



USAID
FROM THE AMERICAN PEOPLE



Volunteers working with children in Lesotho

FACT SHEET

November 2014

Building Local Capacity for Delivery of HIV Services in Southern Africa: Overview

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in leadership, management, and governance as well as organizational development in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

Sub-Saharan Africa is most severely affected by HIV, with nearly 1 in every 20 adults (4.9%) living with the disease and accounting for 69% of the people living with HIV worldwide. Despite recent progress in some countries documented in the 2013 UNAIDS Global Report, the southern Africa region continues to be at the center of the global AIDS pandemic. Nine of the ten countries with the world's highest HIV prevalence and incidence rates are in southern Africa.

The field of HIV is complex; no one government or organization is able to address all of the related issues. Instead, the HIV response requires a multitude of stakeholders with a variety of strengths to collaborate in order to be effective.

The USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) is a regional project with a twin focus on country-level interventions and regional-level activities that benefit the entire southern African region. BLC's proven tools and methodologies are easily adapted to country-specific contexts. Lessons learned contribute to an integrated project experience and knowledge base that features cross-fertilization. The project's reach and impact are thus greater than the sum of its parts.

BLC builds capacity through customized application of these strategic approaches:

- Knowledge-sharing and evidence-based research
- Organizational and technical capacity building of partner organizations
- Grants for service delivery, particularly to key populations
- Stakeholder coordination

BLC promotes the following principles in the design and implementation of capacity building interventions:

- Integration of leadership, management, and governance practices
- Partner ownership of interventions and expected results
- Evidence-based and demand-driven technical support using proven approaches
- Context-specific selection of tools and approaches

Supporting regional partnerships

BLC is supporting the Southern African Development Community (SADC) to guide Member States in aligning their HIV programs to country-specific dynamics and needs, as well as regional good practice.

BLC is strengthening the technical, operational, and financial management capacity of regional CSOs and recommending them as qualified to receive direct US Government funding. These CSOs vary in their services and target populations, all contributing in distinct ways to the HIV response. Examples of services include sexual and reproductive health, community leadership and advocacy, and strategic information—delivered to key populations such as migrants and men who have sex with men.

Results 2010-2014:

- BLC and SADC have supported the revision of National Strategic Plans and strengthened key structures in four countries: Lesotho, Namibia, Swaziland, and Zambia.
- BLC is supporting SADC to develop and operationalize regional policies including the Declaration on TB in the Mining Sector and regional minimum standards of health care for mobile populations along the region's transport corridors.
- BLC has "graduated" eight regional organizations, recommending them for direct USG funding.

Improving service delivery in health facilities

In partnership with the Ministries of Health and the Council for Health Service Accreditation in Southern Africa (COHSASA), an internationally recognized South African quality improvement organization, BLC implemented a Quality Improvement and Leadership (QIL) program with teams of health care providers to improve their ability to provide quality services, ultimately leading to accreditation of the health facilities in line with international standards of care, in Botswana and Namibia.

While BLC's direct involvement ended in 2014, the respective Ministries of Health continue to implement quality improvement in health facilities, demonstrating ownership of the process.

Results 2010-2014:

- BLC implemented the QIL with 13 health facilities in Botswana and Namibia.
- In Botswana, six health facilities were awarded pre-accreditation recognition by COHSASA.
- 11 health facilities in Botswana have increased scores from their baseline assessments, indicating improved quality of service.



BLC works with partners at regional, country, and community levels to strengthen the quality, reach, and sustainability of effective HIV prevention interventions. Taken together, they are the building-blocks of strong health systems and contribute to improved health of the people in southern Africa. With its experienced staff and well-established structures and systems, BLC can quickly start up country and regional programs.

BLC's activities fall within four interconnected levels: regional, national, civil society, and health facility. BLC's support is customized to a particular context and need within a particular level, resembling a puzzle, as depicted above. For example, civil society organizations have an important role in providing services within countries and coordinating with national governments and health facilities. BLC is strengthening CSOs through the provision of grants and institutional and technical capacity building. It uses its Organizational Capacity Assessment Tool to identify gaps and develop a specific plan to fill these gaps, based on the needs and goals of the organization. Consequently, BLC's partners provide better-quality services and are more sustainable—able to contribute to the long-term HIV response.

In countries such as Angola and Lesotho, BLC's efforts at several levels simultaneously serve as a link between them, supporting greater integration and an enhanced overall response.

Partnering with governments

BLC's activities with governments focus on leadership, management, and governance capacity building; coordination; and policy development to promote an enabling environment for service delivery.

BLC is strengthening the capacity of five Global Fund Principal Recipients to manage and report on their Global Fund grants. They are: the Angola Ministry of Health's Technical Management Unit's (UTG); the South African National Department of Health (NDOH) Program Management Unit (PMU); the Southern African Development Community; the Namibia Network of AIDS Service Organizations (NANASO), and the National Emergency Response Council on HIV and AIDS (NERCHA) in Swaziland.

Results 2010-2014:

- BLC and the Lesotho Ministry of Social Development have simplified and disseminated the Child Protection and Welfare Act, as well as gender advocacy messages for TV, radio, and print. They are also developing OVC standards of care.
- BLC is supporting the governments of Angola and Botswana to develop materials addressing gender-based violence.
- All BLC-supported Global Fund Principal Recipients have a rating of B1 or above, an indication of strong performance and grant management.

Strengthening civil society

BLC provides performance-based grants to a range of civil society partners in Angola, Lesotho, Namibia, Swaziland, and South Africa to deliver quality HIV services to communities in need. Similar to the regional CSOs, each organization has a unique focus and reaches a distinct population group. BLC supports organizations to scale-up existing services and expand their reach while strengthening their capacity for enhanced sustainability.

Results 2010-2014:

- BLC disbursed more than \$17 million in performance-based grants to 33 sub-grantees.
- With its CSO partners, BLC:
 - Provided services to more than 75,000 orphans and vulnerable children (OVC) and caregivers through 13 CSO partners.
 - Delivered HIV prevention messages to more than 118,000 individuals in the region.
 - Supplied HIV counseling and testing to more than 46,000 individuals in Angola and South Africa.
 - Provided voluntary medical male circumcision to 2,200 men and boys in Swaziland.

Results across BLC



BLC provided capacity development in leadership, management, and governance to 69 organizations and 776 individuals



57 organizations and 737 individuals received HIV prevention capacity development, contributing to improved-quality services



23 organizations and 9,308 individuals received OVC care and support capacity development, resulting in better-coordinated and context-specific programs and activities

This publication is made possible by the generous support of the United States Agency for International Development (USAID) under the Leader with Associates Cooperative Agreement GPO-A-00-05-00024-00. The contents are the responsibility of The Building Local Capacity for Delivery of HIV Services in Southern Africa Project and do not necessarily reflect the views of USAID or the United States Government.

For more information contact:

Building Local Capacity Project (Regional Office)

Ditsela Place
1204 Park Street (Cnr Park and Jan Shoba Streets)
Hatfield, Pretoria, South Africa
Tel: +27 12 364 0400; Fax: +27 12 364 0416
blcsouthernafrica@msh.org; www.msh.org



Access BLC publications online:
www.hivsharespace.net/collection/blc