Cooperative Capacity:
Measuring Partnership Effectiveness for Capacity Development

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Cooperative Capacity Partners

Measuring Cooperation, Partnership & Effectiveness

www.cooperativecapacity .com

Abbreviations

ADB	Asian Development Bank
CCP	Cooperative Capacity Partners
CD	capacity development
DMC	developing member country
DOH	Department of Health
FAO	Food and Agricultural Organization
NGO	nongovernmental organization
HQ	headquarters
INGO	international nongovernmental organization
KPI	key performance indicator
UNDP	United Nations Development Program

Executive Summary

Cooperative Capacity Partners specializes in the measurement and management of international development partnerships. We see the development of local capacity as the key to effective and broader economic, political, and social development that leads to freedom from poverty.

This case study demonstrates how local agents and development agencies can substantially, and with little effort, reduce risk, improve partner relations, and improve capacity development (CD) efforts. The development community, through the Paris Agreement and Accra Agenda for Action[11] recognizes the need for partnership. Moreover, the majority of donors officially state a desire to partner with local stakeholders to include them in decision-making; local governments to develop capacity; and other international agencies to enhance development activities. CCP's model provides an easy-to-use leading indicator of the health, viability, and probability of sustained results for any project requiring strong partnerships.

Adopting CCP's model would require the inclusion of two six-month partnership capacity-development initiatives into the startup plans of every project; the first initiative would develop the project team's capacity to partner, and the second would build the project's strategic partnerships with local agencies or international partners. CCP's model provides these initiatives with key activities, objective milestones, and leading indicators that can easily be built into existing planning and monitoring frameworks. Completing these activities as part of project startup will pay back the investment almost immediately, and will dramatically improve capacity transfer efforts.

Payback is almost immediate because:

1. Integrating the model into project planning provides each project manager with schedules and an adequate budget to build their team's capacity. (This is something good managers are doing now on an ad hoc, non-systematic basis. These activities are usually not apparent in project plans, as there is no framework to plan and budget rigorously for essential project capacity-development activities.)

2. Every project is riddled with large amounts of inefficiency and waste throughout its life; the cost of this inefficiency and waste is immediate and cumulative. Using CCP's model, project managers will quickly build both project and partnership capacity, which will immediately and systemically reduce this inefficiency and waste.

3. The time and resources spent to build partnership capacity during project startup will result in substantially higher partnership performance, increased capacity transfer, and greater probability of sustainable and scalable results, with significantly *lower* risk of bad press or the other unpleasant surprises that often accompany projects.

Context

Currently, there is an unaddressed weakness in international capacity-development efforts. The primary cause of this weakness is in *partnerships*. Capacity development requires a higher level of partnership than that required for building a dam or a road. Most current approaches to partnerships and capacity development are insufficient.

Weak partnerships are problematic, because they are unable to develop local capacity. These failures in capacity development lead to:

- Loss of reputation and confidence in donor programs
- Damaged relations with target agencies and partner governments
- Weaker competitive position against other development agencies
- Waste of investment capital due to scheduling and cost overruns, and suboptimal performance.

If the partnership problem between local agents and development agencies is not solved, development will be slowed. The agencies that solve this problem first will have a significant competitive advantage.

Many organizations are already working diligently on capacity development. Internal evaluations of its capacity development efforts have identified success factors for planning and implementing capacity development. For example, the ADB,[8, 9] UNDP,[2] and FAO have commonly identified success factors for CD initiatives that include:

- Sound diagnostics of the current situation
- The presence of a clear results framework with measurable targets and indicators
- Local-level involvement in planning and implementation of the CD initiatives
- The mainstreaming of project implementation and activities into the normal operations of the target agencies
- Governments taking ownership of their own capacity development.

Achieving these success factors requires the ability to measure and build strong and collaborative partnerships. This requires both local partners and development agencies to find and institutionalize frameworks and metrics that incorporate these success factors.

Current development literature lacks hard indicators for partnership and capacity development. A 2014 review of the current capacity-development literature[6] found that the capacity-development process is considered to be made up of soft factors that are somewhat hidden, hard to grasp, and hard to assess. However, this is not the case.

Cooperative Capacity Partners' (CCP) model provides a framework and measurable leading indicators for these success factors. Our framework breaks down both partnership and capacity-development processes into five measurable states of cooperation, with clear key

performance indicators (KPIs) that show the current state of cooperation of a partnership or organization.

Management theory and practice have shown that cooperation and performance are positively correlated and causative: Increased cooperation results in higher performance.[5] This correlation and causation holds true for any type of group attempting to work together. Thus, each of the five states is a measurable, leading indicator of performance for any type of workgroup, including organizations and partnerships.

For partnerships, the ability to implement capacity-development initiatives depends on their partnership state. CCP's five partnership states range from no collaboration to extremely high collaboration. Each state correlates to distinguishable levels of performance and ability to transfer capacity. In the two non-collaborative states, partners are functionally detached from each other. In these *detached states*, performance is poor and capacity development does not happen. In the three *collaborative states*, actors cooperate and collaborate to achieve a common goal. In these collaborative states, performance is considerably higher and sustainable, and capacity development is both possible and likely. These concrete measures of cooperation enable planners to justify programming time and resources to partnership development, and enable program managers and evaluators to know when the quality of a partnership is impeding or supporting capacity development.

For organizations, as stated above, performance depends on the ability to cooperate internally and externally. Therefore, starting in any state and then improving cooperation and moving up the CCP ladder one state will, based on CCP's experience, more than double performance. CCP's model provides CD planners, managers, and evaluators with something new: a framework for capacity-development initiatives, including strategies for capacity development, measurable capacity-development targets, and a leading indicator that measures changes in organizational performance.

In short, CCP's model provides planners and implementers with a results framework that includes:

- Indicators of a partnership's capacity to collaborate and transfer capacity
- Leading indicators for organizational capacity development
- A framework for assessing the performance of any stakeholder system
- A roadmap and strategy for strengthening both partnerships and capacity-development initiatives.

Integrating CCP's framework, performance indicators, and leading indicators into an agency's existing planning system will provide measures for partnership building, and will speed the development of strong partnerships and effective capacity development. The two six-month investments made into partnership building in each and every capacity transfer project will be paid back through improved project performance and a longer period of effective partnership and capacity development.

The case study below illustrates the importance of building partnership capacity by describing four examples of partnerships within a partnership ecosystem, each in different states, and the resulting success or failure in capacity development.

Our offer

Cooperative Capacity Partners believes that any organization, local or international, would benefit programmatically and strategically if it were to use this model, and we are offering it for adoption.

We understand that organizations will need to pilot this model to assess both its performance and fit with their own systems. To that end, CCP offers to work with interested agencies for up to four months to assess from five to seven projects that a) emphasize hands-on capacity development and b) are achieving different levels of success. The results of this pilot project would be:

- Demonstration of the validity of the measures
- Refinement of the model in order to create a good fit with almost any development agency's systems
- Measurements of partnership quality and member organizational capacity for the chosen projects
- Strategies for improving the quality of partnerships and the organizational capacity of the key partnership members in the chosen projects
- An initial framework that would allow agencies to effectively share and institutionalize lessons learned from its diverse range of capacity-development projects.

Table of Contents

Table of Figures

Table of Tables

Structure of this Case Study

Capacity development for developing sustainable results, good governance, and enhanced operational efficiency requires strong partnerships with local institutions, governments, and implementing and regulatory agencies. Developing the capacity to include the poor and other stakeholders in meaningful ways in decision-making processes requires strong partnerships between planners, implementers, and local communities. Likewise, including other international agencies, the private sector, NGOs, and community-based organizations into the planning and implementation of a development program requires developing the capacity of all potential partners to work with diverse, and at times seemingly incompatible, organizations.

The following case study introduces a tool for measuring and building effective partnerships that applies to all the partnerships necessary to develop capacity. The case study makes clear the relationships between accountable, participative, and transparent (collaborative) partners, partnership, and capacity development. Our experience shows that sustainable capacity development depends on strong, collaborative partners and partnerships.

This case study is divided into three sections:

Section 1 describes an important problem that faces capacity-development initiatives, how that problem threatens capacity development, and the solution. The themes of Section 1 are:

- The necessity of collaborative partnerships for effective capacity development
- The risks of failure inherent in capacity-development initiatives due to the inability to measure the quality of partnerships
- The Cooperative Capacity Ladder, a solution to the problem of measuring the quality of partnerships
- The fit of this solution's identified success factors for implementing and planning capacity development.

Section 2 provides a more detailed description of the Cooperative Capacity Ladder. Section 2 covers:

- The characteristics and performance of workgroups in each of the five states of the Cooperative Capacity Ladder
- The capacity of organizations to partner effectively in each state
- The performance of partnerships in each state
- Key organizational development interventions that will increase the capacity of a partnership to implement capacity development by increasing its ability to collaborate.

Section 3 describes four distinct partnerships from an urban child nutrition program. Section 3 discusses:

- A fragmented partnership that failed at capacity development
- A top-down partnership that failed at capacity development
- Two inclusive partnerships that succeeded in capacity development.

Section 4 applies the Cooperative Capacity Ladder to the urban child nutrition program's partnership system. Section 4 describes how relationships at the national level affected the program's ability to take advantage of an opportunity to introduce program activities nationally. Section 4 describes:

- A top-down relationship with the donor that affected local capacity development
- Top-down relationships with national-level actors that lost an opportunity to include the program's activities into a national-level pilot project.

Section 5 summarizes and concludes the case study.

Section 1: Assessing Partnerships and Capacity Development

The Need for Strong Partnership to Carry Out Capacity Development

It is CCP's experience that for effective capacity development, outside partners must be *invited* to enter and work internally with the partner undergoing capacity development. This is consistent with findings from many organizations working on implementing capacity development. A special evaluation study by the ADB states the issue clearly: "CD must be owned by those whose capacity is undergoing development—otherwise, it [CD] simply does not happen. *External partners cannot design and implement CD.* However, they can support CD [italics added]…"[8] In other words, an external CD program cannot direct a local partner to improve its capacity. Local partner ownership is a key step in ensuring the sustainability of CD initiatives.

Ownership of the CD effort by those whose capacity is undergoing development is just one of a number of key factors of capacity-development success identified by donors, including the ADB,[8, 9] UNDP,[2] and FAO.[7] These donors have identified key factors influencing CD success that include:

- Government participation and ownership
- Relevance, readiness, and receptivity
- The identification of a local or national champion
- A shared vision and a credible plan with clear milestones for moving forward with Capacity Development
- Continuous communication and collaboration with stakeholders
- Capacity of local stakeholders to direct or demand CD measures
- Getting the incentives right
- Flexibility and adaptability
- Effective use of technical advisers
- Provision of sufficient time
- Use of a systems approach.

In order to achieve these factors of success, a CD program must build two-way relationships that effectively join an outside agency's specialized skills and knowledge with a) the local partner's knowledge of their own organization and systems, and b) the local partner's desire to improve their own capacity. When this happens, capacity development becomes a joint undertaking, with equal attention to technical and functional issues as well as internal and external management issues.[8]

Thus, strong partnerships are required for capacity development. Two-way relationships are necessary to ensure, first, that the appropriate support is given to the local partner; and

second, that the activities of the capacity-development effort and its results are owned by the local partner.

Achieving these key factors for successful CD starts in the planning stage. The key challenge for outsider-led capacity development is the programming of joint ownership of the initiatives and the integration of the capacity-development activities into the target partner's normal operations.

Based on a 2008 ADB study,[8] to do so requires the following:

- Mainstreaming of project implementation and management activities into the local agencies' normal operations
- Collaboratively setting strategic direction with realistic CD objectives
- Collaboratively creating a clear results framework, capable of being evaluated, for CD to be measured and monitored
- Creating a diagnostic baseline at all CD levels—individual, organizational, network, and contextual
- Careful phasing or sequencing of activities
- Collaborative creation of an exit strategy that supports long-term continuity to institutionalize the changes introduced by the CD effort, and
- Adequate staff time and skills, and financial resources for the effort.

In order to meet the design and implementation success factors, capacity-development program designers must have tools capable of providing measurable steps and metrics for both partnership development and capacity transfer. These tools have not been readily available, and *the lack of such tools has been a major challenge for capacity development*.

The Current Problem

Two problems all capacity-development programs face are a) how to measure the quality of the institutional partnership between an external agent and the partner agency, and b) how to measure the partner's capacity development itself. In the development literature, current partnership and capacity-development approaches have been described as "process issues," related to soft factors that are somewhat hidden, hard to grasp, and hard to assess."[6]

Lack of Measures for Partnership Quality

Without a clear, simple measurement framework to assess the quality of institutional *partnership*, stakeholders cannot know whether a CD program has developed the level of collaboration necessary for effective capacity development. Without this information, CD program partners have difficulty gauging to what extent their relationship with the partner receiving capacity development is hindering or helping the capacity-development initiative. This means there is a constant risk of an organization's CD programs focusing on capacity development before the appropriate partnership has been developed. When partnerships

fail to develop to a minimum threshold of collaboration, typically the more powerful (usually the external) partner ends up designing and implementing superficial programs that are "CD" initiatives only in name. This is a situation that will lead to problems such as higher costs, poor adoption, extended contracts, poor results, and, most importantly, resentful partners.

The current inability to measure the quality of partnerships and capacity development leads to a number of planning and diagnostic problems. The first is the systematic discounting of partnership building and collaborative processes in the design and evaluation of capacity-development programs. By discounting the importance of partnership building, designers are not able to justify the time and resources necessary for developing effective partnerships. This results in rushed or poor relationship building during implementation, leading to partnership issues that negatively affect the results of capacity development. And when partnership and capacity-development issues do arise, they are either not quickly recognized or often misdiagnosed.

Another problem is that without a shared model, partnership and capacity-development issues are treated as specific to a single project. Therefore, lessons learned on one project are difficult to apply to other projects. What is lacking is a common institution-wide framework for assessing and solving partnership and capacity-development issues that can transfer lessons learned from one project to another.

Lack of Measures for Capacity Development

More work has been done on trying to assess capacity-development interventions. Nevertheless, CCP can find no models currently in use that measure, in real time, the effectiveness of capacity-development interventions. The traditional hard indicators of capacity development are lagging indicators, which are generated only toward the end of the initiative or after the capacity-development activities are completed. The development field still lacks a clear framework that is made up of hard, leading indicators for capacity development. Without indicators that assess capacity development in real time, program designers and managers risk misallocating time and resources to their capacity-development initiatives. Moreover, stakeholders cannot know how their efforts are progressing and if, or when, they have achieved success. All of these unknowns mean that capacity-development initiatives are risky.

It is CCP's experience that the lack of partnership indicators is the issue that is least recognized and addressed, although, as described below, both issues are related. There has been a lack of objective indicators that show, in real time, whether or not capacity-development programs have achieved the level of partnership necessary for successful transfer of knowledge and systems. Without leading objective indicators of partnership quality, the key element of partnership development is rarely accounted for in the program cycle of planning, monitoring, and evaluation.

These measurement problems in partnership building and capacity development are not necessary.

The Solution

CCP's cooperative capacity model answers the need for both a) hard indicators showing when strong partnerships and real capacity development are achieved, and b) a framework for planning, developing, and assessing both partnerships and capacity development as part of the project cycle.

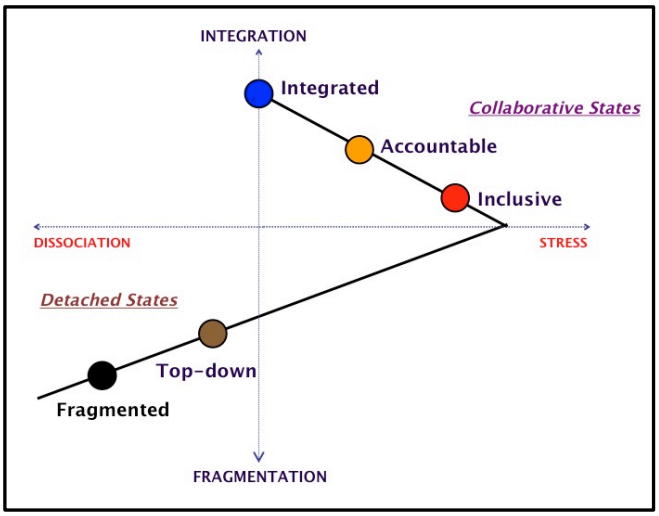
The cooperative capacity model measures the ability of workgroups to cooperate in achieving a common goal. In this description, a workgroup is any group or groups that come together to partner to achieve a common goal; for our purposes, the scope of a workgroup can range from teams and departments, to full organizations, to institutional partnerships.

The crucial relationship in CCP's model is that a workgroup's ability to cooperate is directly related to its ability to perform. This relationship is supported by management literature[5] and demonstrated by case studies[1, 4] that consistently show that the increase in the level of cooperation in a workgroup results in an increase in performance.

A key component of our model is the Cooperative Capacity Ladder (Figure 1), which provides a simple set of objective leading indicators, called *cooperative states*, that measure the performance of workgroups, the quality of partnerships, and a partnership's ability to transfer capacity.

The ladder consists of five cooperative states, ranging from the Fragmented State to the Integrated State. The name of each state is descriptive of the style of a workgroup in that state. The two lower states, Fragmented and Top-down, are classified as "detached states." In these states, members are neither enabled nor incentivized to invest in the vision and mission of the group. The three higher states, Inclusive, Accountable, and Integrated, are classified as "collaborative states." In these states, members are invested in the vision and mission, and organizationally cooperate at progressively higher levels to achieve them. Each state represents a level of performance; as workgroups move up the ladder from fragmentation to integration (up the Y axis in Figure 1), their performance increases. CCP's experience has been that, starting in any of the states, a jump to the next highest state will *more than double* performance by any stakeholder metric.

Figure 1: The Cooperative Capacity Ladder: The three upper states enable partners to transfer capacity. The lower two do not.



Partnership Capacity and Capacity Development

The cooperative state of any partnership affects the partnership's ability to effectively implement capacity development. Partnerships in the two detached states, Fragmented and Top-down, are essentially incapable of capacity development. In neither of these cooperative states will the partner whose capacity is to be developed end up taking ownership of the capacity-development initiative. In the Fragmented State, communication is either ad hoc or adversarial, and neither partner takes real responsibility for capacity development. In the Top-down State, the more powerful partner owns the initiative, and the other partner acquiesces only as long as the partnership exists. This prevents the open two-way communication necessary to achieve learning, create accountability, and share ownership.

Partnerships in the three collaborative states—Inclusive, Accountable, and Integrated—are able to successfully implement capacity-development initiatives. Partnerships in these states can implement effective two-way communication, share decision-making, share ownership of implementation, and develop sustainable exit strategies. The higher the capacity state of the partnership, the more effective the capacity-development initiative will be—but capacity development can happen in partnerships in any of the collaborative states.

Developing cooperative capacity requires the application of common management principles that are consistent with a workgroup's current state, while preparing it for the next state. For moderately-sized workgroups of around 50 members, under ideal conditions, CCP estimates that moving from one state to the next highest should take from six to nine months.

Tables 1a and 1b below summarize the cooperative capacity states in which a partnership will or will not achieve the success factors identified above. The first column shows the defined success factors. The second and third columns indicate the cooperative state(s) in which that success factor will or will not be achieved. The fourth column notes the type of cooperation necessary to achieve each success factor.

Table 1a: Cooperative Capacity States compared to ADB Capacity Development Success Factors

Success Criteria	*A Partnership's Ability to Meet Success Factors by State*		*Cooperation Necessary*
	Detached States	***Collaborative States***	
Government participation and ownership	No	Yes	Shared power, then transfer of power to government
Relevance, readiness, and receptivity	No	Yes	Mutual involvement and commitment
A shared vision	No	Yes	Mutual involvement and commitment
A shared, credible plan with clear milestones for capacity	No	Yes	Mutual involvement and commitment

Success Criteria	*A Partnership's Ability to Meet Success Factors by State*		*Cooperation Necessary*
	Detached States	***Collaborative States***	
development			
Continuous communication and collaboration with stakeholders	No	Yes	Mutual partner commitment and two-way communication
Capacity of local stakeholders to direct or demand CD measures	No	Yes	Shared power, then transfer of power to local stakeholders
Getting the incentives right	No	Yes	Shared expertise
Flexibility and adaptability	No	Yes	Two-way communication
Effective use of technical advisers	No	Yes	Two-way communication and shared power

Table 1b: Cooperative Capacity States compared to ADB Capacity Development Success Factors

Success Criteria	*Partnership Capacity Framework*
Provision of sufficient time	The Partnership Capacity Framework provides planners with partnership-development objectives that justify providing sufficient time for partnership development (approximately 6 to 9 months, under ideal conditions, for most moves to a higher state)
Use of a systems approach	The Partnership Capacity Framework assesses the complete partnership system of the partner organization using a holistic organization assessment

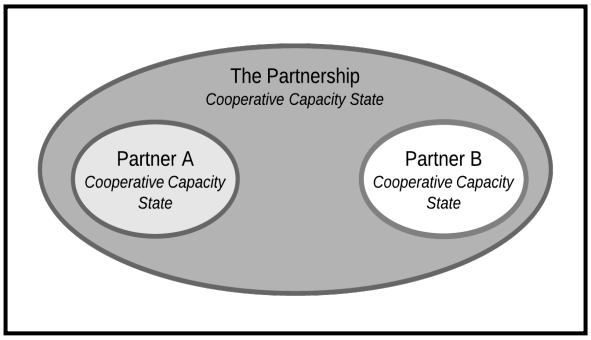
In summary, the ability to assess the level of partnership and the partnership capacity of the partners allows CD program managers and evaluators to identify when partnerships are strong enough to focus on capacity development, or if there are still partnership-development issues that are impeding capacity development. When the latter is the case, managers can, in real time, take appropriate actions to improve the partnership's ability to transfer capacity. By monitoring the quality of their partnerships and reacting in a timely manner, CD managers can reduce the risk of poor or failed CD efforts that lead to project extensions and additional costs.

The Partnership Capacity Framework and Capacity Development Design

The successful design of a capacity-development program requires a strategy for developing strong partnerships that are able to transfer capacity and ownership. This necessitates a clear results framework with measurable leading indicators for monitoring and evaluating partnerships and capacity development. The partnership-capacity model provides the framework with metrics and indicators that can build on and strengthen any agency's current planning and implementation frameworks, particularly for a) developing the more cooperative partnerships necessary for capacity development, b) measuring the quality of partnerships, and c) measuring the improvements in managerial and organizational capacity.

As CCP's research has found, and the case study below illustrates, effective partnerships depend on two factors: One is the quality of the partnership itself; the other is the ability of each member to partner. CCP maps out partnerships using what it calls *the partnership egg* to show these connections (Figure 2).

Figure 2: The Partnership Egg: Note that partnership capacity is measured separately from each partner's cooperative state.



CCP's experience has demonstrated that the partner with the lowest ability to partner limits the performance of the whole partnership. This concept has been translated into a simple rule: *the cooperative state of a partnership cannot be higher than the lowest state of any of the partners*. This means that partners in the detached states are unable to form partnerships that are in any of the collaborative states. Thus, if any partner is in one of the detached states, the partnership will be in a detached state, and unable to implement an effective capacity-development initiative. On the other hand, when all the partners are in one of the collaborative states, they will be able to form a collaborative partnership that can successfully implement capacity development.

Thus, in order to identify the factors limiting the quality of a partnership, any partner can employ CCP's methodology to assess both the partnership and the partners.

Determining the quality of partners and partnerships is done through a participatory self-assessment of the complete partnership system. The assessment uses a maturity matrix consisting of 360 key performance indicators (KPIs)[a] that guides participants through a holistic assessment that identifies the cooperative capacity states in the partnership system. This means that through this process all partners share organizational assessments of each member in the system, as well as the capacity of the partnership itself. This sharing sets the stage for a collaborative approach to strengthening the partnership.

An additional benefit to this approach is that the cooperative state of the organization receiving the capacity development is an indicator of its organizational capacity. Therefore an initial partnership capacity assessment gives a baseline indicator of the recipient organization's capacity. Moving the cooperative state of this partner up one state on the Cooperative Capacity Ladder will more than double the effectiveness of that organization, providing designers and managers a measurable target for the capacity-development initiative.

Designing an effective capacity-development program requires a clear results framework that can be monitored and evaluated. The Cooperative Capacity Ladder provides this framework. The cooperative states are indicators for partnerships and organizations that are measurable, consistent across groups (that is, different groups in the same state will

[a] The cooperative capacity states can be adapted to many of the various holistic assessments or maturity matrices available today.

display the same characteristics), and consistent across time, and the assessments are straightforward and cannot be gamed. Applying the cooperative capacity model to a results framework is as simple as including the desired states of the KPIs as outputs, the desired cooperative state as an outcome, and measurable improvements in performance as impact.

The outputs of a partnership capacity assessment is a baseline assessment that includes:

- The measure of a partnership's capacity and performance (the partnership's current cooperative state)
- The measure of each partner's organizational capacity, its capacity to partner, and the resultant constraint on the partnership's performance and ability for capacity transfer (each partner's current cooperative state)
- An assessment of the performance of the stakeholder system as a whole, showing how the performance of each organization in the system affects the partnership's performance
- A roadmap and strategy for strengthening the performance of a partnership, showing where strengthening the capacity of a partner, or the partnership itself, will generate the greatest improvement in results
- Capacity-development goals measured by hard, real time, leading indicators of capacity and performance and a realistic schedule for achieving those goals.

Finally, the cooperative capacity framework is consistent with and supports lessons learned regarding the design of capacity-development projects. The table below (Table 2) shows how the partnership capacity framework integrates into an agency's CD efforts. The left hand column is a list of design success factors identified by an ADB study in 2008.[8] The column on the right is a list of outputs from the partnership capacity model.

Table 2: The Partnership Capacity Framework compared to ADB's Factors for Successful Design of Capacity Development

Factors for Successful Design Of Capacity Development	*The Partnership Capacity Framework Provides:*
Presence of a clear results framework or capability of being evaluated for CD to be measured and monitored	A results-based framework and plans, with measurable targets for developing partnerships A fit within current planning systems A reduction of the risk of cost overruns and extensions A maximized likelihood of knowledge transfer and ownership by local actors
Strategic direction with realistic CD objectives	A holistic, systemic assessment of partnerships and organizational capabilities affecting capacity development A strategic approach to the design of capacity-development programs based on measurable objectives and outputs
Adequate diagnostic baseline assessments at all CD levels (individual, organizational, network,	A clear baseline assessment of the partnership system and partners through a holistic assessment (including context as it relates to the cooperative capacity of partnerships and partners) Risk reduction by predicting which partnerships will become

Factors for Successful Design Of Capacity Development	*The Partnership Capacity Framework Provides:*
and contextual)	problematic and which will become effective The ability to diagnose and begin repairs on problematic partnerships
Long-term continuity to institutionalize CD, careful phasing and/or sequencing, and exit strategy	Simple rules for determining the amount of change a partnership can manage Parameters for phasing and sequencing the necessary organizational changes
Mainstreaming of project implementation and management units' activities into target agencies' normal operations	A shared assessment protocol and vocabulary that can be applied selectively among all partners and across all levels of a project's "ecosystem", that enables project implementation and intervention activities to be made congruent with target agencies' normal operations
Adequate staff time and skills, and financial resources	Measurable goals and activities for estimating and justifying funds, resources, staffing, skills, and schedules, as well as resources needed to achieve a measurable improvement in partnership or partner capacity

In conclusion, the partnership capacity framework does not seek to replace systems currently in place. Rather, it builds on and supports those systems by adding the capacity to plan for and measure the capacity of its CD project implementers to sustainably transfer skills, knowledge, systems, and capacity to its local partners.

Section II: The Cooperative States

This section is for those readers who would like to explore the cooperative capacity model further. The section starts by describing how the cooperative states reflect the relationship between stress, cooperation, and performance. Then it goes on to describe:

- The characteristics and performance of workgroups, organizations, and partnerships in each cooperative state
- The underlying management interventions needed to move from one state to the next.

For those not interested in this level of detail, skip to Section III, which assesses the capacity-development successes and failures of four partnerships in an urban child nutrition program.

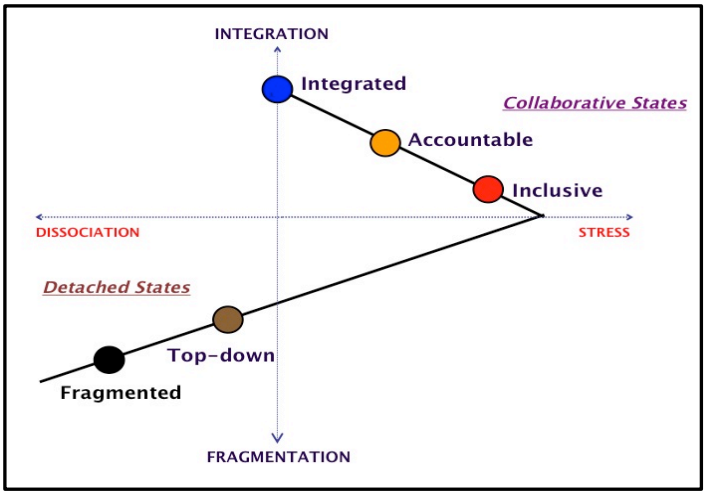
Background and Model

The cooperative state model is based on 28 years of CCP research and experience working with both for-profit and non-profit organizations in the US, Europe, and Indonesia. The results of this research are tools that measure a workgroup's organizational ability to cooperate, both internally and externally.

This ability to cooperate is directly related to a workgroup's performance. Both modern organization development and management literature show that strong workgroup cooperation is essential for high performance.[5, 10] Thus a workgroup's cooperative state, when measured, provides an indicator of a workgroup's performance.

The cooperative state model is based on the relationship between stress and cooperation. Stress levels impact performance: as stress increases, a workgroup's ability to cooperate decreases. This relationship is represented in Figure 3, the Cooperative Capacity Ladder. On the graph, the horizontal axis measures stress, ranging from disassociation, which is the avoidance of feeling high levels of stress by not caring about the workgroup or its mission, to high stress. The vertical axis measures cooperative capacity, from minimal cooperation (fragmentation) to the highest levels of cooperation (integration). The Cooperative Capacity Ladder shows that as a workgroup's ability to manage stress improves, so

Figure 3: The Cooperative Capacity Ladder: The collaborative states are in the upper right quadrant; the detached states are in the lower left quadrant.



does its capacity to cooperate and perform well.[b]

CCP's experience is consistent with the management literature in that when cooperation increases from one state to the next, a workgroup's performance more than doubles. This relation holds true when applied to capacity-development partnerships: When shifted upward one cooperative capacity state, the ability of CD partnerships to promote capacity development likewise more than doubles.

Simple Rules

When assessing partnerships with the cooperative state model, there are a number of corollaries which CCP calls "simple rules." These help guide and simplify the assessments of cooperative capacity. Here are three simple rules that directly affect the assessment of partnership capacity:

1. *It takes energy to move from one state to the next*. There is no natural, effortless progression from one state to the next. The appropriate management systems, structures, and behavior must be consciously introduced and applied to move up the Cooperative Capacity Ladder. If no concerted effort is made to improve cooperative capacity, the workgroup will stay in its current state. On the other hand, increased stress, either internal or external, will increase the fragmentation of the workgroup, moving it down the Cooperative Capacity Ladder.

2. *A workgroup will move (either up or down) only one state at a time*. When moving up the ladder, each state, when properly managed, provides the foundation for the next state. For example, a Fragmented workgroup cannot jump to Inclusive, because the Fragmented group lacks the distinct vision, strong leadership, clear structures, and defined processes that are established in the Top-down state. These elements of workgroup management need to be clearly defined by the leadership and in place before the workgroup can develop the effective bottom-up communication and delegation inherent in workgroups in the Inclusive state.

When workgroups move down the ladder, they fragment one state at a time. For example, the first reaction to a crisis for members of an Integrated group will not be to dissociate (jump to Top-down or Fragmented), but to take accountability for addressing the crisis individually, forgoing or ignoring the high levels of cross-communication inherent in the Integrated state. This moves the workgroup down from Integrated into Accountable. The workgroup then may continue to slide, one state at a time, down the ladder, until it stabilizes in a less functional structure.

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[b] Note that dissociation is the result of unmanageably high stress. The dissociation, or disconnection, of workgroup members from investment in the workgroup and its mission reduces their individual stress, at the cost of effective action by the group. When moving up the ladder, the jump from Top-down up to Inclusive results in a large increase in individual stress *felt* by workgroup members over how the workgroup will achieve its goals, but is actually indicative of a reduction in organizational stress to a point where workgroup members can come together to acknowledge and begin managing that stress.

3. *The cooperative state of a partnership cannot be higher than the lowest state of any of the partners*. This simple rule is the reason CCP assesses both the partnership *and* the partner organizations. Partners in lower states do not have the management capacity to perform at a higher state. Thus the partner in the lowest state limits the state of the partnership. This means that at times, the solution to strengthening a partnership is first to raise the cooperative capacity of one or more of the partners themselves and then to work on the cooperative capacity of the partnership.

Moving up the States: Partnership Capacity for Workgroups, Organizations, and Partnerships

The following sections lay out the characteristics of each of the five states and describe how those characteristics affect organizational and partnership performance (and thus risk) and the ability to:

- Achieve outputs, outcomes, and impact
- Partner effectively
- Transfer capacity
- Innovate and adapt
- Respond and learn.

The section also briefly presents the fundamental management changes needed to move a workgroup to the next highest cooperative state, and how long that might take for a moderately-sized (about 50-person) workgroup under ideal conditions.

The section is loosely organized from the point of view of a newly-formed workgroup moving up the Cooperative Capacity Ladder from **Fragmented** to **Integrated.**

Starting in Fragmented

When any workgroup starts up, it is initially, and automatically, in the Fragmented state. It will stay in this Fragmented state until clear instructions are given on what the workgroup should do and how it will do it.

Fragmented Workgroups are ineffective and achieve few outputs. Workgroups in the Fragmented state lack shared vision and mission, and, if stuck in Fragmented, usually suffer weak or contested leadership. Internal management and relations with stakeholders are ad hoc. Staff members end up directing their work based on their own interests. At best, staff take the initiative to do what they think is best for the workgroup, but that ends up with

staff working at cross-purposes and sabotaging organizational efforts. At worst, staff use the workgroup for their own personal advantage.[c]

Organizations that get stuck in the Fragmented state will either ultimately fail or require costly turn-around efforts.

Fragmented Organizations make terrible partners. Due to the weak leadership, lack of power center, and the ad hoc nature of organizations in the Fragmented state, they are unable to make and follow up on institutional commitments. All commitments will be ad hoc with individuals in the Fragmented organization. These agreements will generally, for a variety of reasons, not be recognized or, worse, opposed by others in the organization. This results in lack of follow up, constant renegotiation, high levels of frustration, and loss of trust from other partners. Due to this lack of cooperation within a Fragmented organization, all partnerships with Fragmented organizations will also be ad hoc and Fragmented.

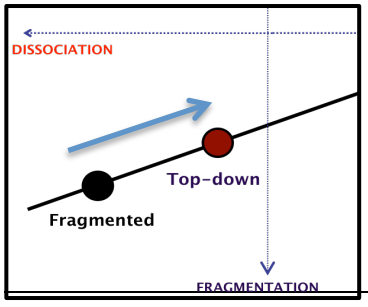
Fragmented Partnerships are ineffective**.** Without a clear vision or mission, empowered leadership, or established structure, there is no formal ability for a Fragmented partnership to ensure compliance with any agreements, direct activities, or move in a common direction. Each individual partner is, at best, doing what it thinks is right for the partnership; or, at worst, promoting its own agenda without any concern for the overall partnership. In either case, the partnership works against itself resulting in poor performance.

The leaderless nature of Fragmented partnerships easily leads to high levels of frustration among the partners due to poor coordination, unclear expectations, and very low performance. There is little, if any, knowledge transfer between partners. Most Fragmented partnerships will likely disband because partners realize few benefits from the partnership.

Summary for the Fragmented State

State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Fragmented	Failure to Some Outputs	Very Low	No	No	No	High

Fragmented to Top-down



The move from Fragmented to Top-down entails imposing order on the ad hoc chaos of the Fragmented workgroup. In a moderately-sized workgroup, this move, under ideal

[c] Fragmented groups are most prone to corruption due to inadequate systems and staff ambivalence to the group's vision and mission. As cooperative capacity increases, the prevalence of corruption decreases.

conditions, requires approximately six to nine months to accomplish.[d]

Top-down Workgroups are designed to be efficient and are able to achieve most of their planned outputs. In a Top-down workgroup, leadership is concentrated, often in one person, who holds the vision and mission and drives the workgroup. Management systems are well defined (no longer ad hoc), and are set by the leader. Communication flows are one-way, from leadership down the hierarchy. Leadership need not hear nor respond to feedback from the staff or other stakeholders. Staff members are held accountable for performing activities ('ticking all the boxes'), not for results. The organizational culture is one of risk aversion and obedience in the sense of, "I just do my job."

In non-competitive environments, organizations stuck in the Top-down state can survive as long as they are able to generate income and resources. In competitive environments, Top-down organizations are not responsive enough to be sustainable in the long run. On occasion, some Top-down organizations will have great short-term success due to a genius leader, but in the long run, they underperform and either go out of business, or are bought out by more successful competitors.

Top-down Organizations are unable to form collaborative partnerships. Due to their hierarchical culture, Top-down organizations only feel comfortable either being the dominant decision-making partner, or the subordinate follower. The inability of information to flow up the hierarchy prevents Top-down organizations from establishing two-way collaborative partnerships. Partnerships will only be managed from the top level. Lower staff, being risk averse, will only participate in the partnership as directed by the leader, and will not risk independent contributions to the partnership.

Top-down Partnerships form when (assuming all partners are in at least the Top-down State) a Fragmented partnership moves up due to the partners, freely or not, agreeing on the partnership's vision and mission, empowering one of the partners as a strong leader, and instituting a clear structure and defined processes that require all staff in both partners to do their jobs as defined. Many transactional relationships, such as between donor and implementers, start, and may remain, as Top-down partnerships.

Top-down partnerships may be efficient at achieving the outputs as designated by the dominant partner. But sustainable transfer of new or strengthened capacity between the partners is low for a number of reasons. First, any information from the non-dominant partner will likely be inappropriate or inaccurate due to its desire to avoid conflict and risk by not providing critical or negative feedback; over time, this bad information in itself leads to high risk of failure. Second, as the partnership uses the management systems of the dominant partner, the non-dominant partner does not have the opportunity to use and develop its own systems. Finally, Top-down partnerships do not generate the enthusiasm and readiness on the part of non-dominant partners necessary for them to take up

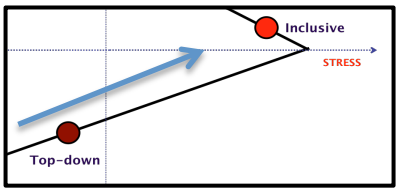
[d] NB: These estimates are for a new workgroups moving smoothly up the Cooperative Capacity Ladder. For workgroups that have become stuck in one of the states for a long period of time, the turn-around could take longer.

ownership of the partnership's program. All of these issues mean that almost all capacity-development programs initiated by an outside dominant partner will not continue after the partnership ends.

Summary for the Top-down State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Top-down	Only Outputs	Low	Unsustainable	No	No	High

Top-down to Inclusive



The move from the Top-down state to the Inclusive state entails developing bottom-up communication flows and delegating responsibility down the hierarchy. For our moderately-sized, well-managed workgroup, the move from Top-down into Inclusive would take approximately six months.

Inclusive Workgroups have the capacity to respond to stakeholder needs and will achieve their outputs and some outcomes. In Inclusive workgroups, strategic goals are shared with the staff and are in line with the vision and mission. Management systems promote bottom-up communication, and leadership listens, invites critical feedback, and promotes participation. At least some authority is delegated to lower levels of the hierarchy, and staff become accountable for results. However, workgroups in the Inclusive state experience inefficiencies due to weak capacity to identify and focus on priorities. This leads to over-extension of resources, particularly staff time, resulting in an underlying culture of loyalty, hard work, and complaint.

Inclusive workgroups are able to survive and begin to thrive in competitive environments. They have the capacity to accept and act on information flowing "up" from staff close to or working directly with customers and stakeholders. Their ability to delegate authority and responsibility further down the chain of command also increases their ability to respond to stakeholder needs.

Inclusive Organizations are able to enter into truly collaborative partnerships due to their capacity to share decision-making, accept critical feedback, and communicate up and down the hierarchy. These capabilities transfer directly to how Inclusive organizations work with other partners. In addition, these capabilities allow for each partner to tap into the capabilities of the departments and teams further down the hierarchies of both partners.

Inclusive Partnerships share the vision, mission, and strategy; freely and openly communicate with each other; and share at least some decision-making power.

The Inclusive state is the first partnership state where true two-way collaboration actually takes place. The sharing of power, resources, and systems increases the likelihood of real

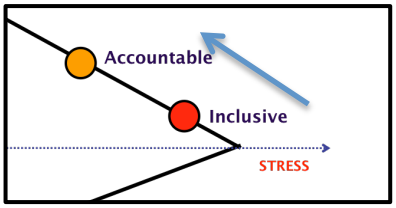
knowledge transfer and capacity development. The risk that the activities or services implemented by the partnership will be overly modified or dropped after the partnership completes its work is greatly reduced.

Finally, based on the time estimates given above for moving from Fragmented to Inclusive, it becomes clear that a well-managed, new development project requires at least one year for its own capacity development before being able to enter into Inclusive partnerships and effectively work with its other partners to build their capacity.

Summary for the Inclusive State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Inclusive	Outputs and Outcomes	Moderate	Moderate	Low	Moderate	Low

Inclusive to **Accountable**



The move from the Inclusive state to the Accountable state entails learning to prioritize and to implement activities that move the workgroup toward achieving its goals while dropping activities that do not. The move from the Inclusive state to the Accountable state for our hypothetical workgroup should take from six to nine months.

Accountable Workgroups achieve high levels of outputs, outcomes, and impact. In workgroups in the Accountable state, priorities for achieving vision and mission are implemented through shared strategies, work plans, management systems, and exit strategies. Leadership promotes prioritization, results achievement, and saying 'no' to lesser priorities. There are clear, mutually-agreed upon lines of delegated authority, and work teams in the workgroup are accountable for achieving results. The focus on prioritization often results in silos within the organization.

Within these silos, access to information is as needed, decision-making is delegated, and process management is in place. This allows the work teams to be responsive and adaptable. However, communication and coordination are weak between the silos, leading to sub-optimization.

Accountable workgroups are effective in complex and competitive environments. The ability to prioritize and delegate to effective workgroups (silos) is the key to their effectiveness. However, the difficulty workgroups in the Accountable state face in coordinating across silos limits their success. In other words, Accountable workgroups will achieve real results and impact, but they will likely not be the innovators that set industry standards or redefine their fields.

Accountable Organizations make good partners due to the strong cooperative capacity within their silos. Accountable organizations, through their silos, are able to respond effectively to both partners and stakeholders. However, results will remain suboptimal to

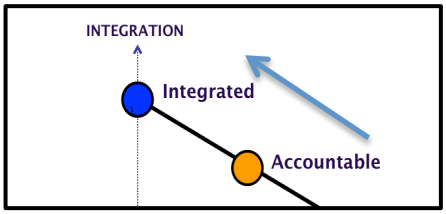
the degree that coordination between silos is required for capacity development or goal achievement.

Accountable Partnerships are able to prioritize. A partnership in the Accountable state will achieve high levels of capacity development and programmatic results. The partnership is able to focus on its vision, mission, strategy, and work plans (including capacity development) by prioritizing and saying 'no' to lesser priorities. Within the partnership's silos, information is openly shared, and roles and responsibilities are appropriately delegated among the partners. This leads to the effective use of resources, and the flexibility to potentially develop innovative responses to capacity development.

Summary of the Accountable State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Accountable	Outcomes, Some Impact	High	High	Moderate	High	Low

Accountable to Integrated



The move from the Accountable state to the Integrated state entails implementing systems, practices, and behaviors that effectively coordinate the silos developed in the Accountable state, and establishing systems for learning and innovating. This final move up the Cooperative Capacity Ladder could take our moderately-sized group from six to twelve months.

This means that, under ideal conditions and excellent management, a moderately-sized program could achieve the Integrated state in two to two and a half years. That leaves two and a half years of extremely high performance in a five-year project; this period of high performance will more than repay the time and resources it took to achieve, particularly compared to a project that quickly achieved Top-down (and therefore looked productive early on) and then stayed in Top-down for the five years.

Integrated Workgroups achieve maximum performance, outperforming the other states in both developing capacity and achieving results. In Integrated workgroups, strategic goals and action plans are shared and prioritized across silos; resources are allocated optimally across silos to promote innovation and real-time responses to shared progress indicators. Leadership promotes fully-integrated teamwork, learning, innovation, and sustainable impacts; the organization's culture is one of rationality, teamwork, mutual respect, and mutual trust.

Integrated workgroups are true learning organizations. Management systems promote learning in order to maximize vision and mission achievement; everyone in the organization has the authority and access to information they need to make timely decisions. Process management is the norm leading to the development of innovative

management systems that promote continuous improvement and effective response to all stakeholders. Stakeholders understand the vision, mission, and strategy, and have channels to give feedback and to coordinate work.

Workgroups in the Integrated state are built to thrive in complex and competitive environments. Integrated workgroups are often management innovators that develop core values (such as Jim Collins' hedgehog concept[3]) and adaptable systems that use all available resources optimally. They allow for the free flow of information and the ability to share resources and innovate results in the highest level of deliverables, including capacity development.

Integrated Organizations make excellent partners. They are readily able to share power, resources, and information within their own organization and within a partnership as appropriate to achieve their goals. Integrated organizations are learning organizations, and are able to adjust rationally to their partners' and the partnership's needs as required and appropriate.

Integrated Partnerships are able to effectively coordinate all of the silos developed when the partnership was in the Accountable state. Partnerships in the Integrated state use available resources optimally, resulting in the highest level of results. The free flow of communication, authority spread throughout the partnership, and ability to share resources across all levels result in innovation and effective adaptation of approaches and activities, as well as rational, effective exit strategies.

Summary for the Integrated State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Integrated	Impacts	High	Very High	High	Very High	Low

Conclusion

First, when starting any project, the project workgroup requires the management skill and the time to develop its own internal capacity to perform and partner. The project workgroup must move into at least the Inclusive state before it can develop the collaborative partnerships necessary for effective partnerships and sustainable capacity development. Based on CCP's experience, taking a moderately-sized new project and moving it from Fragmented to Inclusive can be done in one year with good management and under ideal conditions. Smaller groups can move more quickly, and larger groups will move more slowly up the Cooperative Capacity Ladder.

Table 3 summarizes the core management changes and the time a moderate group requires to move from state to state up the Cooperative Capacity Ladder.

Table 3: Management Priorities and Time Schedules for Moving Up the Cooperative Capacity Ladder

Movement	Management Priority	Time for moderately-sized group under ideal conditions
Fragmented to **Top-down**	Imposing Top-down order and compliance on the ad hoc chaos of the Fragmented workgroup	Six to nine months
Top-down to **Inclusive**	Voluntary investment by all members in the vision and mission, developing bottom-up communication flows, and delegating responsibility down the hierarchy	Six months
Inclusive to **Accountable**	Prioritizing activities and clarifying strategic responsibilities, as well as stopping the implementation of non-priority activities	Six to nine months
Accountable to **Integrated**	Implementing workgroup systems that a) effectively coordinate the silos developed in the Accountable state, and b) promote learning and innovation in the service of the vision and mission	Six to twelve months

Second, as partnerships move up the Cooperative Capacity Ladder, their ability to set boundaries, communicate, share decision-making and ownership, prioritize, and innovate, increase. As these partnership attributes improve, the ability of the partnership to meet its goals and to develop capacity among the partners also increases.

Table 4 summarizes the performance of each state.

Table 4: Summary of Performance of a Partnership in Each State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Fragmented	Failure to Some Outputs	Very Low	None	No	None	High
Top-down	Only Outputs	Low	Unsustainable	No	Low	High
Inclusive	Outputs and Outcomes	Moderate	Moderate	Low	Moderate	Low
Accountable	Outcomes, Some Impact	High	High	Moderate	High	Low
Integrated	Impacts	High	High	High	Very High	Low

Section III: Partnerships for Transferring Capacity in an Urban Child Nutrition Program

This section of the case study maps out the cooperative states of four key partnerships of an urban child nutrition program; it shows the lack of capacity development in detached partnerships, and successful capacity development in collaborative partnerships.

Background of the Program

In the mid-2000s, an international NGO (INGO) initiated a four-year child nutrition initiative, referred to here as the Urban Nutrition Program, in urban and semi-urban areas on the edge of a major Asian capital city. The program's work area consisted of the poorest sections of two adjacent political units, a satellite city of the capital, and its neighboring district.

The goal of the program was to improve the nutritional status of children less than five years of age by addressing issues of chronic under-nutrition, poor sanitation, and the low-level health services that are typical of poor urban areas. The design laid forth a three-prong strategy to achieve its goal. The first objective was to work directly with families to improve the nutrition of their children under five. The second was to work with the communities to improve sanitation and waste disposal. And the third was to improve the quality of health services available to malnourished children.

The project was structured in line with these strategies, with three divisions:

- The Community Nutrition Division that focused on child feeding and nutrition
- The Health Sanitation Division responsible for building latrines, covering wells, trash collection systems, and upgrading drainage systems
- The Health Services Development Division responsible for developing the capacity of sub-district Community Health Centers.

This functional structure was chosen in order to ensure that there would be one division clearly responsible for each of the three program strategies.

The exit strategy, tacked onto the proposal but not integrated into project activities or budget, consisted of creating permanent changes in the nutrition and health behavior of the project's beneficiaries, and sustainable improvement of local government capacity to deliver nutrition, health, and sanitation information and services. The hope of the exit strategy was to improve the engagement and support between government and communities, rather than to complete and then 'turn over' a set of activities and responsibilities.

In order to implement the sustainability strategy of incorporating program activities into government programs, the program needed to create partnerships with three sets of local

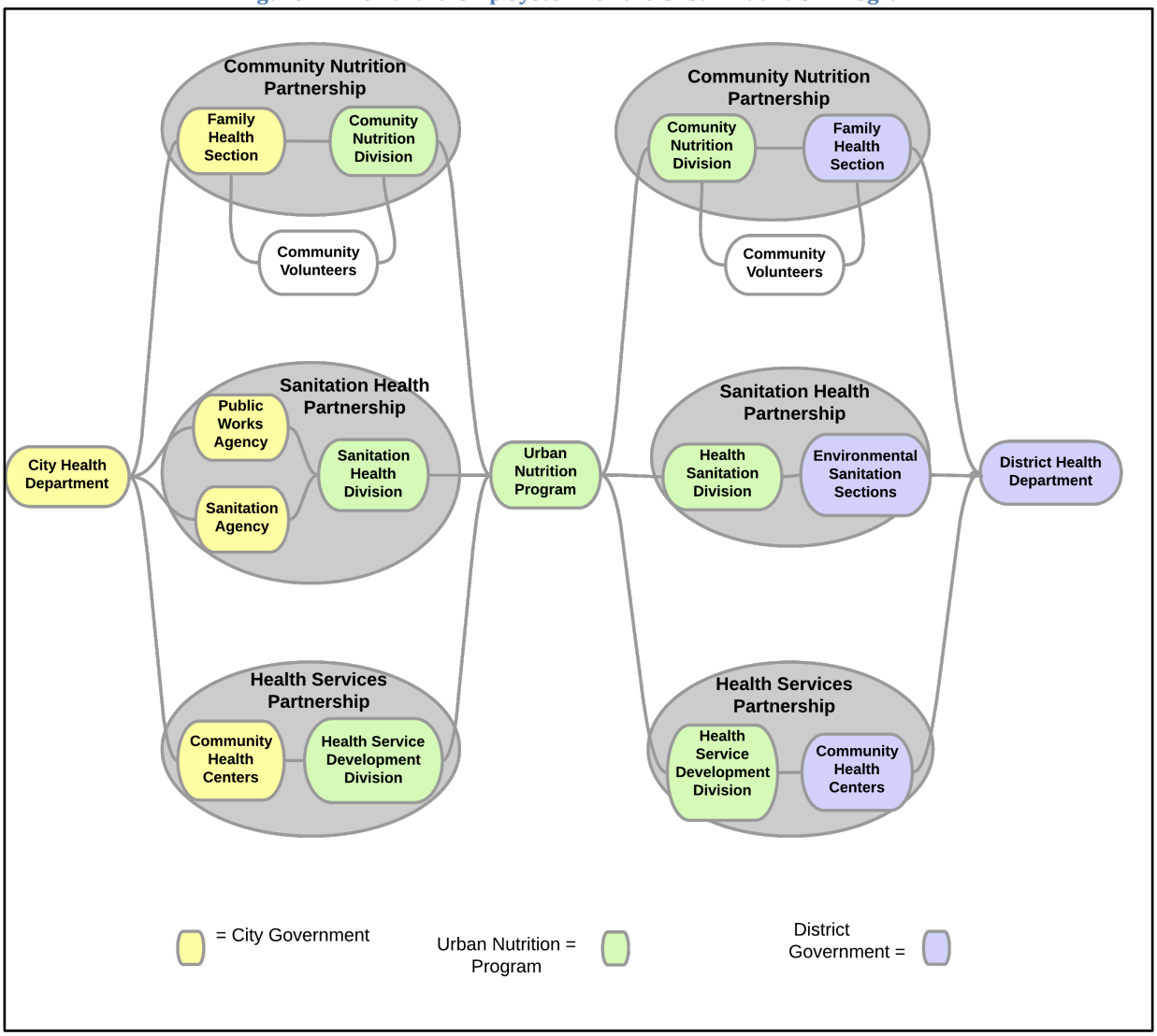
government departments in two political units (one an incorporated city, and the other a district), for a total of six unique partnerships.

The six necessary partnerships were:

- The Community Nutrition Division partnered with the Departments of Health's Community Nutrition Sections
- The Health and Sanitation Division partnered with Public Works and Sanitation Sections responsible for community sanitation, drainage, and waste disposal
- The Health Services Development Division partnered with the Community Health Centers, which provide health care, including care for malnourished children, to the communities.

These partnerships are shown by the "eggs" in Figure 4 below.

Figure 4: The Partnership System for the Urban Nutrition Program



Describing all six partnerships would be redundant for this case study. Therefore, we will simplify our analysis by looking at only four partnerships, one that remained in the Fragmented state at the end of the project, one that had moved into Top-down by the end of the project, and two that had moved into the Inclusive state by the end of the project.

A Fragmented Partnership with the City Family Health Section

The first partnership we will describe is the partnership, or lack thereof, between the program's Community Nutrition Division and the City's Department of Health.

In order to achieve the exit strategy, the program needed to transfer its approaches and its activities for training and promoting healthy child nutrition to a permanent local institution. In this case, the appropriate institution was the Department of Health's Family Health Section, which was responsible for providing vaccinations and child-rearing support directly to mothers.

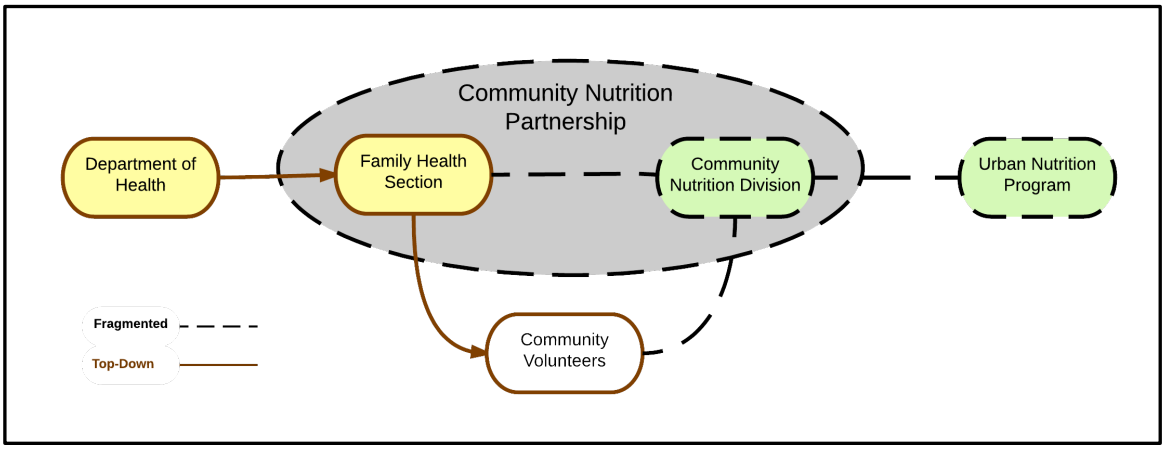
The City's Department of Health was an extremely Top-down organization. The head of the department had been there for over fifteen years, and ran it as his kingdom. The department did nothing without his express consent. The program's experience was that his staff would hardly talk to our team, let alone collaborate with us, without his permission. Therefore, the only way the program could develop any form of partnership with the Department of Health was to develop a working relationship with its head.

This might not have been have been an insurmountable problem for the program, except that the head of the Department of Health was not interested in what the program was doing or offering. The program was designed to introduce new approaches and build skills to train mothers to maintain good nutrition for their children. This is not what the head of the department felt was the problem or what he wanted. He felt the problem was infrastructure, and wanted assistance in building permanent community health posts.

Building health posts was something the program could not offer, due to its contract with its donor. Despite numerous meetings throughout the life of the program, the program leadership could not find any activity it could offer that would interest the head of the Department of Health in partnering with the program. Therefore, even though there was no conflict in the relationship, and the Department of Health did not hinder the program's fieldwork, the partnership stayed in the Fragmented state. As a result, there was absolutely no capacity transfer between the program and the City's Department of Health.

Below are two maps (Figures 5 and 6) that show the (lack of) development of the partnership. At the beginning of the program, as the program team came together and started operations, the Urban Nutrition Program and the Community Nutrition Division teams were in the Fragmented state, ensuring a Fragmented relationship with the Department of Health.

Figure 5: The Cooperative State between the Urban Nutrition Program and City's Department of Health at the Start of the Program



As the program progressed, the program and its divisions moved into the Top-down state. The program and division managers a) set and promoted the vision, mission, and core values (based on the donor's contract) for the program, b) created the program's organizational structure, and c) established and enforced the program's management and administrative systems.

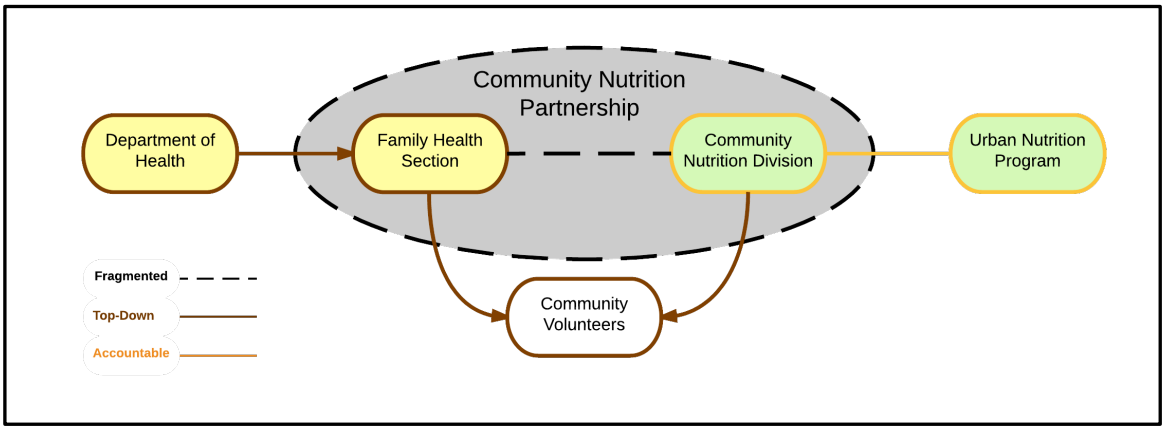
During its second year, the Urban Nutrition Program started moving into the Inclusive state when the senior staff adopted the program's vision and values. After a program-wide participatory workshop that developed the values, goals, objectives, and strategies for the program, each of the divisions also started moving into the Inclusive state. Work plans and budgets were then aligned with the strategies. During this process, the program established itself in the Inclusive state when the division managers took over the responsibility for managing implementation and achieving the program's strategic goals.

By early in the third year, the program had moved from the Inclusive state into the Accountable state, with each division effectively working on clearly defined strategic priorities, goals, and objectives. However, coordination between the divisions was suboptimal, which led to some coordination issues in the field, and some departments being stronger than others. However, these issues did not prevent effective implementation and goal achievement.

At the end of the program, the program and its divisions remained in the Accountable state, and were meeting their contractual goals, and, as will be discussed below, were finding some success at real capacity transfer.

However, due to the inability to find common ground with the City's Department of Health, that relationship remained a Fragmented one, as shown in Figure 6 below.

Figure 6: The Cooperative State between the Urban Nutrition Program and City's Department of Health at the End of the Program



The final result of this relationship was that while the program was able to effectively implement its child nutrition activities in the field with volunteers, there was no capacity transfer to a permanent local institution. In this case, the program was not able to implement its sustainability strategy, and all of the nutrition program's interventions ceased at the end of the program.

In this situation, the solution path for improving the partnership was for the Community Nutrition Division to develop a Top-down partnership with the City's Department of Health as the dominant partner. This would have required acquiescing to the head of the Department of Health's desires and assisting him with building permanent community health posts. This would have maximized the partnership given the current cooperative capacity states of the partners.

The next step would have been, if possible, to leverage this partnership and generate an agreement with the head of the Department of Health to work together to meet the program's objectives of introducing participatory approaches to training mothers in child nutrition. This would have moved the partnership between the *head* of the Department of Health and the program into the Inclusive state.

From there, the path potentially forks; either, and this would have been the most likely path, A) the new approaches would be initiated in a Top-down manner by the head of the Department of Health, or B) the head of the Department of Health would agree to work with the Nutrition Program to develop the cooperative capacity of the Family Health Section.

In path A, the Family Nutrition Division would work with the Family Health Section *under the direction* of the head of the Department of Health, respecting and maintaining the department's Top-down state.

In Path B, the Nutrition Program would work with the Department of Health to implement capacity-development interventions designed to move the Family Health Section into the Inclusive state. Once in Inclusive, the Family Health Section could then develop an Inclusive

partnership directly with the Community Nutrition Division, and adopt any of the Nutrition Program activities that it felt helped the section achieve its mission.

However, as noted above, even proposing this solution path was blocked by the restrictions of the donor contract; building community health posts was not a contracted output of the program, and there were no funds budgeted for such activities. Therefore, the Nutrition Program could not, on its own, initiate this solution path by offering the head of the Department of Health what he wanted.

A Top-Down Partnership with the City Sanitation Department

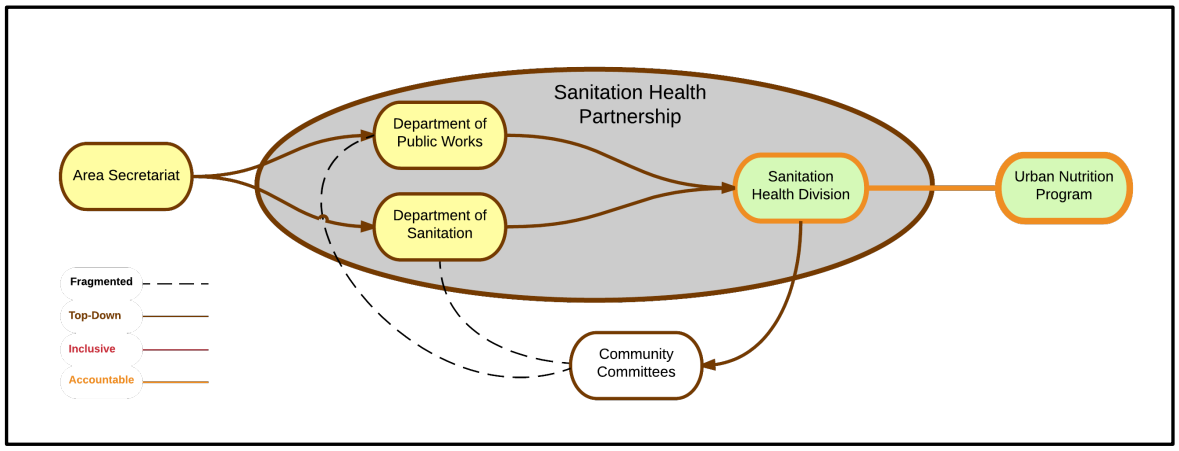
In order to reduce the incidence of diarrhea, which was a significant contributor to the poor nutritional status of children in the area, the program developed community groups to participate in the planning and construction of public and private toilets, the renovation of community drainage systems, and the enhancement of open wells by adding siding and collars.

To implement these activities, the program coordinated with both the City's Sanitation Department and Public Works Department.

These two departments were bureaucracies in the Top-Down state, though not as strongly Top-down as the Department of Health, described above. Both departments were more willing to work with the program, provided the program follow their rules and regulations for all planned construction work.

This resulted in Top-down partnerships with both departments, in which the program gained approval for all of its construction work and followed all the technical rules and regulations established by the two partner departments. Once the program showed that it would respect the authority and rules and regulations of its local partners, cordial relations with both departments were established. These Top-down relationships are shown in Figure 7 below:

Figure 7: The Final Cooperative State between the Urban Nutrition Program and Departments of Sanitation and Public Works



Despite the program's success in mobilizing community efforts to improve sanitation, neither department was interested in adopting any form of community-based approach. Without any desire on the part of either department to change the way they worked with local communities, there was no shared basis for moving the partnership into an Inclusive state.

Notice in the diagram that the program also maintained a Top-down relationship with the community committees. This was due to the fact that, without connections or support from the local city departments, these community-based sanitation committees could not become independent. Throughout the program, they remained dependent on the program's Sanitation Health Division for direction and resources.

In each of these partnerships (with the two departments and community committees), no sustainable capacity transfer occurred. At the end of the project, all the program's sanitation activities ended, and the community committees, despite late and unsuccessful efforts to connect them to the city departments, disbanded.

The partnership capacity framework in these situations shows that the solution toward effective capacity development would have been to first undertake capacity development with the Top-down agencies to move them into the Inclusive state, and then to move the partnerships themselves into the Inclusive state. This would have required time and resources devoted exclusively to relationship building with the goal of coming to a mutual agreement around capacity development. The Sanitation and Health Division of the program, under donor contract to independently implement a set of activities, was not designed or resourced to implement such a solution path.

The end-of-project map, therefore, shows a not uncommon set of partnerships in development projects: partnerships that lead to programmatic success over the life of the program, but not to the continuation of program activities after the program closes down.

An Inclusive Partnership with the District Health Department

The cooperative capacity state of the District Health Department was far different than the City's Department of Health described above. The District Health Department was in the Inclusive state. Its staff was invested in the vision and mission of the department, and was able and willing to pass information up the chain command. The leadership, in turn, empowered the staff to take initiative and make decisions.

The higher ability of this local department to cooperate led to the development of a strong partnership with the Community Nutrition Division. Early in the program, District Health Department staff accepted invitations to both trainings and activities initiated by the Community Nutrition Division. Initially, these participants were lower-level staff. After the lower staff visits, their positive reports were acted on by their mid-level staff supervisors, who then started up their own visits of the Community Nutrition Division's activities. During this period, the partnership was in an essentially Fragmented state, characterized by ad hoc communications between the two organizations.

After the first nine months, as the Nutrition Program moved into the Inclusive state itself, the program manager and her staff began to build real relationships with their counterparts in the District Health Department, who, by this time, were well acquainted with the Community Nutrition Division's activities.

Both the director of the Nutrition Program and head of the District Health Department supported this relationship, and both were willing to have their staff actively manage the burgeoning partnership. At this stage, the relationship moved into the Top-down state, in which the Community Nutrition Division staff worked to respond to the wants and needs of the District Health Department, building trust and demonstrating their usefulness and ability to work with them to meet their goals. During this period, the Community Nutrition Division initiated program activities to improve child nutrition, assisted in the response to an E. coli outbreak, and assisted in the response to major flooding.

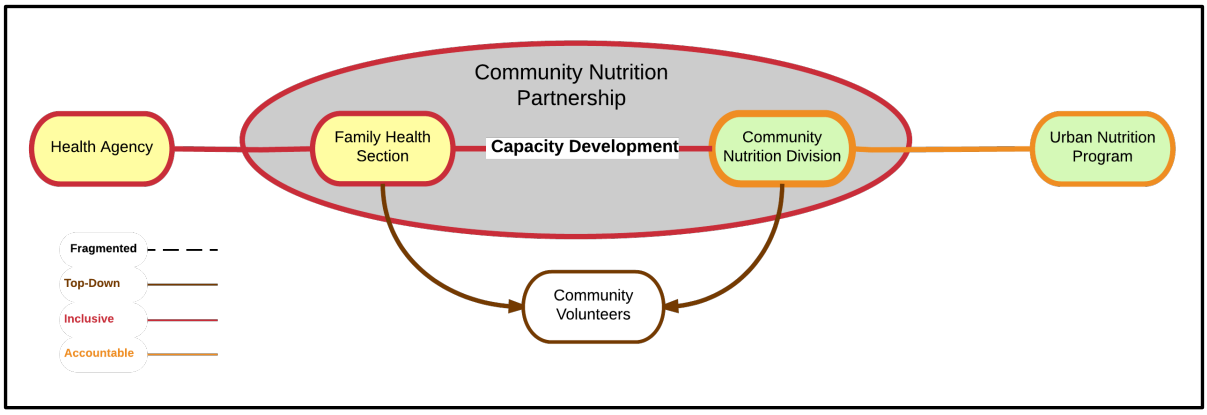
Because it was already under donor contract to implement its various activities, the program was unable to start from scratch and develop its child nutrition activities in collaboration with local government (which is the ideal approach). To make the best of this situation, the program made it clear to local government that its various activities were also demonstrations—a sort of buffet from which local government could choose—and that the program would support local government in adapting and implementing any of the activities that they wished to adopt, whether it be one or all of the activities. This ensured that the choice to move forward in capacity development was with the local government and *not* with the program.

As the relationship between the two programs deepened and the District Health Department saw the effectiveness of the Community Nutrition Division's interventions, the Health Department chose to adopt two major activities being implemented by the program. They invited the program staff to work directly with their own staff to help them learn and pilot these interventions in areas of the district outside the Nutrition Program's work area. In this relationship, the role of the division staff became trainers and mentors to Health Department staff as they learned new approaches to community child nutrition. At this time, the partnership moved into the Inclusive state, based around a common goal of improving the District Health Department's delivery of child nutrition interventions, and with both staffs working together collaboratively.

As the pilot programs showed success, the District Health Department began incorporating these new interventions into their annual plans and budgets. Nutrition Program staff were invited to work closely with Health Department staff to develop work plans and budgets, which were subsequently submitted and approved by the District Government.

It was at this point the Nutrition Program was brought to a premature end due to strategy and budget changes by the donor. Therefore, at the end of the program, the partnership between the Community Nutrition Division and District Health Department was in the Inclusive state (Figure 8). Note that capacity development occurs!

Figure 8: The Cooperative State between the Urban Nutrition Program and District Health Department at the End of the Project



Despite the early termination, the District Health Department continued to budget for and develop its own capacity to implement approaches it had learned from the Nutrition Program. In particular, the Health Department hired some of the Community Nutrition Division staff as consultants to help them complete the adoption of the new participatory approaches.

Of the three cases presented so far, this is the only partnership that moved up to an Inclusive state, and the first partnership that succeeded in developing the capacity of a partner agency. The key aspect of a partnership in the Inclusive state is that both partners take on ownership of the vision, mission, and goals of the partnership and work collaboratively to achieve them. In this case, the District Health Department took ownership of its own capacity development and used the outside agency (the Nutrition Program) as a trainer and consultant to help it to meet its own goals. This is the only way that capacity development can take place.

Below is the roadmap to this successful capacity-development initiative:

1. In the Fragmented state, the Nutrition Program generated interest by demonstrating solutions that it felt would be useful to the District Health Department.
2. In the Top-down state, the Nutrition Program responded to the wants and needs of the District Health Department, supporting its activities that met the goals of both organizations.

   The program also allowed the Health Department to choose the activities it wished to adopt.
3. In the Inclusive state, the partners agreed to work with the District Health Department's systems and information regarding program activities, and Health Department management systems were openly shared in order to collaboratively transfer activities from the Nutrition Program to the District Health Department.

Inclusive Partnerships with Community Health Centers

The final example in this case study is the partnerships the Health Services Development Division developed with community health centers (in both the City and District).

The Urban Nutrition Program was mandated by its contract with the donor to implement a specific self-assessment tool with the community health centers. In order to do so, the program needed permission from the Health Departments and active participation from the heads of the community health centers. Achieving both required more than a year of meetings and relationship building to develop the level of trust required.

The breakthrough came when the head of the City's Department of Health offered our services to the heads of the city's community health centers, and one health center volunteered to conduct a pilot with the program. That pilot was implemented successfully, and the head of that community health center helped inspire the other health centers to work with the Health Services Development Division.

At this point, the health centers were either in Top-down or Inclusive states. This allowed the Health Services Development Division to established a Top-down partnership with each health center. Under these partnerships, the division was able conduct a participatory self-assessment, chosen and designed by the Division, in each of the health centers.

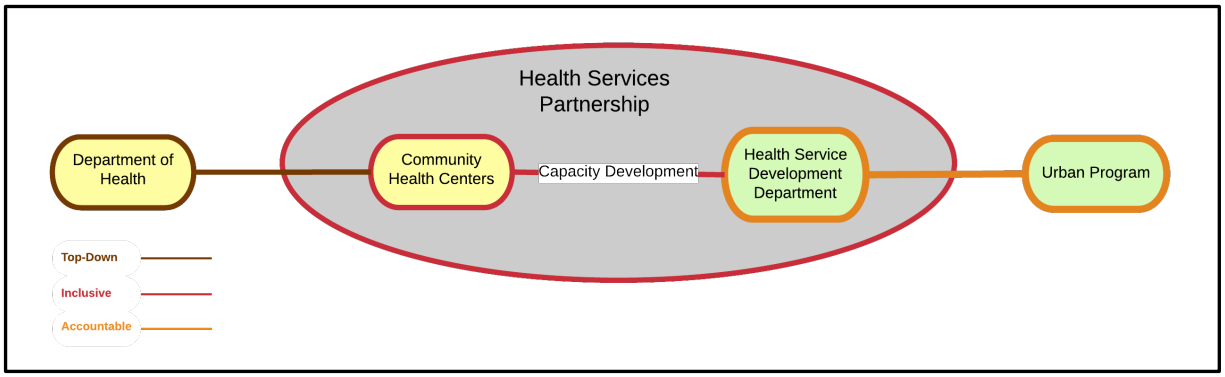
These participatory self-assessments then helped move or strengthen the community health centers into the Inclusive state.[e] The self-assessments required that all staff understand the vision, mission, and goals of the health centers and that the leaders listen to feedback from both staff and patients. In practice, this requirement was not difficult because the majority of the health center leaders were genuinely concerned about the performance of their health centers, and with getting the best out of their staff. Therefore, they quickly saw the benefits of the collaborative approach used in the self-assessment.

As a result of the assessment, the health centers developed and implemented their own capacity-development initiatives. The Nutrition Program only provided support for the capacity-development activities when a) it was asked by the health centers and b) it had the capacity to provide *useful* support. This process pushed the partnerships between the Health Services Development Division and the community health centers into the Inclusive state, where the health centers and Division were sharing decision-making and responsibility for the capacity-development activities implemented in collaboration with the Division. This relationship is shown in Figure 9 below.

The capacity development initiatives implemented by the health centers resulted in improvements in areas such as customer service, clinic cleanliness, patient record keeping, and provision of some medical services (Annex 2).

[e] This is an interesting quality of the collaborative states—they arise from Top-down directives (which are stated and modeled by leaders) to be collaborative. Without directives to be collaborative, Top-down workgroups will stay in the Top-down state.

Figure 9: The Cooperative State between the Urban Nutrition Program and the Community Health Centers at the End of the Program



This is a second example where capacity development took place. The community health centers took ownership of the management of their capacity-development efforts.

Below is the roadmap to this successful capacity-development initiative:

1. In the Fragmented state, the Division spent a year developing relationships with and explaining the self-assessment tool to the Department of Health and the heads of the health centers

2. In the Top-down state, the Division adapted and implemented the mandated participatory assessment with the support of the heads of the health centers

3. In the Inclusive state, the program and health centers worked together and shared resources to achieve goals set by the health centers through the participatory assessments.

Summary

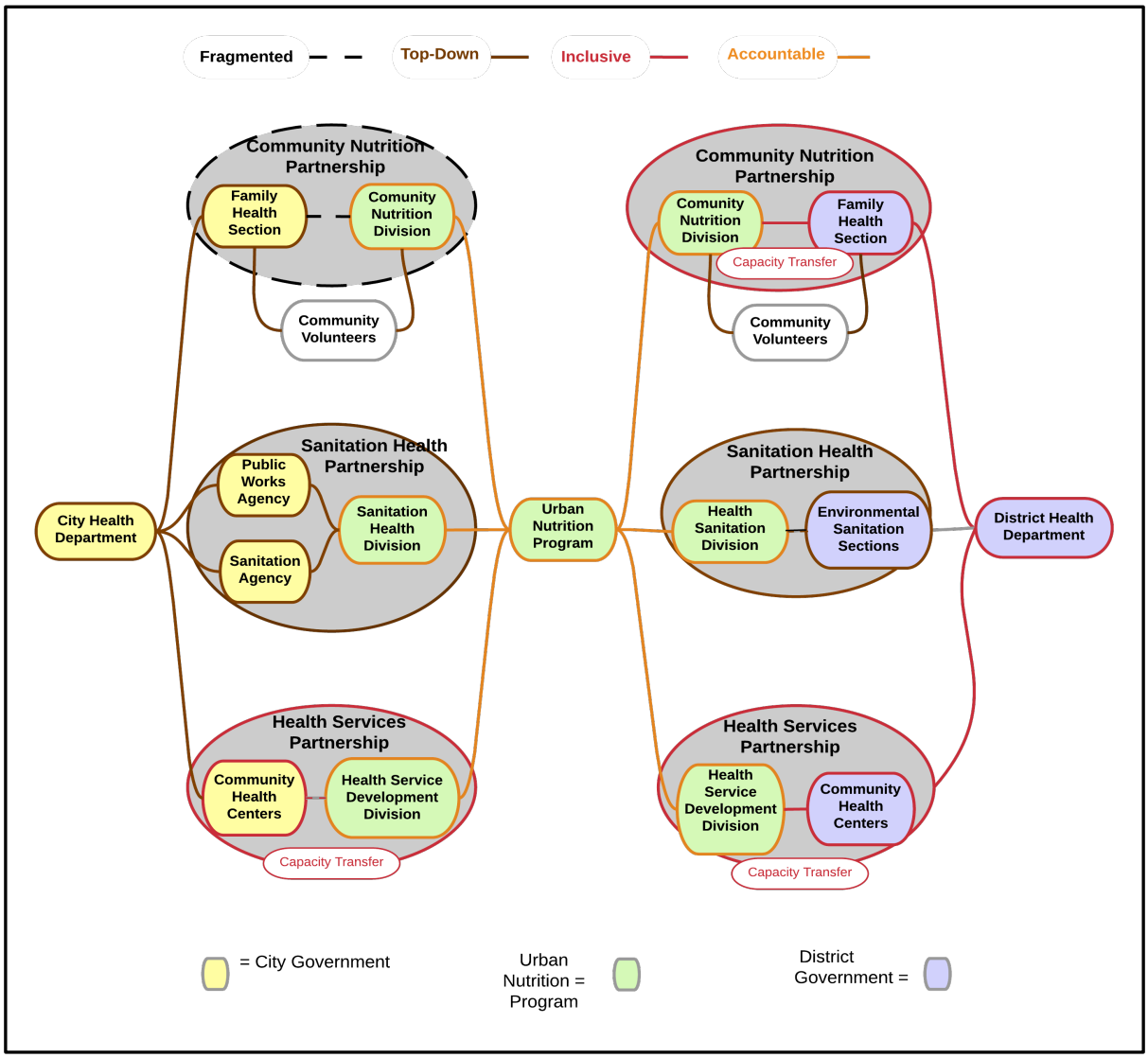
The Urban Nutrition Program required the building of six crucial partnerships to implement both its activities and exit strategy. Early on in the project, the program had developed partnerships necessary for implementing its activities with all six partners; however, over the life of the project, it built partnerships strong enough for effective capacity development in only three of those partnerships. Figure 10 maps out the cooperative states between these partners and the program at the end of the four-year program.

In order to implement its activities, the program needed, at the minimum, the acquiescence of its partners to permit it to conduct activities in the program area. As the case study demonstrates, this level of "partnership" can be achieved by partnerships in any of the cooperative states, whether they are in the detached states or collaborative states.

On the other hand, the program's exit strategy of developing the capacity of local government agencies to improve their engagement with local communities required a significantly higher level of partnership. As shown in the case study, partnerships in the two detached states did not result in any capacity development of the local government

agencies. However, the partnerships in the lowest of the collaborative states were able to work together to introduce new ways of working to local government agencies that improved their capacity to meet their own goals.

Figure 10: The End of Project Cooperative States of the Urban Nutrition Program's Partnership System.



It is clear that in this case study, the results of the three partnerships in the Inclusive state (the organizational changes in the health centers and District Health Services Development Division) more than doubled the sustainability and capacity transfer results of the three partnerships that remained in detached states.

Mapping out these partnerships clearly shows where the obstructions to partnership development lie. Early in the project, as the program was developing its own capacity and moving through the Fragmented and Top-down states, the program itself was a limiting factor. However, once the program moved into the Inclusive state (and eventually the

Accountable state), the limiting factors became the cooperative capacity of the local agencies.

In three cases, this limitation was not overcome, in large part because the program was not designed as a capacity-development program. It was designed to deliver contracted outputs and outcomes directly; the exit strategy was tacked on as an afterthought and not built into the planning framework of the program. This meant that the design could not allocate adequate time, resources, or flexibility for relationship building and capacity development with its partners.

The only example of building cooperative capacity with any of the program's partners was the program's work with the community health centers. That was due to the fact that this work was, in fact, capacity development. Thus the program could take the necessary time (over a year) for relationship building, and then use a participatory self-assessment to help the health centers move into the Inclusive state.

This case shows the usefulness of the cooperative capacity framework in designing programs that require capacity development to ensure sustainable results from development programs. First, it provides a roadmap for developing both the development program's and local partners' capacity to partner. Then, it provides a roadmap for moving beyond detached partnerships to collaborative partnerships. These roadmaps provide the justification for allotting the time and resources necessary to develop the collaborative relationships that are a minimum requirement for effective capacity development and sustainable results.

Of course, no program or partnership works in a vacuum, and the following section briefly introduces the greater partnership system, and how the cooperative capacity states within the greater system influence project results.

Section IV: The Partnership System

The previous section dissects the partnerships of a program at the field level with regards to sustainability and capacity transfer. However, development projects do not work in a vacuum. All development projects and organizations work within a web of partnerships and relationships that stretch from the field to interstate relations. These partnerships and relationships, at the least, influence, and, at the most, determine the success, sustainability, and scalability of a development project. These partnerships and relationships also determine the ability of any actor in the system to respond quickly and effectively to emergent threats or opportunities.

CCP's framework is not limited to assessing field-level partnerships, but also applies to the network of relationships with and between the actors at local, regional, national, and interstate levels that make up the partnership system. These actors may include provincial and national ministries, regional and national assemblies, national executives, multilateral associations, contractor offices, and donor national and home offices; in other words, any stakeholder that can influence program design and implementation.

This section briefly describes a generic model for mapping out this web of relationships and applies the map to the Urban Nutrition Program. This map will be used to explain how the cooperative capacity of relations with organizations above the field level influence a) the program's efforts to develop a partnership, and b) the program's attempt to take advantage of an opportunity to scale to the national level.

Why Map Partnerships

In order for international aid projects to be sustainable and scalable, there has to be cooperation among a number of actors at the international, national, and programmatic levels. These actors are likely:

- International level
    - National political and diplomatic leadership
    - The implementing agency's home-based political and diplomatic leadership
    - Other development agencies' political and diplomatic leadership
- National level
    - National level ministries or institutions that are stakeholders to the local partner agencies
    - The implementing agency's regional and national offices that oversee its programs
    - Other development agencies' national offices and missions
- Programmatic or local level
    - National partner agencies or teams that work directly with the implementing agency's programs

- The implementing agency's program teams or offices
- Other development agencies' program teams and offices

In a development project system, each partner and each relationship influences all the other partners and relationships. The weakest of these partners, or the weakest relationship between these partners, will constrain the possibility of the project achieving its goals, sustaining, and scaling. Therefore, in a many-sided dance, the actors need to collaborate to develop the changes in local practices that both lead to desired impacts, and are sustainable locally and institutionalized nationally.

Failure to track and nurture all of the relationships in this dance results in:

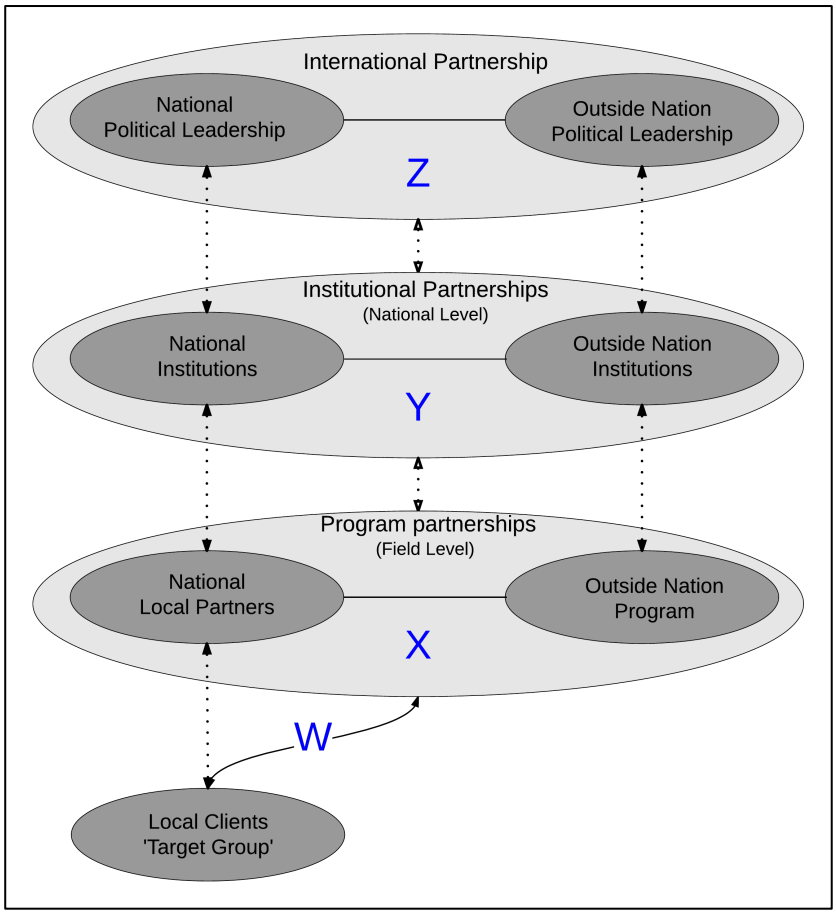
- High risk of sudden changes in mandates, cuts in funding, or other negative surprises emanating from any of the partners
- Lack of real-time feedback among the parties, particularly between the field program and other partners
- Lost opportunities for sustainability and scalability.

To optimize this dance, all the parties in the system need a simple way to track the quality of their relationships and their own ability to partner, and also a way to assess the greater partnership system itself, in order to identify the system's strengths and weaknesses in a particular situation at a given moment in time. The CCP tools and frameworks introduced above provide a way to do that.

The Partnership System

The map of this partnership dance is made up of a) the horizontal partnership systems between the national institutions and outside development institutions at local, national, and international levels, and b) the vertical (often hierarchical) relationships of national development actors (such as the government) and donor systems at each level. These connections can be illustrated as in Figure 11 below:

Figure 11: A Map of a Generic Partnership System



In Figure 11, the horizontal connections are referred to as "partnerships" and are denoted by the ovals, which we refer to as "eggs." Each level of partnership is denoted by a letter—W, X, Y, and Z. These partnerships are critical for the two-way movement of information and capacity between national actors and the implementing agency. These partnerships, most notably the X partnership, promote or constrain the capacity-development performance and sustainability of any development project.

The vertical connections are referred to as "relationships" and are denoted by dashed lines. These relationships include both hierarchal institutional relationships, and relationships by partnerships with other partnerships or institutions at different levels. These relationships are critical for the movement of information up and down the system, and for a) ensuring programs receive timely and responsive support from actors higher up the hierarchy; and for b) scaling projects to a regional or national level, as these relationships are the major drivers and conduits for introducing local successes higher up the system.

The Urban Nutrition Program's Partnership Network

This part of the case study describes two examples in which the partnership system affected a) the ability of the Urban Nutrition Program to adapt to conditions in the field, and b) the potential of the program to scale to a national level.

The first example is alluded to in the previous section of the case study—the Urban Nutrition Program's efforts to develop a partnership with the extremely Top-down leadership of the City's Department of Health. To start, Figure 12 shows a partial map of the partnership system.

As described in Section III, the Urban Nutrition Program could not, due to the scope of its contract with the donor, find any allowable activities that would interest the head of the City's Department of Health to work with the program and move the partnership into the Top-down state.

Figure 12: A Two-Level Partnership System Map for the Urban Nutrition Program

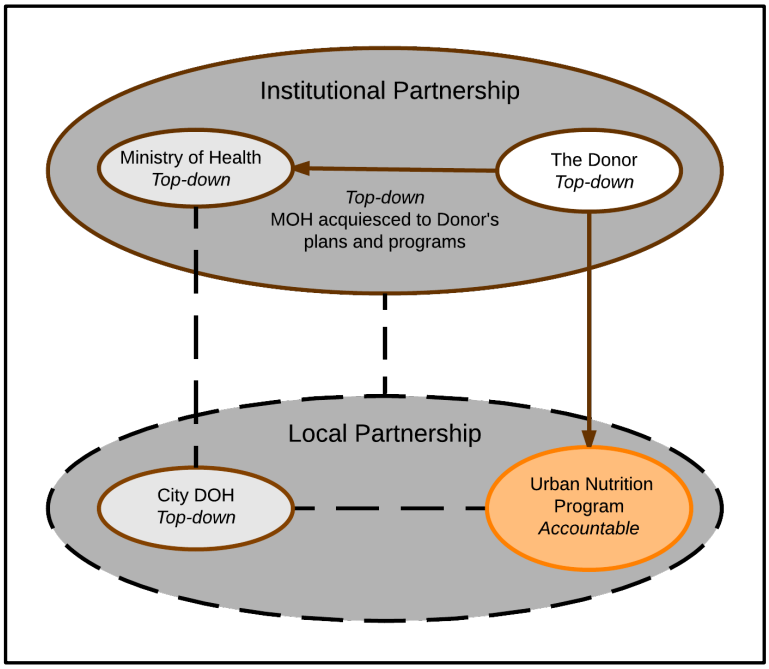


Figure 12 shows that, in this case, the Top-down relationship between the program and the donor was one of the impediments to building a stronger partnership with the City's Department of Health. This Top-down relationship constrained the program's options for at least three reasons.

First, any change to the contract was difficult and time consuming. As a practical rule, donor staff felt it was their primary job to enforce contracts, not amend them, and thus, the donor was not welcoming to project amendments proposed by the program.

Second, on the program's side of this relationship, there was a belief that the program's job was to fulfill the goals and objectives of contract. This lead to a culture that was averse to pushing the boundaries of the contract, and building health posts or transferring program nutrition activities to a local health department were not explicit outputs of the contract.

Third, since even the Fragmented partnership with the City's Department of Health allowed for the implementation of the contracted activities in the field, the program manager did not feel any pressure to expend the effort to amend the contract, and was comfortable accepting the Fragmented partnership with City's Department of Health.

Thus, in large part, because of this Top-down relationship with the donor, and culture that went with it, the program did not invest the time, resources, or effort necessary to develop a collaborative partnership with the City's Department of Health.

This map indicates two possible solution paths to get the Urban Nutrition Program-City's Department of Health partnership to a state in which capacity transfer would be possible. The first solution path is for the program to renegotiate its work contract with its donor. Because the donor-program relationship is Top-down, this "managing up" initiative by the program could only take the form of a request.

The second possible path would be more ambitious and structural. This path requires first moving at least a part of the donor system into the Inclusive state. It would then be possible to develop an Inclusive relationship between the Nutrition Program and the donor organization. Then, the Nutrition Program and donor could collaboratively renegotiate the work contract in response to actual conditions in the field.

For a one-off program change, the first solution would probably be most cost-effective. That said, to maximize future performance, the second solution path would be necessary.

The second example describes how the District Health Department-Urban Nutrition Program partnership missed an opportunity to scale its activities to the national level.

By the last six months of the program, the District Health Department was excited by the community-based approaches it was learning from the Nutrition Program. At that time, the District Health Department staff received word that the national Ministry of Health was working to revitalize a national mother-child nutrition program that had been ignored for years. Both the Health Department and Nutrition Program staff believed that the approaches to child nutrition that they were working on were an excellent fit for this national initiative and wanted to promote their work to the Ministry of Health. With the support of the program manager and head of the Health Department, they set up meetings with the head of the national mother-child nutrition revitalization program at the Ministry of Health.

At those meetings, the Ministry of Health showed real interest in the work of the District Health Department and Nutrition Program partnership, and extended an invitation to the Nutrition Program to work with the Ministry on a planned pilot project in a different part of the country. To accept this invitation, the program would have needed to assign three or four local staff to the project for a minimum of six months.

This was a major opportunity to partner with the Ministry of Health in piloting, at the national level, the community-based mother-child nutrition activities that had been developed during the program's life at the City and District levels. A successful pilot would have presented the opportunity for the INGO and donor to be direct partners in a national program that scaled the work of the localized Urban Nutrition Program.

However, the staffing requirement raised the question of how to pay for the staff and their travel costs. This cost was not a particularly large amount of money, and there were a

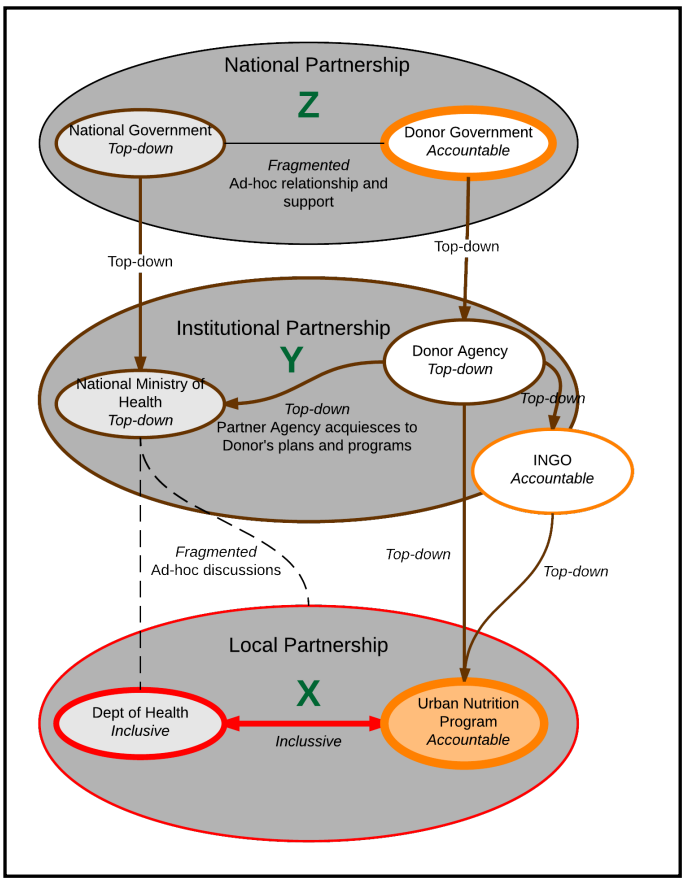
number of potential solutions to this problem; funding could potentially have come from the Ministry of Health itself, the donor, the INGO Headquarters, or the Nutrition Program.

The first and the last options were quickly rejected. The Ministry of Health's budget for the pilot project was set for the year, and could not accommodate the costs of additional staff. The program itself was in a similar situation. With program closeout a couple months away, its budget was fully allocated for end of program activities. There was no excess that could be reassigned to the pilot project.

Therefore, funding for joining the pilot project would need to come from an outside donor.

Figure 13 maps the partnership system at the time of these discussions. The key difficulty the partnership faced in finding the funding necessary to pilot the scaling of this program is reflected in the detached relations it had with all of its stakeholders at the national level.

Figure 13: Partial Partnership Network of the Urban Nutrition Program



Looking at these relationships and their impact on this missed opportunity, one by one:

1. The Top-down Program-INGO HQ relationship: The INGO HQ had made the strategic decision to move away from urban programming and had decided not to expend resources looking for funding to extend the program. The program had acquiesced to this decision and was also not permitted to independently seek additional funding.

   In addition, the initiative with the Ministry of Health had come from the program itself, and, due to the Top-down relationship between the program and the INGO HQ, this potential initiative was not given full consideration or explicitly analyzed by the HQ staff.

   This lack of support from the INGO leadership limited the effort to look for funding to take advantage of this opportunity.

2. The Top-down Program-Donor relationship: The donor agency had likewise decided to close the program. This was due to the fact that the department that had originally

funded the Urban Nutrition Program had left the country, and the program had not been integrated into the donor agency's remaining health program. Despite a stated strong desire to have national impact, the donor's health department did not see the Nutrition Program as fitting into their country health strategy, and therefore, was not ready to work with the Urban Nutrition Program to exploit this opportunity.

The result was that the donor gave permission to move forward with this initiative using the existing program budget, but would not authorize additional funding or any extension. As the program's budget was fully committed to closing the program, this decision closed the door on this opportunity.

3. The Top-down Ministry of Health-Donor partnership: The donor agency's health strategy was set internally, and was not (at that time) designed to be responsive to requests from the Ministry of Health, and the staff of the Ministry of Health were aware of this. Therefore, despite requests from the Nutrition Program leader for the Ministry of Health staff to help with approaching the donor, the Ministry of Health balked at requesting funding from the donor for the pilot project.

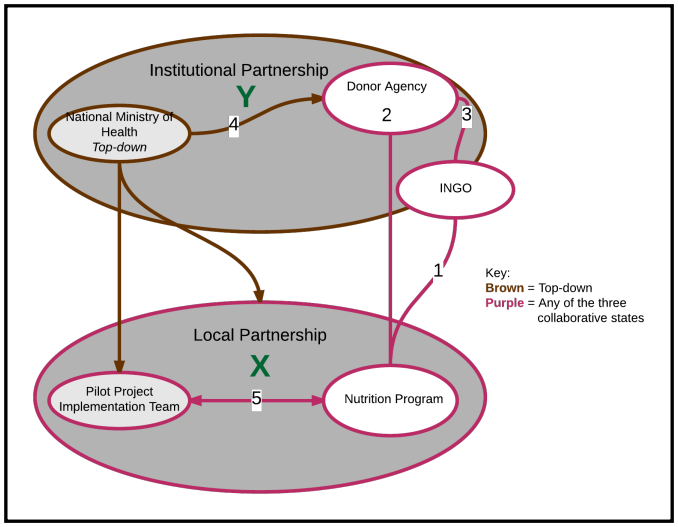
4. The Fragmented Ministry of Health-Urban Nutrition Program relationship: The Ministry of Health had no direct relations with the program and the relationship at this point was ad hoc and Fragmented. This was an additional reason the Ministry was not interested in approaching the donor to fund the pilot project.

In the end, due to the detached states of these relationships, the program received no support from any national-level institution to take advantage of this opportunity to scale the activities that the Urban Nutrition Program and its local partners had successfully implemented. Ultimately, the program closed down and another donor agency worked with the Ministry of Health to implement their pilot project.

This case is a good example of how detached relationships within a partner system render the system unable to adapt and respond to emergent changes.

Here we look at one possible solution path. This solution path consists of developing the vertical relationships between the program and its headquarters, the horizontal INGO HQ partnership with the donor, and reversing the Top-down partnership with the Ministry of Health. This solution path is illustrated in Figure 14.

Figure14: Potential Partnership System for National Mother-Child Nutrition Pilot Project



The path starts with moving the program's relationship with its INGO HQ into the Inclusive state (1). This could have gained the program support from its headquarters to help with building the relationship with the donor or finding other the funding.

Next, depending on the donor first moving at least part of itself into the Inclusive state (2), the program and INGO HQ could build the relationship with the donor, moving that relationship into an Inclusive state (3).

Once all these relationships existed in at least Inclusive states, the program, INGO, and donor could effectively share information and collaboratively work together to take advantage of this opportunity to be a part of developing a national program to improve mother-child nutrition.

This three-way partnership could then reverse the Top-down Donor-Ministry of Health relationship (4) by following the lead of the Ministry of Health, providing a donor-funded team to support and work with the Ministry's pilot project. Ideally, as this project progressed, the donor-funded team could then develop a collaborative relationship (5) with the Ministry's team to implement the pilot project.

None of these interventions could—or can—be done instantaneously. In this case, where an opportunity arose unexpectedly, these relationships would have needed to already be in one of the collaborative states for the partnership system to take advantage of the opportunity to scale a local success.

Summary

The two examples in this section show how detached relationships within a partnership system prevented the system from responding to difficulties in capacity development, and in adapting to and taking advantage of opportunities as they emerged. The relationships in the Top-down states blocked the Urban Nutrition Program from a) building a partnership designed to lead to capacity development, and b) taking advantage of an emergent opportunity to scale the program to the national level.

The solutions paths to overcoming these blocks are identified by the partnership system map; they cannot be implemented quickly, and need to be in place for a partnership system to be responsive and adaptable.

CCP's cooperative capacity model allows for mapping the greater system of any development program so that managers and other decision makers from all actors in the system can assess the current states of the system's relationships, identify weak and detached relationships, and work together to move these detached relationships into collaborative relationships. Doing this as early in a program's life as possible prepares the system for early action, to either counter emerging threats, or take advantage of emerging opportunities.

Section V: Summary

Cooperative Capacity Partners specializes in the measurement and management of international development partnerships. We see the development of capacity as the key to effective and broader economic, political, and social development.

Partnership and Capacity Development

Almost all development agencies, local and international, recognize the importance of partnerships for both enhancing their own activities, and for capacity development.

Any weakness in developing partnerships is a threat to any development agency. Weak, detached partnerships:

- Fail to support capacity development
- Result in wasted investments due to cost overruns and suboptimal performance
- Lead to loss of reputation and confidence in the agency
- Damage agency relations with local and international partners
- Weaken agency positions against competitors.

Conversely, strong partnerships with DMCs and target agencies are critical for all projects with a capacity-development component. Strong partnerships are required to meet key criteria successful capacity development. These criteria include:

- Local participation and ownership in capacity-development efforts
- Mainstreaming project implementation into target agencies' normal operations
- Flexible and adaptable approaches and systems when implementing capacity-development initiatives
- Sufficient time for target agencies to adopt and institutionalize capacity development changes.

For implementing capacity development there are a number of key requirements for planning and implementing capacity-development initiatives. These include:

- Clear capacity-development results frameworks that can be monitored and evaluated
- Capacity-development baseline and diagnostic assessments of individuals, organizations, and partnership networks
- Strategic capacity-development objectives

- Careful phasing or sequencing of, and exit strategies for, capacity-development initiatives
- The commitment of adequate time, staff, skills, and financial resources to building collaborative partnerships.

Achieving these criteria and applying these requirements greatly reduces the risks inherent in capacity development. When appropriate time and resources are devoted to relationship building, CD programs can create local ownership and integrate CD interventions with the target agency systems, dramatically increasing the probability of sustainable capacity development.

CCP's Model Supports Partnership and Capacity Development Strategies

CCP's model, based on almost two decades of research, provides partnership and capacity-development initiatives with *clear and measurable strategies that, when achieved, result in more than doubling organizational or partnership performance, as measured by any stakeholder criteria.* This framework can support any agency's efforts to create strong partnerships by providing planners and implementers with a results framework that includes:

- Hard indicators of a partnership's capacity to collaborate that measure:
    - The partnership's current potential to succeed at capacity development
    - The state of local participation and ownership
    - The level of mainstreaming capacity-development initiatives into target agencies' normal operations
- Leading indicators for organizational capacity development that measure and diagnose:
    - All partners' current capacity to partner effectively
    - All partners' current performance potential
- A framework for assessing the performance of any stakeholder system, which identifies:
    - The current capacity to partner of all the organizations within the stakeholder system
    - Stakeholders in the partnership and system that are hindering or supporting the responsiveness, flexibility, and adaptability necessary for the capacity-development initiative
- Tools for strengthening both partnerships and capacity-development initiatives that provide:
    - Measurable, leading baseline indicators for monitoring and evaluating the performance potential of partners, partnerships, and stakeholder systems

- A maturity matrix providing clear and measurable key performance indicators that, when achieved, result in improvements in organizational and partnership performance, as measured by any stakeholder criteria
- Strategic capacity-development goals for partners, partnerships, and stakeholder systems
- Implementation standards for allocating time and resources to partnership development that fit with any project-planning framework.

Adopting CCP's Model

Adopting CCP's model would result in including two six-month partnership capacity-development initiatives into the startup plans of every project; the first initiative would develop the project team's capacity to partner, and the second would build the project's strategic partnerships with local agencies or international partners. CCP's model provides key activities, objective milestones, and leading indicators for these initiatives that can easily be built into existing planning and monitoring frameworks. Completing these activities as part of project startup will pay back the investment almost immediately, and will dramatically improve capacity transfer efforts.

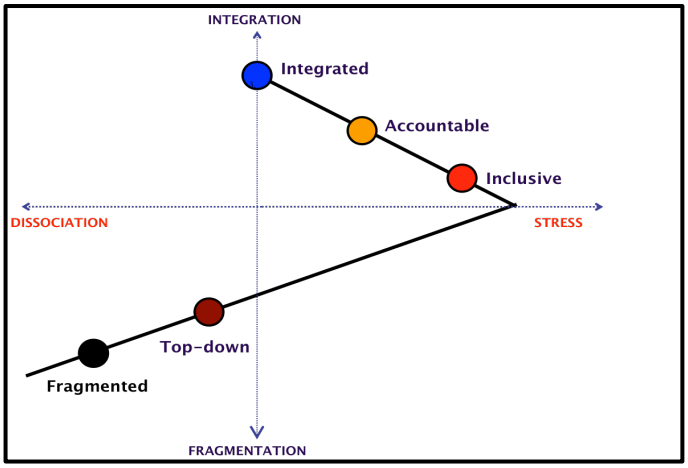
Payback is almost immediate because:

1. Integrating the model into project planning provides each project manager with schedules and an adequate budget to build their team's capacity
2. Quickly developing both project and partnership capacity immediately and systemically reduces the inefficiency and waste inherent in current projects
3. Substantially higher partnership performance greatly increases capacity transfer and the probability of sustainable and scalable results
4. Stronger partnerships and improved performance significantly lower the risk of conflict, missed objectives, bad press, or the other unpleasant surprises that often accompany projects.

Summary of CCP's Model

The core of CCP's framework is five measurable states of *cooperative capacity* that determine a partner's and a partnership's performance. The five cooperative states, ranging from the least productive to the most, are Fragmented, Top-down, Inclusive, Accountable, and Integrated. The Fragmented and Top-down states are referred to as *detached states;* the three other states are referred to as *collaborative states.* These states are illustrated in the Cooperative Capacity Ladder in Figure 15 below.

Figure 15: The Cooperative Capacity Ladder



Each state is a leading indicator of performance, risk of failure, and ability to:

- Partner
- Develop capacity with partners
- Innovate and adapt
- Respond to changes affecting a project.

As a partner or partnership moves up the Cooperative Capacity Ladder, performance as measured by any stakeholder criteria will more than double.

Table 5 summarizes the expected performance of partners and partnerships in each state.

Table 5: Performance of Partnerships in Each State

Partnership State	*Expected Results*	*Partnership Effectiveness*	*Capacity Development*	*Innovate and Adaptive*	*Responsive*	*Risk of Failure*
Fragmented	Failure to Some Outputs	Very Low	None	No	None	High
Top-down	Only Outputs	Low	None to Unsustainable	No	Low	High
Inclusive	Outputs and Outcomes	Moderate	Moderate	Low	Moderate	Low
Accountable	Outcomes, Some Impact	High	High	Moderate	High	Low
Integrated	Impacts	High	High	High	Very High	Low

Measuring Cooperative Capacity

Measuring the cooperative capacity of partners and partnerships is a participatory, holistic assessment, in which partnership members assess the state of 360 KPIs that determine the overall cooperative capacity state of their partnership. These KPIs assess organizational factors that are familiar to any partnership expert or capacity-development practitioner. They are:

1. Vision and Mission
2. Management and Systems
3. People and Culture
4. Communications
5. Monitoring and Evaluation
6. Stakeholder Relations

Because most existing organizational and partnership assessments cover similar content, this maturity matrix represents a template that can be adapted to current organizational and partnership measurement models already being used by most development agencies.

Simple Rules when Improving Cooperative Capacity

When moving up the Cooperative Capacity Ladder and building cooperative capacity, three simple rules apply:

1. It takes energy to move from one state to the next. There is no natural, effortless progression up the ladder; improvements in cooperative capacity need to be managed

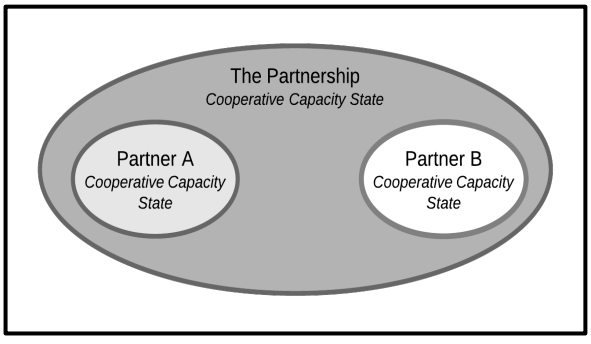
2. It is only possible to move up one cooperative state at a time. Each state creates the foundation for the next higher state

3. The cooperative state of a partnership cannot be higher than the lowest state of any of the partners.

Implications of CCP's Model for Assessing Partnership Systems

CCP's model is the only model (to our knowledge) that assesses the complete partnership system—*all* partners and the partnership—as illustrated below.

Figure 16: The Partnership Egg

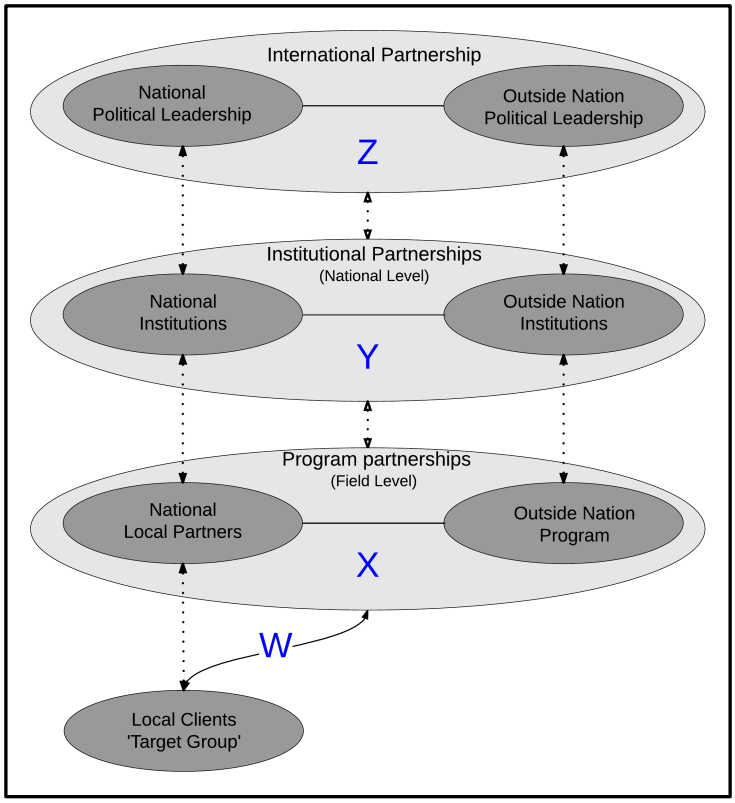


Understanding the performance of the cooperative capacity states of the partners, and applying the simple rules, this model now makes it possible to develop plans, with real-time indicators and measurable targets, for building the partnerships necessary for effective capacity development. As shown in Table 5 above, sustainable capacity transfer does not happen in a partnership in the Fragmented or Top-down states. Therefore, due to Simple Rule #3, for capacity development to happen, *each* partner in a capacity-

development initiative must be in *at least the Inclusive state*. The ability to measure these states makes it possible for an organization's projects to budget time and resources to develop their own and their partners' cooperative capacity to successfully implement capacity-development efforts, and reduce the risks inherent in capacity-development initiatives.

Moreover, development projects do not occur in a vacuum; they are part of a larger stakeholder system that affects their performance. Partnership capacity relates to all connections within this stakeholder system. Thus the greater stakeholder systems themselves can be assessed. The CCP template, shown in Figure 17 below, provides a starting framework for mapping out and assessing a stakeholder system.

Figure 17: The Partnership System



In this map, the horizontal partnerships show where transfer of ownership and capacity development can occur; strengthening these partnerships is critical for project sustainability. The vertical relationships show how information and knowledge flow both up and down the system; strengthening these relationships is critical for adapting to changing conditions in the field and scaling projects to regional and national levels.

Assessing the cooperative capacity of these connections identifies the strengths and weaknesses of partners within the system, and provides a strategic map for improving performance systemically.

Summary of Case Study

The case study assesses the critical partnerships and stakeholder system of an urban child nutrition program located in a satellite city of a major Asian capital, and illustrates how the cooperative capacity state of partnerships affects capacity development and scaling.

The first section of the case study illustrates how successful capacity development requires the development of inclusive partnerships.

A key aspect of the project's sustainability strategy was to introduce and transfer project activities to local government in order to maintain those activities after the project ended. Achieving this goal required partnerships able to transfer capacity and ownership to six agencies, three in a city and three in a neighboring district.

The child nutrition program's success in developing partnerships was mixed. With one agency, the partnership remained in the Fragmented state over the project's life; with two other agencies, the partnerships moved into the Top-down state; and with three agencies, the partnerships moved into the Inclusive state.

In all of these partnerships, the program was able to develop a basic level of 'partnership' that gained permission from each agency for the program to implement its activities in the field.

However, capacity development and the transfer of ownership of project activities to local agencies depended on the cooperative capacity state of each of the partnerships.

No capacity development occurred in the Fragmented or Top-down partnerships. The agencies in these partnerships did not adopt any of the program's activities, and those activities ceased at the end of the program.

Capacity development did occur with the three agencies where the partnership reached the Inclusive state. These agencies adopted project activities and developed their capacity to implement them by training staff, adjusting standard practices, and routinely budgeting for them. In these three cases, project activities and services continued beyond the life of the project.

The second section of the case study illustrates the importance of developing vertical relationships that are at least in the Inclusive state for scaling field-level successes and taking advantage of unexpected opportunities.

Toward the end of the program, an opportunity arose to scale one of the activities developed by the program to the national level. The national Ministry of Health invited program staff join them in adapting the program activity into an existing, but moribund, national program and implementing a pilot revitalization program. However, this invitation came with the requirement that the program provide funding for that staff. This was a requirement the program was not able to meet, and the opportunity to scale its activity was lost.

The assessment of the program's stakeholder system shows why the program was not able to take advantage of this opportunity. For various reasons, the program's relationships with all potential funding partners at the national and international levels were in the Top-down state. These Top-down relationships blocked the program from getting the support and funding from higher up the system when it needed it.

If the program had been able to develop Inclusive relationships with potential funders at the national or international levels, the increased ability to communicate and negotiate with actors higher up the chain would have greatly increased the probability of gaining funding and exploiting this opportunity.

Conclusion

CCP's model can support both local and international agencies by providing tools and indicators to enhance its initiatives in partnership and capacity development. CCP's experience shows that partnership development is critically important for capacity development. Only in strong partnerships does effective capacity transfer take place. Conversely, weak partnerships are high risk for both partners.

CCP's model gives planners and implementers a results framework that provides a clear partnership and capacity-development framework with hard, leading indicators—the cooperative capacity states—that can be monitored and evaluated. Combining the cooperative capacity states with CCP's maturity matrix and simple rules allows program designers to develop baselines, set capacity-development targets and exit strategies, and phase or sequence activities. During implementation, program managers can use these tools for diagnostics assessments of partnerships and capacity-development initiatives.

CCP's tools can fit into most agencies' existing results-based planning frameworks. Adopting CCP's model into project startup plans would involve including a six-month initiative to build project cooperative capacity followed by a six-month initiative to build the partnership's cooperative capacity.

The payback on this investment is almost immediate. First, rapidly building partnership performance immediately and systemically reduces inefficiencies and waste inherent in current projects. Second, developing strong partnerships early in the program amplifies capacity development during the life of the project, resulting in the likelihood of sustainable and scalable results. Finally, strong partnerships significantly lower the risks (conflict, bad press, poor performance, and unpleasant surprises) associated with partnerships and capacity development.

Cooperative Capacity Partners believes that any organization would benefit programmatically and strategically were it to use this model. To that end, we are offering it up for adoption. CCP is ready to work with organizations to demonstrate the validity and usefulness of the indicators, and refine the model to create a seamless fit with current systems.

Annex 1: Bibliography

1 Donald B. Bibeault, *Corporate Turnaround : How Managers Turn Losers into Winners!* (Washington, DC: Beard Books, 1998), pp. xviii, 406 p.

2 'Capacity Development', United Nations Development Program, (2016) < http://www.undp.org/content/undp/en/home/ourwork/hiv-aids/focus_areas/focus_undp_gfp/capacity-development-toolkit.html> [Accessed August 2016].

3 James C. Collins, *Good to Great : Why Some Companies Make the Leap--and Others Don't*. 1st edn (New York, NY: HarperBusiness, 2001), pp. xii, 300 p.

4 James C. Collins, and James C. Collins, *Good to Great and the Social Sectors [Why Business Thinking Is Not the Answer : A Monograph to Accompany Good to Great],* S.l.: HarperAudio,, 2005. sound recording.

5 Daniel R. Denison, 'Bringing Corporate Culture to the Bottom Line', *Organizational Dynamics,* 13 (1984), 5-22.

6 Thomas Dichter, 'The Capable Partners Learning Agenda on Local Organizational Capacity Development: Main Report', ed. by CAP Learning Agenda on Loal Capacity Development (2014).

7 'Fao Capacity Development: Critical Success Factors Emerging from Fao Case Studies', Food and Agricultural Organization of the United Nations, (2016) <http://www.fao.org/capacity-development/resources/good-practices/critical-success-factors/en/> [Accessed August 2016].

8 S. Hutaserani, 'Effectiveness of Adb's Caapcity Development Assistance: How to Get Institutions Right', (Manila, Philipines: Asian Development Bank, 2008).

9 Claudia Buentjen Nils Boesen, 'Practical Guide to Capacity Development in a Sector Context', ed. by Hessica Ludwig-Maaroof Hans VA Rijin (Asian Development Bank, 2011), p. 61.

10 Frank Page, 'Why Cooperative Capacity Matters for Sustainable Impacts', Cooperative Capacity Partners, (2013) <http://www.cooperativecapacity.com/ -!importance-of-partnerships/c1hy5> [Accessed August 2016].

11 'Paris Declaration and Accra Agenda for Action', OECD, (2016) < http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm> [Accessed August 2016].

Annex 2: Health Center Improvements

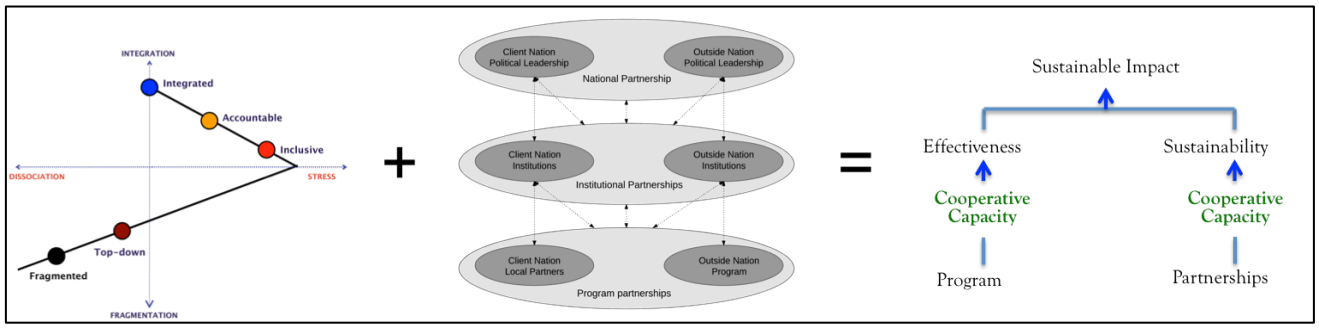
Common improvements implemented independently by the health centers included:

- Improved internal meeting schedules and agendas
- Improved patient admission, doctor visit, pharmacy, and payment flows
- Improved completeness and availability of information material on all subjects
- Displaying and updating information on drug availability and improving the reporting of out-of-stock drugs
- Improved recording on patient record cards
- Holding refreshers on staff skills
- Increased water testing with results available to the public
- Increased emphasis on counseling and providing space for counseling
- Increased morale and teamwork within many of the health centers.

The Urban Nutrition Program team trained teams in each health center to facilitate the COPE (client-oriented, provider-efficient services) self-assessment. Thus the health centers now own the tool, and may implement it for its own purposes when needed.

Cooperative Capacity Partners

Measuring Cooperation, Partnership & Effectiveness



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