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HEALTH CARE IMPROVEMENT PROJECT

Towards a Partnership for the Quality Improvement in the Care of Orphans and Vulnerable Children in Africa: A Review of Lessons Learned and Best Practices

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Table of Contents

Abbreviations

ACPF	Africa Child Policy Forum
AED	Academy for Educational Development
AMREF	African Medical Research Foundation
ANNECA	African Network for the care of children affected by HIV and AIDS
APCA	African Palliative Care Association
CBO	Community-based organization
CHINN	Children in Need Network
CINDI	Children in Distress Network
ECSA-HC	East Central Southern Africa- Health Community
GIPA	Great involvement of PLHAs
HACI	Hope for African Children Initiative

HCI	Health Care Improvement Project
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
JLICA	Joint Learning Initiative on Children and AIDS
MIPESA	Malaria in Pregnancy in East and Southern Africa
NAP+	Network of African People Living with HIV/AIDS
NQC	National Quality Center
PLHA	Persons living with HIV/AIDS
OVC	Orphans and vulnerable children
QI	Quality improvement
RCQHC	Regional Centre for Quality Health Care
REPSSI	Regional Psychosocial Support Initiative
SWAA	Society for Women Against AIDS International
TOT	Training of trainers
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
USAID	Unites States Agency for International Development

1 INTRODUCTION

As local, regional, national and international organizations work to respond to the needs of children made vulnerable by HIV AIDS, leaders in the implementation of programs seek a forum to share ideas and lessons learned so that the program quality and effectiveness can be enhanced by knowledge of the most current evidence base, and by lessons learned from practice in other countries. Over the past 10 years, regional networking and partnership efforts have been undertaken with various degrees of success. The purpose of this review document is to inform the development of an African Partnership for quality in the care of orphans and vulnerable children. By reviewing experiences to date in similar efforts, this review identifies best practices and challenges that may inform the development of a regional partnership focusing on quality.

2 GOALS AND OBJECTIVES

The goal of this organizational study is to inform the development of the African Partnership for Quality of OVC Programs and regional networks. At the outset of the review process researchers set out the following objectives:

- Provide a brief description and overview of selected partnerships and regionally based networks to date, including mission, objectives, activities, participants, and organizational structure.
- Identify factors that facilitate effective partnerships.
- Identify factors that have impeded the effectiveness of these partnerships.
- Identify core themes and milestones that are important to the development of networks/partnerships
- Begin to discern whether there is a need for a new organization/partnership focused on quality in the care of vulnerable children

3 METHODS

This study was conceived of as formative qualitative research that would inform the design of an African partnership for quality improvement in the care of vulnerable children in Africa. A team of experts prepared a list of organizations that were doing similar work for review. The 12 organizations listed in Box 1 were selected for study. Data sources for this research includes web sites, interviews with organizational leaders, and discussions with implementing organizations to evaluate what aspects of the partnerships were most effective to them. A structured organizational profile, based on appreciative inquiry principles was used to guide the interview process. The tool used to develop organizational profiles is presented in Appendix 1.

Box 1: Organizations Selected for Study

Africa Child Policy Forum (ACPF)
African Medical Research Foundation (AMREF)
African Palliative Care Association (APCA)
Children in Need Network (CHINN)
Children in Distress Network (CINDI)
Hope for African Children Initiative (HACI)
Joint Learning Initiative on Children and AIDS (JLICA)
National Quality Center (NY)
Network of African People Living with HIV/AIDS (NAP)+
Regional Center for Quality Health Care
Regional Psychosocial Support Initiative (REPSSI)
Society for Women Against AIDS International (SWAA)

Data were collected on all 12 organizations. An organizational profile for each organization is presented in Appendix 2. Overall findings are summarized in the results section, which summarizes the

findings, identifies common themes, and notes factors that facilitate or impede the effectiveness of partnerships.

4 RESULTS

This section presents a descriptive synthesis of the experience of the thirteen organizations studied. It also describes key themes that emerged in the interviews and comparative analysis. Table 1summarizes the findings of the interviews according to five parameters: 1) statement of mission, 2) sources of funds, 3) whether the organizational is regional or national, 4) whether it is currently active and 5) comments on particular characteristics that are important for development of a new complimentary partnership related to quality care for vulnerable children.

Table 1: Organizational Characteristics

Name	Mission	Donors	Area	Active	Comments
ACPF	Pan-African advocacy of children's rights		Regional	Yes	Human Rights framework, focus is on policy level
AMREF	Better health for Africa	USAID, Gates, other Fdns.	Regional	Yes	Very successful at establishing regional scope and identity and stable funding base.
APCA	Access to palliative care for all	PEPFAR, Diana Fund UK, Elton John Foundation	Regional	Yes	Good model as they have a focus on standards development and capacity building
CHINN	Reduce duplication of effort and facilitate research advocacy and capacity building	KNH Germany, STF, UNICEF, Zambia Govt.	National, Zambia	Yes	Focus is on coordination and information sharing (data about children), advocacy, and capacity.
CINDI	Learn and share best practices about how to respond to children affected by HIV	Irish AID, Rockefeller, PEPFAR others	National, South South African	Yes	5 thematic areas: institutional care, home-based care, community development, CBOS and psycho-social support.
HACI	To mobilize a global initiative to address the needs of African children affected by HIV/AIDS	Gates, Artists Against AIDS, USAID, Care, ATF, SIDA, Finland,	Regional, 13 countries	No	Mission is closely aligned with current effort, many lessons learned that can help to build an effective partnership.
JLICA	Research and advocacy on children and AIDS	UNICEF, Global Fund	Regional	No, ends 2008	There was no structure established, this was intended to be a network of child-focused organizations.
NQC	QI for HIV care in ambulatory, community and clinic setting.	US GOV	National, began as NY state	Yes	This US-based organization is interesting for comparative purposes. Explore coordination of care effort carried out in early 2000s.
NAP+	Improve quality of life for PHWA	UNDP, Africa 2010, Care UNAIDS,	Regional	Yes	Model is important in terms of implications for involving children and

		SIDA, AIDS Alliance			families
RCQHC	Build regional capacity to improve quality in health care	WHO, USAID	Regional	Yes	Similar in goals to QAI/OVC effort but much broader in scope. Advocacy, training, best practices, networking.
REPSSI	Psychosocial support to children affected by AIDS, conflict and poverty.	Swiss Development Agency (SDC), Norvis Fdn, SIDA (Swedish)	Regional		Provides leadership and quality technical assistance in psycho-social care.
SWAA	World free of HIV/AIDS where women and children enjoy full rights in health, education, economics, and society.		Regional	Yes	Good source of information about what capacity building at community level means, sharing identity.

4.1 Core Themes for Organizational Development

In reviewing the information gathered in the interviews, five core themes worthy of discussion emerged. These include: 1) organizational mission, 2) organizational relevance (in terms of expertise and functions), 3) structure (including governance model and staffing), 4) communication and 5) funding. Results are presented under each thematic topic, with a discussion of best practices and challenges for each.

4.1.1 Organizational Mission

This review included a description of the goals and objectives of the 13 organizations studied. This information was compiled with two purposes in mind: 1) to review the missions of the organizations studied to determine how they relate to quality in OVC care, 2) to inform the process of developing a mission and vision for the new organization.

To what extent do the organizations studied related to quality in OVC care? Of the 12 Africa-oriented partnerships studied, four cannot specifically address the full spectrum of OVC care because their mandate is either too broad (AMREF and the Regional Centre for Quality in Health Care address the health and well being of the overall population, rather than focusing on OVC), or too narrow (the APCA and REPSSI, which focus on individual services, palliative care and psychosocial support, respectively).

Of the remaining eight partnerships, two (ACPF and NAP+, with its PLHA focus) are oriented towards policy and advocacy rather than service delivery. Of the remaining 6 organizations, 2 deal with AIDS in general (International HIV Alliance and SWAA). The remaining 4 groups all deal specifically with children and AIDS, however two of them are national rather than regional networks (Zambia and South Africa). The remaining two organizations are JLICA and HACI. JLICA has constituted itself intentionally as a group that provides research and analysis, and will complete its activities by the end of 2008.

Of all the organizations studied, HACI's mission and function is closest to what is proposed here. In fact, HACI was providing technical assistance to organizations that provide services to OVC by building their capacity, and facilitating sharing of best practices, as well as advocating for OVC issues. Expert

respondents to this inquiry felt that HACI folded up mainly for reasons related to its non-autonomous nature. HACI became too expensive to fund as the funds did not go directly to the organizations but was channeled through their partners, who took NICRA or administrative costs at each step. By the time the funds reached the beneficiaries it was too little and sometimes quite late to meet their needs adequately. Due to the phasing out of HACI the respondents felt that the worthy aims of this initiative could be served by a new partnership, drawing on HACI for lessons learned.

What are the lessons learned from these organizations relating to developing a mission and vision?

Overall, respondents felt that a new partnership for quality in OVC care could play a vital role in advancing the well-being of children. While most felt that such a partnership would address a gap and meet a real need, they also stated that special care should be taken to avoid duplication and establish coordination mechanisms with existing organizations.

- A number of respondents expressed that, in order to be successful and sustainable, the mission, focus and identity of the partnership for quality should be clear and unique. That is, it should address a compelling need without duplicating efforts of an existing organization.

- Respondents also felt that organizations that had stayed focused on their purpose, resisting the temptation to expand in the developmental phase, were more effective. Once a specific niche is defined, they recommended, start small, define partnership clearly, stay focused and Network with other groups.

- The process of developing a mission and vision must be participatory and reflect the voices of the membership from the bottom up. This is an essential first step toward establishing a strong, respected African voice for change.

4.1.2 Organizational Relevance and Functions

Across organizations respondents expressed that to succeed, the partnership must be relevant and carry our valued functions that meets the needs of its members. When asked for example the following relevant functions and examples were given:

Training and capacity building was a valued function that allowed organizations to establish credibility rapidly. For example, the African Palliative Care, began with training activities and quickly proved their value both with the donors and members. Another example is REPSSI, which was established to fill in the gap of developing capacity in psychosocial services thus it is a professional network that works through satellite countries (organizations) whom they train in PSS and in turn take up the responsibility of training for REPSSI in the countries where they do not have a physical presence.

Site exchange visits were also cited as a way of learning from peers. Partnerships have organized such visits between their collaborators and it has proved effective. For example the HACI Project had peer-to-peer support where within one country organizations would visit one identified CBO with an objective of reviewing how they implement their activities and learn from them as well as identify some of their weaknesses and give them ideas for improvement. This worked very well in some countries like Mozambique and Uganda. Some organizations reported Technical exchange activities between countries where they shared experiences and best practices in rights based approaches and other relevant topics.

Partners wanted to participate as leaders in a process of joint discovery rather than passively as "learners." One example of an organization establishing relevance and vibrant participation was the National Quality Center, of New York. The respondent felt that the technical expertise of its members both in quality improvement and technical field has been a leading factor to explain the success of its organization. In addition to the technical leadership of its members, the NQC identified as a key to technical leadership the easy access to a vast array of resources: courses in QI, guidelines for HIV/AIDS

treatment; capacity-building in house training, and mentorship. Another example of an organization finding a relevant service to provide is the Children in Need Network (CHINN). CHINN routinely engages members in discussions about new trends and implications for programming. The Africa Palliative Care Association (APCA) has provided technical leadership to their members by linking partners with international bodies to get the latest practices and sharing them with their members. They have developed a set of generic standards to be followed for palliative care in Africa.

Forum for dialogue with government and donors were highly valued. Respondents also appreciated when organizations helped them create positive working relationships with governments and donors. This can be accomplished by voicing common concerns, create a forum for dialogue, and providing a venue for presentation of successes and challenges.

Annual meetings and conferences provide an opportunity for learning and sharing. In addition to the organizations studied here professional associations and their related conferences can serve as a model for how this sharing can take place to build a community of practitioners.

A well-developed web site, with materials and links to other sites, can make tools and resources available to members this was named as an important function by a number of respondents. In addition to providing valuable information, these tools were seen as a way to establish the organization's identity.

Finally, and perhaps most importantly, ***authentic leadership***, was identified as an important determinant of an organization's relevance and its ability to establish itself as a respected voice. Respondents felt that leaders must be experienced and engaged in programs "on the ground." Leadership should be mainly African with collegial relations with professionals from outside the continent who are interested in learning and sharing. Partnerships and their leaders must maintain the integrity of their own voice, taking care not to be co-opted or "used" by government, donors, or stakeholders with specific interests.

Several challenges related to function were also mentioned by respondents. For example, in all organizations members will have a broad array of needs and it is not possible to meet all those needs. Further, there is often pressure to do grants-making. Respondents generally felt that a new organization should avoid taking on this role, as it is difficult to do well and also conflicted with the role of creating cooperation and sharing because members had to compete with each other for resources. Finally, respondents commented that there can be a lull after the initial burst of energy with a start-up organization. A new partnership can counteract this by being clear about its functions, staying focused, and be task oriented so that concrete accomplishments proceed steadily.

4.1.3 Structure

Once a clear mission and function have been established, an effective organizational structure that allows flow of information and invites participation from all levels is essential. Responses to descriptive questions about structure are summarized below, along with a few organizational development recommendations offered by those surveyed.

The modes of governance cited in the 12 organizations surveyed included Secretariats, Boards of Directors, Technical Advisory Boards, and Steering Committee. While there are differences in the meanings of these terms most of these leadership committees were responsible for the same tasks namely, governance, fundraising and overseeing the operational staff. Several organizations (APCA, NAP+, SWAA, REPSSI) had tiered representation by region/country/community organization. Most organizations had some paid staff (Executive Director or similar title) responsible for carrying out the directives of the governing body.

Organizations meet 2-4 times per year. The board should meet frequently enough to create opportunity for meaningful engagement. While one organization (CHID) had monthly board meetings that was not deemed feasible by the others. Most organizations met one to four times per year. One

of the organizations APCA started by meeting four times a year in the initial years, due to the work that they needed to do at inception. Now that the organization is more established they meet only twice a year.

Selection of board members varied by organization, but was usually linked to the particular history of the organization (initial donors sit on board, at least at the outset) or board members were selected to represent key organizations or participating countries. Three organizations (CHID, REPSSI, CHINN) specified that board members are elected. Most boards were designated for terms or had some plan for rotating membership. It was noted that board members work in a complex and challenging environment, therefore they sometimes have agendas that compete with the network agenda. Guarding against selecting members of the board who may have vested interests may be difficult if the selection is done by the larger membership and without regard explicit criteria for the position.

Most organizations had paid staff. Generally staffing started with 1-3 person but in a number of cases grew rapidly because it takes a lot of administrative effort to hold meetings, keep communication going and respond to members. In most organizations the first two were the Manager/Chief Executive Office/Coordinator and the finance officer. The Regional Centre for Quality Health Care started in 1999 with a director and administrator, and a few advisors, to date they have thirty full time staff, this has expanded with the need in advocacy, training, country support etc. While most groups thought it critical to have paid staff, a few (SWAA and NPA+) developed well with the efforts of volunteers.

There was great variety in the way the organizations defined committees and working groups. Some organized their work according to management function, for example AMREF has committees for fundraising, health care, audit and finance. Others have organized according to thematic areas related to care. For example, CHINN has organized according to the various types of assistance offered, including capacity building, advocacy, knowledge, management, and governance. Still others, such as REPSSI organize along regional/geographic lines.

Most organizations started small. One of the most frequent comments in terms of organization and administration was that organizations had started small, expanding as needs grew. Many respondents felt that this was the best way to develop: small groups can be effective, responsive and agile, and the success itself will lead to growth when needed. The initial board and staff must have excellent credentials, with strong African leaders at the helm, for the group to have the needed credibility. The structure must also provide levels that eventually link up with the grassroots for an effective flow of information to the partnership.

Endorsement from policy makers was instrumental in helping promote several partnerships. The NQC in New York identified the endorsement of HRSA as key to define its mission and objectives. In addition, the organizational structure of NQC reflects its vision to improve quality by having three different committees advising the executive committee: QI committee that regroups QI experts, HIV/AIDS treatment and care committee that regroups leaders in the technical field of HIV/AIDs, and consumer committee that provides feedback on quality of services. In the same manner, CHINN in Zambia has been endorsed by the government and their advice to government is usually sort, while they provide are also consulted with regards to children's issues.

4.1.4 Communication

Effective communication strategies for partnerships are an essential ingredient for success and ongoing engagement of members. The following best practices were identified by respondents:

Regular communications to the partners and stakeholders was noted as important by all organizations. The mechanisms cited included e-mail, phone, skype, teleconferences and traditional mail. Several respondents stated that some members do not have access to electronic communications,

however all groups felt it was feasible to use it to some extent, complementing with phone and traditional mail as needed.

Print materials in general, and newsletters in particular were cited as an important form of communication. Four organizations (APCA, CHINN, NAP+, RCQHC) publish newsletters on a regular or ad hoc basis. Respondents believed that newsletters and web sites are helpful because they foster participation and organizational effectiveness, while at the same time enhance identity and name recognition, leading to opportunities for resource development and growth.

Meeting dates are set with ample notice so members in distant locations can make plans to attend. Organizations like CHINN whose membership include both urban and rural CBOs have found it necessary to communicate by mail in addition to the modern communication channels, but they send out notice long enough for their members to have ample time to prepare for the meetings.

Organizations make every effort to be responsive to requests for information in a timely manner. Organizations interviewed like CINDI look at themselves as serving the membership and have therefore been very responsive to their needs and this has made endeared them to the membership

Leaders consider language needs and prepare key materials in a variety of languages appropriate to the region (English, French, Portuguese, others…). One of the respondents, NAP+ has found it important to communicate to its members in the various languages spoken in the continent to be able to serve them effectively, most of their advocacy materials have been translated into Portuguese and French from English.

4.1.5 Funding

Overall, respondents felt that ongoing funding from multiple sources is the key to stable staffing, organizational self-determination, and sustainability. In addition to recognizing the importance of transparency, fundraising capacity, and ability to manage funds, respondents felt that it was important to find compatible donors who are open to mid-course changes (with justification) and who are willing to support meaningful organizational autonomy to be able to develop and sustain a network .

A number of respondents cautioned against taking on any form of grant-making or distribution of funds to members until the partnership reaches a mature stage. Engaging in these activities before they are ready makes the organization susceptible to claims of unfairness or preference and detracts from community –building. One lesson learned from HACI is the fact that they got involved in grants and since their partners were also doing the same they found themselves in competition for donor funds a fact that made the partners uncomfortable with its existence.

Several respondents explained that for a partnership to remain true to its mission, the funding sources needed to be in alignment with the vision of the Partnership. For example, the NQC explains that its funding comes largely from HRSA who has mandated clinical sites to have a quality management unit within their facilities. Thus the funding sources and allocation of funds must also reflect this grassroots approach, led by African organizations. If the funding sources are not in alignment with the mission of the partnership, soon the activities of such partnership can be derailed.

Most of the organizations sited the importance of accountability and regular auditing, with RCQHC, recognizing that this has enhanced trust with their donors. For AMREF and APCA keeping to the strategic plans and focusing has improved their opportunities for fund raising.

Some donors may prefer to fund direct service delivery rather than partnership activities. Therefore, ***a number of the regional networks/partnerships interviewed felt that their greatest challenge is the mobilization of funds for their regional activities where they mostly facilitate documentation and sharing of best practices, capacity building and advocacy; as most donors prefer to fund projects that can show quantifiable direct results such as numbers of beneficiaries reached.*** For example

organizations like the society for women and AIDS in Africa (SWAA) has realized that their national branches that do service delivery are more attractive to donor funds unlike the regional/international level where they are always struggling to get funds to provide capacity building, advocacy and sharing best practices.

Grants management role is complicated and can lead to breakdown in trust if administrative procedures are not in place and if management is not very transparent. CHINN realized the complications of granting and have since reverted to building capacity of their members in fund raising instead.

Donor stability and flexibility is important. Most organizations received their initial funds from partners who supported their establishment and have continued to receive support from them thus maintaining trust and room for flexibility; REPSSI, CHINN have continued receiving support from their initial donors who gave them flexibility to change their strategies and objectives as the organizations evolved. Respondents felt that 3 to 5 year funding makes organizational development (staff etc.) much more feasible as well as accomplishment of strategic objectives.

Financial arrangements that are imbedded in existing institutions who "host" a partnership can be cumbersome. For example, the RCQHC depends on the Makerere University Administrative system, which adds complexity and bureaucratic layers. HACI's non-autonomous status contributed to an expensive financial chain that was not attractive to donors.

5 CONCLUSIONS

This organizational review suggests that it is feasible and desirable to explore the development of a national partnership for quality in OVC care. Such an organization can build on the best practices and lessons learned set forth here to enhance the likelihood of success.

Appendix 1: Information Gathering Guidelines

Structural Information

Organization Name:

Web Site:

Key Contact and e-mail/phone:

Date initiated:

Funding Sources: (Past and current)

- List financial sources or sponsors that provide in-kind support
- Identify how funding was secured in the short term and long term. Was there any leverage of resources.

Person(s) Interviewed: (Name and role in organization)

Mission and Goals:

- Mission statement (from website or print materials):
- Expressed Objectives (from Website or print materials)

Organizational Description:

- Where is your network based?
- How many people are involved in running the organization?
- Are any of these people paid for their efforts? (Probe: How essential/important is it to have paid staff on a network/partnership? Can it be run by volunteers?)
- If yes, what is the full-time equivalent for their level of effort?
- What is the organizational structure for your group? (Advisory group, Steering Committee, Executive Committee, etc.)
- What are the essential roles/functions of the different committees?
- Does this organizational structure fit the needs of your organization? Is there good communication among the various structures? Do you see any challenges with the structure?

Process Information

What inspired the development of this network/partnership? (Probe: what got the organization started? Was there a big idea that galvanized people?

How did the organization get started? (Probe: What processes did the organization use to rally people and resources behind the idea).

What were the most successful aspects of your partnership? (probe and list)

What were the biggest challenges you faced? (probe and list) How did you overcome these challenges?

What were the primary needs that you hoped to meet? (probe and list) Do you feel you have achieved them? Which ones?

What do you see as a primary role of your partnership/network (Probe: identity: trend setting, keeping the members and stakeholders up to date with the latest knowledge/best practices? Forum to share and learn from each other…)

How do you continue to set the trends in your field through this partnership/ network?

User Perspectives (probe about strengths and weaknesses)

Best things about the network

Things that could be improved about the network

Anything else you would like to express?

What would be your advice to those who would like to initiate an African Partnership for Quality in OVC programs?

Appendix 2: Organizational Profiles

African Child Policy Forum

Donors: Plan International, Save the Children - Sweden

History

The network was formed in 2006, at an International policy conference in Ethiopia. The president for Africa is based in Ethiopia Addis Ababa.

It was launched in May 2008 and its registration will be concluded soon.

Objectives

- To promote Pan-Africanism
- Generate Issues of Children at Pan African level
- Advocate and lobby governments to implement documents that they signed at the global level i.e., the African charter, participation of children and the Children's Rights Conference document.

Structure

A secretariat is in Addis Ababa, with volunteer staff comprising of Coordinator, Quality Advisor, and Programme Officer.

They recommend a lean staff at the regional secretariat.

Challenges to be aware of:

- Strengthening of members to be able have capacity to contribute and identify issues for the network to deal with on their behalf
- Networks start very well with a lot of enthusiasm and later the energy goes low
- Members join without knowing what they are joining and therefore information to new members should be clear and there must be some sanctions for those members who do not comply with rules and regulations

Recommendations

1. Lean secretariat that facilitates stakeholders to implement
2. Broad regional Anglophone and francophone representation at all levels
3. Lay out a good strategy to ensure that QI is implemented at the national levels
4. Should be able to agree on how far to go down in terms of implementation; preferably train TOTs (training of trainers) who will go down to train others in QI.
5. Sharing of information should be two way process
6. The partnership should avoid getting locked up in implementation otherwise it could face competition from implementers
7. This partnership could build on already existing structures and not start a new one
8. There is need to look at the alternatives in the organizations/partnerships that already exist and see if it is necessary to start this new one or not.

Respondent: Stella Ayo Odongo – Focal Point for East Africa.

African Medical Research Foundation

The African Medical and Research Foundation (AMREF) is an international African organization headquartered in Nairobi, Kenya.

AMREF's vision is **Better Health for Africa.**

AMREF's mission is to ensure that every African can enjoy the right to good health by helping to create vibrant networks of informed communities that work with empowered health care providers in strong health systems.

Donors

The three individuals who started AMREF went back to their countries; UK (includes many other European countries), Canada and the USA established fundraising offices in these countries where they mobilize funds for the foundation. They get funds mainly from USAID, Bill and Melinda Gates and other Foundations.

History

AMREF has 50 years' experience in health development. In 1957, three surgeons founded the Flying Doctors Service of East Africa, when they sat on Mount Kilimanjaro and from there saw the number of children who suffered from burns and could not get treatment. They started doing emergency reconstructive surgery by car but soon realized that this was too slow and by the time they got there their victims would be dead. They started the flying doctor's service laying the foundation for what is now one of the continent's leading health development and research organization.

Today, AMREF implements its projects through country programmes in Kenya, Ethiopia, Uganda, Tanzania, Southern Sudan and South Africa. Training and consulting support are provided to an additional 30 African countries.

Structure

AMREF has a board of directors who comprise representatives from their overseas offices; European countries, Canada and the USA, in addition to other African based members who are individuals with skills in different areas i.e Finance, law, medical, social sciences etc and these represent the regions in Africa. They also co-opt management staff on the board.

The board has committees that represent the major departments and these are Fundraising, Health, Audit and finance. They deal with technical matters independently from the board but report to the board. At the national level they have an advisory council.

Staffing

AMREF started with three gentlemen: Sir Michael Woods who was a British who lived in Tanzania and two others who came from Canada and the USA. The other two gentlemen left for their countries in the early years of the organization while Wood stayed behind and employed a nurse and a communications person to help with radio communications.

AMREF has grown to a staff of 800 all over the continent in their programme countries.

Knowledge is a core product of AMREF's activities. AMREF implements projects to learn, and shares this evidence-based knowledge with others to advocate for changes in health policy and practice. Based on the belief that health is a basic human right, AMREF seeks to empower communities to take control of their health and to establish a vibrant and participatory health care system made up of communities, health workers and governments.

Strategic Focus

AMREF's strategy seeks to strengthen health systems and to design and enhance interventions that improve people's access to health through their active participation. Informed by Africa's health crisis, AMREF's comparative advantage and five decades' experience of working with communities and health systems in the region, the AMREF strategy is pursued through three interdependent programme themes:

- Community Partnering for Better Health
- Health Systems and Policy Research
- Capacity Building

Factors that have facilitated their success

1. The use of community based approach, involving African people in their own health care
2. Building capacity through training programmes and the involvement of communities in production of books and materials appropriate for their use
3. Their flying doctors' service has raised their profile as well as the specialists that they send to health facilities during emergency
4. Their staff are very qualified and committed
5. Sharing of information from research and documentation in HIV and other Health areas has given them visibility

Challenges

1. Maintaining high standards of care and being accountable to the beneficiaries
2. Retaining staff after investing in their training has been a challenge as they are poached by organizations that pay them high salaries
3. Local fundraising for the national offices has been difficult
4. AMREF has been implementing and implementing without making time to reflect, and perhaps see what others think of their services, without which they cannot improve
5. There has not been enough visibility since the organization does not shout loud enough to be heard, does not market itself
6. Documentation has been a challenge; the organization has not documented their work as they should.

Recommendations

1. The new partnership must begin to think commercially even though it is an NGO to be able to raise its own funds and not rely totally on donor funds
2. Resources must be put in documentation so that people do not repeat mistakes of the past
3. All staff and especially administrative staff should be exposed to the field so that they understand the challenges out there

Respondents: Nicky Brown – Special Events and Heritage Co-ordinator; Stella Maina – Heritage.

African Palliative Care Association

Vision

Vision is to ensure that everyone living in Africa with life-limiting illness will have access to quality palliative care that is delivered in an affordable and culturally appropriate manner

Mission

To promote and support affordable and culturally appropriate palliative care throughout Africa

Objectives

a) To establish a visible, effective and sustainable continental organization
b) To influence government policy to incorporate affordable and appropriate palliative care into the whole spectrum of health care services; promoting availability of palliative care drugs and training at all levels of health care providers
c) To define the role of APCA in training and undertake country palliative care assessment of existing training curriculum and materials within the region
d) To undertake country palliative care assessments and identify examples of best practice within the region
e) To develop a set of generic standards for palliative care in Africa
f) To establish a Monitoring and Evaluation framework for the PEPFAR funding for APCA
g) To promote and support the formation of national palliative care associations to identify resources and enhance networking
h) To develop collaborative relations in order to promote the work of APCA and the development of palliative care within the region.

Background

The association was registered in 2002 after a meeting in Capetown in November the same year. This meeting was supported by Diana Princess of Wales memorial Fund and brought together 28 palliative care trainers from five African countries. This is when the idea of a systematic development of palliative care strategy for Africa evolved.

A steering committee was formed from this meeting and work began in earnest to forge ahead with aims, objectives and structures of a new venture. Eighteen months later the African Palliative Care Association held its first general assembly and elected its leaders. The following years were spent drafting the constitution and concretizing the structure, until 2005 when they recruited a C.E.O and started implementation.

Structure

The Board has representatives from nine African countries with a regional spread including the West Africa region. The board's main role is governance and the day to day running of the organization is left to the Chief Executive Officer. The board began by meeting four times in a year but it has since reduced to two in a year.

The organization is a membership of Palliative care organizations in Africa and currently 9 African countries are involved with a total of 12 members.

Staffing

The organization did not begin until the year 2005 when Diana PWMF in their plans to open an African regional office found it necessary to support this organization by asking one of their senior staff to go and help start the implementation.

The current C.E.O moved to Uganda to start the activities of APCA in the same year 2005. They began with one other staff the finance and administrative officer and immediately identified the quickest activities to implement to start delivering for the association and theses were trainings. They then employed a training manager and began TOTs at the same time they conducted research in 12 African countries on availability of drugs for palliative care patients. Immediately their presence was felt and with time they identified their niche as, the "empowerment of local organizations to provide palliative care" in addition support advocacy initiatives, training, assist national associations in developing standards, promotion of scaling up of palliative care within countries, research, international relations and public relations".

Currently they have 31 members of staff with 6 outside Uganda in Swaziland and Namibia and soon they are moving to South Africa and West Africa.

Funding source

Their first funding came from PEPPFAR and in addition to that they have other long term donors (more than three year grants); Diana Fund U.K, Elton John Foundation, and Open Society Institute in the USA.

Factors that have facilitated effective Partnership

- They keep reviewing their performance and identify areas of improvement
- They have good capacity in their staff
- They are able to keep abreast with what is going on in the field of palliative care due to their link with the International Organizations
- Remained focused on their agenda according to the strategic plan despite demands to redirect their focus elsewhere, thus have been able to manage demand
- Has always had the board on their side, by keeping close communication
- Has kept the donor confidence and thus long term funding

Challenges

- Keeping focused to your goal is a challenge as sometimes people dangle cheques for the organization to incorporate other areas i.e Malaria etc
- Short term funding are a challenge and getting staff with one year contracts is not easy
- In the beginning the choice of staff was done hurriedly without a vision to expand and the staff who did not have the potential to keep up with the growing responsibilities had to be declared redundant

Communication

The organization has a regular newsletter, through which they communicate to their members, they also communicate by email and in addition they have a partnership Manager who manages the members who are also encouraged to access their website for new information. The C.EO speaks to the chair on a monthly basis providing updates; and quarterly management reports are sent to the chairman, as well as having staff make their presentations during the board meetings.

Recommendations

1. The selection of the board is critical and should reflect the various skills required for the organization
2. The board should be operational at the beginning to assist with the establishment of the organization before it can play its role of governance only.
3. Do not start the activities by developing a strategic plan, this should come after a field experience of about a year or so, when you are sure of the gap you are filling in the area of OVC.

4. You must have systems to support your strategic plan i.e financial manual, personnel manual etc
5. In hiring staff ensure that you move slowly but strategically so that the people hired are those who will grow with the organization
6. Avoid volunteers since they are not accountable and can leave at any time and in the initial stages you do not want to train people who are not planning to be with the organization for some time.
7. Define your niche before you really establish the organization
8. It must be stated in the beginning what path of growth the organization will take whether it remains semi-autonomous, loose partnership or an autonomous one.

Respondents: Dr. Faith Mwangi-Powell, Executive Director; Mr. Tony Powell, M.E. and Research Manager

Children In Need Network (CHINN)

(Note: This is not a regional organization but a national network.)

Donors

They fund raise through proposal writing. Their main funds come from KNH Germany, European Union- Group development of funds, ILO-IPEC project, Ecpact-International; SAVE the children Sweden, UNICEF and monthly grants from the government. The government supports them as a national NGO because they recognize the work they do in building the capacity of government staff and also in collection of data that government uses.

The network Director appreciates the need to have an organization to provide support to other implementers in improvement of quality for OVC programming in the region.

History of the organization

The organization was founded in 1993 informally and registered in 1996. It was after the realization by partners funded by UNICEF that there was very little sharing between them in terms of data, on the number of children reached and with what services, and thus organizations ended up serving the same children and duplicating their work. Formation of this network was to reduce duplication and facilitate organizations to conduct research, advocacy, and build capacity of these organizations to be able to manage their programmes better.

It started as a UNICEF funded alliance and later on invited other organizations, it later registered as a national NGO in Zambia, with a secretariat in Lusaka.

Structure

They have a network council that elects the board whose responsibility is governance. Below the main board are the regional boards with committees whose chairs sit on the main board.

They also have a trustee which is a new part of the structure; they are the custodians of the network's assets. Within the board are committees that work with different thematic groups mainly; capacity building, advocacy, knowledge management and governance.

Staffing

Initially at inception they had three technical staff; the director, finance and programs in addition to one office assistant, they also had at any one time one or two volunteers.

It has since grown to 14 members of staff most of them support staff. They have realized the need to have a lean secretariat mostly technical with a few support staff. This team has focused on building the capacity of the different thematic groups to be able to support members.

What factors have facilitated your success?

- The network has maintained their focus on children's rights and they are known for that, they have developed a niche.
- They have interested the members who have continuously gotten involved on the network activities; they thus interact, share and learn from each other.
- The network has spearheaded researches for members and thereafter engaged them to participate at their regional levels
- They have engaged with the government and have been able to provide them with positive criticism. In turn the government request for their assistance in issues related to children. This has improved their profile
- They are able to collaborate with other networks locally, regionally and internationally. They have been able to send members to other networks for exchange visits, locally they have used

this relationship to refer members for assistance that they cannot provide adequately to their collaborating networks, mainly for; fund tracking and capacity building in technical areas

- They have been able to respond to members promptly without applying the red tape approach; where member's issues are dealt with within the shortest time possible.
- They have been flexible enough to accommodate emerging issues to meet members need and have also benefited from the flexibility of their donors who have allowed them to accommodate changes in the middle of implementation.
- They have recently shifted from providing grants to their members to building their capacity to develop good proposals for funding.

Challenges

- Communication with members is difficult since most of them are in the rural area where there is no access to email, they depend on the post office which takes a few days to reach them. This means that for their meetings notice is given in advance of two months, but when they have urgent meetings they only manage to get the few members in the urban.
- They experience challenges in meeting the needs of their members which are varied depending on their sizes. They serve both large NGOs who may want to focus on advocacy and small community based organizations whose need may be capacity and therefore the network has to balance the two when serving them, so that the members realize the value of the network.
- The members expect grants from the network yet it is becoming more and more difficult to get these funds and therefore they are unable to meet such needs, in addition funding for capacity building is not easily accessible like it is for service delivery and since most of their members need capacity building they find themselves not being able to meet their expectations.
- There are challenges working with board members selected from the general membership who may not have the interest of the network at heart but their own interest, this makes the work of the executive director very difficult because decisions cannot be made when they should, sometimes, because the board does not meet when they should and if they do they may keep postponing the decision making.

Communication

Communication is mainly through the traditional post office and for a few members who can access email it is done through email. They also have quarterly members meetings at the national level. The regional meetings are held prior to the national ones.

Quarterly newsletters are published with success stories and with news of events taking place at national and international level. In addition they send out news updates through email with information on activities that have taken place and those that are up coming.

Short messages on cell phones are also used when urgent messages have to reach members in time.

Recommendations

1. New Initiatives are usually good at consulting at the point of establishment, but afterwards they tend to only involve the other organizations when need arises and therefore on ad hoc basis. They should inform the collaborating organizations all the time and share with them their annual plans early enough so that they also incorporate it in their calendar to avoid short notices.
2. There is need to recognize that there are other organizations who may be doing the same things that this partnership may want to do and so a new organization must identify the gap they are filling and be focused, otherwise lose direction and may become irrelevant.
3. Maintain the momentum by keeping everybody interested and participating; the networks usually do not communicate until there is a meeting.

4. It is important that an organization like this one should be autonomous; semi autonomous organizations and loose networks usually are not as committed.

Respondent: Ms. Pamela Chisanga, Director

Children In Distress Network

Donors

The initial funds came from the Government of South Africa; the provincial department of welfare. The other donors have been: Irish AID as the main donor, Rockefeller Foundation, David Rockefeller (as an individual), PEPFAR, DFID, KNH – Germany, Middle East – SKN, Local corporates in South Africa, Municipality of Kwazulu Natal and Pietmarisburg.

Note: This is not a regional organization but a national network with membership all over South Africa but most of the work is in the province of Kwazulu Natal in Pietmarisburg.

History

This network was formed by a group of children's organizations who felt that there was need to have a network that brought such organizations together to share learning and best practices since there was a realization that HIV/AIDS was having a devastating effect on children.

They do not implement but their members do, even when they raise funds for implementation they pass it on to their members.

The network which was formed in 1996 and registered in 1999 has 200 members both organizations and individuals.

Structure

They have a board of 11 members elected by members every year. The secretariat is lean with three technical staff (director, coordinator and Finance officer) and support staff. For the first six years they only had the coordinator but due to demand from the members they recruited other staff.

The members are divided into clusters according to 5 thematic areas as follows: Children in care (Children in homes and other institutions), Home based Care, (Community development, empowerment work, IGAs etc), community based organizations and Psychosocial support (these do counseling, memory books etc). Most of these groups meet monthly with only one that meets quarterly.

These five clusters are represented on the board which also meets monthly, but this is made possible because the board members come from one province and are committed to the network.

Factors that have facilitated their success

- They have been around for more than 10 years and are filling a gap; they are facilitating sharing among organizations that work with children affected by HIV/AIDS this has made them relevant.
- Making sure that the network is run by the members on voluntary basis, they encourage members to get together share and then go back to their organizations and implement independently
- They have had the support of a few donors who believe in networks and in their work.
- There is space for members to make suggestions and take charge, what ever decisions are taken are done in consultation with the members.
- The network does not implement since that is they leave that role to the members
- They promptly respond to members' email and telephone communications so that the communication is two way
- The realization that they are the servants of the members and they exist for the members, has made them serve their members better

Challenges

- In a network where members are given the upper hand to decide what happens in their network it becomes very difficult for the secretariat to implement an idea however good if the network has not approved it, this can sometimes be frustrating
- Consultation takes a long time given the fact that the members have to be involved
- Relationships are sometimes difficult to manage and in most cases people have to put down their ego especially the secretariat
- Convincing donors to fund the network is not easy as they prefer to fund the organizations that do direct service delivery.

Recommendations

1. The secretariat must be kept lean especially if its role is facilitation and guidance
2. There is need to have people with particular skills/personalities to start the organization, people who will understand that in a partnership or network the staff of the secretariat are responsible to the partners/members and exist for them
3. Grow slowly and gradually according to your capability, do not take too much at ago
4. Develop a strategy for implementation and follow it in the implementation so that you keep focused and avoid getting pulled from all sides
5. If it is a member based organization they must have the bigger say in what happens at the organization

Hope for the African Children Initiative (HACI)

Donors

The Hope for African Children's Initiative was awarded a three-year multi-million dollar grand by the Bill & Melinda Gates Foundation, enabling it to begin its work facilitating the provision of services by African people and organizations that were already mobilizing to confront AIDS-related challenges. The Initiative also received a portion of the proceeds from the all-star recording of Marvin Gaye's classic "What's Going On?" by Artists Against AIDS Worldwide. Additional substantial grants came from the Government of the Netherlands through Plan Netherlands, the United States Agency for International Development (USAID) through CARE and Save the Children US, Swedish International Development Agency through Plan Sweden and the Government of Finland through Plan Finland.

The partner organizations had set a fundraising goal of at least $100 million over five years to make the Initiative fully operational throughout this decade. Initiative consulted with UNICEF, the World Bank, the European Union and other government, public and private donors through Orphans and Vulnerable Children Donor Group.

Background

The Hope for African Children Initiative was a pan-African effort created to address the enormous challenges faced by millions of African children who have either been orphaned by AIDS or live with parents who are sick or dying from AIDS-related illnesses. Established in 2000, this unique partnership brought together six organizations that shared an international focus - Care, Plan, Save the Children, the Society for Women and AIDS in Africa, World Conference on Religion and Peace, and World Vision - working together to increase the capacity of local communities to provide support services to orphans and vulnerable children in Africa. Recently, NAP+ (Network of African People Living with HIV/AIDS), joined the partnership, further strengthening its capacity to respond to challenges facing vulnerable children on the continent.

The Hope for African Children Initiative's focus was on 13 countries: Cameroon, the Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Namibia, Senegal, Tanzania, Uganda, and Zambia. In nine countries where it was active – Ethiopia, Kenya, Malawi, Uganda, Mozambique, Senegal, Cameroon, Ghana and Zambia – the initiative was involved in capacity building, medical, food/nutritional and educational support, support for community initiatives, training, primary health care, advocacy with policymakers and preparing families for transition through guardians, wills, economic support and counseling,

The HACI initiative was started to build the capacities of community-based organizations to mitigate the impact of HIV/AIDS. As part of its effort to alleviate suffering caused the HIV/AIDS pandemic, HACI provided technical, management, programmatic and financial support to alliances and networks which assist orphans and vulnerable children in Africa. In the nine countries above the initiative worked with partners to deal with the social and economic problems affecting orphans and vulnerable children.

VISION

To offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community.

MISSION

To mobilize a global initiative to address the needs of African children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels.

THE GOALS

To strengthen the capacity of African communities to advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV; improve orphans and other vulnerable children's welfare by increasing access to education, adequate food, psychosocial support, basic health services, and legal rights, and to catalyze a global partnership to expand the resources available to achieve these goals

Core objectives:

1. **Building awareness and reducing the stigma that surrounds HIV/AIDS**
   Lack of awareness about AIDS has resulted in fear, shame and denial. The resulting wall of silence has hindered prevention and care efforts. The initiative encourages stakeholders to work together to reduce stigma so that people will support vulnerable children and take advantage of available services without fear.
2. **Extending the life of parent-child relationship.**
   The goal is to decrease the period of vulnerability experienced by the child and to postpone the age at which the child is orphaned. Prevention and treatment of opportunistic infections, along with better nutrition and food security, prolong the lives of infected parents. Access to anti-retroviral treatment is an important HACI policy objective. The Initiative is therefore working with other stakeholders to make anti-retroviral treatment accessible to all children and adults infected with HIV.
3. **Preparing families for transition.**
   Parents must be supported as they plan the best possible future for their children. Planning steps include appointing guardians, writing wills and giving clear instructions about the children's future. Families need counseling to surmount their feeling of anxiety and vulnerability, and economic support to overcome the loss of income due to illness.
4. **Ensuring the future of the child.**
   Access to education and life skills is the basis for enabling children to attain a better livelihood. As communities come under severe economic stress to care for vulnerable children, young children are more likely to miss enrolling in school, and young people become more vulnerable to missing school days and caring for sick parents. Community caregivers must be mobilized so that children can enroll and stay in school.

Structure of HACI

Governance

The Program Policy Council

The HACI Program Policy Council (PPC) was responsible for making policy decisions and providing the overall strategy oversight to the initiative. The HACI executive director was the primary link between the initiative and partners.

The Secretariat

Plan served as the fiduciary agent for the HACI Secretariat based in Nairobi, Kenya, and headed by the Executive Director. It consisted of a small group of specialists in technical support, advocacy and communication, finance and administration and grant management. The secretariat promoted and co-ordinated the designing and analysis of regional activities and oversaw the country program councils (CPCs). It reported to the Program Policy Council, which was the governing body with the chair rotating between the partners and consisting of representatives of founding partner organizations namely Care, Plan, Save the Children Alliance, Society for Women and AIDS in Africa, World Conference on Religion and Peace, and World Vision International.

The Country Program Councils

The Hope for African Children Initiative convened Country Program Councils made up of representatives from interested parties in each Hope for African Children Initiative country. The Country Program Councils included members of community organizations, local and international NGOs, government, religious communities, associations of people living with HIV/AIDS, youth organizations, and others. Their function was to offer overall direction for the country's coordinated response to issues affecting orphans and vulnerable children. The councils developed country-specific action plans identifying the need and the actors best equipped to provide services. Each country operated semi-autonomously to best serve its population and circumstance.

Communication

Communication between HACI partners and staff was done through email, there was also a monthly newsletter and a quarterly one that captured information of the country programs.

What facilitated success

For the period that HACI existed it was very successful in meeting its objectives

- It was able to scale up program support to OVC because of its reach (nine countries)
- Competent staff
- The partnership was a strength as it provided different expertise in the area of children.
- It was able to mobilize funds for OVC in the region as it was the only regional organization that focused on OVC persee.
- Its capacity building role especially for government in several countries like Mozambique was very essential and increased their profile

Challenges

- HACI was not autonomous and decisions of the organization were made at the PPC level where partners would sometimes not deal with sensitive issues and rather keep them pending i.e issue of the MOU was never agreed on in six years.
- Without autonomy, HACI had to work under one of the seven organizations and for that reason all the funding mobilized would go through several organizations make process long and expensive such that by the time it got to the implementers very little was left, since the organizations took administrative costs at every stage.
- Communication was a challenge since the different levels of the organization i.e the countries and the Program Council members expected regular communication on different issues which the secretariat was not able to cope with.
- HACI was also doing service delivery through its partners at the community level and this posed competition with some of its international partners

Recommendations for the African partnership

1. Must be led by people on the ground, and also with some OVC technical expertise
2. Linking with governments to network to build trust and buy in. A lot of NGOs have their own fears and no trust, thus it is essential to link with govt. This type of partnership really needs to be anchored in processes that are not dependant on West. Study the AMREF model, this is a learning forum that has been successful over the years. AMREF has evolved over time.
3. Be careful about the role of international NGOs, it must be defined and should perhaps just be confined to Technical assistance and fund raising.
4. Define the nature of the partnership: Must be a participatory dialogue: A group can start thinking about what this partnership role might be but the ideas need to be shared with a wider forum
5. Define the role and mission of such partnership

6. One of the key issues that is never thought through enough is sustainability. How does the partnership survive once funding stops?
7. Don't try to be everything for everybody. Clearly define the mission of the African Partnership. HACI tried to implement programs when it was never its mission. Avoid being a sub-grantee organization.
8. What role might such partnership play:
    - It would need to provide assistance to countries to develop standards and guidelines for quality of care.
    - It might also lead the efforts to develop a code of conduct among implementers.
    - It can also play a real advocacy role by focusing on quality of services
9. Coordinate with other donors: World Bank, UNICEF, USG etc. Plan for sustainability this is of the key issues that is never thought through enough. How does the partnership survive once funding stops?
10. Don't try to be everything for everybody. Clearly define the mission of the African Partnership. HACI tried to implement programs when it was never its mission. Avoid to be a sub-grantee organization.
11. What role might such partnership play:
    - It would need to provide assistance to countries to develop standards and guidelines for quality of care.
    - It might also lead the efforts to develop a code of conduct among implementers.
    - It can also play a real advocacy role by focusing on quality of services
    - Coordinate with other donors: World Bank, UNICEF, USG. Whatever the structure, the partnership needs to bring everyone around the same table.
    - It needs to promote accountability and transparency, good governance.

When planning the African Partnership, you need to be thinking of secure funding for the next 3 to 5 yrs. It may take at least one year to get a consensus and people on board, thus funding needs to be secured for a few years to ensure some activities.

Joint Learning Initiative on Children and AIDS

History

This is new initiative that was started in March 2007 in a meeting on Children and AIDS in Belgium where the participants agreed to form a virtual network where people would share information on children and AIDS.

They have received funds from UNICEF and Global Action for Children and AIDS. They have been able to send information back and forth to members

As the focal point for East Africa, the respondent has been able to share with others in Uganda.

Activity

Since the establishment of this network they have been able to develop a plan on advocacy at the regional level but to be implemented in Uganda, this was on drugs and AIDS, but this has not been implemented yet.

Structure

This virtual network has no structure; it was supposed to be part of another movement (Africa wide movement) for children to try and generate action at National/ Continental/ International level. It was meant to network with child focused organizations.

Respondent: Stella Ayo Odongo, Focal Point for East Africa- Uganda

National Quality Center, New York

Contact: Bruce D. Agins, MD MPH

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Summary points:

First Dr. Agins shared some of his doubt about how helpful this discussion would be, as the NQC is very much a clinical center, focusing on treatment of HIV/AIDS. At first, he explained that there are two different organizations: HIV-QUAL that works in Africa on improving quality of clinical HIV services and the National Quality Center that focuses on services domestically.

Mission:

- The NQC mandate was originally to provide state wide quality improvement support to clinical providers in the state of NY. It is now a national program where states and cities can have access to NQC services. Its primary mission is to Oversees HIV care in all different settings: Different settings include ambulatory care, community based and in clinical facilities.

Services/technical support:

- Strengthen communication among service providers: two approaches: Resources/materials to be shared electronically and collaboratives (called learning groups) . (See their website, the collection of documents is really impressive). We discussed at length how much the resources available on the web are accessed by different stakeholders. This is really seen as one of the strengths of the NQC, a depository of really up-to-date latest in the field of QI and HIV/AIDS treatment. However, we also discussed that these documents are not easily accessible overseas, as the electronic networks overseas might be at times too slow.
- Capacity building through: Formal training/workshops and Short term on site technical assistance such as on-site coaching in QI

Organizational structure of NQC:

Director and assistant (paid full time position)

Steering Committee made of 3 different sub-committees:

1. QI Focused Experts
2. Clinical Experts
3. Consumer Advisory Committee (clients, HIV patients) This committee gives imputs on quality of programs

What are some of the highlights/factors that have made the NQC a success:

- Services are provided by a pool of consultants, experts in their field (QI and clinical). The NQC is seen as a center that really provides a value added to the field in QI and HIV treatment. Recognized expertise in both QI and HIV treatment.
- Cutting edge in terms of quality: seen as really informing the QI field.
- Ryan White Programs are federally mandated to have a quality management component by HRSA, thus the demand for NQC is really mandated and an integral part of HIV/AIDS treatment programs in the US. "We did not have to create the demand for our services. There is mandate for programs to continually assess the quality of their services" . As quality management is a systemic approach mandated by HRSA, there is a lot of demand for NQC services.
- NQC had an infrastructure and experience to build upon:
    - Experience from work in NY State first
    - State Government easy to work with.
- Creativity and leadership are essential factors that have enabled the NQC to be a success.

When we discussed a partnership for OVC programs that would be wider than one clinical field, Dr. Agins gave some words of encouragements. About 5 years ago US Title I Programs required non-clinical supportive services in each major city. So the NQC worked with cities for case management, food and nutrition, adherence to treatment, and harm reduction. Learning networks of service providers were created. Participants really engaged in what it means to provide quality services in case management and develop indicators and methods of data collection. He suggested that partners could link with Suzan Weigl to learn more about the learning networks. Bruce Agins offered to provide feedback on the concept paper.

The Network of African people living with HIV/AIDS (NAP+)

Vision

The continent of Africa where women, men, children and youth living with and affected by HIV/AIDS have dignity; and enjoy rights, freedoms, opportunities and responsibilities without discrimination

Mission

To improve the quality of life of people living with HIV and AIDS, through strengthening national networks and associations of people living with HIV and AIDS; and through co-ordination, advocacy, and information sharing

Objectives

1. To build sustained institutional capacity of NAP+ at regional and continental levels in order to represent and provide increased support to national networks of PLHIV
2. To build sustained institutional capacity of NAP+ at regional and continental levels in order to represent and provide increased support to national networks of PLHIV
3. To strengthen the capacity of national networks through NAP+ regional secretariats for more strategic and meaningful involvement of PLHIV in decision making and programming with respect to national responses to HIV and AIDS
4. To establish a web based electronic dialogue platform for networks of PLHIV and all interested stakeholders; and to facilitate critical reflection of the trends, developments, practices and challenges related to HIV and AIDS in the continent

Niche

The strategic niche of NAP+ it is; the voice and face of people living with HIV and AIDS in Africa. NAP+ is mandated by PHLIV to provide the necessary visibility required to humanize and de-stigmatize the epidemic; and to coordinate the collective voice and expressed needs of PLHIV at the continental level.

Background

Nap+ was established after a Global Network for people living with HIV/AIDS (GNP) met and realized that there was need to start national networks which at that time in 1994 were very few due to stigma. At the GNP it was evident that a regional network was needed to steer the formation of national networks, this was to be supported by UNDP.

A meeting was held in Mombasa Kenya in May 1994 where NAP+ was established to share experiences that they would use as copying mechanism. NAP would also coordinate national organizations and also help their formation. In addition the network was to invite members to HIV/AIDS forums and help build skills of the members.

Since at the time stigma was very high it hoped that this network would counter stigma give a "human face to HIV and AIDS"

The Mombasa meeting agreed on a structure which was to have a central secretariat in Nairobi with a board that had 2 representatives from each region namely; the North, west, South and Eastern Africa and with a gender balance.

Specific activities to guide the work of the network were also agreed upon as follows; steering the Ambassador of hope, where they sent ambassadors to different countries to give messages of hope and positive living to those living with HIV/AIDS, Influence behavior change, Influence the media and governments to provide a conducive environment for PLHAs and to reduce stigma.

They started working with volunteers as at the time no donor would support staff from this network since the belief then was that they would be dying soon.

The ambassador of hope project was conducted in 32 countries at the initial period and the outcome was people coming out to declare their status and form national networks. In some countries today like Nigeria, there were people who dismissed the ambassador of hope arguing that the problem was too small and negligible and they did not need such missions in their country. One man who watched the activities on television in Nigeria who could not attend the meeting due to stigma and was contemplating suicide is today the national coordinator of the network in his country.

Donors

The first donor support at inception came from UNDP but they have since diversified and now their main donor is USAID, through the Africa 2010 project and CARE International, UNAIDS and SIDA through AIDS Alliance.

Structure

Currently the structure of the network still has a regional secretariat in Nairobi with sub regions in west, south, East and the Indian Ocean to coordinate the activities of their regions, north Africa is yet to have a secretariat due to stigma.

They have a board represented by the various regions and taking account of the various languages; French, English and Portuguese as well as gender.

Staffing; each secretariat is expected to have a coordinator and program staff working full time, some are still struggling to meet this requirement. It is worth noting that their first fulltime staff was hired in 2001.

Communication

They hold regional delegates meetings annually, the PAN African General Assembly annually and national delegates meetings apart from the board meetings that take place also annually. They communicate by email although some countries have no access to modern communication, where they can, they use skype and they also have a newsletter that is distributed to all members.

Factors that have facilitated effective partnership

- Ambassador of hope project has raised the profile of the network and has helped mobilize members who have formed support groups whose work has impacted the lives of the members.
- Working with a small budget at the central secretariat and putting more funds in the national budgets where activities are implemented
- Ability to train many volunteers who are pouched by international NGOs
- The formation of the national networks has increased the number of advocates for the organization and through these networks they have been able to push their issues through governments and global world
- They have developed models for advocacy that have been used throughout the region, these are in form of treatment literacy and other IEC materials. These materials are all posted in their website
- Their literature has been translated into three languages; French, English and Portuguese which has made them accessible to more people
- They have developed a data base of their members and their professional qualification which they have used from time to time to engage members

Challenges

- The Great involvement of PLHAs (GIPA) is still not in practice what they receive is just tokenism, people/ organizations use them for their own gain
- They have a problem getting funding for administration as such funds are channeled to well established large organizations
- The turnover of skilled PLHAs is very high as they look for greener pastures after receiving training with the organization, they are therefore perpetually training.
- Stigma is still very high in many countries impeding the active participation of members in the network activities.
- The funding that they receive for projects are short term mostly one year and this has an implication on the vision of the organization which is to improve life, this cannot be done in a year.
- National govts do not accept to work with the national networks as equal partners they only use them during implementation, when it would be more beneficial to involve them in planning and budgeting. For example the focus on prevention using the ABC and neglecting "positive prevention" may be detrimental to the gains already achieved in controlling the spread of HIV and AIDS, this can only be realized if the PHLAs are involved at all stages.
- Due to language diversity in Africa they are still not able to reach many people.

Recommendations

1. The establishment of the African Partnership and especially the development of the concept should involve as many stakeholders as possible, and should not wait to engage them at the implementation stage.
2. The consultation should not be limited to OVC organizations only but be multi sectoral
3. As this partnership is established the vision should be wider than just quality but look at other contributors to quality such as the resource mobilization for indigenous organizations that will be taxed with the responsibility to implement quality OVC programs. Quality is not usually cheap
4. In the establishment of the partnership; roles of the partners must be clearly defined
5. How the partnership evolves to become an autonomous organization should be stipulated early in the concept paper.
6. Indigenous organizations' capacity should be built to be able to support the activities of the Partnership
7. The niche of NAP+ is to prolong lives, thereby prolonging lives of both parents to be able to see their children through to adulthood as they also prolong the lives of the children infected by HIV and AIDS therefore they would definitely play a role in the African partnership.
8. The establishment of this partnership for OVC quality of care is necessary to guide on the quality aspects of the program and move away from just numbers.

Respondents: Michael Angaga, Executive Director; Joe Muriuki, Coordinator East African Network, Richard, Accountant; and Maureen, Program Officer

Regional Centre for Quality in Health Care

The Regional Centre for Quality in Health Care (RCQHC) was an idea born from the 1994 WHO Health Ministers Conference for Africa thereafter there were subsequent discussions in two other WHO conferences in Brazzaville and Lesotho. They underlined the urgency of establishing national quality of care programs, to address the quality of care in health services in the region. Ministry of Health Uganda established a department of quality assurance with support from the World bank this was followed by the suggestion of former REDSO now USAID East Africa to establish a regional training centre to offer Diploma courses in Quality of Health care.

With the assistance of several international organizations, led by USAID REDSO and the consensus between 20 African countries to start the centre in Uganda the RCQHC was established in 1999 in Kampala Uganda under the Faculty of medicine and the institute of Public Health.

Mission

RCQHC exists to provide leadership in building regional capacity to improve quality of health care by promoting better practices

Objectives

a) **Advocacy;** to improve quality of health care in Africa through advocacy. coalesce national leadership
b) **Dissemination:** to disseminate critical information in order to expand the use of "better practices and lessons learned" in the region by use of innovative and appropriate technologies and approaches.
c) **Training;** to improve quality of health care through training education and experiential learning, create a critical mass of health managers and service providers with relevant skills.
d) **Networking:** to increase the adoption of better practices through strengthening and support networking
e) **Country support;** to strengthen and support countries in designing, managing and monitoring strategic plans for quality of care
f) **Clearing house;** to maintain up to-date resources and information on critical regional priorities
g) **Better Practices:** to facilitate intra-regional technical assistance to support the adoption (use) and extension of better practices.
h) **Sustainability:** To ensure the sustainability of the quality of health care centre and quality of care activities in the region.

Factors that have facilitated effective Partnership

- Accountability where their finances are audited every year and this helps improve their management and enhances donor trust
- They produce training and educational materials their focus is on Reproductive Health, Infectious diseases, Child Health and Nutrition and HIV/AIDS whose demand is high within and outside the region
- Trainings of personnel in Health care is of high quality as is demonstrated by the training evaluations conducted
- They have a number of Alumni of the centre whom they call on for training assistance whenever there is need
- The experience and technical capability of their staff has contributed to their success
- The capacity building of individuals from institutions through the Training of trainers who eventually carry on the trainings on behalf of the centre

Challenges

- The use of financial procedures of the mother organization (university) with its bureaucracies impedes the smooth operations of the centre, yet if the organization was autonomous they would have their own independent systems
- The organization grew very first and out lived the initial office space at the university and has had to hire another office in town which makes it difficult for the centre to hold its management meetings and coordination is a challenge
- Having to use government/university officers to process their procurement and their involvement in the financial processing impedes the operations of the centre especially given the fact that the university staff are not paid at the same rate as the centre and their salaries not subsidized by the centre to compensate for the extra work done.
- Sharing facilities such as electricity with the university does not give them flexibility to purchase equipment that they may need for work such as the generator, the policy of the university requires that all departments are treated equally

Structure

The centre is a semi autonomous organization working as a project of the Makerere University where it has its headquarters in Kampala Uganda. The centre is under the university council where governance issues are dealt with, they however have a Technical Advisory board whose mandate is both technical and policy formulation**.**

The members of the technical board are drawn from partner and collaborating organizations who subscribe to their mission and objectives. RCQHC is department of the Public Health school in the faculty of Medicine and therefore the director of the centre is an employee of the University whose salary is supplemented by the centre as allowances.

They work in all the countries in Africa through the Ministries of Health, who identify participants for their trainings and meetings and their alumni assist with logistics. Sometimes they work through regional organizations like East Central Southern Africa- Health Community (ECSA-HC) in Tanzania.

The organization has also networks that have evolved due to the needs of the stakeholders; these are the African Network for the care of children affected by HIV and AIDS (ANNECA), and Malaria in Pregnancy in East and Southern Africa (MIPESA).

Staffing

RCQHC has currently 30 staff members of whom 5 are consultants unlike at inception when they had just a few comprising of a director a few advisors and an administrator. Currently in addition to the Director and the administrator, they have several advisors in different thematic areas, with program officers as their assistants with support from program administrators. This need for more staff came as the centre activities scaled up.

Funding source

The centre is supported by Makerere University and is funded by the USAID-EA and also through the Academy for Educational Development (AED).

Communication

Communication is through newsletters which should be produced half yearly but is done on adhoc basis at the moment, meetings with different stakeholders are held monthly under the sub networks, i.e. ANNECA and MIPESA. These networks have members all over the region and hold their meetings regularly for MIPESA it is biannually while ANNECA holds theirs four times a year.

Recommendations

1. Starting small is imperative, learn lessons as you grow gradually
2. Autonomy is important as working under a bureaucratic organization impedes the smooth running of the organization, as decisions have to be made with consultations of the host organization
3. Capacity building both institutional and technical of the partnership and its members is important for sustainability of the organization
4. The organization must identify its niche right at the beginning to know what gap they are filling this helps to avoid competition with other stakeholders

Respondent: Mr. Paul Ouma, Administrator

Regional Psychosocial Support Initiative (REPSSI)

Donors

Their main donors since inception have been: Swiss Agency for Development Cooperation (SDC), The Norvis Foundation for Sustainable Development (NFSD); and the Swedish International Development Agency (SIDA).

Background

REPSSI is a regional, non-profit organization established in South Africa in February 2005 with sub-regional office in Tanzania, Zimbabwe and Zambia under the overall managerial stewardship of its head office in South Africa.

REPSSI was originally conceived as a regional initiative to scale up psychosocial care and support to for children affected by AIDS in 2001 at 'Psychosocial think tank' meeting in Masiye Camp Salvation Army, Zimbabwe by a diverse group of practitioners, children, youth, managers and academics from organizations responding to the orphan and vulnerable children crisis. At this meeting it was realized that while there was a lot of efforts in responding to the OVC crisis with materials there was very little happening on emotional and psychosocial response, together with the donors attending the meeting at the time they agreed to develop a regional proposal to extend the work they had began in Zimbabwe to the region. In May 2002, with financial support from a consortium of three donors i.e. the Swiss Agency for Development Cooperation (SDC), the Novartis Foundation for Sustainable Development (NFSD) and the Swedish International Development Agency (SIDA), the Regional Psychosocial Support Initiative (REPSSI) was formally launched as a project to improve and scale up psychosocial support for children affected by AIDS (CABA) in the East and Southern Africa (ESA) region.

The initiative soon evolved to include improving and scaling up psychosocial support to children affected by conflict as well as poverty. Today, REPSSI provides technical assistance for psychosocial care and support in 13 countries including Angola, Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

REPSSI Vision

All children affected by HIV and AIDS, poverty and conflict access stable, affectionate care and support to enhance psychosocial wellbeing.

REPSSI Mission

REPSSI exists to provide leadership, quality technical assistance and knowledge in psychosocial care and support for children and youth in communities affected HIV and AIDS, poverty and conflict.

REPSSI Values

The values that REPSSI adheres to in its work are:

Integrity- As individuals and as an organization, we are committed to the highest ethical standards. We value truthfulness, fairness and honesty in our internal and external relationships, communications and transactions

Collaboration - We value the collective wisdom that emerges when individuals work together as a team.

Leadership - We value leadership at all levels within the organization. We believe that all employees are responsible for continuously providing effective leadership within the context of individual roles and responsibilities.

Excellence - We value excellence in all that we do. We are committed to the highest professional standards.

Respect - We value civility in our oral and written communications, as well as in our interactions with one another and with our stakeholders.

Innovation - We value and support innovation. We encourage informed risk-taking that holds the promise of enhancing organizational learning.

Accountability - We affirm our commitment to being accountable for the fulfillment of all duties and professional obligations associated with our positions.

Diversity - We believe that the diversity reflected among our staff and partners is an asset to our organization.

Structure

The organization has a board which does governance; the board has representation of the consortium members and management staff. The executive director reports to the governing board.

The organization does not have presence in all the countries but works through satellite offices; i.e in Kenya they work through their partner CORDAID. The satellite helps to reach the government and donors in the countries.

The organizations that become satellite are those that are already working with children and have an interest in psychosocial well being of the children. They are trained by REPSSI as TOTs and coaches and later are engaged in the countries to train implementers. These partners of REPSSI plan together and draw agreement on how they intend to work and execute the plans jointly. They have developed tools for M&E despite the fact that PSS takes time to realize, they are still able to measure improvements.

They have about 28 to 30 members in every secretariat and 3 to 4 staff members at each secretariat (Sub-regional offices)

Staffing

When the organization started the consortium members offered to support the work of the organization with a staff of 8 who worked from their homes. They each had different responsibilities, Salvation Army was offering administration, SAT was offering Grants making, AIDS Alliance offered advocacy; Masiye Camp offered organizational support and administration while Terres De Hommes offered advocacy at the international level

In 2003 when they received donor funds they opened a regional office in Zimbabwe with the regional coordinator sitting in Zambia, but later realized that the situation in the country was not conducive and moved it to South Africa where it is today.

Within a year they conducted an assessment on the organization work generally and among the recommendations were that the organization needed to work with partners and that it needed to be registered as an autonomous organization.

Currently they have a staff that comprises the following areas; finance, Knowledge development and exchange, Partnership and Monitoring and Evaluation headed by directors.

Each of these functions form departments with sub regional managers, totaling to 4 who cover Southern, Eastern, Central and Northern regions.

Communication

Communication is done electronically through email. There also meetings held twice in a year with all staff and board meetings held in rotation in each of the countries where they are registered. In the sub regions they have advisory boards who also meet physically and also virtually through teleconferences.

Factors that have facilitated their success

1. Clear identity and definition of what they stand for. As a regional organization they do not implement directly
2. Their focus on Capacity development in Psychosocial Support to mitigate the effect of HIV/AIDS on OVC. They keep their focus despite the fact that there are challenges when it comes to showing quick results in PSS unlike providing material support.
3. There is good relationship between the donors and the management staff, they share the organizational challenges and explore solutions together.
4. Advocacy for PSS has helped raise their profile
5. They have partnered with the University of South Africa to offer courses in PSS to assist personnel working with children in the region and USAID is coming in to support this work.
6. They are funding a position in SADCC to help advocate for OVC issues.
7. One activity that has helped them succeed is regular reviews held to reflect on their performance and what other stakeholders think of their services. During one of their evaluations there was a recommendation to mainstream PSS in all the activities implemented in OVC.

Challenges

- Organizations look at them as a donor and expect grants from them but they have been able to explain their position very well and kept their focus on capacity development for PSS.
- Initially when they began they were biting too much and only scratching on the surface, they have learnt to expand gradually.
- There is a lot of demand on evidence making baseline data very essential, this is a challenge that they have to keep up to.
- Retention of staff is challenging with the competitive salaries offered by International NGOs.

Recommendations

- Start small and expand gradually as need demands
- Baseline data is very essential for attributing success to interventions
- There is need to be transparent to donors and partners
- Staff should be remunerated well according to market rates
- It is better to mainstream rather than go ahead and implement
- There is need to collaborate with other stakeholders at the region, plan and visit partners together.
- There is need to justify why you exist as regional organization
- Documentation of lessons learnt is very important
- There is value in interacting with organizations doing similar work
- When setting performance milestones it is always important to involve the field
- There is need to invest in partnership development despite the fact that it is not easy, partners need to understand your program and you understand their programme

Respondent: Noreen Huni, Executive Director

Society for Women Against AIDS International (SWAA)

Mission

SWAA's mission is to advocate on behalf of women, children and families in the fight against HIV/AIDS. SWAA mobilizes communities by strengthening capacity to prevent, control and mitigate the impact of the epidemic.

Vision

SWAA's vision is a world free of HIV/AIDS where African women and children are empowered to claim equal rights to health care, education and economic and social cultural opportunities.

Goals

1. **Advocacy;** To lobby governments, developments partners, donors and pharmaceutical companies for the improvement of Health systems and access to HIV/AIDS drugs, comprehensive reproductive health rights/care, and care, support and treatment for the infected and affected.
2. **Resource mobilization;** Develop and implement sustainable strategies for resource mobilization for SWAA activities at all levels
3. **Partnership and Networking;** Form partnerships and networks with other stakeholders at all levels
4. **Research, Monitoring and Evaluation;** Develop and implement monitoring and evaluation systems for SWAA at all levels
5. **Capacity Building;** Strengthen capacity of SWAA at all levels to effectively correspond to different HIV/AIDS interventions

History

During the 4th International AIDS conference in Stockholm in 1988, women from African countries realized that their continent was most affected by AIDS and that due to their position as women they were more vulnerable, due to the cultural practices, economic and political disadvantages. AIDS was seen as a women's burden and therefore the need to mobilize women and children for prevention care and support. The Society for women and AIDS was formed with the countries represented at the conference and each country was to go home and register their own chapter.

Later a meeting took place in Harare and elected a board and the organization was registered in Senegal as a regional organization.

Structure

This is a volunteer organization with membership both individual and group and organizational, men are allowed to participate but as associate members.

The board currently has 12 members who are elected by a general assembly that meets every two years, but elections are after four years. The board members are selected according to regional representation and skills that are needed by the organization, these are varied and include, finance, law, policy, programming etc.

They have also regional representatives who are known as "regional coordinators" representing East, South, West and Northern Africa.

The regional coordinators apart from representing their regions on the board they also provide logistics and coordinate national activities as well as monitor the activities of the national chapters. They cover 41 countries.

Staffing

At the initial time of establishment they had members working as volunteers and later, they have a policy that stipulates that the International Headquarters employs an Executive Director and a Finance Manager. The rest of the staff are employed according to project needs. At the national levels they have a national coordinator, a finance Manager and other project staff as is relevant to the project needs.

They have national boards whose responsibility is governance and fundraising.

Factors that have facilitated their success

- Good leadership both at national and regional levels where they are able to mobilize resources both financial and human at all levels including community levels who give their time volunteer.
- Volunteerism at SWAA has contributed to their success to date, they have women and youth who have joined the organization due to their passion towards the issues of women/ children and HIV/AIDS and have commitment to give back to the society.
- The country chapters have the freedom to address their needs specifically but in line with their global goals which gives them flexibility to meet the needs of their members
- The involvement of women groups, youth and People Living with HIV and AIDS at the implementation level by the national chapters in their work, has encouraged ownership and sustainability.
- They work closely with the government to complement the work their doing for example at the implementation level they form positive groups for PLHAs where the government health centers refer their clients who turn positive. They also work with schools to form children's clubs as well as developing relationships with the families for follow-up.
- They get together as regions and share best practices among their chapters
- They try to fit their work within the regional and national frameworks so that their work is not done in isolation but adds value to other regional and country initiatives
- Their autonomy situation allows them to be innovative at all levels, positive competition among the chapters and ownership of the organization

Communication

This is done through email, regular newsletters and the web. They also do a lot of documentary which they share with their members.

Challenges

- High expectations from the national chapters to the international level and the inability to meet these expectations; due to financial resources
- Donors are more attracted to fund service delivery which is done at the national level and not advocacy, Capacity Building and regional initiatives that do not target beneficiaries directly
- Most members at the grassroots level need a lot of capacity building to be able to identify their needs and implement them at that level and yet they are volunteers whose turn over is very high thus making it very expensive to train them.
- Due to the voluntarism nature of the organization it becomes very difficult to push the volunteers to deliver their commitments
- Dependency on donor support is a challenge, they would feel more secure if they got some funds for investment; i.e put up some office building to avoid paying rent and perhaps also rent part of it.

- Publishing their success stories for wider dissemination is a challenge, due to inadequate capacity both technical and financial.

Recommendations

1. Autonomy is key for an organization of this kind to meet it's objectives
2. There is need for a board that has varied skills to support the executive at the initial stages
3. There is need to identify the gap that the organization/ partnership is filing to determine it's niche for stakeholders to find value in it
4. It is important to create networks and referral systems to be able to collaborate with others who are already in this field and who would benefit from the partnership.

Respondents: Connie Mureithi, East African Regional Coordinator and member of the board; Mercy Wahome, National Coordinator, SWAA- Kenya

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