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NEW PARTNERS INITIATIVE END OF PROJECT MEETINGS REPORT • JANUARY 2012



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THE NEW PARTNERS INITIATIVE

“We will reach out to faith-based and community organizations that provide much of the healthcare in the developing world, and make sure they have access to American assistance. By identifying and supporting these organizations, we will reach more people, more effectively, and save more lives.”

— PRESIDENT GEORGE W. BUSH, WORLD AIDS DAY 2005

Announced on World AIDS Day 2005, the New Partners Initiative (NPI) was an effort within the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to work with new partners, including community- and faith-based organizations, to enhance their technical and organizational capacity and ensure the quality and sustainability of HIV and AIDS programs worldwide (<http://www.pepfar.gov/>).

Although many organizations are able to reach people who need HIV and AIDS services, they lack experience working with the U.S. government and its funding processes. Community- and faith-based organizations, in particular, represent vital but underutilized resources. Many such organizations are well-established within communities and well-placed to reach out to those infected and affected by HIV and AIDS.

Between 2006 and 2012, PEPFAR, through USAID, CDC, and HRSA, awarded grants to 54 organizations, or “new partners,” to provide HIV and AIDS prevention, care, and support services in 14 countries. To strengthen the sustainability of the response, NPI also offered assistance to these new partners, helping them improve program quality, analyze needs, and strengthen their organizations.

Two U.S.-based organizations, FHI 360 and John Snow, Inc. (JSI), received PEPFAR funds to help the new partners manage U.S. government funds and increase their organizational capacities. FHI 360 and JSI accomplished this by offering a wide array of optional technical assistance opportunities, including training, coaching and mentoring, peer exchange, targeted technical assistance, and leadership development (<http://www.fhi360.org/en>); (<http://www.jsi.com/>).

Building the capacity of civil society organizations also helps to build local ownership of HIV and AIDS responses for the long term, which is a cornerstone of the strategies of many governments, donors and communities. In many countries, civil society organizations provide a significant portion of HIV and AIDS programming. These organizations are critical to increasing access to quality services but are often limited by both resources and capacity.

With the technical assistance provided by NPI, the 54 civil society organizations funded by PEPFAR were able to increase their ability to effectively use, manage, and report increased resources. Building capacity is a long-term resource-intensive process. JSI and FHI 360 ensured a collaborative, partner-led approach that allowed new partners to learn and grow on their own terms.

The successes of NPI are compelling. Among other achievements, NPI partner organizations have:

- Chartered their own partnerships for sustaining the future. For example, they are collaborating with national and local governments, universities, private sector organizations, technical associations and networks, other donors, and communities.
- Made important contributions to HIV and AIDS mitigation by reaching a large number of beneficiaries. For example, as of January 2012¹, NPI partners had provided services to more than 336,000 orphaned or vulnerable children and reached more than 5.8 million people with HIV prevention messages, 912,000 women with prevention of mother-to-child transmission services, and 927,000 people with voluntary testing and counseling services.
- Forged strong relationships with the communities in which they work, as evidenced by the service delivery numbers stated above.
- Achieved significant organizational growth and development. This partly is evidenced by their collective progress shown in capacity-building assessments at the start and finish of NPI.
- Successfully transitioned to other (non-NPI) sources of funding. Several NPI partners have transitioned to U.S. government in-country team oversight. And the majority of partners have received or will receive funding from other sources to continue and expand their HIV and AIDS mitigation efforts.

The end-of-project meetings provided the NPI partners with an opportunity to showcase these successes—and more—as well as demonstrate how far they came organizationally as a result of their involvement in the New Partner Initiative.

¹Figures have been compiled from NPI partner annual reports, final reports, and work plans. The numbers are expected to increase as more NPI partners submit final reports.

THE NEW PARTNERS INITIATIVE END-OF-PROJECT MEETINGS

The New Partners Initiative end-of-project meetings celebrated the achievements of the 54 NPI grantees and their organizations' contributions to the global HIV and AIDS response. The meetings took place in Kampala, Uganda, and Johannesburg, South Africa, January 11-13 and 16-18, 2012, respectively.

The meetings convened NPI grantees, technical assistance providers, U.S. government representatives, and other key stakeholders.

The objectives of the meetings were to:

1. Recognize the collective achievements of the NPI grantees and their organizations' contributions to the global HIV and AIDS response.
2. Share capacity-building lessons and resources developed under NPI for broader use and at country level by both USG and other local partners.
3. Identify and promote critical issues to move capacity building and country ownership forward by informing future thinking and direction for other local initiatives focused on local responses.

Through a series of plenary sessions, panel discussions, and presentations, conference attendees were given time and space to reflect on their organizations' growth and transformation, learn about the work of other organizations, and forge valuable connections for life after NPI.

Who attended the end-of-project meetings?

Each NPI partner organization (partner) was asked to invite three representatives from their organization, with an emphasis on executive directors and program managers. If partners were working with implementing partner organizations of their own, they were encouraged to invite a senior management representative from these organizations. Because space was limited, organizations with multiple sub-partners were not able to send representatives. Partners that worked in more than one country were permitted to invite more than three representatives to ensure full coverage from all NPI-supported programs.

The meeting also included headquarters and field representatives from each of the U.S. government agencies involved in implementing the New Partners Initiative: Office of the Global AIDS Coordinator (OGAC), U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). Representatives from JSI and FHI 360, the organizations contracted



Attendees of the New Partners Initiative end-of-project meeting in Kampala, Uganda, gather for a photo.

to provide technical assistance to the NPI partners, also attended. Additionally, external speakers from other donors, civil society organizations, and government and private sectors were invited to each meeting (<http://www.state.gov/s/gac/>); (<http://www.usaid.gov/>); (<http://www.cdc.gov/>); (<http://www.hrsa.gov/index.html>).

How were the meetings structured?



The NPI end-of-project meetings provided space for partners to network and share information about their organizations and work.

The end-of-project meetings were a critical component of NPI as a whole. It was important to provide NPI partners the opportunity to tell their stories and celebrate their progress. To determine the best way to do this, an end-of-project meeting committee that consisted of representatives from USAID, CDC, HRSA, JSI, and FHI 360, was formed.

The committee determined that one big meeting would not allow adequate time or space for each partner to fully participate or showcase its work. Based on the geographical distribution of NPI partners, it was decided to hold one meeting in Uganda and the other in South Africa.

The Uganda meeting included partners working in East and Central Africa and the South Africa meeting included partners working in West Africa, Southern Africa, and outside Africa.

In September 2011, partners received a survey asking them to detail their most noteworthy achievements under NPI. The committee drafted an agenda based on the responses, making it clear that it would be a *partners'* meeting – i.e. mostly partners presenting and sharing, with external speakers as resources. The agenda included the following six sessions:

- I. Achievements in Program Management and Organizational Sustainability
- II. Approaching Resource Mobilization: Strategic Design, Targeted Approaches
- III. Setting a New Standard for Capacity Building: NPI Partners Reflect on What Worked and What Didn't
- IV. Country Ownership of HIV Response in the Context of Shrinking Resources and Shifts in Donor Priorities
- V. Leveraging the Learning from NPI for the Future
- VI. Keys to Sustaining Effective Interventions for HIV and AIDS and Best Practice Updates

Each session was broken into sub-sessions. Partners were invited to submit abstracts. The committee selected 44 abstracts for Uganda and 37 for South Africa and used these to develop agendas. Because the submitted abstract topics varied, the two meeting agendas were somewhat different in the details, including number of sub-sessions and presentations per each, and use of external speakers.

The committee discussed session methodology and agreed upon a variety of models (e.g. panels, small group discussions, Samoan circle, talk-show format), to ensure that the information was presented in the optimal way based on content and nature.

Once the partner sessions were set, the EOP committee identified external speakers to supplement the partner presentations. The external speakers provided the keynote addresses in each country and led several of the plenary sessions. USG representatives and TA provider staff rounded out the agenda. The final agendas can be found in the annex to this report.

KEYNOTE SPEECHES

Each meeting opened with a speech by a prominent public figure working in the field of HIV and AIDS.

Kampala, Uganda

In Kampala, Uganda, Dr. Kelvin Storey, Executive Director of Regional AIDS Training Network (RATN), an association of 34 training institutions collaborating to develop capacity in 11 countries in East and Southern Africa, gave the keynote address. Dr. Storey is an expert in organizational development and has a background in development economics. He has dedicated the past five years to promoting sustainable capacity development in less-developed countries (<http://www.ratn.org/>).

Dr. Storey said that the NPI end-of-project meetings happened at “a pivotal point.” The Paris Declaration of 2005, which emphasized increasing local ownership as a central theme, and the Accra Accord of 2008, which looked at how to strengthen civil society, caused local NGOs to flourish throughout the developing world. Over the last ten years, Dr. Storey believes the role of civil society has been most effective in the HIV response. The lessons that civil society organizations have learned implementing HIV programs will find their way into other critical areas, such as sanitation and water (<http://www.oecd.org/dac/aideffectiveness/parisdeclarationandaccraagendaforaction.htm>).

Dr. Storey reminded meeting attendees that what their project ultimately left behind is not for the donors, but for “us”, saying, “One of the challenges as we leave this meeting is to figure out how we sustain our programs and scale up. Where do we go from here?”

Dr. Storey posited five elements to take NPI partners forward:

- Partnering - continuing to partner with and support one another is key.
- Willingness to change - organizations that do not change will die.
- Build strong systems - organizations need to reengineer beyond the initial emotion and passion; they need strong systems that allow them to function and grow.
- Work with government - organizations need to ask themselves how they can partner with governments more effectively.
- Continue to promote capacity building - CSOs must continue to provide a platform to debate and discuss capacity building.

Dr. Storey closed his speech by saying that a lot more needs to be done. Quoting Steve Jobs, “Stay foolish and stay hungry,” Dr. Storey said, “I like the interpretation that you need to stay foolish so that you have the opportunity to learn even more. If we pretend to know everything, we will fail. Stay hungry for growth and learning.”

Johannesburg, South Africa

In Johannesburg, South Africa, Constitutional Court of South Africa Justice Edwin Cameron gave the keynote address with a speech entitled “Stigma and AIDS: The Personal and the Political” http://en.wikipedia.org/wiki/Edwin_Cameron.

Justice Cameron is an activist and advocate for equality and human rights. He is a South African Rhodes Scholar and current Constitutional Court justice. Justice Cameron served as a Supreme Court of Appeal judge from 2000 to 2008 and was the former chairman of the South Africa Law Commission Project on HIV and AIDS. He was also the first senior South African official to state publicly that he is living with HIV.

Justice Cameron's speech focused on the stigma surrounding HIV and AIDS and how it negatively affects responses to the epidemic. “Stigma is that brand of condemnation, of rejection, of *judgment* that we place on the forehead of people who we want to condemn. And stigma has been the problem in this epidemic from the very start.”

Justice Cameron challenged meeting participants to ask themselves to what extent stigma still plays a role in how their programs respond to the epidemic. “It's a hard question, but I think it's a question we have to ask,” he said.

Justice Cameron then went on to tell his own story to emphasize the fact that stigma “still burdens our responses.”

“My message is a personal one to you. And it's to look at your work. In your faith-based work, in your outreach work, your prevention work, and your care work. What role does that residual bit of stigma perhaps play in your work? Is there any role? Are you fighting it every day? Are you using only evidence-based approaches? Are you approaching the issue

on the basis that this is a medically manageable disease? Are you fighting within PEPFAR, within your daily work, within your organizations for inclusiveness, for acceptance, for the strength that we get from knowing that we can beat this issue together?"

In addition to the keynote speeches, several speakers from an array of backgrounds also contributed to the discussions about emerging HIV and AIDS issues. In Uganda, three speakers (from UNICEF, the private sector, and a private foundation), addressed the importance of developing a resource mobilization approach for a sustained response. In South Africa, representatives from UNAIDS and USAID/Botswana talked about opportunities for and challenges to country ownership (<http://www.unaids.org/en/>).

“ Personally, my commitment to the response has deepened. After a 2010 NPI management training, I decided to create a consortium to apply for Global Fund money. We were awarded by the Global Fund Round 10. We have also worked with small donors to create a small pool of funds for smaller implementers. Last year we were awarded our biggest grant ever, \$2.2 million as a sub to the University of Manitoba to implement a maternal and child health program focusing on nutrition and food security. ”

— FRED WITTEVEEN, CHRISTIAN REFORMED WORLD RELIEF COMMITTEE

DISCUSSION AND FINDINGS FROM THE MEETINGS

This section of the report explains how each of the three end-of-project meetings objectives were addressed and met over the course of the meetings.

Objective 1: Recognize the collective achievements by the NPI grantees and their organizations' contributions to the global HIV and AIDS response.

As discussed above, the meetings were structured to give the NPI partners the optimum forum for showcasing individual and collective achievements. The TA providers, JSI and FHI 360, worked extensively with each NPI partner to help refine their presentations. TA providers made suggestions, urged focus, and encouraged the partners to think about how they could use their materials beyond the end-of-project meetings for future marketing and other efforts.



This child received training and a tailoring start-up kit from Integrated Community Based Initiatives (ICOB). ICOB's management systems were strengthened as a result of NPI technical assistance, which has allowed the organization to deliver its programming more effectively.

The NPI partners realized several successes that have allowed them to contribute to their countries' responses to HIV and AIDS. In addition to the collective achievements outlined in the first section of this report, NPI partners were all officially included in their specific country's U.S. government country operational planning process and, as a result, are better networked and more involved in the development and implementation of national HIV strategic plans. Additionally, the majority of partners will continue to work in their project areas with similar or expanded scopes of work—and many with funding from new sources.

These partner achievements—including improved management systems, exceeded program indicators, expanded programming to better address community needs, new alliances formed, and new financing strategies and funding streams to continue their work beyond NPI—were on full display at the end-of-project meetings.

Several partners, such as Retrak, Integrated Community Based Initiatives (ICOB), Matibabu, and Medical Teams International (MTI), used their platform at the meetings to discuss how their **management systems had been strengthened** by NPI (<http://www.retrak.org/>); (<http://www.icobi.or.ug/>); (<http://www.matibabukenya.org/>); (<http://www.medicalteams.org/>).

The central theme of MTI's presentation was that strengthening the management team of their local partner, Kuwangisana, ultimately improved Kuwangisana's technical competency by improving efficiency, increasing accountability, raising staff morale and confidence, and increasing self-reliance and ownership. These improvements led to a stronger commitment to quality and increased dedication to the community and the project goals (<http://kuwangisana.webs.com/>).

Throughout the organizational strengthening process, quality, excellence, and teamwork became organizational values at Kuwangisana, and a solid senior management team that uses individual strengths and increases personal commitment emerged.

Said one Kuwangisana employee, "The staff feels a sense of ownership of the program and this created a personal work ethic. We moved from a situation where everyone was looking to one person (the boss) for direction, to the boss not having to be there [for every decision]."

As noted previously, most partners met or **exceeded their NPI program indicators**. WellShare International, MTI, World Hope International, Francois-Xavier Bagnoud (FXB) International, and Nazarene Compassionate Ministries, Inc. are just a few of the organizations that credited the technical assistance they received under NPI with allowing them to meet or exceed their targets. World Hope International (WHI), working in Haiti, exceeded several of their indicators, including the number of orphans and vulnerable children they were able to reach and serve and the number of adults tested for HIV and subsequently became aware of their status (<http://www.wellshareinternational.org/>); (<http://www.worldhope.org/>); (<http://www.fxb.org/>); (<http://ncm.org/>); (<http://kuwangisana.webs.com/>).

During a presentation in South Africa, WHI said that FHI 360's help in forging meaningful partnerships contributed greatly to its success. According to WHI, community partnerships must involve the "right" people and stakeholders in order to produce high-performance results. Strong partnerships play a significant role in providing complementary and follow-up care for sustainable health programs.

Creating new alliances and partnerships was another theme that was embraced by a number of NPI partners when presenting their achievements. Retrak, for example, now serves on a UN advisory body on street children, which has established them as leaders in their technical area <http://www.unodc.org>.

The Foundation for Hospices in Sub-Saharan Africa (FHSSA), after deciding to expand its mission beyond HIV and AIDS to include palliative care as a result of the NPI technical and organizational capacity building (TOCA) process, began partnering with the African Palliative Care Association (APCA) to improve pain management in Tanzania and other countries including The Gambia, Kenya, Malawi, Swaziland, Zambia, and Rwanda. The focus of the partnership is to train hospital physicians in pain assessment and pain management, particularly in the use of oral morphine. FHSSA was able to secure funding for this initiative from a consortium of pharmaceutical companies by leveraging its work under NPI (<http://www.fhssa.org/>); (<http://www.npi-connect.net/web/npiconnect/>); (<http://africanpalliativecare.org/>).

Other NPI partners that **expanded their programming to better address community needs** included Medical Teams International, Genesis Trust, BARAA, NOPE, and Retrak. Genesis Trust is a faith-based organization operating in South Africa. Upon realizing that four out of every ten members of their community were infected



Technical assistance received from NPI has allowed Francois-Xavier Bagnoud (FXB) International to exceed the number of orphans and vulnerable children they have been able to reach and serve. The children in this photo live together with an adult caregiver. Two years ago, they received two goats from FXB. Today, they have eight goats.

CAPACITY BUILDING ASSISTANCE UNDER NPI

NPI partners received technical assistance from JSI and FHI 360 through an innovative project design. The TA providers' key objectives were to work with partners to ensure that 100% of their implementation plans and targets were met, and to be able to clearly document the changes and actions taken to achieve their organizational capacity improvements.

Unlike other capacity-building initiatives that are tied to specific "project" activities, NPI gave the TA providers a singular opportunity to not only work with the NPI partners to strengthen their HIV programs, but more importantly to allow the partners to step back from the day-to-day and examine their organizations in their entirety. Furthermore, the USG (through USAID, CDC, and HRSA) gave NPI grants to the partners directly. JSI and FHI 360 had no contractual relationship with the partners.

This allowed JSI and FHI 360 to develop capacity-building relationships on trust and good will. NPI capacity building was holistic, giving equal importance to the institutional and technical components and viewing them as interdependent for long-term sustainability.

The TA providers developed approaches and tools to assess partner capacity and develop interventions tailored to partner-specific needs, and extend learning across organizations.

To fulfill the objective of bringing organizations to a level of sustainable institutional and HIV technical capacity, the TA providers worked jointly with each partner at two levels: 1) senior leadership (including the board) to create the conditions for change; and 2) program team to deliver HIV services that are responsive to national policies and consistent with global best-practices.

To ensure that the TA was responsive to partners' needs, the TA providers employed a variety of methods that considered the divergent levels of capacity within each organization whether the partner was an indigenous NGO or a field office of an international NGO and if HIV services were new to its portfolio or an enhancement of existing work. Methods were discussed with partners first to obtain their trust, buy-in, and consent, which was crucial because all TA was optional. The range and scale of TA methods employed included: 1) placement of residential or embedded advisors, known as NPI advisors (either generalists or specialists) to facilitate

the change process; 2) structured visits for partners to see first-hand and learn how to adopt good technical and management practices; 3) ongoing technical assistance through scheduled on-site visits or telephone, email, and an electronic "ticketing system" for rapid response; 4) ad hoc support to review draft documents or provide advice or guidance on available resources; 5) group trainings to meet common needs, including a seminar exclusively for the board and management team; 6) individualized trainings on specific or proprietary issues, and; 7) learning modules to address common challenges tailored to meet individual partner needs.

The TA providers remained mindful of partners' larger organizational imperative to enhance impact and sustain their programs by deepening linkages with stakeholders (i.e., beneficiaries, referral partners, government counterparts, other NGOs). Partners were advised to engage in the national HIV discourse by serving on technical working groups, networking at relevant events, and disseminating success stories through their websites and other channels. Support was also provided to solicit community input on ways to enhance services and program outcomes, and to document this process and achievements.

with HIV, the organization decided to reach out to community members who did not attend their church. The decision helped them remain "relevant" in their community. After receiving TA from JSI to develop *standard operating procedures* for its work with boys living on the street, Retrak began to explore the need to reach out to girls, and plans are underway to expand Retrak's programming scope to include girls. Baptist AIDS Relief Agency Africa (BARAA) decided to integrate social behavior-change messaging with HIV counseling and testing. This allowed BARAA to reach its program targets in a shorter amount of time (<http://www.genesistrust.org.uk/>); (<http://www.baptbara.org/>); (<http://www.nope.or.ke/>); (<http://www.npi-connect.net/>).

Finally, one of the objectives of the support offered to NPI partners over their 3-year grants was to help them both diversify and increase their funding base. The TA providers offered training and one-on-one assistance on how to develop a resource mobilization plan that is realistic, strategic, and reflects the partners' ethos. They also helped partners describe and demonstrate their strengthened competencies in program management and implementation.

“NPI enabled us, through the OCA process and subsequent technical assistance, to know ourselves and to have confidence in ourselves. We now have developed the roots (strong policies and programs), we have the wings, now it’s time to fly.”

— DANIEL OGOLA, MATIBABU

During the meeting, several partners shared their **financing strategies and subsequent new funding streams**. Kuwangisana, Medial Teams International's local partner in Mozambique, is now a sought after implementer and partner. They have secured a 3-year grant to provide PMTCT services and were selected as an implementing partner to provide HBC in new areas (<http://www.npi-connect.net/home>).

Woord en Daad's local partner, Mfesane, went from not having any formal agreements with the government of South Africa at the start of NPI to having five signed memoranda of understanding (MOUs) with the government. The MOUs resulted in the government paying the salaries of several Mfesane employees, including 22 community care givers, two nursing sisters, and two administration workers. The government has also provided Mfesane support in the form of material goods such as HCT kits, ARVs, food, and medical supplies. Perhaps even more importantly, the government has chosen to use Mfesane as a conduit to provide funds to other local NGOs (<http://www.woordendaad.nl/>); (<http://www.mfesane.org.za/>).

Objective 2: Share capacity-building lessons and resources developed under NPI for broader use and institutionalization at country level by both USG and other local partners.

The New Partners Initiative has produced a variety of capacity-building resources, curricula, and tools that will resonate and prove useful into the future. These include organizational and technical assessment tools, training curricula, reference guides, implementation tips, and more. Most of these items were meant to be adapted and used as needed by the partners. A complete list of these tools and guidelines can be found on the NPI Connect website (<http://www.npi-connect.net/home>).



A group of children attend class at Retrak's drop-in center for street children. With technical assistance from NPI, Retrak now has standard operating procedures in place for how they work with children, which has allowed for a more consistent and effective response.



With technical assistance from NPI, Namibia's Church Alliance for Orphans (CAFO) developed and introduced an improved system for disbursing funds and providing technical assistance to community-based projects. As a result, CAFO has a better understanding of, and can better respond to, the needs of orphans and vulnerable children at the community level.

The NPI capacity-building process began, for every partner, with an organizational capacity assessment (OCA) - a facilitated self-assessment process – that considers seven domains of critical importance to any type of implementation: governance, administration, human resources management, financial management, organizational management, program management, and project performance management. The program management and project performance management domains incorporate technical HIV issues. In the second year, each Round 2 and 3 partner undertook a technical and organizational capacity assessment (TOCA). The TOCA was also a facilitated self-assessment, but in addition to the organizational aspects of the OCA, the TOCA included technical HIV areas in which partners work. The TOCA was tailored to each partner and included appropriate modules for prevention, HIV counseling and testing, OVC, PMTCT, and care and support, based on each partner's areas of implementation. Partners developed action plans following the assessments that specified their particular technical assistance needs. These action plans were the initial means to leverage the relationship between the partner organization and the TA provider.

In addition, NPI partners developed, adapted, and implemented specific tools and resources that are available for future use. For example, two partners, Grassroot Soccer and NOPE developed **online data collection systems** that can serve as models for other civil society organizations (<http://www.grassrootsoccer.org/>).

Speaking in Johannesburg, James Donald of Grassroot Soccer's South Africa office shared the organization's experience using [Salesforce.com](https://www.salesforce.com) as a data management system. Grassroot Soccer was the first nonprofit worldwide to use [Salesforce.com](https://www.salesforce.com) as an online system for monitoring and evaluation. Once the system was set up, technical assistance from TA provider FHI360 helped Grassroot Soccer select indicators, create a data warehouse, and build internal capacity to assess data quality and evaluate the data collected.

Grassroot Soccer's data is now more reliable, the process for collecting and entering data into the system is more clear, and the organization now uses its data to make programming decisions—all of which has improved program quality. The organization has even started a small consultancy to help other NGOs adapt and use [Salesforce.com](https://www.salesforce.com) for their own needs.

At the meeting in Kampala, Mary Guire of NOPE discussed how technical assistance from JSI helped NOPE develop an online monitoring and evaluation system to keep track, in real time, of the population being served at its various drop-in service centers. Relying on timely data allowed NOPE to improve the accuracy of its decisions, which had a positive effect on programming. Ms. Guire also said that NOPE found that the online system saved money, time, and space (because data is stored electronically). Ms. Guire ended her presentation with the recommendation that programs focusing on most-at-risk populations across various settings and sectors share a common management information system.

Many NPI partners received technical assistance to develop **standard operating procedures (SOPs)** for the technical areas in which they work. For example, Retrak made use of NPI advisors in both their Uganda and Ethiopia country offices to help them develop SOPs for their work with street children. The SOPs allowed more consistent responses and thus better results in terms of reaching program targets. WellShare International received technical assistance to develop SOPs for their OVC programming.

Strengthening governance was another area key area of development for NPI partners. At the start of the NPI grant, the Botswana Retired Nurses Society (BORNUS) board members did not have clearly defined roles and responsibilities, which made it difficult for the organization to make the most of their knowledge and skills. To address this, BORNUS (with technical assistance from NPI) revised its constitution to make the board an integral part of organizational governance, trained board members in their key roles and responsibilities, and became consistent about scheduling board meetings. As a result, BORNUS is now very careful about selecting new board members—making sure to focus on people who have are committed to the objectives of the organization and are willing to share their expertise and experience <http://www.npi-con-nect.net/round3/bornus>.

Namibia's Church Alliance for Orphans (CAFO) shared how its **management system was strengthened** under NPI. CAFO empowers local churches and other faith-based organizations to provide emotional, spiritual, and material assistance to orphans and vulnerable children in their communities. CAFO grew from five member-congregations in 2002 to 500 in 2012 and has more than 800 volunteers. The organization knew that it needed to tighten its management systems to ensure its own sustainability as well as that of the churches and FBOs that it funds. With technical assistance from NPI, CAFO developed and introduced a system, called the small grants package, for disbursing funds and providing technical assistance to community-based projects. The TA resulted



With technical assistance from NPI, local Haitian organizations attend a resource mobilization training organized by FHI 360 through St. Boniface Haiti Foundation. The local organizations received grants from St. Boniface Haiti Foundation to work in the area of HIV and AIDS.

in CAFO being able to better assess the capacity of churches and FBOs to implement projects and set up satellite offices, which has helped the organization understand the needs of OVC at the community level (<http://www.christianalliancefororphans.org/>).

The creation of **resource mobilization strategies and tools** was also very effective for NPI partners and led to new funding opportunities for many. Both Grassroot Soccer and Tshwane Leadership Foundation, a faith-based organization working in Pretoria, South Africa, spoke about tools they devised to help their boards raise funds. For example, Tshwane Leadership Foundation created a “board member offer document” that all prospective board members receive before joining. The document clearly explains board member expectations and responsibilities, particularly regarding resource mobilization (<http://www.tlf.org.za/>).

Other NPI partners spoke about their how they mobilized resources from different kinds of donors. St. Boniface Haiti Foundation shared their guidelines for finding funding from foundations, including researching foundations that give to organizations with similar missions, and following application procedures carefully. Grassroot Soccer, EUCORD, and Comprehensive HIV AIDS Management Programme (CHAMP) spoke about mobilizing resources from the private sector. Key lessons learned from these organizations include the need to argue the business case, highlight gains beyond corporate social responsibility, and share program management responsibilities with private sector partners (<http://www.npi-connect.net/round2/champ>); (<http://haitihealth.org/>).

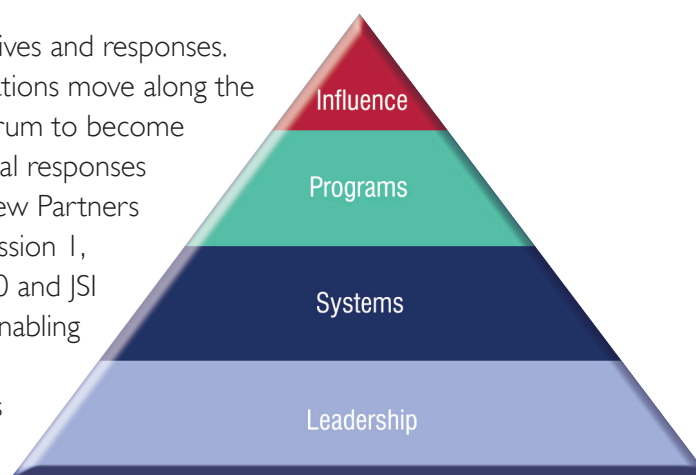
Objective 3: Identify and promote critical issues to move capacity building and country ownership forward by informing future thinking and directions for other local initiatives focused on local responses.

Moving capacity building—and by extension country ownership—forward means that civil society organizations must be involved in national responses. At both conferences, there was a lot of discussion about what country ownership means in practice. A speaker from USAID/Botswana shared how several conference participants define country ownership:

- “When government makes funding streams available for civil society organizations to avoid disruption of services.”
- “When government takes the lead in the HIV and AIDS response.”
- “When government and other stakeholders are responsible and take ownership of HIV and AIDS prevention, treatment, care, and support programs.”

CSOs must be seen as reliable, transparent partners capable of being effective in the overall national response if they are to effectively partner with host country governments and access funding streams. They must demonstrate programmatic effectiveness and have strong systems. Another definition of “country ownership” proffered at the meeting is that all parts of the response (government, civil society, and the private sector) are part of the solution and move in the same direction. Of course, this point should apply beyond the HIV and

AIDS context to other local initiatives and responses. Distilling how civil society organizations move along the organizational development spectrum to become full contributing partners in national responses has been a central tenet of the New Partners Initiative. During the plenary of Session I, the project directors from FHI 360 and JSI discussed the building blocks for enabling organizations to have sustainable growth and impact in their various contexts. The pyramid to the right reflects the premise that strengthened leadership, systems, programs, and influence all lead to an organization's sustainable growth and impact.



The four building blocks of this pyramid collectively contribute to an organization's sustainable growth and development.

Sustainability is achieved through a variety of organizational- and programmatic-strengthening activities, which are tailored to each organization's relative interest and focus as well as the organization's specific strengths and weaknesses.

As shown in the pyramid above, *leadership* the foundation of capacity development. Strengthening an organization's leadership touches several areas: vision and mission, board and management relations, strategic planning, and resource mobilization. When done well, strengthening leadership within an organization generates confidence, ensures coordination, facilitates effective communication, and motivates employees.

Systems is the next bar on the pyramid. Critical organizational systems include human resources policies and procedures, financial management procedures, monitoring and evaluation systems, and communications. Establishing or strengthening such systems leads to clarified roles and responsibilities, ensures accountability, and builds robust organizations.

Next, sound *programming* improves the quality of services delivered and ensures consistency in quality and standards. Good programs are evidence-based and incorporate standard operating procedures that all staff are aware of and understand.

Building strong systems and programs leads directly to *influence*, which lies at the "sustainable growth and development pyramid's" apex. When an organization becomes influential, it affects national policy. The organization is not just taking from the body of evidence in its host country, it contributes to it.

Why is influence so important? As the mainstream international media begins to pick up on the declining number of deaths from AIDS and other positive trends in the epidemic, it is more necessary than ever to continue the work and make certain the positive trends are not reversed. Local organizations should be at the forefront of this effort. Sustainable development outcomes are developed with and adapted by communities.

The NPI end-of-project meetings have highlighted the many ways in which the NPI partners are now poised to forward the work of ending this epidemic. Several presentations showed how NPI partners have broadened their influence by strengthening community-level structures, developing program-level referrals and networks, forming national-level technical working groups, presenting at international conferences, and partnering with other organizations and donors.

Partners that took full advantage of the technical assistance under NPI were strengthened in all areas – leadership, systems, programs, and influence. These organizations spoke of having “made it” to the next level and their ability to assume their places in owning the country response alongside the public and private sectors.

For example, Matibabu Foundation Kenya is an indigenous community health care initiative that manages a spectrum of preventive, facility-based care and community health care services. Under NPI, Matibabu partnered with established antiretroviral treatment sites by creating community units to build demand for services (prevention of mother-to-child transmission, prevention with positives), improve adherence to treatment, and trace defaulters. In addition, Matibabu developed a BCC curriculum that encouraged dialogue with the community to improve their perception of risk and life-skills and enabled them to make informed choices about learning their HIV status (<http://www.matibabukenya.org/>).

At the EOP meeting in Uganda, Matibabu credited NPI for helping them strengthen their organizational systems, which led to a cost extension of their NPI project; a new care and treatment sub-award; the development of their first strategic plan and communication and marketing tools. “When we started we took it one day at a time and often felt overwhelmed because of the sheer magnitude of HIV cases...I didn’t have time to think; I’d just shuttle from one patient to the next...we all would. At the time we didn’t have nearly enough supplies or drugs, let alone ARVs to treat AIDS. The PEPFAR New Partners Initiative grant has helped us buy commodities, pay staff, and get lab tests done. But just as important, the technical assistance that came with the NPI grant has strengthened us and enabled us to prepare for the future,” said Dr. Fred Okango, technical director at the Matibabu clinic in Western Kenya.

Global Outreach for Addiction Leadership and Learning (GOAL) was also strengthened at all levels. GOAL works in Kenya on addiction-related problems by creating in-country capacity to support and sustain recovery from addictive diseases. Under NPI, GOAL worked with a network of local community-based organizations to address the association of alcohol addiction and increased risk for HIV infection by providing HIV prevention programs. NPI helped GOAL expand and improve its prevention program activities and establish and maintain an effective referral system with local government and non-government partners. GOAL also improved its organizational systems, including the development of a strong M&E system that improved GOAL’s program planning capacity (<http://www.goalproject.org/>).

Ajuda de Desenvolvimento de Povo para Povo (ADPP) is another organization that was strengthened at all levels of the pyramid and now has a meaningful role in Mozambique’s

response to the HIV epidemic. Under NPI, ADPP partnered with local community-based organizations to implement an HIV-prevention program focused on voluntary counseling and testing, behavior change communication, and community mobilization. With help from FHI 360, ADPP went through a strategic planning process in which the organization reflected on where they wanted to be in five years and how they might make their programs more effective. "Through the [strategic planning] process we decided we needed to bring ourselves closer to the Ministry of Health," Moises Jambo of ADPP said at the EOP meeting in South Africa (<http://www.adpp-mozambique.org/>).



In Johannesburg, two conference attendees find time to connect and share.

With support from NPI, ADPP aligned itself with the government of Mozambique's strategies and priorities. This led to an MOU with the government and eventually to ADPP contributing to the development of the government's national strategic plan for HIV and AIDS. NPI also helped ADPP strengthen its monitoring and evaluation system, which the organization eventually shared with the government in order to jointly gather and track data. ADPP considers itself in a position to influence future HIV and AIDS policy and programming.

CONCLUSION

Undoubtedly, the New Partners Initiative end-of-project meetings exceed their objectives. NPI partner achievements were recognized and capacity-building lessons and resources were shared. Additionally, critical capacity building issues were identified and promoted with the aim of moving sustainability, and by extension country ownership, forward.

The meetings highlighted important outcomes related to the sustainability of NPI partners and their programs. Most NPI partners met or exceeded their program targets, most partners now have standard operating procedures that help them articulate their programs at national and international levels, and the vast majority of NPI partners have succeeded in securing additional funding to continue their work.

Since NPI started, a shift in thinking from narrow to broad is evident amongst participating project organizations. They now look for ways to integrate programming and partner with

other groups, networks, and of course, governments – sometimes even reaching across borders to increase impact. This broadening of mindsets has resulted in several organizations taking strategic directions that offer more effective solutions to community problems.

Among other things, the New Partners Initiative provided PEPFAR and its U.S. government implementing agencies the opportunity to build upon its knowledge about what does and does not work when building organizational capacity. This information can be used and applied by other donors and governments, for whom local ownership – and by extension capacity building – is increasingly important.

Above all, NPI has shown that capacity building is about relationships. Developing trust between the organization whose capacity is being built and the organization providing technical assistance is essential but takes time. Partner buy-in is critical for capacity building to be effective. Clarifying the roles and responsibilities between the partner and TA provider early on can facilitate and hasten the capacity building process.

Another important lesson is that capacity building can address both donor-specific issues and the partner's general organizational development. For example, the TA provided to organizations that needed help to manage their NPI grants developed strong systems that not only met the requirements of the USG, it allowed grantees to manage resources from all donors. In addition, technical assistance in the area of monitoring and evaluation improved partners' abilities to report their results to the U.S. government and enabled them to tell their stories to other donors.

NPI has also proven that projects can focus successfully on both service delivery and capacity building. NPI partners were able to reach large numbers of beneficiaries as their capacities in all areas were simultaneously increased. Some partners were even able to reach new geographic areas and populations as a result of the technical assistance they received during project implementation.

However, it is important to align expectations with reality. Capacity building requires time to become institutionalized within an organization, and partners' capacity at the onset determines, in part, the scope and speed of changes they are able to implement. It will also affect how a partner's capacity can be built. Clearly the time it takes to implement CB activities is in addition to the service delivery efforts of partners and therefore must be of value to the organization and, ultimately, to the communities receiving services. The reverse is also true.

Another lesson learned is that empowering partners is critical for building capacity successfully. Without a doubt, partner confidence was elevated as a result of receiving technical assistance. TA providers checked in with partners regularly and periodically provided them with capacity assessment processes. These measures helped ensure that capacity building plans responded to partners' needs. Also, strengthening governance structures (such as boards), organizational visions and missions, and organizational strategies is critical for organizational strength.

NPI has shown that civil society organizations can become stronger, more transparent, more effective, and more confident. The question is, where do we go from here? What can be done to move the capacity building – and by extension local ownership – agenda forward?

First, we must recognize that civil society organizations are essential government partners and need to be involved in promoting country ownership. This is critical for the success of every country's national response to the HIV epidemic. The 54 organizations that received New Partner Initiative support under PEPFAR are better equipped and prepared to be part of their national response teams, and most of them already are.

Second, capacity building must continue to be a priority for host governments, PEPFAR, and other donors to strengthen national responses to HIV and AIDS. Capacity-building efforts need to be better defined and more systematic. What needs to be done at the systems level to promote and achieve capacity building? What needs to be done at the organization and individual levels? Also, the indicators by which we measure the success of capacity building must be better defined and more universally accepted.

Lastly, all parties must recognize that capacity building takes time, must be built on trust and partnership, is an iterative process, and needs to address organizations at all levels to be successful. At the heart of capacity building is the idea of allowing people within organizations (as opposed to the amorphous entity of the organization itself) to gain confidence, handle a level of risk taking, and provide an opportunity for them to grow professionally.

The lessons of the New Partners Initiative have contributed to the on-going discussion and practice on how capacity can be built and what can be achieved in a relatively short time. Each NPI partner realizes that it is no longer the same organization it was at the start of the project. Building upon and sustaining this growth is their next challenge—and NPI has left them better-equipped to meet that challenge.

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