



# **Building the Capacity of Civil Society Organizations in TB Control - An Approach**

## **1. Capacity Building Approach**

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## Capacity Building Approach

It is well established under component five (reference) of the Stop TB Strategy that civil society organizations (CSOs) have an active role to play as partners in TB prevention and care. Worldwide there are many examples of CSOs active in health programs or rural development, which have shown interest and proven to be strong allies in the fight against Tuberculosis (TB). To expand the number of potential partners and engage CSOs more effectively, there is a need to strengthen their competency to plan, implement and monitor TB control activities, network with relevant stakeholders and successfully apply for financial support to fund their new TB activities. Relevant stakeholders are considered to be the TB Program (both at national and local level), the Country Coordinating Mechanism (CCM) and NGOs already fully involved in the field of TB and HIV.

### 1. The Civil Society Strengthening Approach

In 2011, TB CARE I with KNCV as the lead partner along with FHI 360 and ATS as cooperating partners developed and implemented a project to strengthen civil society's involvement in TB control. The project aimed to develop and pilot test a capacity building approach through training, mentoring and including the CSOs in the TB network. The different steps in this approach are described in the following paragraphs.

#### 1.1 Selecting Potential Organizations

Previous to the training careful selection is needed of the CSOs who will participate in the whole process:

- Junior CSOs (mentee organizations) that are willing to invest in their organization's capacity and want to become a full partner in TB control
- One or two more mature CSOs, already recognized players in the field of TB or HIV (mentoring organizations) that are committed to support the mentee CSOs during the implementation of their work plans.

#### 1.2 Training

The training will be held in three parts:

- Four day CSO workshop for members of mentee organizations to strengthen their competencies in (1) TB prevention and care and in (2) organizational capacity building. The training is participatory, works with participants' experiences and learning questions and ends with the development of a plan to be implemented the following year with the support of the mentoring organization. Some of the mentors join this training course to get to know the mentee organizations better, enabling them to play their role as a mentor
- One day mentoring workshop for members of the mentoring organization, to get insight in the mentoring process and practice mentoring skills
- A one day stakeholders' meeting where stakeholders in TB control meet, get to know each better contributing to an improved collaboration. This workshop is an excellent opportunity for the mentee CSOs to present the action plans that they developed during the workshop.

#### 1.3 Mentoring

Mentee organizations are paired with a successful local veteran civil society organization (the mentoring organization) to support them in the implementation of their work plan including their capacity building process.

## 1.4. Monitoring and Evaluation

The mentee and mentoring organizations monitor and evaluate both the implementation of the organization's action plans and the mentoring process. The participating organizations collect project monitoring data in the form of qualitative progress reports as a part of ongoing program operation for continuous improvement. They report this information on an ongoing basis. Through M&E, they aim to learn from practice and improve where needed. The M&E framework and reporting tools are introduced at the 4 day workshop.

## 2. Key Project Results

The capacity building approach has been pilot tested in Indonesia (2011), Nigeria (2011 – 2012) and Ethiopia (2012).

### 2.1 Participating organizations

#### **Number and profile of mentee CSOs and mentoring CSOs in the different countries**

In Indonesia, four organizations participated in the training. Instead of sorting themselves into mentor and mentee organizations, they decided to support each other as equal partners.

In Nigeria, there are 2 mentor organizations, each of which supported 2 mentee organizations. In Ethiopia, 3 organizations participated who were mentored by staff of the Ministry of Health Addis Ababa Health Bureau and TB CARE I staff .

### 2.2 The Training Courses

#### **Number of training courses implemented**

In all three countries a CSO workshop has taken place, the mentoring and stakeholders' workshops were only implemented in Indonesia and Nigeria.

International trainers introduced the training curriculum to national trainers and facilitated together the training courses. In Indonesia and Ethiopia the training materials have been translated into national languages, and the international trainers had a mentoring role in the training facilitation.

#### **Appreciation of the training curriculum and competency based training methodology**

All three training curricula were highly appreciated by both trainers and facilitators. They mentioned specifically the relevant training objectives and training content, the interactive and practice based approach and the good linkage between training content and training approach. Participants made a work plan at the end of the CSO Workshop and the Mentoring Workshop, as a first step to put in practice what has been learnt.

In Indonesia and Nigeria facilitators and participants from mentor and mentee organizations felt that the CSO training curriculum could have a stronger focus on management and organization's performance and proposal writing.

### 2.3 Implemented Work Plans

The CSOs work plans included both activities for TB prevention and care and activities to build their organization's capacity.

#### **Activities for TB prevention and care**

The main TB prevention and care activities, implemented by the mentoring CSOs are in the field of Health Education, Patient Referral and TB Advocacy. Here you find some highlights.

## Health Education

- One organization provided information on TB to 42 members of a support group during their monthly meeting. Progressively, the organization has integrated TB into all their activities, which has resulted in a number of TB suspects referred for diagnosis and a number of TB patients placed on treatment
- Another organization invited the State TB Program manager to inform 25 participants about TB during a workshop on stress management for three ministries. They introduced the concept of mainstreaming TB into ongoing or planned activities to other CSOs and 10 NGOs working on reproductive health
- Another group of CSOs working in slum areas integrated the TB awareness raising in their routine activities, which were house visits and coffee ceremonies. This way they captured 30 TB cases in less than 3 months, all of which were put on treatment.

## Patient Referral

- One organization referred all their clients who tested HIV positive to the nearest DOTS site for TB screening. A total of 29 people were referred, 7 males and 22 females. In addition, 41 persons from the community suspected of having TB were referred for screening by trained volunteers. 10 clients were found to have TB and got access to treatment at the DOTS sites.

## TB Advocacy (World TB Day)

- One CSO included TB control in a refresher training for their local community partners and organized a special TB report for radio, which was broadcast on World TB Day
- One CSO conducted a rally to commemorate World TB Day.

## Activities to build the organization's capacity

- Participate in the TB network through meetings etc.
- Training of staff mainly in the field of TB prevention, TB care and health education.

## 2.4 Did the project approach build capacity of the CSO's in TB Control?

How effective was this capacity building approach? Did the CSOs become stronger and did they play a more active and effective role in TB control? It is too early to come with strong conclusions as the experiences are limited (8 months in Indonesia, 5 months in Ethiopia and 16 months in Nigeria) at the moment of writing (November 2012) and capacity building is a long term and tedious process. Based on the experiences in the three countries the following enhancing and hindering factors to this capacity building process have been identified:

### 2.4.1 Enhancing factors in the capacity building process

- Strong and supportive coordinating role, with a project coordinator being involved from the start, committed and pro active, knowing the capacity building approach and competent to stimulate both the mentoring and mentee CSOs
- Involvement and commitment from the organization's management, to facilitate the implementation of the work plans, including management & organizational issues
- Funding available to implement the activities and a proactive attitude from the CSOs to source for funding
- Regular mentoring to support CSOs in the implementation of their work plan
- Open and strong TB network so that CSOs don't work in isolation, have access to information expertise from professionals and to financial resources such as the Global Fund Grant.

## 2.4.2 Hinder factors in the capacity building process

- Lack of a common understanding on the project approach and conditions to participate (e.g. the project didn't include funding for activities)
- Confusion about the mentoring role and the relation between the mentee and mentoring organization. In Indonesia all CSOs considered themselves as qualified to serve as a mentor, this was partly due to sensitivities towards hierarchy among the Indonesian civil society organizations
- Lack of transparency in the selection process, the organizations selected didn't fully meet the selection criteria
- Lack of effective communication between the mentor and mentee
- Lack of time and human resources to systematically follow up monthly with the mentee CSOs
- Collaboration with health facilities to provide data to CSOs on referred patients to confirm if they turn out to be TB patients.

## 2.5 Suggestions to improve the capacity building approach

- When selecting organizations, make sure they are willing and have the potential to invest in their organization's capacity, as well as having the financial resources to implement TB control activities
- The decision makers and the implementers both need to participate in the training
- In the CSO training focus more on organizational capacity building aspects such as financial management, staff management, fund raising and networking.