



A Regional Response to Strengthen HIV Prevention

The challenge in southern Africa

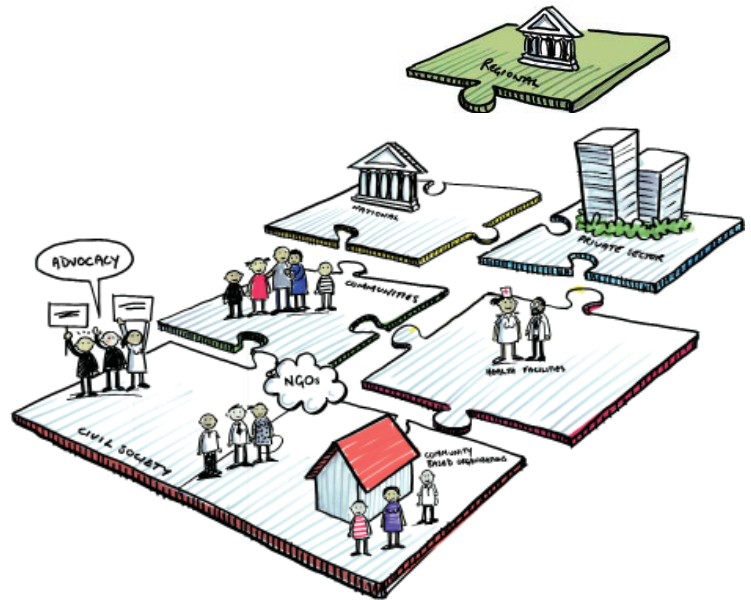
HIV and AIDS remain substantial challenges, particularly in southern Africa. The epidemic itself is exacerbated by biomedical factors such as co-infection with tuberculosis. Some population groups are disproportionately affected by the epidemic and are further disadvantaged by issues such as stigma and discrimination. The situation is further complicated by structural factors such as widespread population mobility, gender-based violence, and a lack of strong regional and intra-country coordination and capacity.

The HIV epidemic: The prevalence of persons living with HIV and AIDS in Sub-Saharan Africa remains a public health emergency. According to UNAIDS, in 2013 there were 24.7 million people living with HIV in sub-Saharan Africa, 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 Sub-Saharan Africa.¹

HIV/TB co-infection: Additionally, the region has a high rate of tuberculosis (TB) and HIV co-infection, complicating the medical response and increasing the vulnerabilities of people living with HIV (PLHIV). The risk of progressing from latent to active TB is significantly greater in PLHIV, increasing the severity of the TB and the risk of transmission to others. HIV and TB co-infection additionally jeopardizes the success of antiretroviral therapy.²

Populations at higher risk: 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**, including sex workers and men who have sex with men. Botswana's 2012 Behavioral and Biological Surveillance Survey (BBSS)³ on HIV and Sexually-Transmitted Infections (STI) among high-risk populations indicated that out of an estimated population of 4,000 female sex workers, 61.9% were HIV-positive, with an estimated incidence of 12.5%. HIV prevalence among men who have sex with men was 13.1%, most of these young people.
- According to the UNAIDS Gap Report,⁴ **young women** comprise nearly one in four new cases of HIV in sub-Saharan Africa, with significantly higher prevalence rate than men of the same age. Gender inequality, including gender-based violence, inhibit women's choices to practice safer sexual behavior and utilize services.



- High rates of HIV prevalence and consequent AIDS-related deaths has led to large populations of **orphans and vulnerable children**. As of 2012, more than 15.1 million children in sub-Saharan Africa had lost one or both parents to HIV,⁵ and in countries such as Lesotho, Swaziland, and Zimbabwe, at least one in five children have lost at least one parent to HIV or other causes.⁶
- **Migrants and mobile populations:** While migration itself is not a risk factor for HIV, there is a well-documented association between mobility, migration, high-risk sexual behavior and HIV. Unsafe conditions along the migratory route, and a lack of effective services create increased vulnerabilities for migrants, resulting in greater risk and higher incidence.

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.

1 www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/factsheet/2014/20140716_FactSheet_en.pdf

2 www.who.int/hiv/pub/tb/3is_mreport/en/

3 Available at: www.fhi360.org/sites/default/files/media/documents/pta-botswana-bbss-final-report%202012.pdf

4 www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

5 Available at: www.data.unicef.org/hiv-aids/care-support

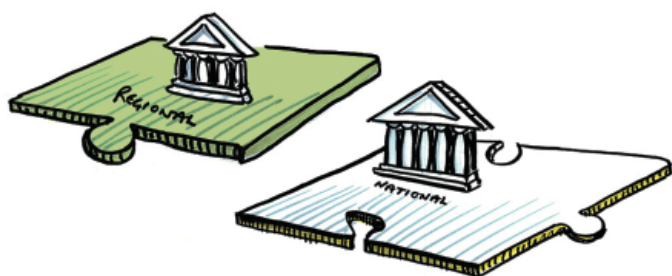
6 Available at: www.data.unicef.org/hiv-aids/care-support

A regional response: the BLC project

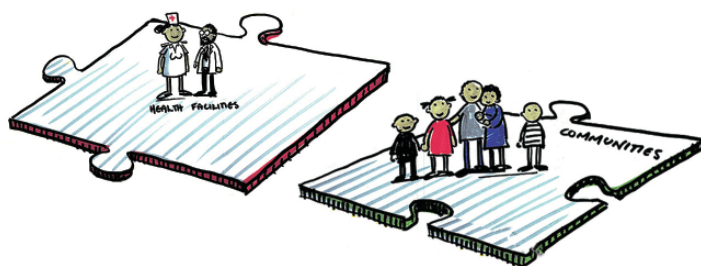
The Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC), implemented by Management Sciences for Health and funded by the United States Agency for International Development (USAID), was conceived to address many of these challenges. BLC's vision is by 2015, its partners (CSOs, government and intergovernmental institutions, and private sector companies) 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.

A comprehensive approach

BLC aims to maximize the impact of the HIV response in southern Africa by working with key partners at regional, national and local levels. BLC's support is 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. BLC's partnerships include:



- **Regional:** The Southern African Development Community (SADC) Secretariat's HIV and AIDS Unit and TB Unit, as well as regional civil society organizations (CSOs)
- **National:** Government departments, including Ministries of Health and related Ministries such as Social Development, and national coordinating structures involved in the HIV response
- **Health facility:** Direct support to hospitals in Botswana and Namibia, as well as indirectly through health referrals
- **Community:** CSOs varying widely in size, capacity, programs, and target populations—from country-wide networks of PLHIV to community-based organizations

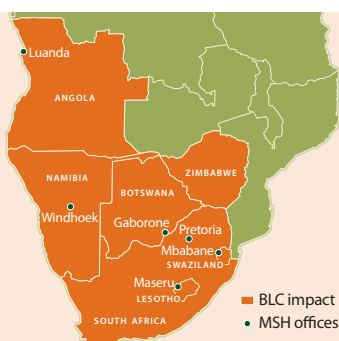


In BLC's five years of project implementation, its work at all levels has facilitated greater integration and coordination among them. By ensuring that each link in the prevention and treatment chain is strengthened, BLC has promoted a coherent health infrastructure from the regional to the community 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.

For BLC, comprehensive HIV prevention services entail a spectrum of activities designed to educate communities about HIV, prevent further transmission, and ensure safe and effective care for people living with HIV. BLC provides capacity development and grants to more effectively deliver these services. They include:

- **biomedical interventions**, such as screening for TB and sexually-transmitted infections, condom distribution, HIV testing and counseling, and treatment
- **behavioral interventions**, including providing psychosocial support, comprehensive education, and sensitization on HIV and related issues
- **structural interventions** focused on economic strengthening, development of standards and guidelines, coherent advocacy on prevention and treatment priorities, and working to end the stigma and discrimination associated with HIV and AIDS

Comprehensive HIV prevention services



The Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the southern Africa region and with specific activities in seven countries—Angola, Botswana, Lesotho, Namibia, South Africa, Swaziland, and Zimbabwe—BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children (OVC); 2) HIV prevention; and 3) community-based care.



Community health agent performing home HIV testing

Client-centered, partner-driven

Throughout the region, BLC's approach focuses on 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 supports 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 working with its partners, BLC simultaneously strengthens **technical capacity** to deliver high-quality HIV and AIDS interventions, while also building the **organizational capacity** of partners to ensure the sustainability of their programming. BLC works to strengthen M&E systems and data verification methodologies of partner organizations to generate quality data for reporting and decision-making. Together with its partners, BLC works to help strengthen the policies and systems in place for HIV prevention and treatment to ensure a sustainable and effective multi-sectoral response is developed and implemented.

Using evidence and proven tools

BLC activities are driven by the best available data and evidence. Baseline and re-assessments of organizational capacity are conducted using BLC's validated Organizational Capacity Assessment Tool.⁷ BLC utilizes the latest epidemiological data from each country in conjunction with community-based needs assessments to ensure that supported programs provide the most

⁷ 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

effective interventions. BLC's data-driven approach also ensures that programs are targeted at the populations with the greatest need in the geographic regions with the highest prevalence.

BLC's **tools and resources** support effective and impactful HIV prevention and treatment services. These include:

- **educational media:** *Inside Story*, a feature-length film that interweaves the story of a young football player with animated sequences showing HIV's progression in his body, has been used to educate diverse audiences about the risks of HIV, promote behavioral change, and encourage persons with HIV to seek treatment and care services that are vital to prevention efforts.
- **Information exchange:** The Southern Africa HIV and AIDS Regional Exchange (SHARE),⁸ an online information and resource platform managed by BLC, offers access to information and resources focused on improving HIV-related health outcomes across southern Africa.

⁸ Visit SHARE at: www.hivsharespace.net

Why organizational capacity matters

The performance of any organization is a function of its organizational capacity to deliver effective and high-quality services. Additionally, organizations must have strong systems and structures to maintain their performance. For example, a solid human resources system is required to retain and hire the necessary personnel to deliver those services, as is a strong financial system to manage the organization's resources efficiently. Therefore, BLC's capacity building approach focuses on both technical and organizational capacity development.

Results

Over the course of the project's life (2010–2015), BLC has achieved meaningful and sustainable results throughout the region. BLC's focus on systems strengthening has supported partners at each level to better fulfill their mandate. At regional and national level, policies and standards are improved, standardized, and implemented, thereby influencing and increasing the effectiveness of local service delivery. At health facility and community level, BLC's efforts have led to improved access, quality, and uptake of HIV and AIDS prevention and treatment services.

BLC's efforts have contributed to a cadre of organizations and individuals with improved technical capacity in HIV prevention: 1,133 individuals and 78 organizations. BLC, with its CSO partners, delivered HIV prevention messages to more than 148,650 individuals across the region and supplied HIV counseling and testing to more than 76,000 individuals. Many of these services were provided to populations at higher risk of HIV infection, in locations with either nonexistent or inadequate services.

Regional impact

The **SADC Secretariat** is a coordinating body, mandated to provide strategic direction and guidance on regional issues. BLC has supported the Secretariat to better fulfill this role, strengthening its capacity to coordinate and harmonize regional HIV & AIDS and TB programs and develop several regional policies, including:

- Regional minimum standards of care for long distance truck drivers and sex workers along transport corridors
- The Code of Conduct and action plan to operationalize the 2012 Declaration on TB in the Mining Sector⁹

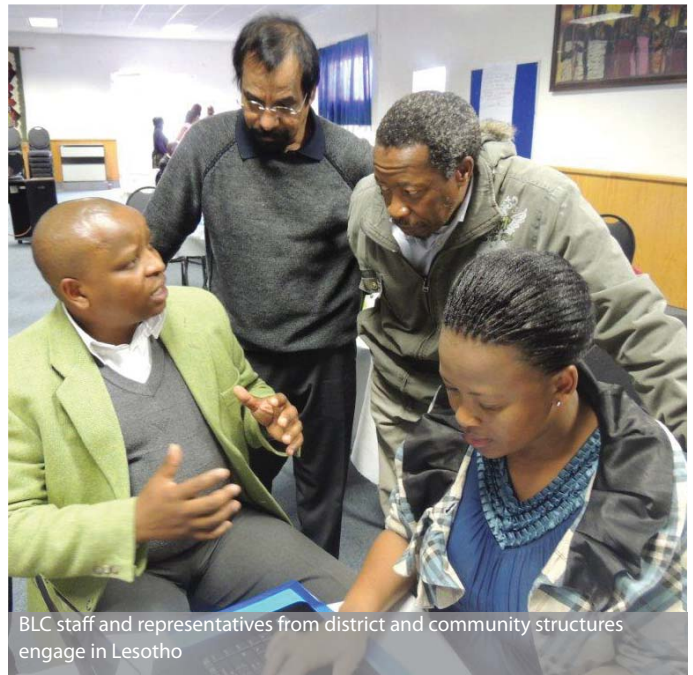


Additionally, BLC has provided technical assistance to the SADC Secretariat to implement the **Global Fund Cross Border Initiative**, a regional flagship program providing accessible, comprehensive HIV prevention services to long distance truck drivers, sex workers, and communities affected by migration via roadside wellness centers at regional border posts.

9 Read more about this process at: www.hivsharespace.net/node/6817

BLC has supported the **SADC Secretariat's HIV and AIDS Unit** to strengthen Member States' HIV prevention responses through participation in country revision of National Strategic Plans on HIV, regional HIV prevention meetings, and development of a series of technical briefs which provide concise, accessible information to facilitate knowledge sharing on topics including:

- Antiretroviral Treatment as Prevention
- Prevention of Mother to Child Transmission
- Behavior Change Communication
- Voluntary Male Medical Circumcision
- Positive Health, Dignity and Prevention



BLC has worked with 16 **regional CSOs** providing HIV services and “graduated” nine of them,¹⁰ recommending them as capable of managing direct US Government funding. An expanded pool of strong regional organizations implies greater, sustained HIV prevention and treatment programs delivered to diverse populations in need.

National outcomes

BLC 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 is working with five **Global Fund Principal Recipients** to better manage their grants, establish stronger grant management systems, and improve their grant ratings—contributing to this funding being used more effectively to deliver services.



BLC has 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 is 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
- developing policies, standard operating procedures, and training manuals for targeted service provision, addressing HIV prevention, care, treatment, and support, as well as related issues such as gender-based violence and sexual and reproductive health

10 BLC has also graduated two national organizations.

Health facility quality improvement

BLC's developed and implemented a Quality Improvement and Leadership (QIL) program at 11 health facilities in Botswana and two health facilities in Namibia.



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, and six were awarded pre-accreditation recognition by the Council for Health Service Accreditation in Southern Africa. The Ministries of Health in Botswana and Namibia have now taken ownership of quality improvement in these health facilities.

Community results

At the community level, BLC worked to increase the competencies and sustainability of partner CSO prevention efforts, ensuring greater impact of partner activities. BLC has distributed more than \$20.5 million in performance-based sub-grants to 37 grantees, which have facilitated the delivery of services to thousands of people. 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.



BLC has increased the sustainability and impact of its CSO partners, including:

- developing **technical prevention tools** as well as a better defined 'minimum package' of services
- improving the **quality of services** through better case management and refresher/quality assurance training on topics such as HIV counseling and testing and medical male circumcision
- providing capacity development in **monitoring and evaluation (M&E)** to ensure the collection and collation of reliable data is more effectively utilized to inform programming and advocate for greater support from stakeholders and donors

In Angola, BLC is supporting targeted **civil society organizations** to deliver improved evidence and community-based HIV prevention services.



→ BLC supported **Ajuda de Desenvolvimento de Povo para Povo (ADPP)**

to implement a government-approved home-based HIV testing project in the rural Cunene Province—the first of its kind in Angola, where HCT has traditionally been available only at health facilities.

→ Angola's **National HIV/AIDS Institute in Angola**

trained and certified 127 community health workers, who have subsequently provided HCT, referrals, and follow-up support to more than 16,750 individuals. ADPP has also delivered HIV prevention messages to 43,400 individuals and care and support to nearly 500 people living with HIV.

- building skills to **engage with the private sector**, including developing compelling proposals and business plans¹¹

BLC has 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.

¹¹ Read about BLC's application of the Business Planning for Health course in Angola at: www.hivsharespace.net/node/5883

BLC's efforts have contributed to a cadre of organizations and individuals with improved technical capacity in HIV prevention:

 **1,133**
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BLC, with its civil society organization partners:

Delivered HIV prevention messages to more than
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Supplied HIV counseling and testing to more than
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Provided medical male circumcision to
4,714
men and boys.

Lessons learned

Over the course of its project life, BLC has learned important lessons that it has shared with its partners, including at a **Regional Symposium** in November 2014. First, a **systems-wide 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. There are strong benefits to working simultaneously with governments and regional bodies, particularly in establishing policies and standards of care.

Working regionally allowed BLC to **transfer knowledge** quickly among its partners, ensuring that lessons learned were being adopted and adapted by peer organizations. BLC has facilitated peer-to-peer learning through quarterly review meetings with its partners, which has encouraged cross learning, including the development of joint solutions to program challenges, as well as simultaneous capacity building, and has reinforced effective monitoring and program implementation. A regional approach also allowed BLC to efficiently start new programs throughout the region when the circumstances called for it, utilizing available staff and resources to support partner organizations.

BLC's work in **capacity building** has demonstrated that enhancing the effectiveness, reach, and accountability of programs requires support for both programmatic quality improvement and organizational capacity. This includes professionalizing M&E efforts, record and case management, and increasing the utilization of the most up-to-date research and data to inform interventions.

In order to reach key and priority populations, community health systems strengthening is vital, bringing services directly to affected population and linking them with health facilities and other services. By **training and equipping** community health workers to conduct testing and treatment interventions, key and priority populations can access treatments necessary to prevent further transmission. Additionally, the high level of co-incidence of HIV and AIDS with TB necessitates that future programs work to improve the linkages between HIV and TB prevention, treatment, and care services.

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 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.



Silence Kills Support Group is a civil society organization providing services to key populations in Selibe-Phikwe, Botswana's highest-prevalence district.

From January–March 2015, the organization provided HIV prevention messages to 1,199 female sex workers and men who have sex with men; of these, 80 tested for HIV and the 10 female sex workers who tested HIV-positive were referred for treatment.



The organization's Coordinator, Dalton Bontsi, states, "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 Botswana and have the right to access the same services as any other citizen."

"This project is very important because we are seeing it change people's attitudes towards others."

— Dalton Bontsi,
Silence Kills Support Group Coordinator



BLC partner New LoveLife Trust conduct a lifeskills training with students in Limpopo, South Africa

Recommendations

Based on BLC’s results and lessons learned, the following areas require ongoing support:

- **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. 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, access 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 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.

Nkathalo Wellness (Nkathalo) is one of five organizations receiving small grants under BLC’s Migration Corridor project.

Nkathalo operates in South Africa’s North West province, an area with a high population of migrants because of its mining industry. The organization offers HIV prevention services including education, HIV testing and counseling, and referrals, focusing on migrant and mobile populations. Nkathalo targets specific locations frequented by these populations and utilizes a ‘walk with me’ strategy, where community health workers accompany clients to ensure equal access to services.



In 2014, Nkathalo Wellness provided prevention messages to

9,330 people

and referred

6,651 people

for TB screening.

Tools

Over the course of the five years of the BLC program, BLC and its partner organization has developed a series of tools and resources that have proven effective in treatment and prevention efforts. 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.



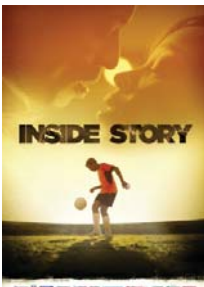
The **Southern Africa HIV and AIDS Regional Exchange** portal (SHARE) is a free, public, web-based platform for disseminating information and tools specific for southern Africa.

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

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www.hivsharespace.net/collection/blc

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