

STRENGTHENING THE CAPACITY OF CIVIL SOCIETY ORGANIZATIONS

Community Health and Social Welfare Systems Strengthening Program

TECHNICAL BRIEF

CHSSP Program Officer David Mhonzwa (left) helps a case management officer from JIDA, a CSO strengthened by CHSSP, with data collection and reporting tools to better identify the district's vulnerable population and link them to HIV testing. Photo by Erick Gibson for JSI.

USAID's Community Health and Social Welfare Systems Strengthening Program (CHSSP) strengthened 49 civil society organizations (CSOs) that work with populations affected by HIV to have the depth in leadership and organizational capacity to build and support strong, sustainable health and social welfare systems. Strong health and social welfare systems have the ability to reach individuals at the community level. High-capacity CSOs that are fully integrated into the health and social welfare systems enable technical excellence to thrive, healthy relationships with government and community stakeholders to flourish, and HIV response programs to be more effective. CSOs that can successfully mobilize resources can function in the absence of international implementing partners, supporting USAID's "Journey to Self-reliance" and PEPFAR initiatives to fund local partners.

The Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) Health Sector Strategic Plan IV 2015–2020 aimed to increase civil society participation in health service planning and delivery. In carrying out its strategic plan, the MOHCDGEC established mandates for the creation of multi-sectoral boards and committees at the council, ward, and village levels. Quotas for civil society participation in health systems planning and budgeting have been established, as have standards for the participation of women in these fora. CSOs played and continue to play a pivotal role in bringing community representation to the ward and council levels. Multi-sectoral AIDS committees (MACs), violence against



Chrispin Yusufu (middle), case management officer for ADP-Mbozi, shares data showing that the number of vulnerable children his organization has been able to reach has grown since receiving capacity building support from CHSSP. Photo by Erick Gibson for JSI.

women and children prevention committees, and PLHIV clusters at each level of the system can be strengthened by CSO representation, which in turn can ensure community participation throughout.

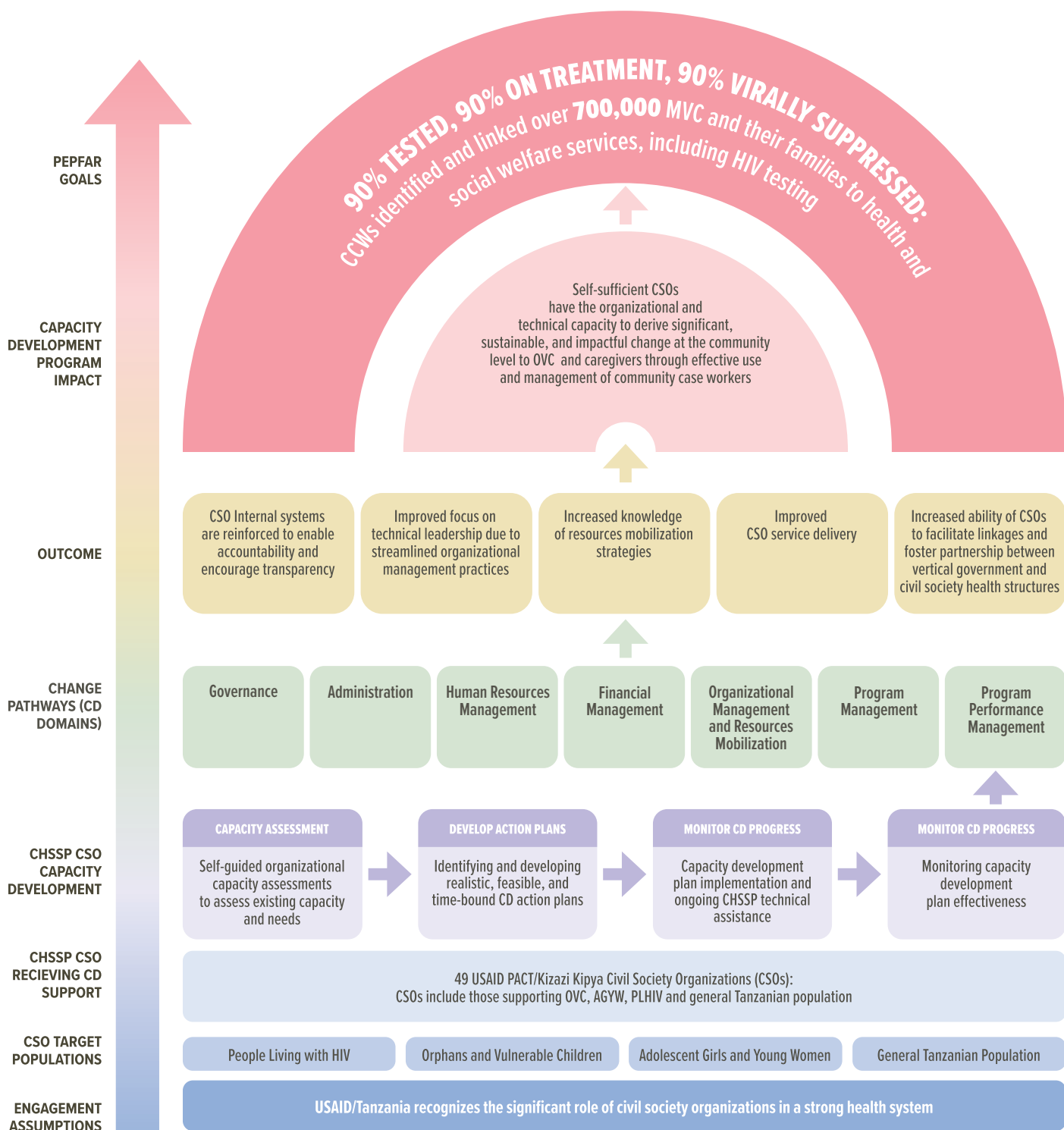
CHSSP Response

JSI's capacity development approach is in line with USAID/Tanzania's Implementation and Procurement Reform efforts and the PEPFAR Capacity Building and Strengthening Framework. CHSSP built the capacity of 49 CSOs (supported by USAID's Kizazi Kipya project) to develop excellent leadership and strong systems so that they can provide PLHIV, adolescent girls and young women, and more than 700,000 MVC and their caregivers with the highest quality services, ultimately leading to at least 90 percent of PLHIV knowing their HIV status; 90 percent of people who test positive getting on treatment; and 90 percent of people on treatment attaining viral load suppression. JSI developed a logical framework (see Figure 1) for capacity development that demonstrates the link between CSO capacity development and attaining the 90-90-90 targets.

JSI'S GUIDING PRINCIPLES FOR CAPACITY DEVELOPMENT

1. Build **respectful relationships** that recognize each partner's goals, values, capabilities, and constraints.
2. Take a **systemic view** that engages all parts of an organization and its external linkages.
3. Focus on **evidence-based and best practices** to improve quality.
4. Honor **consultation, buy-in, and collective decision-making** among stakeholders.

FIGURE 1. Logical Framework for CSO Capacity Development



The logical framework shows the steps JSI uses to build the capacity of local organizations: 1) conduct self-guided organizational capacity development needs assessments; 2) develop action plans to fill capacity gaps; 3) implement action plans with technical assistance from CHSSP; and 4) monitor CSO progress and adapt action plans as needed.

This collaborative capacity development approach allowed CSOs to focus on overcoming challenges they had identified themselves. CHSSP's technical assistance and training helped the CSOs strengthen their leadership and systems, become more adept at mobilizing resources to sustain their programs,

improve their ability to deliver services, and strengthen their connections with government health and social welfare structures.

Results of CHSSP Support

CHSSP capacity-strengthening efforts resulted in a number improvements. From improved financial reporting and human resources systems to improved resource mobilization efforts, many of the 49 CSOs have become more trusted and competitive, increasing their chances of winning and effectively managing grants. Table 1 provides a sample of capacity development results by organization.

TABLE 1. CHSSP Capacity Development Achievements, by Organization

HUMULIZA secured a loan to open a community radio station (HUMULIZA Radio FM), and successfully bid for a UKaid/IMA/PANITA-funded project worth USD 26,600 .
MOCSO won a PEPFAR and USAID-funded subgrant through Jhpiego, worth USD 14,466 .
SAWAA doubled its budget from USD 650,000 to 1.2 million after successful bids for two grants funded by UKaid and one by the German organization KIPEPEO Env Africa.
Allamano Centre won two projects, the USAID Tulongge Afya for Tsh 250,000,000 and Ambassador Fund for AIDS/HIV Relief USD 200,000 , and reached the final stage of award for the Feed the Future Advancing Youth project.
IRDO wrote seven proposals and won three; two are funded by USAID and one by Save the Children.
PADI raised funds to buy land and build a meeting hall for 250 people for organizational purposes and rental to raise further funds.
ELCT- Arusha won USD 2,059,720 from the Evangelical Lutheran Church in America and the Church of Sweden.
NAFGEM received Tsh 666,000,000 from Mundo Cooperante.

CHSSP built the capacity of 49 CSOs to develop excellent leadership and strong systems to deliver high-quality services to populations affected by HIV.

Conclusion

CHSSP's capacity-development efforts were guided by the principle that self-sufficient CSOs have the capacity to create significant and sustainable change.

CHSSP recommends that:

1. CSOs strengthen leadership skills by collaborating with and mentoring each other.
2. CSOs budget and plan for marketing and documentation activities, which will help them raise funds to continue their work.
3. CSOs strengthen coordination mechanisms within councils and ensure they are linked to local government and community systems (e.g., health, education, social welfare and protection).
4. Councils involve CSOs when planning and executing HIV response strategies.
5. CSOs share their activity plans and coordinate with council leadership.

As CSOs continue to develop and strengthen their management systems, they will have increased access to donor funding, including from the U.S. and other international donors, contributing to Tanzania's "Journey to Self-reliance" and the sustainability of its HIV response.

About CHSSP

The USAID Community Health and Social Welfare Systems Strengthening Program (CHSSP) used a systems strengthening approach in line with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) goals to assist the Government of Tanzania to control the HIV epidemic.

CHSSP built the capacity of community structures to better serve their constituents and better coordinate among themselves for a more effective HIV response at the community level. The project also trained community case workers to more effectively link at-risk people to services, especially HIV testing, treatment, and care. CHSSP leaves behind stronger communities that are better able to identify at-risk populations, get them tested for HIV, link them to care, and retain them on treatment.

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Since 1980, JSI has supported the Government of Tanzania and other partners to accelerate progress on the country's health and development priorities. Together, we have strengthened the health and social welfare systems, trained health and social welfare workers, improved data collection and use, introduced new vaccines, and made services more accessible and equitable for vulnerable populations.



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