



Positioning West African Institutions and Networks



Strengthening West Africa's Response to the HIV/AIDS Epidemic

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HIV/AIDS





At a Glance

To respond to the need for indigenous regional institutions and networks that are capable of assuming strong leadership roles in a robust and sustainable response to the HIV epidemic in West and Central Africa, the AWARE-HIV/AIDS Project built the capacities of three selected regional networks and four institutions. But the project did much more than that. It provided support to launch them into their regional leadership roles even as their capacities were being strengthened. Through these efforts, the networks and institutions have become catalysts for sustainable and positive change and now offer region-wide training, including in approaches identified as best practices in responding to HIV and AIDS.

With AWARE-HIV/AIDS support, the seven organizations have improved their organizational and technical capacities, assumed strong leadership roles in the scale-up of effective HIV programs, and extended their reach and influence. The process that enabled them to become—even during the capacity building process—dependable sources of regional technical assistance for governments, private-sector organizations, and national NGOs warrants closer examination and replication.

*AWARE-HIV/AIDS
works in 18 countries in
West and Central Africa:*

*Benin
Burkina Faso
Cameroon
Cape Verde
Chad
Côte d'Ivoire
The Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo*



Strengthened institutions disseminated technical approaches identified as best practices in HIV prevention, care, and treatment. In addition, strengthened networks became more effective advocates for policy change when they promoted best practices in prevention, care, treatment, and advocacy.

Institutional Capacity Development: A Necessity for West Africa

In 2003, the West Africa Mission of the US Agency for International Development (USAID) funded the AWARE-HIV/AIDS Project, which aimed at the increased adoption of selected high-impact health policies and approaches in West Africa by identifying and disseminating proven and high-impact prevention, care, and treatment practices; increasing the involvement of indigenous institutions, communities, and people living with HIV and AIDS in local responses; and promoting policies that foster an enabling and sustainable environment for excellent HIV prevention and care programs.

This five-year project was implemented by a consortium led by Family Health International (FHI), with the Futures Group International and Population Services International as key partners. It has four main components. One strengthens regional institutions and networks; the second encourages the replication of best practices in HIV and AIDS prevention, care, and treatment; a third supports advocacy for policy change; and a fourth strengthens HIV prevention along major West and Central African migratory routes.

Though this document highlights the activities and achievements of the institutional strengthening component of the AWARE-HIV/AIDS Project, the close and even symbiotic relationships between the components should be firmly kept in mind. Institutional strengthening is a key component, since the scale-up of effective and sustainable HIV and AIDS programs in the region would greatly benefit from indigenous institutions and networks that are organizationally and technically sound and capable of innovative and far-reaching leadership.



What We Did and How We Did It

The project's first step 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 conducted in collaboration with the sister project, AWARE-Reproductive Health (RH). AWARE-HIV/AIDS then selected from this list institutions that had the staff and facilities to offer training and technical leadership in the key technical areas of the project's focus.

The four selected were the Cameroon Baptist Convention Health Board; Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales in Senegal; Centre d'Information, de Conseil et de Documentation in Burkina Faso, and Komfo Anokye Teaching Hospital in Ghana.

In addition to these institutions, AWARE-HIV/AIDS selected three key regional networks: 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). Their inclusion as candidates for strengthening recognized the need for civil society to play a critical role in the response to the epidemic and the need for much greater involvement in this response of people living with HIV.

Though the three networks required extensive capacity building before they could become fully operational and influential in the region, it was well worth the effort. Their transformation into active and viable organizations stood to strengthen the role of civil society in local responses and, in particular, elevate across West and Central Africa the voices of people living with HIV and AIDS and their families—those whose lives the epidemic had most affected.

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The project organized media events and the production of documentary films, since increasing the visibility of the organizations stood to increase the volume and geographic range of requests for their upgraded technical assistance.



What We Did and How We Did It *(continued)*

A Unique FHI Capacity Assessment Tool

An important step in the capacity building process was to analyze the strengths and weaknesses of each organization to determine its most crucial needs. This was done systematically by using a unique capacity assessment tool developed by FHI that is known by its acronym, TOCAT, or Technical and Organizational Capacity Assessment Tool.

The TOCAT involved workshops in which designated staff from each organization participated. With the help of experienced facilitators from FHI, participants evaluated 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. Facilitated discussion groups produced consensus scores that helped to target interventions and measure progress.

All the data gathered was fed into capacity assessment reports. These contributed to custom-made capacity development action plans that AWARE-HIV/AIDS helped each institution and network to craft. The project also made significant contributions to their implementation, but always in an iterative process, with appropriate decision space for the organizations and continuous quality assurance.

The baseline capacity assessments highlighted some critical needs shared by all seven organizations. By and large, technical excellence and managerial competence depended on individuals, rather than systems. That meant that the organization might be effective because the person at the helm and other staff knew all the right things to do and did them well, but there were no systems in place to ensure that their replacements did the same. This was a weakness that put the organizations’ quality and sustainability at risk.



Marketing and resource development was another shared need and a neglected or ignored 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.

Two years into AWARE-HIV/AIDS support, the TOCAT was used again to gauge the progress each organization might have made in the four domains. These follow-up assessments guided the last two years of the project's work and contributed to its achievements.

How We Built Capacity in Each Domain

Organizational management

Capacity building in organizational management was the first order of business for two networks that had no legal status in their host countries, affecting their ability to open bank accounts, raise funds, and contract with donors. AWARE-HIV/AIDS provided assistance that remedied this situation, and provided support to develop constitutions and hold meetings of governing bodies. For them and other organizations requiring organizational support, the project assisted with the development of strategic plans, computerized accounting systems, and management tools such as administrative and financial manuals.

Technical management

To improve technical management, AWARE-HIV/AIDS provided support to establish monitoring and evaluation and quality control systems. The project also enabled internet connections and provided the institutions with subscriptions to peer-reviewed technical journals. Work with the institutions in this domain included developing mentoring and supervision guides and training on mentoring. For the networks, the project helped them to improve the skills they





What We Did and How We Did It *(continued)*

needed to fulfill their mandates in areas such as community mobilization and technical program planning.

Marketing and resource development

To build capacity in this domain, AWARE-HIV/AIDS organized training workshops, provided assistance with marketing and resource development plans, and helped to create brochures and websites. The project also organized media events and the production of documentary films, since increasing the visibility of the organizations stood to increase the volume and geographic range of requests for their upgraded technical assistance.

All activities aimed at widening the resource base of the institutions and networks and ending their reliance on AWARE-HIV/AIDS support. To this end, the project provided assistance with grant and fund-raising proposals and created opportunities for direct contacts between the organizations and other donors and sources of funding.

Skills transfer

For the institutions, building their skills-transfer capacity entailed upgrading and equipping training facilities, libraries, and documentation centers; developing inventories of staff expertise tailored to the training curricula; and crafting or updating training 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.

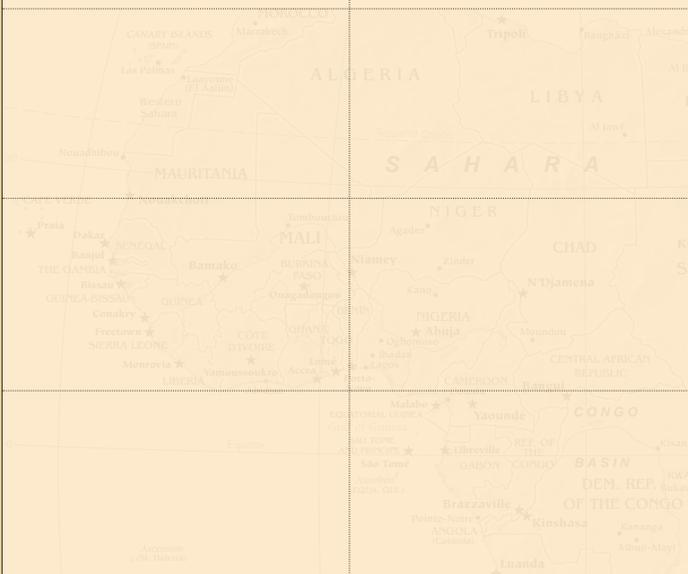
Strengthened Regional Institutions and Networks

INSTITUTIONS

- Cameroon Baptist Convention Health Board, supported as a regional learning center in services that prevent mother-to-child transmission of HIV
- Centre d'Information, de Conseil et de Documentation, Burkina Faso, supported as a regional learning center in counseling and testing
- Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales, Senegal, supported as a regional learning center in HIV and AIDS care and treatment for Francophone countries
- Komfo Anokye Teaching Hospital, Ghana, supported as a regional learning center in HIV and AIDS care and treatment for Anglophone countries

NETWORKS

- Network of African People Living with HIV (NAP+WA)
- Society of Women Against AIDS in Africa (SWAA)
- West Africa Network of AIDS Service Organizations (WANASO)



Strengthened Regional Institutions

Cameroon Baptist Convention Health Board (CBCHB), Cameroon

Description: Healthcare branch of the Cameroon Baptist Convention, a non-profit organization with over 1,000 employees in its five hospitals, 23 integrated health centers and 43 primary health centers, pharmaceutical production and distribution department, and training school, and an excellent prevention of mother-to-child transmission (PMTCT) program.

Perceived strengths in 2004: Technical and organizational management.

Identified needs in 2004: Skills transfer and marketing and resource development.

AWARE-HIV/AIDS support, 2004–08: Refurbished training facilities; skills-transfer strategic plan; training guidelines and revised PMTCT training modules; upgraded monitoring and evaluation (M&E); marketing and resource development plan; marketing videos, brochures, and website.

Results: Has a well-equipped training center and provides training and expert technical assistance to countries in the region to support the expansion of PMTCT services. Has worked in Mauritania, Sierra Leone, Liberia, The Gambia, and Togo.



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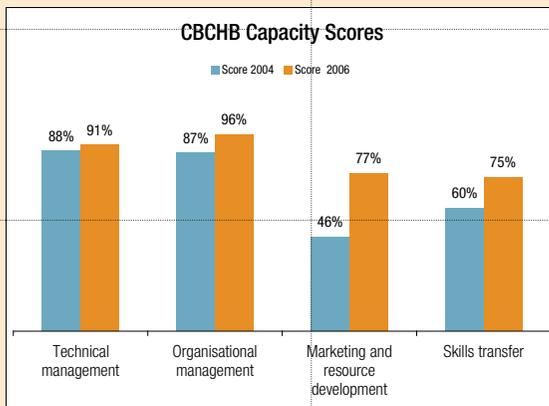


Fig. 1. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

Centre d'Information, de Conseil et de Documentation sur le SIDA et la Tuberculose (CICDOC), Burkina Faso

Description: Not-for-profit, nongovernmental organization established in 1999 in Burkina Faso at the initiative of seven local associations with whom the center maintains close relationships. Excellent track record in training counsellors for HIV counselling and testing (CT) programs in Burkina Faso.

Perceived strengths in 2004: Technical management, organizational management, and skills transfer

Identified needs in 2004: M&E unit and quality assurance; improved logistics management system; upgraded training facilities, marketing and resource development.

AWARE-HIV/AIDS support, 2004–08: Refurbishment of training center and library; additional human resources to manage training sessions; reference manuals, curricula, and supervision guides; quality assessment tools; directory of partners; 2008–11 strategic plan; marketing and resource development training.

Results: Has an improved and well-equipped training center and offers expert CT training and technical assistance to other countries to support expansion of CT services and national campaigns to scale up CT coverage. Has worked in Benin, Cameroon, Guinea Bissau, and Niger.

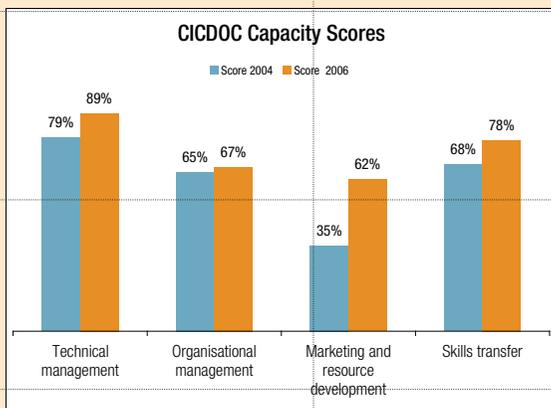


Fig. 2. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

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Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales (CRF/SMIT), Senegal

Description: An excellent training center for health personnel in HIV care and treatment housed within the Department of Infectious and Tropical Diseases at the Fann hospital in Dakar. Expert staff and experience in developing tools for training in HIV care and treatment. Was closely involved in the development and implementation of ISAARV (Initiative Sénégalaise d'Accès aux ARV), which aimed to expand access to antiretroviral treatment (ART).

Perceived strengths in 2004: Expertise on HIV care and treatment; technical management; collaboration with international institutions.

Identified needs in 2004: Marketing and resource development; skills transfer.

AWARE-HIV/AIDS support, 2004–08: Human resources to manage training sessions; marketing and resource development; training center equipment; care and treatment guides and ART training kits; guidelines for international training; documentation center and subscriptions to peer-reviewed journals; marketing plan, brochures, and website.

Results: Offers training and expert technical assistance to countries in the region to support the scale up of ART programs and selected by the GTZ as a regional training hub. Has worked in Mauritania, Niger, Guinea Bissau, Guinea, and Togo.



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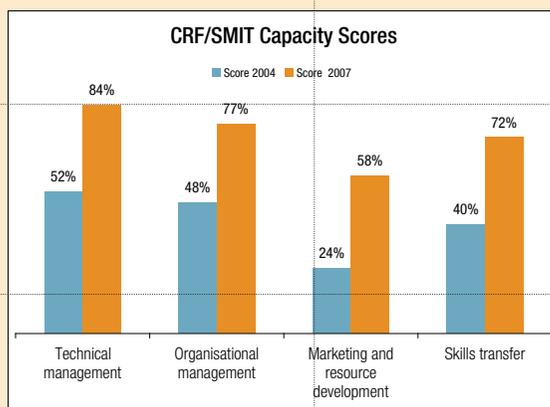


Fig. 4. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

Komfo Anokye Teaching Hospital (KATH), Ghana

Description: Founded in 1954, a 1,000-bed teaching hospital in Kumasi, the capital of the Ashanti Region, and Ghana's second largest hospital, with more than 1,500 employees and an excellent HIV care and treatment program. Trains medical students from the Kwame Nkrumah University of Science and Technology and is the main referral center for health facilities in the country's northern region.

Perceived strengths in 2005: Organizational and technical management.

Identified needs in 2005: Marketing and resource development; skills transfer.

AWARE-HIV/AIDS support, 2005–08: International training guidelines and updated training modules; renovation of lecture hall; training in resource development and marketing, brochures and website.

Results: Provides training and expert technical assistance to countries in the region to support the scale-up of HIV care and treatment. Collaborates with the French government's ESTHER programme (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) to train health personnel in HIV care and treatment. Has worked in Sierra Leone and Liberia.

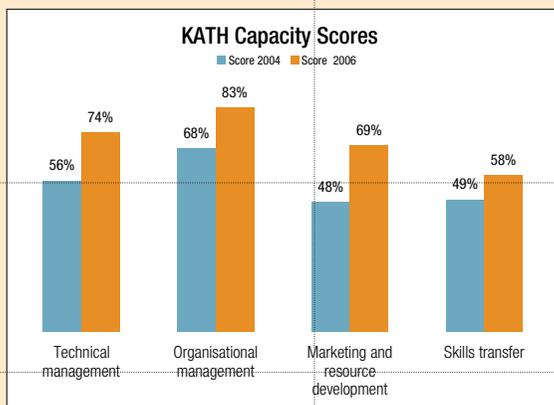


Fig. 3. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

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Strengthened Regional Networks

Network of African People Living with HIV/AIDS (NAP+WA), West Africa

Description: Founded in 2000 as the West African branch of the Africa-wide advocacy and information network dedicated to improving the quality of life of people living with HIV and AIDS (PLHIV), and the only region-wide network representing all people living with HIV in West Africa.

Perceived strengths in 2004: Recognized need for greater involvement of PLHIV in the response to the HIV epidemic.

Identified needs in 2004: Legal recognition and autonomy from headquarters; office and staffing; training and assistance with collaboration, administrative and financial systems.

AWARE-HIV/AIDS support, 2004–08: Network constitution and other governance and management tools, administrative and financial management manual; computerized accounting system; strategic, M&E, and resource development plans; marketing tools; technical support for funding proposals.

Results: Works with national networks of PLHIV associations in 16 countries, provides support for anti-stigmatization campaigns, and has proven abilities to run a successful community market to showcase work and mobilize resources from other partners, including Open Society Institute for West Africa, the World Bank's Corridor Project, UNAIDS, and UNDP.



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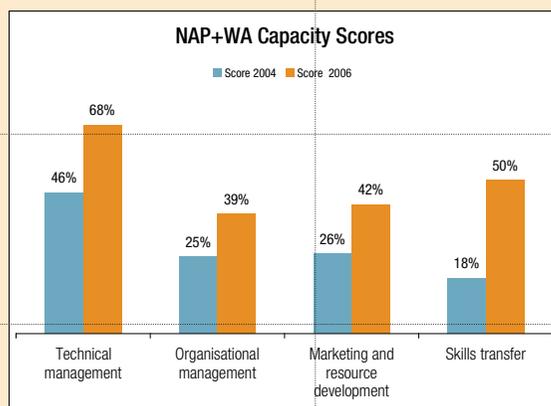


Fig. 5. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

Society of Women Against AIDS in Africa (SWAA)

Description: African women’s organization that aims to protect and champion the needs and concerns of women and children on the continent who are infected and affected by HIV. Works through a network of 40 country offices to mobilize and empower communities to address HIV with full consideration of the gender dimension of the epidemic.

Perceived strengths in 2004: Recognized need for women to play a key role in the response, given the epidemic’s feminization; strategic plan, governing bodies, equipment, infrastructure; involvement in international programs.

Identified needs in 2004: Technical training; links to expertise in the region; quality assurance; coordination between branches and headquarters; marketing and resource development.

AWARE-HIV/AIDS support, 2004–08: Workshops on coordination, capacity building, and advocacy; training on resource development, marketing, and external relations; fund-raising proposals; member and donor registers; strategic plans.

Results: Provides technical assistance to build the capacity of its national branches and advise on campaigns to increase access to HIV and AIDS care and treatment for women and children and scale up CT.

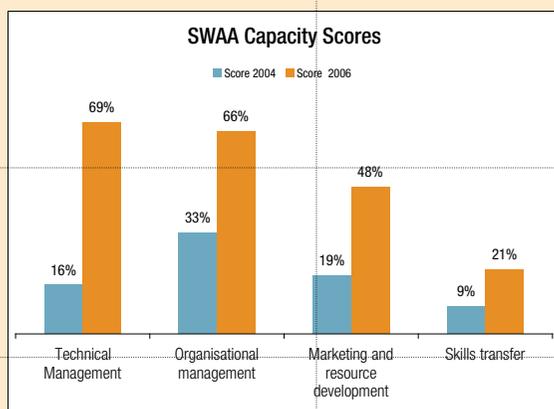


Fig. 6. Capacity scores in four domains before and after AWARE-HIV/AIDS support.

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West Africa Network of AIDS Services Organizations (WANASO)

Description: Established in 1991 as the West Africa branch of the African Council of AIDS Service Organizations (AfrICASO); now comprises more than 500 national and community-based NGOs and 16 national networks. Promotes and facilitates community responses to improve the quality of life in communities through advocacy, networking, development of sustainable organizational systems, and capacity building for networks, NGOs, and community-based organizations.

Perceived strengths in 2004: Potential for strengthening the voices of civil society organizations in local responses.

Identified needs in 2004: Lack of legal registration, strategic plan, training, permanent staff

AWARE-HIV/AIDS support, 2004–08 : Office rental and equipment, hiring of staff and operating costs; administrative, financial, and data management systems; action plans; M&E; program management; advocacy; marketing and resource development; directory of community AIDS associations in West Africa; brochures and website; training-of-trainers manual and training on community participation, project design and planning, and proposal writing.

Results: A functional and proficient organization providing technical assistance to increase the use of CT services by youth and organize sensitization campaigns to reduce stigma and discrimination.



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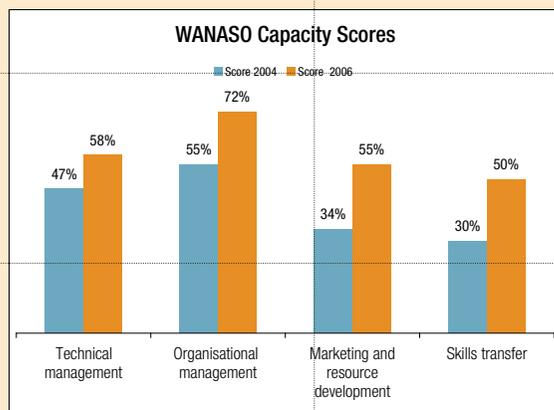


Fig. 7. Capacity scores in four domains before and after AWARE-HIV/AIDS support.



Building the Ship While Sailing It

The unique and perhaps most remarkable aspect of this effort was that even while organizations were being supported to build their capacities, they were engaged in providing training and technical assistance, with project support.

The institutions and networks worked hand-in-hand with AWARE-HIV/AIDS to provide technical assistance on 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 management of PLHIV associations while delivering this training, with support from AWARE-HIV/AIDS experts.

Even while organizations were being supported to build their capacities, they were engaged in providing training and technical assistance, with project support.



Perhaps the program's greatest achievement has been in strengthening and promoting African regional and national capacity to plan, manage, and implement health programs. This measure has helped to further African leadership and ownership.

The AWARE partners are well appreciated by their client institutions for the quality and relevance of their activities, the high caliber and competence of their staff, and their innovation in meeting the policy and strategic challenges of the region.

The USAID/West Africa Regional
Health Program: A Mid-term
Assessment, July 2006

Our Achievements

South-to-South Technical Assistance Made Available

The AWARE-HIV/AIDS Project's work resulted in four strengthened technical leadership institutions in the region. TOCAT-based, follow-up assessments in 2006–07 demonstrated that all seven had boosted their capacity scores across all four domains (see figs. 1–4). As a result, the institutions and networks are now channels and agents for technology and skills transfer, and contribute importantly to the scaling up of HIV testing, care, and treatment and the replication of best practices across West and Central Africa.

In turn, the strengthened institutions have been steadily and expertly providing technical assistance and building capacity within the region. Collectively, they have trained more than 400 healthcare providers and supplied more than 150 person-weeks of technical assistance outside of their own countries.

To cite specific examples:

- Komfo Anokye Teaching Hospital 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 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, and trained healthcare providers from these countries as well as in Senegal, Niger, Côte d'Ivoire, and Chad.



That the networks are now active and effective is a tribute to the strengthening activities. Improving their technical and management skills required substantial investments of time and effort.

- Centre Regional de Formation, Service des Maladies Infectieuses et Tropicales provided technical assistance to support the scale up of ART 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 provided training and technical assistance to scale up counseling and testing in Niger, Benin, Cameroon, Togo, and Guinea Bissau, and provided trainings for those countries and Mali.

Active Networks Fulfilling their Mandates

The 2006 follow-up assessments revealed that the three networks had also improved in each capacity domain (figs. 5–7). That the networks are now active and effective is a tribute to the strengthening activities. Improving their technical and management skills required substantial investments of time and effort. The project helped two of them to gain legal status and all three to take giant steps forward. They are now active and visible, capable of building the capacities of NGOs to participate in local responses to HIV and AIDS and initiate activities.

- NAP+WA not only established national networks in Ghana, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Sierra Leone, and The Gambia, but it hosted an important community market and mobilized funding from UNAIDS, the World Bank's Corridor Project, and from other donors.
- SWAA chalked up many accomplishments, including assisting branches in Burkina Faso, Togo, and Liberia with their strategic and operational plans, membership registers, and fund-raising proposals; and providing technical assistance on sensitisation campaigns on 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 also provided valuable technical assistance to increase the number of youth who access counseling and testing services.





A Community Market Showcases the Work of People Living with HIV and AIDS

As part of its exit strategy to the support provided to NAP+, AWARE-HIV/AIDS conceived and provided support for a “community market” to be run by NAP+WA. The first of its kind, the NAP+WA Community Market showcased efforts that PLHIV organizations in the region are making in response to HIV to garner support for them from donors in West Africa and beyond.

Selected NAP+WA members were brought together to develop a full technical and financial proposal, with sound data on resources required. Thus armed, NAP+WA mobilized some funding for the event from the International Federation of Red Cross and Red Crescent Societies, UNICEF, UNAIDS, the World Bank, Bristol Foundation, and the Open Society Initiative for West Africa.

The NAP+WA Community Market was held in Ouagadougou, Burkina Faso, in November 2007. More than 150 representatives of PLHIV associations from 16 countries attended and joined a march to sensitize against stigma and discrimination, including a caravan from Niger that sensitised people along the route from Niamey to Ouagadougou.

Participants interacted with high-level Burkina officials, the local and international press, and representatives of donors and development partners, including the World Bank, the International Federation of Red Cross and Red Crescent Societies, UNAIDS, WHO, the Clinton Foundation, UNICEF, and other bilateral programs in Burkina.

Donors learned about the network’s strategic plan and priorities, and side meetings were organized to identify areas for collaboration. UNAIDS committed to support three of the network’s priority areas, the International Federation of Red Cross and Red Crescent Societies urged NAP+WA to submit a proposal for funding, and the World Bank made a presentation on its funding opportunities.



The Lessons We Learned

The project demonstrated that, with appropriate support, West African organizations can play a significant leadership role in the response to the challenges facing the region. It learned that technical assistance provided by West African organizations is well appreciated by countries in the region, since experts from these organizations fully understand the environment and shared cultural realities.

Moreover, building the capacities of indigenous organizations provides enormous returns on the investment. Strengthened African organizations offer opportunities for south-to-south exchange of technical assistance, and they can provide cost-effective, relevant remedies that address health-system weaknesses in the region. Though the effort was substantial, the project's support for regional networks fostered more effective advocacy, facilitated experience-sharing among civil society organizations, and allowed their voices to be more clearly heard.

The project also learned that giving organizations opportunities to conduct self-assessments of their strengths and weaknesses helped to ensure ownership of and commitment to capacity development action plans developed as part of the process.

Perhaps the most important lesson was this: teaming with the organizations being supported for capacity development in the provision of technical assistance is a very successful strategy. It provides the organizations with chances to learn while sharing the expertise they already have to offer, and it creates opportunities for potential clients to learn of their existence and be apprised of their technical capabilities.

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Looking Forward

The approach developed by AWARE-HIV/AIDS to capacity building should be explored for replication and expansion. It appears to be a cost-effective way to make indigenous technical assistance available and will contribute to the systems-strengthening badly needed in many countries in the West Africa region.

Though the seven organizations strengthened by the project made tremendous progress, they require more assistance in marketing and resource development to ensure their sustainability, along with other support that keeps them on the cutting-edge of technical development.

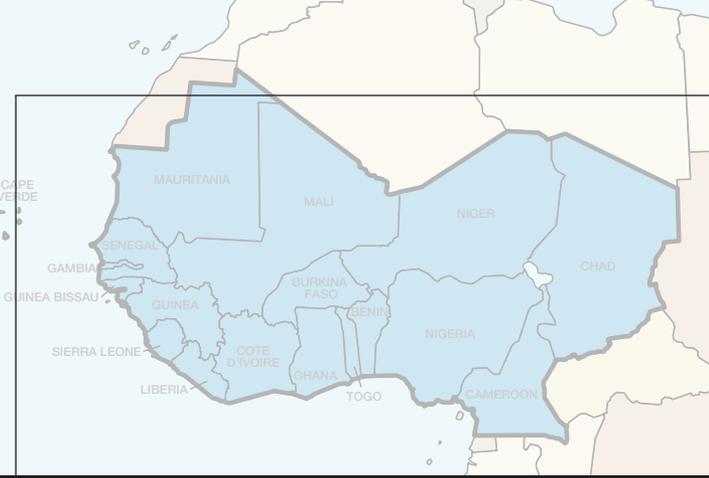
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The AWARE-HIV/AIDS Project, 2003–2008

Family Health International (FHI) is the prime partner of the AWARE-HIV/AIDS Project. The project is managed as a partnership between FHI, the Futures Group International, and Population Services International as key partners, and Care and Health Program, Centre Hospitalier Affilié à l'Université du Québec, and West Africa Project to Combat AIDS and STIs as associate partners. For the first two and a half years, Bureau d'Appui à la Santé Publique'96, Centre Hospitalier Universitaire de Sherbrooke, and JHPIEGO contributed to the project as associate partners.



The AWARE-HIV/AIDS Project 2003–2008

Initiated in 2003 as a cooperative agreement by the West Africa Mission of the US Agency for International Development, the AWARE-HIV/AIDS Project has been fostering an expanded, comprehensive, and sustainable response to the HIV/AIDS epidemic in West and Central Africa. Working in 18 countries, the project promotes promising and best practices, supports advocacy for policy change, builds the capacity of regional institutions and networks, and strengthens prevention along migratory routes in West and Central Africa.



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