



The Experience in Capacity Building

Capacity Building in Tanzania; Myth or reality?



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ABBREVIATIONS

ABCZ	AIDS Business Coalition of Zanzibar
AIDS	Acquired Immune Deficiency Syndrome
AWITA	Association of Widows infected with AIDS in Tanzania
CBOs	Community Based Organizations
CDRA	Community Development Resource Association
CSO	Civil Society Organization
ET	Egmont Trust, UK
HDT	Human Development Trust
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organization
OCA	Organization Capacity Assessment
OD	Organizational Development
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPOs	Positive People's Organizations
R2L	Right to Life
TAYOPA	Tanzania Young Positive Ambassadors Living with HIV
TOCHA+	Tanzania Orphans and Children Living with HIV/AIDS
TOT	Training of Trainers
TWIHA	Tanzania Women Infected with HIV and AIDS
UWAKUZA	Umoja wa Wawakilishi wa Kupambana na UKIMWI Zanzibar
VCT	Voluntary Counseling and Testing
VSO	Voluntary Services Overseas
ZAC	Zanzibar AIDS Commission
ZANGOC	Zanzibar Non-Governmental Organization Cluster
ZAPHA+	Zanzibar Association of People Living with HIV/AIDS
ZIADA	Zanzibar Interfaith Association Development and AIDS

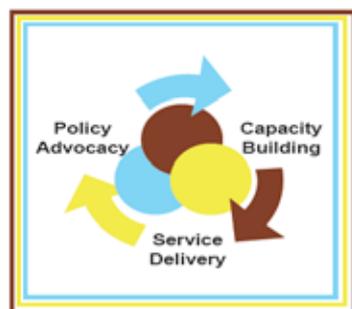


1.0. HDT General Information

1.1. What does Human Development Trust do?

The Human Development Trust (HDT) is a national not-for-profit, non-government organization (NGO) operating at both grassroots and national level. It was registered under society ordinance 1954 (Rule 5) with registration number So. NO 12060 of February 2004. Our Vision is a society where health is a priority and where the rights of children, youth, women, men and older people are respected in all undertakings.

Our mission is to pioneer new standards of substantive equality for men, children, women, youth and older people throughout the country through working with communities and their organizations. We work on three interrelated pillars and more information can be found on the HDT website at www.hdt.or.tz.



The HDT Capacity Building program works to improve the capacity of our partners so that they are able to provide high quality service and efficient output to the communities where they work. In Policy Advocacy we work to ensure the CSOs are engaging in policy making through effective coordinated strategic advocacy work. We define our Policy Advocacy as engaging with policy makers, with and on behalf of civil society organizations to influence policy and practice. Understanding that policy is the stated framework guiding actions, it is important to ensure that favourable policies are made and implemented. Our Service Delivery work is done to make sure the interventions address the actual needs of the communities, which leads to greater sense of ownership and guarantees strong support for sustainability. HDT defines Service Delivery as working in partnerships with stakeholders to provide locally and culturally acceptable direct support services to the community member and groups.



1.2. Evolution and understanding of capacity building by HDT

We know that the building of organizational and institutional capacity is an essential development intervention towards the strengthening of civil society. Indeed, it is the heart of development practice. Capacity building has become a buzz word with many actors (government, development partners and NGOs) though its concept and practice have remained vague. The greatest area of agreement appears to be that we do not really know what capacity building is. For in spite of all the rhetoric, there are few demonstrable successes that we can point to. How do we distinguish capacity building and capacity development? How do we distinguish capacity building and training? How do we build capacity in a context where those whose capacity is being built are denied access to resources? These phrases remain confusing and unless we contemplate on these buzz words, less is expected.

HDT have in the last three years been building capacity of community based organizations in Mtwara, Kagera, Mbeya and Dar Es Salaam. Although we had very small resource base, we have learnt that the best terminology is capacity development than capacity building. The capacity development assumes that some ability is actually there and the process will enhance what is there; capacity building assumes that there is no ability at all. We have also learnt that capacity development is not training, but training is one phase in the process of capacity development. Access to resources in Tanzania especially to community based organizations have not improved over the years. HDT has learnt that there is no capacity development without resources, and that most of the so called capacity building has been trainings in the class, often too theoretical and none targeted.

Yet is it really because capacity building is so opaque and complicated that we are not doing it right or is it because those who build capacity fulfill donor interest to undertake the training and tick boxes? Or is it that they do not want to undertake the real capacity building or fear of the consequence if the capacity is developed? Of course another factor is for those whose capacity is being built, what is their own perception of capacity, success and failure? Are they seeing themselves like how we see them? Again these are some of the reflection questions that



HDT has been contemplating as we compile this experience. The Community Development Resource Association (CDRA) of Cape Town, in 1994 after its research on capacity building, concluded that: “organizational capacity is dependent on individual capacity and that building individual and organizational capacity follows the same line of development”. The same report noted that CBOs whose capacity had been built to some extent were far more articulate about what capacity building is than the NGOs actually doing the capacity building.

The experience of HDT and CDRA has shown that organizational capacity is dependent on individual capacity and that building individual and organizational capacity follows the same line of development. It follows that since the capacity of individual is not just build on training, then the institutional capacity can not just be built by a training that is not even preceded by needs assessment. From the above sentiments, this booklet will use the term capacity development rather than capacity building.

For capacity to develop HDT moved from training to undertaking hands on coaching and mentoring and this proved to be useful and appreciated by CBOs whose capacity was being built.

1.3. The Organizational capacity development framework and its meaning

We start this section by presenting our adopted definition of capacity building from learning and practice.

‘Capacity building is an on-going process of building the ability of individuals, organizations and society to improve their efficiency and effectiveness (both internally and externally) in light of their relevant missions, objectives, context, resources and sustainability.’

This definition has to be applied within the following context and understanding:

- Capacity development is an ongoing process.
- Partner capacity development has to be owned by the partner.



- The aim of capacity development has to be improvement of effectiveness as it relates to the mission – it is not an end in itself.
- Training is an important capacity development method in enhancing knowledge.
- Coaching and mentoring are important to develop skills beyond knowledge.

Capacity Development has to start with the development of a conceptual framework which reflects the organization understanding of the world and to make decisions in relation to it. The organization which does not have a competent working understanding of its own world can be said to be incompetent regardless of how many other skills and competent it may have. This is because lack



of understanding of its own operating environment will affect its own development in the near future. Those who build capacity probably understand their own operating environment and future risks thus they ensure that local organizations also understand their own operating world and hence do not remain at the same level. The caveat here is that the resources are necessary and this comes in the next sections. Other important steps towards capacity development include:

- Organizational attitude
- Organizational structure
- Acquisition of skills
- Acquisition of material resources

With above in mind, HDT has learnt that within the CBOs themselves, a wide range of different capacities and competencies exists. There are communities which lack any organizational representation at all. There are the embryonic CBOs, consisting of little more than a (theoretically) rotating committee, without a “thought-through strategy”, resources or clarity of roles and functions. Then there is the CBO with employees, differentiated strategies and office space and equipment. Then there



are CBOs which has begun to play the role of development agent even taking the place of non functioning local government in the community. How can we develop their capacity by bringing all with different capacities in one class? With the above in mind, HDT developed a unique but flexible model which is described further.

Effective capacity development interventions must address the unique needs of an organizational in its particular stage of development at that specific time. For this to happen, the organization developing capacity must be capable of close observation in the field and of being able to provide a nuanced and differentiated response to the needs of the (client) organization throughout the time.

With regard to the donor interest in these areas, HDT experience is similar to what has been experienced in Southern Africa and documented by CDRA and Paulo Freire in his book *Pedagogy of the Oppressed* (1970). Donors who specifically fund what they refer to as capacity building confine their grant-making mainly to training activities, and only sometimes to ongoing fieldwork and consultancy activities. Few fund NGO infrastructure; even fewer will fund CBO infrastructural and material needs. Yet it is clear that, at a certain point, fulfillment of resourcing needs rates higher in terms of capacity building process than any other activity. Most CBOs are expected to become effective organizations without any physical means but often, if the phase is right, it is precisely this form of intervention which allows an organization to take the next step in its developmental process. Many stakeholders mistakenly assume that once a capacity development event has taken place then the capacity has been built, yet we know that planning to change is different from change itself. Thus in HDT perspective, to develop the capacity effectively, we need to pay more attention to managing and resourcing the implementation of the change.

1.4. What does HDT capacity development program focus on?

HDT started capacity development with the understanding that this was equal to the training. That time (2007) we received financial support from Dutch Government through VSO (<http://www.vso.org.uk>) on a project called Right to Life. HDT team did not know the role of magic bullet in capacity development called coaching; we in fact equated



this to monitoring. The VSO supported program operated in Mtwara urban and rural, Bukoba, Muleba and Kinondoni. One year later, HDT received additional funding from Egmont Trust (www.egmonttrust.org) to cover Rungwe, Kyela, Biharamulo and Ngara. In total we supported 35 Community Based Organizations. The grant by VSO focused on organizations of PLHIV/Positive People's Organizations (PPOs).

HDT undertook a capacity assessment to the community partner organizations to establish the capacity development needs. We therefore prioritized the capacity needs and addressed them through training, coaching and mentoring. The approach is further described in section two below. Coaching and mentoring are the common popular words used especially in the area of capacity development. HDT took time to learn what coaching and mentoring was and we established the difference then applied them accordingly.

Coaching and mentoring are two personal development methods that allow nurturing of one's personal abilities for behavior improvement and performance.

What is mentoring? Mentoring is an ancient approach to human development practiced across the continent, cultures and centuries. In the past decade, mentoring was used especially in leadership development. Unlike coaching, mentoring is often focused on long time personal development to maximize their potential, develop skills and improve performance to become the person they want to be.

What is coaching? Coaching is mostly viewed as skills focused, task oriented and time bound which focuses on the current job and emphasizes development of tools. It aims to develop a specific competence in a specific time.

Both coaching and mentoring allows flexibility to fit into participants' own schedule with potential to see quick results. It also gives opportunity to receive one to one attention which for senior managers provides space and confidence to discuss issues. The one to one offers opportunity for individuals (and organizations) to address such personal issues in a non threatening way.



1.5. What is unique about HDT's capacity development program?

HDT's capacity development program starts with an organizational capacity assessment, used to inform us on the existing strength, organizational attitude, structure, skills and materials. This information is used to develop tailored interventions. The interventions used by HDT are described in section two in more detail, but they include training, hands on support and mentoring, coaching and the provision of seed grants. When training is delivered, participating organizations and or participants are at approximately the same level to facilitate maximum participation and confidence building. HDT training is designed to provide both knowledge and skills to participants as they work with the facilitators on specifics of their organizations and or programs.

HDT also provides mentoring and coaching to support organizations in putting their newly acquired knowledge and skills into practice. An example is developing proposals to HDT for seed grants which have so far worked well. Physical verification is undertaken, which is valued by committed organizations and we have been able to screen committed and non committed organizations.

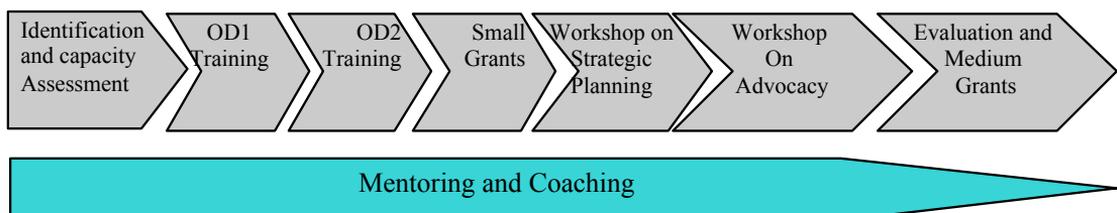


2.0. Approaches used by HDT to build capacity of CSOs.

Our approach towards capacity development for CBOs is unique. It is a six stage model, which both imparts knowledge and develops skills. It starts with identifying organizations and determining their capacities with regard to organizational design and function. Subsequently the first stage training course known as Organizational Development I (OD1) which is about managing the organization (basically deals with organizational attitude and organizational structure). Then this is followed by OD2, which is the second stage training course which focuses on project management. Between the two trainings, mentoring and coaching occurs aiming towards acquisition of skills. Through the skills development, the CBOs write proposals to HDT which is then funded and they are able to finance operation, acquisition of materials and application of the knowledge. However, since the funding for this project was limited, we experienced difficulties to attain skills acquisition and materials.

The model below has been implemented by HDT aimed at two outcomes; one being CBOs are able to access and manage medium size grants and the other engaging in advocacy. Each state is important to the next one and we found that the challenge of many of the capacity development programs is what has often been referred to as “big bang” i.e. quick result at small investment or short span. As one looks at the model, it is evident that it is not one off event to say that the capacity has been developed, it require long term plan with specific targets and goals. These goals are agreed between the capacity developer and those whose capacity is being developed.

The diagram below summarizes stepwise the capacity development process:





2.1. NGO identification and capacity assessment

Careful identification of CBO's was undertaken in order to get credible organizations to partner with. This is important to get those which have inner drive to achieve some results. The capacity assessment was then done using the Organizational Capacity Assessment (OCA) tool which provides for numerical score and qualification of the score. It assesses the legal existence, working experience, capacity in terms of management, human resources, financial resources and administration, relationships with partners and other stakeholders. The final selection of organizations is done based on the OCA score, as well as observations made by the assessors through discussions with organization members. To participate in the project, HDT chose the organizations that had a mid-score on the assessment, because organizations with a high score were not our target beneficiaries. The assessment tool places organizations into four levels namely nascent, emerging, consolidation and mature stage.



Level one is defined as **Start-up or nascent stage**, where the organization scores from zero to 86. This level is defined as the earliest stages of development. In practice, management components are non-existent or at their most basic level and the activities and funding base are potentially weak or just at the earliest stages of development. The second level is **Development or emerging stage**, where the scores range between 87 and 172. In practice, the structures for governance, management practices, human resources, financial resources and





service delivery are partly in place, but implementation is not strong. There is potential to be strengthened by focused interventions.

Level three is referred to as **Expanding or consolidation stage**, where the score ranges from 173 to 258. At this level, structures for governance, management practices, human resources, financial resources and service delivery are largely in place. The organization has a number of achievements to reckon with, but quality, scope and sustainability is doubtful. The highest level is called **Sustainability or mature stage**, where the score ranges from 259 to 344. At this stage, the organization is fully functioning and sustainable, with a diversified resource base, partnerships and networks. The organization has a record of accomplishment of achievement, which is recognized by its constituency, the government, and other stakeholders.

Key findings from organizational capacity assessment

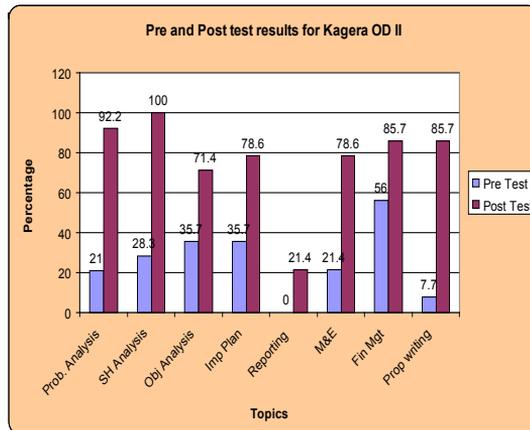
The findings of the assessment placed organizations into one to four levels depending on their scores ranging from 0 and 344 attained from the application of the OCA tool, as described above. Out of 36 organizations assessed, 34 (94%) were placed in level one and only two organizations were placed in level two (lowest). Most of the weaknesses were in the areas of governance, management, financial management and administration. There were also limited funding and monitoring and evaluation systems. Other areas of weakness included human resource management, proposal and report writing and documentation.

2.2. Organizational Development Training I

To build their capacity a series of workshops are conducted with the selected CBOs/CSOs. Two or three representatives of these organizations receive Organizational Development Training I&II (OD1 and OD2). To measure participants understanding of the training, we conducted pre and post training tests. These tests consist of questions which cover all aspects of the training. The results shown by the graph demonstrate that after training participants scored highest in the area of stakeholder analysis (100%), which is about understanding their operating environment. This indicated that follow-up and coaching needed to be done in the areas

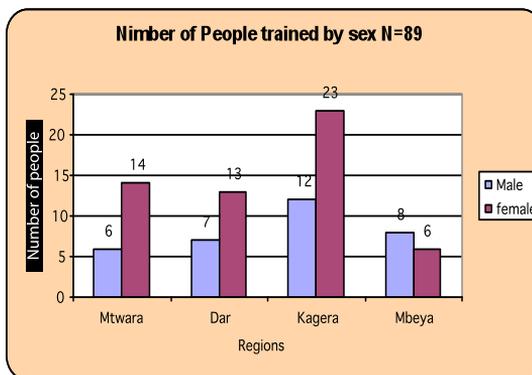


which participants did not perform well. Participants scored high in most of the topics during post training test as compared to pre test. These results may reflect the knowledge base transformation which then needs to be matched with skills development during the coaching and mentoring. The first training dealt with how to run a healthy and transparent management of organization, how to write a vision and mission, and what organizational principles and values are important, aligning the constitution to the vision and mission. To date, at least a total of 36 organizations have received OD1 and OD2 training. Out of these organizations, 28 (78%) are for people living with HIV and AIDS.



2.3. Organizational Development Training II

This second workshop was designed to enable participants to understand the project cycle and financial management. In five days, participants were able to learn deeply on project cycle management which included, proposal writing and budgeting, managing projects and managing finance. In this training, practical writing of proposals and budget formulation was done. All organizations participated in the training were given opportunity to write proposal to HDT for a small grant. Proposals were reviewed and feedback provided for improvement. Those proposals which were approved were ready for the next stage.





2.4. Provision of small grants

All organizations received grants and implemented projects. HDT received a total of Tsh. 346.5 million for this project from VSO and Egmont Trust. A total of Tsh. 130 million (38%) was given as grants to organizations during the period of implementation, this being the highest proportion of grant received. Tsh. 85.6 million (25%) was spent on project management and exchange visits of partners.



Tsh. 80.7 million (23%) was spent on training of partners organizations. Coaching and mentoring spent a total of Tsh. 35.3 million (10%) and policy advocacy taking 4%. If combining training and coaching, a total of Tsh.116 million (33%), a third of the total grant was spent.

Implementation of the grant enabled partner organizations to build their skills in writing proposals, implementation of the project, report writing, financial management, monitoring and reporting. As we will explain later, we were pleased that some of the partner organizations received other grants. Of 130 million given for grants, 45 million was given as sustainability grants to organizations that reached the end of the project. HDT undertook initiatives to follow up with grants given to partners to verify extent of learning and implementation given their submitted plan.

2.5. Physical verification

After receiving the implementation reports from partner organizations on the implementation of their projects, HDT team visited them to physically verify the implementations. During this time, we verified the activities reported





and interviewing the beneficiaries. We also checked paper work and documentation. This process was useful as we also worked with partner organization to improve documentation. It was also an important avenue for HDT to learn which organizations are committed and which are not. In this process, we departed with two organizations which could not show that they were committed as they misappropriated the funds and presented false information about the projects.

2.6. Mentoring and coaching

All the participating CSOs were coached and mentored by a team from HDT to ensure skills transfer and that sustainable growth is registered. Organizations were supported on areas of governance, administration, project planning and management. In Mtwara region, where we do not have offices, we worked with other people and organizations that are trained as Trainers Of Trainers (ToT). Mtwara rural and municipal provided a coach who worked with HDT focal person to provide coaching in their area. This support was highly appreciated.

A number of areas were coached including; human resource where almost all the organizations had no guidelines or policy on how staff and volunteers will be recruited or managed. Specific roles of each staff and or contract binding staff and organizations were not available.

In the area of financial management, all the partner organizations had accounting and financial guiding manuals. Almost all had accounting tools that enabled them to prepare financial records and reports. The manuals were further developed and the final drafts made available for further action including presentation to decision making organs such as the Annual General meeting (AGM) and the Board. The financial manual includes a procurement system, maintenance of fixed assets register, auditing and preparation of financial reports. Each organization also developed financial tools (fund request form, payment voucher, expenditure retirement form, petty cash voucher, and miscellaneous form and workshop forms) to make the accounting manual function.



2.7. Training on strategic planning

Two years after the start of the project funded by VSO.20 organizations received training on strategic planning. This training was an attempt to help them think long term; a step from short term project proposals that were written and submitted to HDT for funding. A strategic plan is an important tool that helps an organization reach its goals and achieve success. It helps



organizations to visualize and develop strategies and look for resources to achieve what is being committed in their strategic plan.

The purpose of this training was to provide participants with the fundamentals of developing a strategic plan for operating a non-profit support organization for HIV/AIDS advocacy, prevention, treatment and care and support.

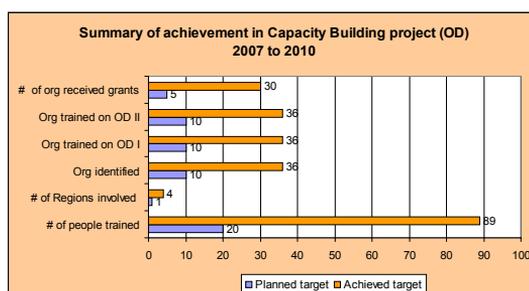
The training covered the topics of Understanding Strategic Planning, Initiating the Planning process, Developing a Mission and Vision, Conducting an Environmental Assessment and Identifying Critical Issues, Developing Strategies, Goals, Objectives and Writing a Strategic Plan as well as Developing Annual Operating Plan. Pre and post tests were done to measure knowledge transformation. This indicated that more than 60% of the participants from the twenty organizations scored less than 40% on knowledge about strategic plan while in the post test where the same questions were used; more than 60% scored 80% of the questions. During the training, members were informed of the importance of having a strategic plan either of three years or five years. Trainers worked with trainees individually to develop their own strategic plans and by the end of the training, they all had drafts of their strategic plans. Through coaching described in section 2.6 above, each organization developed and improved their strategic plan.



2.8. Midterm evaluation of the project

After the successful completion of the first year of the project, participatory midterm evaluation was done. The purpose of the evaluation was to learn from partner organizations how useful the project had been so far and solicit their views to inform HDT, VSO and other stakeholders where the next capacity building efforts should be directed. During the evaluation using review and reflection processes, overarching lessons learned included that financial management skills were still inadequate hence receiving more grants would increase their confidence and skills in this area. The evaluation assessed the training and support, changes in the organizations over the past year both at the organization level and on the level of impact the program had on the lives of PLHIV if any.

The achievements of this program were tremendous this is because in each part; the achievement exceeded 100% due to various reasons including rapid growth of HDT, the increased budget under R2L and added funds from Egmont Trust.



The evaluation also identified challenges faced by the organizations, lessons learned, future plans and support required from HDT as the project continues. The evaluation demonstrated that this project was helped organizations to improve their performance in the areas of financial management, project planning and management. It further indicated that it was useful in improving networking and the ability to write proposals, hence five organizations out of 20 (25%) which reached the end of the project managed to mobilize funds from other donors. The organizations who received funds from other sources are FIHATA, TAYOPA, AWITA, CHAKUPAU and TOCHA+. Participants recommended that more funding should be made available to enable them to have more practical experience of project planning and management which will help them to obtain more funding from other donors.



2.9. Sustainability grants

These grants were known as close out grants, aimed at enabling organizations to start implementing sustainable income generating activities. Preceding these grants was the training and skills building in entrepreneurship. This time, it was competitive and in total 12 partner organizations out of 20 (60%) succeeded to receive close out grants. A total of 45 million



Shillings were awarded to partners. The organizations who won these grants were TAYOPA, AWITA, TWIHA, TOCHA and TUPENDANE from Dar es Salaam, TUMAINI and SHIDEPHA from Mtwara and TWEYEMEMU, UTULIVU, AMWAVU, UWAVUBU and UVIBO from KAGERA.

TAYOPA established an income generating activity on photocopying, AWITA improved their soap project, while TWIHA started a project on green vegetables and TOCHA started soap making. TUPENDANE started a project on selling water in Manzese, TUMAINI, who started the project on dairy goats and SHIDEPHA keep modern chicken. TWEYEMEMU started a project in selling cereals,



UTULIVU dairy goats, AMWAVU, UWAVUBU started a chicken project and UVIBO started transportation of passengers using motorcycles.



2.10. End of the project evaluation

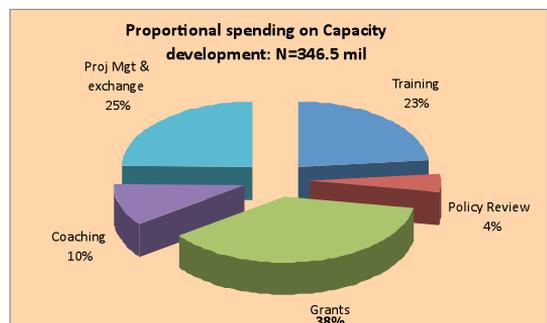
An outcome evaluation was commissioned by HDT and VSO to an external evaluator who sampled 50% of the partners who reached the end of the project. The evaluation had the following objectives:

1. Assess the design of the project, its relevance to the national response and its sustainability.
2. Assess the implementation phase and resources availed; through the analysis on adequacy of activities and resources to achieve the outcomes above.
3. Assess the transformation that has happened in each of the outcomes above, and if possible make attribution of the same to the interventions conducted.
4. Identify the challenges in design, implementation and sustainability and provide recommendations for future funding and implementation for the same project

Below is a summary of the evaluation findings:

Introduction

The evaluation was conducted using a participatory method of collecting data from key respondents and involved collection of qualitative and some quantitative data. Questionnaires were designed to obtain information and a debriefing meeting with some senior HDT staff, TACAIDS members and VSO staff to obtain clarification and information related to the evaluation. Tools that were developed were pre-tested and assistance to visit the sample that was not in the evaluation group was provided by the Program Officer for Capacity Building who accompanied the consultant to one of the CSOs in Dar es Salaam.



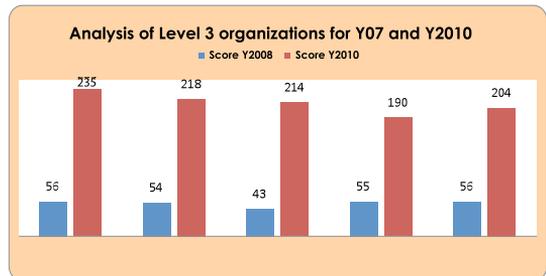


Findings

With small resources to the CSOs, the impact has started to be realized by the beneficiaries. The project not only is relevant to the Tanzania national HIV/AIDs policy but also the national Multi Sectoral Framework (NMSF) and MKUKUTA, but also the Millennium Development Goals (MDGs).

Capacity development results

To establish any transformation on capacity development for the initiatives, we undertook a comparison of the capacity assessment done one year after the implementation and the assessment done for those organizations reached the end of the project. During the initial assessment, all the 20 organizations were at level one with no score exceeding 85. After interventions, all organizations moved above level one 15 organizations (75%) moving to level two and 5 organizations (25%) at level three. Most of the organizations 17 (85%) improved on service delivery with percentage change between 85% and 100%. This was followed by infrastructure where 7 organizations improved. Of the organizations moving to from level one to level three, three were from Dar es Salaam, one from Bukoba and one from Mtwara. Tweyememu scored least (43) during initial assessment, but it scored higher at the end (among the best three). Governance was the area scoring least among three organizations (UMLA, MWOLIHA and SHIDEPHA). HDT learnt that any transformation within the organization is dependent on the background knowledge and commitment of the leadership.



Pending concerns

While many of the offices were located in rented houses, lack of furniture and working tools was still a problem and leaves much to be desired in terms of making them function optimally. The FIHATA office in Dar es Salaam seems to represent others as the best office among those 10 visited, while that of TWEYEMEMU is a huge building with enough space that can be effectively used.



While grants have been provided, the amount is too small to make significant changes at organizational and household level. There is need to increase funding levels and assist PLHIV needing food and nutrition and care and treatment follow up. These are some problems that need to be addressed in future. Also while CSOs were visited by HDT staff, for coaching and mentoring, there were no specific staff to provide mentoring and coaching to the CSOs all the time and funding for mentoring and coaching was not adequate.

Recommendations

The evaluation documented reasonable change and a methodology that can be replicated elsewhere. The following recommendations were cited:

1. Need to step up the grant that is given to partner organizations to enable them to invest in infrastructure and hire competent team.
2. Need to have dedicated team of mentors who provide hands on support to partner for continuity.
3. Need for Development Partners and Government to sit together and agree on scope of capacity development beyond training and facilitate national dialogue on approaches to build local capacity.
4. HDT to facilitate defining local partners needs towards capacity development and use its experience to input in (3) above.



3.0. Key lessons and experiences of the capacity development program

Lesson 1: Low level of education among partner's staff affects the quality and pace of capacity development

As noted that capacity development is both individual and institutional, the pace of which is dependent of both individual and methods. Since the capacity of an individual is related to the knowledge and skills possessed or developed, we learnt that one of the limiting factors for capacity development was the level of education among those whose capacity was being developed. Many of participants in level one organization had low levels of knowledge and this affected the pace at which training can be done. Comprehension was also slow with potential language barriers, making it relevant to have all sessions in local Kiswahili for Tanzanians. To overcome this, HDT staff also provided more supportive sessions after the training. Mentoring visits were used to continuously coach the organizations, especially the ones that showed weakness in some areas such as financial recording after receiving grants.

Lesson 2: There are multiple reasons for starting organizations and care has to be taken when supporting them if communities have to be served

During the identification process, HDT found that some of the local organizations are willing to receive resources but not to learn. This indicates that the purpose of forming the organization was for their own gain rather than for supporting communities. This was exemplified when many organizations were complaining about the small allowances given to them during the training. For any successful capacity development, clear separation has to be made between those who form a support group to support themselves and those who form institutions to support others. These two groups have different needs and therefore should be treated differently.

On another hand, leadership also contributed to the continuity of organization in the program or not. Two organizations could not make it to the end, one misused funds and provided forged report which upon physical verification to beneficiaries, we concluded that they were not authentic. Another had leadership which concealed information to members and money was used to benefit leaders leaving members and other intended beneficiaries not benefiting. HDT used negotiation



to settle the issues amicably but the partner organizations showed no signs of change. We therefore decided to terminate their relationship with us.

Lesson 3: Reliable transport and resources is needed to enable efficient support to partners especially in hard to reach areas

In rural areas where there is no public transport, private means of transport need to be arranged if one have to provide meaningful support to organizations. For example; in Kagera, Mtwara and Mbeya, beneficiaries are scattered often with poor roads which limit the public transport availability. Reliable means of transport is therefore a pre requisite. Absence of reliable transport makes the identification process, implementation, monitoring and evaluation difficult and often resource consuming. We have also learnt that for the capacity to grow, investment of resources is required. For instance, intensive resource is required for acquisition of skills and materials, these stages are rarely addressed by many capacity builders. Development partners, including those who fund the project, need to allow resources to be invested in purchasing capital items (car, motorcycle, computers, construction etc) if the capacity has to be developed.

Lesson 4: Even when knowledge and understanding is high, time is required for participants to translate knowledge into practice.

HDT has learnt that most trainings improve knowledge base, but skills are required to undertake a specific assignment. The fact that most of capacity buildings are trainings and in most of the cases untargeted; in the end they do not address the knowledge needs of organizations or participants. With HDT experience, we noted that even when the post training test showed high levels of knowledge, translating this into action such as writing coherent proposals required time and consolidation. For example during organizational training two Kagera (Bukoba and Muleba) participants understood the principles during the training but when they came to use the information independently they experienced difficulties. Several hours of coaching and mentoring to individual organizations were then spent to eventually have good proposals.

We have therefore learnt that before training is planned, training needs assessment should to be done and those with same needs need to be



brought together. Post test for knowledge base is important to measure the transformation in knowledge gain. The most important here is that follow up after the training need to be done by sitting with trainees in their own organizations to work with them to accomplish specific set targets. For this to happen, it has to be acknowledged that capacity development is an on going process and that it has to be owned by the partner whose capacity is being developed.

4.0. Challenges in the capacity development process

In this section we highlight challenges as we see them to effectively develop the capacity of community based organizations.

Challenge one: Definition and understanding of capacity building differs

There is different understanding of the capacity building and capacity development and process towards attaining the outcome. There is little focus on results; example if capacity building is equal to training, what do we want to see after the capacity has been built. These different understandings have lead to weaker results in capacity development and less resources being put in place for the same. Understanding the context and investing in institutions to grow is not shared among development partners, government and other actors. A practical example is giving grants as part of capacity building, or mentoring as part of skills development a step further after knowledge based acquisition. As a result of these different understandings, outcomes of capacity building have often been difficult to set and often arguably among actors during planning.

Challenge two: Mentoring and coaching are important methods but require dedicated time

HDT found that mentoring and coaching were useful in skills development after the knowledge transfer has been accomplished. Full time and dedicated skilled staff are required to conduct mentoring or coaching to organizations to develop skills which are an important aspect of capacity development. The two methods of coaching and mentoring have also been distinguished as their purpose is distinct. Realization of this fact is important for any capacity development and failure of which will continue leading to ineffective capacity development.



One of the IGA of goat keeping in Mtwara



ODI participants in Mbeya showing their organization chart



Interregional sharing workshop participants from Kagera, Mtwara and Dar es salaam



Strategic planning Training participants from Kagera



Organization Identification and capacity assessment in Mtwara



Participants of OD II training in Mtwara in group discussion



First round grants giving to DSM CSO's



OD II training participants in NGARA



Physical verification visit at AMWAVU in BUKOBA



Coaching activity in TUPENDANE organization in DSM



Physical verification visit in SHDEPHA organization in MTWARA



Coaching activity in Bukoba