A REGIONAL RESPONSE TO HIV IN SOUTHERN AFRICA 2010 - 2015

The Building Local Capacity for Delivery of HIV Services in Southern Africa Project
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According to UNAIDS, there were 24.7 million people living with HIV in sub-Saharan Africa in 2013, with an estimated 1.5 million new HIV infections. Despite substantial efforts in reducing new infections, which declined by 33% between 2005 and 2013, incidence rates remain high, with nearly 70% of the global total of new HIV infections occurring in this region. Southern Africa experiences the most severe HIV epidemics in the world: nine countries have adult HIV prevalence rates of over 10%, along with having the highest incidence rates.

Within southern Africa, HIV manifests more acutely among specific population groups. Higher HIV prevalence rates are complicated by the marginalization of these populations, many of whom are consequently reluctant to access health services, or experience stigma and discrimination, complicating prevention and treatment efforts. These include key populations (such as sex workers and men who have sex with men), young women, orphans and vulnerable children, and migrants and mobile populations.

Additionally, the coordination and capacity necessary to address these challenges is weak, resulting in missed opportunities and inefficiencies. Weak coordination in the region, including a lack of regional standards or referral systems, has significant implications for the transmission and treatment of HIV and TB. A similar lack of coordination among sectors within countries, such as between government and civil society, has resulted in interventions which may not be aligned or based on evidence such as local epidemiological data and demonstrated best practice. While civil society organizations play an unquestionable role in the HIV response, their technical and organizational capacity is variable, limiting their effectiveness and sustainability.

2 Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe
3 www.unicef.org/esaro/5482_HIV_AIDS.html
Strengthening the response

Good healthcare systems are complex, and various sectors—including communities, civil society organizations, governments, international bodies, and the private sector—all have essential roles. These roles include implementation, funding, policy guidance, and coordination. While investments made to counter the epidemic are starting to yield results in reduced new infections and deaths, sustaining these gains requires an effective response led by strong, capable organizations and facilitated by national governments and regional intergovernmental institutions.

The Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC), implemented by Management Sciences for Health (MSH) and funded by the United States Agency for International Development (USAID), was conceived to address these challenges. BLC’s vision was that by 2015, its partners are stronger, more resilient, and able to support community, national, and regional structures to competently respond to HIV and AIDS issues, resulting in improved overall health in the southern African region.

BLC built the capacity of government and civil society entities in southern Africa, with country-specific programs in Angola, Botswana, Lesotho, Namibia, South Africa, and Swaziland to implement policies and health services for those infected with and affected by HIV and AIDS. The three key program areas included:

1. Care and support for orphans and vulnerable children (OVC)
2. HIV services
3. Community-based care
Working at all levels

BLC sought to maximize the impact of the HIV response in southern Africa by working with key partners at regional, national, and local levels. BLC partnered with a wide range of organizations and government bodies and provided them with needs-based, tailored support to grow and implement sustainable programs that effectively contribute to regional needs and strategic objectives. BLC’s support was customized to a particular context and need within a particular level, similar to a complex puzzle where BLC fills the gaps and connects various levels.

In BLC’s five years of project implementation, its work at all levels has facilitated greater integration and coordination among them. By ensuring that each link in the prevention and treatment chain is strengthened, BLC promoted a coherent health ecosystem from the regional to the community level. For example, civil society organizations have an important role in providing education and basic services at the community level, but depend on health facilities for more advanced care and treatment, and on national government for resources and support. Regional and national bodies develop policies and guidelines which are only effective when clearly understood and implemented at the health facility and community levels.

The following model depicts core stakeholders in the health system, representing various levels and having disparate but interrelated roles. BLC facilitated the capacity development process, providing guidance and feedback, skills and tools, and encouragement and support.

Developing stronger systems enables organizations to make better use of the resources they have—maximizing effectiveness and efficiency—and generate or attract additional resources to sustain and even expand their activities. This ultimately results in improved service delivery and an enhanced regional response to HIV, with better health outcomes for all.

* BLC has also provided capacity development to other key players in the interdependent regional health system such as the Southern African Development Community (SADC) and government institutions.
BLC’s capacity development model

<table>
<thead>
<tr>
<th>Levels</th>
<th>BLC partners</th>
<th>Roles</th>
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</thead>
<tbody>
<tr>
<td>Regional</td>
<td>Southern African Development Community (SADC) Secretariat’s HIV and AIDS Unit and TB Unit, Regional CSOs</td>
<td>Promote coordination and harmonization of policies and guidelines across countries</td>
</tr>
<tr>
<td>National</td>
<td>Government departments, including Ministries of Health and related Ministries such as Social Development, National coordinating structures involved in the HIV response</td>
<td>Develop and implement legal and policy frameworks and coordinate the national response</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>Direct support to hospitals in Botswana and Namibia, Indirect support through health referrals and CSO engagement</td>
<td>Deliver services</td>
</tr>
<tr>
<td>Communities</td>
<td>CSOs varying widely in size, capacity, programs, and target populations—from country-wide networks of PLHIV to community-based organizations, Individuals serving their communities</td>
<td>Support and complement health facilities in delivering services; link communities to services; support application of policies and guidelines</td>
</tr>
</tbody>
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Participatory assessments  
Customized tools & approaches  
Building leaders at all levels

Improved Service Delivery
Enhanced Regional Response

Feedback
Strengthened leadership, management, and governance capacity of BLC partners for the delivery of improved and sustainable services

Improved delivery of needs-based HIV prevention services to target populations

Strengthened delivery of health services by health facilities in the region

Strengthened delivery of OVC and community-based care services by regional and local institutions

Improved coordination and implementation of Global Fund grants by BLC partners

The BLC project
By 2015, our partners are stronger, more resilient, and able to support community, national, and regional structures to competently respond to HIV and AIDS issues, resulting in improved overall health in the southern African region.
From 2010 - 2015:

What was happening in the world

2010

World

- Haiti earthquake kills 230,000 (Jan)
- WikiLeaks releases US military files on Afghanistan and Iraq
- 33 Chilean miners trapped for 69 days in collapsed shaft (Aug)
- 20 million Pakistanis displaced by flooding, putting nearly 1/5 of the country underwater
- South Africa hosts 1st soccer world cup held in Africa (Spain wins)
- Apple releases the iPad

BLC

- BLC project begins with 3 staff in South Africa's regional office (Aug)
- Regional CSO capacity building partners selected
- Baseline assessments in 6 Botswana health facilities

From 2010 - 2015:

What was happening in the world
From 2010 - 2015:
What was happening in the world

2011

World

US reports that Osama Bin Laden found and killed (May)

Gunman shoots 68 people at a youth camp in Norway

Underwater earthquake and subsequent tsunami cause nuclear disaster in Japan

US repeals military “Don’t Ask, Don’t Tell” policy

World’s first successful synthetic organ transplant in Sweden (a trachea)

Landmark clinical trial HPTN 052 shows that early initiation of anti-retroviral therapy cuts the risk of HIV transmission by 96% – launching move toward treatment as prevention as major HIV prevention approach

BLC

BLC grows to 25 staff in 5 countries

CSO capacity assessment and mapping in Namibia with NANASO

Grants given to 6 CSOs in Lesotho to deliver services to OVC
## From 2010 - 2015:
### What was happening in the world

### 2012

**World**
- Mars Science Laboratory ("Curiosity Rover") successfully lands on Mars
- US Swimmer Michael Phelps became the most decorated Olympian of all time with 22 medals after the Summer Olympics in London
- Barak Obama is re-elected as US president
- Denmark’s parliament passes a law allowing same-sex marriage
- Facebook goes public
- Whitney Houston dies of a drug overdose
- South Africa announces that 20 million people have tested for HIV after launch of its HCT campaign in 2010
- Popular movie releases: The Hobbit, The Hunger Games, The Avengers, The Dark Knight Rises
- Vladimir Putin is elected as president of Russia

**BLC**
- Development and validation of the OCA
- BLC begins work in Angola and assesses the Ministry of Health’s Global Fund Unit
- BLC supports a regional SADC meeting on TB in the mining sector
- Extensive HIV prevention literature review in SADC and 5 technical briefs; HIV prevention and research meeting attended by Member States
- International AIDS Conference – support to SADC to attend and 2 BLC abstracts accepted
- 72 staff from NERCHA complete a Global Fund training
- Inside Story screenings held in Kenya, Nigeria, South Africa, and the US
- Strategic Management and Planning workshop with South Africa’s National Department of Health; first timely submission of PUDR
- 678 individuals trained in OVC care and support in Lesotho
- BLC graduates ECSA-HC and m2m
From 2010 - 2015:
What was happening in the world

2013

**World/region**
- Lance Armstrong admits to doping during all his Tour de France cycling wins
- South Africa begins use of a single, fixed-dose combination ART regimen
- Boston Marathon bombing kills 3 and injures 264 people
- US government shut-down impacts services and departments (Oct)
- Edward Snowden, a former National Security Agency contractor, leaks information about the NSA’s secret surveillance program PRISM; officials admit to illegally collecting thousands of private emails between US citizens
- An elected government completed a full term for the first time in Pakistan’s history
- Twitter goes public and releases micro-video application Vine
- Uhuru Kenyatta elected as Kenya’s president
- Michael Schumacher goes into a coma after a ski accident (Dec)

**BLC**
- Launch of m2m’s regional program funded by USAID (Jan)
- BLC begins QIL program in 2 health facilities in Namibia
- HIV prevention workshop pilot in Swaziland (April); SADC planning meeting on HIV prevention with 8 Member States
- Migration Corridor program begins (June)
- BLC reaches cumulative 58,606 OVC with 12 CSO partners (Sept)
- 3 CSO partners deliver HIV prevention messages to 19,000 individuals and HCT
## From 2010 - 2015:
### What was happening in the world

### 2014

### World/region

- Boko Haram kidnaps more than 200 Nigerian schoolgirls, sparking the international “Bring Back Our Girls” campaign (April)
- Nearly 200 nations agreed to the first deal committing every country in the world to reducing the fossil fuel emissions that cause global warming (Lima Accord)
- Facebook acquires WhatsApp for $19 billion
- Malaysia Airlines flight MH370 disappears on March 8, and flight MH17 is shot down by a missile in Ukraine, killing all 298 people on board on July 17
- Ebola kills more than 6,500 people in West Africa
- UNAIDS announces 90-90-90 targets for 2020 to end AIDS by 2030 (Jul)
- Release of PEPFAR 3.0 (Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation) and ACT and DREAMS initiatives (Dec)

### BLC

- 6 health facilities given pre-accreditation recognition in Botswana; the Ministry of Health takes over the quality improvement process (Mar)
- BLC holds key populations symposium in Botswana (March) and holds migration sensitization workshop with IOM for Migration Corridor partners (Mar)
- BLC supports 1st peer review workshop with all 10 DCPTs in Lesotho (May)
- Development of Inside Story film facilitation guide; film launched with stakeholders in Lesotho (Jul)
- Support to CAFO to assess 184 ECD centers in Namibia
- BLC holds regional partners reflection workshops on knowledge management and USAID rules and regulations
- BLC graduates 4 regional CSOs (INERELA+, SAT, TEBA Ltd, JAM) and 1 national CSO (JAM SA)
- International AIDS Conference – support to SADC (booth and satellite session) and presentation of 2 posters
- Service delivery: 63,374 people receive HIV prevention messaging and 10,219 receive HCT in the Migration Corridor program; 73,463 receive prevention messaging and 20,280 receive HCT in Angola; 2,204 men and boys receive VMMC in Swaziland
- BLC has disbursed a total of $17 million to partners

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From 2010 - 2015:
What was happening in the world

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<th>World</th>
<th>BLC</th>
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<tr>
<td>148 people are killed, the majority students, in a mass shooting at</td>
<td>New SHARE launch</td>
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<td>the Garissa University College in Kenya, perpetrated by the militant</td>
<td>SADC Council of Health Ministers approve the Regional Minimum</td>
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<tr>
<td>terrorist organization Al-Shabaab</td>
<td>Standards and Brand for HIV and other health services along road</td>
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<td></td>
<td>transport corridors in the region (Nov)</td>
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<td>Magnitude 7.8 earthquake hits Nepal, killing more than 8,800 people</td>
<td>Graduation of regional CSOs Thembalethu</td>
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<tr>
<td>on April 25</td>
<td>Development and AMSHeR, and national CSOs FOJASSIDA (Angola) and</td>
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<td>BOFWA (Botswana)</td>
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<td>Cuba becomes the first country in the world to eradicate mother-to-</td>
<td>BLC has disbursed a total of $21 million through 42 partners</td>
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<td>child transmission of HIV and syphilis</td>
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<td>Cuba and the United States reestablish full diplomatic relations,</td>
<td>BLC provided HIV prevention messages to 169,300 individuals and</td>
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<tr>
<td>ending a 54-year stretch of hostility between the nations</td>
<td>HCT to 66,500 individuals; 4,371 men and boys received VMMC</td>
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<tr>
<td>Scientists announce the discovery of Homo naledi, a previously</td>
<td>101,000 individuals received OVC care and support</td>
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<tr>
<td>unknown species of early human in South Africa</td>
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<tr>
<td>Greece becomes the first advanced economy to miss a payment to the</td>
<td>BLC provided capacity development in leadership, management, and</td>
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<tr>
<td>International Monetary Fund in the 71-year history of the IMF</td>
<td>governance to 113 organizations &amp; 1,240 individuals; HIV prevention</td>
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<td></td>
<td>to 73 organizations &amp; 1,114 individuals; OVC programming to 24</td>
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<tr>
<td></td>
<td>organizations &amp; 9,772 individuals</td>
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<td>A stampede during the Hajj pilgrimage in Mecca, Saudi Arabia, kills</td>
<td>Dec 5: official closure of BLC project after no-cost extension from</td>
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<td>at least 2,200 people and injures more than 900 others, with more</td>
<td>Aug 5</td>
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<td>than 650 missing</td>
<td></td>
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<tr>
<td>NASA announces that liquid water has been found on Mars</td>
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<td>Paris terror attacks kill 130 people</td>
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Why Management Sciences for Health?

Over forty years ago, a partnership of health management experts recognized that the inadequacy of health services in developing countries was not solely the result of shortages in doctors and nurses, drugs, equipment, or money. They identified a critical lack of management skills and techniques necessary to plan and manage the use of available resources, and founded Management Sciences for Health (MSH) to respond to this need. The premise of the new organization was simple and straightforward: to strengthen health systems and improve the provision of health services in the developing world through the use of modern management skills and techniques.

The need to improve management and leadership within the health sector has not changed over the past four decades of MSH’s work globally. In many instances, it is still not the limitation of resources—staff, equipment, pharmaceuticals, or money—but the management of the available resources that have led to inadequate, unsustainable, and failed programs. It is not only in situations where resources are limited that the need for leadership and better management is critical. It is not hard to find examples of well-funded programs and systems that failed to meet client or funders’ expectations, and in extreme cases, services which collapsed because they were badly managed.

“W hat Management Sciences for Health has done through BLC is emblematic of what we [USAID] want to achieve with the USAID Forward Agenda.... what you do here today will inform those back in the US how to take lessons forward.”

Littleton Tazewell, Deputy Mission Director, USAID Regional Program for Southern Africa, at BLC’s Regional Symposium in November 2014

1 Management Sciences for Health (MSH). www.msh.org
Today, with the ongoing HIV epidemic, diminished donor support, limited national and local budgets, and the requirement for quicker yet sustainable results, the need for skilled managers, who can also be inspired and inspiring leaders, is greater than ever.

The MSH approach does not ignore the need for highly skilled health providers, modern equipment, or the latest drugs, but it recognizes the importance of skilled managers to assure that services are planned, organized, and provided in ways which make the most efficient use of available resources, meet client needs and donor demands, and are linked to other relevant systems. It focuses on working within and alongside government and civil society to build the capacity of institutions and organizations to manage programs, solve problems, and evolve to meet changes in their environment. Organizations and managers with whom MSH works are not only capable of mastering the problems and issues that currently confront them, but are capable of successfully meeting the challenges that will be posed by future realities.

The BLC project (2010-2015) exemplifies MSH’s approach, contributing to the USAID/Regional HIV/AIDS Program (RHAP) goal to strengthen the overall sustainability, quality, and reach of HIV and AIDS interventions in the region.
Approaches

BLC used standard approaches for its support at each level. These included:

Promoting coordination and collaboration within and between levels

BLC promoted and facilitated opportunities for partners to improve coordination and collaboration with each other, as well as with other stakeholders such as government ministries and structures. This included:

- Regular CSO partner workshops and meetings to share promising practices and lessons learned, and develop joint approaches and solutions. BLC held regional workshops with multiple partners to provide information on compliance to USAID rules and regulations, as well as on sustainability strategies such as Business Planning for Health and income generation.

- Support to attend regional and national conferences and events. For example, BLC supported SADC to showcase its work at a satellite session and booth at the International AIDS Conference 2014, as well as Angolan CSO partner FOJASSIDA to present at the South African AIDS Conference 2015. BLC also brought regional, government, and civil society partners together at its Regional Symposium in November 2014 and the Lesotho National Conference on Vulnerable Children in December 2014.

- BLC used innovative technologies, such as the online Southern Africa HIV and AIDS Regional Exchange (SHARE) platform, to promote collaboration and networking, establishing several online groups to disseminate resources and generate discussion.

- Promoting and facilitating opportunities to engage, such as participation in meetings and processes to develop policy and discuss coordination. For example, BLC supported Angolan CSOs to present their work to representatives from Government, USAID, and the private sector and facilitated specific linkages between them, including workplace training and discussions on HIV.

Read more about FOJASSIDA’s involvement at: www.hivsharespace.net/node/7366

Read more about the Symposium at: www.hivsharespace.net/blc2014

Read more about the Conference at: www.hivsharespace.net/cvc2014

Available at: www.hivsharespace.net
Using evidence to inform programming and approaches

Optimizing the HIV response requires use of the best available information and evidence. BLC utilized the latest epidemiological data from each country in conjunction with community-based needs assessments to ensure that supported programs provided the most effective interventions. BLC’s data-driven approach also promoted programs which were targeted at the populations with the greatest need in the geographic regions with the highest prevalence. BLC supported partners to access and use national, regional, and international priorities and guidelines, such as the Behavioral and Biological Surveillance Survey on HIV and sexually-transmitted infections among high-risk populations to guide its programming for key populations in Botswana.

As part of its strategy to strengthen community systems in Lesotho, BLC conducted a **comprehensive mapping** of systems, structures, and services that exist in the 29 community councils of the five focus districts in Lesotho as a first step in strengthening referral for services. This mapping exercise helped to guide BLC’s sub-grantees as they worked to strengthen collaboration with key community stakeholders, such as chiefs and support groups, and to encourage them to participate in a two-way referral system, providing community-based monitoring and adherence support. BLC and its partners used the information from the mapping to compile service directories and establish referral networks.

In Namibia, BLC provided technical assistance to partner Church Alliance for Orphans (CAFO) to conduct an **assessment** of 184 early childhood development centers in 11 regions in Namibia, examining the quality of the centers’ services and each center’s specific needs in four key areas defined by the Ministry of Gender Equality and Child Welfare. CAFO prioritized strengthening those centers located in communities with the largest number of OVC and greatest need for support. In addition, BLC assisted the Namibia Network of AIDS Service Organizations (NANASO) to conduct a **nationwide mapping and capacity assessment** of 234 CSOs providing HIV and AIDS services in the country. The findings, which covered legal registration and NANASO membership, distribution of service delivery sites across the country, and organizational capacity and sustainability, provided key information to guide support from NANASO, the Government of Namibia, and donors.

Throughout the region, BLC’s approach focused on the specific needs of the client, putting the individual in need of prevention, treatment and care programs at the forefront of interventions. The social-ecological model helps providers understand the **specific risks and circumstances of each client and population group**, ensuring programs and interventions are most efficiently designed to reduce the specific vulnerabilities of that client. BLC supported its partners in assessing the individual and identifying the knowledge base, behaviors, and factors that create risk, contributing to improved programs targeting the most affected populations, provide comprehensive treatment, care and support, and prevent further transmission. In BLC’s OVC program in Lesotho, each child’s needs are specifically evaluated and inform delivery of the appropriate services and ongoing case management.\(^{10}\)

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\(^{10}\) BLC presented a poster at the 2014 International AIDS Conference on an increase in beneficiary reach and decrease in program costs after its support to 11 CSOs. The poster is available at: www.hivsharespace.net/node/7096
Letting partners lead the development process

BLC’s capacity development was based on organizational demand. BLC played a facilitation role, providing guidance and feedback, skills and tools, and motivation and encouragement to expedite growth and development. However, sustained growth requires full engagement by staff in every phase of the process, from identification of strengths and weaknesses, to prioritizing areas to work on, to making the improvements and necessary changes.

- **Self-identification of strengths and weaknesses**: BLC’s assessment process was highly participatory and was conducted with a diverse group of staff from the organization. This approach resulted in an accurate “diagnosis,” and improved ownership and buy-in of the subsequent capacity development process.

- **Self-prioritization**: The assessment identified an organization’s specific strengths and areas for improvement in each of the nine components, and the findings informed a customized capacity building plan developed jointly with each partner. Organizations identified their own priorities based on their vision and mission. For example, an organization focused on fulfilling its networking role may prioritize the components of Networking and Partnerships and Knowledge Management as more critical to achieving its mandate.

- **Self-driven**: Partners implemented their own capacity building plans with BLC support. They were involved in identifying and applying relevant approaches and tools, timelines and milestones, and measures of success.
Providing targeted and appropriate support

BLC’s capacity building used approaches, tools, and methodologies that were designed or selected based on proven evidence of impact and those most relevant for the particular type of organization, setting, and needs. BLC used tools that reinforce the principle of participants identifying and addressing their own problems, for example, the Challenge Model and the Fishbone Technique.¹¹

**Targeted technical assistance:** BLC tailored its approach to the specific needs of partner organizations, providing a combination of the following elements to best achieve its capacity development objectives: accompaniment, coaching, mentoring, training, and twinning (pairing organizations for skills transfer). For example, a workshop with several partners may be most appropriate to address common capacity gaps among partners, as well as to facilitate partners sharing their challenges and together developing solutions or sharing lessons learned. However, an organization-specific challenge with interpersonal dynamics may be better addressed through coaching.

**Performance-based grants:** BLC used performance-based grants as a tool to leverage capacity building and provide services. Small grants teach CSOs how to manage and report on donor funding, providing valuable practical experience throughout the project cycle. They maintain an organization and its staff during the capacity development process, while helping them implement guided scale-up in service delivery.

Small grants teach CSOs how to manage and report on donor funding, providing valuable practical experience throughout the project cycle.

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BLC’s provision of performance-based grants facilitated support to organizations at each stage of the project management cycle, developing their capacity to better perform throughout the process. For example, BLC supported partners to conduct an analysis of available data and community mapping to inform project design, and assisted them to develop comprehensive and realistic proposals (stages 1 and 2). BLC assisted its partners throughout implementation to adhere to USAID rules and regulations, apply the most effective service delivery approaches, and resolve challenges (stage 3), and provided capacity development support for strong M&E and reporting systems, with reliable data shared in a compelling manner (stages 4 and 5).
BLC’s Organizational Capacity Assessment Tool

BLC developed an Organizational Capacity Assessment (OCA) to: measure an organization’s capabilities before a capacity building program is implemented; provide evidence-based qualitative and quantitative data on specific areas that can be improved; and quantify the effects of BLC’s capacity building efforts. The OCA assesses nine key organizational components:

- Leadership and Governance
- Systems and Structures
- Human Resource Management
- Financial Management
- Grants Management
- Program Management
- Planning, Monitoring and Evaluation
- Partnerships, External Relations and Networking
- Knowledge Management

Organizations are categorized based on their overall OCA score, from stage 1 (20 points) to stage 5 (100 points), and established the score of 75 as a benchmark, indicating strong organizational capacity.12

BLC describes organizations at stage 1 as “a vulnerable seed, trying to penetrate the soil.” Organizations at this stage are emerging, often begun by passionate individuals responding to a need in their community.

12 Access the OCA at: http://www.hivsharespace.net/blc/ocat

13 Angola, Botswana, Lesotho, Namibia, and South Africa.
However, the capacity of the organization is determined by the skills set of the founder(s), and often don’t have the systems and structures to operate independently.

An organization at stage 5 is “a tree which continually bears large quantities of fruit and has become a viable and permanent part of the landscape.” Organizations at this stage have well-developed, complex systems and structures, and capacitated individuals to operate them. They are driven by the organization’s mission and vision rather than one person’s passion. They can respond to a changing environment, meeting the needs of the community and partners, including government and funders.

The tool has been used with BLC partners in five project countries, and throughout the region, and is the basis of the project’s capacity building and technical assistance. After a process of assessment and capacity development BLC “graduated” 13 of its CSO partners, recommending them to USAID as capable of managing direct US Government funding. These organizations typically achieve stage 5 on their endline OCAs and have passed an independent simulated USAID pre-award survey.

A closer look

**The Center for Impacting Lives: One organization’s journey**

The Center for Impacting Lives (CIL) is a small faith-based organization formed in 2011 in Lesotho. As a newly-formed organization, CIL did not have proper systems or staff trained in HIV and care for orphans and vulnerable children, and scored 27 in its baseline assessment. BLC’s intensive support across OCA areas yielded a range of results, including compliant and effective financial, management, and reporting systems; improved programming capacity; expanded service delivery; and additional funding. CIL scored 76 in its 2015 re-assessment, surpassing BLC’s benchmark of 75.

Read more on CIL’s development journey at: www.hivsharespace.net/node/5507
To enhance commitment, ownership, and management of capacity building processes, \textit{staff at all levels should be engaged in participatory organizational capacity assessments and capacity building to enable them to reflect on their systems and programs and identify priority areas for strengthening.} Organizational development processes in which organizations determine their own needs and lead their own growth are most effective and sustainable. Strong leadership support is critical from the beginning to ensure adequate allocation of resources, especially human resources, to the development process and to manage conflicting priorities. In addition, ongoing evaluation ensures that the capacity development provided is relevant and responsive.

\textbf{Capacity development must be a continual process,} incorporating periodic assessments to facilitate adjustments to technology advances, new policy, and the changing environment. As the provision of funding focuses more on local organizations, they need additional skills in sub-granting to build the capacity of other emerging organizations. In addition, as the world becomes more data-driven and with new advances in technology, organizations need to maintain and continuously improve their monitoring and evaluation (M&E) systems. Organizations also need additional skills to work more strategically coordinate contributions from different funders and sectors in order to fulfill their mandate and achieve financial viability.

\textbf{Performance-based financing provides a useful approach for capacity development} by facilitating a comprehensive process of improvement throughout the project management cycle, giving organizations practical experience with USAID funding as well as providing a mechanism to deliver services and sustain the organization during the growth process.
BLC Results

Organizations and individuals with **improved technical skills** in:

**Leadership, management, and governance:**
- 113 organizations
- 1,240 individuals

**HIV services:**
- 73 organizations
- 1,114 individuals

**OVC programming:**
- 24 organizations
- 9,772 individuals

**Increased service delivery** through $21.4 million in sub-grants to 42 civil society partners:

- **169,300** Individuals received HIV prevention messages
- **65,500** Individuals reached with HIV counseling and testing
- **101,000** Individuals received OVC care and support
- **4,371** Men and boys reached with voluntary medical male circumcision
Angola

- 80,640 individuals reached with HIV and gender-based violence (GBV) prevention messages and 25,414 reached with HIV counseling and testing
- Revision of national HIV prevention manual for activists and development of GBV guide and sexual and reproductive health manual
- Graduation of local partner FOJASSIDA

Botswana

- Development of key populations program, service delivery model, and standard operating procedures—4,167 key populations reached with HIV prevention messages and 752 reached with HIV counseling and testing
- Development of simplified standard operating procedures for gender-based violence for three government ministries
- Graduation of local partner BOFWA
- Improved quality at 11 health facilities under the Quality Improvement and Leadership program

Lesotho

- Care and support services to 92,381 orphans and vulnerable children
- Partnership with Government of Lesotho and other partners to hold first national Conference on Vulnerable Children and develop 10 resolutions to improve its OVC response
- Support to develop national Standards of Care for OVC; simplification and translation of Child Protection and Welfare Act
- Mphatlostsane Project: design and implementation of a randomized control trial under PEPFAR’s OVC Special Initiative to provide evidence for an effective and sustainable early childhood care and development model
BLC results by country

**Namibia**
- Improved-quality services delivered to 8,636 OVC in preschools and 2,406 youth
- Support to conduct mapping of 234 CSOs and 184 preschools nationwide
- Improved quality at 2 health facilities under the Quality Improvement and Leadership program

**South Africa**
- Support to the National Department of Health as a Global Fund Principal Recipient to improve its grant rating from B2 to B1
- Graduation of local partner JAM

**Swaziland**
- Delivery of VMMC to 4,371 men and boys
- Support to NERCHA as a Global Fund Principal Recipient: risk assessment and organizational restructuring

**SADC region**
- Graduation of 10 regional CSOs
- Development of two regional policies with SADC HIV and TB Unit, and support to implement the Cross Border Initiative in the 12 mainland SADC Member States
- Improved access to services for migrant and mobile populations—40,000 reached with HIV prevention messages and 13,400 reached with HIV counseling and testing (HCT)
- Use of Inside Story and SHARE to promote HIV prevention and collaboration
The International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) was established in 2002 to empower religious leaders living with and/or affected by HIV. The organization scored 56 on its baseline assessment, which identified gaps in leadership, management, and governance, as well as systems and structures, including M&E. BLC supported INERELA+ to revise its strategic plan and develop its Board of Directors, as well as improve its human resource and grants management systems. Site visits to the organization’s Malawi network informed BLC’s recommendations to develop simpler, standardized data collection and reporting tools, as well as improve communication between country networks and the Secretariat. BLC graduated INERELA+ after the organization scored 78 on its endline assessment and passed an independent simulated USAID pre-award survey.

Read more about INERELA+’s journey at: www.hivsharespace.net/node/6648
Working at all levels
Regional level: Improving coordination

SADC Secretariat

The SADC Secretariat is a coordinating body, mandated to provide strategic direction and guidance on regional issues. BLC has supported the Secretariat’s HIV and AIDS Unit to better fulfill this role, strengthening the regional response as well as Member States’ HIV prevention programming. This includes:

- Development of two regional policies:
  1. Regional minimum standards of health care along transport corridors in SADC
  2. The Code of Conduct and action plan to operationalize the 2012 Declaration on TB in the Mining Sector

- Development and dissemination of technical briefs which provide concise, accessible information to inform policy discussions based on emerging evidence on:
  1. Antiretroviral Treatment as Prevention
  2. Prevention of Mother to Child Transmission Option B+
  3. Behavior Change Communication
  4. Voluntary Male Medical Circumcision
  5. Positive Health, Dignity and Prevention

- Support to participate in country revision of National Strategic Plans on HIV, as well as convene regional HIV prevention meetings

- Technical assistance to implement the Global Fund Cross Border Initiative, a regional flagship program providing accessible, comprehensive HIV prevention services to long distance truck drivers, sex workers, and communities affected by migration via roadside wellness centers at border posts across 12 countries. This included support to develop the Phase 2 proposal, training on grant compliance, and creation of a sub-recipient grant management manual.

14 Read more about this process at: www.hivsharespace.net/node/6817
15 Access the technical briefs at: www.hivsharespace.net/node/2597
Developing regional policies

The development process of regional policies is highly consultative with a wide range of stakeholders and sectors. While this process is critical to promote ownership and ensure the policy is responsive, it is also time-consuming, with significant cost implications. Two key issues for the region are TB—with miners at higher risk of infection—and HIV among mobile populations who travel across borders. Consequently, BLC and USAID supported SADC to develop the following regional policies to address these issues.

Regional Minimum Standards and Brand for HIV and other Health Services along the Road Transport Corridors in the SADC Region

Approved by the SADC Council of Ministers of Health in November 2015, the standards harmonize prevention, treatment, and care provided throughout the region’s transport corridors. They outline a minimum package of services and appropriate service delivery models. They define roles and responsibilities for key stakeholders, including the SADC Secretariat, Member States, the private sector, employer and workers’ organizations, academia/research institutions, donors/international cooperating partners, and the media. They also address management mechanisms, including financing, quality assurance, and monitoring and evaluation to facilitate sound and sustainable implementation.
“The process of developing the Regional Minimum Standards has been very good, and we have learned a lot. Long distance truck drivers and sex workers are very important populations in Mozambique. For example, the mining areas of Tete and the Nacala Corridor previously had a stable HIV prevalence, but are now experiencing an influx of migrants and mobile populations, including sex workers from Malawi and Zimbabwe, and a large number of truckers. We are concerned about the effect of this change, and this is why we welcome the RMSB. We need regional collaboration to address this issue, because it affects us all. The RMSB will be a guide to us, providing a foundation and minimum standards with which we can align... we look forward to continued collaboration with and support from the SADC Secretariat.”

Mauricio dos Santos, Senior Program Officer: Private Sector, and Silvio Macamo, M&E Officer, at Mozambique’s National AIDS Council

“This [approval of the Regional Minimum Standards] was a concerted effort and a result of a very good team work with commitment from all. We really appreciate your support throughout the process. BLC colleagues, as usual, have played a major role in moving this process to its successful achievement. Let’s continue to work hand in hand as we are moving towards implementation.”

Alphonse Mulumba, SADC Secretariat HIV and AIDS Unit
The Code of Conduct was developed to operationalize the Declaration on Tuberculosis in the Mining Sector approved by all 15 SADC Member States in 2012. It provides strategic direction and operational guidance, as well as principles and minimum standards for the control of diseases such as TB, HIV, silicosis, and other occupational respiratory diseases in the mining sector. Strategic objectives include:

- Accountability, coordination, and collaboration at national and regional levels
- Policy and legislative environment
- Disease surveillance systems
- Program monitoring and evaluation
- Financing of interventions

The Code of Conduct requires final approval by the SADC Council of Ministers of Labor.
“This workshop is key in the attainment of the region’s goals. The region is suffering from the impact of TB in the mining sector, negatively affecting the economic and social development. This process is necessary to increase the momentum in addressing the issue. We need to accelerate our action and implementation. I hope this is approved as a SADC document—we must put the code into practice.”

Dr. Humphrey Mapuranga, Occupational Health Specialist, Ministry of Labor, Zimbabwe

“The code will benefit us: it is necessary to review our guidelines, and it will help us to get consensus to incorporate action points and disseminate guidelines and insight into occupational diseases. This issue is being driven from the regional level, which will promote action at country level and gives us impetus. We need to sufficiently implement and finance these issues.”

Happy Kankuluyaga-Mwanja Gowero, Director of Occupational Safety and Health, Ministry of Labor and Manpower Development, Malawi
Regional CSOs

BLC worked with 16 regional CSOs providing HIV services and “graduated” 10 of them, recommending them as capable of managing direct US Government funding. These organizations respond to HIV in the region in a variety of ways—such as direct service provision, strategic information and research, and advocacy—and target different priority groups—including people living with HIV, OVC, key populations, migrants and mobile populations, religious and community leaders, miners and mining communities, youth, and pregnant women.

Regional CSOs play a similar role to the SADC Secretariat: they are able to absorb successful approaches from a particular context or country and adapt and disseminate them to another context, as well as standardize services across countries. For example, BLC supported TEBA Limited to begin development of a minimum package of services to ex-mineworkers in five countries, including integration of HIV and TB services.

The organizations participated in a rigorous and targeted development process of identifying and addressing gaps to strengthen their systems and maximize their potential based on the findings of a baseline Organizational Capacity Assessment. Examples include:

- Improved financial management of African Men for Sexual Health and Rights (AMSHeR)—including aligning policies to USAID rules and regulations and improved financial controls—resulted in a restoration of donor confidence and resumed funding.

- Enhanced leadership, management, and governance at the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) facilitated a more focused five-year strategic plan and a Board with a clear understanding of its role, meeting the specific oversight needs of the organization.

“BLC earned our trust, which led to better cooperation, increased responsiveness and a holistic approach—whatever the challenges, we would sit together to find a solution.”

Reverend Phumzile Mabizela, Executive Director of INERELA+

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16 BLC also graduated three national organizations—from Angola, Botswana, and South Africa

17 Read more about BLC’s support to TEBA Limited at: www.hivsharespace.net/node/6522

18 Read more about INERELA+’s development at: www.hivsharespace.net/node/6648
At baseline assessment, 10 of the regional partners scored between 64 points (Stage 3) and 87 points (Stage 5). After BLC assistance, their overall scores improved by an average of 16 points, ranging from 72 points to 100 points. Eight out of nine organizations re-assessed scored 75 points or above compared to two at baseline.

This expanded pool of highly-capable regional organizations will facilitate greater, sustained HIV programming delivered to diverse populations in need. They are also able to support and empower smaller organizations to fully meet their mandate in the HIV response.
One of the areas BLC provided support was to strengthen SAfAIDS’ M&E system, including support to develop a new results framework, indicator review template, and data quality assurance guide. “I used to be so frustrated. I was always looking for data which was not forthcoming. I knew we were doing a lot of work, but we could not show the evidence. Now I smile when I talk about our performance.” Read more about BLC’s M&E support to SAfAIDS at: www.hivsharespace.net/node/4614 and to graduate at: www.hivsharespace.net/node/4193.

“This [graduation] is a big milestone in the life of SAfAIDS. We have always said we were a center of excellence, but we also knew there were gaps that we needed to address. Now that BLC has helped us to build our capacity, we have the evidence that indeed we are a center of excellence.”

Lois Chingandu, Executive Director of SAfAIDS
Lessons learned and recommendations

No one government or organization can meet all of a community's needs. A systems-wide, coordinated approach is vital to improve policies, coordination, and implementation of HIV prevention and treatment services across the spectrum of governments and organizations that respond to HIV. Optimizing the role of all sectors requires developing and sustaining mechanisms and platforms to share and learn from each other to enhance programming and achieve common objectives.

Better regional coordination is critical, including harmonized policies and functional referral systems which establish equivalent treatment regimens across the region and ensure access for all population groups regardless of nationality. SADC should take the lead to ensure key and priority populations, who are at higher risk of HIV infection and therefore indicate a solid investment case, have full access to HIV prevention, care, treatment, and support services.

Intra-country coordination, supporting each sector (government, civil society, and private) to fulfill its role in the HIV response, and align and support each other to meet common goals. These sectors need continued support to develop and implement evidence-based programming, including test and treat interventions, and integrate HIV and related issues into wider health programs. Further linking and networking various stakeholders, such as regional and local organizations, has the potential to maximize impact through sharing best practice, reducing duplication, and developing mutually beneficial referral systems. Additionally, facilitating relationships between CSOs and donors would serve to improve effectiveness—facilitating the flow of funds to relevant, context-specific HIV prevention interventions.

Working regionally allowed BLC to transfer knowledge quickly among its partners, ensuring that lessons learned were being adopted and adapted by peer organizations. BLC facilitated cross learning among various levels, including the development of joint solutions to program challenges. A regional approach also allowed BLC to efficiently start new programs in various countries quickly, utilizing shared staff and resources to support partner organizations.
National level: Implementing policy and enhancing management

BLC’s support to the national level, including government, focused on leadership, management, and governance; coordination; and policy development to promote an enabling environment for service delivery.

BLC worked with five Global Fund Principal Recipients to better manage their grants, establish stronger grant management systems, and maintain or improve their grant ratings—contributing to this funding being used more effectively to deliver services. Examples include:

- Support to South Africa’s National Department of Health to address capacity challenges and structures and systems—including improving its compliance, grant management tools, and Periodic Update and Disbursement Requests—contributed to an increase in its grant rating from B2 (“inadequate but potential demonstrated”) to B1 (“adequate”).

- BLC implemented a risk assessment at the National Emergency Response Council on HIV and AIDS (NERCHA) in Swaziland, providing support to address the key issues, including the need to restructure the organization and better use its human resources. BLC supported a process of NERCHA revising its work plan and performance monitoring plan, which facilitates better alignment within the organization and measurement of its performance.

BLC worked with governments and other partners to develop standards and guidelines for better programming and services in several countries. These included:


- Botswana: creation of standard operating procedures for service delivery to key populations, and well as simplified standard operating procedures for gender-based violence services provided by the Botswana Police Service, Department of Social Protection, and Ministry of Education.


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19 Read more about BLC support at: www.hivsharespace.net/node/3883
20 Read more at: www.hivsharespace.net/node/7255
21 Read more at: www.hivsharespace.net/node/7711
22 Read more about the challenge of and response to gender-based violence in Botswana at: www.hivsharespace.net/node/5879
23 Read more about BLC’s program for key populations in Botswana at: www.hivsharespace.net/node/2993
BLC, in partnership with SADC, supported the creation and/or strengthening of HIV Technical Working Groups in five countries, encouraging the participation of key target populations in planning and informing programming at the national levels.

BLC worked to improve partnerships between governments and CSOs to provide services, including:

- **promoting linkages** with government to provide materials such as test HIV kits and condoms to CSOs
- developing and implementing a **key populations program** in Botswana, the centerpiece of which was working with the Ministry of Health to develop strong, certified CSO-based “Test and Treat” sites
- **government certification of community health workers** to provide home-based HIV counseling and testing, and support those who test HIV-positive to access and adhere to treatment

“MSH is a great example of working and engaging with the government and CSOs to provide quality services to key populations. This successful collaboration reflects the strong partnership that is needed to conquer the HIV and AIDS epidemic.”

Michael J. Park, Health Office Deputy Director, USAID/Botswana
Translating policy to practice

In Lesotho, BLC assisted the Ministry of Social Development (MOSD) to develop and implement legal and policy frameworks to guide the care of and support to OVC, including the National Strategic Plan on Vulnerable Children; adaptation of the SADC regional guidelines on standards of care for OVC; and a simplified and translated Child Protection and Welfare Act. In addition to their widespread dissemination, BLC supported the application of these frameworks at district and community levels to improve child protection practices, and trained community members to use them. The project advocated with key stakeholders to integrate the policies and legal frameworks into their care and support activities. In collaboration with the Millennium Challenge Account Gender Challenge Program, BLC developed and distributed radio, television, and print gender advocacy messages in the local language.

A closer look

“I love my community. I don’t want them to live under any form of oppression or vulnerability. I saw that my community wasn’t knowledgeable about children’s rights. I saw a father beat a girl because she refused to sleep with him. I saw a seven-year-old orphan not sent to school. The uncle didn’t have the money for his school uniform, so instead convinced him to become a herdboy. I go to trainings, then inform the chief about what I’ve learned. I ask for a time-slot to speak to the community. I also speak with primary caregivers and children themselves. I feel optimistic, because more people are understanding these issues. More are getting tested, learning their status, and adhering to the treatment. More young women are able to stand up for themselves, report abuse, and prevent abuse from taking place.”

Mathabiso Sefeeane, Community Child Monitor for Phelisanang Bophelong HIV Support Center (PB), serving five villages in Lesotho

24 Read more of Mathabiso’s story and 23 other personal stories from Lesotho at: www.hivsharespace.net/blc/lesotho_book
Lessons learned and recommendations

In conjunction with prevention activities, **advocacy on HIV prevention matters must address the human rights of people living with HIV (PLHIV)** and access issues for the marginalized groups that remain key target populations for prevention and treatment efforts. The effectiveness of ‘Treatment as Prevention’ programs affirms that all efforts should be made to ensuring that all PLHIV are able to access treatment, particularly priority and key populations with the highest prevalence rates.

**The uptake of high impact interventions, including PMTCT and VMMC, must be improved**, in conjunction with efforts to combat the structural drivers of the epidemic, including dispelling cultural and social taboos that impede persons at risk from embracing effective prevention efforts. These efforts should include advocacy and programming aimed at combatting gender-based violence as well as working to reverse discriminatory legislation and practice.
In partnership with the Ministries of Health and the Council for Health Service Accreditation in Southern Africa (COHSASA), an internationally recognized South African quality improvement organization, BLC developed and implemented a Quality Improvement and Leadership (QIL) program at 11 health facilities in Botswana and two health facilities in Namibia between 2010-2013. The QIL program employed a two-pronged approach, assessing health facilities using internationally-accredited standards to identify areas for improvement, and enhancing leadership and management skills to address the gaps and seek continuous quality improvement. All of the health facilities demonstrated improvement from their baseline assessments, and six were awarded pre-accreditation recognition by COHSASA. Specific examples of improvements based on application of the QIL include:

- Nkoyaphiri Clinic in Botswana engaged community support to build a new waiting area with increased ventilation to better prevent and control infections.
- Significant change in Scottish Livingstone Hospital’s information management system, such as more organized filing and better storage space and security.
- Interdepartmental coordination resulted in new state-of-the-art equipment and infrastructure in the Radiology Department at Katutura Hospital in Namibia.

“The QIL program has done wonders for us. Although we are yet to reach the ratings required for accreditation, we have doubled our score from a baseline of 37 two years ago. Our staff now understands the concept of standards, quality, and being held accountable, and it’s not just the nursing staff I’m talking about, but also the general workers.”

Dr Bose, Superintendent, Mahalapye Hospital, Botswana
A country’s health system is complex: to run smoothly and fulfil its purpose (a healthy nation), many interdependent stakeholders must work together. These stakeholders are similar to cogs in a gear or machine: each has a specific role and is essential for the system to function optimally. When one cog has broken or worn teeth, it can slow or even stop the entire system. The Quality Improvement and Leadership program facilitates this process by analyzing the gaps in the health system (identifying worn or broken teeth) and providing skills to stakeholders to address these gaps.

“"The Challenge Model can be applied to any of the problems facing the health facility. It basically instills a sense of hope where there was despair, empowering one to turn problems into challenges.”

Modiri Monakwane, Airstrip Clinic staff, Botswana
Civil Society and Community Level: Increasing Skills and Capacity

At the community level, BLC provided needs-based capacity building support to its partners to strengthen their technical and organizational competence, expand service delivery, and improve sustainability. BLC distributed more than $21.4 million in performance-based sub-grants to 42 grantees, which have facilitated the delivery of services to thousands of people:

- **169,300** Individuals received HIV prevention messages
- **65,500** Individuals reached with HIV counseling and testing
- **101,000** Individuals received OVC care and support
- **4,371** Men and boys reached with voluntary medical male circumcision
BLC supported its partners to deliver services to populations at higher risk of HIV infection, such as key populations in Botswana, people living with HIV in Angola and Namibia, orphans and vulnerable children in Lesotho, and migrants and mobile populations throughout the region. These populations frequently experience stigma and discrimination, and BLC has worked with its partners to find creative ways to reach and support them to access health services and adhere to treatment. In addition, BLC’s partners have engaged in community awareness activities to promote equal treatment and access to services for these populations.

BLC also used the grants to provide its partners with experience in managing funding, facilitating the improvement of essential systems and structures—which will serve organizations in attracting and managing additional funding in future, thus sustaining services. Through its needs-based technical support, BLC has contributed to a cadre of organizations and individuals with improved technical skills in:

**Leadership, management, and governance:**
- 113 organizations
- 1,240 individuals

**HIV services:**
- 73 organizations
- 1,114 individuals

**OVC programming:**
- 24 organizations
- 9,772 individuals
Silence Kills Support Group is a civil society organization providing services to key populations in Selibe-Phikwe, Botswana’s highest-prevalence district. With BLC support in 2015, the organization provided HIV prevention messages to 2,704 female sex workers and men who have sex with men; of these, 332 tested for HIV and the 79 individuals who tested HIV-positive were referred for treatment.

“This project is very important because we are seeing it change people’s attitudes towards others. Female sex workers and men who have sex with men are not different from anyone else. There is a greater acceptance among communities, and people are beginning to realize that they can accept others different from themselves... now the community is joining the effort to provide services: they [female sex workers and men who have sex with men] are Batswana and have the right to access the same services as any other citizen.”

Dalton Bontsi, Silence Kills Support Group Coordinator

Read more at: www.hivsharespace.net/node/6976
Organizational sustainability can be defined in many ways. For long-term survival in the ever-changing development world, organizations need to provide high-quality services to those in need, be credible and accessible to the communities they serve, and meet the expectations and requirements of local and national governments and funders. They need to have reliable, diversified funding, and collaborate with partners, fulfilling their unique role as part of a comprehensive, holistic health system. Over the course of five years, BLC and its partners have worked together to achieve the following indications of organizational sustainability.

**Improved organizational capacity**

At baseline, 24 CSO partners in Angola, Botswana, Lesotho, and Namibia had overall scores between 27 points (Stage 1) and 91 points (Stage 5) out of a possible 100 points. The findings of these assessments informed BLC’s targeted capacity support. After BLC assistance, their overall scores improved by an average of 12 points, ranging from 50 points to 90 points. Changes in scores varied among partners, with some organizations improving by as many as 48 points, and others improving by as little as one point. Seven out of 14 organizations scored 75 points or above at endline assessment—BLC’s benchmark indicating strong organizational capacity—compared to six at baseline.

**Improved programming and service delivery**

BLC’s provision of small grants facilitated delivery of practical support and guidance to CSOs throughout the project management cycle, and gave them experience in managing USAID funding. BLC’s support improved each phase of CSO programming by ensuring adherence to international good practice and standards, application of local evidence and data, and promoting the most effective and efficient use of resources. BLC increased the quality of services provided through better case management and refresher/quality assurance training on topics such as HIV counseling and testing and medical male circumcision. BLC’s provision of capacity development in monitoring and evaluation ensured that the collection and collation of reliable data is more effectively utilized to inform programming and advocate for greater support from stakeholders and donors.
“During the visits with the BLC team, I have realized that planning is very important. I now make sure that I have a work plan, and it is easy to see what is achieved and not achieved. Monitoring and evaluation are also important...to see whether the work that I am doing has any impact on the community.”

Mahali Lenkoane, Lesotho Network of People Living with HIV and AIDS (LEN EPWA) District Coordinator
**Improved credibility and visibility**

BLC’s support throughout the project management cycle has improved organizational credibility: CSOs have improved M&E systems with reliable, verified data. They are also better able to convey their quantitative and qualitative results through reporting and other forms of communication, such as success stories, on platforms such as organizational websites and Facebook, and at national and international conferences and technical forums.

**Increased financial sustainability**

BLC supported its partners to increase their financial sustainability in a variety of ways. Diversifying their funding base provides organizations with more stability if one source of income ends, and BLC provided skills to engage with other stakeholders such as government and the private sector. These included assisting organizations to:

- Develop sustainability and business plans
- Attract additional donor funding from government, donors, and the private sector
- Develop and implement income-generation strategies

“*It has indeed been a great pleasure being a part of the BLC project. We have realized growth in OVC programming over the past three years and we believe the legacy left by the project has really created a blueprint for our future work. I have personally gained a lot of experience from the project and I believe we are much more equipped to better change the lives of Basotho.*”

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Relebohile Mabote, CARITAS National Director, Lesotho

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28 Read about BLC’s application of the Business Planning for Health course in Angola at: www.hivsharespace.net/node/5883
CAFO: Improving program management

BLC’s baseline OCA with the Church Alliance for Orphans (CAFO) in Namibia indicated that capacitating staff would improve service delivery. BLC supported training of CAFO staff, teachers, and caregivers on hygiene, safety, and using educational materials.

This has resulted in better-quality and more targeted, relevant services to early childhood development (ECD) centers and their children.

Visit CAFO at: www.facebook.com/CAFO-Church-Alliance-for-Orphans-Namibia-247483191946263/
Mwenho: Enhanced M&E and communications

Angolan CSO Mwenho was begun in 2006 by one impassioned individual, Rosa Pedro. The organization was providing much-needed services but did not have systems in place to adequately collect data or communicate its work effectively.

BLC supported Mwenho to develop stronger monitoring and evaluation (M&E) systems, including data collection tools and an Access database. BLC also assisted Mwenho to develop proposals and raise visibility by starting a Facebook page. This has resulted in increased credibility for Mwenho with government and the private sector, and a small grant from the US Embassy.

Visit Mwenho at: www.facebook.com/Mwenho-1662980347254848/
Lessons learned and recommendations

Communities are best positioned to identify and implement their own solutions, but need coordination and skills support. There are often already-existing structures and organizations addressing health and social needs in relevant and innovative ways, and supporting coordination of these structures can provide the greatest impact on the overall response to HIV and related issues, such as OVC.

Civil society supports a full continuum of care, linking communities with services. It is also responsive to meet individual and community needs comprehensively and holistically—able to deliver the right intervention to the right place at the right time. In order to reach key and priority populations, community health systems strengthening is vital. By training and equipping community health workers to conduct testing and treatment interventions, key and priority populations can access the services necessary to prevent further transmission.
Tools

Over the course of the five years of the BLC program, BLC has developed a series of tools and resources that have proven effective. Through the use of these innovative tools, BLC partners have access to the most up-to-date and accurate information, work collaboratively, improve their organizational and technical capacity, and reach the most vulnerable populations with vital prevention and treatment messages.

The Southern Africa HIV and AIDS Regional Exchange portal (SHARE) is a free, public, web-based platform for disseminating information and tools specific for southern Africa.

Visit SHARE at: www.hivsharespace.net

BLC’s Organizational Capacity Assessment includes nine key components, providing qualitative and quantitative data on organizational strengths and areas for growth.

Access the tool at: www.hivsharespace.net/blc/ocat
Inside Story, a full-length feature film released in 2011, presents a fusion of fiction and non-fiction educational media used globally as part of HIV prevention programs.

Access the film in English, French, Portuguese, and Swahili at: www.insidestorythemovie.org and the facilitation guide at:

www.hivsharespace.net/inside_story

BLC’s five technical briefs on priority HIV prevention topics are a resource for policymakers and implementers. They offer evidence-based and effective strategies which can be used to tailor high-impact interventions. Each brief addresses the HIV prevention role of each topic as well as global policy guidance, challenges and recommendations, and regional experience and practice.

Access the technical briefs at: www.hivsharespace.net/node/2597. BLC additionally supported the development of a SADC literature review on good practice in the region, available at:

www.hivsharespace.net/collection/sadc
OVC programming

- Case management tools, including beneficiary assessments, care plans, and service forms. Access these tools at: www.hivsharespace.net/node/7371
- Key national guidelines such as the Lesotho Standards of Care, Child Protection and Welfare Act, Situation Analysis of Orphans and Other Vulnerable Children in Lesotho, and National Strategic Plan on Vulnerable Children. These documents are available at: www.gov.ls/documents/reports.php
- Gender advocacy messages adapted for radio, television, and print
- Early Childhood Development Center assessment tool (Namibia). Access these tools at: www.hivsharespace.net/node/7372

Capacity development

- BLC’s Organizational Capacity Assessment Tool includes nine key components, providing qualitative and quantitative data on organizational strengths and areas for growth. Access the tool at: www.hivsharespace.net/blc/ocat
- USAID Compliance Checklist and Pre-award Survey provides a particular focus on policies, procedures, and standard operating procedures. Access this tool at: www.usaid.gov/sites/default/files/documents/1868/303.pdf
- My M&E Primer is an online learning package on the fundamentals of monitoring and evaluation for HIV and AIDS programs. Access the tool at: www.hivsharespace.net/m-and-e-primer
- Business Planning for Health is a program designed to teach organizations how to understand and use business language to secure additional funding. Access more information at: www.msh.org/resources/business-planning-for-health-program-bph
- Managers Who Lead is a handbook which empowers health managers at all levels of an organization to lead teams to face challenges and achieve results. Access the tool at: www.msh.org/resources/managers-who-lead-a-handbook-for-improving-health-services
Conclusion

BLC is confident of the improved capacity of and service delivery by its partners, as well as enhanced integration and collaboration among the multiple levels of the HIV response. Thousands of people, particularly vulnerable groups such as OVC, migrant and mobile populations, key populations, and people living with HIV, have experienced first-hand the impact of BLC’s work. Of even greater significance however, is the fact that BLC concepts, methods, and tools will continue to benefit individuals, groups, and organizations in the region for years to come. BLC partners continue to mature and are adapting knowledge, applying skills, conducting step-down training, and working together to provide more comprehensive services. BLC’s efforts have yielded clear, measurable results, and the project has supported partners to reinforce their organizational and technical growth, empowering them with the skills and tools to become stronger and more sustainable, and to develop more effective and innovative ways of responding to the HIV epidemic.

The HIV epidemic in sub-Saharan Africa: 2010 to 2015

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<thead>
<tr>
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<th>2010</th>
<th>2014/5</th>
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<tbody>
<tr>
<td>People living with HIV</td>
<td>22.9 million</td>
<td>25.8 million</td>
</tr>
<tr>
<td>New HIV infections</td>
<td>1.9 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td>AIDS-related deaths</td>
<td>1.2 million</td>
<td>790,000</td>
</tr>
<tr>
<td>Number of people on ART</td>
<td>5 million</td>
<td>10.7 million</td>
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</table>
Looking forward

While the BLC project ends celebrating its achievements with partners in southern Africa, MSH’s work is never really over. There are constantly new developments in the health system, requiring strong leadership, management, and governance to provide high-quality services to all those in need. Countries face similar challenges to ensure a healthy population, delivering the right services to the right place at the right time. They typically have the solutions to their challenges, but sometimes need support to maximize their effectiveness, bring interventions to scale and promote their sustainability. These solutions hold potential for others in similar contexts to adapt and apply. Therefore, opportunities and mechanisms for cross-sharing and learning are critical to build a strong regional response to health.

BLC recommends the following based on its experiences:

- **Better regional coordination**, including harmonized policies and functional referral systems which establish equivalent treatment regimens across the region and ensure access to all population groups regardless of nationality.

- **Improved intra-country coordination**, supporting each sector (government, civil society, and private) to fulfill its role in the HIV response, and align and support each other to meet common goals. These sectors need continued support to develop and implement evidence-based programming, including test and treat interventions, and integrate HIV and related issues into wider health programs. Further linking and networking various stakeholders, such as regional and local organizations, has the potential to maximize impact through sharing best practice, reducing duplication, and developing mutually beneficial referral systems. Facilitating relationships between CSOs and donors would serve to improve effectiveness—facilitating the flow of funds to relevant, context-specific HIV prevention interventions.

- In conjunction with prevention activities, advocacy on **HIV prevention matters must address the human rights of PLHIV** and access issues for the marginalized groups that remain key target populations for prevention and treatment efforts.

- **The uptake of high impact interventions, including PMTCT and VMMC**, must be improved, in conjunction with efforts to combat the structural drivers of the epidemic, including dispelling cultural and social taboos that impede persons at risk from embracing effective prevention efforts. These efforts should include advocacy and programming aimed at combatting gender-based violence as well as working to reverse discriminatory legislation and practice.

- **Communities are best positioned to identify and implement their own solutions**, but need coordination and skills support. There are often already-existing structures and organizations addressing health and social needs in relevant and innovative ways, and supporting coordination of these structures can provide the greatest impact on the overall response to HIV and related issues, such as orphans and vulnerable children.

- **In order to reach key and priority populations, community health systems strengthening is vital.** By training and equipping community health workers to conduct testing and treatment interventions, key and priority populations can access the services necessary to prevent further transmission.
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<th>Logo</th>
<th>Partner</th>
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<tbody>
<tr>
<td><img src="image" alt="AAM Logo" /></td>
<td><strong>Acção Angolana para a Mulher (AAM)</strong></td>
<td>Established in 1997 and operates in Angola</td>
<td><strong>Vision</strong> To fight violence against women and poverty, and promote the balance of gender and respect for human rights through research, lobbying, and advocacy, as well as sensitization on HIV and AIDS prevention with a focus on women, youth, and people with disabilities. <strong>Mission</strong> A society where men and women are healthy and have equal rights.</td>
<td><strong>Focus</strong> - HIV prevention - Gender-based violence prevention - Women’s legal rights - Sexual and reproductive health rights - Advocacy</td>
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<tr>
<td><img src="image" alt="AMSHeR Logo" /></td>
<td><strong>African Men for Sexual Health and Rights (AMSHeR)</strong></td>
<td>Established in 2009, with membership in 15 African countries</td>
<td><strong>Vision</strong> AMSHeR works towards an empowered and healthy life for MSM in Africa and human rights for all. <strong>Mission</strong> Through advocacy and movement-building, AMSHeR promotes non-discrimination, including discrimination based on sexual orientation and gender identity and advance access to health services for MSM/LGBTI individuals in Africa.</td>
<td><strong>Focus</strong> - Key populations (MSM/LGBTI) - Advocacy</td>
</tr>
<tr>
<td><img src="image" alt="ADPP Logo" /></td>
<td><strong>Ajuda de Desenvolvimento de Povo para Povo em Angola (ADPP)</strong></td>
<td>Established in 1992 and operates in Angola</td>
<td><strong>Vision</strong> A future where poverty, hunger and inequality are things of the past, and where health, well-being, education and productive employment form a natural part of everyday life. <strong>Mission</strong> ADPP’s strategic goal in Cunene is to increase and improve health promotion amongst communities and increase access to primary health care services provided by the public health system.</td>
<td><strong>Focus</strong> - Water and sanitation, hygiene - Community and environmental health, HIV/AIDS - Teacher training - Agriculture and livelihoods - Health</td>
</tr>
<tr>
<td><img src="image" alt="AMICAALL Logo" /></td>
<td><strong>Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL)</strong></td>
<td></td>
<td><strong>Mission</strong> The goal of the project was to increase coverage, improve effectiveness and access to HIV and AIDS interventions, for the purpose of slowing down and eventually turning around the epidemic and its resultant effects among the members of the urban public and urban local government institutions.</td>
<td><strong>Focus</strong> - Grassroots HIV prevention and care with - Special intervention on response to HIV/AIDS</td>
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<td>Partner</td>
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</table>
| ![BOFWA](image) | **Botswana Family Welfare Association (BOFWA)**<sup>*</sup> | Established in 1988 and operates in Botswana | **Vision**
Every Motswana to have the choice for a healthy and productive family now and beyond | **Mission**
Promote sexual and reproductive health and rights (SRH&R) with responsibilities to adolescents/young people, adults and families in Botswana. We do this through provision of information, education and counseling, youth and parents life skills development, clinical and outreach services delivery; SRH&R programme training and advocacy. | **• Safe motherhood**
**• Adolescent and youth sexuality education**
**• Curbing unsafe abortion**
**• Advocating for SRH&R as human rights**
**• Reducing HIV infections and protecting the rights of PLHIV**
| Una Ngwenya, Executive Director |
| E-mail: bofwa@bofwa.org.bw |
| Web: www.bofwa.org.bw |
| ![BONELA](image) | **Botswana Network on Ethics, Law and HIV/AIDS (BONELA)** | Established in 2002 and operates in Botswana | **Vision**
Making human rights a reality in the response to the HIV and AIDS epidemic in Botswana | **Mission**
BONELA is a network of individuals and organizations that promotes a just and inclusive environment to prevent HIV infection and provide a greater quality of life for people affected by HIV and AIDS through scaling up a coordinated community response and promoting accountability | **• Human rights**
**• Awareness of human rights and HIV**
**• Partnership and networks**
| Cindy Keleni, Executive Director |
| Email: bonela@bonela.org |
| cindyk@bonela.org |
| Web: http://bonela.org |
| ![Caritas](image) | **Caritas Lesotho** | Established in 1965 and operates in Lesotho | **Vision**
A living arm of the Catholic Church in the provision of humanitarian aid and empowerment of the vulnerable and marginalized groups in Lesotho | **Mission**
To capacitate grassroots structures to enable them to engage in strategies aimed at achieving self-sufficiency and their well-being | **• OVC care and support through the provision of the following services:**
**• Psychosocial support**
**• Food and nutrition support**
**• Education**
**• Legal protection**
**• Shelter**
**• Health**
<p>| Relebohile Mabote, National Director |
| E-mail: <a href="mailto:rmabote@gmail.com">rmabote@gmail.com</a> |
| Web: <a href="http://www.caritas.org/where-we-are/africa/lesotho/">http://www.caritas.org/where-we-are/africa/lesotho/</a> |</p>
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<tr>
<td><img src="image" alt="Catholic Commission of Justice and Peace (CCJP)" /></td>
<td>Catholic Commission of Justice and Peace (CCJP)</td>
<td>Established in 1966 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;A nation that understands positive living among infected and affected people&lt;br&gt;<strong>Mission</strong>&lt;br&gt;To motivate the HIV/AIDS infected &amp; affected to have hope in life</td>
<td>OVC care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
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<td><img src="image" alt="Centre for Impacting Lives (CIL)" /></td>
<td>Centre for Impacting Lives (CIL)</td>
<td>Established in 2011 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;To chart a new course of life for the most vulnerable and less privileged in the African society, regardless of age, gender, religion and race&lt;br&gt;<strong>Mission</strong>&lt;br&gt;To uphold, strengthen and spiritually uplift the most vulnerable in the African society through rehabilitation, education, economic strengthening, health care &amp; nutrition support and advocacy</td>
<td>OVC care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
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<td><img src="image" alt="Church Alliance for Orphans (CAFO)" /></td>
<td>Church Alliance for Orphans (CAFO)</td>
<td>Established in 2002 and operates in Namibia</td>
<td><strong>Vision</strong>&lt;br&gt;To see all children in Namibia fulfilling their God-given potential</td>
<td>Support programs for OVC at early childhood development centers&lt;br&gt;Provide social behavior change communication interventions to youth&lt;br&gt;Provide nutritional support to OVC</td>
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<td><img src="image" alt="Corridor Empowerment Project (CEP)" /></td>
<td>Corridor Empowerment Project (CEP)</td>
<td>Established in 2006 and operates in South Africa</td>
<td><strong>Mission</strong>&lt;br&gt;We aim to become a center of excellence in the management, implementation, and support of HIV/AIDS and wellness interventions in difficult-to-reach populations</td>
<td>• HIV prevention&lt;br&gt;• Clinical services such as screening, diagnosis, and treatment&lt;br&gt;• Gender-based violence prevention&lt;br&gt;• Sexual and reproductive health rights&lt;br&gt;• HIV counseling and testing&lt;br&gt;• Advocacy</td>
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<td><img src="image" alt="Doctors with Africa CUAMM logo" /></td>
<td>Doctors with Africa CUAMM</td>
<td>Established in 1997 and operates in Angola</td>
<td><strong>Vision</strong>&lt;br&gt;Angola free of HIV, malaria, and social exclusion</td>
<td>• Train local health care staff on HIV and AIDS&lt;br&gt;• Support the National Program for Tuberculosis Control&lt;br&gt;• Sexual and reproductive health&lt;br&gt;</td>
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<td><img src="image" alt="Eastern, Central and Southern Africa - Health Community (ECSA-HC) logo" /></td>
<td>Eastern, Central and Southern Africa - Health Community (ECSA-HC)*</td>
<td>Established in 1974 to foster and strengthen regional cooperation and capacity to address the health needs of member states</td>
<td><strong>Vision</strong>&lt;br&gt;To be the leader in health in East, Central and Southern Africa, contributing towards the attainment of the highest standard of physical, mental and social well-being of the people in the region</td>
<td>Fosters and promotes regional cooperation in health among SADC member states&lt;br&gt;</td>
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<td><img src="image" alt="Fórum Juvenil de Apoio a Saúde e Prevenção da SIDA (FOJASSIDA)* logo" /></td>
<td>Fórum Juvenil de Apoio a Saúde e Prevenção da SIDA (FOJASSIDA)*</td>
<td>Established in 2000 and operates in Angola</td>
<td><strong>Vision</strong>&lt;br&gt;Angola free of HIV, malaria, and social exclusion</td>
<td>• HIV and GBV prevention&lt;br&gt;• Adherence, care, and support for PLHIV&lt;br&gt;• Women’s legal rights&lt;br&gt;• Sexual and reproductive health rights&lt;br&gt;• HIV counseling and testing&lt;br&gt;• Advocacy&lt;br&gt;• Civic participation, especially of youth&lt;br&gt;• Malaria prevention&lt;br&gt;</td>
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<tr>
<td><img src="image" alt="GROW logo" /></td>
<td>GROW</td>
<td>Established in 1996 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;By 2024, GROW will be a financially viable, self-sustained, nationally and internationally recognized NGO. It will have helped raise the socio-economic status of the people of Mokhotlong and adjacent areas</td>
<td>OVC care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health&lt;br&gt;</td>
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| Help Lesotho | Established in 2004 and operates in Lesotho | Vision: Every child and youth in Lesotho is supported to become empowered and socially responsible.  
Mission: Help Lesotho empowers vulnerable children, youth and grandmothers through its education, leadership development and psychosocial support programs and partnerships. Help Lesotho is committed to gender equity and social justice and the alleviation of HIV/AIDS and poverty in Lesotho. | OVC care and support through the provision of the following services:  
• Psychosocial support  
• Food and nutrition support  
• Education  
• Legal protection  
• Shelter  
• Health | Shadrack Mutembei, Country Director  
E-mail: shadrack@helplesotho.org  
info@helplesotho.org  
Web: www.helplesotho.org |
| Hospice and Palliative Care Association of Zimbabwe (HOSPAZ) | Established in 1999 and operates in Zimbabwe | Vision: Palliative care for all  
Mission: To promote palliative care and to support palliative care providers in Zimbabwe through capacity development, coordination, and advocacy. | HIV and GBV prevention and SRHR  
• OVC care and support and child rights  
• Adherence, care, and support for PLHIV including children and adolescents  
• HIV counseling and testing  
• Advocacy  
• Household economic strengthening  
• Capacity building and mentorship | Eunice Garanganga  
E-mail: eunice@hospaz.co.zw  
information@hospaz.co.zw  
Web: www.hospaz.co.zw |
| Institute for Health Measurement (IHM) | Established in 2011 and operates in Lesotho, Swaziland, and Zambia | Vision: We envision public health programs that leverage readily available, credible and technical health information in improving patient health outcomes and overall health systems.  
Mission: We are a team of African professionals, knowledgeable about health informatics, information technology and social science innovations the world over, and we are also experienced in working in developing-country contexts | Health data quality strengthening  
• Capacity building for M&E and HIS  
• Strengthening information systems  
• Development, program reporting, monitoring and evaluation | Web: www.ihmafrica.org |
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<tr>
<td><img src="https://via.placeholder.com/150" alt="idal" /></td>
<td>Intellectual Disability Association of Lesotho (IDAL)</td>
<td>Established in 1993 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;To advocate and lobby for the creation of an enabling environment in which children with disabilities and people with intellectual disabilities live enjoyable and productive lives, realize their full potential according through unlimited access to essential services</td>
<td><strong>OVC care and support through the provision of the following services:</strong>&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
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<tr>
<td><img src="https://via.placeholder.com/150" alt="inerela" /></td>
<td>International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)*</td>
<td>Established in 2002, INERELA+ has a total of 16 country networks in the African region. INERELA+ also has networks in Asia-Pacific, the Americas, Europe, and Central Asia.</td>
<td><strong>Vision</strong>&lt;br&gt;A society free of HIV-related stigma and discrimination, with empowered, resilient religious leaders living with or personally affected by HIV and AIDS</td>
<td><strong>• HIV prevention</strong>&lt;br&gt;• Adherence, care, and support for people living with HIV&lt;br&gt;• Gender-based violence prevention&lt;br&gt;• Sexual and reproductive health rights&lt;br&gt;• Advocacy</td>
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<td><img src="https://via.placeholder.com/150" alt="jam" /></td>
<td>Joint Aid Management (JAM)*</td>
<td>Established in 1983, Joint Aid Management (JAM) operates in South Africa, Mozambique, Angola, South Sudan, and Rwanda</td>
<td><strong>Vision</strong>&lt;br&gt;Helping Africa help itself</td>
<td><strong>• OVC care and support</strong>&lt;br&gt;• Nutritional feeding and food security</td>
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*Note: *INERELA+ and JAM are marked with an asterisk to indicate their roles in the context of the document.

**OVC care and support** through the provision of the following services:
- Psychosocial support
- Food and nutrition support
- Education
- Legal protection
- Shelter
- Health

**Vision**
To advocate and lobby for the creation of an enabling environment in which children with disabilities and people with intellectual disabilities live enjoyable and productive lives, realize their full potential according through unlimited access to essential services.

**Mission**
To work with communities to empower individuals with intellectual disability and parents of children with disabilities, including those with severe or multiple disabilities, to advocate for their rights and seek the benefits and support to which they are entitled.

**OVC care and support through the provision of the following services:**
- Psychosocial support
- Food and nutrition support
- Education
- Legal protection
- Shelter
- Health
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<th>Contacts</th>
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<tbody>
<tr>
<td><img src="logo.png" alt="LENASO Logo" /></td>
<td><strong>Lesotho Network of AIDS Service Organizations (LENASO)</strong>&lt;br&gt;Established in 1994 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;To be the leading network in coordination and management of community-based organizations implementing primary health care, TB/ HIV and AIDS services at the grassroots level&lt;br&gt;&lt;br&gt;<strong>Mission</strong>&lt;br&gt;To promote effective HIV &amp; AIDS interventions in the communities by working closely with its affiliates. LENASO’s goal is to reduce HIV infection and ensure that infected and affected individuals in the community are provided with necessary HIV and AIDS services to improve their well-being.</td>
<td><strong>OVC care and support through the provision of the following services:</strong>&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
<td>Mamello G Makoae, Executive Director&lt;br&gt;E-mail: <a href="mailto:mamellogmakoae@yahoo.com">mamellogmakoae@yahoo.com</a></td>
</tr>
<tr>
<td><img src="logo.png" alt="LENEPWHHA Logo" /></td>
<td><strong>Lesotho Network of People Living with HIV&amp;AIDS (LENEPWHA)</strong>&lt;br&gt;Established in 2005 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;To have a society which is free from HIV and AIDS related stigma and discrimination whereby PLHIV and affected families have unhindered access to all basic rights&lt;br&gt;&lt;br&gt;<strong>Mission</strong>&lt;br&gt;To promote unity among its members, particularly support groups of PLHIV, to strive for greater involvement in the national HIV and AIDS response whereby they actively communicate about the epidemic, care for and support each other, share experiences, take up responsibilities in addressing stigma and discrimination and enjoy equal rights and opportunities regarding their livelihoods.</td>
<td><strong>OVC care and support through the provision of the following services:</strong>&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
<td>Boshepha Ranthithi, National Coordinator&lt;br&gt;E-mail: <a href="mailto:info@lenepwha.org.ls">info@lenepwha.org.ls</a>&lt;br&gt;Web: <a href="http://www.lenepwha.org.ls">www.lenepwha.org.ls</a></td>
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<td><img src="image" alt="mothers2mothers" /></td>
<td>mothers2mothers*</td>
<td>Established 2001 and operates in southern Africa</td>
<td>Vision&lt;br&gt;We believe in the power of women to eliminate pediatric AIDS and create health and hope for themselves and their babies, families, and communities&lt;br&gt;<strong>Mission</strong>&lt;br&gt;Our mission is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. Our Mentor Mother Model empowers mothers living with HIV through education and employment, as role models to help other women access essential services and medical care.</td>
<td>• HIV prevention with particular focus on PMTCT&lt;br&gt;• Care, support and treatment for mothers and babies</td>
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<tr>
<td><img src="image" alt="NANASO" /></td>
<td>Namibia Network of AIDS Service Organizations (NANASO)</td>
<td>Established in 1991 and operates in Namibia</td>
<td>Vision&lt;br&gt;A society freed from the threats of HIV &amp; AIDS and other related health effects from HIV &amp; AIDS, malaria, tuberculosis, reproductive health and STIs by 2030&lt;br&gt;<strong>Mission</strong>&lt;br&gt;To be the primary national hub of HIV and AIDS network and support services for AIDS service organizations in Namibia</td>
<td>• HIV prevention&lt;br&gt;• OVC care and support&lt;br&gt;• Adherence, care, and support for people living with HIV&lt;br&gt;• Advocacy</td>
</tr>
<tr>
<td><img src="image" alt="NAPSAR+" /></td>
<td>Network of African People living with HIV and AIDS in Southern Africa (NAPSAR+)</td>
<td>Established 2007 and operates in southern Africa</td>
<td>Vision&lt;br&gt;PLHIV in the southern African region have equitable and universal access to prevention, treatment and care of HIV and TB and are able to use these services and systems to enjoy health and a quality of life free of stigma and discrimination&lt;br&gt;<strong>Mission</strong>&lt;br&gt;Become a region-wide movement of people and organization with social capital and effective voice, resources and leadership capacity that help to ensure and safeguard quality and accessible service provision dignity and fulfillment of rights and opportunities for PLHIV and other key populations living with HIV in southern Africa</td>
<td>• Capacity building to networks of PLHIV&lt;br&gt;• Research and advocacy component that contributes to policy influence at regional and global levels</td>
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<td>Logo</td>
<td>Partner</td>
<td>Background</td>
<td>Focus</td>
<td>Contacts</td>
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<tr>
<td><img src="image1" alt="LoveLife Logo" /></td>
<td><strong>New loveLife Trust (loveLife)</strong></td>
<td>Established in 1999 and operates in South Africa</td>
<td><strong>Vision</strong>&lt;br&gt;An HIV-free generation of empowered young people in South Africa who are in charge of their health, lives, and future&lt;br&gt;<strong>Mission</strong>&lt;br&gt;loveLife builds complete young leaders for an HIV-free future. Through targeting the primary audience of 12-19 year olds, loveLife's mission is to contribute to a decrease in incidence of HIV infections in South Africa among 15-24 year olds by another 50% by the end of 2017</td>
<td>- HIV prevention&lt;br&gt;- Gender-based violence prevention&lt;br&gt;- Sexual and reproductive health</td>
</tr>
<tr>
<td><img src="image2" alt="NYG Logo" /></td>
<td><strong>Nkaikela Youth Group (NYG)</strong></td>
<td>Established in 1988 and operates in Botswana</td>
<td><strong>Vision</strong>&lt;br&gt;To improve the quality of life for vulnerable people&lt;br&gt;<strong>Mission</strong>&lt;br&gt;Nkaikela Youth Group seeks to empower vulnerable and marginalized people in Botswana through targeted comprehensive behavioral, structural and biomedical interventions&lt;br&gt;Provides relevant support structures to key populations, encouraging them to lessen risky sexual behaviors and reduce HIV transmission</td>
<td>Neo Monnapula&lt;br&gt;E-mail:&lt;br&gt;<a href="mailto:info@nyg.org.bw">info@nyg.org.bw</a>&lt;br&gt;Web:&lt;br&gt;www.nyg.org.bw</td>
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<tr>
<td><img src="image3" alt="NKATHALO WELLNESS Logo" /></td>
<td><strong>Nkathalo Wellness</strong></td>
<td>Established in 2010, operates in all 9 provinces of South Africa</td>
<td><strong>Vision &amp; mission</strong>&lt;br&gt;Nkathalo Wellness aspires to be the vehicle for change and a voice for the unseen. Nkathalo does this by taking healthcare services to the communities and the marginalized.&lt;br&gt;<strong>Focus</strong>&lt;br&gt;- HIV prevention&lt;br&gt;- Adherence, care, and support for people living with HIV&lt;br&gt;- Clinical services such as screening, diagnosis, and treatment&lt;br&gt;- HIV counseling and testing&lt;br&gt;- Advocacy&lt;br&gt;- HIV prevention services to migrants</td>
<td>Dakile Ndiwalana, Director&lt;br&gt;E-mail:&lt;br&gt;<a href="mailto:dakhile@wol.co.za">dakhile@wol.co.za</a>&lt;br&gt;Web:&lt;br&gt;www.nkathalo.co.za</td>
</tr>
<tr>
<td><img src="image4" alt="North Star Alliance Logo" /></td>
<td><strong>North Star Alliance</strong></td>
<td>Established in 2006, North Star Alliance operates in eastern and southern Africa</td>
<td><strong>Mission</strong>&lt;br&gt;To provide hard-to-reach populations with sustainable access to high quality health services&lt;br&gt;<strong>Focus</strong>&lt;br&gt;- HIV prevention&lt;br&gt;- Adherence, care, and support for people living with HIV&lt;br&gt;- Clinical services such as screening, diagnosis, and treatment&lt;br&gt;- HIV counseling and testing&lt;br&gt;- Primary health care, counseling and treatment of STIs</td>
<td>Paul Matthew, Director&lt;br&gt;E-mail:&lt;br&gt;<a href="mailto:paul@northstar-alliance.org">paul@northstar-alliance.org</a>&lt;br&gt;Web:&lt;br&gt;www.northstar-alliance.org</td>
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<td>Logo</td>
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<td><img src="image1.png" alt="PB Logo" /></td>
<td>Phelisanang Bophelong (PB)</td>
<td>Established in 2004 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;Center of excellence for safeguarding the welfare of vulnerable communities affected by opportunistic infections of HIV &amp; AIDS and TB</td>
<td>OVC care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
</tr>
<tr>
<td><img src="image2.png" alt="Mwenho Logo" /></td>
<td>Rede de Mulheres Vivendo com o VIH e SIDA (Mwenho)</td>
<td>Established in 2006 and operates in Angola</td>
<td><strong>Vision</strong>&lt;br&gt;An Angola where people living with HIV and AIDS have a better quality of life</td>
<td>HIV and GBV prevention&lt;br&gt;• Adherence, care, and support for people living with HIV&lt;br&gt;• Women’s legal rights&lt;br&gt;• Sexual and reproductive health rights&lt;br&gt;• HIV counseling and testing&lt;br&gt;• Advocacy</td>
</tr>
<tr>
<td><img src="image3.png" alt="SAF AIDS Logo" /></td>
<td>SAfAIDS*</td>
<td>Established in 1994 and operates in southern Africa</td>
<td><strong>Vision</strong>&lt;br&gt;To ensure that all people in Africa realize their sexual and reproductive health and rights and are free from the burdens of HIV, TB and other related developmental health issues</td>
<td>HIV and GBV prevention&lt;br&gt;• OVC care and support&lt;br&gt;• Adherence, care, and support for people living with HIV&lt;br&gt;• Women’s legal rights&lt;br&gt;• Sexual and reproductive health rights</td>
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<td><img src="image1.png" alt="SSA Logo" /></td>
<td><strong>Serumula Development Association</strong>&lt;br&gt;Established in 1965 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;Improve livelihoods through sustainable use of natural resources among rural communities of Lesotho</td>
<td>CVC care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and nutrition support&lt;br&gt;• Education&lt;br&gt;• Legal protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
<td>Khojane Ramaema, Acting Executive Director&lt;br&gt;E-mail: <a href="mailto:ramaema@serumula.org.ls">ramaema@serumula.org.ls</a>&lt;br&gt;Web: <a href="http://www.serumula.org.ls">www.serumula.org.ls</a></td>
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<tr>
<td><img src="image2.png" alt="SSG Logo" /></td>
<td><strong>Silence Kills Support Group</strong>&lt;br&gt;Established in 2006 and operates in Botswana</td>
<td><strong>Vision</strong>&lt;br&gt;A nation that understands positive living among infected and affected people</td>
<td>• HIV prevention&lt;br&gt;• Adherence, care, and support for people living with HIV&lt;br&gt;• HIV counseling and testing&lt;br&gt;• Advocacy</td>
<td>Dalton Bontsi&lt;br&gt;E-mail: <a href="mailto:daltonbontsi@gmail.com">daltonbontsi@gmail.com</a></td>
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<td><img src="image3.png" alt="SWAALES Logo" /></td>
<td><strong>Society of Women and AIDS Africa Lesotho (SWAALES)</strong>&lt;br&gt;Established in 2006 and operates in Lesotho</td>
<td><strong>Vision</strong>&lt;br&gt;To be a leading community-based organization in providing care and support to strengthen vulnerable groups</td>
<td>CVC Care and support through the provision of the following services:&lt;br&gt;• Psychosocial support&lt;br&gt;• Food and Nutrition Support&lt;br&gt;• Education&lt;br&gt;• Legal Protection&lt;br&gt;• Shelter&lt;br&gt;• Health</td>
<td>Thabang Mafisa, Program Coordinator&lt;br&gt;E-mail: <a href="mailto:swaales@datacom.co.ls">swaales@datacom.co.ls</a>&lt;br&gt;<a href="mailto:mafisathabang@yahoo.com">mafisathabang@yahoo.com</a></td>
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<td><img src="image4.png" alt="SAT Logo" /></td>
<td><strong>Southern Africa AIDS Trust (SAT)</strong>&lt;br&gt;Established 1990 and operates in six southern African countries which includes a regional coordinating office in South Africa</td>
<td><strong>Vision &amp; mission</strong>&lt;br&gt;Develop innovative responses to their needs and challenges. This principle has underpinned SAT support to communities and those that support communities to develop and implement programs and deliver HIV and AIDS responses. We believe strong community systems for equitable and inclusive health are key to development and prosperity.</td>
<td>• Facilitates regional thinking and influences policies&lt;br&gt;• Capacity building for communities’ response to HIV&lt;br&gt;• Supports evidence-based decision making through operational research&lt;br&gt;• Provides platforms on emerging issues such as LGBTIs&lt;br&gt;• Women’s health and rights, sexual reproductive health&lt;br&gt;• Dialogues for health for improved community participation in HIV and SRHR responses</td>
<td>Felista Chiganze, Chef Operations Officer&lt;br&gt;E-mail: <a href="mailto:info@satregional.org">info@satregional.org</a> or <a href="mailto:chiganze@satregional.org">chiganze@satregional.org</a>&lt;br&gt;Web: <a href="http://www.satregional.org">www.satregional.org</a></td>
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| ![TEBA Logo](image) | TEBA Limited* | Established in 1902, TEBA operates in Botswana, Lesotho, Mozambique, South Africa, and Swaziland | TEBAs diversified from being primarily a labor recruitment and management service provider to offering a number of services including human resources, social and financial services to mineworkers both during and post-employment. TEBA receives funds from mines in order to provide services to mineworkers in and around mining communities, as well as serving mineworkers within their rural communities. | • HIV prevention  
• Adherence, care, and support for people living with HIV  
• Clinical services such as screening, diagnosis, and treatment  
• HIV counseling and testing  
• Advocacy  
Nobesuthu Motepe  
E-mail: nobesuthum@tebalimited.co.za  
Web: www.tebalimited.co.za |
| ![Thembalethu Development Logo](image) | Thembalethu Development* | Established in 2002 and operates in Mozambique, South Africa, Lesotho, and Swaziland | Vision  
To be a client and beneficiary focused development agency of choice that always achieves its partners’ objectives through development services that meet global standards of quality, timeliness, cost-effectiveness and sustainable impact  
Mission  
To render community focused interventions in collaboration with the strategic partners in an integrated and sustainable manner within the Southern African Development Community  
Focuses on infrastructure development, including water and sanitation, agricultural and food security, skills development, community-based health, and social and labor plan support. | E-mail: info@thembalethudev.org  
Web: www.thembalethudev.org |
To end the isolation of rural communities to quality, compassionate healthcare.  
Mission  
To deliver compassionate, comprehensive healthcare to the most isolated and underserved populations of southern Africa in collaboration with local communities, government, corporate, and non-profit partners.  
Provides comprehensive rural mobile hospital outreach, including  
• Voluntary medical male circumcision  
• HIV testing and counseling  
• Adherence, care, and support for people living with HIV  
• TB care and treatment  
• Treatment for chronic medical conditions  
Harry & Echo VanderWal, Executive Directors  
E-mail: info@lukecommission.org  
Web: www.lukecommission.org |
| ![Tonata Logo](image) | Tonata | Established in 2008 and operates in Namibia | Vision  
Aims to improve the quality of life of PLHIV through the creation of supportive and enabling environments and by protecting the basic human and constitutional rights of people infected or affected by HIV and AIDS.  
Focuses on infrastructure development, including water and sanitation, agricultural and food security, skills development, community-based health, and social and labor plan support. | • Training PLHIV support group members to enhance self-esteem and self representation  
• Organising and coordinating support group activities  
• Publish and produce information materials as means of communication with its members  
E-mail: tonataplwhanetwork@gmail.com  
sshodorgela@yahoo.com  
Web: http://tonata.weebly.com/ |
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<tr>
<th>Logo</th>
<th>Partner</th>
<th>Background</th>
<th>Focus</th>
<th>Contacts</th>
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<tr>
<td><img src="image" alt="TAC Logo" /></td>
<td>Treatment Action Campaign</td>
<td>Established in 1998 and operates in South Africa</td>
<td><strong>Vision</strong>&lt;br&gt;A unified quality health care system which provides equal access to HIV prevention and treatment services for all people</td>
<td>• Prevention and treatment literacy&lt;br&gt;• Community health advocacy&lt;br&gt;• Policy, communications and research</td>
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*Organizations graduated by BLC as capable of managing direct USG funding*
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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AAM</td>
<td>Acção Angolana para a Mulher</td>
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<td>ADPP</td>
<td>Ajuda de Desenvolvimento de Povo para Povo</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AMICAALL</td>
<td>Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa</td>
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<tr>
<td>AMSHeR</td>
<td>African Men for Sexual Health and Rights</td>
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<td>BLC</td>
<td>Building Local Capacity for Delivery of HIV Services in Southern Africa Project</td>
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<td>BOFWA</td>
<td>Botswana Family Welfare Association</td>
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<tr>
<td>CAFO</td>
<td>Church Alliance for Orphans</td>
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<td>BONELA</td>
<td>Botswana Network on Ethics, Law and HIV/AIDS</td>
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<tr>
<td>CCJP</td>
<td>Catholic Commission for Justice and Peace</td>
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<tr>
<td>CEP</td>
<td>Corridor Empowerment Project</td>
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<tr>
<td>CIL</td>
<td>Centre for Impacting Lives</td>
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<tr>
<td>CSO</td>
<td>Civil society organization</td>
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<tr>
<td>CUAMM</td>
<td>Doctors with Africa CUAMM</td>
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<tr>
<td>ECCD</td>
<td>Early childhood care and development</td>
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<tr>
<td>ECSA-HC</td>
<td>Eastern, Southern and Central Africa Health Community</td>
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<tr>
<td>FOJASSIDA</td>
<td>Forum Juvenil de Apoio a Saúde e Prevenção da SIDA</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>Global Fund</td>
<td>Global Fund To Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HCT</td>
<td>HIV counseling and testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HOSPAZ</td>
<td>Hospice and Palliative Association of Zimbabwe</td>
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<tr>
<td>IDAL</td>
<td>Intellectual Disability Association of Lesotho</td>
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<tr>
<td>IHM</td>
<td>Institute for Health Measurement</td>
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<td>INERELA+</td>
<td>International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS</td>
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<td>IRs</td>
<td>Intermediate results</td>
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<td>JAM</td>
<td>Joint Aid Management</td>
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<td>LENASO</td>
<td>Lesotho Network of AIDS Service Organizations</td>
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<td>LENEPWHA</td>
<td>Lesotho Network of People Living with HIV and AIDS</td>
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<td>New loveLife Trust</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>Mwenho</td>
<td>Rede de Mulheres Vivendo com o VIH e SIDA</td>
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<td>NANASO</td>
<td>Namibia Network of AIDS Services Organizations</td>
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<td>NAPSA+</td>
<td>Network of African People living with HIV and AIDS in Southern Africa</td>
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<td>NERCHA</td>
<td>National Emergency Response Council on HIV and AIDS (Swaziland)</td>
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<td>OCA</td>
<td>Organizational Capacity Assessment</td>
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<td>PB</td>
<td>Phelisanang Bophelong HIV Support Centre</td>
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<td>PEFFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PLHV</td>
<td>People living with HIV</td>
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<td>Prevention of mother-to-child transmission</td>
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<td>SHARE</td>
<td>Southern Africa HIV and AIDS Regional Exchange</td>
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<td>Sexually-transmitted infection</td>
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<td>Silence Kills Support Group</td>
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<td>SWAALES</td>
<td>Society for Women and AIDS in Africa Lesotho</td>
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<td>Treatment Action Campaign</td>
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<td>Tuberculosis</td>
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<td>TEBA</td>
<td>The Employment Bureau of Africa</td>
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<td>TLC</td>
<td>The Luke Commission</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USG</td>
<td>United States Government</td>
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<td>VMMC</td>
<td>Voluntary medical male circumcision</td>
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Acknowledgements

MSH is grateful to USAID (both RHAP and individual country missions) for its financial and programmatic support. The BLC project would not have been successful without the support, collaboration, and hard work of partners and individuals at the regional, national, health facility, and community levels. The project’s results were achieved through strong partnerships, and BLC is confident of its legacy through these partners. Likewise, MSH is grateful to all staff past and present who contributed to the BLC project and continue to make a difference in the region.