such an approach and the requirements of development organisations for this approach.

This background paper was prepared for a forum of senior policy makers and managers of health systems and was facilitated by the WHO. The document contains a preliminary review of the key issues, with reference to lessons from the past, and the need to look into the future. Different perspectives on policy-making are illustrated, and special emphasis is given to the key role of government in health systems. The main roles and functions of government in health systems are reviewed, and capacities to fulfill them are briefly addressed.


The main issue explored in this paper is how NGOs and donors view the relationship between capacity building and financial and organisational sustainability. Definitions are discussed, followed by an examination of emerging practices used by Pacific NGOs to create sustainable organisations. The role of donor organisations in Pacific NGO capacity building is critiqued. The author suggests that donors must accept that the long-term processes of development and the roles played by NGOs and community-based organisations require a rethinking of the standard funding cycle and of exit strategies.


This overview presents the current knowledge (as at 2001) on the concepts and practice in capacity building. Major changes in the international thinking are examined and then applied to the practice of capacity building. This paper is primarily aimed at the participants of a WHO project, which aimed to develop, in partnership with countries, ways to support senior policy makers and managers of health systems.


This issue of the NSW Public Health Bulletin is dedicated to discussing capacity building in public health, why it has come about, and why it is necessary. Key articles include discussions on capacity building for international health gains, health promotion, and capacity building indicators.


This report presents a framework for capacity building practice in health promotion. Each element of the framework is discussed and the importance of the context within which the capacity building is occurring is emphasised. A section is also dedicated to discussing monitoring and evaluation, and a useful list of resources is also provided.

This paper presents the idea of a capacity building pyramid to avoid ethereal definitions of the concept that only imply training. The four-tier hierarchy proposed includes: (1) structures, systems, and roles; (2) staff and facilities; (3) skills; and (4) tools. Experience in India is used as an illustration of how the pyramid has been put into practice.


This article considers the benefit to be gained from the multiplier effect of engaging and supporting volunteers at all levels in development in general, and in capacity development in particular. This benefit can be achieved through local and national civil society organisations, governments at different levels, and through other organisations that involve volunteers.

[http://www.icddrb.org/pub/publication.jsp?classificationID=0&pubID=4165]

This paper presents a framework to explore the relationship between health equity and community empowerment. It proposes use of the acronym ‘CHOICE’ (capacity building, human rights, organisational sustainability, institutional accountability, contribution, and enabling environment) as a description of the tools needed to operate the framework.


This paper emphasises that capacity building is more than a new name for training and development, and defines it as ‘the creation, expansion, or upgrading of a stock of desired qualities and features called capabilities that could be continually drawn on over time’. The author looks at specific capacity building initiatives, some outside traditional medical and public health sectors, which seek to enhance the healthy community movement. The paper includes bibliographic references.


This report provides a summary of the issues discussed during the UNDP’s three-day international symposium on capacity development and aid effectiveness, held in 2003. Highlights from the presentations given over the three days are given with interactive links to documentation. Key issues from the plenary sessions are also discussed.

This paper summarises the lessons learned from the Danish Trust Fund, launched in Kyrgyzstan, Malawi, Nicaragua, Vietnam, and Zimbabwe in a joint endeavour to improve the UNDP’s capacity development assistance for human development.


The first five ‘Capacity 21’ papers, written by UNDP staff, and their associates, cover a wide span of experience and geography. The first and fifth papers emphasise sustainable development and a way forward for the future respectively.


This paper puts forward a future vision for technical assistance based on an emerging emphasis on good practice and an increasing consensus on the poverty-related objectives of development assistance. Emphasis is placed on counterpart governments being able to procure and manage the advisory services they require as part of normal government procedures. Case studies are presented. This paper is quite technical.


This report looks at the challenge of capacity building in post conflict countries, and proposes six general lessons for more sustainable capacity building.
Internet sites

Canadian International Development Agency

<http://www.acdi-cida.gc.ca>


Capacity.org

<http://www.capacity.org>

An initiative of the European Centre for Development Policy Management (ECDPM), Capacity.org provides a forum for debate on capacity development policy and practice in international development cooperation. The website offers access to a wide range of material on capacity development and related topics. Of particular interest is the ‘Capacity.org’ newsletter, readily downloadable in PDF format.

UNDP ‘Capacity Development’ initiative

<http://capacity.undp.org/>

The UNDP ‘Capacity Development’ initiative grew out of the early 1990s debate for development to be ‘locally owned’. The initiative covers the essentials of capacity development and how best technical co-operation can be integrated to ensure local ownership of development. The site provides access to a wide range of country studies, focus studies, e-discussions, round tables, and book series, as well as a capacity database. Resources such as the Community Capacity Enhancement Handbook are available online at: <http://www.undp.org/hiv/docs/prog_guides/cce_handbook.pdf> (accessed 1 February, 2007).

Capacitywhoiswho.net

<http://www.capacitywhoiswho.net/>

An initiative of the UNDP, this website is an information gateway with links to networks, events, and statistics related to capacity development. The website also provides a forum for discussion and access to biographical information on key people in development partner organisations.
European Centre for Development Policy Management

<http://www.ecdpm.org>

The ECDPM aims to foster trade and aid relations between the European Union and African, Caribbean, and Pacific countries. The ECDPM website provides a range of resources on policy research and capacity-building approaches.

ELDIS

<http://www.eldis.org>

ELDIS is a gateway to information on development issues, providing free access to online resources. Funded by SIDA, NORAD, SDC and DFID, ELDIS offers a directory of online documents, websites, databases, library catalogues, and email discussion lists.

<http://www.euforic.org>

Europe’s Forum on International Cooperation

Europe’s Forum on International Cooperation is the focal point for Europe’s international development cooperation, providing a platform for people to debate issues and share information.

The Institute for the Health Sector Development

<http://www.ihsd.org/swaps/resources.htm>

The Institute for the Health Sector Development (IHSD) aims to identify and share innovative and effective approaches to health development in low- and middle-income countries. The IHSD website provides access to a comprehensive list of online resources on sector-wide approaches and other topics.


The World Bank—Adapting to Change Program


The World Bank provides a comprehensive list of articles on reproductive health and health sector reform, through the ‘Adapting to Change’ database. The Adapting to Change Program was developed by the World Bank to assist managers, decision-makers, and development practitioners increase their skills in the design of health services in order to meet the changing demands of policy in response to the Millennium Development Goals.
The Royal Tropical Institute (KIT)

<http://www.kit.nl>

The Royal Tropical Institute (KIT) supports and contributes to sustainable development, poverty alleviation, and cultural preservation and exchange in international and intercultural cooperation. ‘KIT Specials’ provides a guide to online and printed material on particular topics.

The Centre for Aid and Public Expenditure (CAPE)


The Centre for Aid and Public Expenditure (CAPE), established by the Overseas Development Institute, presents policy research papers on aid instruments, budget processes, and the reform of public expenditure systems.

International Symposium on Capacity and Aid Effectiveness


This website is the homepage for the International Symposium on Capacity and Aid Effectiveness held in Manila in January 2003. Donors, recipient countries, and other development practitioners participated in the conference, discussing effective ways to incorporate capacity building into aid and development programs. The highlights, publications, and background documents for the conference are all available from this page.
Books


This book discusses the experiences of developing management capacities over the last decade through technical cooperation in Bangladesh, Bolivia, Egypt, the Kyrgyz Republic, the Philippines, and Uganda. By examining practical experiences in these countries, this book comments on how to re-think current applications of technical cooperation in development.


This book is a practical guide to the concept of capacity building and examines the place of capacity building in development. The contribution of NGOs and the nature of capacity-building training are explored. Chapters include the origins of capacity building, the nature of capacity building, investing in people, investing in organisations, investing in networks, building capacity in crisis, building the capacities of others, and questions for donors.


This book proposes new approaches to achieving lasting indigenous capacities for development, with a focus on ownership, civic engagement, and knowledge. Capacity development at the societal level, and not just at the individual or institutional level is emphasised. The asymmetric nature of the donor-recipient relationship is also examined at length.


This is the third and final book in a series that includes: Capacity for Development: New Solutions to Old Problems (2001) and Developing Capacity Through Technical Cooperation (2002). This third volume tackles the conceptual foundations of capacity development alongside the difficulties and practical realities in the field. It breaks down the process of capacity development to make it more user-friendly. The second part of the book is devoted to case studies.


This book explores improving the impact of capacity building. The author uses a mix of case studies, illustrations from experience, and articles based on practice to provide ideas, suggestions, and challenges to improve the effectiveness of capacity-building interventions.
Journals

Development and Change

*Development and Change* is an interdisciplinary journal covering a range of topics concerned with development studies and social change. Recognised as an international leader in this field, the journal provides critical analysis and a forum for discussion on a wide spectrum of development issues.

Development Express

Produced by the CIDA’s International Development Information Centre, *Development Express* provides readers with access to articles addressing various issues in international development. The purpose of the journal is to contribute to CIDA’s knowledge base and learning objectives.

Health Policy

*Health Policy* is aimed at health policy researchers, legislators, decision-makers, and professionals who are developing, implementing, and analysing health policy. The journal explores health policy issues and generates communication between people working in this area.

Health Policy and Planning

A modern international health journal, *Health Policy and Planning* covers topics in the areas of epidemiology, health and development economics, management and social policy, planning, and social anthropology.

International Journal of Health Planning and Management

The *International Journal of Health Planning and Management* is a quarterly publication, providing a forum for publications and discussion on issues related to health planning and management, with a focus on systems and practices. Covering a range of disciplines, including medicine, management, and social sciences, this journal presents articles from around the globe exploring the theory and practice of health planning and management.

Journal of Health and Population in Developing Countries

Produced by the School of Public Health at the University of North Carolina, the *Journal of Health and Population in Developing Countries* is a semi-annual publication that explores policy and management issues in developing countries in the fields of health and population. An interdisciplinary journal, its target audience includes academics, policy advocates, program managers, donors, and development experts.
Journal of Health Economics

The *Journal of Health Economics* examines a variety of topics related to the field of health economics and medical care. Topics include health service financing and production, health prevention and measurement, and health policy efficiency.

Journal of Health Services Research & Policy

The *Journal of Health Services Research & Policy* presents scientific research and policy analysis in the area of health services. It covers a wide range of qualitative and quantitative research, providing a forum for debate on key methodological issues.

Social Science & Medicine

*Social Science & Medicine* is an international and interdisciplinary journal reporting on issues relevant to the social sciences and health care practice, policy, and organisation. It provides research findings, theories, and reviews of interest to social scientists, health practitioners, and policy makers.

The Journal of Development Studies

Founded in 1964, *The Journal of Development Studies* is one of the most highly regarded interdisciplinary journals in the area of development studies. The journal publishes articles exploring important issues in the areas of development economics, politics, and policy.

Third World Quarterly

*Third World Quarterly* is a peer-reviewed journal in the field of international studies. The journal examines issues affecting the Third World, providing analysis and commentary on the development discourse and issues of global concern. In particular, the journal offers an alternative analysis of micro-economic and grassroots efforts undertaken by development practitioners and planners.
SKILLS AUDIT AND JOB ANALYSIS FORM

Your department, branch, or unit: ________________________________________________

Your name: ___________________________________________________________________

General information

1. Are you:
   • a new employee of the organisation  ☐
   • a long-standing employee of the organisation?  ☐

2. How long have you been in your present job?  _____

Current duties

3. Do you have a duty statement for your job?  Yes ☐
   No ☐

4. Is your job accurately described in your duty statement?  Yes ☐
   No ☐

5. If no, what other duties do you need to add or remove from the document?
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
Job analysis

6. Describe the tasks you perform that are important to carry out your job effectively.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. Describe the type of equipment you are required to use (e.g. computer etc.).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

8. Is there a high level of technical knowledge required for your job? Yes □ No □


   Alone   Part of a team   Other (specify below)

____________________________________________________________________

10. If you work as part of a team, do you perform the same, or different, work to members of your team?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
11. To what extent does your job require you to work closely with other people such as external customers, Partners, or colleagues within your organisation? (Please circle)

Very little  Moderately  A lot

12. How much autonomy do you have in your job, i.e. to what extent do you personally decide how to proceed with your work? (Please circle)

Very little  Moderately  A lot

13. How much variety do you have in your job, i.e. to what extent do you do different things at work using different skills and talents? (Please circle)

Very Little  Moderately  A lot

Skills audit
14. What previous experience do you have that contributes to your ability to undertake this role?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

15. What qualifications do you have that add value to this role?

_____________________________________________________________________
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16. Are you a member of any professional associations? Please give details.
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
____________________________________________________________________

Training needs

17. To perform your current job, what training do you need (either on-the-job or off-the-job)? For example, Excel, bookkeeping, English as a second language.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

18. Other jobs in the organisation: What other roles in the organisation would you be interested in doing if a vacancy became available? For example, transfer to another section or supervisory position.
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Future development needs

19. What are your career aspirations?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
20. What training and development would you need to make this happen?
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Recommendations for information
_____________________________________________________________________
_____________________________________________________________________
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_____________________________________________________________________

Skills Auditor’s Signature    Staff Member’s Signature
__________________________________    ________________________
CBSC CAPACITY MAPPING ASSESSMENT TOOL

EXAMPLE FOR NDoH BRANCHES

NDoH Branch name:

Date of assessment:

Name of assessor:

Name and position of person interviewed:

1. Strategic leadership and governance

<table>
<thead>
<tr>
<th>B1</th>
<th>Strategic leadership practices are evident throughout our Branch.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Examples of detailed questions:

Have you considered and programmed the ‘interventions’ required of your Branch across the life of the Department’s Strategic Plan?

Is there evidence of ‘succession planning’ techniques for ongoing management of the Branch such as:

- individually targeted personal development plans for existing staff
- recruitment of graduates to vacant positions
- encouragement of Branch staff with potential by allocating of higher grade duties/leave relief
- multi-skilling of staff to ensure continuity of service delivery during times of leave or resignations
- mentoring programs for staff

Does the Branch Director maintain a ‘leave plan’ for the Branch to coordinate staff absences and to ensure service continuity?
<table>
<thead>
<tr>
<th>B2</th>
<th>Staff has access to, and understand, the NDoH Strategic Plan.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

**Discussion and evidence:**

_________________________________________________________________
_________________________________________________________________
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Do all staff members participate in preliminary discussions before the Branch’s AAP is formulated and submitted?

Is a copy of the Branch’s AAP provided to all staff members after it is endorsed?

Is progress towards achieving the ‘interventions’ of the AAP a standing agenda item at all Branch and Section meetings?

<table>
<thead>
<tr>
<th>B3</th>
<th>Meetings of the SEM are regularly attended and produce effective outcomes.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

**Discussion and evidence:**

_________________________________________________________________
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_________________________________________________________________
2. Work planning and scheduling

<table>
<thead>
<tr>
<th></th>
<th>Operational work plans are developed and performance indicators set within our Branch.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4</td>
<td></td>
<td>1</td>
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Discussion and evidence:

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<table>
<thead>
<tr>
<th></th>
<th>Relevant information is provided to staff that enables us to do our work.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td>B5</td>
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Discussion and evidence:

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<table>
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<tr>
<th></th>
<th>We regularly review decisions and make necessary adjustments to work plans.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>B6</td>
<td></td>
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Discussion and evidence:

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__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
3. Problem-solving and decision-making

<table>
<thead>
<tr>
<th>B7</th>
<th>Information is used to inform our planning and decision-making.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Examples of detailed questions:
Does the Branch Director or a Branch delegate attend every meeting of the SEM? __________

Does the Branch regularly make submissions to the SEM for endorsement or approval?_______

Are all reports and submissions taken to the SEM within the required timeframes?_________ ___

<table>
<thead>
<tr>
<th>B8</th>
<th>Review processes enable us to find out where problems exist.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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Discussion and evidence:

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____________________________________________________________________________

<table>
<thead>
<tr>
<th>B9</th>
<th>Adequate problem-solving skills are shown by staff responsible for making decisions.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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Discussion and evidence:

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____________________________________________________________________________

4
4. Communication

<table>
<thead>
<tr>
<th>B10</th>
<th>Information is effectively communicated throughout the Branch to keep staff informed.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

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________________________________________________________________________

________________________________________________________________________

Examples of detailed questions:

Has the SEM provided the Branch with an agreed set of core business functions, performance criteria, or expectations? ____________________________________________________________

Are the proposed 'interventions' from the AAP achieved within the specified timeframes and within the allocated budgets?______________________________________________________

Are progress reports on current quarter ‘interventions’ submitted by each Section Head to the regular meetings of the Branch and are remedial strategies agreed when impediments are identified?______________________________________________________________________

Are ‘outcomes’ recorded in written reports by Section Heads for each intervention?________________________________________________________________________
<table>
<thead>
<tr>
<th>B11</th>
<th>We have information processes that encourage and promote open lines of communication.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

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__________________________________________________________________________

Are Branch meetings conducted regularly and with structured and relevant agenda items?______________________________________________________________

Are minutes of Branch meetings circulated to all Branch staff members?____________________

Are copies of relevant reports and plans available to all Branch staff members?____________

Does the Branch Director distribute a Branch Newsletter to all Branch staff members and other relevant Branches?______________________________________________________________

Do you receive ‘reports’ from the SEM and other forums at your Branch meetings?____________

Is a ‘whiteboard’ or similar used to advise Branch members of the whereabouts of officers whenever they are absent or unavailable?______________________________________________________________
### B12 We have reliable information systems that support our Branch activities.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

________________________________________

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________________________________________

*Examples of detailed questions:*

Is Branch information routinely tested and compared to ensure reliability? ___________________

Is documented information used to validate decision-making processes? _________________

Are you decisions always evidence-based? _____________________________________________

Are your decisions and advice defensible when challenged? ____________________________

### 5. Financial management

### B13 The NDoH resource allocation recognises the Branch’s priority of needs.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

**Discussion and evidence:**

________________________________________

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________________________________________

*Examples of detailed questions:*

Do you prioritise all of your proposed expenditures before submitting your AAP? __________

Do you accurately cost all of your proposals in your AAP? ______________________________

Do you heed the ‘funding ceiling’ for your Branch when preparing your AAP? ______________

Do you generally receive the level of funding you seek in the AAP process? _______________
### B14

<table>
<thead>
<tr>
<th>The Branch operates in accordance with allocated budgets.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

*Examples of detailed questions:*

Do you analyse your budget allocations and reprioritise activities and expenditures after your AAP is endorsed? ______________________________________________________________________

Do you analyse your Branch’s monthly Financial Report to control expenditure and ensure budget compliance? ______________________________________________________________________

Do you seek approval to transfer or reallocate funding throughout the year if your priorities change? ______________________________________________________________________

### B15

<table>
<thead>
<tr>
<th>The flow of funds is timely and reliable.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
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</table>

**Discussion and evidence:**

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*Examples of detailed questions:*

Is the flow of funding reliable enough to allow pre-commitment of funds? ________________

Are you ever required to delay interventions from your AAP because funding is delayed? _____

Do you ever lose approved funding from your budget to support other Departmental initiatives? __________________________
6. Program advocacy and community engagement

<table>
<thead>
<tr>
<th>B16</th>
<th>Information about our services is routinely communicated to the community and our stakeholders.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
</tr>
<tr>
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</tbody>
</table>

Discussion and evidence:

Examples of detailed questions:
Do you publish and distribute a regular and informative newsletter to your stakeholders? ________

Are you proactive in your communication strategies to ensure stakeholders are well-informed of the Branch’s services? _____________________________________________________________________

Do you actively seek opportunities to present information to other Branches and stakeholder forums? _____________________________________________________________________

Do you communicate significant changes affecting the Branch or its services to stakeholders in a timely manner? _____________________________________________________________________

<table>
<thead>
<tr>
<th>B17</th>
<th>We link with external stakeholders to engage in program planning and monitoring to support our performance.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
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</table>

Discussion and evidence:

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______________________________________________________________________________

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______________________________________________________________________________
B18  | Program advocacy is used effectively to secure budget funding.  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
      |                                                                     | 1          | 2        | 3      | 4      | 5            |

Discussion and evidence:

Examples of detailed questions:
Do any Branch staff members participate in other stakeholders’ planning or management committee meetings? ____________________________

Are any Branch staff members regularly invited to attend stakeholders’ forums or workshops? ____________________________

Are any Branch staff members formally appointed to external stakeholders' Boards? __________

Do any other Branches, NGOs, or other agencies involved in health services attend your Branch meetings? __________________________________________________________________

7. Performance management

B19  | Our staffing numbers reflect the workload required to deliver services by our Branch.  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
      |                                                                                   | 1          | 2        | 3      | 4      | 5            |

Discussion and evidence:

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________
B20  |  Branch staff possess the appropriate skill sets to achieve their work objectives.  
<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:
Are deadlines regularly achieved by all sections within your Branch? ______________
Are all requests for information or advice dealt with in a timely manner? ______________
Are your telephones always answered promptly? ______________________________
Do your customers or stakeholders provide feedback about their satisfaction with your services? ____________________________
Is the absentee rate acceptable to the Branch Director? __________________________

B21  |  Specific training and development needs are identified through our performance appraisal process.  
<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:
Are Branch staff members’ training needs discussed during individual performance appraisals? ____________________________
Does the Branch Director routinely collate the findings recorded in ‘Part E’ of performance appraisals to develop the Branch’s internal training plan? __________ ______________________________
Are you provided with realistic training opportunities and released from service to attend? _____
8. Monitoring and evaluation

<table>
<thead>
<tr>
<th>B22</th>
<th>The Branch is routinely monitored through internal evaluations.</th>
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<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
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</table>

Discussion and evidence:

Examples of detailed questions:
Do you routinely report and measure achievements or failures against the Branch’s AAP at Branch and Section meetings? ________________________________

Do you regularly test your stakeholders’ satisfaction by seeking verbal or written feedback? ________________________________

Do you monitor and respond to complaints received from stakeholders? ________________________________
<table>
<thead>
<tr>
<th>B23</th>
<th>There are adequate resources assigned to monitor and evaluate our programs and services.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

**Discussion and evidence:**

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____________________________________________________________________________________

**Examples of detailed questions:**

Do you have sufficient time to engage in monitoring and evaluation (M&E) processes for your Branch’s programs and services? ________________________________

Do you have sufficient time to rectify any deficiencies identified through the M&E process?

____________________________________________________________________________________

Are you able to review the success or otherwise of any changes made to your programs or services as a result of M&E activities? ________________________________

<table>
<thead>
<tr>
<th>B24</th>
<th>We maximise use of our data collection processes to improve the standard of our activity delivery.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**Examples of detailed questions:**

Do you have up-to-date data about your Branch’s services and programs? ________________________________

Do you analyse your data regularly to ascertain information about the effectiveness of your Branch’s services and programs? ________________________________

Do you validate the reliability of your data sources against the feedback received from your stakeholders regarding your services and programs? ________________________________
INFRASTRUCTURE

Buildings and static plant

<table>
<thead>
<tr>
<th>B25</th>
<th>Reliable capital works and physical resources help support the delivery of our services.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:
How much productive time is lost through:
- power failures
- telephone, fax, or email unavailability
- lack of access to computers or photocopiers
- lack of, or poorly coordinated, transport
- poorly configured office accommodation

Is your office environment generally conducive to efficient service delivery? ____________

<table>
<thead>
<tr>
<th>B26</th>
<th>We maintain operational buildings and physical resources effectively.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:
Is your office accommodation clean and comfortable at all times? __________________________

Is your office equipment fully functional? __________________________

Are your vehicles roadworthy, registered, and available when required to support Branch programs and services? __________________________
B27  We work in a safe and secure workplace.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

Is access to your offices restricted to Branch staff members and authorised visitors only? ______

Are staff ever required to work alone after normal office hours? __________________________

Is your personal property and work equipment able to be secured at all times? ________________

Do you have regular fire and emergency evacuation drills to ensure all staff know what to do in the event of an emergency? _____________________________________________________
Communications infrastructure

<table>
<thead>
<tr>
<th>B28</th>
<th>The information and communication technology throughout our Branch enables us to communicate reliably with internal and external stakeholders.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

What proportion of your stakeholders are able to communicate with the Branch by electronic means i.e. radio, telephone, email or internet? ________________________________________

Are your computers part of a wider network that facilitates information exchange between Branch officers, other Branches and external stakeholders? ________________________________________

Do all your Branch officers have access to email and internet facilities? ________________

Do all your Branch officers have access to fax and external telephone services? ________________

Are procedures in place, and used, to backup electronic information sources? ________________
The Branch uses communication systems effectively.

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<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

Do Branch officers routinely use email and faxes to communicate with stakeholders? 

How much of the Branch’s correspondence goes through the postal system? 

Does your Branch have access to the Health Services Radio Network? 

Are Branch officers ever observed using communication equipment for private or non-work related purposes? 

Do you monitor your Branch officers’ access to telephones and the internet? 

Staff are trained and capable of using the ICT equipment effectively.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

Have all Branch officers, who are required to use communication equipment, had formal training in using the equipment? 

Are all Branch officers competent in using the full range of communication equipment in the Branch? 

Have Branch officers fully embraced technology for communication purposes?
Supplies and equipment

<table>
<thead>
<tr>
<th>B31</th>
<th>We have a procurement plan that guides us in obtaining necessary resources.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

Are you able to consistently meet requisitions for supplies from your stakeholders? (Relevant in the case of Branches that supply printing or books to health service providers)

Are officers in your Branch able to obtain stationery requirements in a timely fashion?

Do you maintain a stock record system to regulate inventory holdings?

<table>
<thead>
<tr>
<th>B32</th>
<th>Our inventory and stock management processes are functional and effective.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:

Examples of detailed questions:

When developing your Branch’s AAP, do you identify the resources needed to support implementation?

Are those resources identified in a separate schedule with estimates of costs and timeframes for acquisition?
### SERVICE DELIVERY

#### Administration

<table>
<thead>
<tr>
<th>B33</th>
<th>Supplies and equipment are delivered on time.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:


Examples of detailed questions:

Are officers in your Branch able to consistently and easily access documents from a filing system? _____________________________________________________________________________________________

Are telephone messages consistently passed on in a timely manner? ________________

Do Branch staff members consistently record the time of their arrival and departure for payroll purposes? _____________________________________________________________________________________________

Are time and attendance records consistently used to adjust employees’ salaries for unauthorised absences? _____________________________________________________________________________________________
<table>
<thead>
<tr>
<th>B35</th>
<th>Administrative systems adequately support Branch priorities.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:


<table>
<thead>
<tr>
<th>B36</th>
<th>Administrative processes are reviewed regularly and adjusted when required.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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Discussion and evidence:
Clinical

<table>
<thead>
<tr>
<th>B37</th>
<th>The Branch supports the delivery of clinical services through policy formulation and publications.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
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</table>

Discussion and evidence:

Examples of detailed questions:
Do your Branch’s core functions facilitate delivery of clinical health services by:
- directly providing staff, clinical supplies, or specific health programs to health providers____
- directly supporting health service providers’ assets____________________________________
- developing necessary human resource capacity for health service providers_______________
- developing clinical standards or publication of reference materials for health service providers_______________________________
- distributing funds or grants for health service provision____________________________________
- advocating with other agencies on behalf of hospitals or provincial and NGO health providers
- developing strategies and programs for containing epidemics or preventing illness across the population____________________________________
B38 The Branch supports development of publication standards for professional education and health service delivery.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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Discussion and evidence:

Examples of detailed questions:

Do your Branch's responsibilities include analysis of data to:
- monitor the implementation of GoPNG health initiatives and strategic directions
- monitor the prevalence of specific diseases and illnesses across the population and identify those requiring additional specific initiatives
- evaluate the effectiveness of specific health initiatives and health outcomes across the population
- establish the health status of the general population for planning purposes

Do officers of your Branch visit health service facilities to assess the effectiveness of service delivery?

Do officers of your Branch provide a direct advisory service to health service providers on clinical matters?
**The Branch supports provincial health services in the delivery of the NDoH strategic directions.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
<tr>
<td>B39</td>
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**Discussion and evidence:**

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**Examples of detailed questions:**
Is your Branch consulted by government to inform it about:

- the prioritisation of particular health initiatives
- the distribution of government funds for health service delivery
- health obligations under international treaties and agreements
- governance of health service providers

**HUMAN RESOURCES (HR)**

**HR leadership**

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tr>
<td>B40</td>
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</table>

**Discussion and evidence:**

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<table>
<thead>
<tr>
<th>B41</th>
<th>HR policy drives personnel selection and direction.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

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- ...
- ...

**HR management**

<table>
<thead>
<tr>
<th>B42</th>
<th>The right people have been placed in the right jobs.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

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<table>
<thead>
<tr>
<th>B43</th>
<th>Staff have relevant position descriptions that reflect the job they do.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

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- ...

24
### B44  Performance appraisals are routinely and efficiently conducted to inform management decisions.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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**Discussion and evidence:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### B45  Training plans are in place for all staff.

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<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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**Discussion and evidence:**

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### HR—professional and technical qualifications and training

### B46  Staffs possess the appropriate professional and technical qualifications to fulfill their roles.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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**Discussion and evidence:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
<table>
<thead>
<tr>
<th>B47</th>
<th>We have a systematic approach to providing professional and technical training.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

Discussion and evidence:


<table>
<thead>
<tr>
<th>B48</th>
<th>Our Branch monitors and reviews the professional and technical skills of staff.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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Discussion and evidence:


## Organisational Development Profile

**Province:**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Start-up</th>
<th>Development</th>
<th>Expansion/consolidation</th>
<th>Sustainability</th>
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<td><strong>Strategic leadership and governance</strong></td>
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<td>Problem-solving and decision-making</td>
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<td>IEC health promotion activities</td>
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<td>Community participation and mobilisation</td>
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## Individual Capacity Building

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<tr>
<th>Skills</th>
<th>Approximate budget required and duration</th>
<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
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<tbody>
<tr>
<td><strong>Individual learning—management skills</strong></td>
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</table>
| Management | Depends on required level—refer to TA table for additional information. This is a medium- to long-term learning process. | **Mentoring** via Technical Assistance  
*Description:* One-on-one guidance and discussion—usually reserved for people in leadership roles. |  
– By using simple tools such as email and discussion groups, the TA may be able to mentor more than one individual. |  
– Learning is one-on-one, so can only be undertaken by a limited number of individuals. Effective mentoring occurs when the underlying relationship between mentor and mentee is strong. |
| | | | | |
| | Depends on required level—refer to TA table for additional information. This is a medium- to long-term learning process. | **Coaching** via Technical Assistance  
*Description:* Coaching provides one-on-one guidance and development on specific skills or objectives. It has a high level of long-term learning and application in the workplace. |  
– If the e-coaching allows for open and free-flowing communication, e-tools will improve the learning experience. |  
– The coach needs to be trained in coaching skills to have the most effect. |
| | | | | |
| | Limited cost.  
Medium-term learning process. | **Forums and ‘Communities of Practice’**  
*Description:* Forums or ‘Communities of Practice’ are venues for discussing a variety of views on an issue, or examining the relationship between the facets of an issue. The forums allow various points of view to be expressed. |  
– These forums could be face-to-face within professional associations or virtual via the internet.  
– Simple e-tools can greatly enhance a ‘Communities of Practice’ and broaden the scope of discussion. |  
– Difficult to control the content of the discussion. |
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</table>
| Management (Executive management and leadership) | High cost.                              | **Formal qualification**  
*Description:* Acquiring a specific, recognised qualification.  
Maybe available by full-time residential or flexible delivery e.g. mixed mode or distance learning. May need bridging program for some candidates to be eligible. | – Increased access and cost savings to rural students.  
– Possible access using distance education resources. | – Determining eligibility.  
– Cost due to absence during study leave.  
– Off-shore programs can be costly. |
|                                          | Estimated total of one course to completion (off-shore)—$45,000. |                                          |                                                                                                 |                                                          |
|                                          | Total cost for in-country Masters at DWU—$AUD 10,000. |                                          |                                                                                                 |                                                          |
|                                          | Long term—up to three years.              |                                          |                                                                                                 |                                                          |
| Depends on course—low to medium cost.    | Short-term learning.                     | **On-line formal training courses**  
*Description:* Self-paced and useful for acquiring specific knowledge or skills. Suitable for people who may not be able to attend courses off-site. | – Need to check relevance to specific development settings.  
– Interaction is an essential component to successful online learning; therefore any courses should incorporate this. | – Need to encourage feedback in-country or workplace when completed.  
– Digital radio, HF radio, community radio, internet, intranet, satellite, television, mobile and land-line phones are all effective networks that may be used. |
| Low cost—conference attendance fees and any associated travel costs. | Short-term process.                     | **Attendance at symposia or conferences**  
*Description:* Participation at a symposiums or conferences exposes individuals to reviews of best practices, key emerging issues, etc. | – Attendance at online symposiums may increase the number of attendees. | – Retaining significant amounts of knowledge and applying it to the workplace may be limited.  
– Difficult to control the content. |
<table>
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<th>Skills</th>
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<th>Additional benefit with e-tools</th>
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</tr>
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</table>
| Decision making               | Depends on required level—refer to TA table for additional information. This is a medium- to long-term learning process. | **Coaching** via Technical Assistance  
*Description:* Coaching provides one-on-one guidance and development on specific skills or objectives. It has a high level of long-term learning and application in workplace. | – If the e-coaching allows for open and free-flowing communication, e-tools will improve the learning experience. | – The coach needs to be trained in coaching skills to have the most effect. |
| Business communication skills | Depends on required level—refer to TA table for additional information. This is a medium- to long-term learning process. | **Coaching** via Technical Assistance  
*Description:* Coaching provides one-on-one guidance and development on specific skills or objectives. It has a high level of long-term learning and application in workplace. | – Provided the e-coaching allows for open and free-flowing communication e-tools will improve the learning experience. | – The coach needs to be trained in coaching skills to have the most effect. |
| Limited cost. Medium-term learning process. | **Forums and ‘Communities of Practice’**  
*Description:* Forums or ‘Communities of Practice’ are venues for discussing a variety of views on an issue, or the relationship between facets of an issue. Forums allow various points of view to be expressed. | – These forums could be face-to-face within professional associations, or virtual via the internet.  
– Simple e-tools can greatly enhance a ‘Communities of Practice’ and broaden the scope of the discussion. | – It is difficult to control the content of the discussion. |
<table>
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<tr>
<th>Skills</th>
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<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
</tr>
</thead>
</table>
| Business communication skills (cont)                        | Depends on the course—low to medium cost. | On-line formal training courses  
*Description:*  
Self-paced and useful for acquiring specific knowledge or skills. Suitable for people who may not be able to attend courses off-site. | – Need to check relevance to specific development settings.  
– Interaction is an essential component to successful online learning, therefore the course should incorporate e-tools. | – Need to encourage feedback in-country or workplace when completed.  
– Digital radio, HF radio, community radio, internet, intranet, satellite, television, mobile and land-line phones are all effective networks that may be used. |
| Office skills (computer skills, administration skills etc.) | Depends on course—low to medium cost.  
Short-term learning. | On-line formal training courses  
*Description:*  
Self-paced and useful for acquiring specific knowledge or skills. Suitable for people who may not be able to attend courses off-site. | – Need to check relevance to specific development settings.  
– Interaction is an essential component to successful online learning, therefore the course should incorporate e-tools. | – Need to encourage feedback in-country or workplace when completed.  
– Digital radio, HF radio, community radio, internet, intranet, satellite, television, mobile and land-line phones are all effective networks that may be used. |
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<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
</tr>
</thead>
</table>
| Office skills (computer skill, administration skills etc) | Small cost—low professional fee. | **Pro-bono or professional visits**  
*Description:* This process involves an individual from the region coming to assist with the development of a skill or set of skills.  
This type of training could be particularly useful if assistance is needed for a competency not prioritised under the MTEF, but is still important in the development of staff. |  
– Video and audio links increase the pool of available professionals. Rather than requiring a visit, speakers could present via links.  
Knowledge management e-tools are effective for sharing best practice and lessons learned from experts. | – Very short term, no longer than a month.  
– Timeframes generally inflexible as training is dependent on the presenters’ availability. |
| | Other costs include:  
– accommodation/expenses @ $254 per day = $2,540  
– international travel cost @ $1,400 per trip  
– Domestic travel cost @ $800 per trip | | |
| | Estimated total per visit $4,740 (based on a 10 day training visit) | | |
| | Timeframe—good for short-term assistance for a specific set of tasks. | | |

**Individual learning—personal development**

| Building individual confidence | Depends on required level—refer to TA table for additional information.  
This is a medium- to long-term learning process. | **Mentoring** via Technical Assistance  
*Description:* One-on-one guidance and discussion—usually reserved for people in leadership roles. |  
– By using simple tools such as email and discussion groups, the TA may be able to mentor more than one individual. |  
– Learning is one-on-one, so can only be undertaken by a limited number of individuals.  
– Effective mentoring occurs when the underlying relationship between mentor and mentee is strong. |
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<th>Skills</th>
<th>Approximate budget required and duration</th>
<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
</tr>
</thead>
</table>
| Communication skills                        | Depends on required level—refer to TA table for additional information. This is a medium- to long-term learning process. | Coaching via Technical Assistance  
Description: Coaching is the provision of one-on-one guidance and development of specific skills or objectives. It has a high level of long-term learning and application in workplace. | Provided the e-coaching allows for open and free-flowing communication, e-tools will improve the learning experience. | The coach needs to be trained in coaching skills to have the most effect. |
| Depends on the course—low to medium cost.   | On-line formal training courses  
Description: Self-paced and useful for acquiring specific knowledge or skills. Suitable for people who may not be able to attend courses off-site. | | Need to check relevance to specific development settings.  
Interaction is an essential component to successful online learning, therefore the course should incorporate e-tools. | Need to encourage feedback in-country or workplace when completed.  
Digital radio, HF radio, community radio, internet, intranet, satellite, television, mobile and land-line phones are all effective networks that may be used. |
| Short-term learning.                        |                                          |                                                           |                                                                                                           |                                                                                        |
| Individual learning—clinical skills development | | |                                                                             |                                                                                        |
| Clinical skills (all types possible)        | Generally low cost. Cost is associated with the down-time of the employee being shadowed and the down-times of the ‘shadower’. Short-term to medium-term learning process. | Job shadowing of colleagues or other members of the PNG health sector.  
Description: The principle behind job shadowing is that one employee observes another employee going about their job. | Open and free-flowing communication will improve the learning experience. | Need to have an effectively performing employee to shadow.  
Needs to be well-paced to avoid overload.  
Employee needs have sufficient time available to allow shadowing. |
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<tr>
<th>Skills</th>
<th>Approximate budget required and duration</th>
<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
</tr>
</thead>
</table>
| Clinical skills (all types possible) cont | Limited cost. Medium-term learning process.             | **Forums and ‘Communities of Practice’**  
*Description:* Forums or ‘Communities of Practice’ are venues for discussing a variety of views on an issue, or the relationship between facets of an issue. Forums allow various points of view to be expressed. | – These forums could be face-to-face within professional associations, or virtual via the internet.  
– Simple e-tools can greatly enhance a ‘Communities of Practice’ and broaden the scope of the discussion. | – It is difficult to control the content of the discussion. |
|                                | Depends on course—low-to medium-cost. Short-term learning. | **On-line formal training courses**  
*Description:* Self-paced and useful for acquiring specific knowledge or skills. Suitable for people who may not be able to attend courses off-site. | – Need to check relevance to specific development settings.  
– Interaction is an essential component to successful online learning, therefore the course should incorporate e-tools. | – Need to encourage feedback in-country or workplace when completed.  
– Digital radio, HF radio, community radio, internet, intranet, satellite, television, mobile and land-line phones are all effective networks that may be used. |
|                                | High cost. Approximate cost of $6,500 per two-week attachment. Approximate cost of $39,000 per three-month attachment. Is usually undertaken for between 3–6 months. | **Professional exchanges or placements**  
*Description:* A professional exchange occurs when an individual is taken from their normal work role and placed in another organisation (regionally, nationally, or internationally) to learn a specific skill or a new way of operating. | – Use of health communication tools (such as telemedicine) can facilitate both training before the placement, as well as follow-up after the placement. | – Logistically complicated, as organisations must willingly participate in exchange programs to take the individual.  
– Can be costly if ‘living away from home allowances’ are provided. |
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<tr>
<th>Skills (all types possible) cont</th>
<th>Approximate budget required and duration</th>
<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
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<tbody>
<tr>
<td>Clinical skills</td>
<td>Small cost—low professional fee.</td>
<td><strong>Pro-bono or professional visits</strong></td>
<td>Video and audio links increase the pool of available professionals. Rather than requiring a visit, speakers could present via links. Knowledge management e-tools are effective for sharing best practice and lessons learned from experts.</td>
<td>Very short term, no longer than a month. Timeframes generally inflexible as training is dependent on the presenters’ availability.</td>
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<td>Other costs include:</td>
<td><strong>Description</strong>: This process involves an individual from the region coming to assist with the development of a skill or set of skills. This type of training could be particularly useful if assistance is needed for a competency not prioritised under the MTEF, but is still important in the development of staff.</td>
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<td>– accommodation /expenses @ $254 per day = $2,540</td>
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<td>Estimated total per visit $4,740 (based on a 10 day training visit)</td>
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<td>Timeframe—good for short-term assistance for a specific set of tasks.</td>
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<tr>
<td>High cost.</td>
<td>Estimated total cost of course completion (off-shore) $45,000.</td>
<td><strong>Formal qualification</strong></td>
<td>Increased access and cost savings to rural students. Possible access using distance education resources.</td>
<td>Determining eligibility. Cost due to absence during study leave. Off-shore programs can be costly.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Description</strong>: Acquiring a specific, recognised qualification. Maybe available by full-time residential or flexible delivery e.g. mixed mode or distance learning. May need bridging program for some candidates to be eligible.</td>
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<td>Total cost for in-country Masters at DWU$ 10,000.</td>
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<td>Long-term, up to three years.</td>
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<td>Skills</td>
<td>Approximate budget required and duration</td>
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</table>
| Clinical skills (all types possible) cont | Low cost—conference attendance fees and any associated travel costs. Short-term process. | Attendance at *symposiums or conferences*  
*Description:* Participation at a symposiums or conferences exposes individuals to reviews of best practices, key emerging issues, etc. |  
– Attendance at online symposiums may increase the number of attendees. |  
– Retaining significant amounts of knowledge and applying it to the workplace may be limited.  
– Difficult to control the content. |
## Group and organisational capacity building

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<th>Additional benefit with e-tools</th>
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</table>
| Group and organisational learning—management strengthening | | **Workshops**—conducted by long-term or short-term Technical Assistance.  
*Description:* Learning a new set of skills through demonstration, examples, and practice.  
Workshops are good for:  
– reviewing a new topic or ideas  
– discussing issues  
– bonding teams  
– practicing skills  
– developing problem-solving skills  
– role plays, experiential learning  
– providing opportunities for informal networking, if residential  
– including a work-based assessment component for action and relevance. | – Increased participation may be possible, especially in rural areas, using HF and digital radio, television, video, and audio links.  
– Increased opportunities participation of experts in PNG and globally via videoconferencing.  
– Travel and time cost savings for participants. | – May be disruptive to workloads if all employees attend at once.  
– Can be expensive to hold.  
– Good facilitators are important. |
| Management skills | Cost of TA time—refer to table below.  
National workshop—approximate cost of $30,000.  
Provincial workshop—approximate cost of $12,000. | | | |
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<tr>
<th>Skills</th>
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<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
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</table>
| Group and organisation learning—clinical strengthening | 10 people—small supervised group | **Preceptorship** provided via a short-term Technical Adviser.  
*Description:* Workplace supervised competency-based support for (usually) clinical skills development as part of a more formal course structure. It is an opportunity to expose individuals to a number of new ideas and processes relating to a specific topic. |  | Employees may not feel comfortable in discussing questions in front of colleagues.  
Retention of information may be low if there is a large amount of information presented. |
| Clinical strengthening | | **Workshops**—conducted by long-term or short-term Technical Assistance.  
*Description:* Learning a new set of skills through demonstration, examples, and practice.  
Workshops are good for:  
− reviewing a new topic or ideas  
− discussing issues  
− bonding teams  
− practicing skills  
− developing problem-solving skills  
− role plays, experiential learning  
− providing opportunities for informal networking, if |  | Increased participation may be possible, especially in rural areas, using HF and digital radio, television, video, and audio links.  
Increased opportunities participation of experts in PNG and globally via videoconferencing.  
Travel and time cost savings for participants.  
May be disruptive to workloads if all employees attend at once.  
Can be expensive to hold.  
Good facilitators are important. |
| Cost of TA time—refer to table below.  
National workshop—approximate cost of $30,000.  
Provincial workshop—approximate cost of $12,000. | | | |  |
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<td>strengthening (cont)</td>
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<td>residential</td>
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<td>- including a work-based assessment component for action and relevance.</td>
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</table>
| Long-term strengthening timeframe. | Twinning  
Description:  
The development of an ongoing relationship between two ‘like’ institutions. May be within PNG or internationally.  
Involves exchange of personnel, specific skills development, and general institutional support.  
Beneficial where an institution requires multiple types of support. | - Open and free-flowing communication improves the twinning relationship and, therefore, the learning experience. | - Very dependent on goodwill and the commitment of leaders from both institutions.
System capacity building

<table>
<thead>
<tr>
<th>System needs or gaps</th>
<th>Approximate budget required and duration</th>
<th>Suggested capacity building method and key characteristics</th>
<th>Additional benefit with e-tools</th>
<th>Potential limitations</th>
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</thead>
<tbody>
<tr>
<td>Various—performance management processes, procurement systems, file management systems, etc.</td>
<td>Depends on required level of expertise and skill—refer to TA table for additional information. Short timeframe to establish the system. Long-term commitment required from recipients to maintain and implement the system.</td>
<td><strong>Systems development visits</strong> via short-term Technical Assistance. &lt;br&gt; <strong>Description:</strong> Used for the development of a one-off, specific process or procedure. These types of ‘systems’ do not refer to computer systems, although the use of IT may be included in the process. System develop visits are useful if the operational unit does not have the skill or the time to internally develop the system internally. While the system is developed externally, capacity to maintain and monitor the system is very important, and is the ongoing skill developed by this option.</td>
<td>– Implementation of specific e-Health tools can facilitate system development on a wider scale. &lt;br&gt; – Knowledge management e-tools make more effective systems management.</td>
<td>– Focus should be on the maintenance of the system, as support is not ongoing. &lt;br&gt; – This option can be costly, depending on scope of task.</td>
</tr>
</tbody>
</table>
Capacity Building Service Centre

Technical Assistance and Partner

Learning Agreement
Overview

The process of developing a Learning Agreement is to create a partnership to assist identify learning needs and to investigate appropriate solutions. These actions should be jointly determined between Technical Advisers and their Partner or Partner Groups. The Learning Agreement is a two-way agreement that encourages building competencies and capabilities. Other elements of the Learning Agreement process include: determining clear and concise learning objectives, agreeing on realistic strategies, recognising critical success factors, and aligning performance against key performance indicators.

Open and honest communication between the parties involved is crucial to the success of the Learning Agreements. Regular meetings and continuous feedback are essential. Learning Agreements, and their associated training plans, must also align with the Strategic Directions of the National Health Plan and ensure agreed actions support the national health strategies of PNG.
## Participant details

<table>
<thead>
<tr>
<th>Partner Name/Partner Group/Hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
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<tr>
<td>Commencement date:</td>
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<tr>
<td>Branch/Province/Hospital/Organisation:</td>
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<tr>
<td>Proposed start date of Agreement:</td>
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<tr>
<td>Proposed review date:</td>
</tr>
</tbody>
</table>

### 1. PARTNER:
I/We accept the requirements outlined in this Learning Agreement and will participate in all activities to the best of my/our ability. I/we am committed to changing and learning in conjunction with my Partner. I/we am committed to trying new ways of learning, being truthful, and I/we am willing to explore and challenge myself through this learning process. Furthermore, I/we agree to become familiar with, and adhere to, all relevant organisational policies (NDoH, Provincial etc.) and procedures and to comply with the appropriate standards of ethical conduct.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone/email:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Partner signature:</td>
</tr>
<tr>
<td>Supervisor’s name:</td>
</tr>
<tr>
<td>Supervisor’s position:</td>
</tr>
</tbody>
</table>
2. **TECHNICAL ADVISER:** I agree to be available to meet with my Partner or Partner Group regularly to identify appropriate capacity building activities, discuss learning options, review and evaluate learning experiences, and participate in critical incident technique analysis by formalising a monthly journal of events. This will assist in monitoring and evaluating the capacity building progress. I agree that I will submit a report to the CBSC for evaluation on a six-monthly basis, based on the results of the monthly journaling and evaluation processes. I also agree that my Partner will have the opportunity to evaluate my performance on an annual basis through the CBSC 360 degree performance appraisal. I also agree to actively participate in my own professional development activities in accordance with the CBSC Learning and Development Policy.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Phone/email:</td>
</tr>
<tr>
<td>Technical Adviser’s signature:</td>
</tr>
</tbody>
</table>

3. **CAPACITY BUILDING SPECIALIST:** I have discussed this Learning Agreement with the Technical Adviser and have provided relevant information relating to the capacity-building activities included in this Agreement. Further, I agree to liaise with the TA in a support role and to be available to provide information, advice, and support tools on capacity building for the duration of the Learning Agreement.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone/email:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>
## Capacity Building Plan (example)

<table>
<thead>
<tr>
<th>TARGET INDIVIDUAL, GROUP, OR SYSTEM</th>
<th>CAPACITY OR COMPETENCY TO BE DEVELOPED</th>
<th>PERFORMANCE MEASURE</th>
<th>CAPACITY BUILDING STRATEGIES</th>
<th>LINK TO ANNUAL ACTIVITY PLAN OR PNG HEALTH SECTOR STRATEGIC PLAN</th>
</tr>
</thead>
</table>
| Provincial Health Adviser          | – Improved consultation with senior staff.  
– Improved negotiation skills.   | – Monthly meetings with all District Health Managers.  
– Knowledge of alternative negotiation techniques. | – Mentoring and consultation on content of meetings.  
– Distance education course on negotiation and conflict resolution. | – Improve the organisational performance of the NDoH and Provinces to support public health strategic directions. |
Learning Agreement

The learning agenda

a. What are the skills, competencies, behaviours, or attitudes that I/we need to develop? Please list.

<table>
<thead>
<tr>
<th>Skills, competencies, behaviours, or attitudes</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
</tr>
</tbody>
</table>

b. Is your supervisor, your Branch, or your organisation’s management supportive of you developing these skills, competencies, behaviours, or attitudes? Please circle.

   Yes          No

c. How does developing these skills, competencies, behaviours, or attitudes link to the relevant Strategic Direction or Annual Activity Plan (AAP) for the PNG health sector?
Learning plan

Please complete one table for each skill or competency identified.

**EXAMPLE ONLY**

<table>
<thead>
<tr>
<th>Skills, competencies, behaviours, or attitudes</th>
<th>Increased ability to effectively and efficiently use the HF radio.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks or strategies—How will I/we do this?</td>
<td>1. Self-directed learning using the HF radio learning manual.</td>
</tr>
<tr>
<td></td>
<td>2. On-the-job training.</td>
</tr>
<tr>
<td></td>
<td>3. Completion of a work assignment on the use of radios for epidemics management.</td>
</tr>
<tr>
<td>Indicator of success— How will I/we know what has been achieved?</td>
<td>1. Using the self-directed manual, complete all readings and appropriate tests.</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate improved capacity related to HF radio use.</td>
</tr>
<tr>
<td></td>
<td>3. Complete a report on the radios’ use for epidemic management in last quarter and present at quarterly review meeting</td>
</tr>
</tbody>
</table>

Timelines for your tasks | By July 2006. |

---

**Skills, competencies, behaviours, or attitudes**

Tasks or strategies—How will I/we do this?

Indicator of success— How will I/we know what has been achieved?

Timelines for your tasks

---

**Skills, competencies, behaviours, or attitudes**

Tasks or strategies—How will I/we do this?

Indicator of success— How will I/we know what has been achieved?

Timelines for your tasks
REVIEW PHASE

Please show the recorded outcomes for each stated objective and consider the factors that impacted on the success of the learning objectives. This review is to be completed quarterly. Information gathered from the monthly Workplace Journal can be used to complete this review. The completed review should be submitted to the Capacity Building Specialist at the end of the quarter.

<table>
<thead>
<tr>
<th>OBJECTIVES (Skills, competencies, behaviours, or attitudes)</th>
<th>COMPETENCY ACHIEVED</th>
<th>PROGRESS TO DATE</th>
<th>FACTORS ENABLING SUCCESS</th>
<th>FACTORS HINDERING SUCCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Technical Adviser’s signature

Date:

Partner’s signature

Date:

Capacity Building Specialist’s signature:

Date:
Capacity Building Service Centre

Workplace Journal

Month completed: ____________________________

Adviser’s signature: ____________________________

Partner’s signature: ____________________________

Note: Steps 1–6 are to be completed jointly by the Adviser and their Partner. Step 7 is to be completed independently by the Adviser.
Step One
What is the competency or skill being evaluated this month?

(Consider using one of the competencies or skills listed in your Learning Agreement. You can choose other competencies or skills, but evaluating one from your Learning Agreement will make it easier when reviewing your Learning Agreement.)

Step Two
Identify three incidents for evaluation.

1. Think of a newly acquired skill or task related to the competency you chose, that is, something your Partner could not do before.

2. Think of a skill or task related to the competency that you chose where your Partner still needs some assistance and support in order to complete.

3. Think of a skill or task related to the competency that you chose, that your Partner is still unable to complete.
## Step Three

### Incident one

(a) What capacity building method or task did you use to build this competency?

(b) What factors (environmental e.g. system, organisational, personnel, or community/societal) assisted your Partner to achieve learning success?

(c) What factors (environmental e.g. system, organisational, personnel, or community/societal) made it difficult for your Partner to achieve learning success?

(d) Thinking about the tool you used, do you suggest any changes, recommendations, or ideas to improve this tool for greater success?
Incident two

(a) What capacity building method or task did you use to build this competency?

(b) What factors (environmental e.g. system, organisational, personnel, or community/societal) assisted your Partner to achieve learning success?

(c) What factors (environmental e.g. system, organisational, personnel, or community/societal) made it difficult for your Partner to achieve learning success?

(d) Thinking about the tool you used, do you suggest any changes, recommendations, or ideas to improve this tool for greater success?
Incident three

(a) What capacity building method or task did you use to build this competency?

(b) What factors (environmental e.g. system, organisational, personnel, or community/societal) assisted your Partner to achieve learning success?

(c) What factors (environmental e.g. system, organisational, personnel, or community/societal) made it difficult for your Partner to achieve learning success?

(d) Thinking about the tool you used, do you suggest any changes, recommendations, or ideas to improve this tool for greater success?

Step Four

Rate the effectiveness each of the tools or methods you used to build capacity in helping achieve learning success.

<table>
<thead>
<tr>
<th>Capacity building tool or method</th>
<th>3 Very useful</th>
<th>2 Useful</th>
<th>1 Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Step Five

Do you have any other comments about the capacity building tools available or any suggested changes?

Step Six

(for the Partner to answer)

Are you more, or less, confident or optimistic that things can change for the better in the future?

Please circle

<table>
<thead>
<tr>
<th>Highly confident</th>
<th>Confident</th>
<th>Unsure</th>
<th>Not confident</th>
<th>Not at all confident</th>
</tr>
</thead>
</table>
Step Seven

This section is for the Adviser to complete independently, reflecting on the work undertaken in the previous month. Use the following questions as prompts.

- What activities were attempted during this month?
- Were they successful, unsuccessful, or was there a mixed outcome?
- What were the factors (consider systems, organisational, personnel, and community/societal) that influenced you in undertaking these activities?
- What interpersonal skills have you used to develop the competencies during this period?
- How could you and your Partner have improved the outcomes achieved in this period?
- What lessons will you take away?

Notes:

Please consider:

Are you more, or less, confident or optimistic that things can change for the better in the future?

Please circle

<table>
<thead>
<tr>
<th>Highly confident</th>
<th>Confident</th>
<th>Unsure</th>
<th>Not confident</th>
<th>Not at all confident</th>
</tr>
</thead>
</table>
What’s in this guide?

- What is it? 3
- Steps to the Journal process 4
- Step One 5
- Step Two 6
- Step Three 6
- Step Four 7
- Step Five 8
- Step Six 10
- Journal example exercise 11
Workplace journaling

What is it?

The Workplace Journaling process is based on the ‘Critical Incidents Technique (CIT)’, which is an evaluation methodology. The CIT has been around for some time and is often used to help staff understand the specific behaviours critical to complex jobs and positions.

In the CBSC, we use the CIT methodology as a structured tool to help you to gather information on your progress with capacity building and to learn from your experiences so that we can continually improve performance.

You will use this technique to complete your quarterly Learning Agreement reviews, and to complete your six-monthly Capacity Building Progress Reports.

Why are we using the Workplace Journal?

To identify the capacity building techniques that work best in different environments, and to understand the factors that enable capacity building success and those that hinder it!
Steps to the Journal process

Each of the following steps will be explained in more detail in this guide.

1. Tell your Partner what the process is.
2. Determine which competency you will evaluate.
3. Identify the three ‘incidents’.
4. Respond to three questions about the effectiveness of your chosen capacity building option and the enablers to effective learning.
5. Evaluate the capacity building option, respond to general comments, and determine the optimism scale.
6. Complete your individual reflection journal.
Step One...
Explaining the process to your Partner

Things to mention:

It is important for you to understand that the Journal process is simply a tool we are using to measure the effectiveness of capacity building. The tool should provide you with a framework for consultative and open discussions with your Partner and should not lead to defensiveness or interrogation.

- Explain that the CBSC wants to determine the most effective capacity building method to use in specific situations.
- Inform your Partner why they are involved (as an evaluation of the capacity building option).
- Emphasise the anonymity of the data collection. No names will be released and all data is kept in the strictest confidence and only used for analytical purposes.
In conjunction with your Partners, select one competency from your Learning Agreement to look at each month. You can select a different competency every month, or you might choose to review the same competency on more than one occasion.

Once you have chosen the competency to be discussed, identify the following three situations.

1. Think of a skill or task that is newly acquired—something your Partner couldn’t do before.
2. Think of a skill or task that is newly acquired, but that your Partner still need some assistance and support to complete.
3. Think of a skill or task that you are trying to develop, but your Partner is still unable to complete.

These three situations/skills now become your incidents.

You can use these examples in the ‘progress to date’ section of your Learning Agreement Review.
In conjunction with your Partners, look at each of the incidents and answer the following questions. Remember, this process is one of open discussion and consultation; try to encourage as much information and openness as possible.

Q1 What was the capacity building method or tasks you used to try and build this competency?

Q2 What were the factors (e.g. system, organisational, individual, or community/societal) that assisted your Partner be successful in their learning? (This information can be used in the ‘Factors Enabling Success’ in the Learning Agreement Review).

Q3 What were the factors (e.g. system, organisational, individual, or community/societal) that made it difficult for your Partner to achieve learning success? (This information can be used in the ‘Factors Preventing Success’ in the Learning Agreement Review).

Q4 When considering the methods or tools mentioned in Question One, are there any changes, recommendations, or ideas you have to improve the use of the tool to enable greater success?

The more detail you write down in this section, the easier it will be for you to analyse the information later for your Six-Monthly Capacity Building Progress Report.
Step Five...

In the reporting table (see an example below) list all of the capacity building mechanisms you have used for this evaluation.

In conjunction with your Partner, rate the overall effectiveness of each tool in assisting your Partners achieve their learning goals.

<table>
<thead>
<tr>
<th>Capacity Building Tools</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Useful</td>
<td>Useful</td>
<td>Not useful</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
In conjunction with your Partner...

Include any general comments in the section provided. This could include suggestions about how you think the tool you are evaluating could be improved.

Optimism scale

Allow your Partner to consider and respond to the following question:

Are you more, or less confident, or optimistic that things can change for the better in the future?

The response will be measured on the following scale:

Highly confident/ confident / unsure / not confident / not at all confident
Step Six...

Completing the reflective journaling...

After you have completed the analysis with your Partner, spend some time on your own and make journal notes about your experiences in the previous month. Use the prompt questions listed to help you keep your thoughts focused.

Reflective questions

What activities were attempted this period?

Were they successful, unsuccessful, or was there a mixed outcome?

What were the factors (think about system, organisational, individual, or community/societal factors) that influenced you in undertaking these activities?

What interpersonal skills have you used to develop the identified competencies during this period?

How could you and your Partner have improved the outcomes achieved in this period?

What lessons will you take away from your efforts during this time?

Are you and your Partner more, or less, confident or optimistic that things can change for the better in the future?
Journal example exercise

The following is an example to help you and your Partner work through the journal process on your own. In this scenario, John is a Provincial Program Adviser and Sam is a member of the Provincial Health Office who has designated duties to manage the HF radio. In the reflective discussions for this month, they have decided to look at the following competency:

From the Learning Agreement between John and Sam...

Learning Plan (taken from Learning Agreement)

<table>
<thead>
<tr>
<th>Skill/ Competency:</th>
<th>Increased ability to effectively and efficiently use the HF radio.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks or strategies (How will I/we to do this?)</td>
<td>1. Self-directed HF radio learning manual.</td>
</tr>
<tr>
<td></td>
<td>2. On-the-job training.</td>
</tr>
<tr>
<td></td>
<td>3. Completion of a work assignment on the use of radios for managing epidemics.</td>
</tr>
<tr>
<td>Indicators of success (How will I/we know what has been achieved?)</td>
<td>1. Complete all readings and appropriate tests in the self-directed manual.</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate improved capacity in using the HF radio.</td>
</tr>
<tr>
<td></td>
<td>3. Complete a report on using radios for managing epidemics. This will be completed in last quarter and presented at quarterly review meeting.</td>
</tr>
</tbody>
</table>
Journal example exercise

Step Three...

Identify required incidents

Think of a skill or task that is newly acquired—something you couldn’t do before.

*When questioned by John, Sam replied: ‘I am now successfully contacting every health centre in the Province with the HF radio’.*

Think of a skill or task that is newly acquired but you still need some assistance and support to complete.

*Sam replied: ‘I am now successfully able to ask questions about the occurrence of an epidemic, but I am still not able to gather all of the information that is required’.*

Think of a skill or task that you are trying to develop, but you are still are unable to complete.

*Sam replied: ‘I still struggle with setting up a weekly broadcast from the Provincial Health Office via the HF radios’.*
Journal example exercise

Step Four...

Looking at each incident, answer the following questions.

Incident One:

Sam wrote: ‘I am now successfully contacting every health centre in the Province with the HF radio’.

Q1 What was the capacity building method or tasks you used to build this competency?

When questioned by John, Sam replied: ‘We used the self-directed learning guide for HF radios and some planned on-the-job training’.

Q2 What were the factors (environmental or otherwise) that assisted the you to be successful in your learning?

Sam replied: ‘My supervisor was supportive of me spending the time to learn these new skills, the PPA made himself available to sit with me on a weekly basis to provide the on-the-job training, and I got positive feedback from staff at the health centres’.

Q3 What were the factors (environmental or otherwise) that made it difficult for you to achieve learning success?

Sam replied: ‘Often, nobody turned on the HF radios in some of the other health centres’.

Q4 When considering the methods or tools you mentioned in Question One, are there any changes, recommendations, or ideas you have to improve the tools to enable greater success?

Sam replied: ‘The manual could have had simpler language, and I think that the PPA could have let me make more mistakes rather than fixing them up too quickly’.
Incident Two:

Sam wrote: ‘I am now successfully able to ask questions about the occurrence of an epidemic, but I am still not able to gather all of the information that is required’.

Q1 What was the capacity building method or tasks you used to try and build this competency?

*Sam and John wrote: ‘On-the-job training and a work assignment in the Provincial Health Office’.*

Q2 What were the factors (environmental or otherwise) that assisted your Partner to be successful in their learning?

*Sam wrote: ‘The availability of the epidemics manual, the recent emphasis on prevention of measles in health worker in-service training, and the Provincial Disease Control Officer helped by explaining some of the diseases to me’.*

Q3 What were the factors (environmental or otherwise) that made it difficult for your Partner to achieve learning success?

*Sam wrote: ‘I don’t have a strong health background, I haven’t received any training on the epidemics forms, and some of the health workers seem reluctant to spend time to give me information’.*

Q4 When considering the methods or tools mentioned in Question One, are there any changes, recommendations, or ideas you have to improve the tool to enable greater success?

*Sam wrote: ‘I need more formal training on the forms, I need clearer directions with my work assignment, and I need the health workers to understand why I need to do this task’.*
Journal example exercise

Looking at each incident, answer the following questions

**Incident Three:**

Sam wrote: ‘I still struggle with setting up a weekly broadcast from the Provincial Health Office via the HF radios’.

**Q1** What was the capacity building method or tasks you used to try and build this competency?

*Sam and John wrote: ‘On-the-job training, watching the PPA, and the HF radios manual’.*

**Q2** What were the factors (environmental or otherwise) that assisted your Partner to be successful in their learning?

*Sam wrote: ‘Watching the PPA has been beneficial, so has the Radios’ manual’.*

**Q3** What were the factors (environmental or otherwise) that made it difficult for your Partners to achieve learning success?

*Sam wrote: ‘I don’t think there is enough explanation in the manual about setting up broadcasts. I think that there is a lack of timeliness by the health centres to attend the broadcasts, and I think that there is a general lack of interest by some provincial health office staff to provide content for the broadcasts’.*

**Q4** When considering the methods and tools mentioned in Question One, are there any changes, recommendations, or ideas you have to improve the tool to enable greater success?

*Sam wrote: ‘I think that improved content is needed in the HF radio manual. The PPA also needs to encourage health office management to develop content for the broadcasts and to appreciate these broadcasts’.*
Sam and John then rated the overall effectiveness of each tool in assisting Sam’s achievement of his learning goals.

<table>
<thead>
<tr>
<th>Capacity Building Tools</th>
<th>3 Very Useful</th>
<th>2 Useful</th>
<th>1 Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-directed HF radio manual</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-the-job training</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Work assignment</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**General comments & optimism scale**

After this discussion, Sam and John wrote in the general comments section:

‘Overall, I think it would be useful for me to discuss these issues with other health radio people to share experiences, support each other, and to learn from each other.’

Are you and your Partner more or less confident or optimistic that things can change for the better in the future?

Highly confident/ Confident/ Unsure/ Not confident/ Not at all confident
A summary—what do I have to do?

On a monthly basis, with your Partner, you will...

1. Identify the incidents that will be evaluated (there will be three).

2. In conjunction with your Partners, complete the journal template forms.

3. On your own, reflect on your experiences of the previous evaluation period and respond to the reflective questions.

On a quarterly basis you will...

Review the journal forms you completed for the quarter and, in conjunction with your Partners, complete the Learning Agreement Review.

On a six monthly basis you will...

Review all of the journal forms that you have completed and prepare an analytical report discussing your findings during the six month period. A guide to assist you in preparing this report will be provided. The completed journal templates are required as an annexure to this report.

If you have any questions about the Workplace Journal process and what you and your Partner need to do, please contact the Capacity Building Specialist or the Deputy Director.
This document will assist you and your peers provide feedback and rate the performance of the person named above in relation to their knowledge, skills, attributes, and behaviour in the workplace, as demonstrated throughout the past 12 months.

The appraisal process consists of three main sections:

Section One  Rating the recipient against a series of capacity building competencies.

Section Two  Providing feedback about the way the person currently operates and their approach to work practices.

Section Three  Providing feedback and recommendations that would build on the person’s existing effectiveness.

SECTION ONE
There are 12 capacity building competencies used to measure the performance of the person being appraised, together with their actual position description. Each competency has five statements or elements to enable you to rate the person’s ability against the specific competency.

CAPACITY BUILDING COMPETENCIES
Establishing focus  Interpersonal awareness
Influencing others  Improving performance
Drive to achieve  Developing others
Focusing on others  Empowering others
Building relationships  Professional development
Interpersonal awareness  Attention to information
You have been asked to complete this questionnaire, providing information on various aspects relating to the work-related performance of the person whose name appears on the front page of this document. Please write a number from 1 to 10 (see scale below) in the space next to the statement. Your rating sums up your opinion of the person’s performance in the area described by the performance statement. A score closer to 1 means that the person never, or rarely, engages in the behaviour described in the statement. A score closer to 10 indicates the person always, or very frequently, engages in the behaviour described.

How frequently does the person engage in the practice described?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
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</tr>
</tbody>
</table>

**CAPACITY BUILDING STATEMENTS**

1. Focuses on identifying the needs and expectations of the team’s contacts
2. Exerts significant effort to achieve goals
3. Constructively uses influence to achieve positive results for the department
4. Stresses the need for responsible and accountable problem-solvers and decision-makers
5. Encourages respect and understanding
6. Keeps promises and commitments to others
7. Develops team commitment and cooperation
8. Motivates team members to discuss the kind of future it is possible to create
9. Encourages information to be passed on to others who need to be kept informed
10. Encourages frequent and relevant communication
<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Fairly often</th>
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</thead>
<tbody>
<tr>
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<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11.</td>
<td>Shares ideas and information with others</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Listens attentively to others’ ideas and concerns</td>
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<td>13.</td>
<td>Responds in ways that convey interest in what others have to say</td>
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<td>14.</td>
<td>Monitors the performance of their role</td>
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<tr>
<td>15.</td>
<td>Encourages the team to develop performance goals</td>
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<td>16.</td>
<td>Provides effective mentoring</td>
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<td>17.</td>
<td>Creates learning opportunities</td>
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<td>18.</td>
<td>Accepts responsibility and accountability for their own actions and results</td>
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<td>19.</td>
<td>Measures and tracks level of staff satisfaction</td>
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<td>20.</td>
<td>Facilitates problem-solving that leads to improvement</td>
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<td>21.</td>
<td>Encourages the team to understand how their work relates to project objectives</td>
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<td>22.</td>
<td>Uses motivation to enlist the support of others</td>
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<td>23.</td>
<td>Gains others’ support for ideas and solutions</td>
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<td>24.</td>
<td>Models a strong sense of urgency about solving problems and achieving outcomes</td>
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<td>25.</td>
<td>Sets challenging, but achievable, goals</td>
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<td>26.</td>
<td>Provides exceptional service to others</td>
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<td>27.</td>
<td>Sees mistakes by team members as opportunities for learning</td>
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<td>28.</td>
<td>Develops trust and confidence with others</td>
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<td>29.</td>
<td>Attempts to build healthy relationships with others</td>
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<td>30.</td>
<td>Recognises and encourages teamwork</td>
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<td>31.</td>
<td>Provides opportunities for learning to work as a team</td>
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<td>32.</td>
<td>Ensures important project-related information is shared</td>
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<td>33.</td>
<td>Uses a range of approaches to communicate important messages</td>
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<td>34.</td>
<td>Accurately interprets what others are feeling</td>
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<td>35.</td>
<td>Understands that people are different and treats individuals accordingly</td>
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<td>36.</td>
<td>Supports projects by attempting to acquire the resources it needs</td>
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<td>37.</td>
<td>Emphasises the need to continually improve work processes and systems</td>
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<td>38.</td>
<td>Willing to work with others to develop their competencies</td>
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<td>39.</td>
<td>Provides helpful and specific feedback to others on their performance</td>
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<td>40.</td>
<td>Strives to get team members to accept ownership for their jobs</td>
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How frequently does the person engage in the practice described?

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<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very frequently</th>
<th>Always</th>
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<td>5</td>
<td>6</td>
<td>7</td>
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</tbody>
</table>

41. Recognises and praises behaviours reflecting responsible decision-making and problem-solving  
42. Anticipates how others will react in all situations  
43. Keeps performance goals and outcomes firmly in mind at all times  
44. Participates in, and facilitates, effective team functioning  
45. Manages frustration and stress effectively  
46. Models how others need to listen to what is being provided  
47. Facilitates how the group functions so the team accomplishes its agenda  
48. Involves others in processes or decisions to ensure their support  
49. Encourages the team to refer to its ‘game plan’ that specifies how it will achieve its goal  
50. Encourages everyone in the team to understand and identify with the project’s mission  
51. Conveys confidence in each team member’s ability  
52. Facilitates and promotes learning within the team  
53. Effectively negotiates to shape outcomes  
54. Talks to others to find out what they want and how satisfied they are with what they are getting
How frequently does the person engage in the practice described?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Once in a while</th>
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<td>1</td>
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</table>

55. After changes take place, understands and recognises what should be done differently
56. Models skills and competencies to reflect up-to-date methodologies
57. Provides demonstrated evidence of new and innovative techniques to support workplace practices
58. Shows appropriate levels of flexibility to adapt to the changing needs of the work environment
59. Demonstrates timely and professional levels of report writing skills when required
60. Encourages others to build on their own professional development through the identification of appropriate tools.
SECTION TWO

Feedback activity (written comments)

Think about the way the person operates and make detailed notes on your opinion of their approach to work practices.

The ........................................ (Cut and paste job description responsibilities and functional tasks.)

1. Please comment on the alignment of this person's performance and behaviour with the requirements of the role as described by their position description.

........................................
SECTION THREE
(Work ethics and attributes)

1. What are the workplace actions, practices, and behaviours you really appreciate about this person?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. What actions, practices, and behaviours do you suggest they should do better or more often to build on their existing effectiveness?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. What actions, practices, and behaviours do you suggest they should do less often to build on their existing effectiveness?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
THANK YOU FOR YOUR PARTICIPATION IN THIS ACTIVITY.
YOUR COMMENTS ARE VALUED.

PLEASE ENSURE THAT THIS DOCUMENT IS RETURNED TO XXX.
Health Institutional Strengthening Project
MOST SIGNIFICANT CHANGE FRAMEWORK
1. WHY MOST SIGNIFICANT CHANGE?

The most significant change (MSC) technique is a form of participatory monitoring and evaluation (M&E). MSC is participatory because many stakeholders are involved both in deciding the type changes needed and in analysing data. MSC provides data on impacts and outcomes that can be used to assess the performance of a project as a whole.

Essentially, the process involves the collection of significant change stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by ‘searching’ for project impact. Once changes have been captured, various people sit down together and marry beneficiary value sets and Project value sets by ranking what was perceived as significant by beneficiaries according to the HISP value set.

MSC is a valuable method for incorporating the ideas of local beneficiaries and provides a better understanding of local beliefs and behaviours. It gives the views from the project’s end users. MSC works alongside quantitative M&E techniques and is an adjunct to traditional M&E methods. Based on storytelling, MSC is an appropriate form of communication in the Solomon Islands context. It is hoped the stories generate material that supports arguments developed during the HISP evaluation.

The HISP piloted a MSC framework. The framework was piloted in anticipation of wider implementation in future AusAID supported projects after the completion of the HISP. Key lessons learned on the completion of the British Aid-funded Choisel Community Health Project 1994–1997 were that ‘project design and surveys need to include a listening approach using qualitative methods to incorporate the ideas of local beneficiaries and to provide a better understanding of local beliefs and behaviours’. Further, the learnings stated ‘top down approaches to health programs must be balanced with bottom up approaches to listening to and working with local communities’.

As MSC aims to obtain more information on the value sets of beneficiaries and identifies what is important to them, it is hoped that findings from the technique will shape and temper the design of post-HISP missions, as well as trialling MSC for possible wider implementation in future program assistance.

2. WHO ARE STORIES COLLECTED FROM?

Stories are collected from two groups of people:
1. beneficiaries in the community
2. beneficiaries within the MOH.

Stories should be collected, as much as possible, from the ‘bottom’ levels with:
- an equal representation of gender
- a cross-representation of views
- stories from people who do not usually speak up, and who would not otherwise have a voice.

---

3. WHO COLLECTS THE STORIES?

The stories should be collected by all HISP team members. Team members should aim to collect four stories per province or ‘work area’ i.e. ‘NRH/radios’ is a work area.

It is important to be aware of the methodology for collecting the stories. Collect stories in a way that enables Solomon Islanders to tell their story in a full and uncensored manner. Mentally ‘unhook’ MSC from the HISP Logframe and do not try to collect stories against specific outputs.

4. WHAT SHOULD THE STORIES BE ABOUT?

The stories should focus on the change in the quality of peoples’ lives as a result of changes in health services or the health system.

5. IDENTIFY DOMAINS OF CHANGE

‘Domains’ are loose groups against which stakeholders rate their stories. Domains can also be used to guide thinking when collecting stories. These domains can be re-visited by the stakeholder forum if the stories reflect different domains. Domains can include:

- changes in the institution (i.e. MOH)
- changes in the community
- lessons learned
- other issues.

The option for other domains to emerge should be kept open.

6. HOW TO SELECT STORIES

A two-tiered process is used to select the stories.

- The story collectors rank the stories themselves, and provide them to the stakeholder forum.
- The stakeholder forum then also ranks the stories. Potentially, the forum will be made up of an MOH Under-Secretary, a Provincial Health Director, a Registered Nurse, a representative from Environmental Health, a representative from a Non-Government Organisation, a Health Promotion Officer, and HISP representatives.

To select the most significant story:

- choose the story that reflects the most significant change in the health service or health system
- briefly document why this is the most significant change story and if this change is attributable to the HISP.

7. HOW TO COLLECT STORIES

The stories should be about change, specifically the change that has occurred in the storyteller’s life. Stories should be told in the first person and (as close as possible) using the words of the storyteller.

(Refer to Annexure 1: HISP Story Collection Form; Annexure 2: Hints for Interviewing; Annexure 3: Common Concerns and Problems Encountered with MSC).
8. TIMELINES

- Review in February to see where we are at, and to brief Monitoring and Evaluation Adviser (during their first input) and obtain their input
- Stakeholder Forum in June. (Non HISP participants will need to be provided education on the objectives of MSC).

9. ANALYSIS

A database of stories collected should be maintained and include the:
- date the story was collected
- location in which the story was collected
- gender of storyteller
- age of storyteller
- occupation of the storyteller
- name of the collector
- outcome of the selection process.

This information should be used to ensure that stories are collected from a representative pool of people.

10. VERIFICATION

The story selected as the most significant story by the stakeholder forum will be verified by the HISP. Verification involves either talking to the storyteller or verifying the change they have spoken about.

11. FEEDBACK TO BENEFICIARIES

All the stories will be collected and printed by the HISP and provided to the MOH, specifically at the provincial level. The location of the stories will be removed from the text to prevent bias. It is intended that the stories should be distributed, for example, with the MOH newsletter.
### ANNEXURE 1—HISP STORY COLLECTION FORM

<table>
<thead>
<tr>
<th>Name of person recording the story</th>
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<tbody>
<tr>
<td>Location</td>
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<tr>
<td>Date of recording</td>
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</table>

Tell me littlebet about you: What now nem blong you? Where now you come from? Wanem now you doim? How old now you?

<table>
<thead>
<tr>
<th>Name of storyteller*</th>
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</thead>
<tbody>
<tr>
<td>What do they do?</td>
</tr>
<tr>
<td>Where are they from?</td>
</tr>
<tr>
<td>Male/Female</td>
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<tr>
<td>How old are they? (can be estimated)</td>
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</tbody>
</table>

Tell me first tem aboutem you? (Tell me first about yourself)
Wanem now change you fella lukim long health services long two year go finis?
(What changes have you noticed in health services in the past two years?)

Wanem now change hem barava big tumas for you?
(What change is the biggest one for you?)
Confidentiality

You letim mefala for publishem story belong you?
(Do you consent to us using your story for publication?)
☐ Yes  ☐ No

Hem alright for nem blong you for publishem long story?
(Is it alright for your name to be published in the story?)
☐ Yes  ☐ No

STORYTAKER USE

Give this story a ranking out of total number stories you collected.

What were your reasons for giving this story this ranking?
ANNEXURE 2—HINTS FOR INTERVIEWING

Take time to build a connection before beginning the conversation

Introduce yourself. Make a little informal time at the start of the process, listening to who this person is. Question One is aimed at helping this happen. Let them know a little about you, or simply tell them about the interview process.

Listen, listen, listen

Remember when you are interviewing, it is your role to suspend your opinion and listen to what the interviewee has to say.

Give people time and space to take things at their own pace

Some people warm up immediately; others take time. If the interview begins to get really interesting just as it’s finishing, see if there is time to go back and think again about earlier questions.

Show the interviewee that you are really listening and that you really care

Keep your body relaxed and open, comfortably close and gently facing the interviewee. Try to avoid being separated from them by a table. Make eye contact. Allow your facial expressions and verbal reinforcement to reflect genuine interest. If you are curious and want more information, by all means ask for it.

Go back over what you’ve learned to confirm accuracy

Have the interviewee read over (or read to them) what you have written. Give them the option to modify or change anything you have written to more fully express the essence of what they said.

Thank them

After the interview has finished thank the interviewee and tell them what you have learned as a result of the interview.
Following are some of the most common problems and concerns people encounter when introducing and using MSC.

‘People don’t understand the question.’
Many people have commented on the difficulty of eliciting good stories. This is often associated with how the question is translated, particularly the word ‘significance’. Eliciting good stories requires some research skills—as does community development in general. You must be able to engage with people to obtain their views. If a question isn’t working, consider re-phrasing it carefully.

‘Nothing has changed, so what can we report?’
This response may suggest respondents are looking for changes that can be defined as ‘significant’ in some absolute sense. It helps to ask respondents to look for any changes at all. Then identify those they think are the most significant, in relative terms, of all the changes they have noted. For those more philosophically inclined, it may also be worthwhile quoting Heraclitus, who reportedly said ‘It is not possible to step into the same river twice’, meaning that change is taking place all the time, so it is never true to say that nothing has changed. The idea is that if no change can be seen, the person concerned should take a closer look.

‘This is totally subjective.’
Some participants may not be comfortable with the idea of exercising their own judgement about what constitutes a significant change, rather than making choices according to pre-defined and agreed rules.

We suggest two ways of responding to this concern. One response is to explain that by asking people to write down explanations for their choice of what is most significant, we are making their subjectivity accountable. Their judgments become open to scrutiny by other participants. Knowing this may also encourage participants to think carefully about how they explain their choices. On the other hand, this may also be a source of anxiety, especially if the interviewees are not usually asked to make judgment calls.

The second response is to say that, in making a judgment, there is no response that is ‘correct’ or ‘incorrect’. You are asking for interpretations. Built into these interpretations are arguments about the values that are important in a given situation. One person may argue for the significance of a specific change on the grounds of sustainability, another may argue for the significance of improvements in gender equity. Choices between these interpretations involve choices about priorities given to different values, and this is a matter of negotiation rather than calculation of truth.

Ghana—what is significance?
‘Significance IS ‘subjective” and the successive “selections” of the process are not meant to invalidate the previous ones, only to reflect the varying perspectives from which the “selectors” interpret the stories.’ (Johnston, 2002, p.9)

‘Why do we have to select only one significant change story?’
Participants may express concerns, or even dislike, about having to choose only one significant change from many possibilities. If they don’t understand the MSC technique, you can explain that
the process of making a choice, especially in a group setting, can stimulate debate and encourage people to think more deeply about what is involved in each story. Reluctance to choose one story can also have a social and cultural basis. Participants may want to avoid conflict or avoid being seen as critical of others. If this is the case, then consider different ways of structuring the selection process. Some of the options, including voting by secret ballot, are outlined in Step 5. It may be necessary to allow participants to select more than one story. In other difficult settings, participants have been asked to identify significant change stories to be eliminated (i.e. to select the least significant rather than the most significant). We have not experienced any situation where it was impossible to devise some form of selection process.

‘This is too time-consuming.’
Time can be a significant problem in large organisations. Selection processes should be structured so selecting significant change stories does not take more than two hours. Try circulating stories to be read before meetings or have a facilitator at the selection meetings. Established procedures for reading, discussing, scoring, voting, and documenting agreed choices can also help. Organisations can change the frequency of reporting stories as well. Only a few organisations select stories fortnightly. Many organisations select stories on a monthly basis and some have changed to three-monthly reporting. Documenting significant change stories by individual participants may be considered time consuming for a number of reasons. The process may be new and unfamiliar or participants may not be familiar with narrative reporting. In these cases, time should be taken to build the capacity of people to collect stories. For example, providing positive feedback about good practice, giving examples of good practice from elsewhere, and offering refresher training (as has been done by CCDB) can all help in building capacity.

Documentation of stories may also be seen as time-consuming because staff have insufficient knowledge about what is happening in the field. Special visits to communities to elicit stories are often required. This may be symptomatic of wider problems within the organisation and may need attention by managers. Complaints about MSC being time-consuming could also be associated with poor motivation. Participants may not see sufficient benefit from the time they spend on MSC or they may be experiencing other pressures on their time. If participants are not seeing benefits, then find out whether feedback is being given and received. Have any of the stories nominated by these participants been selected at higher levels? If not, why not? Can helpful advice be given about the reasons they are not being selected? If there are other pressures on participants’ time, these should be identified and addressed by managers.

‘None of the stories really represent what we are doing.’
This may reflect awareness of a worrying gap between expectations and reality, or between head office and field office. It may also reflect field staff reacting to what they think is expected, rather than what is actually expected. A pre-emptive way to respond to this issue is during the initial training in MSC. Provide a clear message that factual accounts of significant changes of any kind, both expected and unexpected, are required and that repeated instances of the same kind of significant change are unlikely to be selected as being most significant. Another way to respond is through informative feedback attached to the stories selected as most significant. This can point out the positive features of the story. If the frustration is expressed by field staff, allow them to spell out what it is that they think is missing, including an example, which can then be converted into a story.

‘There is not enough detail in the story to make a judgment.’
At face value, this suggests that the story should not be selected as most significant or that it should be sent back for more details. This issue may also mask anxieties about making choices, as discussed earlier in this section.
Badly written stories

It is not uncommon for participants to express concerns about the differences in the quality of the stories being examined and compared. Some are better written than others, some are more engaging than others. If there are noticeable differences, it is important they are openly recognised; then the group can decide how to deal with these differences. In our experience, the quality of the story is rarely the main reason for rejecting or selecting it, unless the significant change is so lacking in detail there is nothing tangible to go on. Instead, participants tend to weight their judgment of the quality of the story by the apparent importance of the content of the story. A poorly written story about important developments can get selected. But a very poorly written story will not.

One option is to ask the person who documented the story to re-write it to better convey the changes. However, care needs to be taken. A re-write could easily lead to confusion as to whose story it really is.
Review of Capacity Building Tools

Prepared by
Robyn Stonehouse
Capacity Building Specialist

August 2006
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1. Purpose of the review

This review provided the CBSC with feedback on the effectiveness of a range of tools implemented at the start of the Service Centre’s operations and distributed during the 2006 CBSC Orientation. This review focused primarily on Learning Agreements and Workplace Journals currently used by CBSC Technical Advisers (TA) and their Partners throughout the National Department of Health (NDoH) and Provincial Health Offices (PHO).

A commitment to monitoring and evaluating the practices of capacity building tools allows the CBSC to critically reflect on capacity building approaches using action-learning principles. All capacity building activities are documented to enable the CBSC to learn from the collective experiences of its TAs and their Partners.

2. Background to this review

In January 2006, the CBSC conducted a three-day orientation to officially launch the rollout of a series of new initiatives to 38 TAs. The TAs were previously attached to the Health Support Services Program (HSSP) and were being contracted to the CBSC for an initial twelve-month period.

Throughout 2006, a *Partnering Approach* was implemented and agreements were signed off at all levels of the organisation to capture a collaborative and systematic way of doing business. Previously, TAs were responsible for providing technical advice on issues relevant to their specific area of expertise. Under the CBSC, TAs are process facilitators, broadening their roles by focusing on building the capacity of Partners to address the needs of the NDoH strategic directions. This requires TAs to facilitate a targeted approach in building the capacity of their Partners.

A capacity building options menu was presented at the orientation. The menu detailed various methodologies in building capacity at an individual, organisational, and systems level. The notion of developing Learning Agreements with Partners to formalise specific capacity building activities was also presented. Learning Agreements were to be supported by monthly reflective Workplace Journals. As part of their orientation, TAs were provided with training in using both tools: the Learning Agreement and the Workplace Journal.

When change is introduced, it often brings a sense of anticipation and anxiety, which may challenge assumptions. Change requires a certain amount of reinforcement to produce a seamless transition. In response to this, regional workshops were conducted to reinforce the purpose and use of the tools and the Capacity Building Specialist provided one-on-one support to TAs.

Throughout February and March, a steady flow of Learning Agreements were formalised between TAs and Partners, followed by completion of monthly Workplace Journals.

3. Methodology

The methodology used to review the capacity building tools was provided from information contained in the TAs Workplace Journals and from interviews conducted between TAs and their Partners.
In addition, each TA provided a six-monthly report with feedback on the use of the tools and the tools effectiveness in achieving the desired outcomes.

A number of reports were analysed and individuals were interviewed for feedback on the tools, including:

- local advisers (a discussion group was held at Local Advisers’ monthly meetings)
- long-term international advisers (via face-to-face discussions and through workplace journals)
- advisers’ six-monthly reports
- feedback from discussions with Provincial Partners
- feedback from an M&E focus group report
- senior staff in the CBSC.

4. Feedback

4.1 Learning Agreements

Selection of Partners

The majority of TAs believe identifying appropriate Partners is essential in laying the foundation for success of the Learning Agreements. Some TAs have experienced difficulties formalising their Agreements with Partners whose attitude and lack of commitment or interest in building capacity jeopardised the process from the outset. This made the process difficult to manage and resulted in frustration and anxiety from the affected TAs. However, in general, most TAs felt the process was valuable and beneficial. Typical of comments received is the following extract from the survey circulated to TAs:

‘A useful tool for defining areas for development and a reference for both partners for keeping focused on original or revised capacity building objectives.’

Several TAs expressed concern about having multiple TAs sharing a single Learning Agreement, in particular the HRMB—Curriculum Development and Training Unit. The comments from this unit indicated a lack of engagement between the TAs and individual Partners, given the large number of TAs (5) who were originally allocated to this Learning Agreement. It was seen as an opportunity for Partners to ‘shop around’ between TAs and this created a situation of repetition and confusion that ultimately resulted in frustration on the part of several TAs.

Certain TAs chose to create multiple Learning Agreements with individuals from the same provincial health office or branch, where others developed single Learning Agreements that incorporated a range of Partners. TAs who developed individual Learning Agreements struggled to report on each Agreement, whereas those who captured several Partners on the one Learning Agreement were able to provide ongoing feedback that targeted the individuals they worked with during the reporting period.

When TAs signed Learning Agreements with Partners who were less than enthusiastic or committed to the process, a problematic mix resulted with lack of any evidence of any capacity building outcomes.
Format of template

In general, the Learning Agreement template was well received; however, some comments were made in relation to the actual name of the tool. Several sources indicated the term ‘Learning Agreement does not sit comfortably with their Partners, particularly those operating at a senior level within the health sector. There were numerous suggestions to rename the tool ‘Partnership Agreement’ or ‘Capacity Building Agreement’. In addition, the section of the Agreement that requires Partners to ‘sign-off’ refers to ‘trying new ways of learning, being truthful, and willing to explore and challenge myself through this learning process’. It has been suggested that the inclusion of the phrase ‘being truthful’ conjures a negative and somewhat patronising approach to those signing off on this statement.

Other comments indicated repetition within the document and this repetition could be reduced to simplify the document and make it more user-friendly to the Partners. Another source of feedback suggested that the Learning Agreement would be better linked to individuals’ job descriptions or terms of reference, rather than to the AAP or strategic directions.

Other TAs believed there was repetition between the capacity building plan and parts of the Learning Plan. Certain terminology was reportedly difficult for Partners, and in some instances TAs, to understand. It was suggested that simplifying key elements of the Learning Agreement would make the tool more user-friendly (e.g. ‘capacity building strategies’ changed to ‘how capacities will be developed’).

The survey, which was circulated to all TAs, has been summarised and the responses to the questions relating to Learning Agreements are presented in the following diagrams.

How beneficial have you found the Learning Agreement? Aug 2006

<table>
<thead>
<tr>
<th>Beneficial</th>
<th>Not Beneficial</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

The general feedback focused on how the Learning Agreements provided clarity (for both TAs and Partners) of skills to be developed and, therefore, it was useful as a reference point. Other observations included ‘providing a sense of ownership and credibility to what is being applied’ and also a guide for what is planned throughout the year.
Most people found the tool to be user-friendly; however, a quarter of those surveyed felt there was duplication, in particular with the ‘Learning Agenda’ and the ‘Learning Plan’.

A major criticism of the Learning Agreement related to the actual name of the tool with suggestions being made to change the name to ‘Capacity Building Agreement’, ‘Partnership Agreement’, or ‘Service Delivery Initiative’. There was a perception that the term ‘Learning Agreement’ is demoralising and inappropriate for Partners, particularly those in senior positions within the health sector. Some TAs indicated a need to simplify, or make changes to, terminology (e.g. instead of ‘capacity building strategies’ used on the title of the matrix, change to ‘how capacities will be developed’). Some Partners struggled with terminology and emphasised the need for simplicity.

The majority of feedback to this question was positive, emphasising the relevance of being aware of what they were planning to improve and recognising a commitment to achieving a positive outcome. Those who reported that the Learning Agreement had little, or no, impact indicated that more ad hoc learning opportunities had arisen throughout the year that were not covered in their Learning Agreements. Others were unable to measure any impact due
to the limited time period from when they formalised their Agreements until this review phase.

4.2 Workplace Journals
Usefulness of the Workplace Journals

The Workplace Journal generated far greater comment and feedback than the Learning Agreements, given its ongoing role in reporting ‘incidents’ on a monthly basis. In most cases, the Workplace Journal was seen as a valuable and useful tool that helped TAs and Partners reflect on planned activities and achievements and refocus on certain aspects of their roles. It was also seen as a vehicle to improve communication between the TAs and Partners by creating a planned approach for open discussion.

Additional feedback from one of the TAs surveyed commented, ‘it challenges me to find new and innovative ways to encourage counterparts to reflect on their performance’. However, many TAs were quick to state that the journaling would be an effective monitoring tool if there was more commitment by Partners. Many TAs expressed concern about the need to complete the Workplace Journal in addition to the monthly work plans sent through to the Deputy Director. A more streamlined approach for monthly reporting requirements was suggested.

Timing of the journaling

It was suggested that the time period of reporting between Workplace Journals should be extended to bi-monthly or even quarterly, particularly for TAs who are not based in the same province as their Partners. There is also strong support for Branch Directors, Department Heads, or Provincial Health Advisers to countersign their subordinate’s journals, reinforcing their commitment to the process and keeping them updated with capacity building activities. However, this suggestion could delay the timeliness of the reports given other work commitments of senior personnel.

Format of the template

The template format was criticised by TAs. Many had difficulties in using the ‘critical incident technique’ and found it difficult to reflect on a particular competency using three different perspectives: competencies achieved alone, competencies achieved with TA assistance, and competencies not yet achieved. The amount of paperwork also drew negative comments, such as the following.

‘Streamline the WPJ into an easily readable one page summation of formal support. This would save everyone time in the long term and that time can be spent working with partners rather than documenting in detail time worked formally with partners.’

Consistency in who filled out the journals varied and resulted in three different approaches being applied:

a) some TAs responded to each question then showed their Partner for comment
b) some Partners filled out the journals alone and then sent them back to their TA
c) in some cases TAs and Partners discussed the journal together and entered their responses collectively.
The purpose of the journaling exercise is for TAs and Partners to discuss the journal together. This needs to be clearly indicated on the document to reflect the process and include an acknowledgement from both parties of a shared, reflective experience.

There is also a consensus among TAs and Partners to make the Workplace Journal more user-friendly, focusing on what has, and want hasn’t, worked throughout the reflection period. Feedback highlighted the need for the CBSC to consolidate the reporting requirements of TAs.

Survey questions about the Workplace Journal are presented in the following charts, providing a visual summation of the responses received.

**How beneficial have you found the Workplace Journals? Aug 2006**

- Beneficial: 66%
- Not Beneficial: 23%
- Unsure: 11%

The majority of respondents reported that the ‘benefit’ of the Workplace Journal related to the ‘scheduled’ time set aside each month for both TAs and Partners to reflect on what was attempted or achieved throughout the previous month. This was seen as a positive communication strategy. However, for TAs based in the NDoH who have provincial Partners, whom they only visit periodically, the Workplace Journal created certain time constraints. Some of the TAs in this category chose to send their Partners the template to complete on their own. Some Partners found the template difficult to complete unassisted and missed the opportunity of engaging in joint reflective practice.

**How user-friendly have you found the Workplace Journals? Aug 2006**

- User friendly: 45%
- Not User friendly: 55%

Overall, many users struggled with this tool resulting in a mixture of relevant and irrelevant feedback being provided by TAs and Partners. Although the tool was introduced during orientation and practice sessions were arranged for TAs, there is still some confusion and resistance among users.

For many, the process of reflective practice is new and requires time to develop. Several requests have been received to simplify the format.
TAs and Partners indicated a need for simplifying and adjusting certain aspects of the Workplace Journal, including making the Journal more succinct. However, the majority of change is linked to the timing of the reporting cycle. Most TAs would prefer journaling to be less frequent, suggesting bi-monthly as opposed to monthly, reporting cycles. The rationale for this request is that capacity building takes time and, therefore, this should be acknowledged and reflected in the reporting process. Terminology was also seen as a hindrance for many particularly in relation to reporting against ‘incidents’. Most TAs and Partners would prefer to reflect on what has worked and what hasn’t worked.

Comments from TAs who responded to how the Workplace Journals impacted on the capacity building of their Partners included: acknowledging why things were, or weren’t, done well and having a process that enabled TAs and Partners to measure the progress being made. Some TAs commented on how the Workplace Journal created room for free discussion about change management practices and helped Partners to develop a sense of monitoring and evaluation against their AAP activities. Other feedback suggested that reflective journaling had improved their Partner’s capacity to focus more on preventative action as opposed to knee-jerk reactions.

5. Conclusions and recommendations
This review has identified a range of factors that influenced certain capacity building activities being offered by the CBSC through providing TAs and using Learning Agreements and Workplace Journals. These tools have been piloted over the past six months, enabling TAs and their Partners to trial and provide feedback to the CBSC about their application and their relevance as capacity building instruments.

**Recommendations**

**Learning Agreements**

1. The Capacity Building Specialist should meet with each TA and Partner in their respective Branch or Province to determine the viability individual Learning Agreements, taking into account the relevance and working relationship between the two parties. Where necessary, the Specialist should provide alternative capacity building tools to replace the Learning Agreement, based on the individual needs of each partnership.

2. Limit the number of formal Learning Agreements for Local Advisers to one. This will enable them to remain more focused on quality rather than quantity.

3. The term ‘Learning Agreement’ does not sit comfortably with several TAs and senior level Partners. It should therefore be replaced with an alternative title such as ‘Capacity Building Agreement’, ‘Partnership Agreement’, or ‘Service Delivery Initiative Agreement’.

4. Remove the words ‘being truthful’ from page 3 of the contractual statement outlining the Partner’s commitment to the Learning Agreement.

5. Revise the template for the Capacity Building Plan using terminology that is more user-friendly and easier for Partners to understand.

**Workplace Journals**

1. Streamline the format of the Workplace Journal to incorporate information on structured and non-structured capacity building activities including, but not limited to, those identified in the Learning Agreement.

2. Extend the reporting period from monthly to bi-monthly.

3. Incorporate a section in the Journal that requires each party to acknowledge their participation in the reflective journaling process.

4. Simplify the terminology to reflect a more user-friendly approach that aligns with adjustments made to the Learning Agreement.

5. Eliminate the need to report against three ‘incidents’ for each competency by using a more flexible approach for sharing information.

6. Investigate the options for consolidating the reflective Journals and TA reporting against monthly work plans.
CAPACITY
Capacity is the ability of systems, institutions, individual providers, employees, and communities to effectively meet stated objectives. This capacity is a combination of the working systems, skills, and attitudes that enable effective services to be provided in a continuing and sustainable way.

CAPACITY BUILDING
Capacity building is the continual process of improvement within a system, institution, organisational unit, individual provider, or community. Capacity building maintains or improves the quality of services being provided in a continuing or sustainable way.

The process of capacity building involves identifying the focus of the capacity building process (system, organisation, individual, community), determining the method for building capacity, selecting the provider of the capacity building service, managing the delivery of capacity building, and the monitoring and evaluation of performance.

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CBSC
Centre of Excellence
VISION

As a Centre of Excellence, the CBSC will work with Partners to:

• collaboratively identify strengths, diagnose problems, identify evidence-based solutions, and implement interventions
• contribute to knowledge about capacity building in PNG and in the international aid community through evaluation and action research
• continuously upgrade knowledge, skills, and methodologies for capacity building
• disseminate reflections and learnings about capacity building within PNG and to the international community
• seek feedback from others about our performance as a leader in capacity building in development by providing a range of professional development opportunities.

WHAT IS THE CBSC PASSPORT?
The CBSC passport provides a range of professional development options to assist, and build on, the existing skills and knowledge of Technical Advisers to facilitate the capacity building activities of their Partners or Partner Groups.

WHY ARE WE USING IT?
The Passport ensures that CBSC Technical Advisers have a range of appropriate resources to support them implement capacity building techniques. The resources will be generated from information in individual development plans and demonstrate a minimum satisfactory rating in individual performance management frameworks.

HOW DOES IT WORK?
A points rating is allocated to each professional development option listed on the adjacent selection menu. Technical Advisers are required to achieve 50 points annually as part of their commitment and contribution to supporting the CBSC Centre of Excellence.

### SELECTION MENU

<table>
<thead>
<tr>
<th>PROFESSIONAL DEVELOPMENT OPTIONS</th>
<th>POINTS</th>
<th>STATUS</th>
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</thead>
<tbody>
<tr>
<td>Completion of two self-paced professional development modules or resource documents provided by the CBSC that will offer assistance in supporting the capacity building practices of the CBSC.</td>
<td>10 points per module</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Lodgement of Critical Incident Technique (CIT) analyses on a six-monthly basis, based on your Partners’ capacity building activities using a journal to monitor and evaluate their progress.</td>
<td>10 points per CIT, totaling 20 points per annum</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Technical research or the completion of a self-paced technical module provided by the CBSC. or Postgraduate studies relevant to areas of capacity building. or Self-initiated study options relating to capacity building.</td>
<td>10 points</td>
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<tr>
<td>Contribution of activities, presentations, or conference papers.</td>
<td>10 points</td>
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