**Mission**

*South Africa Partners* builds mutually beneficial partnerships between the United States and South Africa in the areas of health and education. Serving as a catalyst of innovative approaches, *South Africa Partners* links people, strengthens communities, promotes social justice, and fosters leadership in both countries.

**Vision**

We believe universal access to quality healthcare and education are prerequisites for securing a just democracy, and that the shared experiences in South Africa and in the United States offer common ground from which to forge lasting and productive programs that bring us closer to this ideal.

**Our Focus**

Throughout our work we strive to:

- Facilitate meaningful partnerships that build the capacity of South African organizations;
- Nurture strategic collaborations and the sharing of best practices between the United States and South Africa;
- Strengthen people-to-people relationships between those living in South Africa and the United States to promote justice and democracy.

Through its work, *South Africa Partners* has built a bridge between the United States and South Africa. This bridge has provided a platform for the transfer of human and financial resources needed for health and education transformation in South Africa.
Dear Friends,

As South Africa Partners enters our twentieth year, we remain committed to building South African capacity to tackle societal challenges. Our approach is still collaborative and comprehensive. We listen to people on the frontlines, respond to unmet needs, and work alongside South African and American experts to find innovative, sustainable solutions to complex problems. Our organization, which started in Boston in 1997, now also has offices in Johannesburg, East London, and Port Elizabeth. We have grown from one staff member to 49 and from an annual budget of $45,000 to $7.2 million.

We are often asked, “Why South Africa?” South Africa is a pivotal economic and educational engine for the African continent. It is a laboratory for emerging democracy – it has a broadly admired constitution with a Bill of Rights that includes socio-economic rights, and an active civil society that continues striving for a just, equitable society. It is addressing the country’s massive HIV/AIDS pandemic with extensive treatment programs. This beautiful and complex country – full of racial, cultural, religious, and gender diversity – is working hard to overcome its oppressive history to create an inclusive and egalitarian society.

South Africa needs dedicated partnership to achieve its full promise. South Africa Partners is working to improve the health and education of the country’s most vulnerable residents. Our programs now reach over 250,000 people living with HIV/AIDS. We are providing high-level leadership training to public health managers, arming them with advanced skills to better serve their communities. We are empowering populations such as prisoners, to become peer HIV/AIDS educators, increasing testing rates, slowing the spread of the disease, and helping eradicate stigma. Our early childhood development efforts are preparing thousands of children from disadvantaged communities to enter school equipped for academic success. We are turning supermarket aisles into early childhood learning centers and clinics into friendly places for South Africa’s youngest citizens.

This vitally-needed work would not be possible without the generosity, dedication, and support of our many partners and friends.

With gratitude,

Joellen Lambiotte, President
Ilana Hurwitz, President-Elect
Mary Tiseo, Executive Director
Mutually beneficial partnership development

Catalytic models

People-to-people interactions

Programs designed, initiated, piloted, and evaluated

Increased capacity and leadership

Successful programs adopted, scaled, and sustained

Improved health and education outcomes

JUSTICE AND DEMOCRACY IN SOUTH AFRICA

SOUTH AFRICA PARTNERS THEORY OF CHANGE
Our Approach

- Identify societal challenges
- Research evidence-based models
- Secure partners and resources
- Demonstrate intervention, evaluate results, and remodel as needed
- If incubation succeeds: pilot

Incubate

- Secure partners and resources
- Design and conduct pilot
- Evaluate results and adapt accordingly
- Determine success criteria for effectiveness at scale
- If pilot succeeds: scale

Pilot

- Determine path for sustainability
- Secure partners and resources
- Implement, evaluate results, and refine
- Document and share results
- If scale-up shows impact: sustain

Scale

- Secure local partners
- Provide ongoing technical assistance
- If ownership is transferred: success

Sustain

Since 2011, South Africa Partners has contributed more than $20 million dollars to health and education programming in South Africa.
South Africa Partners catalyzes unique and effective public health collaborations that improve the quality of life for people living with and affected by HIV, tuberculosis, and non-communicable diseases.

Promoting Linkage, Adherence, and Retention in Care

As the world entered the new century, the epicenter of the global AIDS pandemic shifted to Southern Africa. Today, the United Nations Joint Program on HIV/AIDS estimates that there are seven million people in South Africa living with HIV/AIDS. South Africa, which has the largest anti-retroviral treatment (ART) program in the world, recently announced that treatment will be made available to everyone who is infected with the virus.

In recent years, South Africa has also ranked among the six countries in the world most affected by tuberculosis (TB). This problem is further compounded by the growing presence of drug-resistant and multidrug-resistant variants of the disease. These issues, combined with the nation’s other public health challenges—including the good news that HIV-positive people are living longer as a result of ARV treatment—have put considerable strain on South Africa’s public health system. Increased demand has forced the South African Department of Health (DOH) to consider a more comprehensive and consolidated approach to managing these challenges.

South Africa Partners responded to this need in 2015 by developing LinkCARE, which is funded by the Centers for Disease Control and Prevention. This new program provides much-needed technical assistance and support to the DOH nationally, provincially, and locally in the vital areas of care, support services, and treatment adherence for HIV, TB, and non-communicable diseases.

Working closely with the DOH nationally, South Africa Partners is providing technical assistance in order to ensure children and adults who receive anti-retroviral treatment are retained in care. This is accomplished by strengthening the HIV continuum of care and ensuring that HIV services truly support people living with HIV, who must be empowered to manage their conditions for the rest of their lives. LinkCARE helps improve the quality of care and ensures clients receive needed support every step along the way. We also work to integrate and improve the quality of child and adolescent HIV services and to support the integration of mental health services in routine HIV/AIDS care and treatment.

The program’s objectives are to:

- Connect people with HIV to treatment early in the course of their infection, to make sure they adhere to their treatment regime and remain in HIV/AIDS care;
- Support the nationwide roll-out of the National Adherence Guidelines for Chronic Diseases (HIV, TB, and
NCDs), and the Integrated Access to Care and Treatment (I ACT) Programme;

- Expand routine HIV/AIDS care and treatment services to include more comprehensive care and support;
- Strengthen the quality of child and adolescent-friendly services (including transitional services) and integrate these essential services into mainstream HIV care and treatment;
- Support the integration of mental health services into routine HIV/AIDS care and treatment services;
- Support quality improvement and quality assurance of HIV/AIDS care and treatment services.

With a talented team, LinkCARE is making great strides in reaching these goals. Already, LinkCARE has built a national network of LinkCARE partners and assisted the DOH to finalize the design and distribution of materials that will support systems strengthening over the next four years.
Kidz Alive – Creating Child-Friendly Spaces

Things are changing for the better at the Buchanana Clinic, located in the uThungulu District Municipality of KwaZulu-Natal, South Africa. A once dreary, dull facility has been transformed into a child-friendly space that caters to the health needs of local children, thanks to the initiative and creativity of two Buchanana Clinic staff members, who attended a LinkCARE Kidz Alive training in February 2016.

Now bright colors line the walls, toys and kiddie activities lie scattered around the waiting area, and a general feeling of happiness pervades the entire clinic. Children coming for treatment no longer think of the clinic as a “scary” place because it has been transformed to also meet the emotional needs of the children it serves. Now they have smiles on their faces.

“The environment which they are exposed to impacts the way children react to their [HIV] status or condition,” said Matlaleng Lithebe, Zoë-Life Technical Advisor.

Zoë-Life, a LinkCARE partner that developed the Kidz Alive program, is implementing the approach at the Buchanana Clinic. Developed specifically for young children living with HIV/AIDS, Kidz Alive is an integral part of the LinkCARE roll-out led by South Africa Partners.

The Zoë-Life Kidz Alive program focuses on:

- **Case Finding** – Health workers identify mothers who are HIV-positive and then utilize a family screening tool to better search for children who are at high risk for HIV.
- **Family Support** – Once a child is identified, the family is provided with support to deal with related emotional and logistical challenges.
• **Health Worker Capacity-Building** – Health workers are trained to work directly with families, helping them cope more effectively with accepting a change in HIV status as well as with strategies for leading a healthy and productive life.

• **Support adherence** – The child and his or her family are encouraged to take charge of and responsibility for their own health by engaging in healthy activities as well as by informing and sensitizing their caregivers and teachers about their particular situation and any special needs.

“Zoë-Life has worked with South Africa Partners for quite a while now,” said Lenore Edwards, Program Manager for Zoë-Life. “Through our joint work on I ACT and now our work within the LinkCARE programme, we have been able to partner with the National Department of Health to provide technical assistance and input – from a child-friendly perspective – into the national adherence guidelines and the national roll-out of the Kidz Alive programme. This is a major step forward in realising the rights of children in South Africa.”
Strengthening Prevention Services

STEPS, an adaptation of our Integrated Access to Care and Treatment (I ACT) program, employs a series of strategies to stem the spread of HIV and TB in correctional facilities, with a focus on peer-to-peer education. Since its launch in 2012, this program has expanded to fifteen facilities, and in 2015 we extended its reach to include female offenders. This past year, in response to a request from the Centers for Disease Control and Prevention – the program’s funders – we also added HIV testing to the menu of services STEPS provides.

One of STEPS strategies is Ubuntu Community Theater, performances organized by trained inmates, which deliver HIV prevention messages and create opportunities to have frank discussions about HIV/AIDS and TB.

They Call Him Data

St. Albans Correctional Centre houses nearly 2,000 offenders. One, a 45-year-old man from the Port Elizabeth area, is currently in his seventeenth year of his sentence. The other inmates call him Data because he knows the correctional system inside and out.

Data was one of the first inmates to undergo STEPS training as a facilitator of the program. Now he has learned to use his power and influence as a long time inmate to have a positive impact. “I know that I am in here for life so it is important for me to help others,” says Data. “HIV and AIDS affects us all. We are in prison, we cannot run away from it. We need to protect our brothers.”

Before STEPS, gang members would frequently initiate new members by tattooing the gang’s number into their skin, often tattooing three or four new initiates with the same
unsterilized needle. “STEPS gave us a better understanding of the risks of HIV and AIDS and this has changed the behavior…I cannot say how many of my brothers I have helped, but it is a lot,” says Data.

Before STEPS, inmates were engaging in risky behaviors that could endanger their lives, but there was stigma attached to HIV/AIDS and so they did not want to be tested. Now they know that HIV does not need to be a killer disease. “Officials and inmates often do not speak the same language. Not because of English or Afrikaans or Xhosa, but because of illiteracy. But we as peer educators and facilitators understand the ‘street language’ and are able to explain concepts around HIV and AIDS in a way that our brothers understand,” says Data.

Cornelius Abersalie, head of St. Albans Medium B, says “The Department of Correctional Services faces challenges in dealing with HIV and the testing of offenders. The STEPS facilitators are involved and interact with their peers. As a result, more offenders are coming forward voluntarily to be tested. At the moment, we are testing around 300 offenders per month. STEPS has helped not only offenders but also officials to understand HIV and AIDS, and through this cooperation, the message is being reinforced on a continual basis, something the department cannot do alone.”

A New Kind of Leadership

In the Eastern Cape, there is a correctional facility that is home to 1,000 offenders. At the facility there are eleven STEPS peer educators, six of whom have been directly impacted by HIV/AIDS. One man lost his sister to the disease, and one lost his brother. Another’s girlfriend is living with HIV.

“I was involved with gangs… and when I came to prison…I wanted to be a gang leader,” says the peer educator, whose girlfriend is living with HIV. He recently converted to Islam and now studies the Qur’an. “I have left those ways behind me.” On the outside, he didn’t give much thought to HIV/AIDS. It was only after he was sent prison and became involved in the STEPS program that he began to understand the impact of the virus. “My girlfriend tested HIV-positive after I was locked up,” yet she refused to accept her status.

“I blame myself because I advocated for sex and a sexually risky lifestyle when I was with her.” Once he heard the news, he realized “STEPS had educated and empowered me – I knew I had to do something. Being a STEPS facilitator and peer educator, I was able to explain to my girlfriend that HIV was not a death sentence. I was able to convince her that if she accepted her status, if she went on ARVs, and if she continued with her medication and a healthy lifestyle, she would be fine. Today she is leading a normal, productive, and healthy life,” he says with a smile.
Sensitization Training

In 2014, South Africa Partners joined forces with Aurum, a South African organization with more than 18 years’ experience working in the areas of TB and HIV, in order to provide technical assistance to the Department of Correctional Services (DCS). Together, we are training partner organizations, DCS officials, new recruits, health workers, and inmates on: destigmatizing HIV/AIDS and TB; increasing sensitivity about sexuality and gender norms; and responding effectively to sexual violence and drug use within prisons.

In 2015, Aurum and South Africa Partners held the first Sensitization Day at Zonderwater Training College, one of two colleges in South Africa that train new DCS staff recruits. Participants in Sensitization Day were encouraged to be screened for HIV and TB; three tested positive. According to Simon Matlala, Zonderwater’s Occupational Health and Safety Coordinator, “Had Aurum not held this day, it is unlikely that these recruits would have known their status. We were able to put mechanisms in place, such as counseling, to ensure ongoing support even once they had left the college and been posted to management areas.”

“Sensitization Day…identified gaps in our training curriculum,” said Bongi Jwara, who heads the College. “DCS is a high-risk environment and officials need to have a strong self-awareness of HIV, AIDS and TB, not only for themselves but to be able to provide support and advice to offenders.”

Zonderwater, which educates approximately 1,500 new recruits each year, is committed to continuing the training, which is having a positive impact not only on DCS employees but also on the 2,800 offenders housed in Zonderwater Correctional Centre.
Closing a Gap in Early Childhood Development

The 36 principals and practitioners who make up the Community ECD Network work hard under difficult conditions to provide quality early care and education to the 494 young children in their care in Duncan Village, a high-poverty area of East London in South Africa’s Eastern Cape. Theirs is a challenging task carried out daily in a resource-constrained environment characterized by minimal infrastructure, small budgets, and overcrowded facilities. When we began working collaboratively with these enterprising women to realize their vision of transforming their centers from minimally provisioned places of care to true early learning centers, they cited formal training in teaching practice and child development as a top priority.

As of the end of 2016, we are pleased to report that all staff at the eight centers in the Network have received some form of formal practitioner training provided by local organizations. We have also been able to coordinate the supply of better materials for learning and play. Yet it is clear that providing initial training and materials is not enough; there is a need to bridge the gap between theory and practice with longer-term coaching that supports practitioners as they implement their learning, in real and challenging conditions with the materials they have at hand. In South Africa, as in the U.S., practitioners need both initial training and follow-up coaching to achieve better development and learning outcomes for the children in their care.

It became increasingly clear to South Africa Partners that the Early Childhood Development sector in South Africa needed a cost-effective way to provide sustained coaching for its practitioners. In order to fill this unmet need, we brought together our local implementation partner Masibumbane Development Organisation and the staff of the centers.
themselves with Wheelock College, Boston. Working collaboratively and drawing upon relevant research, they designed a new model program. Coaches work side-by-side with practitioners who then put target teaching practices to work in their classrooms, reflect upon them, and share the lessons they’ve learned with their peers.

This strategy is low-cost, supports the development of a mutually supportive community, and offers opportunity for the most effective practitioners, whatever their initial level of formal education, to step into peer coaching and peer leadership roles over time, which leads to longterm sustainability.

This new pilot program is now in operation through the Community ECD Network and practice-based coaching will be one of South Africa Partners’ key areas of focus in 2017.
Science tells us that children need consistent, quality interactions with their parents or caregivers in order for their young developing brains to thrive. Exchanges that involve talking, responding, pointing, playing, and/or reading build language, learning skills, and knowledge that are essential not only for school-readiness but also for future learning and achievement. Yet multiple studies reveal that low-income
children often receive far less of these kinds of early stimulation. They also own fewer books and games and are less likely to attend a quality early-learning program. With fewer opportunities that support language and brain development, these children often enter school far behind their more affluent peers in terms of reading and mathematics. Being enrolled in school does not close the gap: children spend nearly eighty percent of their waking hours outside of the classroom and those from low-income families usually do not have access to libraries or enriching learning opportunities on a day-to-day basis. This lack of access often means they will continue to fall further behind.

Recognizing that all children need and deserve educational enrichment, South Africa Partners is pioneering a novel, low-cost way to address some of these challenges in South Africa. Sifunda Ngokuthetha, which translates to We Learn by Talking Together, places colorful, visually attractive signage featuring a variety of language and mathematics prompts in public spaces. This playful signage poses engaging questions designed to turn the everyday activity of grocery shopping into a learning opportunity for children and their families. In 2015, we tested this strategy in a local supermarket in Duncan Village, one of the townships of East London. We documented a measurable increase in positive interactions between children and their parents or caregivers as well as a marked decrease in negative interactions while in the vicinity of these signs.

With a proven concept in hand, we secured a grant of one million Rand from Innovation Edge, a consortium of early childhood development funders in South Africa, to implement Sifunda Ngokuthetha in multiple supermarket sites, thereby transforming them into children’s learning centers. In this new scale-up phase, we are not only expanding the reach of our innovative learning strategy, we are also developing an innovative partnership model with South Africa’s corporate sector. In the words of our funders at Innovation Edge, “Early learning interventions need not be confined to the realm of social responsibility. They can also be sound business propositions.” We are currently negotiating with a large retail supermarket chain to embrace the signage as a strategic part of their own customer outreach efforts, indicating that their stores are places that welcome children and support their development. When grocery shopping with children in tow becomes a positive experience for parents rather than a stressful one, the interests of both retailers and families are served.

If successfully scaled up, this high-impact, low-cost strategy could easily be expanded and brought into other everyday settings, thereby helping to improve crucial early language, literacy, and mathematics skills for children from disadvantaged backgrounds.

“We are very heartened by these findings and think that the presence of signs related to the setting may be an important spur to the kind of parent-child interaction that can inspire learning…. it sure looks as if we have a low-cost, positive intervention that can change behavior, with no downside.”

— Professors Roberta Michnick Golinkoff and Kathy Hirsh-Pasek, co-authors of Becoming Brilliant: What Science Tells Us About Raising Successful Children, in reviewing the results of Sifunda Ngokuthetha.
Named in memory of the great Albertina Sisulu (1918-2011), a nurse and anti-apartheid activist considered to be the mother of the liberation struggle, ASELPH’s first four years have been funded by Atlantic Philanthropies, the United States Agency for International Development, and ELMA South Africa Foundation. ASELPH’s key accomplishments during this time include the establishment of the ASELPH Fellows Program. With guidance, direction, and support from Harvard, the University of Pretoria (UP) and the University of Fort Hare (UFH) established rigorous ASELPH academic training programs on their campuses: A Post-Graduate Diploma in Health Services Management at UP and a Masters in Public Health for Executive Leadership at UFH.

Both academic programs are designed to provide outstanding education in public health management, thereby serving as much-needed a pipeline for highly trained executives capable of successfully addressing key health care challenges at all levels of service delivery. Armed with vital skills and increased capacity, ASELPH graduates are already making meaningful contributions toward a more efficient, effective, and equitable utilization and distribution of the country’s precious health care resources.

An external independent evaluation of the program’s first four years, conducted by Public Health Associates, indicates that ASELPH has had a profound impact on the managers who have undergone the training. ASELPH’s exceptional and dynamic teaching methodology, based on those used at Harvard’s T.H. Chan School of Public Health, engages students in real-life problem-solving of critical challenges faced by managers of complex health care systems. ASELPH Fellows gain skills and knowledge that equip them to become effective leaders and strategic thinkers able to mobilize their teams and manage the many challenges which arise in the workplace. ASELPH Fellows develop an advanced ability to analyze situations and then to design, test, and implement creative solutions that involve the buy-in of superiors as well as subordinates. Fellows indicate that, thanks to the training, they are far better informed about Department of Health policies and also far better equipped to implement those policies within their workplaces.

Harvard has provided extensive training, coaching, and mentoring of UP and UFH faculty, employing a three-step process to prepare them to teach their new ASELPH curricula:
• Step 1 – Harvard professors teach a course while UP and UFH faculty members observe;
• Step 2 – Harvard professors co-teach the course together with UP and UFH professors;
• Step 3 – UP and UFH professors teach the course while Harvard professors observe and provide feedback.

UP and UFH faculty have benefited greatly from this close working relationship with their colleagues at Harvard and have come to embrace the unique approach of the program, which develops executive leadership capacity rather than simply training administrators. In order to ensure sustainability of the ASELPH’s standards of excellence, emerging faculty at both UP and UFH have been identified and are being groomed to teach in the program and regular video conferences featuring Harvard experts are being held for both UP and UFH faculty as well as students.

Already 206 emerging and executive health managers, representing the national DOH as well as eight provinces and 49 health districts, have been enrolled in the program. Both universities have inducted two ASELPH Fellow cohorts, with a third soon to begin. Thus far, 84 ASELPH Fellows have graduated from UP and 68 ASELPH Fellows are expected to graduate from UFH next year. A mentorship program has been established that provides ongoing support to Fellows as well to graduates. South Africa Partners looks forward to the next phases of this dynamic and highly effective program.

Dr. Tshabalala, CEO of Prince Mshiyeni Memorial Hospital, said of her experience, “It was as a Fellow that I began to appreciate the interconnectedness of every part of the hospital and its clientele. My participation in ASELPH has enabled me to introduce or revive a number of initiatives that I believe will strengthen the hospital as a whole. One of these has been the revival of the clinical governance committee, which had never been used as a tool to improve hospital management in an integrated fashion...Every day I start my day by walking around the hospital, and once a quarter I get my managers to do a full round of the hospital with me. This has taught us to learn from the lower level staff.”
On May 14, over 320 friends and supporters gathered at the Renaissance Waterfront Hotel for South Africa Partners’ eighth Itheko. Actor and activist Alfre Woodard presented the Desmond Tutu Social Justice Award to Ahmed Kathrada and Barbara Hogan, heroes of South Africa’s liberation struggle. Woodard called them, “Extraordinary human beings who lived at the center of South Africa’s reach for freedom and who worked to build a democratic nation.” She went on to say, “We lift up Barbara Hogan…for a lifetime of passionate activism, unflinching courage, and profound dedication to human rights. Ahmed Kathrada continues to challenge us. He challenges the new republic to be who she says she constitutionally is, and to be what she fought so hard to become. He challenges the people of his country – and the world – to examine our prejudices, extinguish our bigotries, and build new non-racial societies.”

Special guest and previous Tutu awardee, retired Constitutional Court Justice Albie Sachs, also celebrated Kathrada and Hogan.

In response, Barbara Hogan offered her thanks to South Africa Partners and its supporters: “…The true heroes are those who stay the course. And in many ways South African Partners, and the work that you do, is precisely that. So I salute you. I thank you. It is not for me to be getting this award, it’s really all of yourselves sitting here who have so enthusiastically helped South African Partners to become the star that they have become in South Africa….let me say, as Madiba would often say: We love you, love you, love you for what you do for us. Thank you.”

Ahmed Kathrada paid a special tribute to executive director Mary Tiseo, saying, “We have tried to convince our government that Mary should be made a honorary citizen of South Africa.”

The evening, which broke previous fundraising records, included music by Panewa, a dance performance by Origination Cultural Arts Center, and a sumptuous gourmet meal inspired by Chef Xoliswa Ndoyiya, Nelson Mandela’s personal chef for more than twenty-two years.

Local South African artist Jill Solomon produced a limited-edition ceramic sculpture especially for the event. Entitled “The Caregiver”, the piece celebrates caregivers in South Africa who raise and care for millions of babies and young children. The sculptures served as centerpieces for each table and were given as gifts to the highest contributors during the evening’s “Fund-Our-Mission”, which raised funds to support South Africa Partners’ early childhood development programs.
Sources of Philanthropic Support
FY 2016 Revenue = $7,118,952 (unaudited)

- Foundations & Corporations: 18%
- U.S. Government: 74%
- Donor Advised Funds: 3%
- Individuals: 5%

How Your Gift Supports South Africa Partners
FY 2016 Expenditures = $7,441,948 (unaudited)

- Health & Education Programs: 92%
- General Administration: 5%
- Fundraising: 3%

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LinkCARE: Linkage, Care, and Retention

Strengthening Prevention Services (STEPS)

Albertina Sisulu Executive Leadership Programme in Health (ASELPH)

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Sifunda Ngokuthetha (We Learn by Talking Together)