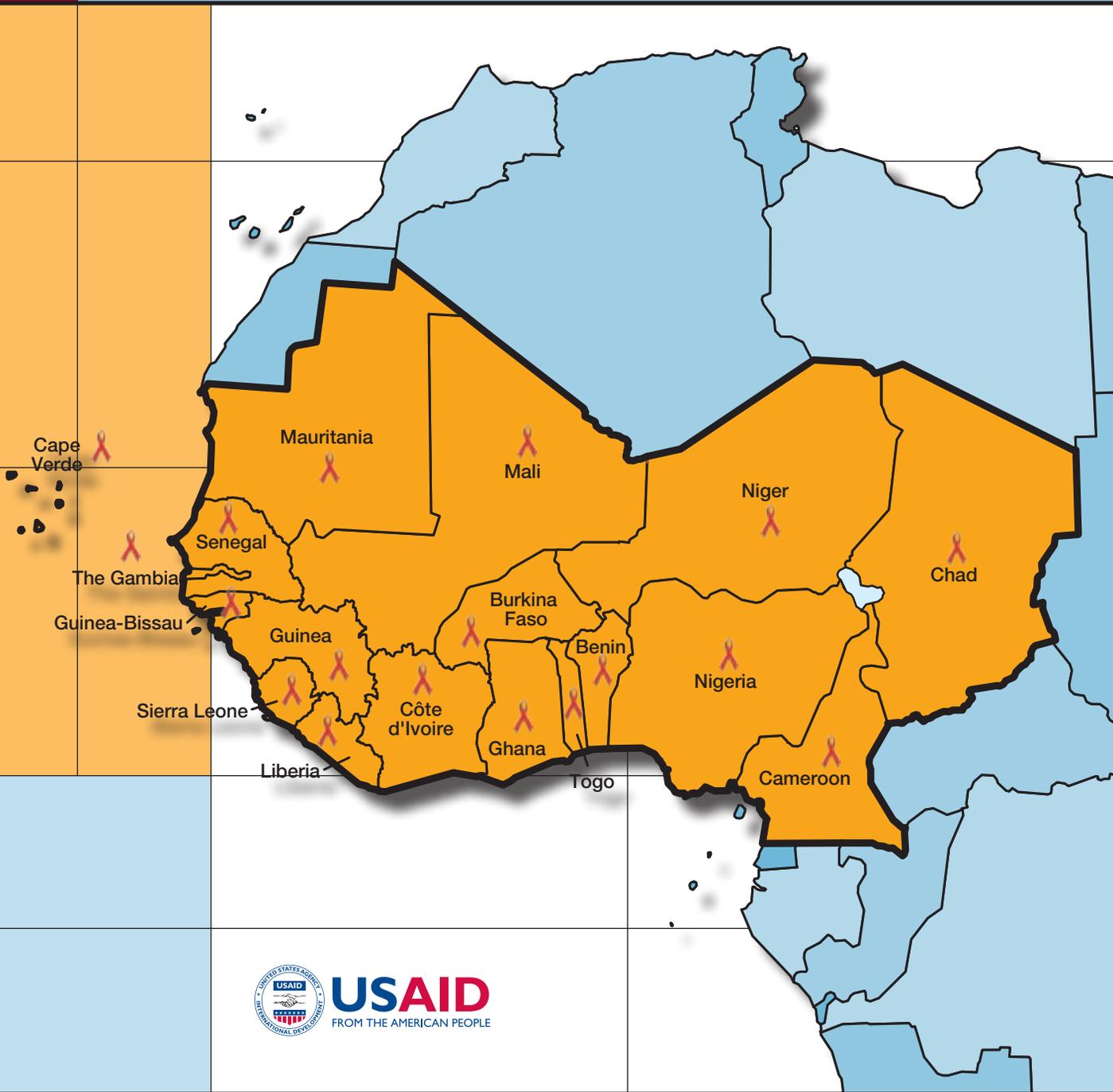


AWARE-HIV/AIDS, 2003-08

Strengthening West Africa's Response to the Epidemic



USAID
FROM THE AMERICAN PEOPLE



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We are grateful for the collaborative work of the national AIDS control councils and programs of Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

Special recognition goes to the following regional institutions and networks for their outstanding contributions to AWARE-HIV/AIDS efforts to assist countries to scale up their HIV and AIDS response: African Network for Care of Children Affected by HIV/AIDS (ANECCA); Cameroon Baptist Convention Health Board (CBCHB); Centre d'Etudes et de Recherche en Population et Développement (CERPOD); Centre d'Information, de Conseil et de Documentation (CICdoc); Komfo Anokye Teaching Hospital (KATH); Pan African Writers Association (PAWA); Regional Coordination of Youth Networks (CRJ/ACO); Regional Network of Journalists in Population and Development; Regional Network of Parliamentarians for Population and Development (FAAPD); Regional Network of Religious Leaders, Services des Maladies Infectieuses et Tropicales, Senegal (SMIT); Society of Women and AIDS in Africa (SWAA); Network of African People Living with HIV and AIDS (NAP+), West Africa; and West Africa Network of AIDS Services Organizations (WANASO).

We offer special thanks to the following partners for their enthusiastic collaboration and commitment to the project's ultimate goal: West Africa Health Organization (WAHO), UNAIDS, UNICEF, UNFPA, UNIFEM, UNDP, WHO, Plan International, and the Abidjan-Lagos Corridor Organization (ALCO).

We also thank all those who directly or indirectly contributed to the success of the project. Special thanks go to the best practices taskforce members, leaders of organizations and institutions that initiated the selected experiences, and colleagues from Family Health International (FHI) in Arlington, Virginia.

The tremendous achievements of AWARE-HIV/AIDS owe a great deal to the excellent collaboration between FHI and its partners: Constella Futures, Population Services International (PSI), Care and Health Program (CHP), Bureau d'Appui en Santé Publique'96 (BASP'96), JHPIEGO, West Africa Project to Combat AIDS and STIs (WAPCAS), Centre Hospitalier Universitaire de Sherbrooke (CHUS), and Centre Hospitalier Affilié à l'Université de Québec (CHA).

Foreword

HIV and AIDS are a central issue of our time—with economic, social, cultural, and human rights dimensions. If immediate action is not taken, sub-Saharan Africa, the world’s most affected region, stands to see even the small gains its economies have made eroded by the toll of HIV and AIDS on people and health systems. The fragile economies of the region cannot alone cope with the problem. There is no doubt that effectively coordinated individual government responses and intraregional strategies for prevention of new infections and provision of care to people affected by HIV and AIDS are crucial to making an impact.

AWARE-HIV/AIDS is a regional project with a regional vision to

- increase adoption of sustainable reproductive health and STI/HIV/AIDS policies and approaches in West Africa through improved services disseminated region wide
- increase regional advocacy for policy change
- enhance capacities of regional institutions and networks

To achieve the project’s broad objectives, activities included the application of best practices on prevention, care, and treatment; cross-border interventions; capacity building; policy and advocacy work; and management of the West Africa Ambassadors’ AIDS Fund.

One of the project’s laudable successes was demonstrating that a regional project can add value to what countries are already doing. AWARE-HIV/AIDS brought countries together to develop common policy agendas and support HIV laws that contribute to an enabling environment. The project also promoted experience-sharing and replication of key best practices in HIV interventions. These contributed to successful program scale up and strengthened the capacity of West African institutions and networks to contribute to the response.

This document summarizes the approach used by the AWARE-HIV/AIDS Project for each of its components, achievements made, lessons learned, and recommendations for future planning. We hope it will inspire other countries and their partners to collaboratively take action to overcome the regional challenges posed by the HIV and AIDS pandemic.



Henderson Patrick
Director USAID/West Africa

About AWARE-HIV/AIDS

Strengthening West Africa's response to the epidemic



In July 2003, the US Agency for International Development, West Africa (USAID/WA) launched Action for West Africa Region (AWARE), a five-year project to improve the health of West Africans and contribute to the mission's ultimate strategic goal of a politically stable and economically prosperous West Africa.

Funded under two cooperative agreements—one with Family Health International (FHI) and the other with EngenderHealth—AWARE developed and supported sustainable regional approaches and policies in HIV/AIDS and reproductive health (RH). The two sister projects, AWARE-HIV/AIDS and AWARE-RH, aimed to increase the adoption of selected high-impact health policies and approaches in 18 countries in the region: the 15 in the Economic Community of West African States (ECOWAS) plus Cameroon, Chad, and Mauritania.

With AWARE, USAID/WA broke new ground. Though the mission had previously funded the 1995–2003 Family Health and AIDS Prevention Project (FHA—also known as Santé Familiale et Prévention du SIDA or SFPS), it operated in four countries in West Africa and implemented country-level interventions rather than working to catalyze interactions between countries. The scope of USAID/WA-funded health programs thus dramatically widened and deepened with AWARE, since the project covered 18 countries with a total estimated population of 250 million.

The launching of AWARE signaled a radically new strategy and the mission's conviction that harmonized and practical approaches and solutions that transcended national boundaries were required to tackle the region's common problems and health needs. Developing these approaches within a regional framework would be no simple task, given the region's extraordinary cultural and linguistic diversity, high poverty levels, and endemic health-system weaknesses and communication problems, as well as the political instability and conflict in some countries that caused repercussions in others.

AWARE-HIV/AIDS and AWARE-RH took up these challenges, working with hundreds of local implementing partners and other stakeholders to foster African leadership in the health sector and build the technical and organizational capacities of regional institutions and networks. The two

The AIDS ribbons in this photo symbolize partners and stakeholders from across the region that AWARE-HIV/AIDS brought together to create an aligned, effective, and harmonized response to the epidemic.

AWARE HIV/AIDS at a glance

Life of project: **2003–08**

Total funding: **\$ 34,672,944**

Number of countries covered: **18**

AWARE projects also facilitated region-wide technical exchanges, disseminated proven best practices and assisted their replication, supported regional advocacy for policy change, and increased the use of effective cross-border services. Rather than focusing on services, the sister projects and their many partners concentrated on establishing the conditions that make excellent service delivery possible and enabling a positive operating environment for national health programs and local service delivery across West and Central Africa.

This report, however, does not detail the work of AWARE-RH or dwell on AWARE as a whole. Instead, it concentrates on the approaches and achievements of AWARE-HIV/AIDS and its special focus on strengthening the regional response to an epidemic that knows no national borders.

Overall strategy

USAID/WA's vision for AWARE-HIV/AIDS was that the regional project would identify common issues and regional agendas and mobilize key stakeholders around these issues and agendas. The project analyzed issues that were common and critical in several countries and the items that were near the top of many of their priority agendas, including the need to combat stigma and discrimination related to HIV and AIDS and increase access for all citizens to HIV and AIDS services.

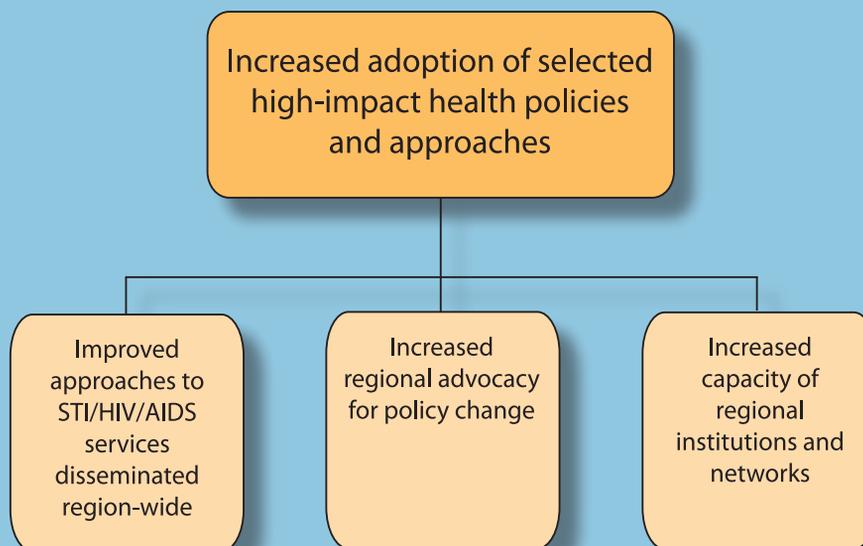
AWARE-HIV/AIDS needed to transcend national borders and many communication challenges to bring countries in West and Central Africa together to develop a common agenda that tackled head-on the issues that they had identified. Toward this objective, the project identified priorities within HIV technical areas that most needed to be addressed, the best practices whose replication would do the most to address them, and technical institutions and networks that could be strengthened to sustain these processes and support a robust response.

Components of AWARE-HIV/AIDS

Funded by USAID/WA for \$34.7 million over five years, AWARE-HIV/AIDS was tasked with contributing to the reduction of STI and HIV infection rates across West and Central Africa and improving the health of people infected and affected by HIV/AIDS. The project was designed with four interrelated components:

- advocacy for policy change
- best practices that improve approaches to STI/HIV/AIDS services
- strengthened regional institutions and networks that contribute to and sustain a robust, indigenous response
- strengthened HIV prevention along the main transportation routes in West and Central Africa

Goal and Objectives of AWARE-HIV/AIDS



In addition, the project was tasked with managing the West Africa Ambassadors' AIDS Fund (WAAF), which supported several HIV/AIDS projects in countries without a USAID mission.

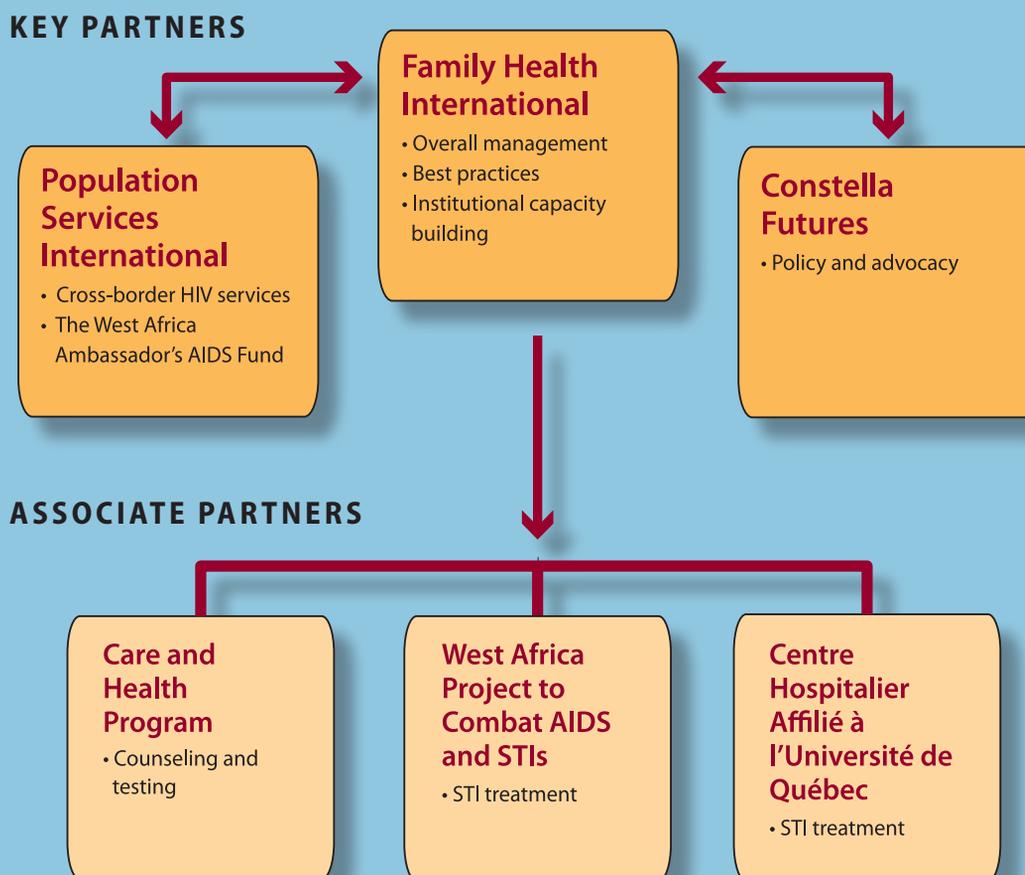
Institutional arrangements

FHI led implementation of AWARE-HIV/AIDS, working within a consortium with two key partners: Population Services International (PSI) and Constella Futures. These three organizations comprised the project's core management team based in Accra, Ghana. From this single location, the team managed activities in 18 countries.

FHI was responsible for overall program management and for implementation, monitoring, and evaluation, and also led the project's best practices and institutional strengthening components. Constella Futures was responsible for the project's advocacy component, while PSI managed the cross-border component and WAAF-funded projects, which it had implemented previously under the FHA Project.

From 2003 to 2006, the AWARE-HIV/AIDS core management team worked with five associate partners: Bureau d'Appui a la Santé Publique (BASP'96), which supported monitoring and evaluation and research; Care and Health Program (CHP), which provided expertise on voluntary counseling and testing; Centre Hospitalier Affilié à l'Université de Quebec (CHA) and Centre Hospitalier Universitaire de Sherbrooke (CHUS), which provided direction on STI services for sex workers; and JHPIEGO, whose efforts concentrated on the quality of STI services. In 2006, as recommended by the mid-term evaluation, the number of associate partners was reduced from five to three. BASP'96

Management Structure of AWARE-HIV/AIDS



and JHPIEGO ceased to be associate partners. CHUS did the same, but its local partner, WAPCAS Ghana, signed a sub-agreement with the project in December 2006.

Management approach

Along with the members of the core management team, associate partners served on an entity called the partners management group, which was responsible for ensuring that the project's complex web of activities and collaborative engagements were synchronized and on track. Joint annual planning was a seminal part of this process. Planning exercises were conducted annually toward the Performance Monitoring Plan (PMP), a tool used by USAID-funded projects to plan and manage the collection of performance data in line with indicators that had been specified.

During these work planning exercises, the team determined the work objectives of key and associate partners and the resources that would be needed to meet these objectives, how much each partner

would contribute to reaching targets, and reporting schedules. Agreements reached during the joint planning process were formalized by signing or amending sub-agreements with key partners and associate partners.

The project's activities and engagements were thus set out in a large portfolio of sub-agreements, memoranda of understanding (MOUs), and subcontracts developed and managed by FHI. These guided the work of implementing and collaborating partners in each country and in the region and spelled out the financial and technical support available. AWARE-HIV/AIDS staff kept careful track of these arrangements and payments, and the services of well-recognized accounting firms were used to expedite disbursements.

As lead partner, FHI was responsible for ensuring that objectives were reached and for the reports submitted to USAID/WA. As lead, it also put in place in Accra a technical team whose members had expertise in such areas as STI/HIV/AIDS care and treatment, monitoring and evaluation, and marketing and communication. This team oversaw the implementation of technical components of the project's workplan and ensured that PMP targets were met. The team also analyzed technical problems encountered and new developments, contributed to planning workshops and trainings, and recommended consultants.

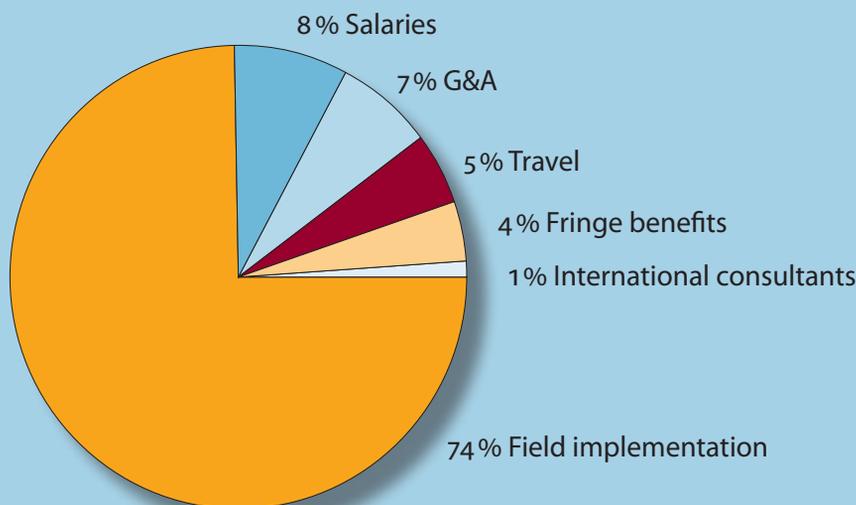
The technical team and AWARE-HIV/AIDS also benefited from Pfizer Inc.'s global health program, which sends its employees to developing countries on six-month assignments relating to HIV/AIDS and other devastating diseases. Three Pfizer fellows accepted assignments with AWARE-HIV/AIDS; two assisted with communication and marketing plans and the third provided expertise on antiretroviral treatment (ART).

Implementation strategies

Though AWARE-HIV/AIDS could offer or summon expert technical leadership, discrete financial support, and vital tools and training to achieve regional objectives, it could not begin to effect its principal strategic objective—the increased adoption in West Africa of high-impact health policies and approaches—without first garnering the support and sustained commitments of national AIDS control bodies, key regional networks and institutions, and implementing partners.

AWARE-HIV/AIDS thus needed to identify a panoply of strategic partners—national AIDS control bodies, donors with presence in the different countries, NGOs, and civil society organizations—who could contribute to a robust regional response. To enable and expedite this work, the project sub-contracted with local NGOs, regional and local institutions, and the networks who became implementing partners. AWARE-HIV/AIDS also co-financed activities with UNAIDS and signed MOUs with the World Bank's Corridor Project and donors such as UNICEF and UNFPA who were

AWARE-HIV/AIDS Funding Distribution, 2003–08



engaged in similar projects in the region and were pledging cooperation. Contracts were also signed with renowned financial accounting firms at country-level—such as KPMG in Liberia and Deloitte & Touche in The Gambia—to expedite transfer and management of funds to implementing partners.

To cite one example of how the mechanism was used, a sub-agreement with the National Reproductive Health Program and an investment of about \$100,000 by AWARE-HIV/AIDS led to the establishment of Mauritania's first PMTCT site and the replication of an identified best practice in that area. AWARE-HIV/AIDS signed a contract with a local accounting firm to expedite the transfer and management of funds and signed MOUs with in-country partners—the National Reproductive Health Program, UNICEF, and the National AIDS Council—that led to the addition of 13 more PMTCT sites within two years with leveraged funding.

Strategic partnerships to achieve strategic objectives

The consortium of key and associate partners worked from the first days to forge and facilitate partnerships, collaborative relationships, and joint planning that could yield an effective, harmonized response across the region. The project brought stakeholders and local implementers together to reach agreement on a regional policy agenda and priorities and to identify and define best practices whose replication would rapidly scale up the response. Countries and other stakeholders were also brought together to harmonize strategies and develop integrated approaches that would curtail the transmission of HIV by mobile populations on cross-border routes.

At the same time, AWARE-HIV/AIDS built partnerships with and built the management and technical capacities of selected West African institutions and regional networks that had the potential to assume leadership roles, develop indigenous solutions, and make sustained contributions to an expanded response:

- With AWARE-HIV/AIDS support, three new regional advocacy networks came to life and worked with other networks toward new national policies and HIV laws.
- AWARE-HIV/AIDS built the skills of regional networks of people living with HIV (PLHIV) and other networks so they could launch effective regional and national campaigns that fought stigma and discrimination and encouraged young people to go for voluntary counseling and testing.
- AWARE-HIV/AIDS support for such large and storied institutions as the Cameroon Baptist Convention Health Board (CBCHB) and Komfo Anokye Teaching Hospital (KATH) turned them into technical leaders who offered expert south-to-south technical assistance and training across the region in identified best practices in PMTCT services and HIV care and treatment.

AWARE-HIV/AIDS worked hand-in-glove with national AIDS coordinating bodies across the region, and they endorsed the project's activities and included them in their workplans.

Because AWARE-HIV/AIDS worked hand-in-glove with national AIDS coordinating bodies across the region, they endorsed the project's activities, included them in their workplans, helped to organize workshops and trainings, and facilitated contacts with numerous local NGOs and civil society organizations engaged in the response.

Also contributing significantly to the project's success were its close and collaborative relationships with AWARE-RH and the USAID/WA health team, and with international organizations engaged in related projects and activities in West and Central Africa, including UNICEF, UNFPA, UNAIDS, and WHO. The project also worked closely on cross-border activities with the Abidjan-Lagos Corridor Organization (ALCO), which began as a World Bank project and became one of the Global Fund's principal recipients. AWARE-HIV/AIDS advocacy and cross-border activities were enriched by strategic alliances with West Africa Health Organization (WAHO), and Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD).

These collaborations—and with a range of implementing partners in every country—not only allowed the project to achieve results that were out of proportion to the limited funding available, but helped to leverage funds from other donors and built regional and national ownership and sustainability.

Continuous assessment and monitoring

Monitoring and evaluation mechanisms were in place from the beginning of the project, along with quality assurance review. A member of the USAID/WA health team came to the office in Ghana on a quarterly basis to review evidence linked to project indicators and ensure that results being reported were solid. A member of the AWARE-HIV/AIDS technical team participated in these reviews and also signed off on the reports. There were also two other major assessments: an external technical audit that included interviews with implementing partners and country beneficiaries, and a mid-term assessment in 2006.

This mid-term assessment used the adjective “formidable” to describe the project’s accomplishments and impact within a very short time span and under difficult circumstances, and credited its “well-conceived and executed tactical approach” to disseminate best practices, advocate for policy change, and build the capacity of African institutions. The assessment also stated that the program was “on target for achieving its planned strategic objectives of improved health sector policies and approaches within the region.”

Counting up the achievements of a large portfolio

At the end of five years, AWARE-HIV/AIDS was managing 22 active sub-agreements. Some were with key and associate partners, while others were with the regional networks and technical learning institutions that were selected for strengthening and with national AIDS control bodies in several countries. The project was also managing 14 active MOUs, including with UNICEF, Plan International, and the Abidjan-Lagos Corridor Organization. A total of 41 WAAF grants were under active management (some from the previous round of grants), as well as 8 grants relating to advocacy and 9 to cross-border activities. The burn rate established over the implementation period to May 2008 was 94 percent, in spite of delays caused by transferring currency between countries, conflict situations and political unrest, and the cancellation of some agreements.

AWARE-HIV/AIDS identified and promoted 19 best practices. To date, 13 countries replicated at least one of the selected best practices and 30 replications were completed. In support of best practice replications, six learning sites were established: in Benin (STI treatment for Francophone countries); Burkina Faso (counseling and testing); Cameroon (PMTCT); Ghana (STI treatment

and HIV care and treatment for Anglophone countries); and Senegal (HIV care and treatment for Francophone countries).

Building the skills of technical leadership institutions and networks resulted in the provision of 178 person-weeks of technical assistance to countries and the training of 227 service providers in care and treatment, 106 in PMTCT services, and 53 in voluntary testing and counseling. Some of the latter group conducted national counseling and testing campaigns that resulted in over 50,000 people being tested.

The policy component of the project also chalked up many achievements, among them that 11 countries adopted a national HIV law. The cross-border component increased its coverage from four to twelve countries and supported them to conduct joint cross-border activities.

All AWARE-HIV/AIDS-supported activities targeted sustainability; their ultimate objective was an African-led response and indigenous solutions.

Planning the exit

All AWARE-HIV/AIDS-supported activities targeted sustainability; their ultimate objective was an African-led response and indigenous solutions. By these terms, the exit strategy was in place right from the beginning. The capacities of partners were built so they could be self-sustaining, and the end of AWARE-HIV/AIDS support was always firmly in mind. To this end, effective marketing and resource development plans were an important component of the project's strengthening activities for the networks and institutions that had been selected.

For example, as part of its exit strategy, AWARE-HIV/AIDS conceived and provided support for a community market to be run by NAP+WA, one that would showcase for funders and other potential backers the work of regional and national PLHIV associations and the importance of their involvement in the response. The Community Market, held in Ouagadougou, Burkina Faso, in November 2007, was a striking success. It attracted high-level governmental officials, the local and international press, and representatives of many donors and development partners, including the World Bank and the Clinton Foundation.

By 2008, institutions and networks strengthened by AWARE-HIV/AIDS could implement work-plans and market themselves, as well as maintain or create links across the region. Those trained to provide technical assistance could also do so without additional help. In addition, project beneficiaries could benefit from a network of support and shared experiences, and many were in touch with other sources of funding.

During the last four months of the project, dissemination workshops for all major stakeholders and interested parties have been a feature of the exit strategy. A workshop has been held for each of the project's four components in cities across the region to document the experience and achievements of AWARE-HIV/AIDS and offer participants the chance to suggest and record the lessons they learned and their recommendations for the future.

This document is thus the last in a series produced for dissemination workshops. The CD of AWARE-HIV publications is part of the project's legacy, and aims to help further the purpose of increasing the adoption of high-impact health policies and approaches that permanently stall the HIV/AIDS epidemic and improve approaches to care and treatment throughout the region. 



Promoting Policy Change

Toward an enabling environment for
an effective HIV response



An effective response to the HIV/AIDS epidemic in West and Central Africa requires an enabling policy environment—one that encourages the development and implementation of proven interventions and protects the rights of those infected or affected by HIV/AIDS.

Working closely with the West African Health Organisation (WAHO) and Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD), AWARE-HIV/AIDS promoted and fostered this environment with a participatory and issues-driven approach that built consensus across the region on policy priorities and facilitated region-wide collaboration. At the same time, AWARE-HIV/AIDS generated timely and relevant information, built the capacities of regional and national partners in policy analysis and advocacy, facilitated agreement on a regional policy agenda, and helped to devise national policies that facilitate effective HIV/AIDS programs.

Developing and adopting a regional policy agenda

A thorough assessment of the policy environment in West and Central Africa was the first step for this component of AWARE-HIV/AIDS, led by key partner Constella Futures. The next was a review of current policies during a workshop held in 2004 in Accra, Ghana, with policymakers, experts, and representatives of national HIV/AIDS councils and influential regional organizations and networks.

A broad swath of stakeholders was brought into the discussions to build ownership of the process and its results. They reached agreement on a regional policy agenda and on 22 priority policy issues within it. Further analysis by AWARE-HIV/AIDS suggested that the most pressing need was to make progress toward the following seven objectives:

- greater involvement in and support for the response to the epidemic from legislatures and civil society, including people living with HIV (PLHIV), religious leaders, women, and youth
- an improved legal framework in the region through the adoption of specific laws on HIV/AIDS
- effective campaigns against HIV/AIDS-related stigma and discrimination
- improved counseling and testing for HIV
- improved access to treatment, including to antiretroviral drugs (ARVs)

From left: The Honorable Baba Ould Matta, Regional Coordinator of the Network of Religious Leaders, clasps hands with Modibo Kane, President of the African Network of People Living with HIV/AIDS, and Dr. Akinyemi Akin, Secretary General/Chief Executive of the Christian Health Association of Nigeria.

- improved services to prevent mother-to-child transmission (PMTCT)
- improved care and support for PLHIV

Later, AWARE-HIV/AIDS conducted a region-wide policy assessment relating to the HIV/AIDS interventions listed among the seven objectives—counseling and HIV testing, PMTCT, access to treatment including to ARVs, and care and support for PLHIV—to highlight gaps and policy problems and shed light on components of regional and national advocacy action plans that could effectively address these areas. The assessment counted the prevailing low status of women and intense stigma and discrimination against PLHIV among the most significant barriers and operational obstacles to improving low levels of counseling and HIV testing in the region and the limited availability of the other

Regional networks were enlisted that represented groups whose involvement was invoked by the first priority objective: youth, NGOs, women, PLHIV, parliamentarians, religious leaders, writers, and journalists.

critical HIV/AIDS services. Among other operational obstacles noted were the grossly inadequate resources devoted to these intervention areas, disjointed donor support, and lack of transparency on the part of all actors involved in the response.

These findings highlighted the need to work toward greater commitment on the part of all actors involved in the response and to plead with governments to increase resources for HIV/AIDS interventions and pass laws and policies that protect the rights of PLHIV and improve the status of women.

Enlisting partners to advance the regional policy agenda

Concurrently, AWARE-HIV/AIDS worked to identify stakeholders who would become key project partners, including public agencies and national and regional institutions. Regional networks were enlisted that represented groups whose involvement was invoked by the first priority objective: youth, NGOs, women, PLHIV, parliamentarians, religious leaders, writers, and journalists. AWARE-HIV/AIDS helped to establish three of the eight regional networks who later became key partners: those of religious leaders, journalists, and youth. As the 2006 mid-term assessment put it succinctly, AWARE-HIV/AIDS “created a groundswell of regional health advocacy networks and facilitated the emergence of innovative advocacy coalitions.”

The project also helped to forge and cement alliances between these networks, working with CERPOD to devise a regional coordination mechanism and integrated planning that would help networks coordinate with national AIDS control bodies and other stakeholders on appropriate goals and solutions to be included in advocacy action plans that advanced the seven priority objectives within the regional policy agenda.

Building skills and developing tools to advance the priority agenda

AWARE-HIV/AIDS provided trainings in research, analysis, advocacy, monitoring and evaluation, and the use of particular computer software that generates invaluable data for advocacy purposes. The software in question was SPECTRUM, developed by Constella Futures, which projects the AIDS Impact Model (AIM), including the number of PLHIV, new infections, deaths, and other consequences of the epidemic. Trainings were also offered in DemProj, which projects a country or region's population by age and sex up to 50 years in the future, and in EPP (or Estimation and Projection Package), which estimates and projects adult HIV prevalence on the basis of surveillance data.

Data generated by these programs were used to construct country estimations and projections for advocacy tools—PowerPoint presentations, brochures, and other publications—that were used by partners to raise the awareness of national and regional decision-makers and gain their commitment to realizing the priority objectives of the regional agenda.

National AIM and advocacy tools were produced for use in The Gambia, Mauritania, and Benin. AIM and advocacy tools were also produced for religious leaders: for Moslem leaders in Mauritania, Guinea, Burkina Faso, and Niger; and for Christian leaders in Niger and Burkina Faso. These advocacy tools included quotations from the Bible or the Koran that might encourage people to join the response and abjure stigmatizing PLHIV as those punished by God. At the request of religious leaders in Burkina Faso, a third advocacy tool was developed for traditional chieftains that aimed to convince followers that some long-standing cultural practices had deleterious health consequences.

Regional AIM on sub-regions covered by AWARE, ECOWAS, UEMOA (Union Economique et Monétaire Ouest Africaine), and CILSS (Comité Permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel) were also produced, as along with AIM on mobile populations within the Abidjan-Lagos corridor to assist the World Bank's Corridor Project.

AWARE-HIV/AIDS generated timely and relevant data to support advocacy and advanced the realization of the shared policy priorities. The project also assisted the development of advocacy tools (such as PowerPoints and brochures) that aimed to support the adoption of HIV laws and improve access to care and treatment, PMTCT, and care and support for PLHIV in specific countries.

SUCCESS STORY

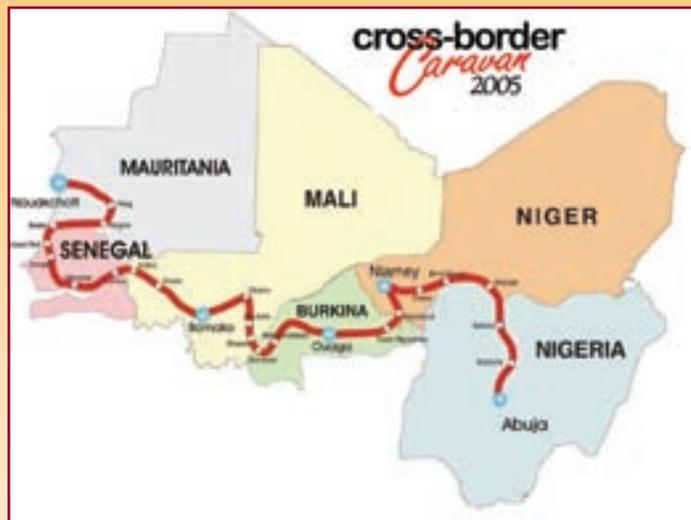
An Extraordinary Cross-Border Caravan Combats Stigma and Discrimination

The Regional Network of Religious Leaders came to life at a February 2005 AWARE-HIV/AIDS workshop in Nouakchott, Mauritania, and immediately suggested organizing a caravan of religious leaders of different faiths that would travel across the region to counter HIV-related stigma and discrimination. The caravan included representatives of the Network of Religious Leaders, the Network of African People Living with HIV/AIDS (NAP+), the journalists' regional network, and national AIDS control bodies in six countries. AWARE-HIV/AIDS provided financial and technical support as plans progressed with a national and regional component in each country and during the caravan's 6,500-kilometer journey.

The cross-border caravan left Nouakchott on November 4 and passed through Senegal, Mali, Burkina Faso, and Niger before arriving in Abuja, Nigeria, on December 4, in time for the opening ceremony of the 15th International Conference on AIDS and STI in Africa and its media coverage.

En route, about 1,500 religious leaders learned about the pernicious effects of HIV/AIDS-related stigma and discrimination and pondered passages in the Bible and the Koran that invoke compassion and involvement in the response.

Friendly competition between countries contributed to the caravan's success and attracted the participation of community and political leaders in all six that it crossed. Its messages reached about 30,000 people during mass sensitization sessions and millions more through newspaper, radio, and television coverage. This remarkable caravan also helped to cement collaboration between religious leaders in the fight against HIV/AIDS as well as with the other networks.



After assessing the needs of its partners, AWARE-HIV/AIDS provided grants, training, and targeted technical assistance to support the networks as they developed advocacy action plans and assisted those developed in national branches. These included actions plans relating to improved PMTCT services, access to treatment and ARVs, and HIV counseling and testing that were developed by national branches of the Society of Women Against AIDS in Africa (SWAA) and the West Africa Network AIDS Service Organization (WANASO), as well as the action plans of national branches of the Regional Coordination of Youth Networks (CRJ/ACO) that focused on youth counseling and HIV testing and care and support of young PLHIV.

The adoption of national HIV/AIDS laws in each country was an important priority within the regional policy agenda that would do much to improve the legal framework in the region.

AWARE-HIV/AIDS also supported a range of activities included in these advocacy action plans. One such activity was an effective campaign against HIV/AIDS-related stigma and discrimination, a priority item in the regional agenda. An amazing caravan initiated by West and Central African religious leaders showed their solidarity with PLHIV, condemned stigma and discrimination against them, and enlisted the support of other religious leaders and important political leaders and decision-makers.

Working to improve the legal framework in the region

The adoption of national HIV/AIDS laws in each country was an important priority within the regional policy agenda that would do much to improve the legal framework in the region. Improving the legal framework also required the adoption of regional and national policies that improved and increased access to counseling and HIV testing, PMTCT services, and care and treatment, including ARVs.

AWARE-HIV/AIDS supported the drafting and implementation of action plans with these goals, as well as the adoption of national and regional policies that engaged religious leaders and the Forum of African Arab Parliamentarians for Population and Development (FAAPPD).

In 2003, no country in the region had adopted an HIV/AIDS law that protected the rights of PLHIV and mandated measures to protect others against infection, such as public education about HIV transmission and the testing of donated blood. The model law that AWARE-HIV/AIDS helped to

draft was a key tool to facilitate the adoption of comprehensive HIV/AIDS laws throughout the region, each tailored to a country's specific social, political, and cultural environment.

The model HIV/AIDS law for West and Central Africa was drafted in a participatory process during a 2004 regional workshop organized by AWARE-HIV/AIDS and led by FAAPPD. The UNDP, UNAIDS, WAHO, national AIDS control bodies in 18 countries, and regional networks contributed to the

Components of the Model HIV/AIDS Law

1. **Education and information**, including information on drugs, to be provided by a health service, in the workplace, within communities, among nationals working abroad and for tourists, and in prisons; penalties for disseminating false information.
2. **Safe and secure practices** required during surgery, dental work, tattooing, and embalming and in connection with donated blood, tissues, and organs; sanctions for risky procedures.
3. **Regulation of traditional medicine** practitioners, who must be licensed by a commission established by the government; sanctions for practitioners and broadcasters who advertise products as curing AIDS.
4. **Voluntary counseling and testing** with anonymous screening, guaranteed confidentiality, and free and informed consent required, except in cases of rape and other special circumstances; pre-and post-test counseling to be provided by trained personnel.
5. **Health and counseling services** for PLHIV to be provided, along with outreach and training.
6. **Medical confidentiality** concerning HIV status to be guaranteed by health institutions, employment agencies, insurance companies, and all others with access to medical records, except in special circumstances; results of HIV screening must be conveyed to spouses; sanctions for violating confidentiality.
7. **Prohibition of discriminatory acts** based on HIV status, including in hiring, dismissals, and promotions, as well as in access to schools, training institutions, credit, insurance and health services, travel, and public functions; sanctions for discrimination.

draft model law, which was used as a template in each country to ensure that HIV/AIDS laws promulgated contained all salient components and appropriate wording. AWARE-HIV/AIDS printed and widely disseminated the text of the model law and an appended outline of a model action plan to support its adaptation, adoption, and implementation.

In the same vein, AWARE-HIV/AIDS financed and provided logistic support for highly successful missions by “Ambassadors of Hope” that visited most countries in the region to advocate for adoption of an HIV law. Usually, representatives from the networks of parliamentarians, religious leaders, and PLHIV served as the ambassadors; sometimes representatives of the networks of women, journalists, and youth joined them. The parliamentarian on the mission was often a high-ranking official who attracted media attention, which assisted the process of arranging meetings with representatives of national AIDS control bodies, senior health officials, parliamentarians, and other important in-country stakeholders.

In addition, AWARE-HIV/AIDS provided support to enable parliamentarians who had been engaged in passing such laws to share their experiences with their counterparts in other countries. Once a country enacted such a law, AWARE-HIV/AIDS helped to craft strategies and action plans to ensure its effective implementation.

Advocacy accomplishments

Working with partners, AWARE-HIV/AIDS contributed to an improved environment for HIV/AIDS service delivery in West and Central Africa. A regional policy agenda and regional and country-specific action plans have been put in place and are being pursued by eight regional networks and other important stakeholders.

The project assisted the development of more than 20 advocacy tools and trained hundreds of stakeholders in their use and in advocacy. Its participatory approach served the project well as it built skills, mobilized agents of change, helped to develop advocacy tools, and assisted the drafting

Working with partners, AWARE-HIV/AIDS contributed to an improved environment for HIV/AIDS service delivery in West and Central Africa. A regional policy agenda and regional and country-specific action plans have been put in place and are being pursued by eight regional networks and other important stakeholders.

of a model HIV/AIDS law and the implementation of regional and national action plans that have increased and focused advocacy activities.

The cross-border caravan transpired as a striking and unique event that not only cemented alliances between networks of religious leaders, journalists, and PLHIV, but dramatically highlighted the important role of religious leaders of all faiths in the response and in combating stigma and discrimination against PLHIV. In short, over the past five years AWARE-HIV/AIDS and its partners combined to forge alliances across the region and facilitate wider involvement in advocacy, including by PLHIV, religious leaders, women, and youth.

To date, four countries have adopted national policies relating to the involvement of religious leaders in the response: Burkina Faso, Chad, Mali, and Niger. In addition, four countries—Burkina Faso, The Gambia, Niger, and Togo—have adopted national policies on youth counseling and testing and care and treatment of young PLHIV.

As of June 2008, 11 countries have adopted a national HIV/AIDS law—Benin, Burkina Faso, Guinea, Togo, Mali, Niger, Guinea-Bissau, Sierra Leone, Mauritania, Cape Verde and Chad—and more are poised to do so.

The eight regional networks continue to lead the regional policy agenda. In close collaboration with their national branches, they continue to implement advocacy action plans that promote an enabling policy environment in West and Central Africa. The common interests and approaches of these plans, as well as the productive competition that was engendered between countries to improve their policy environments, auger well for the adoption of sound national policies and improved regulatory and operational frameworks for HIV/AIDS programs throughout the region. 

Promoting Best Practices

A strategy to accelerate the scale up of the response



The West Africa region requires large-scale efforts to prevent the explosion of the HIV/AIDS epidemic, mitigate its impact, and provide care and treatment for those infected and affected by HIV.

To rapidly scale up evidence-based interventions, countries need to learn from each other's experiences and avoid wasting valuable time trying to "reinvent the wheel." To contribute to this urgent need and in line with USAID/WA's strategic objective of "increased adoption of selected high-impact health policies and approaches in West Africa," AWARE-HIV/AIDS identified, disseminated, and supported the replication of proven best practices and facilitated the sharing of experiences and lessons learned between countries.

The precise meaning of the term "best practices," as it applied to the project, was established very early, at a March 2004 workshop in Dakar, Senegal. Stakeholders from the 18 countries covered by the project attended, including representatives of national AIDS control bodies, UNAIDS, WHO, Advance Africa, NGOs, PLHIV associations, and regional institutions and networks. In a participatory process, they defined a best practice as "an experience, initiative, or program" that had "proven its effectiveness and its contribution to the response to the HIV/AIDS epidemic" and could serve as "an inspiring model" for program planners, managers, implementers, and other actors. Several criteria were added: a best practice had to be practical, capable of bearing fruit within a reasonable time, relevant, cost effective, ethically acceptable, and sustainable. In addition, the experience, initiative, or program needed to be owned by and recognized as a best practice by its initiator or initiators, who also needed to take part in ensuing documentation, dissemination, and replication processes.

Identifying best practices

The participants at the Dakar workshop also recommended that taskforces be set up to identify and select best practices that appeared to be high-impact, and whose replication stood to speed up and expand the response to the epidemic in the region. Each of the taskforces would address a specific technical area of HIV prevention, care, and treatment: behavior change communication; counseling and testing; advocacy for policy change; PMTCT; STIs; care and treatment; and community health financing. Taskforce members, numbering between eight and twelve, were required to be familiar with similar interventions and possess a working knowledge of West Africa and project assessment.

Nurses learn about a best practice in managing STI infections at the Adabraka Polyclinic in Accra, Ghana.

To assist the taskforces' work and standardize the process, AWARE-HIV/AIDS produced scoring forms, guidance, and explanatory notes on criteria. A call for submissions sent out through national AIDS coordinating bodies and other local partners in July 2004 resulted in more than 50 submissions from across the region. These were rated by the appropriate taskforce, whose members remained engaged in the process as much as possible, providing originators of the purported best practice with technical support to document the practices if needed.

Nineteen submissions were selected as best practices by the taskforces. By technical category, the largest number—nine—were in community health financing. Three were in care and treatment, two each in PMTCT and advocacy for policy change, and one each in behavior change communication, STI services, and counseling and testing.

The process to define and select best practices was innovative, as it involved stakeholders at different levels and indigenous experts as taskforce members. In addition, instead of documentation and dissemination being the end product, AWARE-HIV/AIDS provided support to national AIDS

Nineteen Best Practices Identified

Technical Area	No.	Countries of Origin
Advocacy and policy	2	Benin, Mali
Behavior change communication	1	Togo
Care and treatment	3	Senegal, Ghana, Côte d'Ivoire
Community health financing	9	Benin, Cameroon (2), Chad, Ghana (2), Mali, Senegal, Togo
Counseling and testing	1	Burkina Faso
PMTCT	2	Cameroon, Côte d'Ivoire
STI treatment	1	Benin

coordinating bodies who expressed interest in replicating or applying the selected best practices and worked collaboratively with development partners and donors in so doing. This meant that proven, high-impact practices could be scaled up more rapidly, and countries could embark on their replication with confidence, without wasting time and resources.

Documenting and disseminating best practices

To guide replication efforts, the selected best practices needed to be thoroughly documented. AWARE-HIV/AIDS developed a documentation template to ensure that originators included all key information. The project also provided technical assistance—through a consultant who was usually also a taskforce member—for any originators who lacked the capacity to provide all the required documentation.

To spark interest from would-be replicators and share what had been accomplished, AWARE-HIV/AIDS published French and English compilations of the selected best practices, including detailed descriptions and sections that were titled “useful information for replication.” The volumes were widely disseminated in electronic and hard copies after AWARE-HIV/AIDS organized in 2005 a best practices dissemination workshop that brought best-practice originators together with representatives of national AIDS coordinating bodies and other stakeholders across the region. At this workshop, the national AIDS bodies expressed interest in replicating specific best practices and indicated whether they wished to receive support from AWARE-HIV/AIDS to do so.



Supporting replication

To receive AWARE-HIV/AIDS support to replicate or adapt a documented best practice, national AIDS coordinating bodies filled out forms that outlined their relevant capacities and listed willing partners. The AWARE-HIV/AIDS technical team analyzed the requests and recommended the most meritorious.

Recognizing its role as a catalyst rather than an implementer at country level, AWARE-HIV/AIDS engaged country-level partners and stakeholders during all phases of the replication process and worked to secure their buy-in and support.

The project secured the participation and signed MOUs with many partners—including UN agencies, the MTN Group Ltd., and the Centre International de Référence Chantal Biya—to ensure

Mauritania Initiates its PMTCT Program

Before December 2005, Mauritania had no PMTCT programs. Support provided by AWARE-HIV/AIDS was crucial in initiating these services at the Sebkha Health Center in Nouakchott and expanding them to 14 new sites by the end of 2007.

To begin this process, AWARE-HIV/AIDS organized a study tour in November 2004 for two Mauritanian health providers so they could examine the successful PMTCT program of the Cameroon Baptist Convention Health Board (CBCHB), which was identified as a best practice in the region. The providers attended classroom sessions in this regional learning institution, made site visits, and received technical support from AWARE-HIV/AIDS to develop an action plan that set out how Mauritania would replicate or apply the best practice they had examined.

In February 2005, Mauritania finalized its action plan with technical assistance from PMTCT experts from AWARE-HIV/AIDS and CBCHB, who traveled to Mauritania for this purpose. To support the plan's implementation, AWARE-HIV/AIDS established an active collaboration with the National AIDS Control Secretariat and the National Reproductive Health Program. Through this collaboration, a national policy on PMTCT was developed and PMTCT training modules were drafted.

An assessment was conducted that led to the selection of the Sebkha Health Center as the site where services would be initiated and as the learning site to expand PMTCT programs in the country, with support from donors and other stakeholders in Mauritania. The PMTCT services at Sebkha, the largest maternity center in Mauritania, were launched on World AIDS Day 2005 in the presence of the US Ambassador to Mauritania, many national stakeholders, and international partners.

With AWARE-HIV/AIDS support, Sebkha now offers PMTCT services to all women who register for antenatal care. The program started with a good uptake by pregnant women: almost 95 percent of those who are offered counseling and testing accept these services.

By the end of 2007, the number of PMTCT sites in Mauritania was increased to 14. AWARE-HIV/AIDS collaborated on the establishment of four of them and UNICEF collaborated on five others. The National AIDS Control Secretariat, with World Bank funding, established the other five sites. Currently, the women who are tested at these PMTCT sites represent more than 70 percent of all people tested for HIV in Mauritania.

AWARE-HIV/AIDS played a catalytic role in enabling the establishment and expansion of these services. Doing so also depended on the strong political commitment of Mauritanian authorities—especially the Mauritania's Ministry of Health and National AIDS Control Secretariat—a prerequisite for the successful initiation and scale up of the country's PMTCT programs.

coordination of efforts. Sub-agreements were also signed with national coordinating bodies and local NGOs that detailed funding that the project would provide.

AWARE-HIV/AIDS facilitated the process of skills transfer between originators and would-be replicators, built national capacities while supporting best-practice replication, and provided expert and ongoing technical assistance. The project organized study tours and trainings for delegations from countries interested in a given best practice. During these tours or trainings, the delegations developed draft replication action plans, with support from best-practice originators and AWARE-HIV/AIDS. Once they returned home, they received technical assistance from AWARE-HIV/AIDS and best-practice originators to finalize their plans.

AWARE-HIV/AIDS also strengthened the technical and infrastructural capacities of national AIDS bodies and helped to establish, refurbish, and equip national learning sites in specific HIV technical areas in several countries as and where appropriate. Where necessary, the project also supported the design of national logistics management information systems (LMIS) and the development of related tools, such as forms, standard operating procedures, and training manuals.

AWARE-HIV/AIDS also collaborated with best-practice originators to support training of trainers, who in turn conducted cascade trainings in technical areas of interest and created national-level cadres of providers to support the rolling out of replications. To ensure that these cadres provided high-quality training, their first training sessions were jointly conducted with experts from AWARE-HIV/AIDS and best-practice originators.

Four regional learning centers that AWARE-HIV/AIDS had been strengthening to provide expert technical assistance were key instruments in supporting the replication of best practices in counseling and HIV testing, care and treatment, and PMTCT (see chapter 4). As it turned out, each of these institutions had originated or been associated with a best practice that was later selected: Cameroon Baptist Convention Health Board (CBCHB), with a best practice that rapidly scaled up PMTCT services; Burkina Faso's Centre d'Information, de Conseil et de Documentation sur le SIDA et la Tuberculose (CICdoc), with a best practice that increased youth access to counseling and testing; Senegal's Centre de Recherche et de Formation, Service des Maladies Infectieuses et Tropicales (CRF/SMIT), with a best practice that decentralized access to antiretroviral drugs using a mentoring approach; and Ghana's Komfo Anokye Teaching Hospital (KATH), with a best practice on comprehensive HIV clinical care that includes the use of treatment monitors (a "buddy system").

To support high-quality implementation of activities outlined in replication action plans, AWARE-HIV/AIDS and best-practice originators provided ongoing technical assistance and confidence-building

advice. When countries initiated activities and services, AWARE-HIV/AIDS offered guidance, reviewed all activities implemented, and supplied constructive feedback.

Among the 18 countries covered by the project, 13 adapted at least one of the selected best practices, with extensive AWARE-HIV/AIDS support, and several replicated three or four. An array of in-country partners supported the replications and were involved, when possible, in the development of action plans.

Summing up achievements

The best-practice component of AWARE-HIV/AIDS stimulated action, was a catalyst for stakeholder collaboration, and powered the initiation and scale up of effective HIV prevention, care, and treatment interventions across the region. Though AWARE-HIV/AIDS was not directly involved in service delivery, it is safe to say that its support for the replication of selected best practices indirectly benefited thousands of people. Many lives were saved by services that resulted from best-practice replication efforts in 13 countries in the region.

Several factors contributed to this success. That countries in the region first needed to express interest in replicating a given best practice was a critical factor; this created ownership and political commitment and ensured that activities were in line with national programs. The involvement of national AIDS bodies and donors at country levels in the development of replication action plans was another critical factor. Though differences in planning and funding cycles of country-level development partners sometimes impeded full involvement and financial contributions, their engagement in the process always stimulated action in countries and collaboration among stakeholders. AWARE-HIV/AIDS facilitated these exchanges and made possible the continuing collaborations between best-practice originators and countries replicating their approaches and experiences.

The success of this component also depended on the efforts of another: the institutional strengthening component that equipped technical learning institutions and their staff to provide assistance across the region to replicate best practices in counseling and HIV testing, care and treatment, PMTCT, and STI adapted services. 

Building the Capacities of West African Institutions and Networks

Stronger African leadership to contribute to the response

Capacity building was an integral part of all components of AWARE-HIV/AIDS and a key element in its efforts to strengthen the response in West Africa. All of the project's components worked to build the organizational and technical skills of key partners as well as local implementers. Each component developed guidelines, manuals, and other tools that help to build capacity and offered workshops, training of trainers, and study tours in relevant technical areas.

AWARE-HIV/AIDS thus increased the technical and management capacities of national AIDS control bodies and other key partners, as well as of networks engaged in advocacy, health service providers replicating a best practice, and educators and animators offering HIV prevention services at cross-border sites. In its office in Accra, the project also mentored interns sent by the Young Professional Internship Program of the West Africa Health Organization, which aimed at grooming young professionals and encouraging them to assume responsibilities in addressing the region's health challenges, including the response to the epidemic in West Africa.

The institutional strengthening component of the project addressed a more specific need. A robust and sustainable response in West Africa required indigenous regional institutions and networks to assume strong leadership roles and provide south-to-south technical assistance across the region in different areas, including in care and treatment, STI services, voluntary testing and HIV counseling, PMTCT, and advocacy.

AWARE-HIV/AIDS strengthened the capacity of all implementing partners with which the project worked. However, the seven described in this chapter were selected, supported, and assessed through a systematic process in line with one of USAID/WA's key intermediate results.

Selecting institutions and networks and assessing their capacities

The first step of the institutional strengthening component was to identify institutions and networks with the potential for playing a leadership role in the region. A list of more than 20 candidate organizations was developed through a participatory process, in collaboration with the sister project, AWARE-RH.

A participant at a marketing and resource development workshop of the institutional strengthening component of AWARE-HIV/AIDS.

Strengthened Institutions and Networks

Institutions providing south-to-south technical assistance

Komfo Anoyke Teaching Hospital (KATH) provided technical assistance to support the scale up of antiretroviral treatment in Sierra Leone and Liberia and trained healthcare providers from these two countries and Nigeria. In addition, the Sierra Leone National HIV/AIDS Secretariat solicited the hospital's staff to provide technical assistance—paid for by the Sierra Leone Government—in logistic and management information systems.

The Cameroon Baptist Convention Health Board (CBCHB) provided technical assistance to support the scale up of prevention of mother-to-child transmission (PMTCT) services in The Gambia, Sierra Leone, Liberia, and Mauritania. CBCHB trained providers from these countries in PMTCT and hosted PMTCT providers from Senegal, Niger, Côte d'Ivoire, and Chad for study tours.

Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales (CRF/SMIT), provided technical assistance to support the scale up of antiretroviral treatment in Niger, Guinea-Bissau, Guinea, Mauritania, and Togo and trained healthcare providers from these countries as well as Cameroon.

Centre d'Information, de Conseil et de Documentation (CICdoc) provided training and technical assistance to scale up counseling and testing in Niger, Benin, Cameroon, Togo, and Guinea-Bissau and also provided training in Mali. With AWARE-HIV/AIDS support, Chad and Niger developed counseling and testing guidelines and training modules, while Benin and Niger conducted youth counseling and testing campaigns.

Networks build NGO capacity and increase civil society involvement

NAP+WA not only established national networks in Ghana, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone, and The Gambia, but it hosted its first community market to showcase its achievements and that of PLHIV associations for donors and other potential supporters, including the Clinton Foundation, the World Bank, UNAIDS, the US Embassy in Burkina Faso, WHO, the International Federation of Red Cross and Red Crescent Societies, and Programme d'Appui au Monde Associatif et Communautaire in Burkina Faso.

Among **SWAA/WA's** many accomplishments, the network assisted branches in Burkina Faso, Togo, and Liberia with their strategic and operational plans, membership registers, and fund-raising proposals. SWAA/WA also provided technical assistance on sensitization campaigns relating to access to HIV and AIDS care and treatment for women and children.

WANASO members facilitated a series of trainings on community participation on HIV response in several countries, and has provided valuable technical assistance to increase the number of youth who access counseling and testing services.

AWARE-HIV/AIDS then selected from this list four institutions that had the staff and facilities to offer training and technical leadership in the key technical areas of the project's focus: the Cameroon Baptist Convention Health Board in PMTCT; Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales in Senegal and Komfo Anokye Teaching Hospital in Ghana in care and treatment; and Centre d' Information, de Conseil et de Documentation in Burkina Faso in voluntary counseling and HIV testing. All were associated with a best practice later selected as such by taskforces whose work came under the best practices component of the project.



AWARE-HIV/AIDS also selected three key regional networks whose work could increase the involvement in the response of civil society across the region, particularly PLHIV: the West Africa Branch of the Network of African People Living with HIV/AIDS (NAP+WA), Society of Women Against AIDS in Africa (SWAA), and the West Africa Network of AIDS Service Organizations (WANASO).

The next step was to analyze the strengths and weaknesses of each institution and network to determine its most crucial needs. This was done systematically, with a unique capacity assessment tool developed by FHI that is known by its acronym, TOCAT, or Technical and Organizational Capacity Assessment Tool.

Designated staff from each institution and network were trained by AWARE-HIV/AIDS to use the TOCAT to evaluate their own organizations on the basis of four core competencies: organizational management, technical management, marketing and resource development, and skills-transfer capacity. They filled out checklists that rated the status or progress of their organizations in each capacity domain on a four-point scale and arrived at consensus scores that helped to target interventions and measure progress.

Baseline capacity assessment reports that analyzed the initial TOCAT data highlighted some critical needs shared by all seven organizations. By and large, technical excellence and managerial competence depended on individuals rather than systems, a weakness that put the organizations' quality and sustainability at risk. Marketing and resource development was another shared need and a neglected area. Without attention to it, institutions and networks had more limited visibility, reducing their reach and impact and their chances of attracting the attention of donors and other sources of funding.

The baseline assessments contributed to the custom-made capacity development action plans that were crafted by each institution and network, with AWARE-HIV/AIDS support. The project also

SUCCESS STORY

A Strengthened Regional Network Helps to Establish Eight National PLHIV Networks

People infected and affected by HIV/AIDS (PLHIV) are at the heart of an effective response to the pandemic. Together with their families and communities, they must be involved in the programming and implementation of HIV/AIDS interventions. While PLHIV support groups and associations have been organized in all countries in Africa, experience shows that these groups are more effective in influencing policies and contributing to the response when they band together and combine their strengths. But bringing them together, at national as well as regional levels, has proven to be challenging.

The Network of African People Living with HIV/AIDS in West Africa (NAP+WA) was one of the regional networks supported by AWARE-HIV/AIDS for institutional capacity development. Based on the findings and recommendations of NAP+WA's self-assessment, an action plan was developed and implemented with support from AWARE-HIV/AIDS that strengthened the network's management and organizational capacity and led to a constitution, a functioning secretariat, and legalized status. The project also supported NAP+WA's efforts to organize trainings that built the leadership and networking skills of its members.

Of the 16 West African countries covered by NAP+WA, only five had a national network of PLHIV associations in 2004. Using its newly acquired capacity and expertise, NAP+WA took it upon itself to support the creation of national networks. It provided training in networking to PLHIV associations in interested countries lacking national networks and shared the NAP+WA constitution as a model that could be adapted. In addition, NAP+WA provided technical assistance and organized "Ambassadors of Hope" missions to mobilize stakeholders and advocate for the creation of national networks.

When associations of PLHIV were ready to form a national network, some members of the NAP+WA executive committee went to the country to assist the process of organizing a general assembly, adopting a constitution, electing an executive committee, and setting up a secretariat.

PLHIV associations in Ghana were the first to get support for a national network of PLHIV associations. Several other countries soon followed. Within four years, NAP+WA had supported the establishment of national networks in eight countries: The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, and Sierra Leone. These processes benefited from the involvement of multiple partners, as well as the assistance of existing national networks in Burkina Faso and Côte d'Ivoire.

made significant contributions to their implementation, but always in an iterative process, with appropriate decision space for the organizations and continuous quality assurance.

Two years later, the TOCAT was used again, and revealed that capacity scores had risen across all four domains for each institution and network. These follow-up assessments guided the last two years of the project's work.

Building expertise in four capacity domains

To build capacity in organizational management, the project assisted institutions and networks to develop strategic plans, computerized accounting systems, and management tools such as administrative and financial manuals. Since two of the networks selected had no legal status in their host countries, the first order of business was to help remedy this, so they could open bank accounts, raise funds, and contract with donors.

AWARE-HIV/AIDS also provided the networks that needed it with support to develop constitutions and hold meetings of governing bodies.

To build capacity in technical management, AWARE-HIV/AIDS provided support to establish systems for monitoring and evaluation and quality control. The development of mentoring and supervision guides and training on mentoring was another aspect of this work, along with enabling internet connections and providing the institutions with subscriptions to peer-reviewed technical journals. The project also helped the networks to improve skills in areas such as community mobilization and technical program planning.

To build capacity in marketing and resource development, AWARE-HIV/AIDS provided assistance with marketing and resource development plans. The implementation of these plans entailed the creation or improvement of brochures and websites, media events, and the production of documentary films. All these products aimed to increase the visibility of the organizations and the volume and geographic range of requests for their upgraded technical assistance and to widen their resource base and end their reliance on AWARE-HIV/AIDS support. Building the skills-transfer capacity of institutions entailed upgrading and equipping training facilities, libraries, and documentation centers;

To build capacity in organizational management, the project assisted institutions and networks to develop strategic plans, computerized accounting systems, and management tools such as administrative and financial manuals.

developing inventories of staff expertise related to the training curricula; and crafting or updating these curricula, technical manuals, and guidelines. The networks also required skills-transfer capacity building so they could provide training in strategic planning, project management, advocacy, and community mobilization for country-level networks.

Building a ship while sailing it

The unique and perhaps most remarkable aspect of the effort to position the selected organizations and networks as regional providers of training and technical assistance was that while they were engaged in providing training and technical assistance, with project support, their capacities were being built.

Capacity building supported by AWARE-HIV/AIDS positioned technical leadership institutions and regional networks to take on—even during the capacity building process—leadership roles in the response across West and Central Africa.

Working hand-in-hand with AWARE-HIV/AIDS, the institutions and networks quickly began to provide technical assistance in the focus areas of their work for numerous countries in the West Africa region. The project encouraged requests for technical assistance for them, and subcontracted the services of the institutions to support the replication of identified best practices by national AIDS control programs.

Networks that had been almost inactive two years earlier could provide training and capacity building for their members because of the capacity building strategy employed. For example, NAP+WA built its capacity on community leadership and the management of PLHIV associations while delivering this training, with support from AWARE-HIV/AIDS experts.

Assessing achievements

The mid-term assessment summarized lessons learned and praised the project's capacity building approach:

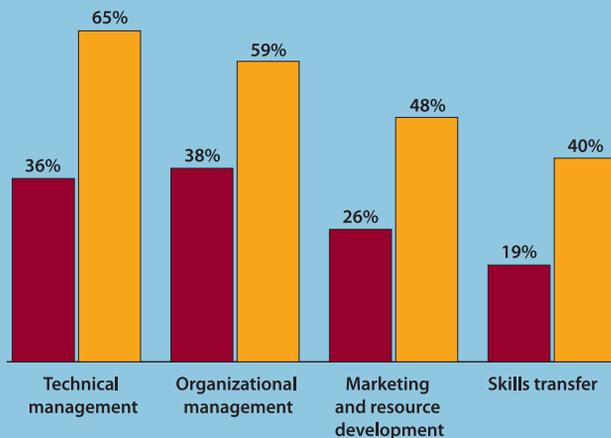
- Joint planning with partners had succeeded because the project provided resources and played “a catalytic and supportive role” while allowing “adequate decision space for implementation.”
- The approach of developing “customized institutional capacity building plans which are implemented through an iterative process,” had allowed “continuous quality assurance and support of institutions simultaneously.”

- Supported institutions had developed “leadership, systems, and managerial practices” that enhance “quality work.” Concurrent capacity building in leadership, management, and technical competencies had reinforced organizational efficiency in delivery of technical tasks.

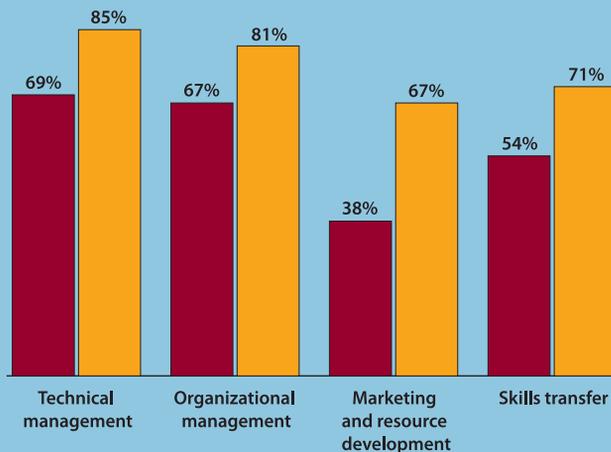
Capacity building supported by AWARE-HIV/AIDS positioned technical leadership institutions and regional networks to take on—even during the capacity building process—leadership roles in the response across West and Central Africa. Teaming with these organizations when they initiated their technical assistance proved to be a very successful strategy. It provided them with a mentored

Capacity Score Improvements

Capacity Scores of Regional Networks



Capacity Scores of Technical Learning Institutions



chance to learn while sharing the expertise they possessed, and also created opportunities for potential clients to learn about them and their strengthened technical capabilities.

Collectively, the four institutions have trained more than 700 healthcare providers and supplied more than 170 person-weeks of technical assistance, for the most part providing training in approaches identified as best practices in the response to the epidemic. Improving their marketing and resource development skills helped them to extend their reach and influence and to be recognized as dependable sources of technical assistance for governments, private-sector organizations, and national NGOs.

Though the networks required extensive capacity building before they could become fully operational and influential, it was well worth the effort. Their transformation into active and viable organizations has strengthened the role of civil society in local responses and elevated the voices of people living with HIV and their families—those whose lives the epidemic has most affected.

The technical assistance provided by West African organizations was well appreciated by countries in the region, since experts from these organizations fully understand the environment and shared cultural realities. These results demonstrate that, with appropriate support, West African organizations can play a significant leadership role in the response to the challenges facing the region, and that south-to-south technical assistance is an appropriate, potentially cost-effective means of scaling up high-impact approaches to the epidemic. 🧑🏾

Cross-Border Interventions

Collaboration between countries to address HIV
along cross-border routes



HIV/AIDS interventions that target mobile, at-risk populations have special relevance in West and Central Africa. In a given year, thousands of people cross the region's many national borders: long-distance truckers do so as part of their daily routine, but many others do so because they have been displaced by conflict or political instability, or they cross voluntarily to seek more secure livelihoods.

Mobile populations are considered at high risk of being infected with and transmitting HIV. For truck drivers and others who frequently cross borders, HIV prevention programs that are devised in only one country are not likely to be effective. Such programs must also target sex workers, many of whom are also migratory, moving to centers along transit routes. The partners of sex workers, other workers in the transport industry, and members of communities along migratory routes are also vulnerable to HIV infection.

To address these issues, USAID/WA funded a cross-border project in 1995 under the Family Health and AIDS (FHA) Project. At the outset, FHA established HIV/AIDS prevention activities at locations frequented by truckers and sex workers on transit routes in four countries (Burkina Faso, Cameroon, Côte d'Ivoire, and Togo), though frequently not near a border.

After FHA ended in 2003, AWARE HIV/AIDS took over its cross-border component and expanded it to eight other countries: Niger, Chad, Guinea, Mauritania, Guinea-Bissau, Sierra Leone, Liberia, and The Gambia. Activities were managed by a key consortium partner, Population Services International (PSI), which had managed FHA prevention activities on cross-border routes.

AWARE-HIV/AIDS initially supported a minimum package of behavior change and condom social marketing activities at 30 locations, including truck stops, bars, or locations where sex workers gathered, and encouraged local implementing partners to establish activities in locations as close to borders between countries as possible.

Supporting HIV integrated services at cross-border sites

The 2003 proposal by the AWARE-HIV/AIDS consortium to USAID/WA promised to add clinical and family planning services and counseling and HIV testing to the minimum package of behavior

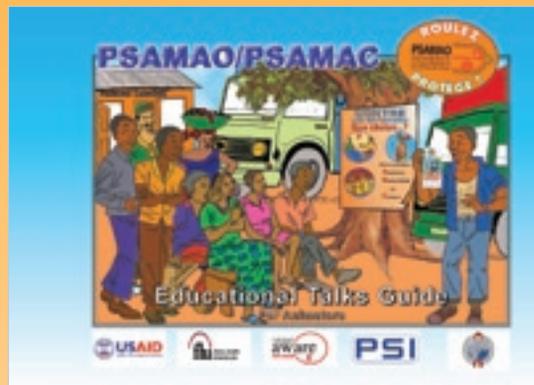
Truckers on a major transit and migratory route in West Africa learn about HIV/AIDS prevention.

SUCCESS STORY

Eleven West African Countries Organize Successful Joint Cross-Border Campaigns

One of the key functions of AWARE-HIV/AIDS as a regional project was to facilitate coordination between countries. To promote effective collaboration and efficient cross-border interventions, AWARE-HIV/AIDS facilitated interactions between countries with common borders and provided them with support to conduct joint planning and implement interventions. One major outcome was the organization of six joint cross-border campaigns—dubbed bridge point campaigns—by 11 countries covered by the project.

With technical and minimal financial support from AWARE-HIV/AIDS, the national coordinating bodies and stakeholders of paired countries jointly planned and executed a mass campaign on both sides of the border that simultaneously targeted mobile populations: principally truckers and sex workers. These campaigns were a combination of edutainment activities on HIV prevention communication, onsite STI management, counseling and HIV testing, and family planning services.



National authorities of countries sharing a common border agreed on the timing and the location of each campaign. These locations straddled common borders, and authorities came together to simultaneously launch campaign that lasted an average of two days. Six such campaigns were successfully organized at borders between 11 countries: Cameroon and Chad, Benin and Niger, Burkina Faso and Togo, Guinea and Sierra Leone, Mali and Mauritania, and Mauritania and Senegal.

These campaigns resulted in

- effective collaboration and coordination of activities between involved countries and local implementers
- commitments by national authorities to organize bridge point campaigns on an annual basis
- thousands of people reached within a short period and provided with HIV counseling and testing and STI and family planning services

change and condom social marketing activities geared to mobile populations. In 2005, AWARE-RH collaborated on the integration of the family planning component, while JHPIEGO and Centre Hospitalier Affilié à l'Université du Québec (CHA) supported STI services and Care and Health Program (CHP) conducted counseling and testing activities.

Cross-border activities thus encouraged early treatment of sexually transmitted infections (STIs) and extolled the benefits of voluntary counseling and testing, as well as promoting condom use and prevention of HIV transmission. To ensure the integration of these services, AWARE-HIV/AIDS supported their provision and helped to create demand for them. Peer educators who delivered HIV prevention messages in group discussions and individual talks and demonstrated correct use of condoms thus also offered ticketed referrals for voluntary counseling and testing and clinical services for STIs and family planning.

AWARE-HIV/AIDS trained providers in STI clinics and counseling and testing centers to which truckers and sex workers were referred to ensure that they received a friendly reception and good services.

AWARE-HIV/AIDS provided training for providers in STI clinics and counseling and testing centers to which truckers and sex workers were referred to ensure that they received a friendly reception and good services. The project also supported the renovation and equipment of health facilities and the production of brochures that featured the integrated services, including one with diagrams on how to identify STIs.

The 2006 mid-term review of the project recommended reorienting the activities under the cross-border component from service delivery to regional activities. AWARE-HIV/AIDS therefore elected to put more emphasis on harmonizing approaches and strategies among bordering countries, facilitating interaction between them, and generating strategic information to guide implementation.

Harmonizing strategies and messages aimed at mobile populations

Following the mid-term review's recommendations, strategies that had been implemented to reach mobile populations were analyzed through a participatory workshop organized by AWARE-HIV/AIDS. A general consensus approach was developed that was validated by all national HIV/AIDS coordinating bodies. They also agreed on the need for standardized reference manuals and synchronized programming.

To promote harmonized strategies and messages, AWARE-HIV/AIDS grouped countries with common borders: Chad and Cameroon were in group 1; Nigeria, Niger, Benin, Burkina Faso, Ghana, and Togo in group 2; Mauritania, Senegal, The Gambia, Guinea-Bissau, and Mali in group 3; and Guinea, Sierra Leone, Liberia, and Côte d'Ivoire in group 4.

Grouped countries recognized the need for effective joint planning and implementation so that harmonized messages reached target populations. To be effective, messages about integrated services

“Traveling safe” became the cross-border program’s constant message, part of a branded campaign that made use of radio spots in local languages, brochures, billboards, and T-shirts.

needed to be consistent—and recognized as such by mobile populations when they crossed into another country. “Traveling safe” became the cross-border program’s constant message, part of a branded campaign that made use of radio spots in local languages, brochures, billboards, and T-shirts.

The groupings of countries facilitated the sharing of lessons learned and the harmonizing of strategies to address

shared problems. The groupings also fostered joint planning, including for events or activities occurring on both sides of the common border. An outstanding example was the high-profile, mass education campaigns piloted to showcase the AWARE-HIV/AIDS package of integrated services. These were held at bridge border points—locations on borders that bridged two countries—and were jointly launched by authorities in both.

Facilitating interaction between countries

In line with the 2006 mid-term review recommendations, AWARE-HIV/AIDS established four demonstration and learning sites for the integrated package of services for four groups of countries with common borders and similar cross-border prevention problems.

Located in Ouagadougou, Nouakchott, Douala, and Conakry, respectively, the demonstration sites were chosen on the basis of their proximity to another country and migratory flows and the level of services they were already providing. Another important consideration was their potential for hosting study tours that would help actors in neighboring countries to set up cross-border sites, improve existing ones, or implement the integrated package of cross border activities at such sites.

In the countries where the demonstration sites were established, national HIV/AIDS coordinating bodies, ministries of health, and local partners pledged enthusiastic support. The national AIDS

control bodies collaborated with AWARE-HIV/AIDS on the selection of implementing partners and health centers, contributing to their ownership of cross-border activities and sustainability.

Collecting strategic information to inform cross-border interventions

Throughout the implementation of the cross-border program, AWARE-HIV/AIDS conducted studies to provide strategic information that oriented and updated activities and was shared with partners.

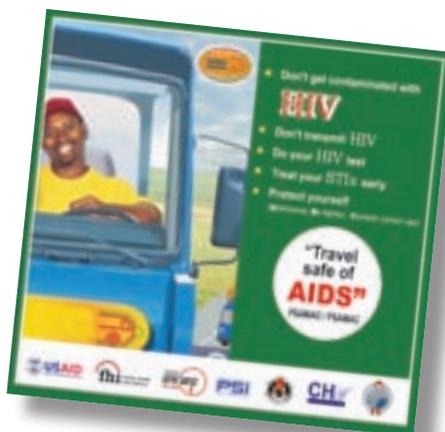
One important study conducted between 2004 and 2005 was an inventory of health centers along specific routes, combined with a survey of a sample population of 712 truckers and 500 sex workers on their health-seeking behaviors, preferred health centers, and factors that influenced which health centers they chose when seeking care. Implementing partners and national AIDS control bodies participated in the study, which informed the selection of health centers to which referrals would be made for integrated services from cross-border sites. Findings on preferred therapeutic choices and quality of services also guided the content of regional training workshops for service providers and the provision of small equipment for some health centers.

One important study was an inventory of health centers along specific routes, combined with a survey of a sample population of 712 truckers and 500 sex workers on their health-seeking behaviors, preferred health centers, and factors that influenced which health centers they chose when seeking care.

Implementing partners and local experts also participated in a 2006 study that analyzed whether targeted groups had been sufficiently exposed to the cross-border services offered and the quality and impact of these services: whether truckers and sex workers were being reached by harmonized messages and whether those reached were consistently using condoms and integrated services. The study revealed that condom social marketing was optimal and that consistent condom use increased with more exposure to cross-border activities. The same could not be said for the other protective sexual behaviors of abstinence and fidelity.

Other important research was the mapping of HIV/AIDS vulnerability points along the migratory routes in 2006. The three-phase study began with a literature search and proceeded in its second phase to detailed analyses of stop points, clinical services, and transport activities on cross-border routes. The

The information gathered was displayed on a map for easy use by stakeholders and to inform the implementation of additional services or interventions. For the third phase, an in-depth analysis was made of three cross-border routes (Ouagadougou–Lome; Ouagadougou–Bamako; and Ouagadougou–Birmi Koni) and the vulnerable populations who move or live along them. The study shed light on other vulnerable populations who need to be targeted with effective messages and services, including schoolgirls who travel away from home during school holidays and women who do not consider themselves to be sex workers but resort to occasional commercial sex without HIV protection or the knowledge of their partners.



Assessing achievements

The project's mid-term assessment recognized that the AWARE-HIV/AIDS cross-border program was uniquely positioned to engage partners and national programs across the region to work toward harmonized policies, standards, norms, and messages relating to HIV prevention for mobile populations and the provision of effective, integrated HIV/AIDS services: a high-impact approach. As a regional program, AWARE-HIV/AIDS enlisted the involvement of 12 countries in harmonized cross-border interventions and it facilitated countries working together on synchronized strategies. As a result, these countries can conduct joint planning and implementation on their own.

The program boosted the profile and impact of cross-border activities by supporting mass animations at bridge border points that are likely to live on in the memories of all who saw them. Together with its integrated package of HIV/AIDS services for mobile populations, the project's strategic research and participatory approach in communicating with vulnerable populations stand as beacons for those seeking to implement effective cross-border programs in West and Central Africa. 

Supporting the West Africa Ambassadors' AIDS Fund

Contribution to the HIV response in countries
without a USAID mission



The West Africa Ambassadors' AIDS Fund (WAAF), funded by USAID/WA, was designed for countries in West Africa with no USAID mission. WAAF permitted US embassies in each of these countries to be involved in HIV/AIDS programs by supporting local activities by NGOs and community-based organizations in prevention, care, and treatment with annual grants totaling up to \$100,000 per year in each country. Initiated in 2001, WAAF was carried over to AWARE-HIV/AIDS from USAID/WA's Family Health and AIDS (FHA) Project, implemented between 1995 and 2003.

Under both projects, the WAAF process involved five steps: a call for submissions; the selection of winning grantees by embassies in countries where submissions originated; technical reviews of selected proposals; the awarding of grants; and the provision of technical assistance to implement activities being funded.

The US embassies managed the proposal process and determined who grant recipients would be. For its part, AWARE-HIV/AIDS assessed the technical merits of proposals that the embassies had already selected, suggested improvements, if needed, and managed technical assistance provided for the grantees. During the AWARE-HIV/AIDS mid-term assessment in 2006, US embassies in the region expressed gratitude for the project's technical and management support, acknowledging that their missions do not have sufficient staff to manage the activities themselves.

Population Services International (PSI), one of two key partners in the AWARE-HIV/AIDS consortium, was charged with managing sub-grants through which WAAF grants were disbursed, as well as with monitoring the activities funded and their results.

There have been five rounds of WAAF grants. Round 1 began under FHA, and AWARE-HIV/AIDS managed and provided assistance on proposals awarded from Round 2 to Round 5. The number of eligible countries varied from one round to another: there were 11 in 2003 and a total of 14 over the five-year period. (Liberia and Côte d'Ivoire both became ineligible after Round 2, Liberia because it gained a USAID mission and Côte d'Ivoire because it was receiving high levels of other US Government funding).

His Excellency Joseph LeBaron, US Ambassador to Mauritania, at the opening of a youth center supported by the West Africa Ambassadors' AIDS Fund that offers HIV counseling and testing as well as computer training.

Table 1. Grant Recipients, by Country and Round, 2003–08

Country	Total awarded (US\$)	No. of rounds when grants received
Burkina Faso	\$409,788	5
Cameroon	\$472,374	5
Cape Verde	\$225,000	3
Chad	\$215,000	3
Côte d'Ivoire	\$98,186	2
Gabon	\$47,500	1
The Gambia	\$377,252	5
Guinea-Bissau	\$424,650	5
Liberia	\$174,950	2
Mauritania	\$442,674	5
Niger	\$453,160	5
Sierra Leone	\$475,000	5
São Tomé and Príncipe	\$140,000	2
Togo	\$346,424	5

As table 1 shows, eight countries received grants in all five rounds. Sierra Leone received more funding from WAAF than other countries over five years, with Cameroon not far behind. Niger, Mauritania, and Burkina Faso were the only other countries that received funding in excess of \$400,000 from WAAF over the five-year period.

Providing grants over five rounds for multidimensional activities

As the AWARE-HIV/AIDS 2004 annual report noted, the interventions funded under WAAF reflected “the multidimensional aspect of HIV/AIDS prevention and care.” They also targeted a variety of populations, including youth, PLHIV, commercial sex workers, health service providers, uniformed services, truckers and migrant communities, and religious and traditional leaders. It is also true that some grants targeted more than one group as well as more than one kind of activity (table 2, page 54).

Supporting behavior change communications

The great majority of WAAF grants were in the area of behavior change communication (BCC), providing education and information on preventing HIV transmission, the importance of treating STIs and knowing one’s HIV status, the damaging repercussions of stigma and discrimination against PLHIV, and other important topics that everyone needs to know.

One example of a grant provided for this purpose went to Hed Tamat, a theatre troupe in Niger that made 15 tours of the Agadez department where Toaregs are the dominant population. Building on enduring and valued traditions, the troupe's performances reached over 10,000 people with plays, story-telling, and songs that incorporated information on STI and HIV/AIDS prevention, voluntary counseling and testing, and support for PLHIV.

Another example of a WAAF-funded BCC project was Africare's Kick AIDS pilot in Burkina Faso, which is designed to provide age-appropriate and gender-based HIV/AIDS prevention information to young people reached through sport—mainly soccer. The program is based on the Sport for Life concept, on which 124 Kick AIDS coaches and 60 physical education teachers were trained. Kick AIDS also features peer education and a 24-hour information hotline that covers HIV/AIDS as well as various sports. The program is inclusive, but particularly encourages the participation of girls, organizing provincial and regional soccer tournaments for them along with BCC activities that help them to say no to sex and to negotiate condom use when they are older.

Over 2,000 youths were reached with prevention messages, including 220 female soccer players. Soccer teams competed for a regional championship, and accumulated extra points by visiting local HIV testing centers and meeting with and making donations to PLHIV. Teams also received points for signing ABC pledges on abstinence, being faithful, and using condoms. Extra points were also given when players provided the right answers to questions on HIV/AIDS that were posed after each match.

Encouraging HIV counseling and testing

Many WAAF grants targeted the expansion of voluntary HIV counseling and testing (VCT) services as an important component of a strengthened response. For example, WAAF provided funds to PSI/Togo over five rounds to support its efforts to strengthen the operations and extend the hours of five youth-friendly centers—three established in youth recreation centers and two in public clinics—in different towns in Togo. PSI/Togo worked closely with the government to establish recognized rapid testing and counseling protocols and training modules. In 2003, 2,740 clients were welcomed by these youth VCT centers, and the number increased by nearly 30 percent in 2004. WAAF supported a high-profile ceremony with the US Ambassador to Togo on World AIDS Day in 2004 that launched Round 3 VCT activities with one week of free testing for youth and a five-day promotional campaign that included a television spot on the center.

Another example of a WAAF grant in this area went to youth centers in Mauritania where Stop SIDA established VCT services—initially in one in Nouakchott (Round 4) and then in a second in Nouadhibou (Round 5). Young people coming to these centers for computer training receive HIV

Table 2. WAAF Beneficiaries, by Country, Round, and Program Area

Beneficiaries	Main program area	Beneficiaries	Main program area
Burkina Faso		Mauritania	
Africare	BCC, VCT	Centres d'Etudes pour Réaliser l'Espoir de l'Enfant du Désert	ICD
AIDS Empowerment and Treatment International	BCC	Ligue des Experts Défenseurs des Droits des Enfants et Adolescents	BCC
Aimer Eduquer Découvrir	C&S	Nedwa	BCC
Association Burkinabé des Sages Femmes	C&T	Stop SIDA	BCC, C&S, VCT
Association Espoir pour Demain	C&T, C&S, VCT	Terre Vivante	BCC
Catholic Relief Services	C&S	Niger	
Initiative Privée et Communautaire/BF	C&S	Association Nigérienne pour le Traitement de la Délinquance et la Prévention du Crime	BCC
Population Services International	BCC, VCT	Croix Rouge Française	BCC
World Relief/Secours Mondial	BCC, C&S	Espoir Niger	BCC, C&T, C&S
Cameroon		Hed Tamat	BCC
Association Camerounaise de Marketing Social	BCC	Organisation Nigérienne pour le Développement a la Base du Potentiel Humain	BCC
Care & Health Program	CSM, VCT	Programme Marketing Social/ Prévention SIDA	BCC
Fobang Foundation	BCC, C&S, VCT	Regroupement des ONG et Associations du Secteur de la Santé	BCC, C&T, ICD
Cape Verde		Réseaux des Partenaires des Arts Vivants pour le Développement	BCC
Association Cape Verdienne pour la Protection de la Famille	BCC, C&T	Réseau des Acteurs Intervenant dans la Lutte contre le SIDA et les Infections Sexuellement Transmissibles	BCC, CSM
Platform of NGOs	C&T, ICD, OVC, C&S, VCT	Troupe les Messagers du Sahel	BCC
Chad		Sierra Leone	
Acode	BCC	Care International	CSM
Association pour le Marketing Social au Tchad	BCC	International Rescue Committee	BCC, C&T, VCT
World Vision	C&T, C&S, VCT	São Tomé and Príncipe	
Côte d'Ivoire		São Tomé Association for Family Planning	BCC, C&S, VCT
Chigata	OVC	Togo	
Gabon		Cercle de Réflexion pour l'Emergence des Jeunes (CREJE)	C&S
Réseau National pour la Promotion de la Santé Conscience	BCC	CREJE/Akarale	BCC, C&S, VCT
The Gambia		Population Services International	BCC, C&S, VCT
Catholic Relief Services	C&S, VCT	KEY	
Catholic Relief Services (country coordinating mechanism)	ICD	BCC	Behavior change communication and/or information, education, and communication materials
The Gambia Family Planning Association	C&T	CSM	Condom social marketing
The Gambia Red Cross Society	BCC	C&S	Care and support for PLHIV, including income-generating activities and home-based care
National Youth Council	ICD	C&T	Care and treatment and/or STI services
Sphinx Associates, North Bank Divisional AIDS Committee	BCC	ICD	Institutional capacity development, including purchase of equipment
Worldview International	BCC	OVC	Orphans and other vulnerable children
Guinea-Bissau		VCT	Voluntary counseling and testing for HIV
Community of Sant' Egidio	C&T, C&S		
Guinean Association for Social Marketing	BCC		
Liberia			
Africare	BCC		
Christian Health Association of Liberia	VCT		

counseling and testing and education on STI/HIV/AIDS. The funding helped to support a range of activities, including promotional broadcasts, the training of peer educators, post-counseling sessions, and referrals for medical consultations.

The Nouakchott center opened with great fanfare and a ribbon-cutting by US Ambassador Joseph LeBaron in April 2006. Since that date, 2,635 youth have visited the center, 76 percent of them female, to attend 1,420 animation sessions and 1,132 internet classes. The support for the Nouadhibou center also contributed an array of results, including 3,400 youth tested (45 percent female); 20 peer educator groups formed; post-test counseling for nearly all the 259 youths who tested positive; 4,000 brochures and leaflets distributed; and psychosocial and financial support for 30 children orphaned by AIDS and their families.

The funding Communita di Sant' Egidio received helped to make possible home visits for PLHIV that assess their health, nutrition, and compliance with drug therapy. The grants also supported health education for 1,375 inpatients and 1,310 outpatients.

Extending HIV care and treatment services

One example of a WAAF grant in care and treatment went under Round 3 to Communita di Sant' Egidio Hospital in Guinea-Bissau to facilitate HIV testing and treatment for 1,000 tuberculosis patients. Activities under grants in rounds 4 and 5 for this hospital included training of staff on multi-drug resistance, nutrition for patients infected with TB and HIV, and social aspects of the treatment and care of HIV and AIDS patients.

The funding Communita di Sant' Egidio received helped to make possible home visits for PLHIV that assess their health, nutrition, and compliance with drug therapy. The grants also supported health education for 1,375 inpatients and 1,310 outpatients that helps them prevent or manage illnesses and encourages them to share the information with their families and friends.

As an assessment of this hospital and support provided by WAAF stated:

San Egidio has made a lot of impact in terms of transforming the culture whereby physicians work alone. It has succeeded in helping the doctors perform medical rounds and meeting to discuss complex cases and finding solutions to them. In addition, it has trained doctors to

SUCCESS STORY

WAAF Grants Support the Multifaceted, Innovative Efforts of the Fobang Foundation

Fobang Foundation, an NGO based in Cameroon with headquarters in Yaoundé, has used a practical, multifaceted approach to tackle AIDS prevention and support PLHIV. With support from the WAAF, it set up a Vocational and Hope Training Centre in Yaoundé to train PLHIV in the cultivation of mushrooms and other vegetables, as well as the production of mosquito bednets. The NGO also uses drama and other captivating approaches to reach youths with HIV prevention messages.

The mushrooms cultivated generate extra income and provide an additional source of food for PLHIV. The skills learned have made PLHIV self-reliant and economically empowered. Especially for those who are family breadwinners, the centre is a place of hope where they can acquire skills, earn money, and get information on HIV and AIDS without fear of stigmatization.

The introduction of mushroom cultivation into the Fobang Foundation's nutrition program is aimed at supplementing and improving the diet of PLHIV. The foundation collected 70 popular but protein-deficient recipes from Cameroon's Western Highlands and Littoral provinces and demonstrated how they could be enriched by adding mushrooms. This proved to be very successful, with many PLHIV trying their hands at the new recipes.

The vocational centre also offers skills in mosquito bednet production, since malaria is also a major public health concern and is among the 10 leading causes in Cameroon of mortality and morbidity, especially among children. Malaria prevention is crucial, since it causes anemia that is fatal to PLHIV.

Established in 1998, the Fobang Foundation also specializes in targeted behavior change and communication, organizing health clubs where people learn about causes, prevention, and treatment of diseases. Since drama has a way of bringing issues to life and is an effective communication tool for behavior change messages, the foundation implements another practical program called Drama for Development, in association with journalists from the Cameroon Radio and Television Corporation. For this program, the foundation trained a network of teachers to use popular theatre to promote HIV and AIDS prevention, demystify AIDS, and alleviate stigma.

be able to read and interpret x-rays. This has been very useful in the monitoring of tuberculosis response to treatment. Health education manuals have been developed with many illustrations in pictures. Home assessments visits, which were not common in Guinea-Bissau because of stigmatization, have now been made possible.

Making a contribution to countries lacking USAID missions

On its website, USAID/WA notes that WAAF is “an effective programming mechanism in non-presence countries that responds to US interests and that has garnered high-level political support from US ambassadors who, from the small grants platform, can engage with senior officials responsible for shaping national HIV/AIDS strategy.”

As the mid-term project assessment put it succinctly, “WAAF is immensely popular with the embassies.” US Ambassador to Niger Gail Denise Mathieu reflected, “Without the ... Ambassador’s AIDS Fund, the Mission’s role as an important partner in the fight against HIV/AIDS would be greatly diminished, and local non-governmental organizations would lose significant source of funds that currently enable them to proactively fight against the spread of the epidemic.” Other US ambassadors in West Africa have been similarly appreciative of WAAF’s role in making visible the contribution of the US government in increasing the response across the region.

AWARE-HIV/AIDS provided for WAAF expert technical and management assistance that permitted worthy HIV/AIDS programs to be implemented and innovative ideas realized. In so doing, the project built the capacities of local NGOs across the region and helped them to raise their profiles and implement HIV/AIDS activities more effectively. 

Lessons Learned and Looking to the Future

The value and prospects of a catalyzing regional approach

REGIONAL DISSEMINATION WORKSHOP OF LESSONS LEARNED
INSTITUTIONAL CAPACITY DEVELOPMENT
ATELIER REGIONAL DE VULGARISATION DES RESULTATS EN
EN MATIERE DE RENFORCEMENT DES CAPACITES INSTITUTIONNELLES
MARCH/MARS 26-28-2008 MARINA HOTEL COSTA D'IVOIRE



Because the AWARE-HIV/AIDS Project was unprecedented in West and Central Africa, it yielded many lessons and opportunities to consider how to build on its achievements. The project had a unprecedented geographic scope in West Africa and a transformative objective—no less than a scaled up, effective, African-led response, harmonized between 18 countries.

AWARE-HIV/AIDS not only brought together countries and regional entities to align agendas and their actions to support the response, but it also encouraged collaboration among country-level stakeholders. The project served as a catalyst for action, promoting increased dialogue and experience-sharing, forging vibrant partnerships, and stimulating leadership and productive competition. In so doing, the project built ownership and consensus on vital issues, including on policies that provide an enabling environment, best practices that warrant replication to scale up the response, and on effectual HIV prevention messages and interventions for migratory populations.

AWARE-HIV/AIDS was not satisfied just to bring together stakeholders from across the region to reach consensus. It worked toward ensuring that decisions made and agreements reached were included in action plans and integrated into existing national frameworks. AWARE-HIV/AIDS provided technical assistance that maintained the momentum that had been created and developed tools and manuals to expedite action-plan implementation in different countries.

Bringing countries together around a task such as passing an HIV/AIDS law also speeded up its passage in countries that wanted to be among the first to record this success or not be left behind. A focused regional project was required to accomplish these objectives, but they also required one that effectively consulted and partnered with national AIDS control bodies and respected their legitimate leadership roles.

It is important to note that AWARE-HIV/AIDS always respected the “Three Ones” principle and aligned its support accordingly. This was very much appreciated in all countries and contributed to the project’s positive working relationships with national entities.

Participants at an AWARE-HIV/AIDS dissemination workshop consider their recommendations for future programming in the region.

Respect for the “Three Ones” also forwarded the cause of building sustainability and ownership to strengthen the response in West and Central Africa. Also to this end, AWARE-HIV/AIDS assiduously

The project demonstrated that countries of the region are eager to learn from each other and that efforts to facilitate this provide enormous, sustainable returns on the investment.

built the capacities of regional networks and technical institutions so they could take on challenges, demonstrate cutting-edge leadership, and provide south-to-south technical assistance.

The project demonstrated that countries of the region are eager to learn from each other and that efforts to facilitate this provide enormous, sustainable returns on the investment. The project also demonstrated that attention from a

regional project adds value to successful country-focused interventions and mobilizes their rollout by bilateral stakeholders, especially when customized technical expertise is provided to support their replication or adaptation.

Indeed, the regional efforts of AWARE-HIV/AIDS resulted in the leveraging of funds and other support from in-country donors for the replication of best practices, policy change, institutional strengthening, and cross-border prevention interventions. The project’s achievements were thus multiplied beyond its limited resources.

Looking to the Future

The platform AWARE-HIV/AIDS provided for West African countries to engage in regular exchanges and dialogue and obtain technical support was very valuable and should be maintained, perhaps by regional entities such as WAHO or UNAIDS. Such exchanges and collaborative relationships they engender hold the key to a strengthened response and the increased adoption of high-impact health policies and approaches.

To improve efficiency and more productive collaboration between countries across the region, it will be critical to identify groups of countries with common health challenges and bring them together to design a common and concerted response.

While other regional projects and national AIDS control bodies can profitably adopt and contribute to the processes developed to encourage the adoption of national HIV laws and of national policies that increase the availability of vital HIV/AIDS services, their support is required to ensure that the laws that were passed are implemented.

The approach employed by AWARE-HIV/AIDS in best-practice replication warrants continuation, perhaps with support from technical and financial partners, country programs, and regional institutions such as WAHO, the Central Bank of West African States, the African Development Bank, and the West African Economic and Monetary Union. At the same time, replications in particular technical areas such as PMTCT should take into account the need for other, integrated services to curb the HIV and AIDS pandemic.

There is also a need to devise a robust monitoring and evaluation system to count and track the number of secondary beneficiaries of regional programs whose support for best-practice replication and training ultimately results in lives saved and improved health outcomes.

AWARE-HIV/AIDS demonstrated the merits of facilitating south-to-south assistance with support for infrastructural capacity development and health system strengthening. New regional projects need to include concerted attention to these areas and to long-term sustainability. Though the project did much to build the capacities of regional institutions and networks, additional assistance in marketing and resource development is required to sustain and build on their achievements. Civil society organizations are also likely to need capacity building and other kinds of support, including from government entities and bilateral partners, to improve their governance, responsiveness to beneficiaries, and contributions to the response. 

The AWARE-HIV/AIDS Project 2003–08

Initiated in 2003 as a cooperative agreement with Family Health International by the West Africa Mission of the US Agency for International Development, AWARE-HIV/AIDS is a regional health project that has worked for five years to increase the adoption of high-impact health policies and approaches to respond to the HIV/AIDS epidemic in West and Central Africa.

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CONSTELLA FUTURES

