



2. ORGANIZATIONAL APPROACH

Partnerships

The underlying principles of the entire APHIA II Western project were to increase the scale of activities, integrate services, capacity build partner organizations and strengthen links between networks. All of these required close collaboration with all of the project's partners, from the main strategic partners to the government bodies and civil society organizations responsible for implementing community-based activities.

PATH was the prime recipient of the agreement and took the lead in managing the implementation of APHIA II Western. Technical positions were shared among all partners. A management committee consisting of the project director and senior representatives from each consortium partner provided guidance on project management, implementation and technical issues.

The management structure and approach of the consortium recognized the skills that each partner contributed to the program and gave them the freedom to carry out their implementation commitments with minimal oversight. The complementary skills of the different partners meant that the project was able to provide a holistic service. Overall, the management and implementation approach was extremely successful.

Key government partners in the design and implementation of this project were the Ministry of Health, Ministry of Children, Gender and Social Services and Ministry of Education. They all benefited from some degree of capacity building support from the APHIA II Project. Other key working relationships at government level included the Ministry of Agriculture and Livestock and the Children's Department.

Due to the nature of this intervention and its extensive treatment and prevention focus, the Ministry of Health was APHIA II Western's principal partner and primary beneficiary of their capacity building support aimed at enhancing their work and facilitating them to achieve their targets. From design through to implementation the project worked closely with the Ministry of Health to ensure that their priorities and targets were met. The communication and involvement with the ministry throughout the program's implementation was very strong. At the provincial level there was a strong and mutually respectful working relationship

between the project and the Ministry of Health from the outset. The majority of APHIA II Western's treatment team and senior management came from a Ministry of Health background themselves. This meant that they already had a good understanding of the province and its problems, an insight into the ministry's administrative systems and a longstanding professional relationship with many of their Ministry of Health counterparts.

The sheer scale of the numbers of people that APHIA II Western was trying to reach made it impossible to achieve targets without the involvement of members of Western Province's civil society. Furthermore, it would be impossible to achieve any level of continuity and sustainability to these interventions without the involvement of civil society. Partnership with community-based organizations (CBOs) has been crucial to the successful implementation of activities undertaken to increase healthy behaviors in the target population and to expand levels of community-based care and support offered to PLWHIVs and OVCs. Not only have the CBOs made it possible to reach large numbers, they are also firmly rooted in the communities and have better access to and understanding of them. However, the capacity of civil society and CBOs to carry out behavior change and HIV prevention work as well as to offer care and support to PLWHIVs and OVCs was inadequate. They were particularly challenged in being able to reach the large numbers of people that are targeted through APHIA II Western.

A crucial part of the program's implementation lay in strengthening the capacity of civil society and CBOs to implement behavior change and PLWHIV and OVC care and support activities. This was achieved through a granting program that financed CBOs to implement activities combined with an extensive capacity-building program that mentored and supported partner CBOs in their project



OVCs/ Channels of hope/ Livelihoods



Married adolescents

implementation. A total of 24 CBOs received grant support through the PLWHIV/OVC support initiative, whilst a further 41 CBOs received grant support to carry out behavior change and HIV prevention activities throughout Western Province. In total, 9,621 local organizations and a total of 18,820 individuals received technical assistance and training for HIV-related institutional capacity building. A total of 1,643,112 individuals were reached through CBOs that have benefited from institutional strengthening support.

This approach was successful in reaching large numbers of people with APHIA II activities. As a result they exceeded project targets for behavior change and PLWHIV/OVC support. The fact that they have been implemented through CBOs has meant that there is a greater sense of community ownership. The capacity building and mentorship has been particularly effective in strengthening the ability of organizations to implement and manage their activities.

Cross-cutting interventions and integrated approaches

Western Province has a strongly patriarchal community that places the locus of control with men and reduces women's status in society. As a result, women are not empowered enough to make decisions relating to their own and their children's health. Men are the key decision-makers for everything that happens in the home and have a significant bearing on the health-seeking behaviors and health practices of women and children. Their limited knowledge of women's health issues and their inadequate support in addressing them is considered to be a significant contributor to the

province's high GBV rates, low uptake of PMTCT, pediatric ART and RH/FP services. This also applies to the low rate of facility-based deliveries. Furthermore, men are recognized as being more reluctant than women to open up and talk about health issues and to adopt new, healthier behaviors. APHIA II Western worked across all its results areas to promote the involvement of men in health activities so as to improve men's health behaviors and that of the women and children in their lives and to create a better environment for women to live in. Male clinics were established at PMTCT sites and men's groups set up at the community level. Through these forums men have learned that their masculinity is not threatened by caring for their wives. They have learned that violence is unnecessary and that women need their support to access PMTCT/ HIV/AIDS and RH/FP services.

The increase in the numbers of women accessing services is partially attributable to better understanding and involvement from their men. Service providers and men's groups offer testimonials of how men are now accompanying their wives to antenatal clinics (ANC). Some men are even bringing their children to the clinics for immunization. Men are recognizing the risk of being involved in multiple partnerships. Rather than throwing them out of the household, they are more understanding of their wives if they test HIV+. Gersham from the Elwesero Men's group says, "Through dialogue discussion we have learned to take on new roles. We wash clothes, take our children to clinics and even take care of our babies and change their nappies." These are enormous changes for this male-dominated society and should be integrated and built on in future integrated health interventions.

Many of the facilities that were offering, or expected to offer, the new, expanded services available through APHIA II Western often lacked physical space or clean, well-equipped settings. The lack of physical space affected the quality of patient care on two levels. It slowed the flow of patients, which meant long waiting times. It also made it difficult for patients to receive private, confidential consultations.

It was recognized that in order to contribute to the expansion of HIV/AIDS prevention, care and treatment services and an improvement in the quality of services on offer it would be necessary to address the basic infrastructure and staffing challenges faced at the facility level. At the start of the project, APHIA II Western's renovations team carried out an assessment of facilities in Western Province to determine the specific needs of each facility. These ranged from needing more waiting space for patients, clean water, drainage or equipment. A total of 17 maternity units, 22 Comprehensive Care Centers (CCC), five laboratories, four MCHs, and two pediatric wards were renovated during the course of the program.