



**African Development Alliance  
to Combat HIV-AIDS**  
Grant No. HFM-G-00-02-00139-00

**FINAL REPORT**  
**June 26, 2002 – June 30, 2004**



**July 2005**

## Table of Content

|            |   |          |
|------------|---|----------|
| <b>I</b>   | <b>Introduction</b>   | <b>3</b> |
| <b>II</b>  | <b>Project Goal and Objective</b>                             | <b>3</b> |
| <b>III</b> | <b>Project Phases</b>   | <b>4</b> |
|            | <b>1. Partnership Building</b>                                | <b>4</b> |
|            | <b>2. Generating Contacts with Government of South Africa</b> | <b>4</b> |
|            | <b>3. Assessing the Needs</b>                                 | <b>5</b> |
|            | <b>4. Selecting Pilot Communities</b>                         | <b>5</b> |
|            | <b>5. Promoting the Alliances' Goals and Objectives</b>       | <b>7</b> |
| <b>IV.</b> | <b>Challenges, Lessons Learned for the Future</b>             | <b>9</b> |

## **I. Introduction**

The African Development Alliance to Combat HIV/AIDS was an innovative program, bringing together community and public sector donors to address the multi-sectoral needs within communities to mitigate the broader impacts of the pandemic at a local level. The program was designed in full recognition that HIV/AIDS requires a concerted response from sectors outside of the traditional public health arena, CHF International made a commitment to positively impact affected communities in the many countries where we work. As an initial effort CHF proposed to create the African Development Alliance to Combat HIV/AIDS, a consortium consisting of CHF International, The Pratt Consulting / The Pratt Center (formerly known as @theCenter) and the American Public Health Association (APHA). The African Development Alliance was established to enable US-based corporations, foundations and other concerned institutions to make tangible social and economic investments in the fight against HIV/AIDS. The initial focus of the Alliance, and the geographic scope for this pilot program grant, was project implementation in South Africa.

CHF proposed this structure to build on the strengths, capacities and missions of each organization to impact on the effects of the pandemic in South Africa in a holistic and integrated manner and leverage significant financial commitments from the US corporate and foundation communities. It was envisioned that the program would complement and enhance the important on-going efforts of the various actors and stakeholders to address and mitigate the HIV/AIDS pandemic.

USAID responded to this innovative and ambitious proposal by awarding CHF Grant Number HFM-G-00-02-00139-00 for \$364,064 in June 2002. The initial period of the grant was for six months but this was later extended to terminate in June 2004.

## **II. Project Goal and Objectives**

The project for the African Development Alliance to Combat HIV/AIDS (the Alliance) was designed with the overarching objective of delivering specific dollar commitments from US-based corporate and philanthropic organizations, to finance holistic programs combating HIV/AIDS, TB and malaria. The goal of the Alliance was to address the HIV/AIDS pandemic by building US and African financial and political support around community-based and community-endorsed holistic campaigns that combat and stem the tide of HIV/AIDS in Sub-Saharan Africa.

In order to improve the lives of at-risk communities through poverty reduction and economic growth opportunities, the Alliance established three key objectives. These were to:

- 1) identify community-based organizations with ongoing HIV/AIDS programs and help them leverage critical resources to improve their economic situations, reduce poverty and improve overall health conditions in the targeted municipalities;
- 2) develop a program structure and methodology that would support these organizations in further municipality-wide dialog focusing on the HIV/AIDS pandemic, in conjunction with the government of South Africa's rural and urban development strategies; and
- 3) identify strategic US and European business with commercial interests in South Africa to strengthen the operational capacity of local organizations, which would allow them to be more effective within the targeted communities.

### **III. Project Phases**

#### ***1. Partnership Building***

Within the framework defined by the Alliance, CHF International awarded a \$139,000 agreement to Pratt Consulting, retaining it to spearhead the initiative. In particular, the purpose of the partnership was to:

1. Secure the political/official endorsement of the Mbeki Administration for the African Development Alliance to Combat HIV/AIDS.
2. Travel to South Africa to:
  - Identify promising community-based initiatives that could help stem the tide of HIV/AIDS through adequate capacity building;
  - Chart a course for winning the endorsement of the Mbeki Administration; and
  - Identify US and European companies that might be interested in participating in a public/private alliance that would serve as a revenue base for holistic community-based initiatives, offering infected and affected community members with HIV/AIDS prevention, treatment and care interventions.

#### ***2. Generating Contacts with Government of South Africa***

Acting on behalf of the Alliance Team, in course of the visit in 2002, Pratt Consulting spoke with several colleagues and officials associated with President Mbeki's Administration. The first pivotal meeting was with Mojanku Gumbi, Legal Advisor to the President. With Ms. Gumbi's assistance, Mr. Wilson and Sharon Pratt were able to secure a meeting with Mr. Elroy Africa, the Deputy Director-General, Governance and Development, the top deputy of Minister FS Mufamadi. Mr. Africa was instrumental in securing a meeting with the Minister.

Mr. Wilson and Ms. Pratt, along with CHF International Country Directors Mr. Claude John and Mr. Mathew Chandy, met with Minister Mufamadi, Mr. Jakes Jacobs, President Mbeki's advisor, and Mr. Elroy Africa in Pretoria. Minister Mufamadi used the occasion to highlight the Mbeki Administration's Regional and Provincial Government priorities. The Alliance Team, in turn, highlighted opportunities where it could support President Mbeki's Provincial Government Initiatives and identified promising capacity-building

initiatives that corresponded with President Mbeki's and Minister FS Mufamadi's priorities.

Upon returning to the United States, the Alliance Team continued to dialogue with Mr. Elroy Africa, Mr. Jakes Jacobs and Minister Mufamadi to emphasize the importance of engaging the US private sector with business interest in South Africa in the fight against HIV/AIDS and Ms. Pratt requested formal endorsement of the USAID US/Africa HIV/AIDS Alliance Initiative.

After several months of negotiations back and forth, Minister FS Mufamadi signed a letter endorsing the United States/Africa USAID HIV/AIDS Alliance Initiative on behalf of the Mbeki Administration, in the fervent hope that this joint capacity-building initiative would not only help stem the tide of HIV/AIDS in South Africa, but would also foster meaningful foreign direct investment.

### 3. Assessing the Needs

In August 2002, CHF International conducted a Rapid Needs Assessment for potential pilot communities. This assessment was presented in October 2002 and documented a series of activities being implemented at the time by community-based, private sector and government organizations aimed at the reduction of poverty and the improvement of life for those living with HIV/AIDS and at-risk communities. APHA assisted assessment efforts in identifying and validating cross-cutting health/treatment related activities being carried out at the regional and national levels. These organizations and interventions were also included based on the potential for support from US-based corporations that were to be contacted in later stages of Alliance activities.

### 3. Selecting Pilot Communities

In coordination with the government of South Africa, and in support of the government's urban and rural economic development initiatives, the African Development Alliance to Combat HIV/AIDS targeted the following municipalities:

- Inanda and Ndwedwe in Kwazu Natal,
- the Nelson Mandela Metropole, and
- Makana in the Eastern Cape.

These municipalities were selected because they consisted of a wide range of communities that were being served to varying degrees by community based and private sector organizations but still clearly in need additional support of HIV/AIDS services. At the same time, all of the targeted municipalities were selected for being relatively stable, free of significant power struggles among political organizations, and having at least one credible community-based structure. Communities had to be willing to play an active role in supporting the implementation of appropriate interventions. In addition to targeting

these three municipalities, the Alliance used all three regions as a base of support to do outreach work with communities underserved by current development efforts.

The Alliance conducted a thorough assessment of target areas and identified organizations with ongoing activities that address the needs of communities infected and affected by HIV/AIDS. All of the initiatives, at a minimum, fell within one of the following four programmatic pillars:

- 1) Education/Prevention
- 2) Reduction of Vulnerability to Opportunistic Infections
- 3) Economic Opportunities (for those who are HIV positive and their families as first beneficiaries)
- 4) Treatment and Health Infrastructure Development

These pillars formed the basis for addressing the HIV/AIDS pandemic in an integrated and holistic manner and the interventions that were identified leveraged the momentum of community-based organizations, private sector organizations and government entities to enhance economic development, reduce poverty and improve the lives of those living with and at-risk of HIV/AIDS. Projects covered a broad range of activities and represented almost every part of a community member's life cycle—from cradle to grave. Initiatives helped community members address numerous issues related to life with HIV/AIDS, nurture their individual self-esteem, and turn their pride into a catalyst that could help transform their communities.

Local community-based organizations were asked to present profiles of ongoing programs or projects in the planning stages. They were also encouraged to present activities that could be carried out if additional funding were to be made available. Although many of the projects did not fall within traditional HIV/AIDS treatment or prevention areas, all of the initiatives had as their first and primary beneficiaries those individuals who are HIV positive and their families. CHF International and Pratt Consulting developed a presentation and break-down of the proposed initiatives by province. In this way, companies could sponsor a particular set of initiatives in one of the four provinces. CHF (along with counsel from APHA) took the lead in identifying and vetting the promising cross-cutting, community capacity-building initiatives.

Projects included:

- home-based care
- hospice development and support
- HIV/AIDS counseling and testing support center
- prevention and awareness training programs for youth
- early childhood nutrition and immunization
- teens against drugs programs
- community victim support
- retrofitting and/or construction of health offices
- retrofitting and/or construction of crèches

- retrofitting and/or construction of schools
- de-sludging of latrines
- land release program
- computer equipment and skills development
- urban agriculture (i.e. community gardens, agri-villages, learning centers)
- heritage tourism trail for economic impact
- neighborhood watch association development
- bee-keeping small industries
- aqua-culture industries
- small scale fisheries
- medicinal plants business
- compost from gardening industries
- career counseling and business skills development
- car wash business plan development for employment of youth
- women's craft business development

All Alliance activities were carried out in coordination with the government of South Africa, as well as local and provincial governments.

#### 4. Promoting the Alliances' Goals and Objectives

More than ever, it was clear that HIV/AIDS is more than just a critical health concern, but also an economic issue crippling the productive work force of entire societies. With the Community Assessment in hand, the Alliance began identifying concerned and conscientious US corporations and foundations to support the implementation of these life saving, community-based interventions.

Pratt Consulting spearheaded the identification of the private sector companies and foundations. This identification began with meeting with representatives from the Corporate Council on Africa (CCA). CCA is the largest US trade organization with companies doing business in Africa. Sharon Pratt, Franck Daphnis and Randy Lyness met with Stephen Hayes, the President of CCA. This meeting was advantageous and yielded a list companies with commercial interests in South Africa. From this list, the Alliance initially targeted the following companies:

- Coca Cola
- Oracle
- Ford Motor Company
- Halliburton
- Pfizer
- Chevron Texaco
- Citibank
- Abbott Labs
- Daimler Chrysler
- SAIC

Pratt Consulting took the lead in calling representatives of the above organizations to schedule meetings to promote the Alliance's initiative. Members of the Alliance met with the representatives responsible for philanthropy and corporate giving and promoted the innovative strategy aimed at impacting HIV/AIDS affected populations in South Africa. The Alliance worked to impress on corporations with current and projected investments in South Africa the importance of uniting through the Alliance, to fund lifesaving HIV/AIDS interventions in the communities where they were doing business.

Preliminary meetings were encouraging. All companies lauded the concept of uniting US corporate efforts surrounding HIV/AIDS and expressed interest in the initiative. They recognized that the Alliance provided an effective means of engaging the private sector in the fight against HIV/AIDS. Parallel to these meetings in the States, CHF field staff in South Africa engaged the local representatives of these same companies to raise awareness regarding the importance of addressing this important need. It was encouraging to note that almost all US Companies doing business in South Africa engage in some type of HIV/AIDS programming. These efforts, although in some cases substantial, focus primarily on employees and their families, as this is directly related to operations. The next step was to gain recognition of the importance of going beyond their immediate sphere of influence and bringing much needed resources to bear on the devastating impact of the pandemic on the communities in which they operate. The challenge of convincing corporations to go beyond their "*bottom line*" was significant and, although many companies were enthusiastic about the Alliance's work, political factors, such as the looming invasion of Iraq, made them reluctant to make financial commitments at that time.

In July 2003 the Alliance met with Paula Luff, Director of International Philanthropy for the Pfizer Corporation. In 2001, Pfizer had created the Diflucan® Partnership Program, a unique public-private partnership among Pfizer, ministries of health, local clinicians, and non-governmental organizations (NGOs) in developing countries hardest hit by AIDS. Through the program, Pfizer donated Diflucan® to South Africa, making it available to patients with two HIV/AIDS related opportunistic infections. Based on the meeting with the Alliance, Ms. Luff expressed interest in initiatives that would link up with this ongoing program.

An initial proposal was sent to Pfizer in September 2003 and in April 2004, Pfizer agreed to provide a \$35,000 donation to support the activities of the Raphael Center in the greater Grahamstown area in the Makana Municipality of the Eastern Cape. The center was started in 1999 in response to extensive community needs for care and support of people living with HIV/AIDS. At a time when most organizations had drastically curtailed HIV/AIDS-related services due to a lack of funding, the grant is supporting the Rafael Center for 18 months, subsidizing the annual salary of full-time staff, training and the procurement of equipment. With the help of Pfizer, the Raphael Center was able to provide free Voluntary HIV Counseling and Testing (VCT) to the Grahamstown community and training for the prevention of mother to child transmission (PMTCT).

Follow up meetings with Chevron Texaco representatives in Washington, DC the resulted in an expression of interest supporting the Alliance but required the buy-in from executives in South Africa and Nigeria. The company's priority, however, was to support its HIV/AIDS program in Nigeria being implemented through the International Foundation for Education and Self-Help (IFESH). Productive meetings were held in South Africa and Nigeria to explore opportunities for collaboration. Chevron indicated interest in which CHF would assist in tying in and integrating the work of the IFESH, which had experienced difficulties in jumpstarting their program. This assistance would bring together the support of Chevron to allow the Alliance to assist in more than \$4 million in HIV/AIDS programming. Substantial progress was made and resulted in a proposed Memorandum of Understanding between CHF and IFESH. Due to internal issues within the organization, however, IFESH senior management decided to back away from the agreement.

When the pilot project grant ended, CHF continued to follow up with corporations such as Chevron and Coca Cola to advocate the Alliance's work. CHF also continued to coordinate with IFESH in hopes that continued negotiation would result in a partnership.

#### **IV. Challenges, Lessons Learned for the Future**

CHF International and other Alliance consortium members are as convinced as ever of the importance of private sector support of and investment in community-based initiatives to combat HIV/AIDS in South Africa, and other countries with high prevalence rates. At the same time, the process of working to launch the Alliance taught us numerous critical lessons that have greatly impacted our other HIV/AIDS projects and related plans for the future.

Grassroots community-based empowerment initiatives are a hallmark of all of CHF International's most successful activities. While well meaning, we have learned that the African Development Alliance to Combat HIV/AIDS was too focused on the needs of the South African government and private sector.

As important as it is for organizations to secure the political support of the governments where they work, even more important is ensuring approaches are inclusive of *all* stakeholders – the government, private sector, civil society, faith-based organizations, affected community members, and infected persons themselves.

The duration of the project was not sufficient to solidify the partnerships with corporations. A lot of work is necessary to get companies to think beyond their immediate sphere of interest, which often focus only on their employees and do not extend to the communities or the country at large. Had more time been available, more contributions from the private sector would have been more forthcoming. Furthermore, more substantial support from the Mbeki administration would have been forthcoming had the Alliance approached it with a more solid base of resources to support its initiatives.

Instead of working to raise political and financial support of community-based initiatives with the private sector and government actors, as a starting point CHF International is once again focusing its HIV/AIDS work in Africa on empowering the local community-based organizations to achieve their full capacity – with technical tools, training, assistance and sub-grants – so that they can continue to serve low-income communities on a sustainable basis, with external support a hoped for follow-up.

For example, working through a cooperative agreement with the U.S. Centers for Disease Control (CDC), CHF International is now implementing the Local Prevention and Treatment of HIV/AIDS-Grants Management (LPATH-GM) program. The LPATH-GM program is working to reduce the impact of HIV/AIDS in Kenya, by strengthening the capacity of local nongovernmental organization (NGO) partners through a customized blend of intensive participatory learning, on-site assistance, and practical application and monitoring.

Among its key program features, LPATH-GM provides a comprehensive assessment of NGO partners that helps them to develop strategic plans for improved and sustained HIV/AIDS services. CHF International then provides a customized training and technical assistance package that meets NGOs' specific technical, organizational and program management needs. A tailored sub-grant awards process helps NGOs build an incentive mechanism for improving their performance, by providing carefully defined indicators, and allowing them to put into practice their newly gained skills and resources.

Instead of working to secure government and private sector support community based organizations, the LPATH-GM training package enables Kenyan organizations to access a variety of revenue sources that support their activities, as well as the on-site assistance to initiate these options. As a result, each NGO will be enabled over three years to aspire to sustain its HIV/AIDS services, and continue to provide expanded HIV services independently.

This approach has proven so much more beneficial for community-based organizations dealing with HIV/AIDS that our intention is to scale this approach up regionally throughout East Africa, and also to replicate the approach in the South African municipalities of Inanda and Ndwedwe in Kwazu Natal, the Nelson Mandela Metropole, and Maken in the Eastern Cape.

Moreover, the important work begun by the African Development Alliance to Combat HIV/AIDS in identifying sound community-based organizations that are implementing successful holistic approaches will play a strong role in informing our capacity building work, when we begin replicating the LPATH-GM program there, as well.