

# EVALUATION OF

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# A NEW ERA OF WORKING WITH COMMUNITY ORGANISATIONS

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All evaluators contracted by the SEU must adhere to the SEU Ethical Guidelines for Evaluations.

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## ABOUT THE EVALUATION

This evaluation used an adaptive, mixed approach suited to a project that has been evolving since its creation. The Terms of Reference (ToR) were intentionally broad, which gave space for the evaluation to clarify its focus as it progressed. Rather than applying a single predefined model, the evaluation combined elements from several recognised approaches that are commonly used for complex or emergent programmes.

### Methodological influences and adaptations

Influences	What It Contributes	How This Evaluation Differs
<b>Process Evaluation</b> ( <i>MRC; Funnell &amp; Rogers</i> )	Helps understand <i>how</i> an intervention unfolds in practice—activities, decisions, relationships, and contextual factors.	The evaluation examined how the TIC project evolved within different MSF projects, but because the TIC project itself was emergent and varied across settings, a classical process-evaluation depth was not feasible.
<b>Learning Review</b> ( <i>UNICEF; ALNAP</i> )	A light, reflective approach that surfaces insights and supports organisational learning during implementation.	This evaluation went deeper, producing interpretive and strategic findings that extended beyond rapid learning.
<b>Developmental Evaluation</b> ( <i>Patton</i> )	Supports innovation and adaptation in uncertain contexts; involves an embedded evaluator providing ongoing feedback.	The evaluator was external and engaged periodically rather than continuously, and feedback loops were primarily with evaluation management rather than with the day-to-day project team.
<b>Utilisation-Focused Evaluation</b> ( <i>Patton</i> )	Emphasises usefulness for intended users and learning that supports practical decision-making.	While insights were designed to be use-oriented, the evaluation also explored broader strategic questions beyond a narrowly defined user group.

In practice, the evaluation was adaptive, context-aware and system-oriented. It paid attention not only to what happened, but also to why it mattered—both for CBO partners and for MSF’s evolving ways of working. The TIC project itself was exploratory, and the evaluation mirrored this by remaining flexible, iterative, and responsive to emerging insights.

## THE EVALUATION FOCUS

The ToR encouraged a broad exploration of the TIC project’s added value, relevance, and contribution. Early in the evaluation, a structured sense-making process was carried out with the TIC project team and through document review. This helped reconstruct how the work had evolved—particularly the shift from “mitigating exit” toward strengthening CBOs so they can remain operational and empowered after MSF.

This reconstruction made it clear that some seemingly obvious questions—such as whether CBOs were prepared to take over MSF responsibilities—no longer fully reflected the TIC project’s aims and gains. Instead, the evaluation focused on areas that emerged consistently across contexts and that aligned with the TIC project’s actual trajectory:

## What is worth focusing on?

Focus area	Rationale	What Is Worth Unpacking
1. Where were capacities strengthened within CBO partners, and how effective was the process?	The TIC project invested heavily in capacity-building (organisational and the delivery of service). It cut across very different domains (e.g. governance, leadership, service implementation, advocacy, administration). It was important to unpack “capacity” rather than treat it as a single category.	<ul style="list-style-type: none"> <li>• Which capacity areas were prioritised (governance, finance, leadership, planning, community-facing roles, etc.)</li> <li>• How CBOs perceived the process (ownership, satisfaction, relevance)</li> <li>• How MSF defined “capacity” vs. how CBOs defined it</li> <li>• Balance between organisational formalisation and practical, community-facing capability</li> <li>• Which capacities were strengthened successfully vs. superficially</li> </ul>
2. Whether strengthened capacity contributed to sustained care or sustained community support after MSF.	The TIC project’s aim is not to transfer MSF activities to CBOs but ensure “sustained care/services” of their choice. The idea of what makes “care/services” sustainable (what capacities? And is it all about capacities?) had to be explored.	<ul style="list-style-type: none"> <li>• What “sustained care” means in each context</li> <li>• Which activities continued, adapted, or stopped</li> <li>• What enabled continuity (e.g., leadership stability, networks, community trust)</li> <li>• Why some partners struggled or collapsed</li> <li>• How MSF’s limited post-exit follow-up affects understanding of long-term outcomes</li> </ul>
3. What this reveals about MSF’s broader direction and operational model.	The TIC project aims not only to support CBOs but also to influence MSF’s engagement practices. Coherence depends on whether MSF emphasises emergency medical action (current model) or broader partnership-based care (emerging Ubuntu direction).	<ul style="list-style-type: none"> <li>• MSF’s current medical-emergency focused model</li> <li>• The emerging Ubuntu direction and people-centred care</li> <li>• Field teams’ views on relevance and feasibility</li> <li>• MSF’s ability to support partnership-based approaches</li> <li>• Whether the TIC project signals a future direction or remains peripheral</li> </ul>

These focus areas were already present inside the TIC project, but only implicitly. The evaluation did not impose new questions on the project—it simply made visible the ones that were already shaping it.

### LEARNING

#### Learning for the Future: The Need for Ongoing Evaluative Space

The experience of this evaluation suggests that the TIC project benefits from having dedicated evaluative spaces where reflection, learning, and adaptation can occur. Some components already played this role — the co-development of the toolkit, the partner meetings, and this evaluation itself. These spaces enabled MSF to make sense of emerging practice, consider alternative pathways, and integrate learning across contexts.

As the TIC project moves forward beyond the TIC, it will be important to continue fostering such evaluative spaces. Exploratory and partnership-oriented work cannot rely solely on end-of-project assessments; it requires ongoing moments where teams can pause, reflect, and collectively understand what is emerging. Ensuring that these reflective and evaluative practices remain part of the project architecture will be essential for its continued evolution and strategic relevance.

## THE APPROACH

### TRACKING EVOLUTION, NOT PRESET OUTCOMES:

Most evaluations compare planned activities with actual results. That model does not fit this TIC project. From the start, the TIC project had a clear direction—improving how MSF works with community organisations—but no fixed blueprint. The team learned by doing, adjusted approaches as they went, and adapted to different project realities. Project reporting was consistent but mainly descriptive. It documented what happened, not how learning unfolded or why certain decisions were taken. In many MSF projects, community engagement was only one component within much larger clinical operations, and the community dimension was not always unpacked in depth. As a result, much of the TIC project’s intelligence lived in people’s practice and experience, not in written documents.

### SENSE-MAKING AND FRAMING

Because there was no stable project model, the first task of the evaluation was to reconstruct what the TIC project was trying to do at different points in time. This included identifying how its purpose shifted, what assumptions guided decisions, and how thinking evolved across contexts.

The aim was not to rate success against a non-existent plan, but to make sense of the TIC project’s journey—the experimentation, course corrections, and meaning behind choices. In this way, the evaluation also supported learning: helping the team articulate what the work had become and why.

## TIMELINE

The evaluation took place from May to November 2025. It was intentionally low-touch except during the fieldwork period, allowing the work to move with MSF’s rhythm rather than imposing an external one. This pacing gave time for people to become available, for data to be collected, for ideas to mature between stages, and for the evaluation to stay aligned with operational realities.

Stage	Timing	Description / Purpose
1. Inception Phase	May 2025	Initial scoping of the evaluation through document review and conceptual framing. This included analysis of existing frameworks, previous evaluations, and MSF guidance materials (e.g., New Ways of Working with Community Organisations Toolkit, Beira project learning documents). The phase clarified the evaluation questions, boundaries, and focus areas.
2. Remote Engagement (Pre-fieldwork)	May-June 2025	Conducted remote engagements to understand context and perspectives before visiting the field. Activities included reviewing updated project materials, holding preparatory discussions with project staff and managers, conducting remote interviews with key informants, launching a survey. These exchanges helped to establish contact, map key actors, and surface preliminary hypotheses.
3. Exposure Visits (South Africa and Mozambique)	October 2025	Field-based observation and data collection through direct engagement in Johannesburg (coordination), Rustenburg (South Africa project), and Beira (main case study in Mozambique). Combined semi-structured interviews, informal conversations, and observation of community-based organisations “getting the data right from the job” — understanding how MSF’s engagement and capacity-building approaches function in practice.

<b>4. Ongoing Reflection and Adaptive Learning</b>	Throughout 2025 (May–October)	Continuous reflective practice through regular touchpoints with evaluation managers, personal journaling, and private analytical memos. These reflections enabled iterative sense-making, allowing ideas to emerge, evolve, and be tested. (These internal reflections were not for publication but informed analytical depth and interpretation.)
<b>5. Write-up and Synthesis Phase</b>	October–November 2025	Consolidation of evidence gathered through all stages. Systematised field notes, interviews, and reflections into analytical categories; triangulated data sources; and developed a narrative synthesis highlighting key themes, learning, and implications for MSF’s community engagement and capacity-building strategies.

## SOURCES OF EVIDENCE

Source	Description / Scope
<b>Documents</b>	Review of MSF project documentation, frameworks, toolkits, internal reports, and previous evaluations (including the evaluation of the handover process of the Kiambu project, Kenya, which was also conducted by the evaluator)
<b>Survey</b>	Short perception survey capturing staff and partner perspectives on capacity building, sustainability, and their networking
<b>Remote Interviews (Management / Participants)</b>	Online discussions with MSF management, project coordinators, and partner representatives to gather contextual and strategic insights before fieldwork.
<b>Exposure Visits (South Africa and Mozambique)</b>	Direct field observation and interviews conducted during visits to Johannesburg, Rustenburg, and Beira. Included informal conversations, meeting participation, and site observations.
<b>Periodic Catch-ups with Management</b>	Regular coordination meetings and reflective discussions with evaluation managers to share progress, validate interpretations, and adjust focus areas.
<b>Field Notes and Reflective Journal</b>	Continuous documentation of observations, analytical reflections, and learning moments - used internally as a reflexive evidence base.

Across all materials reviewed, a consistent pattern appeared: MSF documents mostly describe MSF activities, but rarely describe how community initiatives emerged, grew, or changed (worthwhile exceptions are the Malawi and Rustenburg capitalisation reports and learning videos). The toolkit captures one part of the approach, but the processes of accompaniment—how partners were selected, how support evolved, how community work became part of programmes—were largely undocumented.

The evaluation was able to capture parts of this picture, but only partially. A full reconstruction of engagement trajectories would require longer, deeper work than was possible within this evaluation. This is not just a missed learning opportunity for the TIC project, but, above all, for MSF projects as well.

## LEARNING

**Documenting action-reflection and engagement trajectories.**

The TIC project would benefit from simple, ongoing practices that help teams document how CBOs and community initiatives evolve over time. These do not require heavy systems; they can be light and built into routine work:

- **Living documents or shared notes:** quick ways to capture shifts in roles, relationships, and ownership as they happen.
- **Timelines and storytelling exercises with CBOs:** participatory tools that help surface perspectives and histories not found in reports.
- **Community-focused capitalisation:** routine documentation of how selection, accompaniment, and networking actually unfold in practice (mainly influenced by Project's choices of CBOs they were already working with. In other cases, it was patient groups coming together to form a CBO).

These approaches would help build a richer picture of how community ownership develops and how organisations change through partnership with MSF.

## LIMITATIONS

The evaluation faced several constraints:

- **Documentation gaps:** Community engagement work is rarely documented in MSF projects. Key elements—such as how CBOs were selected, how accompaniment worked, or how community roles evolved—were missing or inconsistent. The TIC project's own reporting helped but did not fully capture strategic shifts or depth of practice. Reconstruction therefore relied mostly on interviews and field observation.
- **Limited field time:** Field visits offered only a snapshot. Because the TIC project is highly relational and context-specific, short immersion made it harder to grasp how approaches evolved over time or how day-to-day interactions shaped progress.
- **No post-exit data:** MSF does not routinely follow up after project closure. This limited the ability to assess sustained care or long-term organisational resilience.
- **CBO-centric view:** Most engagement was with CBO partners. The evaluation had limited opportunities to speak with other actors (government, local leadership, other organisations, patients), meaning the perspective is not fully ecosystemic. This reflects both the evaluation constraints and the TIC project's own focus.
- **Missed peer-evaluation component:** Peer assessment between CBOs was identified as a possible method but could not be implemented due to time and coordination requirements.

These limitations do not undermine the findings but help frame their scope.

## THE USE OF AI IN THE EVALUATION PROCESS

AI was used deliberately throughout the evaluation to support basic analytical and documentation tasks. This included summarising large volumes of project documentation, organising notes, producing timelines, and helping structure written outputs. When AI was used heavily — for example, to consolidate multiple sources or draft initial syntheses — this is explicitly marked in the report, so the reader knows where AI-assisted processing occurred. All such outputs were reviewed and corrected by the evaluator.

AI use served different purposes:

- **Efficiency:** AI handled time-consuming tasks such as summarisation and organisation, allowing the evaluator to focus on interpretation, contextual understanding, and judgement.
- **Demonstrating practical value:** The evaluation aimed to show how AI can support “low-level analysis” and documentation in complex, evolving projects. By outsourcing mechanical synthesis, more time could be spent on the strategic and relational dimensions of the work.
- **Challenging and stress-testing interpretations:** AI was occasionally used as a reflective partner to “stress-test” emerging interpretations, explore alternative readings of the data, and surface potential blind spots.

In short, AI acted as a documentation assistant — never as an interpreter, assessor, or decision-maker. All analytical conclusions and ethical choices remained fully human.

### Why the TIC project Must Actively Engage With AI

During the evaluation, we saw that at least one youth organisation was already experimenting with simple AI tools for writing, idea generation, and basic administrative tasks. This reflects a wider trend: AI is quietly entering the everyday practice of community organisations, especially those led by younger members. Their use of it was enthusiastic but not always informed. Some risks — such as losing contextual nuance, flattening complex stories, or reproducing external biases — were not fully understood.

This matters for localisation. Whether MSF engages with it or not, AI will increasingly shape how partners write proposals, document their work, and tell their stories. Ignoring this shift would mean responding too late. The TIC project therefore has a role in helping partners use these tools critically and safely, and in ensuring that AI strengthens rather than dilutes community voice.

This is also why the evaluation was explicit about its own use of AI. Being transparent helps normalise a reflective and responsible approach — showing where AI can support synthesis and accessibility, and where human judgement is still essential. It also opens a space for honest conversations about digital literacy and good practice.

The message is simple: AI is already part of the operating environment. The TIC project will need to engage with it deliberately, critically, and in ways that protect and elevate community perspectives.

#### LEARNING

## THE REPORT STORYLINE

The report moves from what the project did, to how it was perceived, to what it means for MSF, and ends with a simple scaffolding for future action. This is not the evaluator reshaping the project from outside. It is a facilitated systematisation: joining the dots of what teams are already doing and making the emerging direction more visible.

### 1. Setting the scene: About the project

The first part describes the TIC project and how it evolved over time. It is based mainly on documentation: reports, tools, and previous analyses. The aim is to make clear what the project became, not only what it originally intended.

### 2. Assessing satisfaction, perception

It then moves on to assess the overall satisfaction and perception of the project, based on the survey and also from the conversation I had with the staff. It then explores the main avenue that had emerged in the work: the emphasis on formalisation, checking strengths and also potential limitations.

### 3. The (formalised) model


The evaluation then examines how the project supported formalisation processes — or, more broadly, how it encouraged organisations to move toward more structured organisational setups. This deserved its own section because formalisation emerged as a strong emphasis in the project's approach. This section explores that tension: formalisation is helpful and valued, but it can also constrain the diversity and flexibility that make community ecosystems effective.

### 4. Uptake within MSF

After looking at partners and the formalisation issue, the report turns to MSF teams. It shows how MSF project staff reacted to the approach. The finding is clear: the staff we engaged with were highly motivated by this work, either because it aligned with things they had been trying to do informally, or because it filled gaps, they had long recognised.

### 5. A potential framework for action

The next chapters consolidate evidence into a potential framework for future action. Learning from the project it emerges that designing community engagement that can support care in the long term has two main building blocks.

<p><b>Ecosystem (not “organisation”)</b>                  The ability to identify a range of community actors — formal, informal, hybrid — and understand what each brings. This includes attention to marginalised groups and empowerment.                  Key insight: sustainability comes from an ecosystem, not a single partner.</p>		<p><b>Care (not “MSF service”)</b>                  The ability to identify the care outcomes that need to be maintained and adapt how these outcomes are delivered so they fit local capacities.                  Key insight: delivering care is not the same as delivering an MSF service.                  The same outcome can be achieved in different ways.</p>
<p><b>Achieving sustainability: linking care and ecosystem.</b></p> <p>This part explains that capacity is not enough for sustainability. It also requires:</p> <ul style="list-style-type: none"> <li>• <b>Linking capacity-building to care</b>, so that strengthened skills directly support the care that needs to continue (e.g. access, continuity, safety, quality), rather than generic organisational development. The evaluation points out the importance of checking what really lasts after MSF leaves.</li> <li>• <b>Letting the project morph</b>, instead of handing MSF’s model over as-is. The MSF project works because MSF drives it; a community ecosystem sustains care differently. The evaluation discusses the importance of “adaptive, planned morphing”</li> <li>• <b>Recognising that sustainability may rely on community roles MSF does not currently hold</b> — such as mobilisation, monitoring, accountability, representation or peer support — which can lead to different programme designs than MSF’s own. The evaluation discusses different communities’ roles that is useful to consider broadly (e.g. access and mobilisation / monitoring and accountability / advocacy and representation / support and prevention) that might generate different programme architectures.</li> </ul>		

## 6. Looking Ahead to Emergencies

The report ends with a reflection on emergency contexts. If the project is understood mainly as formalisation, it will struggle in emergencies. But emergency work is naturally more adaptive, more network-oriented, and more open to working with a wide ecosystem of actors. The insight: What MSF calls “operational challenges” in emergencies (access, community negotiation, rapid problem-solving) may actually be entry points for applying the project’s learning: the need to morph rather than insisting on blueprint then harder to handover.

## 7. The TIC project as Ubuntu

The evaluation highlights a rare moment of alignment. The project’s approach — early engagement, ecosystem thinking, attention to community power, and adaptive care design — is fully coherent with the “Ubuntu” strategy of the new OC. This creates a strategic opportunity to move the TIC project from a stand-alone function into a core way of working inside programmes. Capturing this moment would allow MSF to consolidate what is already happening in practice and embed these methods more firmly into operational thinking.

## ABOUT THE PROJECT

This project is part of MSF’s wider Transformational Investment Capacity (TIC) — a mechanism created to support organisational change, strengthen key capacities, and test new ways of working that can shape MSF’s future practice. Within this broader portfolio, the “New Era of Working with Community Organisations” project focuses on how MSF engages with Community-Based Organisations (CBOs) and how their capacity can be strengthened in ways that last beyond MSF’s presence.

When first conceived, the project aimed to reduce the negative impact of MSF’s exit from projects by preparing CBO partners to take over certain MSF-linked activities. Over time, however, its focus evolved. Rather than expecting CBOs to assume MSF responsibilities, the project shifted towards supporting CBOs to be operational, confident, and capable on their own terms—whether or not their activities overlap with MSF’s. This marked an important shift: placing CBO needs and ambitions at the centre, rather than treating capacity-building primarily as a tool for MSF’s exit strategy.

The project has since engaged with CBOs across several MSF contexts—projects closing, projects mid-cycle, and new projects still taking shape—testing and refining approaches to partnership, capacity strengthening, and community engagement. Its work now contributes directly to MSF Southern Africa’s broader strategic direction and the emerging vision of MSF Ubuntu, which emphasises community ownership and more equitable forms of collaboration (Ubuntu is the strategy of the new OD set in Southern Africa and Nairobi, Kenya (MSF Southern Africa and MSF East Africa), explored in the annex).

### Learning Point: Connecting Community-Oriented TIC Projects

Across MSF, several TIC projects focus on community engagement, local capacity building, and more participatory ways of working — such as the South Africa CBO project, LATAM’s Community First approach, the Primary Healthcare TIC, etc. These efforts have generated concrete methods and learning, including CBO capacity strengthening, strengths-based engagement practices, inclusive mapping, and community-run feedback systems.

However, learning across these initiatives remains fragmented. From the perspective of this evaluation, it was not clear how — or even whether — these projects were connected in any structured way. Any exchanges that did occur were not documented or shared in formats accessible to the evaluator, and likely not to the wider organisation either. MSF’s decentralised structure, combined with the influence-based nature of TIC projects, further contributes to this lack of systematic consolidation.

There is significant value in creating stronger and more formalised links between them. The evaluation therefore suggests that TIC initiatives should play a more active role in bringing these strands together and ensuring that learning flows across projects with shared aims.

### LEARNING

## THE EVOLUTION OF THIS TIC PROJECT

⚠ The synthesis below was generated extensively with AI tools, based on available project literature and then cross-checked by the evaluator. This approach was used deliberately to show how AI can quickly aggregate and surface insights from existing documents, supporting more agile learning and documentation.

Period	Phase	Strategic Focus	Rationale	Strategic Shift
2019–2020	Concept & Problem Definition	Identify systemic weaknesses in how MSF exits projects and supports community organisations.	Repeated collapse of community-led groups after MSF exits showed a gap in sustainability, governance, and funding.	From <i>short-term service delivery partnerships</i> → to <i>strategic capacity-building and autonomy of communities</i> .
2021–2022	Phase 1 – Pilots & Proof of Concept	Test new models for building CBO capacity post-MSF in Malawi & South Africa.	Needed to prove that grassroots CBOs can independently deliver community health and advocacy services.	From <i>MSF-led implementation</i> → to <i>locally led service continuity and accountability</i> .
2022–2023	Phase 2 – Integration into Active Projects	Move from closure contexts to embedding CE in ongoing projects (Zimbabwe, Mozambique).	Recognition that engagement must start at project inception (“explo”), not at exit.	From <i>reactive exit strategies</i> → to <i>proactive inclusion of community engagement from the start</i> .
2023–2024	Extension – Consolidation & Attempts for Emergency Application	Expand CE model to emergencies, strengthen peer-learning networks, and plan for absorption into MSF Southern Africa.	Learning showed that communities sustain engagement best when linked in peer-to-peer structures and when MSF’s operational model values local agency.	From <i>testing community models</i> → to <i>mainstreaming community-led approaches and creating learning ecosystems (CoPs)</i> .
2024–2025	Final Extension – Scale-up & Institutionalisation	Demonstrate CE model’s applicability in emergency contexts; formalise adoption across the movement (OCBA, OCB, Mumbai).	Momentum within MSF showed the model’s relevance for global strategy. TIC and OC partners requested tangible integration into operational systems.	From <i>project innovation</i> → to <i>movement-wide behavioural and operational change</i> .

### 2019–2020 — LAYING THE GROUNDWORK: RECOGNISING A PERSISTENT GAP

The project began as a reflection on a long-standing challenge in MSF’s operational model: what happens to communities when MSF leaves? Despite years of collaboration with local partners, many community-based and patient-led organisations were collapsing once MSF support ended. They lacked the governance systems, financial literacy, and donor readiness needed to sustain operations. This observation led to a strategic question — could MSF invest not only in community participation, but in community capability? The idea emerged for a pilot under the Transformational Investment Capacity (TIC): a project focused on institutional strengthening of CBOs to ensure continuity of care, advocacy, and community presence beyond MSF’s lifespan in a location. The rationale was simple but transformative: if communities are capacitated and connected, MSF’s departure does not mean disengagement — it means handover to stronger, independent actors.

## 2021–2022 — PHASE 1: PROVING THE CONCEPT IN THE FIELD

The first phase tested this idea in two locations: Malawi and South Africa (Rustenburg). Here, MSF worked closely with sex worker-led and gender-based violence response organisations — groups that had grown alongside MSF projects but needed structure to survive post-exit. Through participatory assessments, CBOs identified their own gaps and priorities. MSF then provided tailored capacity support — governance, finance, human resources, advocacy, and digital skills. The approach was hands-on yet deliberately non-directive, reinforcing that CBOs themselves set the agenda. By the end of the first year, results were tangible. CBOs were managing their own workplans, securing small grants, conducting community outreach, and representing their constituencies in local AIDS councils. For the first time, some local organisations in former MSF areas were delivering HIV, GBV, and community health services independently. The phase validated a critical learning: CBOs can sustain health service delivery and advocacy when given structured, respectful, and context-specific support.

## 2022–2023 — PHASE 2: FROM CLOSURE TO CONTINUITY

Building on these results, Phase 2 shifted focus from project closure settings to ongoing MSF operations. The goal was to embed community engagement from the start — during the exploratory and planning stages of new projects, not just at the end. The model expanded to Zimbabwe (Mbare) and Mozambique (Beira), while also linking with CBOs and patient groups in Kenya (Embu). These new contexts tested how the model could operate in live MSF projects — where services were still active, and MSF teams had to learn to share operational space and decision-making with community actors. During this period, the team began to consolidate tools and methods — a Community Engagement Toolkit, Tembo e-learning module, and peer-learning Community of Practice — to help other MSF teams replicate the approach. Phase 2 demonstrated that this was not only an “exit strategy” but a new way of working: one that sees community engagement as a core operational principle rather than a closing activity.

### CBO Community of Practice Meeting

#### EXAMPLE

In November 2023, MSF Southern Africa convened a two-day Community of Practice gathering, bringing together two representatives from each partner CBO across Southern and East Africa.

Over the course of the meeting, CBOs exchanged experiences, discussed challenges, and identified practical ways to support one another — from joint problem-solving to exploring future collaborations. The group agreed on the importance of staying connected and strengthening peer-to-peer learning and collectively drafted a CBO CoP Manifesto expressing their commitment to continued collaboration and a more coordinated community-driven network.

## 2023–2024 — EXTENDING AND DEEPENING: FROM MODELS TO MOVEMENT

As the project matured, demand for its insights grew. By early 2023, multiple Operational Directorates were drawing on the lessons from Southern Africa. In this phase, the project also worked with projects from exploratory phase - engaging with Gwanda and Butterworth before they were even validated as projects and pushing for community engagement from day zero. The team requested and received a no-cost extension to consolidate its work and explore a new frontier — community engagement in emergency contexts. This period focused on visibility, peer-to-peer learning, and integration into MSF’s broader strategy.

A Community of Practice was formalised, bringing together CBOs from across the region for shared reflection and mentorship. Collaboration expanded to other TIC Initiative projects — including Mumbai’s “Building Self-Advocacy” project — to explore how patient-led organisations can shape care and advocacy. At the same time, MSF Southern Africa began planning to absorb the project into its Operational Support Unit, marking its transition from experimental to institutional. The rationale for extension was clear: with communities already sustaining services post-MSF, the next challenge was to make these practices standard across MSF operations — including in emergencies, where traditional engagement models often fail.

## 2024–2025 — CONSOLIDATION AND SCALE-UP: EMBEDDING BEHAVIOURAL CHANGE

The final phase extends the project through April 2025, with additional funding and new partnerships. A collaboration started with OCBA’s Tongolo project in the Central African Republic - seeking to test the community engagement model in an emergency setting. Tools were shared, initial discussion started but a change in management then shifter the project priorities.

Parallel work continues in Mumbai, focusing on the integration of patient advocacy and community-led continuity of care. By this point, MSF Southern Africa is not just managing the TIC project — it is active in a movement-wide effort to put community engagement at the core of MSF work (worth also reminding that other TIC projects are actively engaging with communities). The focus has shifted from training and tools to behavioural change — influencing how teams, coordinators, and headquarters view power-sharing, partnership, and sustainability. A regional roadmap for 2025–2027 is in development with Southern Africa Medical Unit (SAMU) and the Operational Support Unit, ensuring that the learning continues beyond the end of funding.

## IN SUMMARY...

Over six years, New Ways of Working with Community Organisations transformed from a question — “what if communities could continue after us?” — into a new practice. The project’s evolution shows a clear trajectory:

- From testing ideas in small pilots,
- To influencing operational design across multiple OCs,
- To contribute to influencing how MSF conceives of community engagement. In this the work alongside the new OC in South Africa can be crucial.

# ASSESSING SATISFACTION, PERCEPTION

## WHAT THE SURVEY REVEALED

The following analysis is based on a survey delivered to CBOs involved in the project - checking satisfaction with the TIC project, what areas of work were mostly supported and networking amongst them. A description of the approach and a more comprehensive analysis is in Appendix. Overall, the CBOs that responded to the survey (55% response rate across six countries, with notable geographical disparities) revealed that the programme was both effective in strengthening organisational capacity and largely well received. Despite the uneven response — with Kenya and Malawi showing full participation and India and Mozambique showing none — the perspectives collected provide a vivid picture of how the capacity-building influenced partner organisations on the ground. Across the 11 responding organisations, there is clear evidence that the programme generated concrete improvements in core organisational areas. Even though 73% of respondents selected too many capacity areas (beyond the intended “top three”), patterns emerge unambiguously:

- Community engagement stands out as the most significant gain (81.8%), suggesting that organisations not only deepened their relationships with communities but also felt newly empowered in how they do so.
- Governance and leadership (63.6%) also feature strongly, and the examples provided show real internal transformation — from clearer division of responsibilities to the introduction of Board charters that improve accountability and decision-making.
- Weighted analysis reveals that advocacy strategy, stakeholder mapping, and dialogue with service providers were genuinely transformational for organisations forced to prioritise their strongest gains.
- Complementing these shifts were more technical improvements in organisational systems, financial management, programme design, and M&E tools — demonstrating that the programme’s impact was not superficial but touched the operational backbone of CBOs.

Perhaps most importantly, 82% of organisations provided detailed, concrete examples, showing not just perceived improvements but real changes in how they operate. These range from strengthened partnerships with Ministries of Health, new operational policies, better progress-tracking tools, and new MoUs, to enhanced mental health support, improved outreach clinics, youth-led advocacy visibility, and Psychological First Aid (PFA) training. These examples illustrate a transition from training inputs to lived practice — evidence of capacity translated into action.

The feedback overwhelmingly confirms that organisations valued MSF’s investment in their development.

- Nearly three-quarters (72.7%) expressed high satisfaction, with 64% selecting the highest possible rating.
- Many described MSF’s support as “giving us hope,” “enhancing our confidence,” or even enabling the organisation to continue functioning amid widespread donor scarcity.
- Several pointed out that the combined technical support, access to resources, and strengthened systems had made a direct difference in how they deliver services to their communities.

Even the requests for additional support — more financial management training, sub-granting opportunities to test new skills, and targeted capacity in HR, M&E, and fundraising — were framed not as criticisms but as a desire to deepen an already valued partnership.

## WHAT CONVERSATIONS WITH ORGANISATIONS REVEALED

Meetings confirmed appreciation for the support. Across organisations, what’s most valued about MSF’s support is a relational, tailored, hands-on style of capacity building that walks alongside CBOs, helps them turn ideas into practice, increases their visibility and legitimacy, and treats them as thinking partners — not as empty vessels to be filled.

Feature	Description & Examples	What is valued by CBOs
<b>1. Relational, “walk-with-us” accompaniment</b>	Support is not a one-off workshop but an ongoing relationship. TIC Project staff visit repeatedly, check in, and keep calling or emailing when they see a funding call, a training opportunity, or a tool that could help. Even when trained staff leave and new people arrive, MSF comes back, reassures them they can “still make it,” and continues to accompany them.	Feeling that they are not alone; a sense of being held in view over time. Emotional backing, persistence, and encouragement — not just technical input.
<b>2. Tailored and iterative, not generic</b>	Capacity-building is shaped around each organisation’s reality. For example, teams sit together to ask: “What resources do you already have? How could these generate income?” Out of these conversations come locally grounded ideas like small community campaigns, renting out existing space, or turning an office into a mini-internet hub. TIC project and MSF staff revisits these ideas, refines them with the organisation, and adjusts support as things evolve.	Support that feels relevant and specific, not copy-paste. CBOs value that MSF listens first, builds on what exists, and comes back to revise rather than imposing a fixed model.
<b>3. Practical, applied learning (“learning by doing”)</b>	Training is directly connected to real tasks: designing an M&E tool for an existing programme; rewriting intake forms so they actually work in daily practice; clarifying who does what in a case-management flow; creating stakeholder lists and using them to invite people to events; turning vague project ideas into fundable proposals. Staff describe going from “confusion” to having a clear backbone for how they work.	Immediate usefulness: new tools, routines, and habits that change daily practice. CBOs value that capacity-building results in concrete systems they still use, not just concepts.
<b>4. Recognition, visibility, and legitimacy</b>	Through the partnership, previously unseen community work becomes visible to officials, funders, and other actors. Organisations start hosting joint centres, receive visits from national or provincial stakeholders, and are invited into platforms and meetings they were not part of before. Their reports and data are presented alongside government targets.	Being seen as serious actors. MSF’s name and association function as a form of legitimacy, protection, and amplification, opening doors and giving weight to their voice.
<b>5. Cross-organisational learning and peer networking (when it happens)</b>	The TIC project convened different organisations in shared workshops or regional meetings. They presented their objectives, shared challenges, and exchanged ideas on funding, programming, and community work. Participants remembered these encounters as energising, saying that “we learned a lot from each other” and wished they had continued.	Exposure to peers, not just trainers. Organisations value the chance to learn horizontally, compare experiences, and feel part of something larger than themselves.
<b>6. Attention to mental health and emotional load</b>	Alongside technical content, TIC project addresses the emotional impact of community work: how to respond to child abuse without panicking; why debriefing matters after difficult cases; how to support each other as a team when exposed to trauma. Over time, staff introduce regular debriefs and case discussions that didn’t exist before.	Recognition that caregivers and community workers are human beings with their own limits. CBOs value that MSF legitimises self-care and team care as part of “doing the work well.”

<b>7. Culture shift around fundraising and sustainability</b>	Instead of treating fundraising as a specialised, individual task, TIC Project staff encourages teams to think collectively: everyone — from outreach workers to cooks — can contribute ideas, contacts, and insights about community needs. Together they design small, locally grounded income streams (room rental, small services, low-value campaigns) and improve their ability to respond to formal calls.	A more realistic, empowering view of sustainability. CBOs value moving from dependency on one big donor to a mix of creative local initiatives and stronger proposal-writing skills.
<b>8. Clarifying roles, structures, and internal organisation</b>	Capacity-building includes working through organigrams, roles, SOPs, and governance. Organisations describe understanding not only their own role, but also the roles of others in the team. This creates more coherent case management, reporting, and internal accountability, even when turnover is high.	Feeling more organised and coherent as an institution. CBOs value the sense of order and shared understanding that allows them to function despite limited resources and staff changes.

### WHAT PEOPLE VALUED... AND WHAT THEY ASKED FOR MORE OF

Across organisations, what is most valued about MSF's support is a relational, tailored, hands-on style of capacity building that walks alongside CBOs, helps them turn ideas into practice, increases their visibility and legitimacy, and treats them as thinking partners—not as empty vessels to be filled.

Yet respondents and people consulted also emphasised the need for more of certain things to sustain and deepen this approach:

Theme	Challenge Identified	Potential Way Forward
<b>Continuity</b>	Regular check-ins, lighter but more frequent contact, not only project-based supervision.	Move from episodic to continuous accompaniment. Build relationships that extend beyond projects.
<b>Networking</b>	Participants valued MSF as connector and asked for more. Yet the survey and network analysis reveal that in practice, little meaningful connection exists among organisations. The network remains sparse and asymmetrical.	Create structured spaces for peer learning and mutual support. Recognise that organisations learn from each other, not just from external trainers. Actively facilitate connections and opportunities for engagement beyond meetings.
<b>Advocacy and legal navigation</b>	Support especially when funding is cut or legal barriers block registration.	Expand support beyond capacity building to include advocacy partnering and navigation of complex legal terrain.
<b>Recognition of innovation</b>	They want MSF to help them see and value the ways they are already creative and ahead of the curve (AI use, mentoring other orgs, local ecosystem building).	Shift from "building capacity" to "recognising and amplifying existing capacity." Celebrate what organisations are already doing innovatively.
<b>Proactive accompaniment</b>	Support offers are positioned as empowerment drivers, but partners often don't know what to ask for—"you don't know what you don't know." Open offers alone are hard to act on.	Move from "open offer" to "guided discovery." Develop structured, yet flexible accompaniment where MSF helps partners identify their own needs through dialogue and reflection.
<b>Living knowledge hub</b>	Information exists through chat, email, and various channels, but the overall offer remains scattered and difficult to navigate. Some important resources (a SharePoint page, a course for MSF personnel) are not easily accessible to outsiders.	Create a more structured knowledge hub where tools, stories, and examples are collected, updated, and accessible. Treat documentation as ongoing practice, not retrospective reporting. Promote continuous sharing and learning.

**⚠ A Note on What This Sample May Be Missing:**

These insights come from respondents who engaged with the evaluation and people MSF has worked with—a self-selected group. They represent voices of those who have been in dialogue with MSF, who have benefited enough to stay engaged, and who have had time to reflect on what they needed.

But there may be fundamental barriers that prevent others from engaging in the first place. The requests for "more of what's working" may mask a bigger question: what is the tool not reaching? And what would need to change for it to?

## WHAT OTHER ISSUES ARE WORTH FLAGGING?

The issues above were raised explicitly by some respondents, but several additional themes surfaced “in between the lines.” These relate to hidden or sensitive organisational dynamics — often unspoken, sometimes uncomfortable — that nonetheless shape how organisations behave, how they grow, and how they respond to capacity-building efforts. Some of these dynamics revealed risks, while others pointed to quiet strengths that enabled groups to thrive.

Theme	How It Appeared in Practice (Descriptive, Including Positives)
Internal accountability, communication & transparency	In some organisations, focal points described not being told about decisions, budgets, meetings, or MSF communications; they felt work was expected without clear information (“we find out after things have already happened”). Misunderstandings about roles created frustration, and some people avoided meetings because they did not feel informed or included. But there were also examples of good practice: in South Africa several groups held open planning sessions where “even the cooks join,” developed stakeholder databases together, and used data as a shared tool for discussion — showing that transparent communication can strengthen cohesion and confidence.
Leadership legitimacy (strengths and difficulties)	Legitimacy varied greatly. In some cases, leaders were seen as distant or unilateral (“they don’t listen”), creating disengagement and low motivation. But there were also strong positive examples: some leaders were described as open, accessible, and participatory; they included volunteers in planning, gave space to younger members, and encouraged initiative-taking. These leaders became anchors for organisational stability — people said they stayed because “our leader stands with us.” Leadership style clearly shaped the organisation’s climate, trust levels, and ability to use capacity-building support effectively.
Representation & internal voice	In Beira, LGBTQ+ volunteers and sex worker focal points belonged to the same partner but had never met together; neither group felt represented in organisational decisions. In several settings, outreach workers felt they carried the work but did not influence decisions (“they represent us on paper, not in meetings”). By contrast, in the strongest organisations members consistently felt “we are part of shaping the direction,” and frontline voices influenced fundraising ideas, community strategies, and partnerships.
Unaddressed conflict & interpersonal tensions	Conflicts appeared in subtle ways: avoidance behaviours, parallel working groups, or groups who “did not talk to each other unless necessary.” In Beira, unresolved tensions between LGBTQ+ and sex worker teams affected participation and continuity. These were rarely addressed openly, not because people were unwilling, but because no internal mechanism existed to hold difficult conversations safely. The complexities of MSF internal dynamics and politics also played a role here and sometimes exacerbated these tensions. Where leadership was trusted, conflict was addressed early; where legitimacy was weak, it accumulated quietly.

<b>Emotional labour &amp; invisible strain</b>	Outreach, especially with key populations, involved significant emotional burden — exposure to violence, stigma, community pressures, and personal histories. Some volunteers expressed fatigue or distress but did not feel there was space in the organisation to talk about it. Others found informal ways of coping: debriefing with peers, supporting each other after difficult encounters, or using group spaces as places of belonging. In a few organisations, emotional support was intentionally cultivated (e.g., open check-ins, shared reflection circles), which strengthened solidarity and reduced burnout.
<b>Dependency–autonomy tension</b>	Some CBOs waited for MSF direction (“we can’t move until they say”), while others tried to take initiative but felt blocked internally by leadership, unclear roles, or lack of resources. In Beira, a sex worker–led initiative showed strong motivation but could not scale because decision-making sat elsewhere. Meanwhile, in South Africa, many groups developed independent fundraising ideas and community partnerships, signalling a shift toward autonomy.

## THE (FORMALISED) MODEL

Let's run through what defines the model.

- **The TIC project values diversity.** The Community Engagement toolkit developed by the TIC project team itself is bold in affirming this. The TIC project community engagement philosophy emphasizes community agency, diversity of organising forms, and collective ownership. The aspiration is to mobilise towards organisational models that communities themselves consider legitimate, adaptive, and rooted in their lived realities. The guiding value is that communities know how they organise best—and MSF should support, strengthen, and accompany these existing and emerging forms without prescribing a single model.
- **But the tool is largely "one-model" despite the theory saying it shouldn't be.** In practice, the current CE and CBO capacity-building tools operationalise a single dominant model: the formalised NGO-type CBO. A model that CBOs themselves embraced: many of them wanted to formalise because this is simply the usual path to funding and growth. Conventional community engagement capacity-building focuses on constitutions and legal registration; governance boards and ToRs; formal HR systems; financial procedures, audits, and compliance; strategic plans; budget management; proposal writing; donor readiness. The pathway is clear and teachable—but it prescribes a single shape. A shape that is what the mainstream pushes for, but that is not necessarily the best option (as the current funding crisis exposed).
- **The model delivered value,** but it reflects NGO logic, not community logic. This tool has produced genuine progress. Groups have gained visibility, coordination, and funding access. This matters. At the same time, the tool's structure implicitly assumes that effective community organisation ultimately takes the shape of a registered, hierarchical, compliance-ready body. This reflects an NGO logic more than a community logic—and creates misalignment with MSF's stated aspiration.
- **This formalised model is now challenged by critique and by events.** The 2025 aid cuts and broader decolonisation conversations have exposed what many communities have long articulated: NGO-dependent structures are fragile. For an organisation now moving towards community-centred support, this is an opportunity to jump ahead rather than risk replicating old tools. The timing is real.
- **Some actors assessed through this tool might appear weak, even when they have strengths.** Community engagement capacity support tools as established do not provide pathways to assess or support informal structures, coalitions, advocacy networks, connector systems, or temporary formations outside legal registration. Which matters, because the TIC project engaged well beyond individual CBOs, with diverse local civil society actors. This creates a practical constraint—communities choosing these models are either unsupported or pressured towards formalisation—regardless of whether informal approaches would be more appropriate for their context. The tool cannot recognise what it is not built to measure. The pressure for such a tool was there (i.e. allowing CBO to meet requirements of funding institutions). But when the tool became the most visible asset, it made less visible other existing (and needed) forms of engagement that the project itself had worked with. There were instances where the TIC project wasn't just about capacity-building of formalised structures, for example working with the EBE TIC in Butterworth focused more on advocacy and partnership building with different members of the community, not just CBOs. Discussions with Macomia and Palma (projects in Mozambique) were around supporting informal structures that already existed (integration of CAGs into MoH structures; integration of community centre in local clinic), and even in Dandora (Kenya) supporting a youth advisory council without the intention of

formalising but strengthening advocacy, partnership building and integration into an ecosystem, as well as technical understanding.

- **The real place to expand is now: add options to the menu.** There is an opportunity to build parallel pathways—designed specifically for informal and hybrid models—with equal rigour and support. This would close the gap between aspiration and practice and enable your teams to actually support the full spectrum of community organising that MSF's philosophy commits to. This evaluation explores what that could look like in the chapters that follow.

Dimension	NGO-Type CBO	Alternative models	What's Missing / Opportunity
Primary Logic	Compliance, structure, accountability	Social legitimacy, mobilisation, flexibility	Tools to assess & strengthen legitimacy and mobilisation, not only compliance
Organisational Form	Registered entity with constitution and board	Informal networks, rotating groups, cultural/faith structures	Frameworks for non-registered or hybrid forms
Governance	Board, ToRs, strategic plans, documented roles	Collective decision-making, fluid leadership, trust-based agreements	Methods for documenting fluid structures without forcing formality
Accountability	Donor reporting, audits, policies	Relational accountability to community members	Indicators for relational accountability and community trust
Sustainability Model	Donor funding, proposals, budgeting	Social capital, volunteerism, mutual aid, community solidarity	Tools to strengthen non-financial sustainability and resilience
Strengths Developed	Administration, finance, HR, planning	Mobilisation, advocacy, community ownership, legitimacy	Balanced dual capacity tracks (administrative + mobilisation)
Vulnerabilities	Collapse when funding ends; bureaucratisation	Fewer resources but high adaptability	Mechanisms to support informal groups without pushing NGO-isation
Role of MSF	Trainer, compliance-builder, technical adviser	Broker, accompanier, legitimacy recogniser	Expanded roles recognising informal power and social capital

It is of course not easy to move towards this. Challenges include:

- **Working with structures different from the standardized models:** A "mini-me NGO" might look more familiar and easier to engage with. Not only MSF but actually often the whole sector has challenges in linking up with diverse structures—this isn't a weakness in the proposal; it's a weakness in how the sector typically operates.
- **A need for deeper programme integration—shifting from external support to developmental engagement.** The project initially operated in a more standalone, "plug-in" way, offering support to a specific organisation alongside the programme. But as the work evolved, it became clear that this the TIC project is not a technical add-on; it functions best as a **complementary part of the programme**, requiring joint analysis, continuous engagement with the context. This also meant involving not only the TIC project staff, but **MSF project teams in-country**, who play a central role in understanding community dynamics and ensuring the work is grounded. The shift—from external support to a more developmental, integrated

approach—is more demanding, but it is what enables sustainable, community-anchored capacity-building integration.

- **Funding and material support for informal structures is operationally harder:** It might be harder for MSF to work through some of the structures. For example, structures that are more informal in nature can risk making direct funding harder (because they might not have a bank account or the compliance checks). But this reveals something often overlooked: limiting bureaucratic accountability does not coincide with accountability to communities—the two are different systems.
- **It requires time:** Any other support is likely to be more prolonged and time consuming and definitely won't work if it happens last minute or before a handover. But things change if it goes hand in hand with the programme. This acknowledges that "sustainability starts from day one," which is coherent with the programme trajectory, which has started engaging early on.

MSF's philosophy emphasises openness to diverse organising forms. The formal tool, however, reflects conventional community support logic: it focuses on registration, compliance, hierarchical governance, and boards. This creates a gap between what is stated and what is prescribed.

Yet in practice, people across the TIC project are already working with this gap. They insist on accountability to communities, support community fundraising pathways, and engage with informal structures. The TIC project is exploring beyond the formal model.

Consolidation is part of the challenge. What gets documented, shared, and systematised is largely the tool itself. The emerging alternatives—the more interesting and novel work—remain scattered across field practice. Someone reviewing MSF's materials would see the formal approach; they would not easily see the experimentation happening alongside it.

But also, there are further possibilities to explore to expand opportunities and deepen community engagements. The work ahead is to make visible what is already emerging in pockets across the TIC project – as questions, as practices, as dilemmas. This evaluation attempts to point some of these ideas out.

### MAKING POWER VISIBLE. “WHOSE FRAME COUNTS”

One of the strongest findings in the evaluation is that CBOs felt MSF's power very clearly, while MSF staff often experienced their own systems as neutral. MSF does not need to “exercise” power for it to shape behaviour — it holds several forms of power simply by being MSF:

- **Power of money** – MSF funds activities, pays salaries elsewhere in the system, and is known as an organisation with resources.
- **Power of expertise** – MSF's medical and technical authority carries weight and influences decisions.
- **Power of procedures** – reporting cycles, planning methods, tools and approval processes define what “good work” looks like.
- **Power of identity** – the MSF label signals “an NGO” and triggers expectations of professionalism.

For MSF staff, these practices feel normal. But when CBOs are exposed to these, they reshape roles and expectations. A strong example is incentives. The officially does not provide incentives, yet several partners explained that even very small forms of support linked to MSF worked as incentives. When local organisations become more alike “NGO” that comes a default expectation of professionalisation, and a tiny volunteer

reimbursement was seen as a salary, simply because in a context of economic precarity anything with the MSF label looks like employment. This pulled some roles into a confusing space between volunteer, community representative, and quasi-NGO staff, driven mainly by the shadow of MSF's economic and organisational power.

### The power of incentives

A key lesson from Beira is that the moment a community group begins to operate like an NGO—formal structures, reporting, training, fundraising—expectations of income and professionalisation follow automatically. This is not because MSF promises jobs, but because in the local context NGOs are seen as employers, and any organisation being “strengthened” is assumed to be moving into that space.

This was visible even though the TIC project officially discourages incentives. Once MSF training, meetings, documentation and activity structures were introduced, the work no longer looked like “pure volunteering” to the community. The effect was different across groups:

- Youth facilitators interpreted their involvement as a step toward employment. For them, NGO-like structures signalled a career pathway. Even tiny reimbursements were read as the first rung of a job ladder, because this is how NGO work usually starts in their context.
- Sex worker focal points expressed a different logic. They did not frame their work as a job opportunity but as solidarity and mutual care. The money mattered only to avoid personal financial losses while supporting peers — accompanying survivors of violence at night, paying transport, or covering urgent needs. For them, allowances were compensation for real costs, not “salary”.

Despite these differences, the underlying dynamic was the same: as soon as a CBO begins to resemble an NGO, the ecosystem interprets it through an NGO lens — which means professionalisation, expectations of payment, and the hope of formal roles. This gravitational pull exists even when MSF clearly states no incentives. It is built into the model itself: formalising community work inevitably shifts it closer to NGO logic, and communities respond accordingly.

EXAMPLE

At the same time, CBOs themselves hold forms of power and legitimacy that MSF does not:

- **Community legitimacy** – they are trusted, known, and accountable to their constituencies.
- **Representation** – they act as recognised voices for groups whose needs are often overlooked.
- **Lived authority** – they can speak about realities MSF staff cannot fully access.
- **Social access** – they reach spaces, people and networks closed to external actors.

These forms of power are not “soft assets”; they **enable results MSF alone could not achieve**. These are real, system-shaping forms of power, even though they rarely appear in MSF's formal frameworks.

The biggest blind spot we observed was **power of framing**: MSF unintentionally defines what “capacity,” “leadership,” and “strength” should look like. These definitions come from MSF's world: plans, governance structures, reports, budgets. Because MSF sets the frame, organisations often try to adapt to it — even when their real strength comes from completely different places. Their own sources of authority, such as representation or community trust, ended up undervalued simply because they did not match the MSF frame.

This matters because expecting a CBO to “take over” MSF-style work is unrealistic. MSF can run certain projects because of its resources, staff structure, status and technical expertise. These are not things a community organisation can or should try to reproduce. Instead, the real opportunity lies in recognising and building

on the types of power CBOs truly hold — the ones that allow them to open doors MSF cannot open: community monitoring, influencing authorities, mobilising support around sensitive issues, or giving voice to excluded groups.

The evaluation suggests that recognising these forms of community power is not simply a matter of fairness; it opens different channels for engagement that MSF has not yet explored. A legitimate representative group can demand accountability from government, use community monitoring to influence resource allocation, or mobilise local contributions for collective priorities. Similarly, minority-led organisations might acquire novel community legitimacy that allows them to mobilise local resources, shift norms, or build alliances in ways MSF cannot. These pathways lie largely outside MSF’s current operational model — not because they are impossible, but because they require valuing forms of power and legitimacy that the existing frame does not yet centre.

In short, the ecosystem was shaped by unequal and interacting powers: MSF’s material and procedural authority, and CBOs’ relational and representational legitimacy. The latter was often felt strongly by partners but remained largely a blind spot or an implicit – not unpacked - concern in the project architecture. Looking at power this way shifts the question. Instead of asking how to pass MSF’s work to communities, the question becomes: how can MSF reshape its projects so that community forms of legitimacy lead, and MSF’s power supports rather than defines the process?

This is the direction MSF **Ubuntu** points toward: shifting from models designed around MSF’s operational power to approaches designed around community power, representation and voice, with MSF playing a supporting role rather than setting the frame.

## THE ROOT OF FORMALISATION: THE PULL TOWARDS BEING DONOR-READY

A major driver of capacity building across the sector is the pursuit of **donor funding** – which is of course often linked to sustainability or survival of CBOs (even if the dependency challenges of this model of support are emerging more and more strongly). This inevitably shapes what organisations become. CBOs are encouraged to grow into “donor-ready” entities: formal, compliant, and reportable. Yet this model was already under scrutiny even before the 2025 funding freeze. The concern is straightforward: donor-driven structures tend to produce organisations that are administratively sound but not necessarily aligned with what their communities actually need.

But formalisation is not a universal good or a universal problem—it is **deeply contextual**. In some places, such as Zimbabwe, legal registration is essential. Without tax clearance or formal status, groups cannot access grants, join coordination platforms, or even be recognised by public institutions. Formalisation can therefore expand a CBO’s reach and legitimacy. In other contexts, however, the same process can pull organisations into heavy administrative work, fuel local competition, or distance them from the informal networks that give them their real influence. The value of formalisation is not inherent; it depends on what the organisation is trying to do, and for whom.

The TIC project was pulled towards capacity building for fundraising by the CBOs themselves. This raises a broader question: should financial sustainability—often defined narrowly as securing donor funding—really be the first concern? For many CBO assessing funding was indeed the first concern. But could their ask be challenged further? What if capacity building instead began with different questions: What shape fits our

organisation? What does our community expect from us? Are we seeking funds because we truly need them, or because the system assumes all growth must be donor-driven?

The project is already pushing in this direction. The task now is to make this reflection deliberate rather than implicit, also considering that the funding landscape involves many diverse actors and this opens up different possibilities and calls for different types of organisations and capacities. And, of course, how to remain responsive to CBOs (asking by default for the conventional capacity-building models), whilst suggesting alternatives.

### MATCHING DONORS AND CAPACITIES: EMERGING POSSIBILITIES

#### Philanthropic & Innovative Donors

Foundations supporting marginalised groups (sex workers, informal traders), diaspora networks, faith-based funders. They often value authenticity over polish, and fund organisations that are issue- or constituency-driven rather than structured in conventional ways: there is more room for diverse organisational setups. But this requires different capacity building: emphasising representativeness and genuine ability to work with marginalised groups — which is challenging because these organisations often have weaker formal structures.

These donors are harder to track, but MSF has existing connections with such networks (for example, around sex worker support) that could be tapped into.

#### Identity-Driven Funding: What It Means for Capacity Support

In many funding spaces focused on key-population movements, donors actively recognise and support organisations that are community-led, even when they are not fully formalised. For these funders, the crucial element is the group's identity, lived experience, and legitimacy within the community, not whether it has all the structures of a formal NGO. Because donor priorities differ, the identity and networks of a community organisation naturally shape the kinds of funding it can access.

This means that MSF's choices about which groups it supports, and how, directly shape the opportunities those groups can access. In Beira, for example, sex workers were channelled through an organisation they did not fully identify with, which limited access to funding spaces that specifically prioritise sex worker-led groups. This illustrates that determining "capacity" or organisational pathways cannot sit with a single project function alone; different MSF teams hold pieces of the picture — identity, networks, technical knowledge, and sector linkages — that need to be brought together. MSF already has connections with key-population movements and specialised networks, and a coordinated internal approach would allow community-led groups to link into the institutional spaces where their identity is recognised and valued.

EXAMPLE

Private sector donors, social corporate responsibility.

Private sector, local businesses, mining-related philanthropies (in South Africa), community investors. Local wealth-holders often have genuine interest in their communities. The scale varies from local traders to large companies. The project found capabilities to engage with them.

The challenge is navigating local power dynamics without being extracted or compromised. For example: mining companies in South Africa offer support that MSF might not accept, but its partners might feel pressured to. This requires clarity on ethical boundaries.

### Sustainability Emerged Through Individual Commitment (s)

#### EXAMPLE

When we checked what was left in Rustenburg after the formal handover, we found that only one of the health centres was still functioning, and very little of what MSF had handed over remained in practice. The continuation of this centre did not appear to be linked in any clear or direct way to the CBO that the project had supported. Instead, it survived because a committed forensic nurse and a supportive facility manager — neither of whom were part of the project’s organisational strengthening — kept it running with small local contributions such as refreshments, basic supplies, and occasional help from nearby businesses and personal networks.

This support was informal and operated outside the structures MSF had invested in. It relied on the motivation of individual actors and local goodwill, rather than on the project’s CBO-focused capacity-building. The case shows that continuity can come from different, sometimes unexpected places. It highlights the importance of looking beyond a single organisation or set patterns and recognising that real continuity may depend on a broader mix of people and informal relationships than the formal handover model assumes.

It is also worth noticing that in Rustenburg the TIC project started only after the MSF project ended. Some CBOs supported by the TIC project did indeed engage in SGBV issues, but not in ways linked to the original service / MSF project.

### Community-Based Fundraising

Micro-giving, income-generating activities (cafés, services, hall rentals), collective fundraising structures, crowdfunding. Community members become investors, not beneficiaries. Accountability shifts from upward to horizontal.

The project found interesting examples. What was striking: alongside generating income, these models also generated more relevance, legitimacy, and networks within communities. The money was secondary to the community engagement itself.

### Beyond reliance on donors: Community Fundraising in Rustenburg

#### EXAMPLE

The TIC project helped inspire small, community-driven fundraising practices that strengthened the CBO’s autonomy. One example was the “10 Rand Campaign,” where community members contributed small amounts. This made participation easy, built visibility, and reinforced trust through simple thank-you messages. The CBO also engaged with gardening, and opened a small internet café offering printing, CV support, photocopying, and basic internet access—meeting a local need and generating a modest, steady income.

The TIC project encouraged the group to recognise and use assets they already had, especially their community hall. Renting out the hall, tables, and chairs for funerals, church events, and family gatherings created a reliable income stream in an area with few public venues. Importantly, these efforts shifted fundraising from individual responsibility to a collective process, with caregivers, cooks, youth volunteers, and staff all contributing ideas. This broadened participation strengthened legitimacy, sparked creativity, and ensured that fundraising stayed rooted in real community priorities.

### Volunteerism & Community Labour

Work run by volunteers—community health workers, caregivers, activists. Essential work, often invisible. For grassroots organisations working directly with communities, financial growth is not always the goal. Sometimes the goal is simply to work well with your base—and the project witnessed this as a genuinely challenging goal to navigate.

There is also a fifth pathway, often overlooked: public institutions and community accountability. Sometimes the community itself is there to ensure money is well spent. This is not a funding source, but a form of accountability and legitimacy that matters.

## EXAMPLE

**The Thin Line Between Voluntarism and Professionalisation**

Although the TIC project discourages incentives, the experience in Beira shows why teams may still rely on them when community work requires real costs—especially transport, airtime, or small emergency support for survivors of violence. Incentives started before the TIC project started engagement, in the forms of ‘incentives’ to support project activities. The allowance MSF provided had a clear rationale: it prevented volunteers from paying out of pocket for work they were doing on behalf of the project. But in the local economic context, and as responsibilities increased, this reimbursement was easily interpreted as a salary rather than a cost-covering allowance.

This blurred the line between volunteer and staff, creating confusion, frustration, and internal tensions within the partner organisation. Competition also increased once the allowance became linked to activity reporting. The Beira case shows that incentives are not neutral: they shape expectations, roles, and how community organisations understand their work.

It also highlights a broader lesson: simply discouraging incentives does not resolve the underlying tension. Once community roles become more structured and demanding, issues of compensation and responsibility inevitably arise. A more grounded approach is needed—one that recognises how incentives interact with community capacity, organisational identity, and the economic realities volunteers face.

**Public Services & Community Control**

In some cases, essential services should not depend on community fundraising at all. Health clinics, schools, water systems, and protection services are public responsibilities. Communities are not meant to finance these services; they are meant to hold them accountable.

This is not a “funding source” for organisations. It is a reminder that some gaps should be filled by the state, not by volunteers or donors. The community’s role is oversight: checking whether clinics are staffed, whether medicines are available, whether services are accessible and respectful, and raising issues when they are not.

This matters because community organisations are often pushed into covering for government failures—fundraising, volunteering, and stretching themselves to fill gaps they should not be asked to fill. The real question becomes: can organisations and communities work together to insist that public institutions deliver the services they are mandated to provide? And can MSF support this kind of advocacy alongside its community work?

For some CBOs, sustainability is not about “how do we keep fundraising?” but “how do we make sure the government provides basic services?” That requires a different type of capacity-building—one focused on accountability, voice, and local influence rather than income generation.

## EXAMPLE

**Accountability as an investment in sustainability**

During the Kiambu handover evaluation, the team piloted a simple community-led monitoring activity with HACK. Using a short co-designed questionnaire and basic mobile data collection, community members were able to gather clear, reliable information about service quality. No specialised tools or technical skills were needed.

This example aligns with other MSF practices already in use — such as Adolescent Advisory Boards in Harare, which provide structured feedback on youth services. It shows that community actors within the TIC project can observe, record, and report whether services are accessible, respectful, and meeting their needs.

The Kiambu pilot demonstrated that community-led monitoring can be light, repeatable, and effective. Importantly, it can be introduced much earlier in a project’s life – not only during evaluations – making it a practical tool for strengthening accountability throughout implementation.

## UPTAKE *WITHIN* MSF

### THE INTERPLAY BETWEEN THE TIC PROJECT AND MSF PROJECTS

Accompaniment emerged as one of the defining features of the work across countries. How it happened depended greatly on the relationship between the TIC project and the MSF projects in which it was embedded. The TIC project aimed to strengthen community engagement and organisational capacity across MSF missions; yet it did not always intervene directly. Instead, accompaniment unfolded through two intertwined levels that were not clearly distinguished in planning or reporting, and which CBOs experienced as a single, blended presence.

At the first level, the TIC project team provided direct facilitation and capacity-building, offering tools, governance support, financial and administrative coaching, and thematic workshops across countries. This was the most visible expression of the TIC project: structured, intentional, and recognisable to partners as a form of mentorship designed to help organisations grow. The TIC project also coached MSF staff, introduced common frameworks, and encouraged cross-country learning, thereby shaping the way accompaniment was delivered within projects.

At the second level, MSF project teams themselves played a central—and sometimes dominant—role in accompanying CBOs. In several countries, project staff engaged with CBOs on a weekly or even daily basis, helping them navigate documentation, outreach, community events, and coordination with local authorities. This support was integral to how CBOs developed their operational capacity, but it was often difficult to tell whether it stemmed from the TIC project’s design or from project necessities. As a result, accompaniment was frequently perceived by CBOs not as a separate initiative but as part of MSF’s broader operational relationship with them.

Because the two levels operated simultaneously and were not clearly articulated, MSF’s positioning shifted fluidly between coach, supervisor, technical advisor, and partner. In places like South Africa, where TIC project and project teams worked closely and consistently with CBOs, the coaching relationship was relational, adaptive and grounded in trust. In Beira, where MSF’s medical project carried significant reporting obligations, accompaniment took on a more supervisory tone, especially around data and activity planning. Both expressions were “MSF,” and partners often experienced them together, even when they carried different intentions.

Modality	What This Looked Like in Practice
Regular check-ins and follow-up visits	In South Africa and Malawi, MSF staff met CBOs monthly or bi-monthly to review progress, refine plans, and address internal challenges. These visits often produced tangible results — improved governance, clearer plans, and new fundraising initiatives such as the 10-rand campaign or community internet cafés.
Workshops with personalised coaching	Across countries, workshops on governance, project management, referrals and communication were followed by targeted mentoring. This allowed CBOs to apply new skills directly to organisational problems, a link clearly reflected in the survey results where partners associated training with concrete improvements.
Adaptive and demand-driven mentoring	Many CBOs described MSF’s accompaniment as responsive to emerging needs: helping develop proposals, troubleshoot reporting issues, strengthen systems, or rethink organisational identity. In South Africa, this included inclusive design conversations (e.g., involving cooks in proposal planning) that reinforced collective ownership.

<b>Cross-organisational and external connections</b>	Mentoring also facilitated access to local authorities, NGOs, MoH teams, and other CBOs. In Kenya this led to MoU development and stronger collaboration with county government; in Zimbabwe it included joint Psychological First Aid training and inter-CBO exchanges.
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Country / Setting	How Accompaniment Happened
South Africa	Many CBO engagements began <b>late in the project</b> , so the TIC project team <b>carried most of the accompaniment</b> , especially around governance, planning, and organisational development. Local teams were involved but had <b>limited time</b> to integrate CBO work into routine project structures.
Beira (Mozambique)	Accompaniment occurred <b>throughout an ongoing medical project</b> , with <b>local MSF teams providing the majority of day-to-day support</b> (data, outreach, activity planning). The TIC project contributed mainly through <b>periodic visits and structured capacity-building inputs</b> .
Malawi	Local project staff were <b>actively trying out new ways of engaging CBOs</b> , with accompaniment delivered through <b>regular operational contact</b> . The TIC project provided <b>occasional mentoring and workshops</b> , but daily support came from the project team.
Kenya	Accompaniment combined <b>project team support</b> (especially in work with authorities and coordination) with <b>TIC project-led workshops and targeted follow-up</b> . Timing was <b>mid-project</b> , giving space for both layers to contribute.
Zimbabwe	Support took the form of <b>training and specific joint activities</b> , mostly organised by the project team, with the TIC project providing <b>inputs during visits</b> . Day-to-day coaching was <b>less continuous</b> , as CBO engagement was still being shaped.

This layered arrangement produced genuine strengths—responsiveness, continuity of support, and alignment with operational realities—but it also introduced ambiguity. The lack of a clear boundary between TIC project and MSF project made it hard to identify who was driving which aspect of accompaniment, or how roles were meant to complement one another. (the idea was to integrate TIC project work into the Projects ‘objectives, but this also caused some blurring).

What the evidence shows is that accompaniment was always present, but rarely uniform: its form depended on context, maturity of the organisation, internal project pressures, and the degree to which TIC project and MSF project staff worked in concert.

Despite this variation, CBOs overwhelmingly interpreted MSF’s engagement as supportive. What they encountered—whether through structured mentoring, daily problem-solving, or guidance during transition periods—was a consistent sense of partnership and investment in their growth. The TIC project therefore influenced capacity-building not only through its direct actions but through the practices it encouraged within MSF projects, shaping how staff worked with communities long beyond the moments of formal training.

## ENGAGEMENT OF MSF STAFF IN THE PROJECT

*“It’s not true that we don’t do community engagement... there’s a lot and, well. MSF is not bad at this in some projects. It depends on who is working in the projects. It depends on the quality and understanding of an individual. Personality has a lot to say on how you relate to people, patients, tasks”*

Across interviews, staff consistently framed the TIC project as landing on already fertile ground re: community engagement. Many had been trying—sometimes under the radar, sometimes challenging existing practices to work in more collaborative, community-centred ways. Others found the approach entirely new yet immediately recognised its value and relevance to their context. Despite these different starting points, the TIC project resonated strongly across the board.

- **Some staff emphasised that they had been pushing in this direction already.** They described practices that pre-dated this TIC project: involving communities informally, simplifying tools on their own initiative, or trying to build trust and distributed responsibility in ways that MSF structures did not always support. They saw the TIC project as giving visibility, language and legitimacy to what they had long felt was needed. As one person put it: “We were doing pieces of this, but without a method and without permission.”
- **Others said the approach was new to them, but it made immediate sense.** Most had little or no prior experience with participatory methods. What MSF traditionally called “community engagement” had meant mobilisation, Information, Education and Communication (IEC) sessions or networking—not joint planning, mentoring, power analysis or shared decision-making. For these staff, the TIC project was described as a “spark,” an “eye-opener,” or a needed corrective to the habitual late-stage scramble around handover. They quickly adopted the approach because it made their work feel more relevant, sustainable and grounded.
- **All felt the lack of organisational support (and the TIC project partially patched this):** Teams were learning by doing because there was no organisational model to guide them. They repeatedly asked for the same things: examples from other missions, mentoring basics, flexible tools, clear stages of capacity building, and ways to avoid reproducing MSF’s own hierarchies inside CBOs. In both groups—those already experimenting and those encountering this work for the first time—the sense of navigating alone was a common thread. The TIC project helped to fill the gap.
- **The desire for community-focused work is already there and strong.** The TIC project did not create the desire for community-centred work; it surfaced and connected what had been scattered, improvised and often invisible. What staff now need is not a heavy new model, but light organisational connectors—shared mentoring approaches, participatory methods, adaptive guidance, and spaces to learn from each other—so that these practices no longer depend on individual initiative.
- **Some existing advisory roles and specialised support functions** (e.g. on sex work, LGBTQ+ health, or community organising) could also be drawn upon more systematically to provide this type of light, context-sensitive guidance.

The table that follows summarises how these shifts translated into concrete changes in how staff worked, decided and understood their evolving role in community-centred programming.

	Business as usual	Changes in practice	Concrete examples (country)
<b>1. Starting earlier &amp; designing with CBOs</b>	Treated community structures at the end of the project cycle (handover stage).	Involved CBOs <b>during setup</b> , used formal self-assessment workshops to define joint strategy.	<b>Zimbabwe – Gwanda project:</b> TIC project + MSF identified ZIMSHEC during pre-launch (late 2023) and ran a full CBO assessment in Jan 2025 to plan capacity-building.
<b>2. Moving from training to long-term mentoring</b>	Delivered one-off trainings, checked compliance, or corrected mistakes afterward.	Held <b>weekly / monthly mentoring sessions</b> , doing tasks side-by-side over many months.	<b>South Africa – Rustenburg (finance):</b> weekly 2–3h mentoring sessions for a year. <b>Rustenburg (M&amp;E):</b> 3 months of mentoring, monthly data reviews with CBO.
<b>3. Adapting tools instead of imposing MSF systems</b>	Applied MSF templates (reporting, HR, M&E) and expected CBOs to follow.	<b>Created tools with CBOs:</b> simpler indicators, new reporting formats, adapted HR concepts to literacy levels.	<b>South Africa – Rustenburg (M&amp;E):</b> rejected MSF quarterly format; co-created 8 CBO-level indicators. <b>HQ staff in South Africa:</b> simplified MSF HR and fundraising training materials for mentoring, addressing English and literacy barriers.
<b>4. Seeing communities as experts, not just mobilisers (attitude + practice)</b>	Prioritised formal qualifications; treated communities as deliverers of messages.	Hired people from the key populations, valued lived experience, let CBOs define their own training needs, used feedback to adjust services.	<b>Mozambique – Beira:</b> realised LGBTQ+ and sex workers’ lived experience is essential. <b>Zimbabwe – Mbare project:</b> Youth advisory input changed HIV education frequency.
<b>5. Sharing power, visibility &amp; decision-making</b>	Represented MSF alone in coordination spaces; made decisions internally; kept recruitment internal.	Promoted CBOs in external meetings; co-ran recruitment; acknowledged micro-management when it happened.	<b>Zimbabwe – Gwanda:</b> MSF promoted ZIMSHEC in national meetings, leading to direct invitations. <b>South Africa – Rustenburg:</b> MSF joined CBO recruitment panels for technical assessment. Beira, Mozambique – <b>PrEP study:</b> staff recognised slipping back into micro-management.
<b>6. Questioning MSF’s own systems &amp; limits</b>	Assumed MSF standards, equipment, and procedures were the natural reference point.	Critically examined whether MSF systems fit local realities; prioritised lighter, sustainable approaches.	<b>South Africa – Rustenburg:</b> MSF tools seen as “not useful” for CBO reporting. <b>Mozambique:</b> HR acknowledged MSF processes often too complex for grassroots orgs; simplified admin expectations.
<b>7. Making invisible work visible</b>	Treated community engagement as “health promotion” or secondary.	Began using community mapping, advisory boards, participatory charters, and feedback to steer activities.	<b>Zimbabwe – Harare:</b> co-created patient charter, feedback SOP, advisory board; youth feedback directly changed service delivery.
<b>8. Medical staff redefining “medical work” to include community-led systems</b>	Medical teams focused on direct service delivery; saw community engagement as outside their role.	Medical coordinator recognised sustainability limits of MSF-run services and backed community-driven, lighter models like microplanning.	<b>Mozambique – Beira:</b> medical activity manager shifted from mobile-clinics to supporting peer-led microplanning, acknowledging MSF’s model was unsustainable.

<b>9. Recognising and managing the political economy of CBO ecosystems</b>	Treated CBOs as isolated partners; unaware of competition and donor-driven distortions.	Began noticing how MSF funding creates power imbalances; reflected on risks of favouring one CBO; sought ways to reduce harmful competition.	<b>Mozambique</b> – Beira: staff identified harmful competition between Takaezana and emerging CBOs, partly caused by MSF incentives and donor data requirements.
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All of this is not about small adjustments. It shows a real shift in how staff understand their work and their role inside a community system. When a medical coordinator starts to rethink what “medical work” actually is, this is a concrete recognition that MSF’s high-resource way of working cannot simply be handed over: community-led structures need to be part of the set-up from the beginning.

At the same time, staff are realising that community engagement is not a technique to apply. It is political. It forces them to ask different questions—not only “How do we train people?” but also “What do MSF resources, incentives and data requirements do to this ecosystem?” This is a move away from a purely technical mindset toward one that pays attention to relationships, power, and context.

What is striking is that staff seem ready for this. They talk about it as something necessary, something overdue, and something that actually makes their work make more sense.

### SUPPORTING INNOVATIVE PRACTICES

A key lesson from the TIC project is that when MSF teams were given space, they naturally began innovating, challenging assumptions, and developing new practices. These are the domains where the TIC project opened doors — and where staff walked through them with energy, creativity and realism. What follows are the strategic areas that emerged from their experience: areas of learning, tension, and opportunity that can guide future MSF programming and clarify where organisational support is most needed. Each reflects what staff actually did, what they struggled with, and what they consistently worry will be lost if the TIC project ends without stronger institutional anchoring.

Staff worried about sustainability after the TIC project ends; loss of people and institutional memory; reduced support; and the lack of anchoring for this work inside MSF.

The five areas below indicated areas mentioned by respondents where MSF should concentrate effort if it wishes to consolidate, rather than lose, the gains of this approach.

#### Strengthening capacity building as Accompaniment

From the beginning, the TIC project never applied a single, fixed model of capacity-building. Teams iterated, experimented and combined different forms of support depending on context. This flexibility became one of the most important lessons. Across missions, staff blended conventional trainings, ongoing staff-led mentoring, and targeted consultant input—each addressing different needs at different moments. What emerged was a form of adaptive accompaniment, with support shifting as CBOs gained confidence, hit bottlenecks, or required specialised skills. Systematising these options could become an important advisory role for the TIC project moving forward.

Mentoring, in particular, surfaced as both highly valuable and highly demanding: rewarding and engaging, yet challenging to sustain. It required abilities MSF staff are rarely prepared for—pacing learning, simplifying

tools, co-creating solutions, and navigating internal CBO dynamics. It also proved fragile under operational pressure; when workloads intensified, teams tended to slip back into directive, target-driven modes. The experience shows that many roles—not only community engagement profiles—can mentor effectively when supported, but that accompaniment cannot rely on improvisation alone. The TIC project integration was “to see all project profiles providing capacitation support”. To sustain this work, MSF will need light frameworks that help teams structure adaptive support, while protecting the time and relational labour that make mentorship meaningful. What is needed is dual support: to the CBOs, but also to MSF staff.

### What Mentoring (by MSF staff) Required in Practice

Mentoring became one of the TIC project’s most demanding areas of work. In Mozambique and South Africa, staff described clear, practical requirements that extended far beyond MSF’s usual expectations for training or technical support.

- **Sustained time investment.** Mentoring involved regular sessions — often weekly or bi-weekly, lasting one to two hours — carried out over several months. It required additional time for transport, follow-up, and preparation, and had to be fitted around normal MSF workloads.
- **A role staff had not been trained for.** Most staff had never mentored before. They were accustomed to delivering technical trainings or supervising tasks, not guiding a months-long learning process or pacing development according to the CBO’s confidence and capacity.
- **Significant pedagogical variation.** Some staff adapted their methods to literacy levels and learning pace, breaking tasks down and working step by step. Others relied on standard training materials (such as PowerPoints) that did not match the context. It was clear—sometimes from CBO accounts, sometimes from the mentors’ own reflections—that these different approaches landed differently. In several cases, staff noted a lingering sense that “people might not have fully got it,” and there were no consistent routines for checking understanding. Part of this variation reflected differences in people’s pedagogical orientation. Some staff naturally reproduced the “frontal training” style they were accustomed to in their technical roles, while others were more comfortable adapting, questioning, and using hands-on demonstrations. Time spent with CBOs, confidence in mentoring, and personal inclination all shaped how learning was approached. Where methods were more interactive and adapted, learning tended to be smoother and more grounded in real tasks.
- **Foundational capacity gaps shaped the work.** CBOs often needed support with basic administrative and digital skills. Mentoring required repeated practice, slow progression, and constant adjustment to ensure tasks could be carried out independently.
- **Redesigning tools and navigating organisational dynamics.** Standard MSF templates were often too complex, requiring staff to simplify reporting formats, create new indicators, and adapt processes to local realities. This work was intertwined with internal CBO dynamics such as overlapping donor requirements, unclear roles, and leadership gaps. Effective mentoring therefore required both technical adaptation and careful relationship management. Some staff were able to adjust tools and practices, but doing so demanded judgment, negotiation, and the ability to make the case for change within MSF’s own systems — a challenge that many had to learn through experience.
- **Easily disrupted by operational pressures.** When projects faced tight timelines or shifting priorities, mentoring was the first activity to shrink. The work proved highly sensitive to MSF’s operational rhythm.
- **Impact was real but often invisible.** CBO teams gained practical skills and confidence, but the learning remained informal. Without certificates or formal recognition, mentoring outcomes were sometimes undervalued or overlooked by both MSF and CBOs.

**Overall:** Mentoring required time, adaptive pedagogy, redesign of tools, and relational work that staff had to develop through practice. It was essential to meaningful capacity-building but not well supported or recognised by MSF systems.

## Building Shared Learning and a Critical Mass

Teams repeatedly described learning by doing—experimenting, troubleshooting, and discovering effective practices in real time. What they lacked was a way to share this learning beyond their immediate team. Many said they did not know how other missions approached similar challenges; exchanges happened informally, often by chance, and depended on individuals acting as champions.

There was clear appetite for structured cross-learning: opportunities to observe other projects early, access flexible tools, understand common pitfalls, and adapt approaches without reinventing the wheel each time. The TIC project offered glimpses of this—requests for cross-learning, contributions to scientific days, informal peer support—but these remained ad hoc. A more intentional, strategic learning architecture is needed: one that identifies emerging practices, supports champions, and links this work to other similar projects across MSF (including other community-oriented TIC initiatives).

### EXAMPLE

#### Learning champions

Across missions, a few staff members organically became “learning champions.” They shared their experience with other MSF teams, responded to unsolicited requests for guidance from countries like Bangladesh and Kenya, presented their work at MSF Scientific Days in Asia and Latin America, and were invited to upcoming regional meetings. The Project Team also made some Conference presentation sharing their experiences. These exchanges arose informally, without organisational coordination, but showed that teams elsewhere were actively seeking out the approach.

Beyond capacity as “CBO formalisation” towards ecosystem.

In several cases, project teams realised that relying on a single formal CBO could be limiting. In Beira, for example, supporting only one sex-worker organisation created friction with another small group that was also becoming active. Staff saw that MSF’s own funding and reporting systems were unintentionally fuelling this competition. As a result, they maintained informal relationships with both groups—sometimes driven by individual staff commitment—rather than funnelling all collaboration through one partner.

Similar patterns emerged elsewhere. Projects began shifting toward more networked forms of engagement: linking peer groups, informal collectives and small initiatives into loose local platforms. Much of the practical work happened through these relationships, rather than through a single formal organisation.

This highlights the importance of thinking not only about strengthening individual organisations, but about supporting networks and community ecosystems. The TIC project encouraged this direction, but formal capacity-building frameworks often remain oriented around single entities with administrative structures. Despite this, early signs of a genuinely ecosystem-based way of working are already visible in practice.

This will be explored further in the ecosystem section.

## EXAMPLE

**Zimbabwe – Starting Early and Thinking Beyond One CBO**

In Gwanda, the team developed a three-layer way of working that moves beyond the idea of having “one partner CBO.” First, they strengthened an existing formal organisation, ZimSHEC, because formalization in Zimbabwe is essential for accessing funds, joining national platforms, and surviving after MSF leaves. Second, they kept engagement open with other emerging groups, such as peer networks around the mining sites, supporting them informally without pushing them to become a CBO before they are ready. Finally, MSF acted as a connector, linking both formal and informal actors to platforms, funders, and networks where they would not normally have a voice. Together, these three layers show how capacity-building can support not just one organisation but an entire local ecosystem.

**Designing for Continuity from the Start**

A key insight from the TIC project is that supporting projects early—rather than only at the handover stage—opens up entirely different possibilities. Once the TIC project began engaging from the start of new projects, teams found they had the space to think differently: to explore who was already active locally, to test lighter approaches, and to adjust MSF’s model before it became fixed.

This early involvement made projects more adaptive. As teams worked with local actors from the outset, they could see what was realistic, what could continue, and where MSF’s systems needed simplifying. In several sites, this led the project to “morph” over time: shifting emphasis, scaling differently, or co-creating tools that better matched local capacities. These were not late handover fixes—they were changes in the project’s DNA and adapted to the care models to support.

**Anchoring Community-Centred Approaches Inside MSF Structures**

Across interviews, staff worried that the progress made through the TIC project will fade without stronger organisational embedding. Much of this work still remains invisible in planning tools, revision processes, and technical guidance, leaving teams to reinvent approaches that others have already developed.

Several staff suggested establishing a designated reference point at HQ or regional level—similar to existing referents for WASH or Health Promotion—to advise teams and keep this work on the radar of new projects. Future programming will also need to integrate community-mapping and participatory standards into exploratory missions and provide organisational clarity on practical issues that shape continuity, such as asset and exit policies. Without this, each new project risks starting from zero—despite the substantial learning now available across missions.

## THE HANDOVER CHALLENGE

### WHY STILL FOCUS ON HANDOVER?

The TIC project was originally conceived within MSF’s long-standing concern about the “handover challenge.” Its early framing focused on strengthening local partners so that key services could continue after MSF’s exit — a concern that remains entirely legitimate. The project documents speak explicitly to this: “We aim to support successful exit strategies by leaving empowered local partners that ensure continuity of care and a sustained community presence long after MSF has left.” In this sense, the ambition of sustainability has always been central.

As the TIC project unfolded, however, its scope expanded significantly. What began as an effort to improve handover evolved into something broader: an exploration of how community organisations can shape, adapt, and even transform MSF projects throughout their lifespan. This shift did not replace the original concern for continuity; rather, it revealed that continuity itself depends on much earlier and deeper forms of community engagement than MSF typically practices.

For this reason, I continue to use the handover lens in this analysis — not because the TIC project remained solely about handover, but because handover remains a practical and recognisable entry point for MSF teams. It names a concrete organisational anxiety, one that staff encounter in almost every project: *What will remain when we leave?* Beginning from this familiar question provides a bridge between MSF’s operational realities and the TIC project’s broader insights. It helps show how community engagement is not an abstract aspiration, but a direct response to the real constraints MSF faces when planning for continuity.

In this reframed perspective, “better handover through community engagement” becomes shorthand for something more fundamental: aligning MSF’s project design, partnership choices, and daily practices with the actual ways communities sustain care over time. The urgency of the handover problem thus remains, but it now serves to motivate a deeper transformation — one that expands far beyond the moment of exit and into the entire project cycle.

### WHAT THE TIC PROJECT ACTUALLY ACHIEVED

Across sites, the TIC project showed that:

- **Community actors can be strengthened in ways that matter** — several partners continued outreach, mobilisation, community mapping, advocacy, or peer support well after MSF stepped back.
- **Community engagement reshapes projects** — once communities were involved early, projects adapted, simplified, and became more realistic.
- **MSF staff can transform how they work** — shifting from technical delivery to relational mentoring, co-creation, and flexibility.

These achievements show that community-led continuity is possible — but they also highlight the deeper limits of MSF’s own model. Even with stronger CBOs and early engagement, most MSF projects remain built on systems, protocols, resources, and ways of working that cannot realistically be handed over. In this sense, the handover question remains pressing not because communities fall short, but because it exposes what MSF itself is unable or unwilling to let go of. Asking “how do we hand this over?” becomes another way of

asking “which parts of the MSF project are too tied to our own logic to ever be sustained locally?” — and this is precisely where the TIC project pushes MSF to reflect.

**TWO HARDER QUESTIONS MSF NOW NEEDS TO CONFRONT**

The TIC project does not resolve the handover challenge. Instead, it sharpens two questions that run through the rest of this report. And, of course, provides rich insights and experiences to address them

Handover of what?	Handover to whom?
<p>This question is not simply about defining a package of activities. It forces MSF to clarify whether handover is meant to sustain <i>care and outcomes</i> or to sustain <i>MSF’s own service model</i>. The TIC project shows that these are not the same — and that much of what defines an MSF project (its systems, standards, protocols, resources, and managerial routines) cannot be transferred. Asking “handover of what?” therefore becomes a way to identify which elements genuinely matter for continuity, and which elements reflect MSF’s internal logic rather than community needs. It is a question about what MSF must preserve, but also about what MSF must let go.</p>	<p>The TIC project shows that continuity is not held by a single organisation. It is sustained by an entire ecosystem of actors: informal peer groups, traditional structures, clinic staff, local advocates, emerging CBOs, local authorities, and social networks that may not appear in MSF’s formal mapping. Asking “handover to whom?” expands MSF’s understanding of who actually carries health functions between crises, and it widens the circle of representation. It shifts MSF away from the assumption that one designated partner can “receive” an MSF project, and toward recognising the multiple actors — often the least visible — who already sustain care.</p>

The two questions — *handover of what?* and *handover to whom?* — only make sense when read together. The TIC project shows that MSF often defines the “what” (the functions it wants to see continue) without a realistic understanding of the “whom” (the ecosystem that actually sustains care). This produces continuity plans that do not match local capacities. Conversely, when MSF selects the “whom” first — usually a single CBO — without clarifying the “what,” it expects that actor to absorb functions that exceed their mandate or legitimacy. The TIC project’s most important finding is this: sustainability requires alignment between the function and the ecosystem, and this alignment is rarely present in MSF’s current project design.

**HANDOVER AS A STRONG STARTING POINT**

The TIC project’s ambition moved beyond handover, but I use the handover lens because it exposes MSF’s structural limits more clearly than the language of community engagement.

The TIC project demonstrated the value of strengthening CBOs and involving communities earlier in MSF’s work. But it also showed that MSF’s current systems and ways of working make it very hard to imagine care that is genuinely community-oriented from the start. Even the capacitation model — while useful — still reflects an MSF-driven logic: MSF identifies, assesses, plans, structures, mentors.

This is a structural limitation of MSF, rooted in its identity. Community-centred care requires methods, relationships and organisational habits that do not belong to MSF as it is today. Over decades, MSF has become an organisation that steps into institutional voids with its own systems, protocols and operational machinery. This “gap-filling” identity underpins MSF’s strengths — rapid action, strong standards, self-reliance — but it also means that MSF naturally recentres itself in any setting. The TIC project showed that many staff genuinely aspire to work in more community-rooted ways, yet they operate within an organisational model designed to deliver care *in place of* weak systems, not *together with* the community ecosystem that already exists. This tension makes community-centred approaches difficult to imagine from the start. The TIC project helps MSF

move in that direction, but it also reveals how far the organisation is from being able to design care *with* communities by default, rather than positioning communities as recipients of MSF support.

Another challenge is that much of MSF still experiences “community engagement” as something external to its core business — an add-on, or an idealised model that belongs to a different kind of organisation. Handover is different: it is a concern MSF teams already recognise as theirs, grounded in immediate operational dilemmas. Framing the findings through the handover question is therefore a deliberate choice. It starts from a problem MSF owns and uses it to make visible what the TIC project has revealed: that who will be there at the end depends on how MSF chooses to work from the beginning. In today’s MSF, asking what happens at the end is often the most effective way to force a discussion about how MSF enters, relates to communities, and structures its projects from the start.

## LEARNING

### MSF Has a Handover Problem — and Needs to Confront It

Across missions, MSF’s handover processes remain inconsistent, weakly documented, and rarely revisited. Once MSF leaves, projects often disappear from organisational memory. What happens next — to patients, services, community networks, or partner organisations — is usually unknown unless individual staff stay personally connected. This is not a system; it is luck.

The TIC project made this visible. In Kiambu, the project conducted an evaluation of the handover process as it happened but of course follow up will be needed to understand what will happen in the long term. In South Africa, MSF’s own handed-over community centres were not revisited by the TIC project.

MSF has no systematic way of knowing what remains of its work, and therefore no systematic way of learning from handover. A simple organisational practice — periodically sampling past projects, revisiting what endured and what did not — could provide the most relevant evidence MSF currently lacks. It would clarify which functions communities sustain, which fall apart, and which depend entirely on MSF’s internal model. Confronting this reality is essential: without understanding what happens after exit, MSF cannot meaningfully plan for continuity or design projects that communities can actually carry forward.

## ECOSYSTEM (CARE... WITH WHOM?)

### WHO WILL REMAIN?

When planning for sustainability from day one, it helps to **backcast** from a possible post-handover scenario: picture the likely configuration of actors and responsibilities and then work backwards to understand what capacities, structures and relationships need to be developed. Crucially, this requires acknowledging that **different actors may play different roles**, and that these roles are not fully knowable in advance. They will emerge and evolve as the project unfolds, as community dynamics shift, and as MSF, the Ministry of Health and community groups learn more about what is needed and feasible.

Despite this uncertainty, it remains essential to sketch a **provisional future scenario**. In many contexts, the Ministry of Health is expected to take full responsibility for clinical and facility-based services after MSF exits, while community actors continue and reinforce complementary functions such as mobilisation, linkage, monitoring, accountability, advocacy, prevention and community support. Using backcasting in a flexible and adaptive way allows teams to plan toward sustainability while remaining open to the emergence of new roles, capacities and partnerships along the way.

Planning for sustainability requires then **acknowledging the real diversity of actors** who sustain care. The people who can keep support going are not only formal organisations but an assemblage of informal groups, peer mobilisers, survivor advocates, committed facility staff, traditional structures, neighbourhood connectors, and emerging collectives. These actors rarely fit an NGO template, and their roles are fluid, overlapping, and context-specific. Starting from an ecosystem perspective — rather than from a single “partner organisation” — makes this diversity visible and recognises that continuity depends on a network of contributions, not on one structure absorbing MSF’s work.

The table below illustrates broad **categories of community roles** that may be relevant post-handover. These categories are not fixed; they can be taken up by different actors depending on their legitimacy, interest, capacity and mandate, and they may evolve over time.

Role category	Description	Function (and linked examples)
Community access & mobilisation	Helping people know about, reach and use MoH services.	<ul style="list-style-type: none"> <li>• Mobilise for service uptake – organise community meetings or outreach days to encourage people to attend MoH clinics.</li> <li>• Support health-seeking behaviour – talk with peers about testing, treatment, follow-up and why using MoH services matters.</li> <li>• Navigate &amp; refer – link survivors of SGBV, people needing HIV care, or chronic patients to MoH facilities and other state services (e.g. Social Welfare, Police).</li> </ul>
Community monitoring & accountability	Watching how the health system performs and feeding information back to authorities.	<ul style="list-style-type: none"> <li>• Community-based monitoring – track stockouts, waiting times, stigma or poor treatment at facilities and document them.</li> <li>• Feedback to authorities – share this information with MoH staff, district health offices or District AIDS Councils.</li> <li>• Participate in governance – attend coordination platforms (e.g. district health or AIDS council meetings) to present community issues and follow up on agreed actions.</li> </ul>
Community advocacy & representation	Bringing community voices, especially	<ul style="list-style-type: none"> <li>• Advocate for better services – engage MoH or district officials to request improved opening hours, friendlier services, or specific services for key populations.</li> </ul>

	marginalised ones, into health decision-making.	<ul style="list-style-type: none"> <li>• Represent vulnerable groups – speak on behalf of sex workers, LGBTQIA+ groups, migrants, TB survivors, etc., in planning and review meetings.</li> <li>• Co-design with MoH/partners – join discussions on local health priorities and how services should be organised.</li> </ul>
<b>Community support &amp; prevention</b>	Providing non-clinical support and preventive actions that complement MoH clinical care.	<ul style="list-style-type: none"> <li>• Peer and psychosocial support – run support groups or offer basic emotional support to survivors of violence, people with HIV, TB survivors, etc.</li> <li>• Health education &amp; awareness – hold sessions on HIV, SRH, SGBV, NCDs, mental health or rights, aligned with MoH services.</li> <li>• Prevention &amp; lay activities (where allowed) – distribute condoms, share information on PrEP/PEP, do basic community screening or self-testing support, and link people to MoH for full care.</li> </ul>

The table above brings together all the community roles that appear across the project documents. Nowhere in the TIC project are these roles presented as a system or described in one place; they are scattered across proposals, toolkits, and country reports. Once combined, a clearer picture emerges — but this also reveals a gap.

The project assumes these roles will continue after MSF leaves, yet it never explicitly defines who should hold which roles, how they relate to one another, or what kind of community configuration is needed for them to function in practice. This lack of systematisation makes it difficult to plan for handover, to identify which actors are needed, or to understand what kind of support would actually prepare a community system — rather than a single organisation — to take on these functions.

With the roles finally made visible, the challenges become clearer. The challenge was to look at these roles being fulfilled by a formal structure (CBO) and not an ecosystem.

The roles needed after handover are too diverse for one organisation:

The project documents show a wide range of community roles after handover: mobilisation, linkage, monitoring, advocacy, support, prevention. The idea was for MSF to begin to experiment working with CBOs as one of the potential handover partners rather than silent recipients, but once these roles are put together, it becomes clear that no single actor can realistically take them all on — they require different skills, legitimacy and relationships. While the programme mentions complementarity, it still leans heavily on the idea that an MSF-supported CBOs will fill gaps left after exit.

Stakeholder mapping was strong, but selection narrowed the ecosystem too early:

Teams conducted rich stakeholder mapping that revealed a diverse landscape: CBOs, informal networks, peer groups, mobilisers, survivor advocates. But soon after mapping, the programme typically selected one main organisation for deeper support, and attention shifted almost entirely toward that actor. This meant many relevant groups identified in mapping received little follow-up, even when they were essential for trust or access.

Selection favoured organisations “ready to formalise,” not necessarily those with strongest community legitimacy or representation:

Across sites, the organisations chosen were those with some structure already in place or those able to absorb MSF-style formalisation (constitutions, reporting, financial tools). Emerging groups with strong community legitimacy or early organising momentum were left out because they did not yet fit an NGO

model. But interesting examples exist: in Mbare of the 5 CBOs chosen, 3 were just individuals (peers) who agreed to come together to form a structure

EXAMPLE

#### Formalisation and representation

In Beira, the project aimed to improve access to care for key populations, including sex workers and LGBTQ+ people. It engaged them not only as service users but also through community-driven outreach in which sex workers actively participated. Through this work, sex workers became increasingly connected to a wider network that the project helped create, including exchanges with local organisations and meetings that brought different groups together. Some Mozambican activists were also linked to sex-worker organisations in Malawi and Zimbabwe, while continuing to work locally through outreach and microplanning. These interactions encouraged sex workers to organise informally and begin discussing the possibility of forming their own group.

The TIC project selected an already registered organisation with the administrative capacity to receive funds. The emerging sex-worker group was considered too embryonic at that stage, and the project did not feel equipped to provide the level of support that a sex-worker-led structure would have required. Instead, support for sex workers was channelled through the established partner. This arrangement provided some continuity, but not at the depth or orientation that a sex-worker-run organisation might have offered.

Two issues emerged from this choice. First, representation: although the partner organisation agreed to include sex workers, it did not originate from the sex-worker community, and the fit was not entirely natural. For marginalised groups, having a space that reflects and affirms their identity is important, and this arrangement could not fully provide that. Second, the nature of the engagement differed. The sex workers who acted as focal points described their involvement as a personal commitment they hoped to sustain even after the project ended, whereas for other outreach workers it was more of a job. This contrast suggests a different type of organisational model was needed—closer to a movement or activist platform than a formal project-oriented CBO.

The emerging sex-worker group has since continued to develop with support from a local human-rights organisation. This is significant, both because sex workers showed high motivation throughout the project and because this support may give them access to resources designed specifically for sex-worker-led initiatives, which the LGBTQ+ partner could not provide. Some MSF staff also expressed interest in continuing to support the group voluntarily. Nevertheless, the opportunity to strengthen sex-worker leadership during the project itself was not taken, despite early recognition of the importance of sex workers having their own platform.

Support strengthened individual organisations and their networks, but did not always connect them into a broader network

Mentoring and capacity-building improved the internal functioning of selected CBOs, and many used this to build outward-facing relationships (e.g., with police, local leaders, clinics). However, the project rarely brought CBOs together (with the aforementioned exception of a community of practice meeting) or used these gains to create networks across actors. Some CBOs were linked to National networks, but the challenge was how the CBOs can sustain such considering that such national structures require annual registration fees. As a result, each CBO strengthened “its own ecosystem,” but inter-CBO relationships — the glue of a system — did not develop.

## EXAMPLE

**Networks around CBOs, not across them.**

One of the clearest strengths in Rustenburg was how each organisation used MSF's support to build its own local relationships and role in the community. Each grew in ways that were grounded, relevant, and shaped by the needs of the people they served:

- One organisation became a recognised community connector — engaging local leaders, building trust with the police, and linking people to protection and support.
- Another built strong presence through steady outreach with households, youth, and informal community figures, creating trust through consistent engagement.
- The third, smaller but deeply rooted, stabilised its internal work and continued to anchor an important local space for people who relied on it.

Together, these stories show how one-to-one mentoring helped each CBO grow outward and strengthen its own local ecosystem.

But these ecosystems grew in parallel. The organisations were aware of one another, but they were not part of the same networks and did not develop meaningful links. No shared activities, platforms, or collaborations emerged among the TIC-supported CBOs, and MSF's approach — centred on individual mentoring — did not create opportunities for them to connect.

Selection gravitates toward the familiar, and expanding beyond MSF's footprint is ongoing, uneven, and challenging:

Across countries, MSF often ended up partnering with organisations already within its operational orbit — groups involved in the Malawi withdrawal, or CBOs emerging from earlier MSF structures in South Africa. This wasn't planned, but it shows how easily selection defaults to what is known, trusted, and administratively feasible. Mozambique illustrates both sides of the challenge. MSF deliberately avoided tying the LGBTQ+ partner too closely to MSF staff networks — a positive step toward independence — yet the project still missed an emerging sex-worker-led group, showing how difficult it is to reach actors outside familiar pathways, especially when they are informal or newly organising. Taken together, these patterns show that expanding beyond MSF's footprint is possible, but it is slow, relational work. It requires intention, time, and continued outreach.

## WHAT WOULD MORE ECOSYSTEMIC WORK LOOK LIKE?

When a project is built around a single NGO or a small number of selected CBOs, the entire community landscape tends to be filtered through their perspective. This is inevitable: once an organisation becomes the main entry point, the people you meet, the problems you hear about, and the opportunities you notice are all shaped by that organisation's relationships and worldview. It is the familiar dynamic where, when you start with a hammer, everything begins to look like a nail. When the starting point is a CBO, everything looks like organisational capacity, and the wider ecosystem fades into the background.

This does not diminish the value of strengthening an organisation — the gains are real and often very visible. But it does limit the project's line of sight and narrows which actors and dynamics are recognised as relevant.

An ecosystemic approach begins somewhere else. Rather than starting with the identification of a partner organisation, it starts with the issue the project is trying to address: safety, care, mobilisation, protection,

belonging, or continuity of support. From this vantage point, the first question is not “which organisation can take this on?” but “who is actually sustaining care in practice?”

Once you look at care this way, a different picture appears. The actors who keep support going in daily life are not always formal organisations. They may be a committed nurse who keeps a service functioning despite limited resources; a facility manager who mobilises small contributions from local businesses; a neighbourhood mobiliser who knows every household; a survivor who quietly accompanies others; or an informal group that offers protection or solidarity. These people and groups form part of the care ecosystem even if they are not structured as CBOs, do not fit into capacity-building tools, and cannot easily be “formalised.”

This is the key distinction. A service-first lens looks for an organisation to “take over” when MSF leaves, assuming that continuity depends on a single institutional handover. A care-in-practice lens looks at how care actually continues — usually through a combination of formal and informal actors whose contributions, relationships and informal practices collectively sustain the work.

A more ecosystemic model would therefore begin with these realities, not with organisational templates. It is an approach that aligns closely with the principles of Ubuntu, which emphasise interdependence, shared responsibility, and forms of care rooted in lived experience rather than institutional design.

Guiding questions	What the project already shows
<p><b>1. Who is contributing?</b></p> <p>Formal NGOs? Informal groups? Mobilisers? Survivor networks? Local authorities? Facility staff? Traditional or religious leaders?</p>	<p>Evidence shows that care, protection, and mobilisation are carried out by a wide range of actors—not only CBOs. The project interacted with many of these actors, but often indirectly or through the chosen partner. Ubuntu encourages recognising interdependence from the outset; a wider lens early on would have made these contributors visible and valued in their own right.</p>
<p><b>2. Where do legitimacy and influence sit? How are these shaped by the political landscape?</b></p> <p>Who is trusted? Who is contested? Who holds informal authority? What political or social alignments shape the field?</p>	<p>Legitimacy was multiple and sometimes contested. Some actors held deep trust without formal status; others were visible but politically sensitive. Early selection of one organisation risked reinforcing local tensions or overlooking alternative sources of legitimacy—especially in the fragile, complex, and politically layered spaces where the TIC project often works. Ubuntu stresses staying “rooted locally,” which requires attending to these diversities.</p>
<p><b>3. Who is marginalised or risks invisibility?</b></p> <p>Which groups fall outside formal channels? Whose voice is least likely to be heard? Who loses visibility when one organisation becomes the main interface?</p>	<p>The TIC project focuses on marginalised groups, yet marginalisation is layered. Vulnerable or emerging groups lost visibility when a single formal partner was prioritised, because power and recognition tend to follow the organisation chosen. Ubuntu emphasises equity, ensuring that systems do not reproduce invisibility or exclude voices that do not fit organisational templates.</p>
<p><b>4. What coordination, platforms, or shared spaces already exist—or need to be built?</b></p> <p>How do actors currently cooperate? What relationships enable or block</p>	<p>Evidence shows that actors often worked in parallel, with coordination relying on informal ties rather than structured platforms. Moving from simple “stakeholder mapping” to network analysis would reveal how actors operate together and where connective tissue is missing. Ubuntu’s focus on interdependence and collective</p>

<p>collaboration? Where are gaps created by conflict, power, access, or resources? Where could light convening help?</p>	<p>problem-solving suggests that creating or supporting safe, light platforms for exchange is sometimes more impactful than strengthening one actor alone.</p>
<p>5. What kinds of support would strengthen community capital—not only financial or organisational capacity?</p> <p>Group formation, facilitation, accountability, peer mobilisation, advocacy, conflict resolution, documentation, community fundraising?</p>	<p>Capacity-building emphasised organisational systems, and financial support. Yet the project evidence shows communities benefited from practical capacities that build trust, agency, and shared leadership. And also, fundraising is much more ecosystemic than often thought.</p> <p>Ubuntu’s shift toward “community leadership” echoes this: supporting the skills that allow groups (formal or not) to act confidently, transparently, and collectively—rather than only supporting administrative functions.</p>
<p>6. What strengthens resilience—and where are the points of fragility?</p> <p>Are responsibilities shared? Are alternative actors present? Does the model over-centralise work in one place?</p>	<p>Resilience emerged when roles were distributed across multiple actors. Systems became fragile where everything depended on one CBO. Informal actors and facility staff frequently carried continuity when formal structures faced strain. Ubuntu frames sustainability as making something workable in MSF’s absence—which requires shared responsibility, not concentration of support in a single node.</p>
<p>7. Where would support have the greatest system-wide effect?</p> <p>Which leverage points benefit several actors simultaneously? Which functions (coordination, visibility, mobilisation, safe spaces) support the whole ecosystem?</p>	<p>Some of the project’s strongest contributions were ecosystemic—support to focal points, engagement with police or local authorities, connections with services, community hubs. These demonstrate Ubuntu’s emphasis on supporting the broader ecosystem, not only individual organisations.</p>
<p>8. Are we starting from the service (formal handover logic) or from care-in-practice (how care actually continues)?</p> <p>Which actors sustain care on the ground? What practices maintain continuity when formal partners cannot?</p>	<p>Continuity often came from mixed, informal arrangements—facility staff, mobilisers, survivor advocates, local goodwill—not solely formal organisational pathways. Starting from care-in-practice aligns with Ubuntu’s attention to lived experience, dignity, and grounded community realities.</p>

Taken together, the evidence shows that the post-handover landscape is never populated by one organisation but by an evolving ecosystem of formal and informal actors whose legitimacy, roles and capacities differ. The TIC project repeatedly encountered this diversity, but MSF’s selection, support and partnership processes often narrowed the field too early, centring one CBO and inadvertently sidelining the wider network that actually sustains care. Making this ecosystem visible is therefore essential: it expands who counts, prevents MSF from reproducing invisibility, and clarifies that sustainability cannot be achieved through strengthening a single organisation, but through supporting and connecting the wider constellation of actors who already carry care in practice.

## WHAT WOULD AN ECOSYSTEM APPROACH REQUIRE?

In practice this would require:

Issue	What is needed	How the project has addressed it so far
Ongoing ecosystem mapping	Make ecosystem mapping a routine practice, not a one-off exercise: continually update who is active, how they relate, and where legitimacy sits. This requires a community-building ethos in MSF teams, who are best placed to generate this informal knowledge through everyday contact rather than formal studies alone.	The project has built a strong informal understanding of local ecosystems through regular contact with CBOs, focal points, and informal leaders (e.g. in Beira and Rustenburg). However, this knowledge is rarely systematised: mapping remains implicit, largely undocumented, and dependent on individual staff rather than embedded as a shared, ongoing practice.
Start from the issue of care, not from an organisation	Shift the starting question from “Which CBO should we support?” to “How is care actually sustained in practice, and by whom?”. This reveals contributors who matter but may not be formal organisations — mobilisers, survivor advocates, facility staff, informal networks. Beginning from care aligns with Ubuntu’s emphasis on lived realities instead of NGO templates.	The project has increasingly observed where care really happens — for example, through sex worker focal points, youth advocates, and committed facility staff. Yet when it comes to formal partnership and funding, decisions still tend to default to registered CBOs and conventional service driven options. This meant that emerging or informal actors who were central to sustaining care were recognised in practice but not fully centred in the formal partnership model.
Think power, not only capacity	Complement classic “capacity-building” with explicit attention to power. Recognise that MSF’s procedural, financial and symbolic power shapes expectations and organisational trajectories, while community actors hold forms of legitimacy, representation and access that MSF cannot replicate. Planning should intentionally avoid pushing groups toward NGO-isation when other forms of organisation better sustain community power and care.	The project has begun to name and question these power dynamics (e.g. around incentives, NGO-isation, representation and legitimacy). Staff have adapted tools, simplified procedures, and tried to give more space to community-led priorities. Still, the dominant frame often remains one of strengthening NGO-type CBOs, with power analysis present but mostly implicit rather than a systematic part of project design, accompaniment, and backcasting.

## NETWORKING WITHIN THE PROJECT

Alongside supporting the broader ecosystem — understood here as the full set of people, groups, institutions, relationships and routines that sustain care in a given context — the TIC project can also support networking. Networking is different: it refers to the intentional creation of links between actors, opportunities to meet, share, learn, or coordinate. The project did attempt to do this.

The meeting of community organisations involved in the project, for example, created a moment of connection that participants found energising and valuable. People spoke about finally meeting others who faced similar struggles, discovering practical ideas they could adapt, and feeling part of a wider effort rather than isolated in their own locality. It revealed a clear appetite for exchange across countries, identities and roles — and showed that networking has real motivational and practical value.

However, these moments remained light and episodic. Once the meeting ended, very little interaction continued. The network analysis confirms this: most links that appeared after the event were one-directional, irregular and short-lived, with almost no reciprocal ties or evidence of joint problem-solving. This suggests that the meeting created inspiration but not a network.

This raises a strategic question for the TIC project: what kind of networking does it actually want to cultivate? The current pattern does not amount to a community of practice, but a community of practice may not be what is needed. In some cases, lighter forms of exchange, periodic peer-learning, or more focused, issue-based connections might be more realistic and more useful. If the intention is simply to support occasional learning, then episodic meetings may be sufficient. If the intention is to build stronger cross-site ties, then engagement would need clearer purpose, facilitation, and follow-up.

In short, the project has opened the door to networking, but it now needs to decide what kind of network — if any — it wants to intentionally develop, and why.

#### Peer-Led Evaluation – Why It Didn't Take Place and What It Revealed About Networking Potential

##### EXAMPLE

The evaluation design initially envisioned peer-led assessments as a way to promote horizontal learning, grounded reflection, and collective ownership of insights. However, once fieldwork began, it became clear that peer evaluation could not be meaningfully improvised. In several areas – including the Rustenburg cluster – community structures operated in parallel rather than in relationship with one another. Organisations had different levels of maturity, differing mandates, uneven histories of engagement, and in some cases very limited prior interaction.

During the Rustenburg visit, for example, the organisations active in the area were working independently, shaped by distinct operational logics: community social work linked to SGBV responses, faith-based care, advocacy networks, and informal volunteer-led structures. There was no pre-existing platform for dialogue, no shared reference points, and no evident peer-to-peer space. Under these conditions, a peer-evaluation process would not only have lacked meaningful foundations but risked generating superficial feedback or inadvertently amplifying tensions.

Rather than a limitation, this became an important diagnostic finding: horizontal learning cannot be assumed — it must be prepared for and supported. The absence of connections in Rustenburg and other areas highlights where future networking opportunities could be cultivated intentionally. With adequate groundwork — trust-building, facilitated encounters, clarity of purpose, and time for partners to get to know one another — peer exchanges remain a high-value opportunity. They could eventually serve as platforms for deeper reflection, skill-sharing, and collective problem-solving, and could significantly strengthen the relational infrastructure required for sustainable community-led initiatives.

## MODELS OF CARE (HANDOVER... WHAT?)

MSF's service models are designed for high-quality care. They rely on specialised staff, strict protocols, intensive supervision and a logistical infrastructure that usually does not exist in local systems. These features make MSF's model strong — but also impossible to hand over intact. When exit planning assumes that MSF's own structure will continue, it prepares for a scenario that cannot occur.

What can continue after MSF are the health care functions themselves: diagnosis, treatment, preventive services, protection and follow-up. They do not require replicating MSF's architecture; they can be achieved through different combinations of actors, routines and community contributions. And they might persist, but with different (often lower) quality.

The key insight is that the same outcome can be sustained through different configurations of services, adapted to the capacities that actually exist. After MSF leaves, clinical care does continue, but in different forms — typically with fewer resources, different routines and greater reliance on community structures. Sustainability lies not in reproducing MSF's system, but in enabling local actors to achieve essential outcomes in ways that fit their reality.

### CONTINUITY OF CARE OR OF MSF SERVICES?

“Continuity of care” and “continuity of the MSF system” shall not be confused.

Continuity of care	Continuity of MSF systems
The essential components of care — e.g. diagnosis, treatment, protection and follow-up — remain accessible and functioning after MSF leaves, delivered through the actors and mechanisms that can realistically operate in this context.”	The MSF way of providing those components — its structures, staffing, protocols, logistics and incentives — remains in place after exit.
What configuration here can keep care accessible and functioning after MSF exits?	Who, how could realistically reproduce the MSF model when MSF is gone?

Planning handover around “which organisation can take on our project?” assumes service replication. A care-centred approach asks instead: How can people still access diagnosis, treatment, protection and follow-up, regardless of who provides them or how they are organised?

Community engagement is therefore not about creating NGOs that mimic MSF. And the TIC project recognizes it (“We will not aim to replicate or replace NGOs... but rather to learn from them”). It is about creating the space for communities to reshape services into configurations that can stand in their reality. TIC project experience showed that when communities gain the authority to question MSF provision and point out misfits and alternative, the service can adapt into more workable forms. Empowering for accountability, transparency towards MSF can build better options for care.

## EXAMPLE

**Harare: A Community-Driven System from the Start**

The Harare AYP project stands out because diverse youth groups were built into the project from the beginning. Through their organisations and the Adolescent Advisory Board, young people influenced clinic hours, outreach locations and staff behaviour, and co-developed a patient charter and feedback mechanisms.

Although the evaluation could not directly observe all reported effects, project management described a strong pattern: youth groups developed the confidence and skills to hold MSF accountable in real time, shaping the programme as it unfolded. Capacity building therefore enhanced not only future independence, but the immediate power to steer MSF towards a model that fit young people's lives.

At the same time, the early experience of the TIC project shows that when community involvement begins too late, there is simply no time to rethink what continuation should look like or to align the service with the trajectory of the CBOs.

Rustenburg is a case in point. By the time community roles were introduced, the space to reconsider the service model had already closed. CBOs grew in their own direction, developing valuable capacities, while the service declined along a separate path. The result was not failure, but a misalignment: stronger CBOs on one side, and a fading service on the other, with little opportunity to reshape one through the other.

## EXAMPLE

**Rustenburg: The Limits of a late attempt**

In Rustenburg, community support was introduced after the closure of MSF Project. CBOs gained organisational capacity and confidence and continued some GBV-related activities. But by then, the service itself was already declining: most handed-over centres had closed, and only a few motivated staff kept some clinical care alive. No explicit link emerged between strengthened CBOs and the remnants of the service.

This is not a failure of the CBOs but reflects the late start and the fact that this was MSF's first attempt to integrate community roles into handover. With so little time, the work naturally focused on organisational strengthening rather than reshaping the GBV model together.

Rustenburg shows the value of empowering local actors, but also the limits of doing so without revisiting the service model itself.

**ALIGNING CARE AND EMPOWERMENT.**

Across the TIC project's documents, sustainability is defined as the ability of community organisations and structures to continue delivering services, advocating for their communities and functioning effectively after MSF exits. Sustainability is described as multi-level — encompassing individual skills, organisational governance and community-level leadership.

What was missing, however, was a systematic link between these sustainability dimensions and the specific contributions communities could make to the care pathways that must continue. Earlier, we identified four broad categories of community roles — Access & mobilisation; Monitoring & accountability; Advocacy & representation; Support & prevention. These categories illustrate the types of contributions communities already make around MSF services. Yet the TIC project never used them (or similar frameworks) to diagnose what a particular service would actually require after MSF's exit. The TIC project had structured tools for

assessing the internal capacity and formalisation of CBOs (governance, finance, planning), but no equivalent categories for diagnosing the kinds of community contributions needed to sustain services.

Because each service and context requires a different configuration of community contributions, continuity cannot be planned simply by asking which organisation might “take over.” What matters is understanding which roles are required to keep care functioning here — and which actors in the local ecosystem are already performing, or could perform, those roles.

Diagnosing roles and actors must therefore happen hand in hand — and alongside a broader consideration of the care architecture that can realistically exist in the community after MSF’s exit. The current framework was designed primarily to assess and strengthen CBOs — their governance, administration, leadership and systems. While valuable, this places organisations at the centre, rather than the functions needed to sustain care. Without identifying those functions first, capacity-building risks becoming an end in itself, detached from the care pathways it is meant to support.

Different contexts require different mixes of roles. For example:

- In some settings, continuity hinges on access and mobilisation, for example where MoH services exist but struggle to stay connected to people. Here, continuity may rely on peer navigators, informal support groups or local leaders who prevent patients from being lost to follow-up.
- In others, the critical contribution is accountability and representation, because clinical services only function if questioned, monitored or negotiated. In these cases, continuity depends less on “community engagement activities” and more on pressure and oversight from survivor networks, activist collectives and semi-formalised movements or respected community figures.
- In still others, the service must be reconfigured entirely, because neither MSF’s model nor the MoH’s capacity is workable. Continuation may require a new arrangement of entry points and pathways — hybrid formal–informal combinations, new timings, different providers, or parallel informal routes that reflect what people actually rely on.

A more intentional shift toward diagnosing the functions needed to sustain care — including those that easily slip off the radar, such as accountability, transparency and community oversight — and the care architecture through which these functions can realistically be held, would improve alignment and reduce the risk that organisational strengthening becomes an end in itself. The goal is not to replicate MSF’s model, but to identify the mix of community roles, actors and relationships that can carry the essential functions of care after exit. This diagnostic work also opens space for more creative approaches: not only mapping what communities can contribute but interrogating the programme’s own architecture — how care is organised, which delivery modes fit the context, and where alternative configurations might be more sustainable. Some programmes already moved in this direction, adjusting service models when communities flagged misalignments. The next chapter explores how this kind of creative rethinking — reconfiguring the architecture of care together with communities — can lead to more realistic and durable continuity.

## LEARNING

**Accountability: A Weak Link in Community Engagement**

Across the TIC project’s sites, accountability and monitoring consistently emerged as the least developed of the community functions — despite their central importance for continuity and despite the programme’s stated emphasis on participation.

A previous box highlighted the potential of community monitoring. Here, it is worth noting a parallel challenge: internal accountability within local organisations. Several CBOs struggled with transparency, feedback to their own members, or clear communication with volunteers and community groups, even when MSF encouraged more participatory practices. Decision-making processes were often opaque; community concerns did not always flow back into leadership discussions; and mechanisms for communities to question or influence CBO activities were limited.

These gaps matter. Mobilisation and outreach can continue without strong accountability, but continuity of quality cannot. Strengthening both accountability towards communities and accountability within organisations — even through light, context-adapted mechanisms — would significantly enhance the credibility, equity and sustainability of community contributions after MSF’s exit.

**FROM “HANDOVER” TO “ADAPTIVELY PLANNED MORPHING”**

Instead of trying to hand over an MSF system that no local actor can realistically run, MSF needs to intentionally transform its projects during implementation into lighter, locally anchored configurations that can actually be sustained. This requires bringing communities along from the start and strengthening their capacity not simply to *receive* services, but to shape them and participate in designing how care will be delivered in the future.

The TIC project shows that this shift is possible, but also that it cannot overcome — on its own — the structural pressures that shape MSF’s ways of working. Still, it aligns with a growing recognition within MSF that sustainability demands an ecosystemic, Ubuntu-aligned approach, where care emerges from relationships, collective voice and shared responsibility rather than from a single dominant service provider.

## EXAMPLE

**How Community Engagement is morphing a project in Beira**

When the TIC project arrived in Beira, MSF was still using its classic outreach model: door-to-door visits, night-time hotspots, and large mobile clinics. Effective in the short term, this model could not be sustained by the Ministry of Health or local organisations.

By asking what would actually remain once MSF left, the TIC project exposed this mismatch. The team began stepping back from high-cost outreach and reorganising around approaches local actors could maintain. Clinic-based follow-up with peer navigators. Community focal points leading mobilisation. MSF acting more as a connector than a service driver. The project’s architecture shifted from MSF-centred mobility to community and MoH stability.

Community engagement revealed that many MSF interventions were not built for the long term. This led to a planned morphing of the model — from a resource-intensive MSF operation to a lighter, locally anchored system. CBOs could not run the MSF model, but they could sustain the core functions that mattered. By the end, the project’s architecture looked fundamentally different from where it started. As a project coordinator put it: “the moment you start to engage with community, you realise that some of your interventions are not fit in the long term, and you revise and devise new interventions.” The lesson: community engagement shouldn’t hand over the model — it should transform it.

## OK, BUT WHAT ABOUT ENGAGING IN EMERGENCIES?

So far, the TIC project has not engaged with acute emergency settings. This is understandable: it originated in long-term, relatively stable programmes, where “community engagement” naturally took the form of structured partnerships, organisational strengthening and mentorship. Extending this work into emergencies is a major conceptual and operational shift for MSF — but the findings of the TIC project suggest it is also a promising one.

For emergency teams, a formalisation-leaning model feels unrealistic, not because they reject community engagement, but because emergencies work directly against the conditions formalisation requires. And the challenge is that TIC project could easily be read this way — especially from the outside — because its current tools and examples come from stable contexts. In many crises, registering an organisation is politically sensitive or dangerous, since aligning with any authority can expose people to risk. Legal pathways collapse as ministries close, civil registries stop functioning and bank accounts cannot be opened. Communities are dispersed or in hiding, making it impossible to form committees, hold elections or establish governance structures. Leadership shifts unpredictably as people move for safety, and administrative expectations — reporting systems, templates, governance tools — become almost absurd in contexts defined by instability.

Yet the emphasis proposed by the evaluation (that continuity depends on functions within an ecosystem, not on formalised organisations) may hold even more strongly in emergencies. And this emphasis is already emerging across the TIC project’s work.

Crisis disrupts formal structures while making the underlying ecosystem far more visible. In emergencies, the ecosystem of care reveals itself with extraordinary clarity. Informal actors step in immediately — block leaders, youth groups, elders, church committees, midwives, volunteers, boda-boda riders. They mobilise, protect, inform, negotiate and stabilise. Legitimacy becomes visible under pressure, and community structures reorganise themselves into temporary committees, online groups, referral chains or spontaneous shelters.

Emergency teams already navigate this reality instinctively. They scan relationships within hours, identify informal authorities, detect where systems are breaking and who is stepping in, read conflict dynamics and remain aware of the networks that keep people connected when institutions break down.

These practices are, in substance, forms of community engagement — only MSF does not recognise them as such. They are usually labelled “access,” “context navigation,” “fixing a problem,” or “decongesting the hospital,” and their strategic value is lost. What could serve as an entry point for adapting the care model is instead treated as something that complicates it.

We met emergency managers who criticised situations where MSF arrived with its own structures, templates and procedures, even though the local reality was being held together by informal actors, shifting roles and fast-moving relationships. In their view, MSF sometimes tries to stabilise a system that is not stable, or to formalise a landscape that is not formal — making the organisation’s model feel heavier, more rigid, and less aligned with what people are actually doing to keep care going.

What is missing is not willingness, but a frame that lets MSF emergency teams:

- recognise the relational and ecosystem navigation they already do;
- value it as community engagement rather than “problem solving”;
- and use it intentionally to adapt project design, not only to secure access.

- The TIC project does not yet provide that frame for emergencies, but it certainly contains the building blocks to create it:
- a shift from “one partner” to “multiple contributors”;
- an emphasis on the functions communities already perform;
- attention to legitimacy, not only structure;
- recognition that informal actors often carry the most relevant roles;
- and an operational logic based on complementarity, not duplication.

In other words: the TIC project is not emergency-ready as it currently described, but it is conceptually aligned with what emergency teams already do — and could be adapted far more easily than its current narrative suggests.

## SHARING LEARNING

A project trying to shift how an entire organisation works with communities cannot succeed through experimentation alone - it must build capacity to share what it's learning and help others adopt new ways of working. This is especially true when the work challenges fundamental assumptions about how MSF operates.

The TIC project has already demonstrated influence, attracting interest from projects in diverse countries and setups. Projects are reaching out, asking for support, wanting to learn. This organic spread shows the appetite for change exists. However, it's nearly impossible to gauge how deeply these ideas are penetrating MSF's culture or how community engagement concepts are circulating through the organisation. The influence is real but remains largely invisible and informal.

Now there's a unique opportunity: the TIC project aligns closely with MSF's new Ubuntu operational direction, which explicitly prioritises community engagement. This creates a strategic opening to move from scattered experiments to systematic influence. But seizing this opportunity requires much stronger strategic communication and systematic harvesting of practices.

### OPTIONS TO STRENGTHEN LEARNING AND SHARING

Practice Area	What's Happening Now	Ideas for Strengthening
<b>Developmental Evaluation</b>	The project is evolving and generating a lot of learning, but it has been difficult to gather strategic insights. There have been some publications, but the learning is much broader and more strategic than what has been captured so far.	<ul style="list-style-type: none"> <li>• Adopt developmental evaluation that evolves with the work, helps the team make sense of patterns in real time, and adapts strategies based on learning.</li> </ul>
<b>Learning Within Projects</b>	Many insights are project-based and require intentional, in-depth capturing. Staff reflect informally, but there are no structured processes to deepen insights. Critical issues have been mentioned, but there are few opportunities to document or consolidate them.	<ul style="list-style-type: none"> <li>• Support practices of participatory action-reflection so projects recognise the importance of these moments and can surface and share insights.</li> <li>• Link learning to accountability as an opportunity to show the value of critical and transparent learning with community actors.</li> <li>• Experiment with and promote documentation tools (voice notes, photo diaries, living stories).</li> </ul>
<b>Learning Across Projects</b>	Much learning happens through lived experience, and what is needed is not more reading but more engagement with others going through similar experiences. The TIC project had some sharing moments (e.g., a partner meeting that was valued but costly to repeat; an attempted Community of Practice that did not take off). The evaluation showed patchy networking among community actors, but also possibilities for linking people for shared learning.	<ul style="list-style-type: none"> <li>• Community of Practice(s) might still be an option, but more focused and intentional.</li> <li>• Consider peer evaluations — bringing communities to see and discuss what they did and capturing learning from the process.</li> <li>• Enable network-based learning: not only repositories, but mapping “who knows what” and connecting people.</li> <li>• Ensure that similar initiatives can converge and share learning (e.g., other TIC projects).</li> </ul>

Practice Area	What's Happening Now	Ideas for Strengthening
<b>Capitalisation</b>	MSF has a practice of consolidating project learning, but existing capitalisations miss community-engagement dimensions; this work remains invisible.	<ul style="list-style-type: none"> <li>• Help projects capitalise community-engagement aspects, both within this TIC project and beyond (there is likely more learning than the TIC project alone can capture).</li> <li>• Support projects to track capitalisation information during implementation, not just at closure — community engagement evolves and is best captured as a process (linked to action-reflection).</li> </ul>
<b>Champion Cultivation</b>	Champions exist at multiple levels and are keen to share. Some have found platforms; others feel isolated. Networking is uneven, and many do not realise their own expertise or the value of their contributions. There are strong possibilities for linking people doing similar work.	<ul style="list-style-type: none"> <li>• Actively highlight people's potential contributions (many do not realise their work is worth sharing).</li> <li>• Provide platforms for influence on strategy.</li> <li>• Facilitate connections among champions inside MSF and with local actors ("who knows what" mapping).</li> <li>• Position the TIC project in advisory roles to support champions as connectors and resource people.</li> <li>• Use champions to spark peer sharing, not only top-down knowledge.</li> <li>• Create pathways for champions across similar initiatives (e.g., TIC projects) to exchange.</li> </ul>
<b>Multimodal Sharing</b>	Sharing is happening through diverse media that can become opportunities for community engagement (e.g., community actors sharing experiences as part of capacity building and empowerment). Some experimentation with formats (e.g., video) has happened, but this is now scattered and not routine.	<ul style="list-style-type: none"> <li>• Use multiple formats beyond written reports (e.g., video).</li> <li>• Embed sharing practices into capacity-support work, as they also contribute to local empowerment.</li> <li>• Consider emerging roles for AI in knowledge sharing.</li> </ul>
<b>Pattern Documentation</b>	Building "models and frameworks" can risk freezing learning or creating new procedures. The challenge is finding the soft spot in systematising learning, so it promotes experimentation and adaptation rather than being prescriptive. The formalised approach has been documented, but working with <b>informality</b> is more challenging to capture — yet essential for the future of the TIC project.	<ul style="list-style-type: none"> <li>• Document core principles that guide work across contexts and show how they play out differently in practice.</li> <li>• Create learning- and experimentation-oriented products — narrative patterns rather than prescriptive models.</li> <li>• Focus in particular on documenting informal processes, as this is what the future of similar initiatives requires.</li> </ul>
<b>Strategic Communication</b>	The work needs to be translated at different levels — practice and strategic — so learning can influence project design early on. The TIC project should be able to "put a foot in the door" with strategic insights that inform new project design and ground future initiatives.	<ul style="list-style-type: none"> <li>• Translate field insights for decision-makers.</li> <li>• Propose practices for embedding learning into project proposals.</li> <li>• Position the TIC project in advisory roles to the Ubuntu strategy.</li> <li>• See the next Ubuntu strategy process as a major opportunity for the project to contribute.</li> </ul>

## EXAMPLE

## Community of Practice — A Strong Beginning, but Limited Ongoing Engagement

The Community of Practice (CoP) was launched during a two-day regional gathering held on 7–8 November 2023, which brought together CBOs from South Africa, Zimbabwe, Kenya, Malawi, and Mozambique for the first time. The meeting created a rare and valuable moment of cross-country exchange: organisations presented their work, shared challenges, discussed sustainability, and worked in mixed groups on partnership building, advocacy, and funding strategies. The event culminated in the joint drafting and endorsement of a CoP Manifesto, which expressed a shared vision and a commitment to collaboration, peer learning, and mutual support. For many participants, it was the richest opportunity they had ever had to connect with like-minded organisations facing similar realities.

However, the follow-up survey shows that this momentum did not continue after the gathering. The social network data reveals very few active, ongoing links between organisations, and almost no reciprocal relationships. In short: the CoP was successfully launched and energised in November 2023, but it has not yet developed into continuous engagement. The intent and enthusiasm were clearly present, but for the CoP to grow into a functioning network, it will require structured follow-up, facilitation, and intentional opportunities for organisations to reconnect and collaborate.

The practices listed in the table point to concrete ways forward — but they sit inside a deeper challenge: this project is trying to capture learning that does not behave like standard MSF knowledge. The work is relational, adaptive, often informal, and its most valuable insights don't appear in reports or templates.

- The evaluation found that the richest learning sits in the middle of the work — in the process itself. The TIC project has produced toolkits and videos, but these mainly show the polished results. They do not capture the decisions, dilemmas, adaptations, and uncertainties that actually explain why something worked. This “messy middle” — the part that would help others understand the approach — remains largely undocumented.
- A key tension is the need to provide guidance and structure, while also resisting the pull to force the work into a single model. The TIC project has produced a framework that is flexible and adaptable, but it still points toward a specific model of capacity. This is useful, yet the harder challenge is to guide people through what the framework cannot fully anticipate: the informal dynamics, relational uncertainties, local power patterns, and other intractable elements that shape how community engagement actually unfolds.
- Another central challenge is recognizing that the most important learning moments happen outside MSF's reporting rhythms. Under pressure, reflection is often the first thing to be dropped, even though it is core to both capacity building and lesson learning. Learning emerges during mentoring conversations, in community relationships, in small experiments and pivots — and by the time formal reporting happens, these insights have already faded. This is not about people forgetting; it is a structural issue. The TIC project needs ways to capture learning while it is happening.

The TIC project is at a point where it could influence the wider organisation — but only if it becomes better at making this process learning visible and communicable. The momentum is real, but without strengthening how learning is surfaced and shared, the depth of the work risks remaining largely unseen.

## THE TIC PROJECT AS UBUNTU

This evaluation comes at the right moment. In most evaluations, the task is to check progress against a past plan. Here, the opportunity is unusually strategic: to assess how well a completed project aligns with a strategy that is only now taking shape. This is valuable precisely because the Ubuntu OC will need grounded practices—not only conceptual ambition—to define its operational identity. The TIC project provides such practice.

### REFRAMING THE TIC PROJECT'S PURPOSE

At inception, the TIC project's goal was defined narrowly: to reduce the negative impact of MSF's closure on patients, community partners, CBOs and the Ministry of Health. If judged strictly against this objective, results would appear modest. In several locations, handover was already underway, leaving little space to meaningfully shape it; in others, activities were still ongoing at the time of evaluation, making it impossible to assess closure outcomes or attribute them to the project. Evaluating the TIC project only as a "handover-strengthening tool" would therefore be both unfair and analytically thin.

But this framing would also miss the TIC project's most important contribution. As the work unfolded, it surfaced deeper structural issues around sustainability, ownership and the design of MSF's service models. For this reason, the evaluation maintained a handover lens—because it remains a practical entry point for MSF teams—but also traced how the TIC project evolved far beyond that starting point. What began as work to cushion exit became a wider exploration of what sustainable community-linked care could look like at all.

Seen from this angle, the TIC project cannot—and should not—be assessed using MSF's existing operational logic. If the question is whether "community engagement can sustain an MSF model," the answer is predictable: no. The MSF architecture is too specialised, too resourced, too dependent on MSF's internal systems.

The TIC project reveals not the limitations of communities, but the limitations of MSF's model.

But there is deeper learning to be harvested. The TIC project shifts the question from: "Can the community sustain the MSF project?" to "What does MSF need to become in order to leave something meaningful behind?"

This reframing aligns closely with an Ubuntu-informed logic: care not as the product of one actor, but as something held collectively across relationships, roles and community structures.

## THE MSF UBUNTU STRATEGY

The Ubuntu strategy defines the vision and identity of MSF's new Operational Centre. It emerges from extensive regional consultation and growing demands for action that is more locally rooted, equitable and collaborative. Ubuntu is not only a name but a guiding philosophy — "I am because we are" — signalling a shift from delivering for communities to acting with and through them.

Its core principles — From Community Engagement to Community Leadership; Being Rooted Locally and Acting Globally; Maximising Sustainable Outcomes; Interdependence; and Accountability — mark a deliberate evolution in MSF's operational model.

In this light, the central question raised by the TIC project — what would MSF need to become in order to leave something meaningful behind? — is no longer theoretical. The TIC project provides grounded experience that the new OC can learn from; the Ubuntu strategy, in turn, offers the organisational space to operationalise these lessons.

This is therefore a critical juncture: a moment in which the strategy can learn from the project, and the project can, through the strategy, evolve from a time-limited Initiative into a sustained way of working within MSF.

### WHERE THE TIC PROJECT AND UBUNTU MEET: ALIGNMENTS

- Ubuntu builds directly on the TIC project practice. The strategy consolidates approaches first tested through the TIC project. The TIC project demonstrated that collaboration with community-based organisations can improve programme reach, continuity and legitimacy. Ubuntu now gives these ways of working institutional weight — positioning them as core MSF practice rather than peripheral experimentation.
- TIC and Ubuntu are different levers of the same change. The TIC project operated at project level, using mentoring, accompaniment and shared planning with CBOs in specific countries. Ubuntu works at organisational level, embedding these approaches into MSF’s structure, governance and quality frameworks.

Ubuntu Principle	Is the TIC project aligned?
<i>1. From community engagement to community leadership</i>	Through its emphasis on mentorship, co-design and gradual delegation, the TIC project anticipated Ubuntu’s shift from engagement to leadership. It showed that this transition requires sustained accompaniment, institutional flexibility and formal recognition of community authority — conditions now embedded in Ubuntu’s operational DNA.
<i>2. Being rooted locally and acting globally</i>	By grounding experimentation in Southern Africa and deliberately sharing its learning with the wider movement, the TIC project embodied Ubuntu’s principle of being locally rooted and globally relevant. It demonstrated that meaningful innovation emerges from long-term, context-specific work, and that local partnerships can drive organisational transformation across MSF.
<i>3. Maximising sustainable outcomes</i>	The TIC project anticipated Ubuntu’s reframing of sustainability by showing that continuity — not replication or dependency — defines meaningful outcomes. Through mentoring, partnership and knowledge transfer, it helped community structures act on their own terms, turning “exit strategy” thinking into a shared continuation strategy.
<i>4. Interdependence</i>	The TIC project’s collaborative architecture reflected Ubuntu’s notion of interdependence: it treated partnership as a web of shared expertise and mutual reliance between MSF, communities and local systems. By testing mechanisms for joint learning and coordination, it laid practical foundations for an operational model based on interdependence rather than independence.
<i>5. Accountability</i>	The TIC project operationalised accountability as a reciprocal process rather than a compliance task. Communities influenced how MSF listened, learned and adapted. This helped build the cultural and procedural foundations that Ubuntu now formalises — turning accountability into an ongoing dialogue of trust and shared responsibility.

### COMPLEMENTARITIES BETWEEN UBUNTU AND THE TIC PROJECT

A consistent finding across evaluation interviews and documentation is that the TIC project was often experienced as a “project” running alongside operations — with its own tools, identity and reporting. This meant it produced valuable learning, but without always having the organisational mandate or strategic anchoring to influence MSF beyond its immediate sites.

The Ubuntu strategy now provides exactly the space that was missing: a movement-wide framework that can absorb, expand and formalise the approaches the TIC project developed. The complementarities between them are strong, and together they create an opportunity for the TIC project to transition from a time-limited project into a sustained operational function.

### Where Ubuntu might lead the TIC project

<b>Formal accountability systems</b>	Ubuntu introduces structured mechanisms — patient charters, feedback systems, community advocate roles, surveys — that make participation and voice monitorable, regular and transparent. This directly addresses a gap identified in the TIC project: weak or uneven accountability and feedback loops. Ubuntu creates an incentive — and a requirement — to strengthen community accountability in MSF and, over time, transition these practices to local actors.
<b>Direct link to medical quality</b>	Ubuntu explicitly links community involvement to patient safety, medical governance and quality of care. This responds to a central evaluation finding: effective community engagement requires a diagnosis of the functions needed for continuity of care — mobilisation, linkage, follow-up, accountability — not only organisational strengthening. Ubuntu’s framing encourages the TIC project’s evolution from supporting community structures in general to supporting communities in the functions that directly shape care pathways and outcomes.
<b>Movement-wide application and cross-country momentum</b>	Ubuntu applies across all contexts and types of MSF interventions, giving organisational weight to approaches that the TIC project had already begun spreading beyond its initial pilots. The TIC project created early cross-country linkages and shared practices; Ubuntu now offers the strategic mandate to deepen this into a stronger regional and inter-country network. This enables the TIC project’s methods to expand into areas previously hard to reach: emergency settings, migration routes, non-HIV/TB-based models, and internal training spaces.
<b>Explicit values base</b>	Ubuntu’s philosophy — “I am because we are” — frames interdependence as an ethical and operational obligation. It shifts the focus from formalising CBOs to understanding and strengthening care ecosystems. This complements the TIC project’s practical, field-driven approach and provides a clearer ethical foundation for its continuation under the new OC.

### Where the TIC project leads Ubuntu

<b>Depth of mentoring and accompaniment</b>	The TIC project developed hands-on methods for mentoring, accompaniment and gradual transfer of leadership that Ubuntu has not yet translated into operational tools. It demonstrated concrete ways to build confidence, clarity of roles, shared planning practices and trust — essential ingredients for community leadership.
<b>Local legitimacy and relationships</b>	Working in long-standing projects gave the TIC project deep local credibility and partnership histories. These relationships generated practical insights on legitimacy, roles and influence — learning and networking that Ubuntu can now expand across regions and medical areas.
<b>Flexibility and adaptation</b>	The TIC project was allowed to experiment, iterate and morph models quickly. This produced patterns, prototypes, leadership styles and adaptive routines that risk being lost in more formal strategic rollouts. Its practice offers examples of how to embed adaptability without losing quality or direction.
<b>Pragmatic implementation</b>	The TIC project focused on what field teams could do immediately, producing usable tools and concrete practices shaped directly with staff and communities. This grounds the Ubuntu principles in real operational experience, demonstrating that they are achievable and not merely aspirational.

The TIC project generated grounded methods, functional diagnostics and practical models — but lacked an organisational home to carry them further. Ubuntu offers that home.

Ubuntu articulates a values-based strategic direction — but needs operational substance and field-tested approaches to make it real. The TIC project offers exactly that substance.

Together, they form a mutually reinforcing system:

- the strategy learns from practice,
- and practice finds a pathway to become organisational.

This creates a rare opportunity for the TIC project's work to shift from a stand-alone TIC project to a durable way of working within MSF, aligned with the emerging identity of MSF OC Ubuntu.

## KEY IDEAS

The project has provided significant support for community groups and for MSF itself. Across sites, CBOs report feeling stronger, more confident, and more equipped to support their communities on issues related to MSF's interventions and, in some cases, to expand beyond them. Survey results show that community groups were highly satisfied with the experience, and interviews reveal increased organisational capacity, improved planning practices, and enhanced leadership within CBOs. MSF staff involved in the project also recognised its benefits, noting how the work has stimulated new ways of thinking, stronger relational practices, and early signs of an emerging culture of mentorship, co-design, and shared reflection within MSF teams — a potential organisational asset that remains largely untapped.

MSF helped organisations strengthen the things it knows well: basic structures like governance, planning, reporting, and technical skills. These improvements were real and useful. But many of the issues that organisations struggled with most — leadership disagreements, communication problems, internal trust, representation, and everyday relational work — are not areas where MSF has tools or expertise. As a result, MSF could build the “visible” parts of organisations, but not always the “inside” parts that make groups stable, cohesive, and sustainable. For long-term strength, partners need both. MSF contributed one part of the picture, and other kinds of support are needed to complete it.

## PUTTING THE TIC PROJECT AND THE EVALUATION IN CONTEXT

Before diving into specific findings, we need to be upfront about what we're evaluating and why it's been particularly challenging to assess. This TIC project is trying to fundamentally change how the organisation works with communities - moving from a top-down medical intervention model to genuine partnership with community-based organisations (CBOs). The team has been experimenting across multiple countries, building CBO capacity, testing new approaches in emergencies, and trying to influence MSF's broader organisational culture.

1. The TIC project operates like a startup inside a large organisation. The team works through relationships, experiments, and informal adaptations rather than following standardized protocols. They're deliberately avoiding rigid frameworks because they've seen how quickly "best practices" become prescriptive rules in MSF. This flexibility is strategic, but it means there's no clear blueprint to evaluate against.
2. Documentation is scattered and informal. Most learning happens in conversations, WhatsApp exchanges, and informal debriefs. The team has produced toolkits and webinars, but the real insights - what actually works, what fails, and why - largely exist in people's heads. We had to reconstruct the TIC project's story from fragments: status reports that focus on activities rather than insights, scattered capitalisation videos, and interviews where team members struggle to articulate what they're actually achieving.
3. Success looks different everywhere. In Malawi, CBOs now sit on District AIDS Council meetings. In Mumbai, TB survivors are becoming a formal organization. Each context demands different strategies, making it impossible to compare patterns.

4. The boundaries are deliberately blurred. Where does the TIC project end and regular MSF work begin? When CBOs start delivering services independently, is that the TIC project's success or just their effort? The team can't always claim clear attribution, and honestly, they rightly don't seem to care - they're more interested in change happening than in getting credit.

So, the evaluation is more akin to make sense of a movement. The TIC project is simultaneously: Testing what's possible (through pilots and experiments); building evidence (though not systematically capturing it); shifting organisational culture (without explicit authority – only influencing - to do so); creating lasting change (while avoiding becoming another MSF protocol)

This evaluation therefore can't provide definitive judgments about "success" or "failure." Instead, it offers: Patterns we've observed across contexts; Tensions the TIC project needs to navigate; opportunities for greater strategic influence.

## CONSIDERATIONS FOR A WAY FORWARD

### 1. THE TIC PROJECT FILLS A CRITICAL GAP AND SHOWS MSF CAN DO MEANINGFUL COMMUNITY ENGAGEMENT.

It created the space MSF teams need to question their assumptions, adapt their approaches, and work differently with communities. Staff consistently valued its flexibility, responsiveness, and genuine partnership approach. The work also surfaced deeper organisational questions about continuity: If MSF's model cannot last after exit, what is MSF's responsibility to design for what can remain? And who defines "good enough" for long-term community needs? These questions do not reflect community weakness but structural contradictions that require MSF projects to "morph" toward community-owned models from the outset.

### 2. THE ACCOMPANIMENT MODEL ACHIEVES MORE THAN ANY TOOLKIT, AND REQUIRES MORE DELIBERATE, CREATIVE DOCUMENTATION.

The TIC project's mentoring and context-specific support drove much of the observed change. Its strength lay in regular conversations, co-designed tools, and hands-on help navigating CBO dynamics — work that changed relationships and confidence in ways no single tool can reflect.

However, this approach produces learning that is hard to capture. The TIC project now needs to develop creative documentation methods (case stories, short reflective notes, before/after narratives, peer learning sessions, cross-project exchanges) that make this practical learning visible without reducing it to static guidance.

### 3. STAFF SHOWED STRONG WILLINGNESS AND CAPACITY TO ENGAGE — BUT ALSO A NEED FOR CLEARER GUIDANCE AND CONTINUED ACCOMPANIMENT.

Many staff were already experimenting with connectors, networks, and more relational approaches. The TIC project gave visibility and legitimacy to instincts they already had.

At the same time, staff expressed a real need for support, structure, and safe space to learn. The TIC project could only meet this partially: some teams benefited deeply, while others needed more hands-on accompaniment than the project could offer. This highlights that the TIC project is not only about community capacity

— it is equally about staff growth, and MSF needs to invest in sustained support if it expects teams to take on more community-centred work.

#### **4. THE CBO ASSESSMENT TOOL IS LIMITED BY ITS FOCUS ON FORMALISATION; REAL CAPACITY BUILDING HAS A BROADER SCOPE.**

The assessment tool is useful for structure and clarity, but it reflects a formal NGO-type model. The evaluation shows that this model does not always match how communities organise, especially where informal networks, connectors, survivor groups, and temporary formations play central roles.

The TIC project's real contribution came from recognising and working with this wider ecosystem, helping teams see capacities that fall outside formal organisational checklists. This broader view is essential for strengthening the community roles that support medical outcomes — many of which cannot be captured by the tool's formalisation focus.

#### **5. SUSTAINABLE HANDOVER REQUIRES “FUTURE-PROOFING” PROJECTS, NOT TRANSFERRING MSF'S MODEL. THE TIC PROJECT KNOWS THIS BUT SOMETIMES FALLS BACK INTO OLDER HABITS.**

The evaluation makes clear that MSF's systems cannot be handed over as they are. Continuity of “care” is not the same as “continuity of MSF service”. The challenge ahead for MSF is how to best “morph” interventions towards architectures that can be better supported by an “ecosystem” of community actors. The TIC project is aware of this direction — and Beira shows it in practice — but at times it still slips back toward conventional organisational strengthening or service handover logic, especially when projects seek clarity or quick solutions.

#### **6. UBUNTU CREATES THE RIGHT MOMENT FOR THE TIC PROJECT'S EVOLUTION.**

Ubuntu's focus on power, participation, and adaptation aligns strongly with the TIC project's approach and offers an institutional home as TIC funding ends. To support this shift, the TIC project now needs to evolve from implementer to:

- Advisor: helping teams analyse options and navigate challenges.
- Promoter: connecting champions and making good practice visible.
- Sense-maker: interpreting patterns across contexts to guide MSF more broadly.

#### **7. LOW UPTAKE IN EMERGENCIES COMES FROM A MISCONCEPTION: COMMUNITY ENGAGEMENT IS PERCEIVED AS LONG-TERM FORMALISATION, RATHER THAN PRACTICAL, FAST, ECOSYSTEM-BASED WORK.**

When “community engagement” is equated with building organisations, it seems irrelevant or impossible in emergencies. This perception blocks uptake. In reality, practical, short-cycle approaches — mapping connectors, strengthening alert networks, working with legitimacy structures, supporting protective routines — are entirely feasible in crises and often already active.

Supporting these ecosystem elements (not formalisation) is an important area where the TIC project can contribute more directly to emergency projects.

# ANNEXES

## ANNEX 1: CBOS SUPPORTED BY THE TIC PROJECT

Country	Location	Project	MSF Project Focus	CBO Name	CBO Focus	Engagement Phase (Explo, Implementation, End)	
South Africa	Rustenburg, South Africa	Rustenburg SGBV Project (Closed)	SGBV	I am a Dreamer Foundation	OVCs, SGBV	End	
				Mphatlatsane Disability Centre	PLWDs, SGBV	End	
				Kitso Ke Lesedi	SGBV	End	
	Butterworth, South Africa	Eastern Cape NCD Project	Non-communicable diseases (NCDs)		We Care Ministries	TB, HIV, NCDs	Explo
					Nyhwara Home Based Care & Rehabilitation	HIV, TB, NCDs	Explo
					Simunye Service Centre	HIV, TB, NCDs	Explo
					Illiso Elderly Community Service Centre	NCDs	Explo
					Inkwenkwezi	NCDs	Implementation
					Zama T Holdings	NCDs	Implementation
Malawi	Dedza, Malawi	The Corridor Project, Malawi (Closed in 2023)	HIV, SRH, Sex Workers (SWs)	SWEAD	SWs	End	
				Tikondane	SWs	End	

<b>Zimbabwe</b>	Epworth, Zimbabwe	Mbare ASRH Project/ Young People Project	Sexual and Re- productive Health (SRH)	Shanduko Yeupenyu Child Care	Adolescent SRH	Implementation
				Madanha Ashe Charity Organisa- tion (MACO)	OVCs, PLWDs, SRH	Implementation
				Youth Advocates Against Drug and Substance Abuse (YAADS)	PWUDs, SRH	Implementation
				Epworth Teen Mom's Association	Adolescent SRH	Implementation
				Young Mothers Association	Adolescent SRH	Implementation
	Mbare, Zimba- bwe	Mbare ASRH Project/ Young People Project		Mufaro Association	SRH, Mental Health	Implementation
	Gwanda, Zimba- bwe	Artisanal Small-Scale Mining (ASMR) Basic Healthcare Project	Primary healthcare for ASMR	Zimbabwe Safety Health and Envi- ronmental Council (ZIMSHEC)	Artisanal miners, occupational health and safety, environ- mental safety	Explo
<b>Mozambique</b>	Beira, Mozam- bique	Beira Project (Closed in 2025)	HIV, SRH, SWs, MSM	Takaezana Association	HIV, SRH, MSM	Implementation
<b>Kenya</b>	Kiambu, Kenya	Kiambu PUWDs Project (Closed in 2024)	NCDs	Haven Addiction Centre Kiambu (HACK)	PWUDs	End
	Mbeere South, Kenya	Kenya Embu NCD Project (Closed in 2020)		Mbeere South NCD CBO	NCDs	End
	Embu, Kenya	Kenya Embu NCD Project (Closed in 2020)		Embu NCD CBO	NCDs	End
<b>India</b>	Mumbai, India	Mumbai TB Project (Closed in 2024)	MDR-TB	TB Survivors Collective	TB	End

## ANNEX 2: SURVEY ANALYSIS

### Warning: Extensive AI Use

AI was also used to support the interpretation of the survey and the network data — but not in a “push a button and get a report” way. The analysis was broken down into small steps: reviewing who responded, looking at each question separately, and checking patterns across answers. For the qualitative questions especially, we checked that the level of detail was right and that the themes really reflected what respondents had written.

The network map was first created with Kumu, and then AI helped describe the patterns in the diagram (for example, who was connected to whom, where ties were one-way, and where hubs emerged). This made it easier to provide a more detailed narrative than usual, where network diagrams are often shown with only brief comments.

AI helped speed up the descriptive side of the work, but every interpretation was checked manually. It was not a fully automated process — guidance and verification were needed throughout to ensure accuracy and avoid over-simplification.

A survey was delivered to participant organisations to check 1) their satisfaction with the project and 2) the engagement they have as a community of practice.

## WHO RESPONDED?

20 organisations were invited to respond, with an overall response rate of 55% (11 responses). However, there were significant geographical disparities. Kenya and Malawi achieved perfect participation (100%), while India and Mozambique had zero responses. South Africa and Zimbabwe, despite having the largest cohorts (7 and 6 organisations respectively), showed more modest response rates of 42.9% and 50%. Unequal response rate comes with some representation challenges and of course affects the network mapping analysis.

Country	Total Invited	Responded	Not Responded	Response Rate (%)
India	1	0	1	0.0%
Kenya	3	3	0	100.0%
Malawi	2	2	0	100.0%
Mozambique	1	0	1	0.0%
South Africa	7	3	4	42.9%
Zimbabwe	6	3	3	50.0%

## NETWORK ANALYSIS

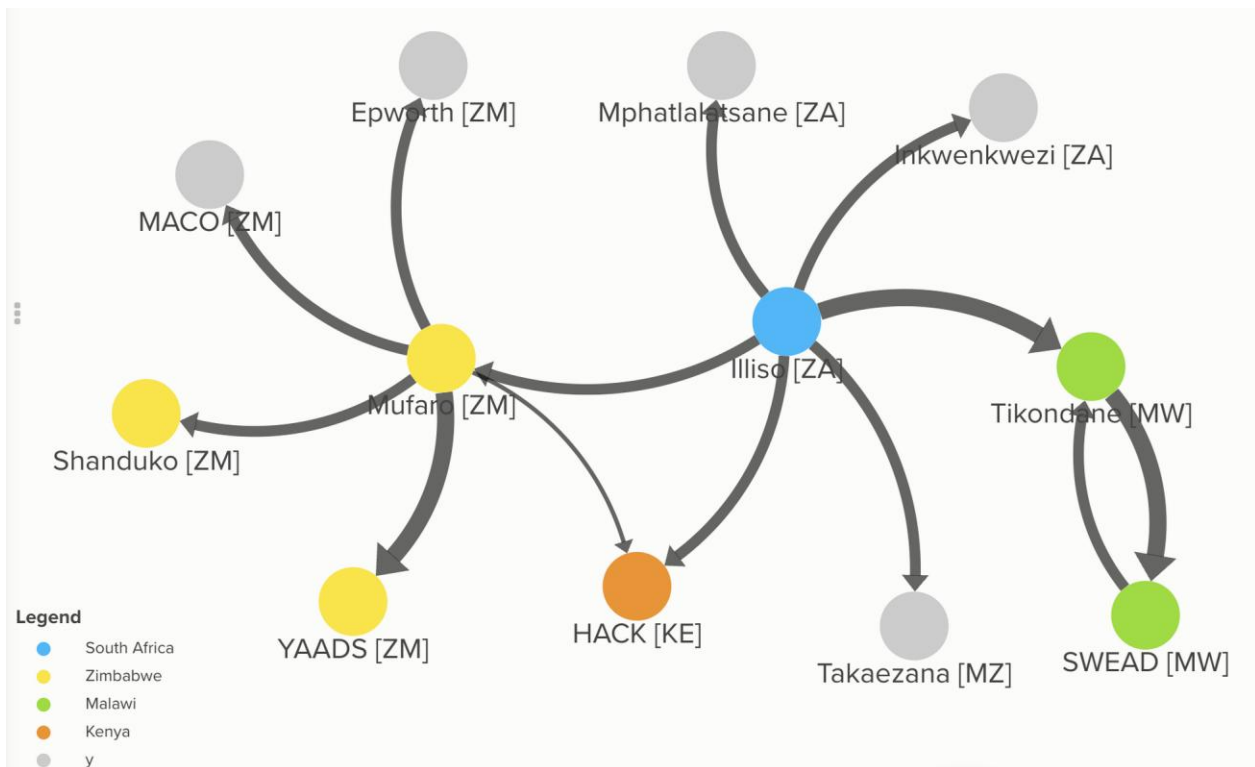
The first part of the survey was designed to generate a social network analysis (SNA), showing the connections among participating organisations based on self-reported relationships. This type of mapping provides a visual picture of how organisations perceive their links with one another and helps to identify patterns of collaboration, influence, and outreach.

Please note that the map is incomplete and should be interpreted as an illustrative snapshot rather than a full representation of the network:

- **Non-respondents:** Several organisations did not complete the survey, so their outgoing connections are missing — although others may still have identified connections to them.

- **Zero responses:** Some respondents reported no connections. We interpret this as an indication that they do not currently have meaningful relationships within the group, rather than as missing data.
- **Data adjustments:** We excluded self-ratings (organisations linking to themselves). In addition, one organisation had marked connections with nearly all others using low (“1”) scores, which appeared to overstate minimal ties. Only their stronger relationships were retained.

As a result, the network map should be seen as partially representative, yet it still offers valuable insight. Even this limited picture demonstrates how social network mapping can vividly reveal patterns of engagement, highlight gaps or asymmetries, and serve as a practical tool for those interested in building or facilitating communities of practice.



This diagram shows the connections among participating organisations across several countries. Each arrow represents a directional tie — from the organisation that said it has a connection, toward the one it identified. The thickness of each arrow reflects the perceived strength or importance of that relationship, as reported by the respondent.

One of the most striking features of this network is that there is only one reciprocal connection, where both organisations acknowledge each other. Most links are one-way. This means that while many groups perceive themselves as connected to others, those others may not always recognize or report the relationship in return. Such asymmetry is very common in networks and reveals how connection is often felt or initiated rather than mutually experienced — a valuable insight for anyone facilitating collaboration.

Looking at patterns of direction and density, Illiso [ZA] and Mufaro [ZM] stand out for their many outgoing connections. They are clearly active in reaching out and trying to connect across borders, but the lack of corresponding incoming ties suggests they are not yet widely recognised as central players. On the other

hand, HACK [KE], Tikondane [MW], and Shanduko [ZM] have higher indegree, indicating they are seen by others as points of reference or trusted peers.

From a country perspective, South African organisations tend to show higher outreach — many arrows emanate from them — but they receive relatively few incoming links. Zambian and Malawian organisations, in contrast, appear to have more balanced or incoming connections, suggesting stronger mutual recognition within those national or regional circles.

### Learning Point: The Untapped Value of Network Mapping

People working in community-based and networked realities rarely use network mapping, even though it is a relatively simple tool that can generate surprisingly deep insights. A basic map can make the architecture of a network visible, tangible, and even measurable—revealing who is connected to whom, where influence sits, where energy flows, and where relationships are thin or absent. For facilitators, this kind of visibility is invaluable. Network maps can help them:

- See the real structure of the ecosystem, not just the relationships they personally know.
- Identify gaps, bottlenecks, and missing connections that may not be obvious from interviews or field visits.
- Understand where reciprocal relationships are strong, weak, or one-directional, and tailor support accordingly.
- Spot emerging hubs or quiet outliers that may need recognition, integration, or targeted support.
- Track how a network evolves over time, especially as capacity-building or partnership efforts expand.

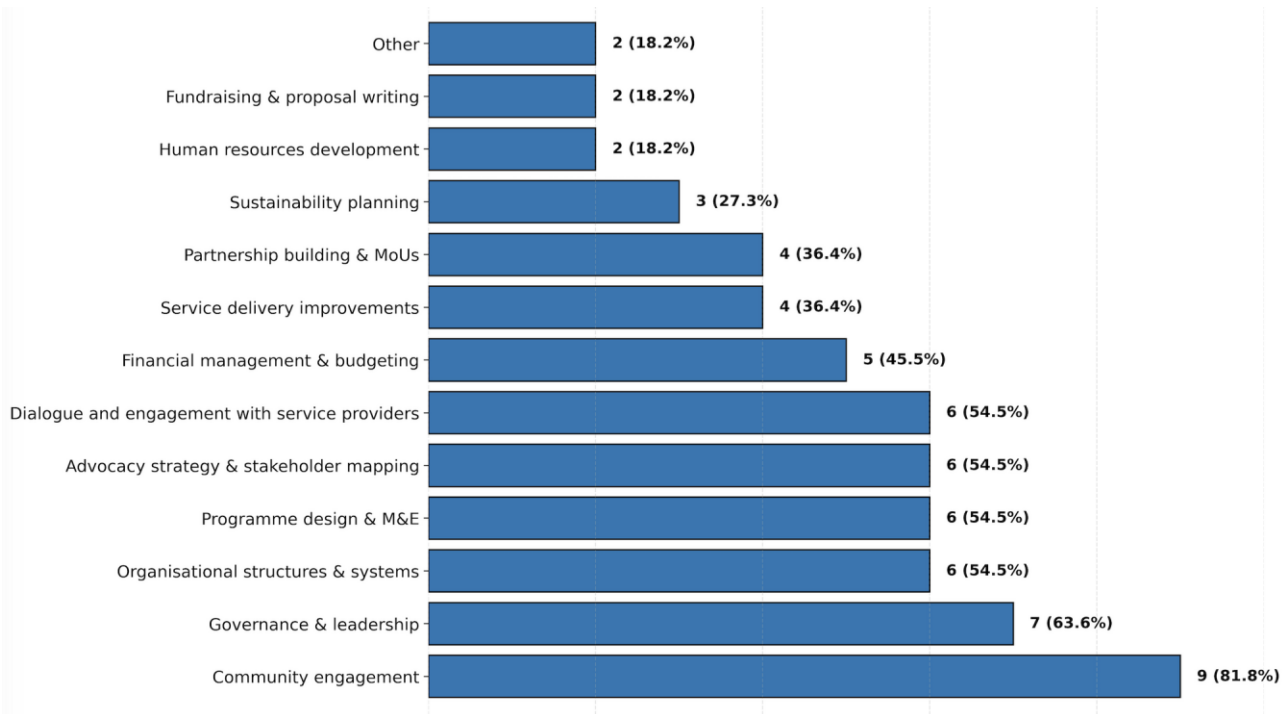
In practical terms, a facilitator could use a network map to decide where to convene actors, which relationships need strengthening, where trust-building is needed, or where cross-project learning could happen but isn't yet. It creates a shared picture of the system—one that both MSF and CBOs can reflect on together—helping move conversations from individual anecdotes to a more systemic understanding of the community landscape.

LEARNING

## WHAT IMPROVED?

In the second part of the survey, organisations were asked to choose UP TO 3 areas where their organisation strengthened most. However, compliance with this instruction was highly variable. Only 3 out of 11 organisations (27.3%) actually adhered to the limit and selected 3 or fewer areas. The remaining 8 organisations (72.7%) exceeded the requirement, with some selecting all or nearly all of the 13 available capacity areas. This non-compliance definitely skewed the results, as organisations selecting multiple areas artificially inflate those areas' apparent importance. Therefore, the following findings should be interpreted with caution—they reflect what organisations chose to identify as strengths but may not accurately represent their genuine TOP THREE priorities had the instruction been universally followed.

Despite this limitation, clear patterns do emerge around the areas most frequently selected:



#### TOP CAPACITY GAINS (Ranked by Frequency):

1. **Community engagement** – 9 organisations (81.8%)
2. **Governance & leadership** – 7 organisations (63.6%)
3. **Organisational structures & systems** – 6 organisations (54.5%) | **Programme design & M&E** – 6 organisations (54.5%) | **Advocacy strategy & stakeholder mapping** – 6 organisations (54.5%) | **Dialogue and engagement with service providers** – 6 organisations (54.5%)
4. **Financial management & budgeting** – 5 organisations (45.5%)
5. **Service delivery improvements** – 4 organisations (36.4%) | **Partnership building & MoUs** – 4 organisations (36.4%)
6. **Sustainability planning** – 3 organisations (27.3%)
7. **Human resources development** – 2 organisations (18.2%) **Fundraising & proposal writing** – 2 organisations (18.2%) **Other** – 2 organisations (18.2%)

Even accounting for the over-selection bias, Community engagement remains the most frequently cited area (81.8%), suggesting this is genuinely a core priority across the cohort. Governance & leadership (63.6%) also appears consistently strong, likely reflecting a central component of the MSF capacity-building approach. A cluster of four equally important areas at 54.5%—organisational structures, M&E, advocacy strategy, and service provider dialogue—suggests these complementary dimensions developed together as part of the program. Conversely, weaker areas like fundraising, HR development, and "other" appear less frequently even with the over-selection bias, suggesting these genuinely received less focus.

#### BUT WHAT ARE THE REAL PRIORITIES?

When organisations were asked to select UP TO 3 areas, we wanted them to identify their genuinely game-changing capacity gains—the transformations that really mattered most. But 72.7% of organisations didn't follow this instruction. Instead, they selected everything or nearly everything.

This creates a methodological problem: when an organisation selects all 13 areas, we can't tell if organisational structures truly transformed their organisation or if they just ticked "yes" to everything because it all applied somewhat. In contrast, organisations who selected only 1 area are clearly signalling: "This is what genuinely changed us."

By weighting compliant responses ( $\leq 3$  selections) at full value and scaling down over-selections proportionally, we're essentially asking: "*What do organisations say mattered MOST when forced to choose?*"

- **Organisational structures & systems** drops from Rank 3 to Rank 6. This suggests that while many organisations ticked it, organisations that prioritized their TOP THREE gains didn't emphasize it as heavily. It may have been "nice to have" rather than game-changing.
- **Advocacy strategy & stakeholder mapping** moves UP and enters the top 5. This tells us that organisations which genuinely identified their top priorities kept pointing to advocacy as transformational—even when they had to be selective.
- **Dialogue and engagement** with service providers also rises into the top 5, suggesting it's a genuinely valued outcome, not just background noise from over-selection.

The weighted ranking more accurately reflects what organisations felt was **transformational**:

- **Community engagement** (81.8% selected it, but even when weighted carefully, it's still #1) — this is genuinely game-changing across the cohort
- **Governance & leadership** (remains #2) — clearly foundational transformation
- **Advocacy strategy & stakeholder mapping** (rises to #3 when weighted) — organisations that had to choose their top 3 kept highlighting this
- **Dialogue with service providers** (enters top 5 when weighted) — a real priority, not just background noise

Meanwhile, areas that drop in weighted ranking like **Organisational structures & systems** may have been more of a "side effect" or "nice to have" rather than a genuine priority or game-changer.

**In short:** The weighting corrects for the "I'll tick everything" bias and reveals what organisations actually felt was transformational versus what was just collateral benefit.

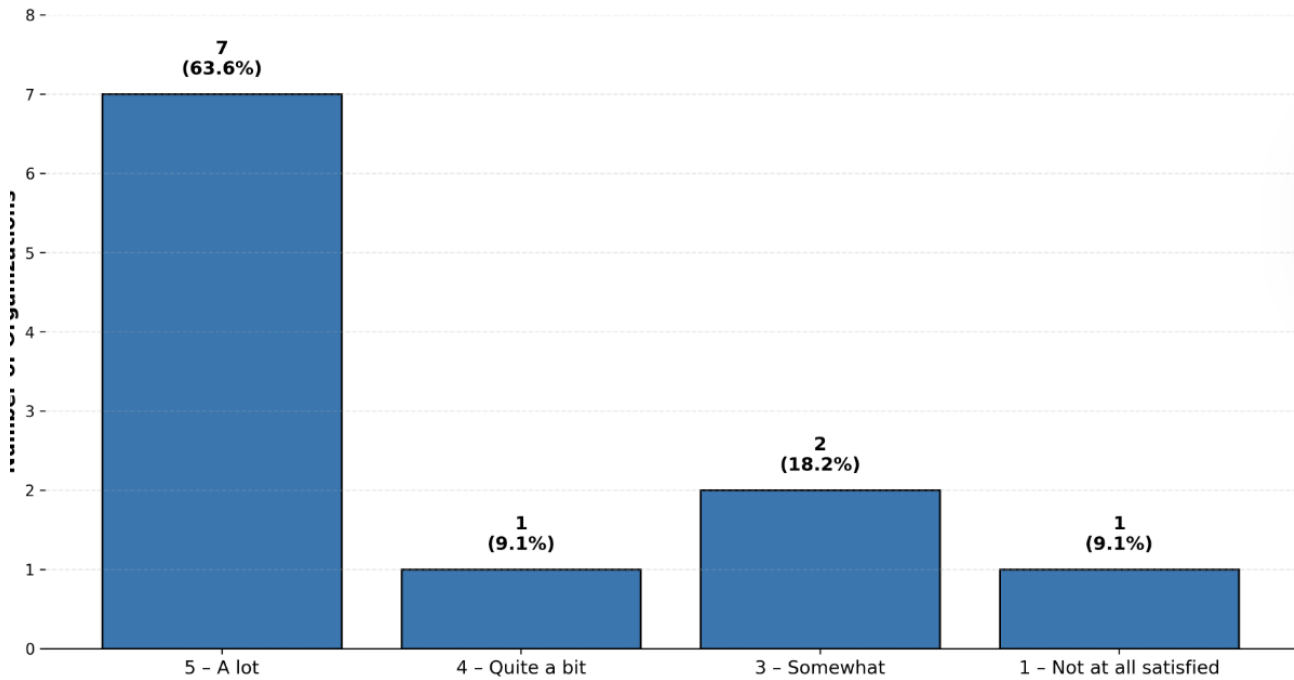
### CONCRETE EXAMPLES OF CAPACITY GAINS

9 out of 11 organisations (81.8%) provided concrete examples demonstrating actual outcomes from the capacity-building process. The examples relate to different capacity areas.

- **GOVERNANCE & LEADERSHIP:** Examples in this area were mentioned by 2 organisations (Zimbabwe, South Africa). One organisation provided a generic claim of improvement in leadership understanding. However, one organisation gave a specific example: the Board and Management now work with clearer roles and responsibilities supported by structured decision-making processes, with the introduction of a Board charter that improved accountability and strengthened oversight.
- **ORGANISATIONAL STRUCTURES & SYSTEMS:** Examples in this area were mentioned by 1 organisation (South Africa). The organisation described developing and rolling out new operational policies (HR, Finance, and Child Protection) which guide day-to-day functions, improving internal efficiency and helping align staff performance with organisational goals.

- **FINANCIAL MANAGEMENT & BUDGETING:** Examples in this area were mentioned by 2 organisations (Kenya, South Africa). One organisation mentioned developing a better way of handling finances without further detail. Another organisation developed an organogram that clarifies staff structure and improved stakeholder collaborations with meaningful results.
- **PROGRAMME DESIGN & M&E:** Examples in this area were mentioned by 1 organisation (South Africa). The organisation introduced standardised M&E tools to track program implementation, with the SRHR Program now using a structured progress-tracking tool for beneficiaries, enabling better data collection and reporting.
- **PARTNERSHIP BUILDING & MoUs:** Examples in this area were mentioned by 2 organisations (Kenya). Both organisations described concrete partnership developments: one drafted an MoU with LVCT immediately after the capacity building (though not yet signed), while another strengthened collaboration with Ministry of Health Kiambu County ensuring quality service provision.
- **ADVOCACY STRATEGY & STAKEHOLDER MAPPING:** Examples in this area were mentioned by 1 organisation (Zimbabwe). The organisation participated in the Harare Agricultural Show 2025 through collaboration with Plan International and Dialogue on Shelter, which enhanced their experience in public engagement and advocacy, improved visibility as a youth-led organisation, and sharpened communication and exhibition skills.
- **DIALOGUE AND ENGAGEMENT WITH SERVICE PROVIDERS:** Examples in this area were mentioned by 1 organisation (Zimbabwe). The organisation initiated a Psychological First Aid (PFA) training conducted in partnership with MSF, bringing together multiple CBOs (ETMA, Shanduko Yeupenyu, MadanhaAshe Charity Organisation, YAADS). This training equipped staff with critical skills to respond effectively to mental health needs in the community, especially among adolescents, enabling immediate emotional support and appropriate referrals, significantly improving mental health programming.
- **SERVICE DELIVERY IMPROVEMENTS:** Examples in this area were mentioned by 2 organisations (Kenya, Zimbabwe). One organisation mentioned team buildings, CBO management, and patient advocacy at primary levels through MOH without further elaboration. The other organisation described improved outreach clinics for Teen Mothers and People Living with HIV with enhanced mental health support, opening and sustaining satellite community revolving pharmacies, and maintaining intact support groups for sustained community engagement.

## SATISFACTION WITH THE PROCESS



11 organisations responded to the satisfaction question. The results show strong overall approval: 7 organisations (63.6%) rated satisfaction as "5 – A lot", 1 organisation (9.1%) as "4 – Quite a bit", 2 organisations (18.2%) as "3 – Somewhat", and 1 organisation (9.1%) as "1 – Not at all satisfied." This means 72.7% of responding organisations expressed high satisfaction (ratings 4-5).

Among the less satisfied organisations (ratings 2-3), notable linking factors emerge. These organisations are geographically concentrated in Kenya and Malawi. Additionally, financial concerns emerge as a factor, with one organisation directly requesting the resumption of funding support, suggesting that capacity-building inputs alone were insufficient without accompanying financial resources.

9 out of 11 organisations (81.8%) provided **additional comments about MSF support**. Most organisations who commented are also satisfied, reflecting their high satisfaction ratings. Their feedback reveals appreciation and recognition of MSF's impact.

- Appreciation and gratitude:** Multiple organisations expressed deep appreciation for MSF's support. One stated: "A HUGE THANK YOU to MSF for their continued support. They give us HOPE that we are not alone in this journey." Another noted: "We greatly appreciate MSF support through trainings and the provision of resources. This support has not only enhanced our technical and organisational support, but it has also boosted our confidence to take initiatives in addressing sexual and reproductive health and mental health needs in our community. We are grateful for the consistent collaboration."
- Recognition of resource support:** Organisations highlighted the tangible difference MSF made during resource scarcity. One stated: "In this season of donor funding resources that are so scarce, we're able to stand and continue with our services because of the capacitation and non-financial support resources, confidence and commitment to see our vision fulfilled." Another noted MSF's support through "trainings and the provision of resources," including "free NCD drugs, funding of marking international health days."

- **Recognition of broader impact:** One organisation recognised MSF's efforts: "We greatly recognize efforts made and the support by MSF in trying to reach more marginalized individuals and we hope to work with them further."
- **Requests for expanded support:** Some organisations identified areas for future support. One requested: "MSF can also provide training of Financial Management and sub-grant the organisation with few resources to test the capability of running the organisation." Another stated: "We would appreciate if MSF could provide our staff team from HR, FUNDRAISING, PROGRAMS and M&E these departments are very critical and crucial for the growth of our organisation."
- **Organisations with lower satisfaction** (ratings  $\leq 3$ ) focused primarily on financial and funding concerns. One organisation rated as "not at all satisfied" emphasized the need to "resume their funding to CBO," suggesting that withdrawal or reduction of direct financial support undermined satisfaction despite capacity-building inputs. Two "somewhat satisfied" organisations provided minimal additional commentary, with one acknowledging continuous support but without elaborating on specific concerns.

The MSF capacity-building project shows strong positive outcomes across participating community-based organisations (CBOs). With 64% of respondents reporting "very high" satisfaction and significant capacity gains in community engagement, organisational systems, and service delivery, the TIC project has effectively strengthened partner organisations across four African countries.

## ANNEX 3: AN ASSESSMENT OF THE CBO ASSESSMENT TOOL

### Warning: Extensive AI Use

This review was developed through an iterative and dialogic process, using AI as a facilitation tool to structure, test, and revise ideas through reflective questioning. It did not result from a single prompt or static response, but emerged from a process of challenging assumptions and experimenting with perspective. This is not intended as a final consultant deliverable, but rather as an exploration—an attempt to see what insights might emerge when an AI is used as a sounding board. It was fed with certain reference points: the structure and content of the CBO Assessment Tool, a consultant’s lens focused on localisation, and MSF’s Community Engagement: Frequently Asked Questions—a strong, values-based document highlighting MSF’s aspirations around inclusion, responsiveness, and shared agency. The result is not a definitive view, but a practical exercise in seeing what a “neutral” analytical tool might surface when asked to take this perspective. It serves as a starting point for deeper engagement and a way to better familiarize with both the assessment guide and the CE framework.

### TOOL DESCRIPTION

The CBO Assessment Tool is a structured self-assessment framework developed to evaluate the capacity of community-based organisations across seven domains:

- Governance and Strategy
- Finance
- Administration and Human Resources
- Project Management
- Technical Capacity
- Networking and Advocacy
- Community Ownership and Accountability

Each domain is broken down into components, accompanied by diagnostic questions. Capacity in each area is scored on a 1–4 scale, where each level of the scale is described in qualitative terms. Higher scores indicate greater formalisation and systematisation of practices.

The tool also includes:

- A dashboard summarizing average scores by domain.
- A profile sheet for background information on the CBO.
- An action plan tab where low-scoring areas can be linked to proposed improvements, responsible parties, timelines, and resource needs.

The tool is designed for internal use, either as a self-assessment or with external facilitation, and can be used to inform organisational strengthening plans or partner engagement strategies.

### STRENGTHS AND LIMITATIONS (OVERALL)

Feature	Strengths	Limitations
Comprehensive Coverage Across Organisational Areas	Addresses a broad spectrum of organisational functions, including technical, administrative, and relational dimensions. Encourages a whole-organisation view,	The tool treats all areas as equally important; it does not guide users to prioritize which domains are most critical given their stage, size, or strategic focus.

	rather than focusing solely on project implementation.	
<b>Practical Breakdown into Components</b>	Each domain is broken into clear, understandable components (e.g., 'bank account,' 'staff development,' 'governing board'). Makes assessment manageable and concrete.	The assessment emphasizes formal systems and documentation. Informal but functioning systems (e.g., verbal agreements, community-trusted processes) are not recognised in scoring.
<b>Use of a Scoring Rubric (1–4 Scale)</b>	Descriptive scoring levels help CBOs assess themselves without requiring technical expertise. Facilitates consistency and comparability.	The scoring system assumes a linear progression from informal to formal as the primary path to maturity. Organisations using effective but non-traditional models may receive low scores even when functioning well.
<b>Direct Link Between Assessment and Action Planning</b>	Helps organisations move from assessment to implementation through a built-in action planning table. Encourages accountability by identifying responsible persons and timelines.	Action planning is driven by low scores, which may not reflect an organisation's most strategic or timely priorities. No space is given to weigh trade-offs or make intentional decisions about what to focus on.
<b>Enables Tracking and Cross-Organisation Comparison</b>	Structured format supports aggregation of results across partners or over time. Useful for funders or intermediaries managing portfolios.	Contextual differences are not captured. A score of '3' in one CBO may reflect a very different reality than the same score in another, depending on geography, population served, or resources.
<b>Includes Areas Often Overlooked (e.g., Gender, Community Ownership)</b>	Unlike many capacity tools, this one integrates aspects of community legitimacy, inclusiveness, and equity.	Still assessed through formal structures (e.g., gender-balanced staffing, KP representation in governance). Does not ask whether community members feel genuinely involved or whether gender dynamics are openly discussed.

## A SECTION-BY-SECTION ANALYSIS

### 1 Governance

Open-ended question: <b>How do you select leaders, make important decisions and resolve conflict within the organisation?</b>					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Rules and regulations	Do you have written rules and regulations accepted and approved by all the members of the organisation?	No rules and regulations	Some rules/principles written down	Written rules and regulations exist but weren't widely approved	Written rules and regulations approved by representatives of the organisation and community
2. Governing committee/board	Do you have a committee/board that meets and makes decisions that guide your organisation's development?	No committee, no meetings	Committee established, but it never meets	Occasional meetings, but role in guiding organisation not strong or useful	Regular meetings (quarterly) with useful guidance and decisions made for the organisation
3. Mission and values	Do you have a mission and set of values which are clearly understood, agreed and approved by all the members of the organisation?	No clear mission and values	Can describe the mission and values, but they have never been agreed or written down	Mission and/or values written down long ago, but either few people were consulted or few people understand them now	Mission and values were agreed by all stakeholders and are regularly used to guide decisions about projects and activities

- **What the tool includes:** Presence of written rules, a functioning committee or board, and regular meetings with documented outputs.
- **Positive aspects:** Encourages basic governance practices and accountability mechanisms.
- **Gaps identified:** The tool assumes that governance capacity is best reflected through formal documents and committee structures. It does not assess whether leadership is trusted by members, whether power is shared, or whether decisions are made transparently and inclusively. There’s also no exploration of whether marginalized voices participate in governance processes. As the CE FAQ emphasizes, “community leaders do not always speak for each community member,” and governance structures should be able to reflect the diversity of experiences within a community. Additionally, “strategy” is treated as a formal requirement, rather than an evolving, community-informed vision. The tool does not ask whether the strategy responds to community-defined priorities or only to donor frameworks.

2 Finance:

Open-ended question: How does the organisation plan and manage its finances and budget?					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Finances	Does your organisation keep accounts of its money, that can be presented at any time?	No accounts kept	Records kept of money received and spent, but difficult to know how much money is kept at any one time	Accounts kept up to date and balances and statements are prepared at the end of the financial year	Balances and statements prepared quarterly. At year end, presented to external stakeholders for approval
2. Bank Account	Does your organisation have a bank account to hold its funds?	No bank account. Manages all funds in cash	Someone's personal account is used for funds.	Bank account registered in organisation name, which requires authorised signatories	A manual record of all payments is kept and compared with all bank statements
3. Supporting documents	Do you maintain supporting receipts and invoices for all expenditure?	No - receipts/invoices are only asked for when claiming expenses.	Receipts /invoices are kept sometimes, but there isn't a proper filing system	Receipts/invoices are needed to justify any use of grant money, and are kept on file, but rarely reviewed.	All receipts/invoices and other supporting documents filed for 3 years, and reviewed by authorised person regularly
4. Budgets and cash flow planning?	Does your organisation prepare, monitor and review a budget?	Budgets are prepared for every proposal, but not used for anything else	Budgets are prepared to decide how much to spend on all project and organisation costs, to ensure there is enough money for all future plans	Budgets are presented annually for approval to a board or representative group of members	Every 6 months (at minimum), budgets are compared to money already spent, and planned cash flow, to make sure there will be enough cash to keep the organisation running.
5. Reporting	Do you provide accurate financial reports on time to donors?	No experience of having to submit donor reports	Reports are submitted, but often late and/or incomplete	Some reports are submitted on time, but are often incomplete or queried by donor	Reports are always submitted on time and always meet donor requirements

- **What the tool includes:** Financial record-keeping, existence of a bank account, and ability to produce financial reports.
- **Positive aspects:** Promotes donor accountability and establishes foundational practices for financial transparency.
- **Gaps identified:** The tool frames financial capacity mostly through a donor compliance lens. It omits other vital forms of financial accountability—particularly towards the community. There are no questions about how financial decisions are communicated to members or whether the community has oversight or trust in how resources are managed. As the CE FAQ emphasizes, true engagement means that accountability must flow in multiple directions, including back to those served by the CBO. Community-trusted but informal financial systems are not acknowledged. There’s no space to note community-endorsed accountability mechanisms that may not be documented but are effective.

## 3 Admin

Open-ended question: <b>How does the organisation manage recruit and retain staff? And how well is admin handled?</b>					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Staff and volunteers	Does your organisation involve a number of salaried staff and volunteers who have different areas of responsibility?	Fewer than 5 volunteers run the organisation	5-15 volunteers with different roles, some who lead/manage the organisation	One full-time staff person is paid a salary and organises all the volunteers	More than one full-time staff members are paid salaries, and volunteers have different, fixed areas of responsibility
2. Staff and volunteer development	How do you ensure that staff and volunteers support and motivate each other and develop skills?	No meetings or trainings. Low skill levels, volunteers do basic work	Few meetings. Volunteers sent for training occasionally	Occasional meetings to share lessons and support each other. Training is provided informally and externally	Regular meetings (e.g. monthly), training and team-building activities to keep staff and volunteers motivated
3. Office and equipment	Does the organisation have its own office, meeting space, and equipment for handling admin and writing reports?	No office, no equipment	Occasional access to another office and equipment. OR - has office but no equipment, OR equipment but no office	Office and equipment (computer plus printer/scanner) shared with another organisation	Office and equipment (computer plus printer/scanner) owned by organisation

- **What the tool includes:** Staffing levels, volunteer management, and HR policies.
- **Positive aspects:** Acknowledges the organisational role of human resources and the need for staff and volunteer development.
- **Gaps identified:** The framework is structured around employment formality and policy presence. It does not consider organizing capacity, leadership dynamics, or how human resources contribute to responsiveness and adaptability. Nor does it ask whether administrative systems serve to empower staff and volunteers—or merely to control. As the FAQ points out, participatory and inclusive systems matter for legitimacy. Community-based organisations may depend more on relational dynamics than bureaucratic ones to ensure reliable and accountable performance. Focuses heavily on the presence of paid staff and formal job descriptions. The FAQ calls for “contextual sensitivity,” especially where formal contracts may not be feasible.

## 4 Project management

Open-ended question: How do you develop, manage and evaluate your projects?					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Activity development and planning	Does the organisation plan the development of its activities, involving all people concerned?	Organisation responds to immediate needs with little planning	Occasional short-term planning e.g. major events	All organisations ongoing activities are planned in advance with staff and volunteers	Annual plans are developed and agreed upon with community members, volunteers, staff and board (if it exists)
2. Project and proposal development	Are you successful in developing proposals?	No funded proposals, no project framework	Funding has been received for one successful proposal (mainly developed by an outsider)	Funding has been received for at least one successful proposal in past 3 years, written and developed within the organisation	Funding received for at least 2 proposals developed internally, in the last three years, each with needs assessments, activity plans and budgets
3. Targeting	What type of people do you try to reach with SRHR activities?	Entire community	Work with whoever we can, but try to take care of most vulnerable	Work with specific groups of vulnerable people	We work with people who are especially vulnerable to HIV/SRH issues and together with them design our work relevant to their needs.
4. Monitoring and Evaluation (M&E)	Does your organisation have a functioning M&E system	Organisation does not do M&E at all	Organisation mainly responds to ad hoc donor requests for M&E data, with little planning	Organisation has an M&E system, is collecting data on an ongoing basis and reporting to donors	M&E system is documented and data is used to inform management decisions, and provide feedback to community.

- **What the tool includes:** Planning processes, proposal writing, and monitoring of activities.
- **Positive aspects:** Promotes structured planning and delivery.
- **Gaps identified:** The focus on proposal development and activity plans reflects a model of “projectisation”—where capacity is framed primarily around the ability to implement externally defined, time-bound projects. This undervalues other forms of organisational resilience, such as maintaining consistent engagement, adapting to community needs, and surviving between or beyond projects. The CE FAQ notes the importance of sustainability as “not approached unilaterally” and reminds us that CBOs work through diverse mechanisms, including relational trust and continuity of presence. May undervalue flexible and community-led ways of planning and adaptation. The CE FAQ stresses the importance of involving communities early in project design, which could be better reflected in how the tool evaluates this domain.

5. Technical capacity

Open-ended question: What experience does the organisation already have in Sexual and Reproductive Health and Rights					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. HIV/SRH knowledge and skills	Do staff and volunteers have the necessary HIV/SRH knowledge and skills to do their duties well?	A few people know the basic facts about HIV/SRH	Staff and volunteers know the skills needed to do their tasks	HIV issues are well understood, e.g. causes of vulnerability, stigma, treatment etc, but members get no regular training	HIV issues well understood, staff and volunteers trained, and provide training and support to others
2. Information, education and communication (IEC) development and utilisation	How do you create messages to raise awareness or change people's thinking?	Do not use and materials, toolkits or activities	Use some printed pictures or posters to illustrate messages	Use materials or activities aimed at specific groups with specific messages, sometimes developed by organisation	Develop or adapt own materials and ensure effectiveness by pre-testing or involving target groups in development
3. Gender and HIV/SRH	What do staff members understand about the relationship between gender and HIV/SRH?	No understanding	Know that women are more vulnerable but don't know what to do about it	Promote gender equality within the organisation, and integrate it into messaging, but lower level of analysis	Always analyse how gender is affecting vulnerability to HIV and access to services, and respond with appropriate strategies
4. Human rights and HIV/SRH	What do staff members understand about the relationship between peoples rights, legal protection, and HIV/SRH?	No understanding	Understand that people living with or at risk of HIV are often discriminated against, and have rights that should be protected	Understand that human rights violations can make people more vulnerable to discrimination, and risk of infection, but not sure how to intervene	Actively use explanations of the law and people's rights to help inform, defend, or protect vulnerable people, or advocate to others
5. Access to new information	How do you encourage and enable members to learn and develop their knowledge about HIV/SRH?	No mechanism	Some leaflets and information is made available. Occasional informal discussions	Information regularly accessed through a variety of sources and distributed among members	Regular internal discussions to learn and share knowledge; information regularly accessed; access to internet

- **What the tool includes:** Knowledge and skills in key thematic areas, such as HIV and SRH, and the use of Information, Education and Communication (IEC) materials.
- **Positive aspects:** Aligns with health outcomes and technical delivery.
- **Gaps identified:** The tool frames technical strength around predefined knowledge sets and outputs (e.g., material use), rather than contextual relevance or capacity to co-create solutions. As highlighted in the FAQ, technical input should be coupled with “radical listening” and inclusive dialogue that acknowledges and integrates community knowledge systems. Heavily emphasizes technical inputs without enough focus on community relevance or co-production of health messaging. The FAQ encourages “investing in topic awareness raising and sensitisation,” which often begins with community insight.

## 6. Networking and advocacy

Open-ended question: How do you understand and initiate networking? How does your group do advocacy work?					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Networking	Are you part of a network?	No	Involved in a network in its district or	Involved in a national network, and participates in decision-making	Involved in a regional or global network as an active partner
2. Advocacy awareness	Do you carry out advocacy activities that address barriers that prevent target groups accessing services or enjoying their rights?	Does not have skills to develop advocacy activities	Has some skills but does not carry out any advocacy activities	Has initiated small-scale activities with some, limited impact	Has effective strategic mechanisms to work on advocacy and carries out activities which have made positive impacts
3. Advocacy targeting decision makers	Do you carry out advocacy activities to influence decision makers to change conditions or policies that form barriers to your work in HIV/SRH?	Haven't thought about local policies or conditions. Little or no advocacy done in past.	Have only mobilised general public for support or awareness raising, but nothing targeted at decision makers	Have developed targeted activities towards decision- or policy-makers but have lacked either evidence community voice or strength in numbers	Have done convincing evidence-based advocacy, mobilising allies and using many different communication methods
4. Advocacy targeting the general population	Do you carry out advocacy activities to influence the general population to change their opinions and combat stigma and discrimination?	No advocacy work targeting general population done	Involved in occasional advocacy work targeting general population in past	Have developed targeted activities towards general population but have lacked either evidence community voice or strength in numbers	Have done convincing evidence-based advocacy, mobilising allies and using many different communication methods
5. Broader context and networking	Do you work in partnership to achieve common advocacy targets/issues?	Work in isolation. No knowledge of local policies, strategies or work of others	Some knowledge of local government policies and of other organisations	Understand national and local policies and strategies; have personal contacts with a few relevant people/organisations	Have effective networks working together, sharing resources or referring clients with local government, private or community organisations.

- **What the tool includes:** Participation in networks and ability to advocate.
- **Positive aspects:** Highlights the importance of partnerships and voice.
- **Gaps identified:** The scoring prioritizes formal engagement in national or global networks, but local legitimacy and informal alliances are overlooked. Many CBOs build influence through embeddedness, not visibility. The FAQ encourages MSF to consider how different stakeholders—including informal leaders—shape outcomes and need to be engaged on their own terms. The scoring prioritizes formal engagement in national or global networks, but local legitimacy and influence within informal or grassroots alliances are not well accounted for. CE efforts often rely on such local credibility.

## 7. Community

Open-ended question: What roles do members of the community play in the organisation and how does the organisation communicate with the community?					
COMPONENT	QUESTION	DESCRIPTION OF SCORING			
		1	2	3	4
1. Involvement of KPs in the activities, work and major decisions of the organisation	Do KPs participate fully in the activities, work and major decisions of the organisation?	No KPs involved, except to receive services	KPs act as volunteers/peer educators but not in decision-making roles	KPs are fully represented in decision-making and paid roles and are on the governing committee/board	KPs are fully involved through out the organisation and are involved in designing projects and are widely consulted on major decisions
2. Gender	How does your organisation respect, encourage and promote equal participation from people of all genders?	Organisation has never actively considered this - more than 70% of members are from one gender	While gender balance exists at some levels, over 70% of people at management and decision-making levels from one gender	No more than 70% of one gender at all levels. Work practices are flexible to ensure childbirth and childcare are no obstacles to involvement	Organisation develops and uses gender sensitive approaches in its work and promotes equal respect and rights for male, female and transgender identities

- **What the tool includes:** Participation of key populations (KPs) and gender inclusion.
- **Positive aspects:** Brings in equity and inclusion criteria that are often missing in technical tools.
- **Gaps identified:** The current framing of this section centres mainly on gender balance and formal representation of key populations, which are essential but limited indicators of inclusion. The broader issue of how communities are meaningfully involved in governance, feedback loops, or shared accountability is underdeveloped. As the FAQ reminds us, community engagement is built on the right of those affected to have a say in decisions—and inclusion must reflect “the diversity of communities” and extend beyond demographic checkboxes. The tool does not ask how different voices within the

community shape strategy, raise concerns, or influence service delivery. Evaluation relies on representation (e.g., KP involvement on boards), not on lived experience or perceived legitimacy. The FAQ insists on engaging “not only with populations of interest but also with local and national staff,” which implies a broader view of what ownership looks like.

## OPPORTUNITIES FOR STRENGTHENING THE TOOL

To better support both institutional accountability and context-specific CBO development, the following improvements are recommended:

- **Introduce prioritisation prompts:** After the assessment, ask CBOs to identify which domains matter most for their work over the next 12 months.
- **Allow for explanation of informal or alternative practices:** Add a text box or optional column next to each score: “If you do this differently, explain how.”
- **Distinguish between absence and substitution:** Encourage facilitators to explore whether a missing practice reflects a gap or a deliberate adaptation.
- **Guide strategic use of the action plan:** Provide a step before action planning that helps CBOs reflect: “What are the top 3 changes that would most improve your work right now?”
- **Encourage narrative context:** Add space for short narrative reflections: “What does this score mean in your context?” or “What limits your ability to move to the next level?”

## OPPORTUNITIES FOR STRENGTHENING THE TOOL

To better support both institutional accountability and context-specific CBO development—as envisioned in MSF’s CE framework—the following improvements are recommended:

- **Make space for trajectory mapping:** Instead of using static snapshots alone, introduce a section for CBOs to describe their own development journey—where they started, what shaped their growth, and what kind of organisational future they are aiming for. This supports the FAQ’s view that CE and capacity evolve through lived experience, not just benchmarks.
- **Introduce prioritisation prompts:** After the assessment, ask CBOs to identify which domains matter most for their work over the next 12 months. This acknowledges that capacity-building is not one-size-fits-all and that strategic priorities vary by context.
- **Allow for explanation of informal or alternative practices:** Add a text box or optional column next to each score: “If you do this differently, explain how.” This allows recognition of functioning systems that may not be formalised but are effective and legitimate within the local context.
- **Distinguish between absence and substitution:** Encourage facilitators to explore whether a missing practice reflects a true capacity gap or a deliberate, adaptive choice rooted in context or values.
- **Strengthen attention to community-based accountability:** Include prompts that ask how financial and governance decisions are shared with and understood by the community, not just external actors. This better reflects downward as well as upward accountability.
- **Refocus action planning:** Move beyond just addressing low scores. Introduce a step that helps CBOs reflect: “What are the top 3 changes that would most improve your work right now?” This shift encourages strategic development rather than reactive problem-solving.

- **Make inclusion more meaningful:** Broaden community ownership indicators beyond gender and KP representation. Include reflection on who participates in shaping priorities, how feedback is gathered, and whether all groups feel heard.
- **Encourage narrative context:** Add space for short narrative reflections such as: “What does this score mean in your context?” or “What limits your ability to move to the next level?” These insights add essential nuance to what might otherwise be overly standardised scoring.
- **Revisit assumptions of linear growth:** Adapt the scoring rubric to allow for alternative trajectories of maturity—acknowledging that formalisation is not always the most meaningful indicator of strength, especially in low-resource or trust-based settings.
- **Contextualise comparison logic:** Where comparisons across CBOs are required (e.g., for funders), provide a mechanism to include contextual notes so that identical scores in different settings are not assumed to reflect the same level or type of capacity. For instance, a rural, newly formed group operating in a post-crisis zone cannot be assessed against the same operational expectations as an urban-based organisation with sustained donor presence.
- **Account for operational context variability:** Introduce optional context markers that allow users to indicate whether they operate in emergency settings, urban vs. rural environments, or under restrictions that may affect formalisation. This supports the CE FAQ’s emphasis that “community engagement must be shaped by local realities,” and helps ensure that assessments reflect more than organisational design—they reflect the environment in which a CBO must operate.

## ANNEX 4: UBUNTU / TIC PROJECT ALIGNMENT.

### Warning: Extensive AI Use

How AI was used — and what was learned from it

This section was developed through several iterative rounds with AI — not to automate the writing, but to **refine the analysis itself**. The aim was to capture the essence of each Ubuntu principle in a way that would make the comparison with the TIC project coherent, evidence-based, and meaningful.

Through the iterations, the focus was to:

8. **Find the right structure.** We tested multiple formats until settling on a clear and consistent one: an explanation of the principle, a small set of core concepts, and a structured comparison between Ubuntu and TIC.
9. **Sharpen the analytical lens.** We refined the concepts to only what truly mattered, grounded each point in real quotes, and removed any drift, assumptions, or AI-generated “extras.”
10. **Strengthen tone and depth.** The AI was directed toward a reflective, evaluative tone rather than a descriptive or promotional one, ensuring each principle was grounded in literature and evidence.
11. **Ensure cross-principle coherence.** The final rounds checked that all five principles followed the same logic and level of depth, so the framework functions as a consistent analytical system.

This process allowed the work to progress quickly toward a solid comparative framework, leaving more time for human revision, probing, and critical reflection. It is worth noting that AI does not produce “objective” work; it shifts easily toward emphasis, critique, or oversimplification depending on how it is steered. For innovative approaches such as these, its tendency to flatten insights is a clear limitation.

So, while the output is AI-compiled, the **thinking was very human** — questioning, checking, and shaping the analysis throughout.

### PRINCIPLE 1 – FROM COMMUNITY ENGAGEMENT → COMMUNITY LEADERSHIP

This principle is explained in the Ubuntu strategy as: *“Meaningful engagement with patients and communities, with the ultimate aim of enabling community leadership of our programmes, is at the heart of MSF Ubuntu’s approach... We will bring individuals, patient groups and communities together to identify, prioritise and develop health solutions.... Our collaboration will evolve through the lifespan of our projects to actively sharing decision-making when we reach hand-over stage.”*

Within Ubuntu, this principle describes a **progressive shift from engagement to shared governance**. Engagement is not an isolated activity but the foundation for **leadership, co-decision and hand-over**, positioning communities as legitimate actors in defining and managing their own health priorities.

Core Concept	How it is addressed in Ubuntu / TIC
Meaningful engagement	<i>Ubuntu</i> explicitly places “meaningful engagement with patients and communities” at the heart of its approach, framing it as an ethical and operational commitment to dialogue and respect. The <i>TIC</i> documents also treat engagement as a right rather than a method—stating that “community engagement is based on the idea that everyone affected should have a say in decisions that impact them” (FAQ p. 3). Both therefore articulate engagement as continuous and principled, not instrumental.
Community leadership / power sharing	<i>Ubuntu</i> speaks directly of “enabling community leadership of our programmes” and of collaboration evolving toward shared decision-making. The <i>TIC</i> Project uses almost identical wording in its goal to “strengthen the leadership of community and patient groups to actively participate in decision-making processes” (Toolkit p. 5). In both, leadership is seen as a process of redistribution of agency; however, in <i>TIC</i> project it

	remains framed through <i>capacity-strengthening</i> rather than governance power.
<b>Co-design and shared decision-making</b>	<i>Ubuntu</i> positions co-creation as a mechanism of the engagement-to-leadership continuum— “bringing individuals, patient groups and communities together to identify, prioritise and develop health solutions.” <i>TIC</i> Project operationalised this through “joint planning meetings with CBO representatives to agree on activity schedules and priorities” ( <i>Aggregated Report</i> p. 3). The term “co-design” is not used, but the practice is clearly present.
<b>Progressive hand-over / continuity</b>	In <i>Ubuntu</i> , the notion of evolution through the “lifespan of projects” to a “hand-over stage” is explicit. The <i>TIC Project Toolkit</i> mirrors this temporality through “mentorship, training, coaching and technical assistance to ensure sustainable outcomes and continuity” (p. 4). Both view hand-over as a process rather than an event.
<b>Recognition of local legitimacy</b>	<i>Ubuntu</i> implies this in its ambition for “community leadership of our programmes,” where legitimacy shifts from MSF to the community. In <i>TIC</i> , this is concretised: several partner organisations in Malawi became formally registered and recognised by district authorities after MSF’s withdrawal ( <i>Toolkit</i> pp. 24–25). <i>TIC</i> Project therefore made this implicit <i>Ubuntu</i> aspiration visible in practice.
<b>Transformation of MSF’s role</b>	While <i>Ubuntu</i> describes this implicitly—through language of “collaboration evolving” and “shared decision-making”— <i>TIC</i> made it explicit in practice. The project redefined MSF’s role from implementer to facilitator, using long-term mentoring to accompany rather than direct community partners ( <i>Aggregated Report</i> pp. 3–4). This re-positioning prefigures <i>Ubuntu</i> ’s re-imagining of partnership dynamics.

The New Ways of Working with Community Organisations project was conceived to deepen engagement into accompaniment and shared leadership. It aimed to build organisational and leadership capacity among community-based organisations (CBOs) so that they could design, manage, and sustain their own health initiatives. The approach replaced short consultation loops with continuous mentoring and joint planning, emphasising governance training, financial management, and recognition of CBOs as legitimate community actors. The underlying strategy echoed *Ubuntu*’s continuum of engagement → leadership by positioning MSF staff as facilitators and mentors rather than primary implementers.

What are the achievements so far? While the project did not yet achieve full community leadership, it tested the mechanisms that *Ubuntu* now codifies – mentorship, co-design, progressive hand-over, and local recognition. It can therefore be read as an early laboratory for *Ubuntu*’s first principle, offering practical evidence of what shared leadership can look like in humanitarian settings.

#### Practices in use

- **Establishing sustained mentoring and coaching relationships** instead of short-term mobilisation. The project engaged with multiple MSF operations and community organisations to replace episodic consultation with structured accompaniment. This mentoring model was implemented across the *Southern Africa regional pilot*, encompassing **Malawi, Mozambique**, and linked OCB projects [*Aggregated Report* pp. 3–4].
- **Using capacity building as the bridge toward independent CBO management.** An integrated model combining *training, coaching, and technical assistance* for community partners was developed and detailed in the *Toolkit* (p. 4). Training covered governance, financial management, project planning, and monitoring, and was applied across country projects to prepare CBOs for autonomous management.
- **Embedding joint planning and review mechanisms to share decision-making authority.** “Joint planning meetings with CBO representatives to agree on activity schedules and priorities” were organised in **Beira (Mozambique)** (*Aggregated Report* p. 3), exemplifying how operational decisions began to be shared.

- **Supporting local recognition processes so that CBOs could continue beyond MSF’s presence.** In Malawi, partner organisations formalised themselves as registered community-based entities, gaining recognition from district authorities after MSF’s withdrawal (*Toolkit* pp. 24–25).

## PRINCIPLE 2 – BEING ROOTED LOCALLY AND ACTING GLOBALLY

This principle is explained in the Ubuntu strategy as: “*Our concept of local roots and global action frames our intention to develop solid local experience based on comprehensive engagement, whilst retaining a global operational outlook... The knowledge we generate and the connections we forge through our work will further benefit MSF’s global humanitarian action.*”

Ubuntu presents this as a principle of **reciprocity between the local and the global**. It reframes MSF’s identity as both *embedded in local realities* and *connected to a broader humanitarian system*, ensuring that operational learning flows in both directions. Local rootedness becomes the basis for legitimacy and relevance, while global action ensures solidarity and shared responsibility across contexts.

Core Concept	How it is addressed in Ubuntu / TIC
Local roots and contextual grounding	<i>Ubuntu</i> explicitly emphasises “develop[ing] solid local experience based on comprehensive engagement.” It envisions operations built from local realities rather than imposed frameworks. The <i>TIC</i> Project strongly aligns: it was designed as a <i>regional pilot rooted in the Southern African context</i> , aiming to test a “new way of working with community organisations” in existing projects (Aggregated Report p. 1). Both position local embeddedness as essential to relevance and effectiveness.
Global action and solidarity	<i>Ubuntu</i> links local practice to a “global operational outlook,” implying mutual reinforcement between field innovation and global policy. The <i>TIC</i> Project documents express this same aspiration: the project was framed as “a regional pilot providing learning for MSF globally” (Aggregated Report p. 1), and the <i>Toolkit</i> was explicitly written “to share this learning across the MSF movement” (Toolkit p. 3–4).
Knowledge generation and exchange	<i>Ubuntu</i> highlights “the knowledge we generate and the connections we forge” as resources for movement-wide improvement. <i>TIC</i> Project developed a concrete mechanism for this through the documentation and dissemination of lessons learned. The <i>Aggregated Report</i> (p. 7) mentions regional learning exchanges and presentations to OCB leadership, while the <i>Toolkit</i> (p. 4) compiles approaches and tools for replication elsewhere.
Mutual learning and South–South collaboration	<i>Ubuntu</i> implies horizontal learning across contexts (“develop solid local experience... benefit global humanitarian action”). <i>TIC</i> Project put this into practice through the <b>Southern Africa regional pilot</b> , which linked country experiences (Malawi, Mozambique, and other OCB contexts) into a shared learning process (Aggregated Report pp. 3–4, 7). This regional collaboration model mirrors Ubuntu’s “rooted globally” ethos.
Legitimacy through localisation	<i>Ubuntu</i> frames local rootedness as a source of legitimacy—MSF’s credibility arising from engagement with communities. <i>TIC</i> Project translated this into practice by shifting more responsibility and visibility to community-based organisations (CBOs), treating them as legitimate actors within the local ecosystem (Toolkit p. 5). While Ubuntu articulates this as principle, <i>TIC</i> Project tested it operationally.
Bridging humanitarian systems	<i>Ubuntu</i> implies a dual positioning—locally rooted, globally networked. <i>TIC</i> Project begins to enact this by creating structured learning feedback loops between field sites, the OCB operational platform, and movement-level strategy discussions (Aggregated Report p. 7). This connection between project experimentation and institutional learning embodies the “local-to-global” logic Ubuntu formalises.

The New Ways of Working with Community Organisations project was conceived as a regional experiment to test models of community partnership that could later inform global MSF practice. It aimed to generate field-based evidence on how to collaborate more equitably with community organisations, then use that learning to influence operational and institutional strategy. Strategically, this meant grounding innovation in the Southern Africa region—where MSF had dense, long-term relationships with communities—while ensuring that outcomes would feed directly into global learning and reflection.

What are the achievements so far? The project successfully established regional learning structures and produced transferable knowledge through its documentation (Toolkit, Aggregated Report). It contributed to internal dialogue within MSF on localisation and partnership, anticipating Ubuntu’s call for reciprocal local–global exchange. While its influence on global policy remains emergent, the project clearly demonstrated how local embeddedness can drive innovation relevant to the wider movement.

Practices in use:

- **Piloting in multiple country contexts** (Malawi, Mozambique, and other OCB-linked projects) to root the model in diverse operational realities and test adaptability [Aggregated Report pp. 3–4].
- **Documenting and sharing lessons** through the *Toolkit* and internal presentations, establishing a tangible feedback loop from field practice to global learning [Aggregated Report p. 7; Toolkit pp. 3–4].
- **Regional learning exchanges** organised among project teams and OCB coordination to discuss community partnership models and localisation dynamics [Aggregated Report p. 7].
- **Developing adaptable tools and frameworks** for other missions, ensuring that locally grounded methods could inform future MSF projects at global scale [Toolkit pp. 3–5].

### PRINCIPLE 3 – MAXIMISING SUSTAINABLE OUTCOMES

This principle is explained in the Ubuntu strategy as: “MSF Ubuntu will contribute towards maximising sustainable outcomes, providing high-quality care and leaving something tangible behind after we leave.... The ambition to maximise the sustainability of outcomes will not be willingly allowed to come in the way of saving lives... we believe they are compatible.... By engaging with communities and providing them with the knowledge and tools to manage their own health... we aim to ensure that knowledge remains in the community after we leave.” (pp 16–17)

Ubuntu frames sustainability as a matter of **responsibility and legacy**—building the conditions for continuity, not dependency. It connects sustainability to quality, learning, and partnership rather than to permanence or institutionalization.

Core Concept	How it is addressed in Ubuntu / TIC
Continuity beyond MSF presence	<i>Ubuntu</i> explicitly calls for “leaving something tangible behind” and ensuring knowledge “remains in the community.” <i>TIC Project</i> expresses the same logic in its purpose “to ensure sustainable outcomes and continuity of community health service delivery” (Toolkit p. 4). In practice, CBOs maintained outreach work after MSF’s withdrawal—demonstrating functional continuity.
Knowledge and capacity transfer	<i>Ubuntu</i> identifies knowledge transfer as the pathway to sustainability. <i>TIC Project</i> operationalised this through mentoring and technical coaching covering governance, planning, and monitoring (Toolkit pp. 4–5; Aggregated Report pp. 3–4). Both link sustainability to communities’ ability to manage their own health initiatives.
Partnership as a sustainability mechanism	<i>Ubuntu</i> situates sustainability within networks—collaboration with Ministries of Health and local actors. <i>TIC Project</i> built similar relationships, encouraging CBOs to engage local authorities and other NGOs to sustain activities and legitimacy (Aggregated Report p. 6).

<b>Balance of emergency and sustainability</b>	<i>Ubuntu</i> insists that sustainability and emergency response are “compatible.” <i>TIC Project</i> did not state this explicitly but treated sustainability as <i>exit readiness</i> —ensuring that community structures could persist without slowing rapid response.
<b>Leaving a tangible legacy</b>	<i>Ubuntu</i> makes this an ethical requirement. <i>TIC Project</i> achieved concrete outcomes: in Malawi, partner CBOs formalised their status as registered organisations and continued outreach after MSF’s departure (Toolkit pp. 24–25). This institutional legacy embodies <i>Ubuntu</i> ’s intent.

Strategically, the project defined sustainability as **continuity of community-led action** rather than project survival. It sought to ensure that the capacities and relationships built during MSF support could stand independently. This was pursued through a deliberate strategy of accompaniment and skill transfer, seeing the end of MSF involvement not as a withdrawal but as **a transition toward local stewardship**.

What are the achievements so far? The TIC Project provided credible evidence that durable outcomes can emerge from short-cycle humanitarian projects when capacity-building and mentoring are integrated from the outset. It demonstrated how local organisations can sustain activities, manage their own funding, and retain the know-how generated with MSF. *Ubuntu* now formalises this learning by embedding sustainability—and the continuity of community capacity—as a central pillar of its operational model.

#### Practices in use

- **Mentorship and training** in governance, project management, and health promotion to build long-term capability [Toolkit pp. 4–5].
- **CBO-led outreach and education** activities continued with limited MSF oversight [Aggregated Report p. 4].
- **Registration and recognition** of local organisations with district authorities in Malawi, ensuring operational continuity [Toolkit pp. 24–25].
- **Networking and partnership-building** with government and civil actors to sustain programme impact [Aggregated Report p. 6].

#### PRINCIPLE 4 – INTERDEPENDENCE

This principle is explained in the *Ubuntu* strategy as: “Working interdependently, elsewhere we will also leverage the technical expertise of other MSF Sections to avoid duplication.... Our partnerships with communities will extend to collaborations with other actors, including Ministries of Health where possible.” (p. 17)

*Ubuntu* positions interdependence as the **opposite of isolation**: the recognition that humanitarian action gains legitimacy and strength through collaboration. It calls for MSF to operate within networks of mutual reliance — between sections of the movement, with institutions, and with communities themselves — to reduce duplication and enhance shared accountability.

Core Concept	How it is addressed in <i>Ubuntu</i> / TIC
<b>Collaboration across MSF Sections</b>	<i>Ubuntu</i> explicitly refers to leveraging “the technical expertise of other MSF Sections to avoid duplication.” * TIC* exemplified this through its joint design and oversight by OCB Southern Africa and OCG teams, which shared methodologies and learning across operational lines (Aggregated Report p. 1). This reflected a move toward movement-wide cooperation rather than isolated section pilots.
<b>Ecosystem partnerships</b>	<i>Ubuntu</i> commits to extending collaboration to “other actors, including Ministries of Health.” * TIC* implemented this principle through cooperation with district authorities, ministries, and local councils — particularly in Malawi, where referral pathways and coordination mechanisms were developed (Aggregated Report p. 6).

<b>Mutual learning and peer support</b>	<i>Ubuntu</i> implies mutual dependence among actors. * TIC* realised this through regional peer-learning exchanges linking teams from Malawi and Mozambique (2021–2022), documented as opportunities for partners to share experiences and troubleshoot together (Aggregated Report p. 7).
<b>Networked community leadership</b>	<i>Ubuntu</i> embeds communities in broader collaborative systems rather than as isolated partners. * TIC* encouraged CBOs to form support networks, mentoring smaller or emerging groups (Toolkit p. 5). This internal community networking mirrors <i>Ubuntu</i> 's systemic understanding of interdependence.
<b>Shared expertise and complementarity</b>	<i>Ubuntu</i> envisions interdependence as complementarity — each actor contributing its specific strength. * TIC* translated this operationally by pairing MSF's medical and organisational expertise with community groups' contextual knowledge, treating partnership as reciprocal rather than hierarchical (Aggregated Report pp. 3–4).

Strategically, the *New Ways of Working with Community Organisations* project sought to **build interdependence at multiple levels**:

- within the MSF movement (through cross-section collaboration);
- between MSF and local government or civil actors; and
- among community-based organisations themselves.

This approach recognised that sustainable, context-responsive health action relies on **mutual reliance rather than autonomy**. The project therefore used accompaniment, joint planning, and networking as tools to weave a more connected humanitarian ecosystem.

What are the achievements so far? The TIC project created new spaces for horizontal learning and shared responsibility. It established regular exchanges between project teams, involved public institutions in programme governance, and encouraged CBOs to collaborate beyond MSF structures. These practices demonstrated that interdependence could strengthen accountability and reduce duplication — objectives that *Ubuntu* now formalises at strategic level.

#### Practices in use

- **Joint OCB–OCG collaboration** on project design and learning dissemination (Aggregated Report p. 1).
- **Partnerships with government bodies** — e.g., coordination with district councils and the Ministry of Gender in Malawi (Aggregated Report p. 6).
- **Regional peer-learning meetings** linking Malawi and Mozambique teams (2021–2022) (Aggregated Report p. 7).
- **Support for CBO networking and mentorship** between local organisations (Toolkit p. 5).
- **Shared planning forums** bringing together MSF, CBO partners, and local institutions to coordinate community activities (Aggregated Report p. 3).

#### PRINCIPLE 5 – ACCOUNTABILITY

This principle is explained in the *Ubuntu* strategy as: “MSF *Ubuntu* will strive to ensure we are accountable to our patients, building accountability mechanisms to assess our quality of care, safeguarding, and satisfaction for our patients and affected communities... We will implement patient experience and satisfaction surveys, patient charters, research and patient-safety-incidents monitoring systematically to feed back our medical humanitarian action.” (p. 18)

*Ubuntu* reframes accountability as a **relational and ethical practice** — not only reporting results but **listening, responding, and adapting** to what patients and communities experience.

It extends the notion of accountability from internal governance to the lived quality of care and community trust.

Core Concept	How it is addressed in Ubuntu / TIC
Accountability to patients and communities	<i>Ubuntu</i> places this at the centre, promising systematic mechanisms for feedback and satisfaction monitoring. <i>TIC Project</i> reflected the same orientation: it aimed to “build community engagement as a systematic part of MSF strategies” (Toolkit p. 6) and required CBOs to gather and present community feedback to MSF (Aggregated Report p. 5).
Feedback as a learning loop	<i>Ubuntu</i> links accountability to learning — feedback informs adaptation of programmes. <i>TIC Project</i> implemented this through regular reflection sessions between CBOs and MSF teams, using community feedback to adjust activities (Aggregated Report p. 5). While <i>Ubuntu</i> formalises systems, <i>TIC Project</i> modelled the practice informally.
Transparency and trust	<i>Ubuntu</i> treats transparency as essential to patient safety and safeguarding. <i>TIC Project</i> worked on this through open dialogue with partners: community complaint boxes, satisfaction surveys, and meetings designed to surface concerns (Aggregated Report p. 5). This built trust even before formal accountability tools were institutionalised.
Ethical and clinical responsibility	<i>Ubuntu</i> embeds accountability in clinical governance and patient rights. <i>TIC Project</i> less with medical quality but contributed ethically by giving community partners decision-making voice and oversight of MSF activities (Toolkit p. 5), expanding the meaning of responsibility beyond technical metrics.
Institutionalising community feedback	<i>Ubuntu</i> commits to patient-charters and structured monitoring. <i>TIC Project</i> laid groundwork for this by documenting feedback practices and proposing their integration into broader MSF systems (Toolkit p. 6). <i>Ubuntu</i> ’s institutional mechanisms now formalise what <i>TIC Project</i> piloted locally.

Strategically, the project approached accountability as mutual responsibility: MSF remained accountable to communities, and communities were empowered to hold MSF and themselves answerable for outcomes. It sought to embed community voice into programme management rather than as an external check. The project’s design therefore linked accountability directly to engagement — positioning feedback and dialogue as the engines of quality improvement and legitimacy.

What are the achievements so far? The *TIC Project* made community accountability visible and actionable. By involving CBOs in collecting, analysing, and presenting feedback, it demonstrated that communities could play an active role in programme oversight. Although tools remained context-specific, these practices informed later institutional discussions on patient feedback and safeguarding, aligning closely with *Ubuntu*’s formal commitments.

#### Practices in use

- **Community feedback collection** by CBO partners, reported to MSF for programme adjustment (Aggregated Report p. 5).
- **Complaint boxes and satisfaction surveys** piloted in Malawi to capture patient and community voices (Aggregated Report p. 5).
- **Reflection meetings** between MSF and CBO representatives to discuss feedback results and adjust mentoring or outreach (Aggregated Report p. 5).
- **Toolkit recommendation** to make “community engagement and accountability a systematic part of MSF strategies” (Toolkit p. 6).
- **Public sharing of results and learning** at regional and OCB-level meetings, enhancing internal transparency (Aggregated Report p. 7).