



# STRENGTHENING COMMUNITY-BASED ORGANIZATIONS IN TANZANIA TO INCREASE TUBERCULOSIS AWARENESS AND DIAGNOSIS

## BACKGROUND

In recent years, local and international tuberculosis (TB) stakeholders have come to recognize the potential of community-based organizations (CBOs) in the fight against TB and other health-related issues. The World Health Organization's (WHO) End TB Strategy includes the engagement of communities and civil society organizations as one of its core components and principles. Aligned with this principle is WHO's recommended ENGAGE-TB approach for the integration of community-based TB activities into the work of nongovernmental and other civil society organizations. More specifically, ENGAGE-TB seeks to shift the global perception of TB as a medical illness afflicting individuals to a more comprehensive understanding of its determinants at the community level, which calls for CBO involvement in TB control activities.

And while CBOs have played a critical role in both finding people with TB and providing community treatment support, and are committed to TB prevention and care, they often lack capacity to sustain community-level TB efforts without donor funding. To this end, and in support of WHO's global TB strategies, from January 2017 to March 2019 PATH led community activities in Tanzania with various partners under the US Agency for International Development-funded Challenge TB (CTB) project, managed by KNCV Tuberculosis Foundation, to strengthen the organizational capacity of CBOs to sustainably implement community-level activities related to TB prevention, diagnosis, and treatment.



**USAID**  
FROM THE AMERICAN PEOPLE

**PATH**  
P O S T A L O R G A N I Z A T I O N

**CHALLENGE TB**

CTB chose regions with large populations and high TB notification rates for the areas of engagement. Through a competitive process, CTB and the National Tuberculosis and Leprosy Programme (NTLP) chose six organizations (See box) to engage in community-based TB activities as well as organizational capacity-

building work to increase the CBOs' ability to sustain TB programming post-CTB and ultimately increase community mobilization to actively identify TB patients, improve case notification rates, and improve treatment adherence.

Alongside the organizational capacity-building, CTB worked methodically to provide technical assistance to the CBOs to improve and/or develop information and skills to increase TB awareness, change health care-seeking behavior, and increase demand for TB care and prevention

services among general and high-risk populations. Through competitively selected subgrants, CBOs implemented community TB activities such as active case-finding, contact investigation, sputum collection and transport, treatment support, and collection and submission of monthly data.

## CAPACITY-BUILDING STRATEGIC APPROACH

PATH used a range of tools and methods to work with the CBOs to gauge and develop their competencies in various areas, including an organizational capacity assessment (OCA) tool, supportive supervision and mentoring, peer learning, trainings, and workshops.

These domains were addressed in the various CTB capacity-building activities over a two-year period. Assessing the skills of each organization at the beginning of the engagement was especially important given the varying organization types and range of experience. For example, *New Light Children Centre Organization's* (NELICO) status is unique; it is an NGO, is larger in size and scope than the other five CBOs, and has been managing donor-funded projects for many years. The five smaller organizations, volunteer run and member and community based, had much more limited experience with donors. Determining their strengths and weaknesses at the onset of the collaboration was necessary to develop a strengthening plan for each organization. Most of

Organization	Region	Established
New Light Children Centre Organization	Geita	2002
Movement of Youth Against Poverty, Ignorance and Diseases	Kilimanjaro	2012
Sanaa WALIPO	Arusha	2004
Tokomeza Kifua Kikuu, Ukoma na UKIMWI Kinondoni	Dar es Salaam	2008
Upendo Na Matumaini	Arusha	2005
Mtandao wa Vikundi vya Watu Wanaoishi na Virusi vya UKIMWI	Kilimanjaro	2010

**Figure 1.** Key areas for capacity-building focused on six organizational domains.



the CBOs were founded by former TB or TB/HIV patients and are managed by committed individuals, many of whom are also community leaders and particularly well suited as CBO leaders and advocates. Others, such as *Movement of Youth Against Poverty, Ignorance and Diseases*, did not have prior experience working directly on health issues but were very receptive to the TB technical assistance provided under CTB.

## ORGANIZATIONAL CAPACITY ASSESSMENTS

PATH adapted a standard OCA tool to determine the CBOs' baseline knowledge relative to the six organizational domains shown in Figure 1. The results informed design of the CBOs' organizational strengthening plans. Based on these plans, trainings and mentoring on priority competency areas were conducted quarterly. Strengthening plans were regularly updated and the OCA tool was revisited quarterly to track changes and monitor progress.

## TRAININGS AND WORKSHOPS

CBOs participated in CTB-provided trainings and workshops that were focused on a range of topics under the organizational domains, such as proposal writing, financial reporting and tracking, strategic planning, sustainability planning, and work planning, among others. A variety of adult learning methods were employed during the trainings, including but not restricted to brainstorming, buzzing, lectures and discussions, case studies, and group exercises. CBOs learned about and adopted tools that have been key to many of the best practices and are now standard for the organizations. For example, trainings and workshops covered the importance of annual work planning and monitoring of progress through monthly action plans. Some organizations, like Tokomeza Kifua Kikuu, Ukoma na UKIMWI Kinondoni (TOKKIUKI), display their monthly action plan prominently in their office so that anyone, members and visitors alike, who is interested in what they are working on at any given time, can see the information, which also contributes to organizational transparency.

## SUPPORTIVE SUPERVISION AND MENTORING

All CBOs were visited quarterly for supportive supervision and mentoring by a team that consisted of CTB staff and district TB and leprosy coordinators (DTLCs), who provided technical support on organizational capacity-building, community TB activities, monitoring and evaluation, and financial management. During these visits, the team followed up on previously agreed upon items. The visits were also an opportunity to openly discuss challenges. The CTB team then mentored the CBOs in areas that would benefit from additional guidance. For example, CTB staff helped CBOs finish a task they had difficulty with, such as preparing meeting minutes or monthly action plans, and they were mentored through a step-by-step process, similar to on-the-job training. Guidance documents such as manuals and presentations on relevant topics were distributed during these visits to further reinforce learning.

### QUESTIONS FROM ORGANIZATIONAL CAPACITY ASSESSMENT TOOL

*“Does the organization have donors that have funded activities more than once? If yes, how many donors are funding and for how long?”*

*“Does the organization write and document minutes of staff meetings that contain discussion topics and action points?”*



The Challenge TB team visits with Sanaa WALIPO leaders following supportive supervision and mentoring at the Sanaa WALIPO office.

## PEER LEARNING

Learning from each other happened in various ways. For example, as a more experienced organization, NELICO was a natural leader, and they often provided guidance and served as a resource to the other CBOs, both formally and informally. Additionally, the NLP observed the CBOs' growth and referred other CBOs from across Tanzania to those working with the CTB project for guidance on how to strengthen their organizations. This was the case for TOKKIUKI in Dar es Salaam, which hosted peer exchanges with organizations from Pwani, Mara, Kigoma, and Dodoma and shared their experiences, which demonstrates the reach of the capacity-building work to organizations not directly working under CTB. Additionally, the CTB CBOs launched their own WhatsApp chat group, where they interacted regularly to seek advice, discuss challenges, and share best practices beyond CTB-organized trainings and workshops. This type of networking is likely to continue beyond the life of the project, which will help sustain exchanges and learning in the longer term.

## RESULTS AND ACHIEVEMENTS

As the organizations' experiences varied prior to their collaboration with CTB, their successes and achievements are also wide ranging. From increased income-generating activities, to formalized governance procedures, to institutionalized quality improvement teams, the CBOs improved basic processes that strengthened several aspects of their organizational capacity.

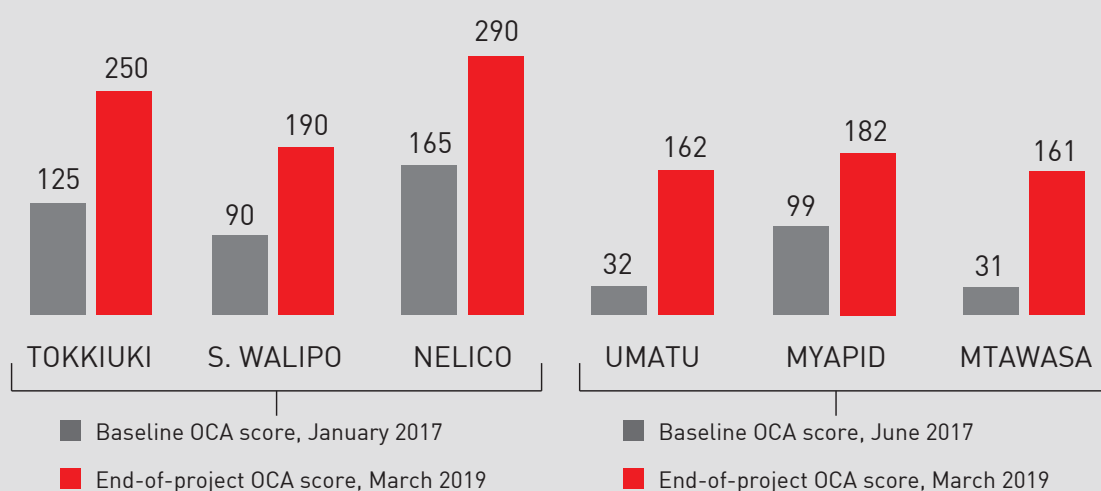
Noteworthy achievements are as follows. Baseline and end-of-project OCA scores are shown in Figure 2 below.

- Experience-sharing between the various CBOs contributed to other CBOs adopting member fee requirements that led to improved income generation. The access to additional funds allowed TOKKIUKI and Mtandao wa Vikundi vya Watu Wanaoishi na Virusi vya UKIMWI (MTAWASA) to move from shared office space to their own private offices. Sanaa WALIPO used their fees to acquire their first office space. Prior to CTB, they were holding their meetings outdoors under a tree.
- The inclusion of DTLCs on CBO boards improved organizational governance and management. They supported efforts to recruit additional members, many of whom brought valuable skills to the CBOs, thereby improving the quality of the implemented interventions.
- The development of annual work plans and monthly action plans helped to increase transparency and accountability. Many CBOs display their plans in a conspicuous location within their offices, which showed members how their fees were being spent.
- Several workshops on sustainability planning covered proposal writing. CTB staff also supported various efforts to submit proposals, an experience that most CBOs did not have prior to their engagement with CTB.
- All CBOs showed significant improvement in their OCA scores from baseline to the end of their work with CTB.



A Challenge TB capacity-building technical officer reviews financial documents during mentorship with Upendo Na Matumaini.

**Figure 2.** Improvements in organizational capacity assessment scores for all Challenge TB project community-based organizations from January/June 2017 to March 2019 (maximum score possible=300).



Abbreviations: MTAWASA, Mtandao wa Vikundi vya Watu Wanaoishi na Virusi vya UKIMWI; MYAPID, Movement of Youth Against Poverty, Ignorance and Diseases; NELICO, New Light Children Centre Organization; OCA, organizational capacity assessment; TOKKIUKI, Tokomeza Kifua Kikuu, Ukoma na UKIMWI Kinondoni; UMATU, Upendo Na Matumaini.

# BEST PRACTICES AND RECOMMENDATIONS

## SOFT SKILLS AND LEADERSHIP

- Many of the CBOs have leaders who are trusted by their members and the communities they serve. This is especially important for organizations whose member constituency is people who have experienced stigma, which is often the case for those who are former TB or TB/HIV patients. These leaders hold important positions, but they may not necessarily be skilled managers, and a strong organization needs both. There is room for different types of leaders, as MTAWASA found by adjusting its leadership structure and creating a deputy chair position for which they recruited a retired international NGO director to provide managerial process support while retaining their chair; this allowed them to support entrusted and charismatic leaders to continue in their roles while also ensuring they can deliver as an organization.
- The capacity-building training provided under CTB imparted a wide range of practical skills to CBOs to strengthen their institutions, but “soft” skills are equally important, especially leadership, which could have been a more significant element of the capacity-building approach. Leadership training is essential; including this alongside management training as a key component of comprehensive organizational strengthening should be part of the leadership skills-building curriculum.
- Leaders can benefit from ongoing coaching and mentoring; the contexts in which organizations work are constantly changing, and good leaders need mentoring on how to continue moving their organizations forward.

## CAPACITY-BUILDING METHODS AND TOOLS MIX

- Trainings might provide too much information to digest, especially for emerging organizations like CBOs. Hands-on and participatory training that moves at the learner’s pace is ideal. Less interactive exclusively instruction-based trainings are best kept to a minimum to avoid overload of information that may not get absorbed.
- Every organization has a different grasp on concepts; therefore, a range of capacity-building methods should be employed. CTB’s approach of using trainings, workshops, OCAs, and supportive supervision and mentoring worked well to provide capacity-building assistance in various ways to meet wide-ranging needs and reinforce concepts over time.
- OCA scores are a helpful guide, for those providing support as well as for CBOs, to understand the level of baseline knowledge and the skills gained. However, some CBOs did not initially understand the OCA objective and CTB staff learned more about these groups during supportive supervision and mentoring, which contextualized information provided in OCA questionnaires. For example, during the baseline assessment, some organizations did not disclose existing partnerships for fear that it may disqualify them from CTB funding. It was during subsequent visits and after trust was established that CBOs shared information they did not provide earlier in their engagement with CTB staff. Combining a variety of tools and methods helps to provide a more nuanced understanding of an organization’s competency, challenges, and progress.

## STAKEHOLDER AND COMMUNITY RELATIONSHIPS

- All CBOs now have a district TB coordinator (DTLC) on their board, which has improved their collaboration, organizational governance, and the quality of the TB community interventions. The close collaboration has also helped the CBOs better understand how their work fits within the NTLP's objectives by following established protocols for engaging TB public health officials.
- Having basic organizational practices, such as annual reports, can have positive implications beyond establishing standard systems. For Sanaa WALIPO, sharing annual reports with their district medical officer contributed to an improved relationship and kept the medical officer up to date on their activities and challenges. The increased communication resulted in a donated motorbike to support Sanaa WALIPO's community interventions.
- Having roots in the community is an asset in order to reach those who may be reluctant to interact with the formal health system or face barriers in accessing it.

## TRANSPARENCY AND ACCOUNTABILITY

- Mentorship and supportive supervision visits were a helpful way to build trust between all the organizations and CTB staff. As highlighted in the OCA questionnaire example, supportive supervision and mentoring increased trust over time, which led to transparency, further underscoring the importance of a multifaceted capacity-building approach.
- Establishing managerial processes and financial procedures, and strengthening infrastructure, increases the trust of members, donors, and the wider community in CBOs. The success of CBOs like TOKKIUKI and Sanaa WALIPO in collecting member fees is likely partly due to the accountability demonstrated by the organizations, which better positions them to successfully continue fundraising.

### AUTHORS

NANCY DIAZ  
EUNICE MOTURI

### REVIEWER

LISA MUELLER SCOTT/PATH

### ACKNOWLEDGEMENTS

TANZANIA NATIONAL TB AND LEPROSY  
PROGRAMME  
FOUNDATION FOR CIVIL SOCIETY  
KASOGA KASIKA

### PHOTOS

EUNICE MOTURI  
DR. NJAU  
MZEE HUSSEIN

### DESIGN/LAYOUT

TRISTAN BAYLY

[www.challengetb.org](http://www.challengetb.org)  
[www.path.org](http://www.path.org)  
[info@challengetb.org](mailto:info@challengetb.org)

© Challenge TB 2019

The Global Health Bureau, Office of Infectious Disease, US Agency for International Development, financially supported this publication through Challenge TB under the terms of Agreement No. AID-OAA-A-14-00029. This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Challenge TB and do not necessarily reflect the views of USAID or the United States Government.