



USAID Project Profiles:

Children Affected by HIV/AIDS

Third Edition



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Introduction

The consequences of the HIV/AIDS pandemic are catastrophic. One of the most tragic consequences is the toll on children. In 2001, more than 13 million children under age 15 had lost one or both parents to AIDS; that number will double by 2010. Along with the grief and dislocation that children of affected families experience comes the added burden of responsibilities that are far beyond the capabilities of young children: nursing a sick or dying parent, raising younger siblings, running the household or the family farm, substituting for a breadwinner, or scrounging for survival on city streets. In addition to these children who are affected by HIV/AIDS, there are more than 3 million children living with HIV/AIDS.

But the pandemic's consequences go far beyond its effects on individual children's lives; it has devastated the families and communities where these affected youngsters live. Millions of mothers and fathers who would otherwise be raising the children and playing key roles in their families and communities have died, and the ability of the surviving adults, organizations, and institutions to nurture, socialize, educate, and support so many parentless youngsters is being overwhelmed. Beyond the emotional, educational, economic, and cultural harm to AIDS-affected children, the substantial gains made in child health and survival that countries attained in earlier years have begun to unravel.

Communities and organizations working to meet the needs of orphans and other vulnerable children in the most affected countries, thus, confront a complex array of interconnected social, psychological, cultural, educational, economic, and health challenges. In response, USAID-supported activi-



Photo courtesy of Speak for the Child/Academy for Educational Development

ties have moved far beyond their initial focus on HIV/AIDS prevention, and now encompass an expanding range of responses to the crisis of affected children. As they evolve to meet the effects of the pandemic, many USAID-supported efforts combine HIV/AIDS prevention with care and support for affected children and their families.

This third edition of *USAID Project Profiles: Children Affected by HIV/AIDS* describes projects whose diversity demonstrates USAID's increasing commitment to meeting the wide variety of needs of affected children and youth. By documenting these activities USAID hopes to promote an exchange of ideas and information that facilitates learning by providers and organizations about what works and what does not; leverages technical and financial resources; and encourages partnerships,

collaboration, and coordination among programs supported by USAID, its partners, and others.

USAID'S COMMITMENT TO CHILDREN AFFECTED BY HIV/AIDS

In recent years, USAID has become a global leader in implementing activities that support orphans, other children, and adolescents made vulnerable by HIV/AIDS. In the early 1990s, USAID focused on preserving families and strengthening community responses through the Displaced Children and Orphans Fund (DCOF). In 1999, the U.S. Congress provided \$10 million in supplemental funding for AIDS-affected children, and in 2000, USAID initiated an ongoing \$10 million commitment of Title II Food for Peace funds to support these children and their households. The result has been an enormous expansion of USAID support for these endeavors, from only a few projects in 1999 to 99 projects in 21 countries in 2003. These efforts will continue to expand under the commitment to support orphans and vulnerable children as part of President Bush's Emergency Plan for AIDS Relief, which will provide increased resources to 14 African and Caribbean countries.

The projects profiled in this report receive support from a variety of USAID funding sources, including the fund for Child Survival and Health programs, Title II Food for Peace, basic education funds, DCOF, the FREEDOM Support Act, and Assistance to Eastern Europe and Baltic States. Many of the projects also receive funding from other donors, further extending the reach and effectiveness of USAID support. Activities to provide care and support for HIV/AIDS-affected children and families are often integrated into larger projects with much broader overall objectives. (Such projects are denoted in the report.) For example, in addition to supporting interventions focused specifically on children affected by HIV/AIDS, USAID supports efforts in other sectors that also benefit these children. Since 1989, USAID has supported systemic

reform of basic education in several countries, including those most dramatically affected by HIV/AIDS, and every country in the program has achieved gains in enrollment, educational quality, and efficiency.

This report, which updates the first and second editions (published October 2001 and July 2002, respectively), presents project profiles for 83 country-specific projects and 16 regional or global projects currently funded by USAID. The profiles have a common format and provide USAID funding periods and amounts, project objectives, strategies, key accomplishments, priority activities for the year ahead, and materials and tools available to other projects that can help meet the needs of children and youth affected by HIV/AIDS. This report also includes a section on USAID projects that support access to education in Africa, including projects that provide support to ministries of education. The final section describes previously funded projects that illustrate USAID's historic commitment to meeting the needs of children and youth affected by HIV/AIDS.

MULTIFACETED PROGRAMMING APPROACHES

The 99 projects share the common goal of providing ongoing support to orphans and vulnerable children in AIDS-affected areas, but they vary widely in approach and scale. Some projects reach hundreds of children; others reach thousands. Some focus on a specific type of support (e.g., food or education), while others address multiple needs. Some strengthen existing community efforts, some initiate or mobilize such efforts, and others provide direct support to children and their families. Some provide care and support to caregivers; most of these also incorporate—to varying degrees—activities to address the needs of children. As increasing numbers of children and youth lose their caregivers and their homes, interventions that respond to the multiple needs of street children are including support and HIV/AIDS prevention efforts.

Some of the activities that target street children are also described in this report.

Clearly, the effects of the pandemic on children's emotional, social, economic, educational, and nutritional well-being make it more than just a health crisis. To truly make a difference in children's lives, interventions must involve more than the health sector. The educational, governmental, economic, and agricultural sectors of society are all dramatically affected by the pandemic—all must also be part of the response. The majority of the country-specific projects profiled in this report reflect this need for multifaceted and multisectoral action by including at least five of the following activities:

- Providing support to community-based organizations;
- Providing psychosocial support to HIV/AIDS-affected children and families;
- Providing educational assistance, such as payment of school-related expenses, support for community schools, and distance education programs;

- Providing food security or nutritional supplements for people affected by HIV;
- Strengthening the economic status of households and communities through income-generating activities, skills training, and micro-finance;
- Providing access to health care or direct health services;
- Advocating for increased awareness, policy reform, and stigma reduction; and
- Conducting HIV/AIDS prevention activities.

STRATEGIC FRAMEWORK FOR ACTION

Most children of AIDS-affected families are cared for by relatives or neighbors, or in many areas by formal or informal community groups that support both vulnerable children and households. However, the scale of the pandemic places an enormous strain on these traditional coping mechanisms, and as these structures weaken under the increasing pressure caused by illness, death, and subsequent emotional distress and economic deterioration, children lack food, shelter, medical care, school expenses, protection, economic support, and emo-

SUPPORT TO ORPHANS AND OTHER VULNERABLE CHILDREN AND ADOLESCENTS AFFECTED BY HIV/AIDS—KEY CONSIDERATIONS

Magnitude. By 2010, in the 88 countries most severely affected by AIDS, more than 25 million children are projected to lose one or both parents due to HIV/AIDS. Interventions must be brought to a scale that will reach vast numbers of these children and their families.

Duration. The proportion of children who are orphans is already extraordinarily high in the countries with advanced HIV epidemics. Even if HIV/AIDS rates began to decline now, levels of illness and death due to HIV/AIDS would continue to increase for almost a decade because so many people are already infected. Thus, interventions that address the long-term needs of children and adolescents affected by HIV/AIDS must be sustained for at least two more decades.

Complexity. Children affected by HIV/AIDS suffer from the loss of caring adults, depletion of household financial resources, and the stigma and discrimination associated with the disease. Interventions must go beyond health issues and respond to this broad range of child and family needs.

tional care. Increasingly, children slip through these weakened family and community safety nets, and end up living on the streets, in child-headed households, or in institutions.

In addition to enduring such hardships, these children are also at risk of becoming infected with HIV/AIDS. *The foundation of an effective USAID response must be to strengthen the capacity of families and communities to continue to provide care for vulnerable children and adolescents*, and thereby reduce the number of children struggling to survive on their own. Supplemental assistance and support services will still be needed because there will always be some who slip through the primary social safety nets, but these supplemental services will be overwhelmed if families and communities are unable to continue to be the basis of support for children and adolescents in AIDS-affected areas.

The first and most important responses to the impacts of HIV/AIDS are those carried out by the affected children, families, and communities. The activities and interventions of governments, non-governmental organizations (NGOs), faith-based organizations (FBOs), and donors are significant only to the extent that they help facilitate and support these primary responses. Five fundamental strategies form the framework for guiding the selection and development of a collaborative network of interventions by USAID and other stakeholders. These strategies are of critical importance if interventions are even to approach the size and effectiveness necessary to address the scale and duration of the impacts of HIV/AIDS on children:

1. Strengthen and support the capacity of families to protect and care for their children;
2. Mobilize and strengthen community-based responses;
3. Strengthen the capacity of children and young people to meet their own needs;
4. Ensure that governments develop appropriate

policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children; and

5. Raise awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

To convert these strategies into operations, USAID invests in interventions that mobilize and build the capacity of local initiatives for direct support and protection of orphans, vulnerable children, and their families. Local NGOs, FBOs, women's groups, community committees, coalitions of these groups, and other local bodies carry out these initiatives.

The importance of these basic strategies, which were first proposed in *Children on the Brink* in 1997 (USAID), has become increasingly apparent over the years. In fact, since being endorsed by the UNAIDS Committee of Co-sponsoring Organizations in November 2001 (as a follow-up to the United Nations General Assembly Special Session on HIV/AIDS), these strategies have been adopted worldwide by local, national, and international entities. The Committee also endorsed 12 principles, developed with input from donors and implementing organizations in Africa, that guide the implementation of these strategies. Together, these strategies and principles provide direction to USAID-supported implementing programs that address the needs of orphans and children made vulnerable by HIV/AIDS. Most USAID-supported efforts incorporate at least some part of these five core strategies.

1. Strengthen and support the capacity of families to protect and care for their children.

As mentioned previously, the first and most important responses to HIV/AIDS are carried out by the affected children, families, and communities. In response, nearly all USAID-supported projects aim to increase the capacity of families and communities to provide care and support to children affected by AIDS. Activities in this effort include training

PRINCIPLES TO GUIDE PROGRAMMING

Programs aimed at mitigating the effects of HIV/AIDS on children and their families can benefit from using the 12 principles developed by UNICEF, UNAIDS, and USAID in 2001. These principles evolved from widespread consultations during the XIIIth International AIDS Conference in South Africa in July 2000 and subsequent regional meetings. Governments, NGOs, international agencies, the private sector, community organizations, and young people participated in the consultations. The principles apply at all levels—local, district, national, and global. They represent a common point of reference for the various groups working to help children, families, and communities, and can help guide their collaborative action.

In November 2001, the following principles were endorsed by the UNAIDS Committee of Co-sponsoring Organizations:

- Strengthen the caring capacities of families through community-based mechanisms;
 - Strengthen the economic coping capacities of families and communities;
 - Enhance the capacity of families and communities to respond to the psychosocial needs of orphans and vulnerable children and their caregivers;
 - Foster linkages between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and other vulnerable children;
 - Target the most vulnerable children and communities, not children orphaned by AIDS;
 - Give particular attention to how gender roles make a difference;
 - Involve children and adolescents as part of the solution;
 - Strengthen the role of schools and education systems;
 - Reduce stigma and discrimination;
 - Accelerate learning and information exchange;
 - Strengthen partnerships at all levels and build coalitions among key stakeholders; and
 - Encourage actions that are child-centered and family- and community-focused.
-

caregivers, increasing access to education, promoting the use of time- and labor-saving technologies, and providing training and support in income generation and micro-finance. USAID-supported interventions aimed at families often include economic strengthening, material and psychosocial support, and measures to help those living with HIV/AIDS, such as home-based care. Supportive home-based care includes training, but it can also include provision of food and treatment of AIDS-related conditions. Several projects help sick parents write

wills, make arrangements, and plan for the future of their children.

For example, in western Kenya, The Speak for the Child Project works with the community to develop and implement an intervention that supports caregivers of especially vulnerable infants and young children in an area severely affected by HIV/AIDS. The intervention focused on training mentors who can then help caregivers improve the health, nutrition, and psychosocial care they provide to the children. An unplanned consequence of this effort was

that members of the community committees and support groups that were formed to initiate the caregiving activities subsequently initiated an effort to address the economic hardships the children faced. They pooled their resources to improve the direct access, control, and investment of financial resources by and for caregivers and vulnerable children in their community.

2. Mobilize and strengthen community-based responses.

For children whose families cannot provide for their basic needs, the community is the next safety net, and supporting community-led initiatives to care for children and adolescents affected by HIV/AIDS is a priority for USAID. Some USAID-

funded activities provide direct support to community efforts, others focus on building the capacity of local NGOs and CBOs so that they can, in turn, support a greater number of community efforts. In many areas, the communities have initiated activities; in other areas, external efforts have mobilized community action.

These community coalitions provide ongoing support to vulnerable children in the community who are identified by the community according to criteria developed by the community. These types of community efforts have the potential to reach large numbers of children through mechanisms that can continue long after external funds and technical assistance are no longer available. This approach

THE MEMORY PROJECT

The use of memory books for parents living with HIV/AIDS and their children began in Uganda, but has since been used by parents in many other countries in Africa and in other regions affected by HIV/AIDS. The memory book or memory box is a tool that helps parents recount family history, cultural history, and memories about their children's early years. Members of the National Community of Women Living with HIV in Uganda (NACWOLA) developed the Memory Project in response to the hopes and fears of their members. They have trained HIV-positive women throughout Uganda to hold workshops for parents and children, which are followed by ongoing support and encouragement provided by local NACWOLA groups.

The Memory Project encourages families to talk openly about their HIV status and helps them explore options and make plans for their children's future care in the event of illness or death. Although these are distressing issues, it comforts many parents to be able to share their concerns and plans about their children's futures. Children are also encouraged to understand what is happening and to ask questions so they can feel that they are playing a part in the family decisions rather than feeling alone and scared, not understanding what is happening or why. These memory books include family information, family trees, family values, and traditions. In addition, parents record important family events, such as the first time a child walked or spoke. Photographs, drawings, and favorite items are also commonly included. These family records are especially vital for children who lose their parents when they are very young, providing insight into the lives of the parents they never knew.

NACWOLA's Beatrice Nabwire-Were explains that the books "empower parents to communicate with their children" and "help children to understand where they come from—their identity."

http://www.kit.nl/ILS/exchange_content/html/2000_1_uganda_memory_project.asp

<http://www.designerswithoutborders.org/project%20nacwola.html>

COMMUNITY-BASED RESPONSE

The Initiative Privée et Communautaire de Lutte Contre le SIDA au Burkina Faso (IPC) was created as an HIV/AIDS community-based organization in conjunction with the International HIV/AIDS Alliance in 1994. In 2000, with support from USAID's DCOF, associations supported by IPC began to facilitate community-led responses to the problems confronted by orphans and vulnerable children. Facilitating community initiatives raises a host of challenges to both the community and the facilitating organizations. Prerequisites for success include a participatory approach that requires skills and the time to adequately develop the community structures that will ultimately "own" the initiative. To date, with IPC assistance, 10 communities have carried out participatory situation analyses on orphans and vulnerable children; 6 communities have formed committees for orphans and vulnerable children; and 4 communities, with an estimated total population of 24,700, have established solidarity funds to respond to the priority needs of orphans and vulnerable children. A variety of approaches can be used to strengthen community efforts, and IPC is investigating ways to strengthen its approach. For example, IPC established partnerships with local organizations that specialize in community-based poverty alleviation, including micro-finance and health micro-insurance. Key to identifying optimal methods will be continued participatory assessments to identify what is working and what is not working, and to incorporate these "lessons learned" into future programming.

takes many forms, depending on the resources available and the focus of the community organizations. Some provide mentors or emotional support; some provide resources such as food and school-related expenses; some provide household help, child care, or farm labor; and some oversee the safety of children and their households by providing protection from abuse and protecting the property rights of widows and children.

For example, efforts of the SCOPE project in Zambia resulted in establishment or strengthening of 12 District and 109 Community Orphans and Vulnerable Children Committees; disbursement of 103 subgrants to enhance the capacities of organizations and communities to carry out activities such as HIV/AIDS awareness, household economic support, education, and psychosocial support; and provision of support to more than 137,000 orphans and vulnerable children in 2002.

3. Strengthen the capacity of children and young people to meet their own needs.

A hallmark of many USAID-funded projects is that children and adolescents affected by HIV/AIDS are not merely recipients of assistance; they are also active participants in mitigating the pandemic's impact. For example, young people are increasingly involved in making home visits to orphans and vulnerable children and helping HIV/AIDS-affected households.

Efforts to strengthen the capacity of children and adolescents include ensuring protection from exploitation and abuse, enabling children to remain in school or take advantage of other educational opportunities (e.g., vocational training), helping orphaned siblings remain together, providing at least one meal a day, monitoring nutrition, offering life skills education, establishing youth clubs, developing youth-friendly and accessible health

services, and conducting health and educational outreach to child-headed households and street children.

4. Ensure that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children.

USAID supports initiatives to work with government ministries and other organizations to institute policy reform, ensure children have access to essential social services, and create special protection and care measures for children outside the family and community. The Declaration of Commitment resulting from the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in 2001 included a commitment by signatory states to take actions specific to the care and support of children affected by HIV/AIDS.

To facilitate follow-up commitment to these efforts, USAID, in collaboration with UNICEF and others, hosted several regional workshops to support development and implementation of national

policies and strategies in different regions of Africa. Delegates from approximately 20 countries attended each workshop, including representatives of governments, donors, and implementing organizations. The country teams reviewed national policies, guidance, and strategies and developed plans to scale up national responses. These plans included participatory and collaborative situation analyses; holding national consultations of stakeholders assisting orphans and vulnerable children; undertaking policy and legislation reviews to incorporate the special needs of children affected by HIV/AIDS; developing costed national action plans; and setting up national monitoring and evaluation systems.

5. Raise awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

USAID-supported projects carry out many activities to improve the social context for children and adolescents affected by HIV/AIDS. These activities include providing information and education on HIV/AIDS, challenging myths about HIV/AIDS,

YOUNG PEOPLE—A FORCE FOR CHANGE

Young people are a valuable resource in the care of orphans and vulnerable children affected by HIV/AIDS. A study conducted under the Horizons Program (with CARE International and Family Health Trust) in Zambia focused initially on training youth members of school and community anti-AIDS clubs as caregivers for people living with HIV/AIDS. Soon, however, these youth began to report that children in the homes they were visiting also needed care and support, leading to expansion of the project to include recognition of the needs of orphans and vulnerable children.

Youth caregivers are now being trained to identify and provide support to these children in their communities. The youth caregivers involve children in recreation and in club activities in an attempt to reduce their sense of isolation. They also contact schools to make sure that the children's needs are recognized and make referrals to NGOs working with orphans and vulnerable children when additional support is required. The trained youth caregivers include young people aged 13 to 25, many of whom are orphans themselves. Despite initial concerns about the effect of gender roles on the caregivers' activities, similar numbers of male and female caregivers reported they had provided counseling, housework, clinic referrals, consultation with schools, bathing, and recreational activities.

advocating for basic legal protection, and transforming the public perception of HIV/AIDS by engaging community, government, and religious leaders and the media to reach the wider community. For example, projects in Cambodia developed models for cooperation among the military, monks, and people living with AIDS to care for and support children affected by HIV/AIDS and their families. In Zambia, the SCOPE project facilitated formation of a Media Network on Orphans and Vulnerable Children, which includes journalists from print and

electronic media who are committed to writing about issues that concern children affected by HIV/AIDS.

ALTERNATIVES TO TRADITIONAL INSTITUTION-BASED CARE

It is generally accepted that orphanages are not appropriate as a first-line response to the AIDS crisis, although there are models of care that include alternative types of institution-based care. In general, care provided in institutional settings such as orphanages often fails to meet both the develop-

LEADERSHIP

A close look at some of the most dynamic and effective interventions reveals that they were initiation, and love that a parent provides a child. Examples of such leadership follow.

- A nurse in Zambia, concerned about the increasing numbers of community members with AIDS (they were transported to the clinic in wheelbarrows), brought the seriousness of the situation to the attention of community leaders, and together they mobilized an ongoing community effort to provide care and support to people living with AIDS and affected children.
- Community leaders in Nigeria arranged for ongoing support by community health workers and donated land for income-generating activities to community-based organizations working with vulnerable children.
- A famous movie and music video star in India initiated a partnership to combine dance, performance, and HIV/AIDS prevention, partnering with NGOs working with street youth and young children affected by HIV/AIDS.
- The leaders of a faith-based initiative in Zimbabwe shared their experience supporting vulnerable children with other faith-based organization leaders, who, in turn, shared their experiences, resulting in multiple generations of ongoing initiatives sustained by members of numerous communities, both in Zimbabwe and in neighboring countries.
- In Cambodia, a young visitor to Phnom Penh, dismayed by the large number of young people living on the street, identified partners and activated an extensive network to provide support, protection, and training to thousands of children.

Leaders such as those described above, whether individuals or groups, initiate vital projects and nurture them as they grow. The challenge then is to lead these projects to the point where they are able to grow and thrive on their own, without being dependent on the commitment and energy of a few; instead relying on a strong internal structure that enables them to withstand the test of time, change, and obstacles that will continue to confront such programs.

mental and long-term needs of children. In addition, particularly in the developing world where the extended family and community are the primary social safety nets, removing children from their communities greatly increases their long-term vulnerability. Children raised in orphanages often are ill equipped to fend for themselves in the outside world when they reach adulthood.

Orphanages are also usually the most expensive option for providing care to orphans. For example, in the Tororo district of Uganda, the cost to support a child in an orphanage was 14 times higher than the cost to support a child in a community care program. In addition, in communities under severe economic stress, increasing the number of spaces in orphanages often results in poor families sending their children to the orphanages because they believe the children will be better served there than at home.

Alternatives to traditional orphanages continue to evolve in response to the massive number of orphans left behind by the AIDS epidemic. Some institutions have been transformed into community-based resource centers that help families continue to support children within the community. Such centers provide daycare for parents or foster parents who need relief, support groups, counseling, temporary medical care for HIV-infected children, training in parenting skills, and skill training programs for older children.

In some cases, however, institution-based activities are necessary. For abandoned children or children living on the street, an institution might be the only alternative to death from exposure and starvation. The challenge is to develop better alternatives, such as emergency and long-term foster care and local adoption. For example, some institutions provide temporary shelter and protection for children with no family- or community-based options, while trying to identify or support families of origin or other community-based foster care. In

addition, there has been an increase in facility-based palliative care for children living with HIV/AIDS. Many of these institutions are also reaching out to provide care in local communities.

REFLECTING...EVOLVING...IMPROVING

The project today does not look exactly like any of the stakeholders expected two years ago. It is a product of local determination, vision, and ingenuity; dedicated, highly skilled, and innovative field staff; and sharing of international best practices Five years from now, the project will also look different than any vision we project today. The same factors that created the present program will be at work, but with the tremendous added value of community expertise, skills, ownership, and initiative.

(Speak for the Child Project, AED)

Projects that include in their design time for reflection—identifying lessons learned and better practices through monitoring, evaluation, and research—have successfully advanced while embracing initial miscalculations. This process is essential for evaluating and then improving activities that must use limited resources in the best ways possible. The following example illustrates how taking cues from unanticipated realities facilitates a project's ability to refocus efforts to improve the lives of children and youth.

In Malawi, the Community-Based Options for Protection and Empowerment II (COPE) program was initially characterized by COPE staff providing direct services to community members. This role evolved, however, after years of experience enhanced by regular opportunities to evaluate, reflect, and redesign. Currently, the primary role of the staff is to provide the support local structures need to initiate and support ongoing community-owned efforts that focus on orphans and vulnerable children in their midst.

Launched in 1995 by Save the Children/US, COPE was originally supported by USAID's DCOF to work in nine villages, introducing a broad range of interventions to mitigate the impacts of HIV/AIDS on children and their families. The first participatory review of the program, in 1996, allowed COPE to reconsider its approach as it contemplated expanding into other areas. Although the initial intervention did produce positive results, it was much too expensive to reproduce at the large scale

necessary to have a positive impact on the ever-increasing number of orphans and people living with HIV/AIDS. In response, COPE took a different approach, changing the focus of the program from addressing problems to mobilizing and building the capacities of communities to do so.

COPE focused on providing support to district, community, and village AIDS committees (VACs) that are part of Malawi's National AIDS Control Program. Participatory reviews and subsequent

THE ART OF COLLABORATION

Collaboration is imperative, but it is not always easy—a fact that is often not adequately discussed. Without recognizing the inherent challenges to collaboration, potential partners often become prematurely discouraged because they are not prepared to tackle the barriers that inevitably arise. These challenges, although different in nature, are encountered at all levels—local, national, and global.

For example, at the global level, USAID, in 1997, released its groundbreaking document, *Children on the Brink*, presenting for the first time country-specific data on the number of orphans due to AIDS, as well as the number of orphans due to all causes. It was the first time that data on orphans who had lost their father as well as their mother were available, and it was the first time that projections were made about the number of orphans into the next decade. However, there were numerous organizations working on issues related to orphans and vulnerable children, and they used different methodologies to obtain and process their data. These differences led to confusion about the data. By 2001, USAID, UNICEF, and UNAIDS were making great strides in numerous collaborative efforts related to children affected by HIV/AIDS. The time had come to tackle the development of a joint methodology and the publication of one set of international data on orphans.

Developing a common methodology, producing expanded data with estimates and projections for 88 countries, documenting a unified approach to working with children affected by HIV/AIDS, and doing it within a deadline was not easy. Challenges included differing bureaucratic structures, rules, and timelines. Compromise was crucial for issues such as editorial styles, selection of photographs, systems for obtaining clearances, and establishing deadlines. The final (and still extensive) edits took place over a holiday weekend, were discussed and agreed via long-distance cell phone conversations, and were completed and inserted minutes before the final deadline. The document was released at the international HIV/AIDS meeting in Barcelona (summer 2002). Peter Piot (UNAIDS Executive Director), Carol Bellamy (UNICEF Executive Director), and Anne Peterson (USAID Assistant Administrator for Global Health) sat at a podium together, introduced *Children on the Brink 2002*, and presented a unified set of numbers, a unified approach, and a commitment to collaborate—key to reaching the millions of children represented by the data in the document.

refinements have continued through the years, and the AIDS committees that resulted from COPE's community mobilization and capacity-building efforts have taken on the responsibility of identifying the needs of community members; are committed to finding solutions; and are taking the initiative to mobilize resources—starting with their own resources and gradually beginning to access resources external to the community. A key factor in the process is that these communities now “own” these activities because their actions—and the results—are decided on, controlled by, and considered by the community to be in the best interest of the community. By 2002, 374 VACs had been mobilized and more than 15,000 orphans and vulnerable children were receiving care and support in their villages.

THE WAY FORWARD

The needs of children and youth who are affected by HIV/AIDS are urgent. There is no time to repeat mistakes or to “reinvent” a model effort that has proven successful. Information exchange and dissemination are vital. USAID is currently helping program implementers to share information through a number of channels: documenting USAID-funded activities, supporting town hall informational meetings and interagency working groups, maintaining the *Children Affected by AIDS* electronic discussion forum, conducting regional consultations and training, and facilitating development of national policies and strategies.

Beyond these activities, in an effort to simplify and expand access to materials by project implementers,

USAID is supporting the launch of an electronic toolkit (Web-based and CD-ROM) in early 2004 that will make it easier to access a wide range of articles, planning and implementation materials, training tools, and other resources.

Collaboration and coordination among stakeholders are essential. There are some excellent examples at the global and national levels in which USAID collaboration with other organizations has successfully accomplished more than a single agency could hope to accomplish alone. Providing community care and support to the vast and increasing number of children affected by AIDS requires a massive, coordinated effort and significant financial resources. USAID is working in partnership with donors, national governments, private voluntary organizations, NGOs, FBOs, and other stakeholders to unify and expand the response to children and adolescents affected by HIV/AIDS.

As USAID continues to scale up activities for children and youth affected by HIV/AIDS, the AIDS crisis continues to claim the lives of an increasing number of parents, as well as children, and the number of children made vulnerable by HIV/AIDS continues to accelerate at a rate that far surpasses the ability of current resources and efforts to care for them. USAID continues to emphasize the importance of prevention, and to link prevention with mitigation efforts. It is only by preventing the disease that efforts will, ultimately, reduce the number of orphans and reduce the vulnerability among children affected by HIV/AIDS.

Africa

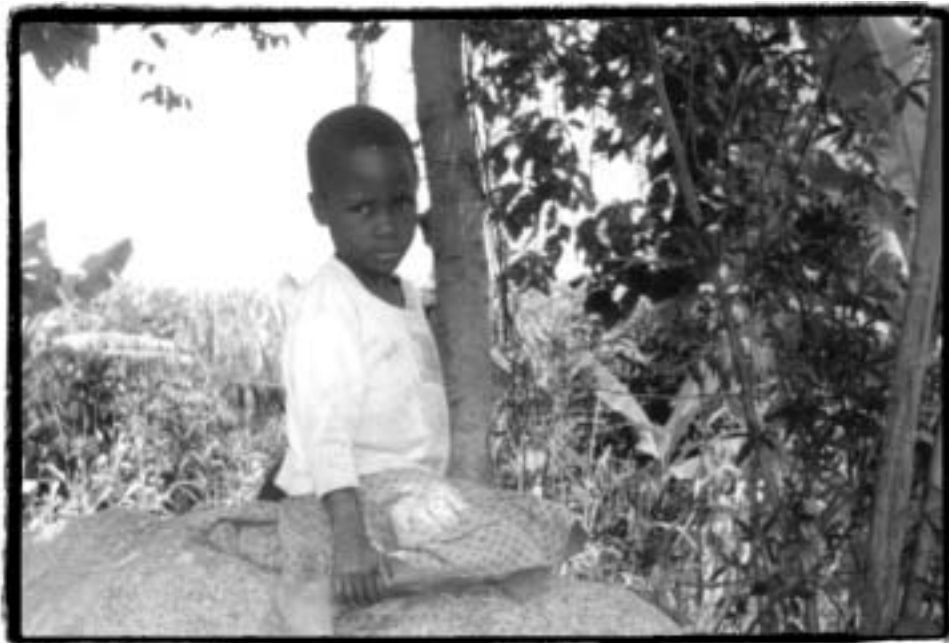


Photo courtesy of Speak for the Child/Academy for Educational Development



Burkina Faso

COUNTRY:
Burkina Faso
PROJECT:

Supporting Nongovernmental Organization HIV/AIDS Service Expansion and Promoting Effective Responses to Address the Needs of Orphans and Vulnerable Children Affected by HIV/AIDS

IMPLEMENTING ORGANIZATIONS:

Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA (IPC); International HIV/AIDS Alliance

USAID FUNDING PERIOD:

September 1999–December 2005

USAID AMOUNT:

\$1,025,000

PURPOSE

This project works to improve the safety, living conditions, well-being (i.e., locally appropriate psychosocial, educational, health and nutritional, economic, and social inclusion status), and prospects for the increasing number of orphans and other vulnerable children and their families in 25 sites (covering approximately 1.5 percent of the total population of 12.6 million in mid-2002) in Burkina Faso.

Specifically, this involves the International HIV/AIDS Alliance supporting IPC, a national nongovernmental support organization, to mobilize and strengthen the capacity of local community-based organizations (CBOs) and other nongovernmental organizations (NGOs) to facilitate community responses to orphans and other vulnerable children and to integrate services for orphans and vulnerable children into existing prevention and care activities.

During the period January 2003–December 2005, the program aims to directly reach 20,350 orphans and vulnerable children through the following strategies:

- Mobilizing and strengthening communities to support orphans and vulnerable children and their families;
- Increasing the psychosocial and economic capacity of families to care for orphans and vulnerable children and people living with HIV/AIDS;
- Increasing the capacity of children and young people to satisfy their own needs and to participate in

community responses to orphans and vulnerable children; and

- Capturing and sharing lessons learned contributing to an enabling national policy and programmatic environment.

KEY ACCOMPLISHMENTS

- Helped approximately 5,000 orphans and vulnerable children by improving communities' attitudes toward them; at least 1,850 children benefited from direct support by their community;
- Provided support to 59 NGOs/CBOs to mitigate the impact of AIDS on orphans, vulnerable children, and affected households and to link activities for orphans and vulnerable children with care and prevention activities;
- Encouraged 10 communities to carry out participatory situation analyses on orphans and vulnerable children; six communities formed committees for orphans and vulnerable children, and four, with an estimated total population of 24,700, established solidarity funds to respond to the priority needs of orphans and vulnerable children;
- Supported 15 NGOs/CBOs (out of the total of 59) to undertake child-focused work and mobilized and trained another nine to undertake child-focused work;
- Trained 40 community groups to integrate issues relating to orphans and vulnerable children into the participatory HIV/AIDS prevention program;

- Strengthened IPC's technical and programmatic capacity to support community initiatives in favor of orphans and vulnerable children and to advocate for the support of orphans and vulnerable children at the national level;
 - Developed and used modules and tools for training on community mobilization related to orphans and vulnerable children;
 - Developed tools on psychosocial support for orphans and vulnerable children and youth-to-youth prevention and disseminated them to NGOs/CBOs;
 - Trained five CBOs identified in 2000 in needs assessment and project development to facilitate a long-term community response to provide care and support for orphans and vulnerable children;
 - Established partnerships with local organizations (AQUADEV and STEP/ILO) that specialize in community-based poverty alleviation strategies (i.e., micro-finance and health micro-insurance) and community-based care and support for orphans and vulnerable children;
 - Organized the first national workshop on orphans and vulnerable children issues and policy in collaboration with the Ministry of Social Welfare and held a national orphans and vulnerable children conference as the first activity in the process of developing a national policy; and
 - Presented more than 10 abstracts at the XII International Conference on STDs and AIDS in Africa (December 2001) and at the XIV International AIDS Conference in Barcelona (July 2003).
- Strengthen the capacity of families to care for orphans and vulnerable children and people living with HIV/AIDS:
 - Strengthen economic activities, including developing a model for integrating micro-finance, health micro-insurance, and HIV/AIDS prevention and impact mitigation strategies;
 - Collaborate with stakeholders to ensure that households have access to existing services for orphans and vulnerable children (e.g., nutrition, health, hygiene, and educational programs); and
 - Strengthen activities for orphans and vulnerable children in ongoing community-based care programs for people living with HIV/AIDS, focusing on the development of tools that promote communication between people living with HIV/AIDS and their children to better equip families to prepare for the future.
 - Increase the capacity of children and young people to satisfy their own needs and to participate in community responses to support orphans and vulnerable children:
 - Promote development of national and local environments that encourage the participation of children and young people at all levels of the community;
 - Strengthen IPC, staff members, and resource people to promote and facilitate participation at the community level;
 - Increase the capacity of children and young people to participate by facilitating access to formal and non-formal education, reinforcing their awareness and skills about children's rights and HIV/AIDS, and supporting initiatives to increase psychosocial strength and skills; and
 - Strengthen the links between IPC's prevention work and vulnerable children and youth.

PRIORITY ACTIVITIES

- Mobilize and strengthen 10 existing and 15 new communities to support orphans and vulnerable children and their families:
 - Modify a previous approach to facilitate broader and more inclusive and participatory analysis of the situation of orphans and vulnerable children, more rapid implementation of interventions, increased technical support to locally driven initiatives through dedicated resource people and strategic grants, and emphasis on children's participation.

- Capture and share lessons learned on good practices in programming for orphans and vulnerable children and contribute to effective action in support of an enabling national policy and programming environment.

- Capitalize on IPC's strategic position and strength to promote approaches that can be scaled up effectively or that facilitate and drive scaling up by others:
 - Continue input to the development of national policies for orphans and vulnerable children;
 - Establish and maintain a critical mass of resource people concerned with orphans and vulnerable children;
 - Facilitate national workshops and participate in regional and international meetings;
 - Promote national and international learning exchanges; and
 - Collaborate with the Horizons Project of the Population Council on operations research on economic strengthening of households that support orphans and vulnerable children and people living with HIV/AIDS.

PROJECT MATERIALS AND TOOLS

The following materials and tools are available in French from the IPC secretariat:

- Reducing stigma and increasing community support;
- Youth-to-youth HIV-prevention approaches;
- Community mobilization guide;
- Community program development;
- Training modules on working with orphans and vulnerable children;
- Training modules on enumeration and situation analysis of orphans and vulnerable children;
- Training modules on mobilizing and working with community volunteers;
- Training modules on involving teachers in giving orphans and vulnerable children access to formal education;
- Training modules on income-generating activities and HIV/AIDS; and

- Training modules on care and support for people living with HIV/AIDS.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Accessing resource people trained in community mobilization and orphans and vulnerable children issues;
- Training in community mobilization to NGOs/CBOs;
- Developing policies, programs, and projects to address the issues of orphans and vulnerable children;
- Providing psychosocial support for orphans and vulnerable children;
- Carrying out participatory, community-based assessments of the problems and opportunities faced by orphans and vulnerable children; and
- Strengthening the economy of households supporting orphans and vulnerable children and people living with HIV/AIDS.

CONTACT INFORMATION

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Côte d'Ivoire

COUNTRY:
Côte d'Ivoire

PROJECT:
Strengthening Community Response for Orphans and Other Vulnerable Children in Côte d'Ivoire

IMPLEMENTING ORGANIZATIONS:
HOPE Worldwide; Family Health International/IMPACT

USAID FUNDING PERIOD:
February 2002–June 2003

USAID AMOUNT:
\$119,135

PURPOSE

This project aims to implement community capacity-building and to mobilize strategies in an effort to improve the well-being of orphans and other vulnerable children. The main objectives are to:

- Strengthen community-based responses to orphans and vulnerable children in four communities of Abidjan;
- Develop guidelines for lessons learned; specifically methods to scale up community mobilization and capacity-building to benefit orphans and vulnerable children;
- Increase the number of orphans and vulnerable children who have access to basic care, education, and psychosocial support;
- Strengthen the capacity of communities and organizations to respond to the needs of orphans and vulnerable children and affected families;
- Develop a pool of community facilitators who can transfer the approach to other organizations, communities, and countries in the region;
- Strengthen the care and support continuum for people living with HIV/AIDS and orphans and vulnerable children; and
- Document the community mobilization process and lessons learned.

KEY ACCOMPLISHMENTS

- Trained 95 community group members;
- Developed 60 community groups for people living with HIV/AIDS and for orphans and vulnerable children;
- Organized three community capacity-building workshops;
- Developed seven support groups for orphans and vulnerable children;
- Identified 5,000 orphans and vulnerable children; and
- Conducted 5,000 home visits to orphans and vulnerable children.

PRIORITY ACTIVITIES

- Expand the internal capacity of HOPE *Worldwide/Côte d'Ivoire*;
- Mobilize national and local advocacy;
- Carry out formative research, including focus group discussions;
- Develop support groups for people living with HIV/AIDS and orphans and vulnerable children;
- Hold a skills-building workshop;
- Facilitate community activities;
- Identify the capacity-building needs required to strengthen the psychological/emotional state of children affected by AIDS and their guardians; and

- Strengthen linkages for comprehensive programming.

PROJECT MATERIALS AND TOOLS

The following materials are available in English and French:

- *Strengthening Community Responses to HIV/AIDS in West and Central Africa: A Capacity-Building Approach*:
 - Volume 1. *Methodology and Facilitators Notes*; and
 - Volume 2. *HIV/AIDS and Communities: A Journey into Change. Experiences in Côte d'Ivoire, Nigeria, Rwanda and Senegal*.

The following materials and tools will be developed and used throughout the project, and will be available for wider use on completion:

- Documentation of conceptual and methodological framework for the approach;
- Documentation of community activities;
- Description of tools facilitating community conversations;
- Documentation of evaluation frameworks; and
- Case studies of lessons learned and program outcomes.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Provision of care and support to people living with HIV/AIDS and affected families;
- Capacity-building and mobilization strategies;
- Training for NGOs to plan activities for orphans and vulnerable children and people living with HIV/AIDS; and
- Assistance in developing skills in monitoring and evaluation projects that address orphans and vulnerable children.

CONTACT INFORMATION

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Ethiopia

COUNTRY:
Ethiopia

USAID FUNDING PERIOD:
2001–2007

PROJECT:
**Capacity-Building for HIV/AIDS
Prevention, Care, and Support**

USAID AMOUNT:
\$400,000

IMPLEMENTING ORGANIZATIONS:
**Family Health International/IMPACT;
HIV/AIDS Prevention, Care and Support
Organization (HAPCSO); others to be
identified**

PURPOSE

The goal of Family Health International/IMPACT (FHI) in Ethiopia is to increase the capacity of both the government of Ethiopia and Ethiopian NGOs to implement HIV/AIDS prevention, care, and support interventions among targeted groups. These groups include sex workers; out-of-school youth; high-risk men such as transport workers, migrant workers, and those in the uniformed services; orphans and vulnerable children; and people living with HIV/AIDS. FHI is using a comprehensive approach to HIV/AIDS prevention and care that uses behavior change communication as the unifying strategy.

From inception, interventions are designed to function within the prevention, care, and support continuum and are developed in collaboration with members of the targeted groups, community representatives, care providers, the Regional AIDS Secretariat, and the donor. As such, programming for orphans and vulnerable children is not a separate approach; rather, it is fully integrated in the continuum and is designed to build on efforts to strengthen community coping mechanisms.

KEY ACCOMPLISHMENTS

- Worked with the Addis Ababa Health Bureau and the Addis Ababa HIV/AIDS Secretariat to hold a consultative workshop with 70 stakeholders involved in providing care and support to assess to

what extent services function within a continuum, to develop a framework for referral between services, and to set minimum criteria for care and services (including voluntary counseling and testing) within the continuum of prevention, care, and support;

- Facilitated establishment of a network of care and services;
- Assessed AIDS care and support services, including support services for orphans and vulnerable children that are conducted in Addis Ababa, Amhara, Oromia, and Southern Peoples, Nations and Nationalities Region (SNNPR);
- Assessed the needs of people living with HIV/AIDS, including orphans and vulnerable children, in Addis Ababa, Amhara, Oromia, and SNNPR;
- Added a component on orphans and vulnerable children programming to the home-based care training curriculum for volunteer community care and support providers;
- Encouraged CBOs in Addis Ababa to participate in providing home-based care and care and support for orphans and vulnerable children;
- Initiated a program design for orphans and vulnerable children support within the community home-based care program; and

- Organized a study tour to the Zambia SCOPE program (for Addis Ababa HAPSCO staff, FHI care and support staff, and key Ethiopian NGO staff members working in care and support programs for orphans and vulnerable children) to observe the program design.

PRIORITY ACTIVITIES

- Select sites of concentrated vulnerability based on findings of baseline assessments (mapping of high-risk/vulnerable groups, services assessment, people living with HIV/AIDS needs assessment, capacity assessment, and behavior change communication formative assessment) in Addis Ababa on which to focus continuum of prevention, care, and support program planning with the community;
- Work with the target group members and community to develop supporting communication strategies to combat stigma and discrimination;
- Promote care and support and prevention behaviors, and develop a monitoring and evaluation framework for the interventions to enable continuous reflection on program effectiveness and fine-tuning;
- Start comprehensive interventions;
- Strengthen the continuum of HIV/AIDS prevention, care, and support in the three other FHI focus regions of Oromia, Amhara, and SNNPR; and
- Continue to provide technical assistance for the development of a national monitoring and evaluation framework and development of indicators to monitor the response to the epidemic at the national, regional, and program levels. Also continue working with the National AIDS Committee, the Ministry of Health, and other stakeholders involved in providing care and support to apply indicators to assess the care and support that is provided in the Ethiopian context.

PROJECT MATERIALS AND TOOLS

The following are available upon request:

- Baseline assessment tools (mapping, care and support services assessment, people living with HIV/AIDS needs assessment, capacity assessment, behavior change communication formative assessment); and
- Addis Ababa baseline reports.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Orphans and vulnerable children programming based on best practices;
- Orphans and vulnerable children program design within the continuum of prevention, care, support, and referral networks;
- Organizational strengthening;
- Financial management; and
- Partnership with economic strengthening projects.

CONTACT INFORMATION

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COUNTRY:
Ethiopia**USAID FUNDING PERIOD:**
2003–2007**PROJECT:**
**Improved Family Health and Maintaining
Human Dignity of the Poorest****USAID AMOUNT:**
**\$2,382,656 (a portion supports children
and families affected by HIV/AIDS)****IMPLEMENTING ORGANIZATION:**
Catholic Relief Services (CRS)**PURPOSE**

The project addresses HIV/AIDS as a crosscutting issue, focusing on raising awareness and understanding of HIV/AIDS (particularly for women) and promoting prevention education. The strength of community-level interventions provides opportunities for harnessing all community-level workers (e.g., agricultural extension agents, development agents, community health workers, and water point attendants) and health facility personnel to work together to increase knowledge about HIV/AIDS and to promote behavior change (or behavior maintenance). At the partner level, HIV/AIDS information dissemination is incorporated into all training programs and is integrated with government efforts.

With the increasing population and increasing HIV/AIDS rates, the situation of the chronically poor is projected to worsen in coming years. The government has no social security system in place to care for this segment of the population, and therefore the responsibility usually falls on local welfare organizations, many of which are faith-based. Although they are well placed to deliver services to the most needy, it is extremely difficult for these faith-based organizations (FBOs) to access the resources they need to adequately accomplish this work. The overall objective of the project is *to promote and maintain basic human dignity of the poorest of the poor*.

Specifically, as the number of people living with HIV/AIDS and the number of AIDS orphans continues to increase, urban communities, where the epidemic has hit the hardest, are increasingly unable to fully take care of these people. The government of Ethiopia's own food security strategy explicitly acknowledges the need for targeted programs for the

very poor and vulnerable and actively supports the maintenance of successful safety net programs. As a result, CRS intends to refocus its safety net program in this follow-on development assistance program so that it provides support only to well-established organizations that are providing essential care and support for persons living with HIV/AIDS and for orphans and vulnerable children. The project subobjective is: *The immediate humanitarian needs of 43,186 of the "poorest of the poor" in 15 urban and semi-urban areas throughout Ethiopia will have been met on a consistent basis.*

CRS activities are implemented through three local NGOs: Missionaries of Charity (MOC), Medical Missionaries of Mary (MMM), and Organization for Social Services for AIDS (OSSA).

KEY ACCOMPLISHMENTS

Following are the annual targets for the five-year project period:

- MOC assists approximately 5,500 orphans due to HIV/AIDS and patients in their homes;
- OSSA assists 1,500 HIV/AIDS-infected and -affected individuals in three locations: Addis Ababa, Nazareth, and East Hararghe; and
- MMM assists approximately 700 people.

PRIORITY ACTIVITIES

Provide care and support to HIV/AIDS-infected and -affected people, including:

- Psychosocial support;
- Food;
- Medicine; and
- Clothing.

CONTACT INFORMATION

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COUNTRY:
Ethiopia

PROJECT:
Pact Community REACH (Rapid and Effective Action Combating HIV/AIDS)

IMPLEMENTING ORGANIZATIONS:
Pact; Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO);

collaborating organizations for HIV testing: Mary Joy AID Through Development and Betezata Private Clinic

USAID FUNDING PERIOD:
July 2002–July 2005

USAID AMOUNT:
\$173,283

PURPOSE

The purpose of the project is to enhance the quality of life of those infected and affected by HIV/AIDS by providing accessible and efficient home care and by enhancing the collective capacity of the community to provide care and support.

KEY ACCOMPLISHMENTS

- Providing regular psychosocial support to 215 orphans and vulnerable children;
- Providing 166 orphans with materials (e.g., school uniforms and other educational materials) two times per year;
- Provided home-based care training for 50 volunteers (community outreach workers);
- Assisted 41 Idirs (i.e., self-help associations formed by neighbors and residents of the same district) to form a union and incorporate into their association's bylaws the issue of provision of care and support for persons living with HIV/AIDS and children orphaned by AIDS; and
- Conducted a workshop on human rights that was attended by 68 individuals, representing CBOs, persons living with HIV/AIDS, elders, anti-AIDS clubs, youth, pertinent government offices, and NGOs.

PRIORITY ACTIVITIES

- Provide psychosocial support to orphans and other vulnerable children and persons living with HIV/AIDS;
- Provide nutritional education and promote traditional food habits and counseling;
- Recruit and train volunteer caregivers;
- Train 50 volunteers (40 community activists and 10 people living with HIV/AIDS) on issues of human rights so they can disseminate that information to the community; and
- Initiate income-generating activities for persons living with HIV/AIDS and children orphaned by AIDS.

PROJECT MATERIALS AND TOOLS

The following materials can be requested by mail:

- Nutritional needs assessment; and
- Home-based care training module.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Mentoring and materials on home-based care provision;
- Community mobilization; and
- Engaging CBOs in HIV/AIDS-related activities.

CONTACT INFORMATION

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Africa**Asia and the
Near East****Europe and
Eurasia****Latin America and
the Caribbean****Global and
Regional Projects**

Kenya

COUNTRY:
Kenya
PROJECT:
Speak for the Child
IMPLEMENTING ORGANIZATION:
Academy for Educational Development
USAID FUNDING PERIOD:
**August 2000–February 2003 (Pilot Phase)
January 2003–December 2003 (Expansion Phase)**
USAID AMOUNT:
**\$530,340 (Pilot Phase)
\$250,000 (Expansion Phase)**
PURPOSE

The project aims to support families and communities to improve the health, nutrition, and psychosocial care and development needs of orphans and vulnerable children aged 0 to 5. Core program activities include:

- Regular home visits by mentors to support vulnerable households and coach them to solve problems in nutrition, health, and psychosocial and cognitive care;
- Preschool fees to send children in vulnerable families to local preschools;
- Immunizations and health cards;
- Capacity-building of Speak for the Child community committees working to increase human and financial resources to provide better care for young orphans and vulnerable children; and
- Support groups for caregivers and visiting mentors that provide guidance, a social network, and economic support.

KEY ACCOMPLISHMENTS

- Enrolled 209 orphans and vulnerable children in the program;
- Assisted six Speak for the Child CBOs (69 members) in care for orphans and vulnerable children;
- Fully immunized 95 percent of enrolled orphans and vulnerable children (44 percent were immunized at enrollment; 51 percent were immunized by the project);

- Enrolled 94 percent of eligible children in local preschools (10 percent enrolled pre-project); and
- Enrolled 100 percent of program “graduates” in primary school.

Other accomplishments include:

- 57 percent of caregivers are talking to the children, telling stories, trying to talk in a gentle manner and to shout less, and trying to listen more;
- 49 percent of caregivers are spending more time with the young children, providing play materials, and encouraging them to play and socialize;
- 48 percent of caregivers are trying to replace beating, which is currently the main method of discipline, with talking and explaining;
- 49 percent of caregivers have understood the concept of night terrors and allayed young children’s fears by explaining death and parents’ absence and reassuring children about fears of abandonment;
- 59 percent of caregivers are combining and enriching foods to improve the diets of children aged 0 to 5;
- 61 percent of caregivers are feeding young children more regularly during the day;
- 88 percent of caregivers have planted new crops or have prepared land for planting; and
- 74 percent of caregivers are washing children with soap more regularly, and washing dishes and drying them on dish racks.

PRIORITY ACTIVITIES

- Provide complete coverage for orphans and vulnerable children in South Kabras (i.e., children who have lost one or both parents and children who are living with seriously ill parents or caregivers);
- Transfer program management in South Kabras to Speak for the Child CBOs, but continue to provide assistance in proposal writing, accessing donor funds, organizational development, program management, monitoring and evaluation, documentation of the process, and monitoring of sustainability;
- Bring the program up to scale with new NGO and CBO partners by providing training, regular technical assistance, trouble shooting, and monitoring;
- Strengthen national and international advocacy efforts to promote greater awareness and commitment to young orphans and vulnerable children; and
- Strengthen the Early Childhood Development/AIDS working group in Kenya.

PROJECT MATERIALS AND TOOLS

The following tools can be obtained by contacting Joy Okinda in Kenya (aed@swiftkisumu.com) or Sarah Dastur in Washington, D.C. (sdastur@aed.org):

- *Speak for the Child: A Case Study* provides a detailed program description, lessons learned, and suggested adaptations;
- *Speak for the Child: A Program Guide with Tools* provides step-by-step information on program implementation, and includes the following tools:
 - Suggestions for connecting with the community;
 - Community surveys to identify and target young orphans and vulnerable children;
 - Training guide for community volunteers who implement surveys;
 - Household intake guide for use by mentors visiting caregivers of orphans and vulnerable children;

- Baseline tools to assess and monitor the development of young orphans and vulnerable children;
- A training manual for mentors that includes counseling and home visit protocols;
- A manual for mentors who implement the home-visit program;
- Guidance for mentor and caregiver support groups; and
- Monitoring and evaluation tools for child and caregiver outcomes, home visits, immunization, preschool, and support groups.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training;
- Community mobilization;
- Volunteer supervision;
- Early childhood development;
- Community-based care for orphans and vulnerable children; and
- Monitoring and evaluation.

CONTACT INFORMATION

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COUNTRY:**Kenya****PROJECT:****Community-Based Program on HIV/AIDS Prevention, Care and Support (COPHIA)****IMPLEMENTING ORGANIZATIONS:****Pathfinder International; Population Services International; Kenya Rural Enterprise Program; Kenya Association of Professional Counselors****USAID FUNDING PERIOD:****June 1999–June 2003 (plus two-year cost extension to September 2005, pending approval)****USAID AMOUNT:****\$4,063,189****PURPOSE**

The project was launched in 1999 to increase the ability of communities to identify their needs and develop and implement activities focused on HIV/AIDS-related prevention, care, and support. The project focuses on home-based care and support for persons living with HIV/AIDS and their families. To facilitate and normalize home-based care, COPHIA aims to build the capacity of communities, local implementing partners, volunteers, people living with HIV/AIDS, caregivers, and orphans to enable them to manage and implement prevention, care, and support services. The project has 52 implementation sites (locations) in eight districts: Bungoma, Butere-Mumias, Busia, Kakamega, Mombasa, Malindi, Nairobi, and Thika. Anticipated outcomes include:

- Local implementing partners will be identified and equipped with the skills necessary to manage and implement prevention, care, and support services and activities;
- Local authorities, community leaders, and religious leaders in the project's targeted locations, divisions, and districts will be sensitized to HIV/AIDS issues and encouraged to support home-based care, prevention, and orphan-support activities;
- Community structures (e.g., HIV/AIDS committees and persons living with HIV/AIDS family support teams and groups) will be established; and
- A sustainable home-based care and support model for rural, periurban, and urban Kenya will be established.

KEY ACCOMPLISHMENTS

Home-based care efforts have resulted in the following:

- Partnerships with more than 30 local implementing agencies (including 17 FBOs) to implement a wide scope of prevention, care, and support activities for people living with HIV/AIDS, caregivers, and orphans;
- Intensive community mobilization, including working with leaders to support the project and more than 2,500 community meetings with more than 300,000 persons attending.
- More than 500 community health workers were trained in home-based care, basic counseling, and other prevention and support services;
- 174 supervisors and trainers received training to provide day-to-day monitoring and supervision of community health workers;
- 1,200 clients received home-based care and support services;
- More than 2,900 caregivers of persons living with HIV/AIDS received training;
- 35,365 home visits were conducted from October 2002 to March 2003; and
- 16,974 client referrals were facilitated for services such as family planning, opportunistic infection treatment, prevention of mother-to-child transmission, and support group services.

Support services included:

- Distribution of supplemental food (e.g., corn/soy blend and vegetable oil) to more than 2,100 families with 2,946 vulnerable children;
- Direct support to 152 orphans with school fees, uniforms, books, and clothing, and indirect support to more than 10,500 orphans and vulnerable children through the activities of local implementing partner agencies;
- Formation of four new “Post-test Clubs” at the four voluntary counseling and testing centers implemented in 2002 by COPHIA;
- Disbursement of \$75,000 to Kenya Rural Enterprise Program for distribution to individuals and groups to support income-generating activities; and
- Technical assistance to local partners to submit a proposal to the National Aids Control Council, resulting in eight local partners receiving grants.

Prevention efforts included:

- Ongoing support to four voluntary counseling and testing centers (launched in March 2002) that have tested a total of 3,417 patients; and
- Referrals for more than 16,000 clients, caregivers, and partners for voluntary counseling and testing since the start of the project.

From October 2002 through March 2003, COPHIA, with support from Population Services International, has:

- Trained more than 200 drama group members from 31 drama groups in the development and execution of voluntary counseling and testing and condom efficacy scripts;
- Reached more than 200,000 persons through drama outreach performances;
- Reached more than 11,500 students at 44 schools with HIV/AIDS messages;
- Aired more than 20 interactive radio shows; and
- Recruited and trained 34 HIV-positive advocates in HIV prevention and public speaking skills.

PRIORITY ACTIVITIES

- Expand the cadre of community health workers, HIV/AIDS counselors, and supervisor trainers;
- Expand to two districts in the Rift Valley Province;
- Provide home-based care services for 3,000 additional clients and training for 7,000 caregivers;
- Expand linkages of vulnerable households with food aid/nutritional support activities;
- Strengthen linkages with clinical referral facilities to ensure a comprehensive package of services for people living with HIV/AIDS, families, and caregivers; and
- Establish four additional voluntary counseling and testing centers by the end of 2004.

PROJECT MATERIALS AND TOOLS

The following documents are available from the National AIDS Control Council Kenya:

- Home-based care curriculum and handbook;
- National home-based care program and service guidelines;
- National home-based care policy guidelines;
- Voluntary counseling and testing policy and service guidelines;
- Preventing-mother-to-child-transmission policy and service guidelines;
- National condom policy and strategy; and
- COPHIA program indicators.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based care;
- Income-generating activities;
- Prevention;
- Counseling and support services;
- Community mobilization and resource mobilization; and
- Institutional capacity-building.

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COUNTRY:
Kenya

USAID FUNDING PERIOD:
August 2002–September 2004

PROJECT:
Pact Community REACH (Rapid and Effective Action Combating HIV/AIDS)

USAID AMOUNT:
\$234,060

IMPLEMENTING ORGANIZATIONS:
Pact; International Community for the Relief of Starvation and Suffering (ICROSS)

PURPOSE

The purpose of the project is to:

- Improve the lives of persons living with HIV/AIDS and their families through home-based care and the development of support groups;
- Develop systems to care for orphans and vulnerable children through community mobilization, links to networks of CBOs (including FBOs), and consolidation of governmental and nongovernmental services; and
- Improve the economic and social situation of vulnerable families by increasing access to community and government social services.

- Ensuring that orphans and vulnerable children have access to relevant, quality education.

PRIORITY ACTIVITIES

- Identify women living with HIV/AIDS and provide help, especially to address issues of succession and inheritance in a socially acceptable manner, and access to legal aid when necessary;
- Help orphans connect with other support organizations; and
- Encourage the formation of groups to support services and activities for orphans and other vulnerable children and persons living with HIV/AIDS to ensure that children are aware of their rights.

KEY ACCOMPLISHMENTS

- Identified the strengths of existing community systems and structures and currently building on these to provide care and support for more than 400 orphans and vulnerable children;
- Addressing the weaknesses within community systems through training and sensitization sessions for community leaders;
- Negotiating for structures to accommodate orphans and vulnerable children; and

PROJECT MATERIALS AND TOOLS

- Training of trainers in home-based care

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Community mobilization and home-based care.

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COUNTRY:
Kenya

USAID FUNDING PERIOD:
December 2001–September 2003

PROJECT:
Home-Based Care—Psychosocial Support for Orphans and Other Children Made Vulnerable by HIV and AIDS

USAID AMOUNT:
\$112,910 (ICROSS \$78,443; St. Mary's Hospital \$34,467)

IMPLEMENTING ORGANIZATIONS:
International Centre for the Relief of Starvation and Suffering (ICROSS); St. Mary's Hospital

PURPOSE

The project aims to integrate psychosocial support assistance for orphans and other vulnerable children within FHI home-based care programs. Assistance to children includes helping them care for their ailing parents, offering them consolation and grief management counseling, and visiting them both to check on their well-being and to help them cope with the impact of parental sickness and loss due to HIV/AIDS, which includes stigma, discrimination, and dispossession.

KEY ACCOMPLISHMENTS

- Assessed the needs of orphans and other vulnerable children;
- Disseminated the findings of the assessment in various forums (e.g., women's groups, chiefs' meetings, district health management boards, and churches);
- Formed six community support groups for orphans and vulnerable children (two in Butere/Mumias and four in Bungoma) to respond to the identified needs of orphans and vulnerable children;
- Received donations of food, clothing, and other items from private sources, including factories and churches, around the project areas;
- Trained 373 community health workers constituting 21 home-care teams;
- Enrolled 2,290 patients and reached 6,337 vulnerable children; and

- Used results of the assessments in the project redesign.

PRIORITY ACTIVITIES

- Jointly develop a psychosocial support training manual using those developed in Zambia and Zimbabwe as models;
- Use the manual to train community health workers on psychosocial support skills for children orphaned or made vulnerable by HIV/AIDS;
- Organize and conduct a study tour to established projects in Uganda to share lessons and experiences and to gain new ideas for building the capacity of the community to respond more effectively to the needs of the children; and
- Jointly carry out an integration process with voluntary counseling and testing post-test club activities that engages the post-test club members as resource persons who, together with community health workers, can train home-based care patients on how to disclose their status to their children, on succession planning, and on how to develop memory books.

PROJECT MATERIALS AND TOOLS

- Two situation analysis reports (ICROSS and St. Mary's Hospital);
- Psychosocial support training manual; and
- National program guidelines on orphans and other children made vulnerable by HIV/AIDS.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based care as an entry to children in affected households; and
- Integration and synergy with other program areas.

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COUNTRY:

Kenya

PROJECT:

Leadership and Investment in Fighting an Epidemic (LIFE)

IMPLEMENTING ORGANIZATIONS:

Catholic Relief Services (CRS) Kenya is importing the commodities on behalf of itself and three cooperating sponsors (Adventist Relief and Development Agency [ADRA], Kenya; Food for the Hungry International, Kenya; World

Vision, Kenya) and will work with its implementing partners (Archdiocese of Mombasa, Pathfinder International, and Children of God Relief Institute)

USAID FUNDING PERIOD:

2002–2005

USAID AMOUNT:

\$6,663,840 (\$1,570,000 in monetization commodities and \$5,093,840 in distribution commodities, although this proportion may change as field practicalities dictate)

PURPOSE

The monetization and distribution commodities from the LIFE initiative are to be incorporated into and used to strengthen other ongoing projects that support orphans and other vulnerable children in seven districts in Kenya.

KEY ACCOMPLISHMENTS

- Delivered initial food commodities under the project in May 2002;
- Mobilized community to identify 3,500 project beneficiaries (i.e., vulnerable children affected by HIV/AIDS including children orphaned by HIV/AIDS, children in child-headed households, and children who have lost at least three members of their family to HIV/AIDS);

- Distributed a total of 146.25 metric tons (mt) of corn/soy blend (CSB) and 21.406 mt of oil to 3,649 households and a total of 3,838 children between May and September 2002;
- Provided a household ration of 12.5 kilograms (kg) of CSB flour and 2 liters of vegetable oil (2.18 kg) to beneficiaries as part of a comprehensive package of home-based care activities being managed by the Archdiocese of Mombasa and Pathfinder International;
- Conducted a training session for CRS and partner staff involved in implementing the program as part of the capacity-building efforts to support these activities. The training covered topics such as management of food stores; record keeping and reporting; food handling, infestation and contamination;

warehouse security and dealing with theft; and how to collaborate effectively with field coordinators in food distribution. Partners followed this up by holding training sessions on the same topics with community volunteers and resource persons directly involved in food distribution;

- Observed the impact of these activities in the improved ability of children who benefit from the program to concentrate better in school, due in part to receiving one nutritious meal per day and to improved nutrition and the subsequent reduced susceptibility to disease and infections; and
- Received reports from caregivers of beneficiaries that the provision of the food rations to the household freed up household income for other expenses such as pens and books for the children and fuel. Caregivers also reported that they were pleased with the opportunity to try out new recipes and improve their diets with the CSB and vitamin A-fortified oil that they receive. Some households, for example, add CSB to their chappatis and ugali.

PRIORITY ACTIVITIES

- Mobilize the community for the identification of project beneficiaries (i.e., vulnerable children affected by HIV/AIDS, including children orphaned by HIV/AIDS, children in child-headed households, and children who have lost at least three members of their families to HIV/AIDS);
- Register project beneficiaries; and
- Distribute monthly food rations to beneficiaries in each of the project areas.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based care;
- Counseling of orphans and vulnerable children;
- Community mobilization;
- Linking care and prevention;
- Ongoing food distribution in Nairobi and Mombasa;
- Training community health workers; and
- Strengthening program monitoring and evaluation.

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COUNTRY:
Kenya

USAID FUNDING PERIOD:
May 2002–April 2004

PROJECT:
**Lea Toto Community-Based Project for
the Care of HIV-Positive Orphans**

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATIONS:
**Catholic Relief Services (CRS); Children
of God Relief Institute (COGRI)**

PURPOSE

The purpose of the project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home-based care package. This will be achieved through the following five objectives:

- Provide 1,000 HIV-positive children and an estimated 5,000 family members with high-quality home-based care and counseling services;
- Provide a package of social support services to at least 50 percent of the 1,000 HIV-positive children and their families;
- Improve the organizational capacity of the Lea Toto project to deliver high-quality care and counseling services for HIV-positive children and their families;
- Improve the ability of targeted local communities to prioritize the needs of HIV-positive children and their families and carry out activities to meet these needs; and
- Provide the target communities with the skills necessary to negotiate, support, and maintain safe behaviors.

KEY ACCOMPLISHMENTS

- Identified and enrolled 326 children in the project;
- Provided routine antibiotic prophylaxes and simple medications for clients and family members;
- Monitored growth of enrolled children monthly;
- Trained caregivers in home care of children living with AIDS;
- Managed tuberculosis, diarrhea, and simple ailments;

- Provided monthly food supplementation to critical households;
- Carried out routine support counseling for clients and caregivers;
- Established and continue to hold monthly support group meetings;
- Make routine monthly home visits to all enrolled clients and their families;
- Established two caregiver solidarity groups that remain active;
- Created one economic self-help group that remains active;
- Supported needy families in the sale of donated second-hand clothing to generate income;
- Conducted monthly HIV/AIDS-prevention education workshops;
- Holding ongoing community education and sensitization sessions;
- Trained community health workers; and
- Established strong working/collaborative relationships with six NGOs in the target area and with key stakeholders;

PRIORITY ACTIVITIES

- Continue to identify clients;
- Promote voluntary counseling and testing;
- Carry out pre-enrollment assessments;
- Provide clinical care for home-bound clients;
- Continue home visits;
- Provide supportive counseling;
- Plan for permanency of the activities;

- Continue to train caregivers;
- Provide nutritional support;
- Provide support for economic sustainability;
- Continue to carry out community capacity-building activities; and
- Continue to carry out staff capacity-building activities.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Physical and psychological care to children and their families;

- Counseling services to caregivers; and
- Income-generating activities.

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COUNTRY:
Kenya

PROJECT:
Community Mobilization in Support of Orphans and Other Children Made Vulnerable by HIV and AIDS

IMPLEMENTING ORGANIZATIONS:
Society for Women and AIDS in Kenya (SWAK); Kenya Rural Enterprises Program (K-REP)

USAID FUNDING PERIOD:
August 1999–September 2003

USAID AMOUNT:
\$512,407

PURPOSE

The goal of the project is to provide psychosocial and financial support to orphans and vulnerable children in FHI project areas in Western Province.

KEY ACCOMPLISHMENTS

- Mobilized about 2,000 people in Western Province, of whom 200 are HIV-positive and are parents to about 1,200 children;
- Established 10 post-test support groups;
- Trained 30 trainers of trainers in memory project techniques;
- Assisted HIV-positive parents to write memory books covering issues of succession and will writing; and
- Linked the post-test support group members to micro-credit facilities, including training by K-REP in income-generating activities.

PRIORITY ACTIVITIES

- Evaluate the memory project;
- Establish three children's clubs in the project areas;
- Train child counselors; and
- Train bereavement counselors.

PROJECT MATERIALS AND TOOLS

- Memory project training manual

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Community mobilization;
- Post-test support groups;
- Memory project for psychosocial support;
- Paralegal support; and

- Financial support through linkages with micro-credit institutions.

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Malawi

COUNTRY:
Malawi
PROJECT:
Home-Based Care for Chronically Sick People and Care for Orphans and Other Vulnerable Children
IMPLEMENTING ORGANIZATIONS:
Family Health International/IMPACT in collaboration with 13 CBOs and FBOs, including Médecins sans Frontière, Greece; Catholic Development Commission (CADECOM); World Vision; The Salvation Army; Adventist Development
and Relief Agency (ADRA); Light House; Word Alive Ministries (WAMI); Trinity; Friends of AIDS Trust (FAST); Christian Compassionate for the Destitute and Development (CCDD); Family Health Education Care and Counseling (FHECC); Namwera AIDS Counseling Centre (NACC); Mponela AIDS information and Counseling Center (MAICC)
USAID FUNDING PERIOD:
March 2003–September 2004
USAID AMOUNT:
\$943,972
PURPOSE

FHI is supporting the development of an integrated home-based care program for chronically sick persons and for orphans and other vulnerable children to be implemented in the central and southern regions. In July 2002, FHI conducted an initial rapid assessment designed to provide an overview of current orphans and vulnerable children activities in Malawi; identify potential partners and opportunities for intervention; define a strategic vision for FHI's home-based care/orphans and vulnerable children response, including a set of strategic options for implementation and operations research issues; and identify the next steps in the development and implementation process.

From the assessment results, FHI and USAID identified five districts in which to implement the integrated home-based care/orphans and vulnerable children program: Blantyre, Chikwawa, Dowa, Mangochi, and Nsanje. The selection was based on the districts' needs for support based on the level of its HIV epidemic and the number of potential beneficiaries; the potential impact of FHI's support (i.e., the presence of local organizations that can be strengthened to implement program support); and the potential to complement other USAID-funded projects in the districts. A subsequent assessment was carried out in November

2002 to identify and determine the capacity of potential implementing partners, to explore avenues for enhancing coordination and collaboration, and to strengthen referrals with the health system.

Care and support will be provided to more than 5,000 chronically ill people and to at least 10,000 children drawn from these households and others considered vulnerable in the community. Although this program is still in its initial stages, the process is indicative of the impact that can be anticipated. For example, mobilization of the CBOs and FBOs has resulted in the identification of households with chronically sick people as well as orphans and vulnerable children. These children and their households are being registered with the district social welfare offices and the district AIDS coordinating committees (DACCs), and they will be supported. The process of caring for orphans and vulnerable children is expected to translate into HIV/AIDS-prevention efforts because care and support activities facilitate linkages to prevention. The implementing partners have experience and commitment, and will be supported to build their capacities for scaling up model practices.

To augment ongoing household care for orphans, vulnerable children, and chronically ill people, interventions will include psychosocial support, training

volunteers and care committees in orphans and vulnerable children management and support skills, equipping volunteers and providing them with incentives, providing support for children's education, and supporting and strengthening clients' referrals and linkages with formal healthcare facilities and other service providers. In addition, the project will enhance coordination and monitoring of community care activities for the chronically sick, and for orphans and vulnerable children by working closely with the DACCs and other support structures.

KEY ACCOMPLISHMENTS

- Carried out two rapid assessments to identify potential partners and opportunities for interventions and to define strategic options for implementation and operations research issues;
- Conducted proposal development workshops with implementing partners to develop care and support initiatives for orphans and vulnerable children and affected households;
- Conducted national and district stakeholder consensus and mobilization workshops;
- Enlisted the support of government departments (Ministry of Health, National AIDS Commission, Ministry of Gender, Culture and Social Services);
- Carried out follow-up assessments of implementing partners; and
- Oriented district coordinators in the care and needs of orphans and vulnerable children and in monitoring and evaluation efforts to strengthen district capacities.

PRIORITY ACTIVITIES

- Develop an appropriate identification and targeting system for households with orphans or vulnerable children and a verification process at the community and district levels;
- Implement and monitor the integrated home-based care/orphans and vulnerable children project;
- Ensure that the national home-based care and orphans and vulnerable children care manuals are put to use, and work with ministries to develop

and improve policies on care alternatives for orphans and vulnerable children;

- Conduct a baseline assessment of orphans and vulnerable children in the catchment areas of implementing partners; and
- Conduct intervention-linked research on the cost effectiveness and impact of integrated versus stand-alone home-based care initiatives for orphans and vulnerable children in communities.

PROJECT MATERIALS AND TOOLS

The following project materials and tools are available and can be accessed at the addresses listed:

- *Malawi Home-Based Care and Support to Orphans and Vulnerable Children—Assessment, July–August 2002* (FHI Malawi, Arwa House, Box 30455, Lilongwe 3, Malawi [fgondwe@fhi.africa-online.net]);
- *Developing a Comprehensive Monitoring and Evaluation Work Plan for HIV/AIDS and STIs, 2003* (National AIDS Commission of Malawi, Box 30362 Lilongwe 3, Malawi [nac@aidsmalawi.org.mw]);
- *Training Manual on Orphan Care* (Ministry of Gender and Community Services, Private Bag 330, Lilongwe, Malawi);
- *National Policy on Orphans and Vulnerable Children* (Ministry of Gender and Community Services, Private Bag 330, Lilongwe, Malawi); and
- *Best Practices on Community-Based Care for Orphans* (Ministry of Gender and Community Services, Private Bag 330, Lilongwe, Malawi).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training in home-based care and interventions that includes:
 - Program design;
 - Community and resource mobilization;
 - Psychosocial support for affected households;
 - Proposal writing; and
 - Monitoring and evaluation.

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COUNTRY:**Malawi****USAID FUNDING PERIOD:****February 2000–September 2004****PROJECT:****Safety Net****USAID AMOUNT:****\$14,309,000****IMPLEMENTING ORGANIZATIONS:**

**Catholic Relief Services; Catholic
Development Commission in Malawi
(CADECOM)**

PURPOSE

The project aims to enhance food access for orphans and vulnerable children and households by providing food rations to households with persons living with HIV/AIDS and families caring for orphans and other vulnerable children. The project is being implemented in 42 villages in Phalombe and 42 villages in Chikwawa. Staff members help to identify and verify vulnerable households and individuals, and orphan care committees, agriculture development facilitators, and growth-monitoring volunteers select the eligible vulnerable children and monitor their nutritional status. The field staff plays a critical role in ensuring a smooth process of registering the households that are eligible for food assistance.

The overall goal is to improve access to food and increase the feeding and care of children and sick adults infected and affected by HIV/AIDS through community-based orphan care organizations. The objectives are to:

- Increase adoption of childcare practices by orphan guardians/families;
- Increase community participation in providing for destitute children and vulnerable groups; and

- Increase self-reliance of older orphans.

KEY ACCOMPLISHMENTS

- 1,830 orphans (aged 0–5), 3,657 orphans (aged 6–18), and 2,887 other vulnerable children (612 of whom are chronically ill) have been provided with rations;
- More than 3,000 households have participated in agricultural production activities; demonstration plots have been established; and communal gardens are operating in 23 locales of Phalombe and Chikwawa;
- Local artisans have trained 400 older orphans in specific skills, and are to train another 600;
- 140 growth-monitoring volunteers have been trained, and training has begun for volunteer caregivers for established childcare centers;
- Community-based childcare centers have been established in 23 localities; and
- 107 community organizations have been supported.

PRIORITY ACTIVITIES

- Start the child survival/health component;
- Support vocational training for eligible orphans and other vulnerable children;

- Consolidate activities in early childhood development centers;
- Consolidate agriculture–Safety Net linkage;
- Consolidate use of graduation criteria for beneficiaries; and
- Support collaboration linkages with other development stakeholders.

PROJECT MATERIALS AND TOOLS

- Indicators;
- Detailed selection criteria for beneficiaries;
- Use of local institutions for implementation; and
- Graduation criteria for beneficiaries.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Linking agriculture and natural resource management;

- Supporting community initiatives;
- Supporting establishment and capacity-building of CBOs;
- Strengthening community mobilization;
- Monitoring healthcare, nutrition, and growth;
- Distributing food to vulnerable households; and
- Strengthening agricultural productivity.

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Mozambique

COUNTRY:
Mozambique

USAID FUNDING PERIOD:
2001–2003

PROJECT:
**Maputo Corridor AIDS Prevention
Project, KUHUVUKA—Corridor of Hope**

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATION:
Foundation for Community Development

PURPOSE

The Foundation for Community Development (FDC), a Mozambican organization, implements a community-based HIV/AIDS prevention and care program in the Maputo transport corridor (Maputo City, and Maputo, Gaza, and Inhambane Provinces). The Mozambican government's National Strategic Plan for Combating HIV/AIDS gives priority to the transport corridors. The Beira and Maputo corridor is considered the most important (despite the high prevalence of HIV/AIDS in the center [20 percent in Sofala, Manhica, and Tete]) because it is the most economically active and fastest-growing area, and because it is believed that the greatest impact can be attained there.

The overall project focuses primarily on prevention, but activities to address the needs of orphans and vulnerable children are included as an integral part of impact mitigation. The project emphasizes establishing community involvement to identify and address the needs of orphans and other vulnerable children and mobilizing community leaders to initiate support programs for those infected and affected.

FDC, in collaboration with the Ministry of Women and Social Action, has completed a comprehensive orphans and vulnerable children strategy. The strategy targets the community, particularly the extended families of orphans and vulnerable children, to mobilize and actively participate in caring for and supporting children affected by HIV/AIDS in order to create a sustainable safety net for these children. The strategy focuses

on meeting the needs of orphans and vulnerable children in three major areas: education, nutrition, and health.

FDC is strongly committed to expanding programs that target orphans and vulnerable children, and has already raised private funds (more than \$1 million) to expand programming for orphans and vulnerable children and for women affected by HIV/AIDS.

KEY ACCOMPLISHMENTS

- Signed two subgrants that will provide psychosocial support to identified orphans and vulnerable children and extended families, and will mobilize communities to register children as citizens, thus enabling free access to education and health care;
- Completed an FDC orphans and vulnerable children strategy;
- Initiated four pilot projects along the Maputo transport corridor—completed mapping and identification of orphans and vulnerable children and designed community initiatives to meet needs in health, nutrition, and health care;
- Through the Anglican Church, established a vocational training center for youth that particularly targets orphans and vulnerable children; and
- Information, education, and communication campaigns are well under way—focused primarily on behavior change, both personal and social behavior; one of this program's special target groups is orphans and vulnerable children.

PRIORITY ACTIVITIES

- Conduct research, analysis, and needs assessments to identify the best approaches to meet the needs of orphans and vulnerable children in the corridor (or segments);
- Develop and implement an education strategy for orphans and vulnerable children;
- Develop a community mobilization strategy that includes leadership mobilization and psychosocial response;
- Strengthen networks, local organizations, and community-led responses;
- Provide training to community leaders, organization staff, and orphans, to enable them to be peer leaders and to deliver specific products and services;
- Provide resources to local organizations for services and programs for orphans and vulnerable children;
- Carry out research, coordinated with community-based partners and government, on the number and situation of orphaned children and ensure that the national strategy for orphans and vulnerable children, which is being developed by the Ministry of Women and Social Action, addresses the children's needs and is effectively implemented by the government and partners;
- Build the capacity of communities to recognize solutions that meet the needs of orphans and vulnerable children, and assist communities to meet those needs;

- Sensitize communities to reduce the stigma associated with HIV/AIDS and ignorance about HIV/AIDS; and
- Expand vocational training for youth, with special emphasis on orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- Educational materials for youth are available in a variety of formats; and
- Information, education, and communication materials, both mass media and direct, continue to be developed, including materials to raise awareness among the general population about the situation of orphans and vulnerable children.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Organizational capacity building;
- Design of a comprehensive orphans and vulnerable children strategy; and
- Community mobilization.

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Namibia

COUNTRY:
Namibia

PROJECT:
Human Rights and Legal Support for Orphans and Vulnerable Children and People Living with HIV/AIDS, and Workplace HIV Policies

IMPLEMENTING ORGANIZATIONS:
AIDS Law Unit–Legal Assistance Centre; Family Health International/IMPACT

USAID FUNDING PERIOD:
April 2001–September 2004

USAID AMOUNT:
\$273,767

PURPOSE

The project focuses on the prevention and mitigation of HIV/AIDS in the workplace in Namibia, as well as on reducing the vulnerability of children in the epidemic by addressing discrimination and promoting a human rights–based approach to HIV/AIDS in both contexts. The project works to establish a legal and social environment that encourages openness about HIV infection in which people with HIV/AIDS receive fair and equitable treatment from society.

The AIDS Law Unit works closely with other AIDS service organizations in Namibia and, under this project, works closely with Catholic AIDS Action, with the AIDS Care Trust, and with organizations of people living with HIV/AIDS such as Lironga Eparu. For these organizations, the project provides training to staff members on inheritance, writing wills, basic rights, and access to benefits and entitlements. The AIDS Law Unit also has close working relationships with the Ministry of Health and Social Services, the Ministry of Women's Affairs and Child Welfare, the Ministry of Basic and Higher Education, the Ministry of Labour, trade unions such as the National Union of Namibian Workers and the Namibian Transport Workers Union, and employer organizations such as the Chamber of Mines and the Namibian Employer's Federation.

The project addresses issues of discrimination and other rights issues pertaining to HIV/AIDS on several levels, including litigation, research, policy formulation, education, advocacy (with a view toward placing HIV/AIDS on the agenda as a human rights issue), and

provision of basic client services in terms of legal advice and assistance to people with HIV/AIDS.

The project operates a legal advice clinic for people living with and affected by HIV/AIDS at the offices of Catholic AIDS Action in Katutura. Attendance at the clinic is consistent, and the main issues addressed include the drafting of wills, maintenance, and social security claims; insurance; unprofessional conduct on the part of medical practitioners, including breaches of confidentiality; and adoption. The clinic also serves as an important referral agency for problems not of a legal nature.

Key results are expected to include:

- Development, adoption, and implementation of appropriate workplace policies on HIV/AIDS that ensure access of people with HIV/AIDS to employment and employment benefits;
- Assurance that people, particularly children, with HIV/AIDS have access to adequate health care in the public sector and nondiscrimination by private medical aid schemes and insurance;
- Nondiscriminatory access to health, education, and social benefits by children orphaned by or living with HIV/AIDS;
- Assurance that people living with HIV/AIDS have access to information and advice on the formulation of wills, insurance, and alternative mechanisms for financial security for dependents after death;

- Nondiscriminatory access to foster care, adoption, and places of safety for children orphaned by HIV/AIDS; and
- Access to advice and information on the rights and entitlements to caregivers of children orphaned by HIV/AIDS under social security and welfare legislation.

KEY ACCOMPLISHMENTS

- Conducted research on discrimination on the basis of HIV status in access to insurance and medical aid;
- Provided assistance to employers and trade unions in developing appropriate HIV/AIDS policies in the workplace;
- Hosted a preparatory meeting for Namibian AIDS service organizations, NGOs, and other civil society representatives for the United Nations General Assembly Special Session on HIV/AIDS;
- Provided fundraising and organizational development technical assistance to a newly formed association of people living with AIDS;
- Provided training to top and middle management on the legal and rights aspects of HIV/AIDS in the workplace and training for workplace peer educators;
- Conducted training workshops and presentations on HIV/AIDS, law, and human rights in all regions of Namibia to raise awareness about the need for a human rights-based response to the epidemic and the importance of combating stigma and discrimination in the face of the epidemic;
- Assisted the ministries of education (higher and basic education) with the development of a new national policy on HIV/AIDS for the entire education sector, and associated training;
- Worked with the Ministry of Women's Affairs and Child Welfare to develop a national policy on orphans and vulnerable children.

PRIORITY ACTIVITIES

- Review new legislation relating to child protection to ensure that the vulnerability of children and

young people in the context of the epidemic is adequately addressed;

- Engage in advocacy with the government and private sectors for the adoption of appropriate policies and legal mechanisms to address HIV/AIDS and discrimination;
- Review the Labor Act and Labor Court rules to more adequately address issues of discrimination on the basis of HIV status in the workplace and the possibility of anonymously seeking redress for discrimination in the workplace;
- Review Employee Compensation and Social Security Acts to ensure that HIV/AIDS is adequately addressed in access to benefits; and
- Design and operate education and training programs on HIV/AIDS and discrimination for decision-makers, employer and employee organizations, healthcare and social workers, educators, and CBOs.

PROJECT MATERIALS AND TOOLS

- Namibian HIV/AIDS Charter of Rights (funded by the U.S. Embassy in Windhoek and the Ford Foundation, and used as an educational tool to promote a human rights-based approach to HIV/AIDS);
- *Guide to the Namibian HIV/AIDS Charter of Rights*, drafted in accessible language with illustrations, provides a guide to the Charter of Rights and is widely used as a tool in training and in raising awareness on HIV and human rights;
- A publication on inheritance and wills contains information on the importance of making a will, how to make and change a will, and what can be covered in a will;
- A publication on HIV and pregnancy also contains information about HIV and pregnancy, parent-to-child transmission of HIV and women's rights in this context;
- A pamphlet, T-shirts, and a series of posters on HIV treatment literacy;
- A paralegal training manual on HIV/AIDS and rights (final draft); and

- Training pamphlets on HIV/AIDS in the workplace, HIV/AIDS insurance, social benefits, and the rights of children orphaned by or living with HIV/AIDS.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- The AIDS Law Unit of the Legal Assistance Centre can provide technical assistance in Namibia and the region;
- In Namibia, the Centre can build the capacity of local AIDS services organizations in proposal writing, planning, advocacy skills, HIV and discrimination, and workplace policies;
- At the regional level, staff members from the Centre can make presentations on HIV, human rights, and discrimination at conferences and workshops;
- The AIDS Law Unit hosts the regional office of the AIDS and Rights Alliance for Southern Africa, a recently established network aimed at developing

expertise on HIV and human rights in the region and facilitating south-south exchanges of expertise in this area.

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COUNTRY:
Namibia

PROJECT:
Schooled for Success: Promoting Full School Participation by Orphans and Other Vulnerable Children

IMPLEMENTING ORGANIZATIONS:
Catholic AIDS Action; Family Health International/IMPACT

USAID FUNDING PERIOD:
May 2001–September 2004

USAID AMOUNT:
\$314,000

PURPOSE

The objective of the project is to expand Catholic AIDS Action's work with communities to ensure that orphaned and vulnerable children succeed in school. The project goals are to promote full school participation for identified orphaned and vulnerable children (with emphasis on increasing the educational opportunities for girls) and to provide psychosocial and other kinds of support in three regions in Namibia where Catholic AIDS Action has ongoing home-based care programs. Based on the success of the pilot program (which provided support for 100 orphans and vulnerable children), an expanded program that uses trained

volunteers and a school voucher system, wherever possible, has been implemented over the past two years. Within this context, and based on the positive relationships with local school personnel and lay leaders, Catholic AIDS Action has successfully obtained a fee discount (or waiver) from all primary schools serving the children. (This does not include some schools in Windhoek that are overcrowded and are unable to provide discounts.) Secondary school costs are more variable, however, as discounting is not protected by the country's constitution, even in the most needy cases.

Catholic AIDS Action has expanded the function of its home-based care program volunteers to include identification and registration of needy orphans and vulnerable children. Volunteers are trained to use a simple questionnaire and a request-for-assistance form. Nationwide, Catholic AIDS Action has been building on this infrastructure of volunteers to provide periodic care and psychosocial support to more than 16,000 orphaned and vulnerable children, approximately 6,500 of whom are supported by FHI in the three target regions. Specific activities include:

- Identifying and registering needy children in the target areas;
- Assessing children's needs, level of education, grade, and school they are to attend;
- Advocating for acceptance in selected schools;
- Providing a means to ensure the child is able to continue attending school;
- Developing a system of periodic supervision that monitors school attendance;
- Identifying and providing for additional psychosocial needs of orphans and vulnerable children;
- Training volunteers (e.g., government colleagues, church leaders, NGO affiliate staff, and Catholic AIDS Action staff) in psychosocial support, based on experiential learning and curricula advice from other programs in eastern and southern Africa (e.g., Humiliza, Tanzania, and Masiye Camp in Zimbabwe); and
- Providing limited holiday-camp and after-school homework- and reading-support programs with a psychosocial component (mostly in the urban centers).

As the project expands, it will focus on HIV/AIDS prevention and education for parents, teachers, and pupils in addition to providing support to participating schools. Contacts are being made with community- and church-based volunteers (Anglican, Lutheran, other church groups, and the Red Cross) to expand support for orphans and other vulnerable children within their communities. The project works closely with the Ministry of Women's Affairs and Child Welfare, with the Ministry of Basic Education, Sport, and Culture,

and with other line ministries, church groups, and NGOs (on the national and regional levels) involved with orphans and vulnerable children.

The project has developed and pilot-tested a curriculum (for teachers and home-based care workers) on psychosocial support to facilitate the emotional well-being of orphans and other vulnerable children.

Catholic AIDS Action is a founder and supporter of Namibia's interfaith Church Alliance for Orphans (CAFO) and holds a regular seat on the Cabinet's Permanent Task Force for Orphans and Vulnerable Children.

KEY ACCOMPLISHMENTS

- 129 school-age orphans and vulnerable children who never attended school are now attending;
- 3,375 orphans and vulnerable children have received school uniforms or assistance;
- 7,600 orphans and vulnerable children have benefited from psychosocial support;
- 6,500 orphans and vulnerable children registered as needy in the three regions have received support;
- Volunteer assessment of the needs of orphans and vulnerable children has been completed;
- Orphans and other vulnerable children household data form has been finalized and implemented;
- Handbook on fostering child resiliency for orphans and vulnerable children has been published and translated into two local languages, and an expanded edition is now in process;
- 2 key staff members have been hired and trained, and a third has been identified for hire in July 2003;
- Memory box training is continuing;
- 20 staff members and volunteers participated in two national conferences on orphans and vulnerable children;
- A national survey was taken of volunteers and approximately 400 days of training were provided to fulfill the psychosocial training needs of Catholic AIDS Action staff and volunteers;

- 5 two-week training-of-trainers courses were held on the psychosocial needs of orphans and vulnerable children for representatives from across the country (plus one extra week for people without extensive background on HIV/AIDS issues); and
- Implementation has begun for all interested volunteers around the country to be trained in this curriculum (anticipated over a three-year period), with a local curriculum (adapted for specific regions) still to be developed.

PRIORITY ACTIVITIES

- Hold additional training-of-trainers workshops in Namibia for Catholic AIDS Action and other NGO staff and volunteers;
- Finalize psychosocial training curricula at both the training-of-trainer level and the community level;
- Begin planning a program to train senior learners as assistants on psychosocial issues;
- Expand training of teachers, volunteers, and community leaders in all regions; and
- Train selected volunteers as community paralegals (based on the availability of legal assistance training programs).

PROJECT MATERIALS AND TOOLS

- Orphans and other vulnerable children household data form;
- Handbook on child resiliency;

- Memory box development method; and
- Psychosocial training manual.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based counseling and care;
- Organizational structure and training;
- Training in psychosocial support; and
- Care for caregivers.

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COUNTRY:
Namibia

USAID FUNDING PERIOD:
September 2002–September 2004

PROJECT:
Assistance to Government Ministries for National Plan of Action for Children

USAID AMOUNT:
\$50,000

IMPLEMENTING ORGANIZATIONS:
Family Health International/IMPACT; Ministry of Women’s Affairs and Child Welfare; Ministry of Health and Social Services

PURPOSE

Through technical support to the Ministry of Women’s Affairs and Child Welfare the project aims to:

- Inform key stakeholders about the complexity of the issues associated with orphans and vulnerable children;
- Strengthen networks, linkages, and multisectoral alliances to create a more enabling environment to plan for the needs of orphans and vulnerable children at the national level;
- Assist with implementing the goals of the United Nations General Assembly Special Session on HIV/AIDS;
- Increase responsive programming for orphans and vulnerable children; and
- Establish regular quality assessments of the programming for orphans and vulnerable children.

To achieve these aims, the project is assisting the Ministry of Women’s Affairs and Child Welfare to develop and implement a National Plan of Action for Children Supported by the Orphans and Vulnerable Children Permanent Task Force. Assistance is being offered to encourage the placement of a technical advisor for orphans and vulnerable children in the ministry and the establishment of subcommittees for orphans and vulnerable children and child development. Additional technical assistance will be provided to improve the programmatic management capacity of key stakeholders, including NGOs and FBOs. The project will promote and sponsor the active participation of key stakeholders in regional seminars and conferences. A monitoring and evaluation tool is being devel-

oped and piloted, and its use by key stakeholders will be tracked.

KEY ACCOMPLISHMENTS

The cabinet decided to raise the profile of the orphans and vulnerable children committee to a national Orphans and Vulnerable Children Permanent Task Force that reports directly to the cabinet via the Minister of Women’s Affairs and Child Welfare. Accomplishments associated with this include:

- Drafted a national orphans and vulnerable children policy, which was accepted by the cabinet;
- Developed and piloted a national orphans and vulnerable children monitoring and evaluation toolkit;
- Established the National Child Development Committee;
- Developed a national orphans and vulnerable children trust fund;
- Developed a national orphans and vulnerable children identification system; and
- Established five regional orphans and vulnerable children committees.

PRIORITY ACTIVITIES

- Implement a national policy on orphans and vulnerable children;
- Implement a national monitoring and evaluation toolkit for orphans and vulnerable children;
- Implement a national trust fund for orphans and vulnerable children;
- Implement a national identification system for orphans and vulnerable children; and

- Hold a third national conference on orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- Monitoring and evaluation toolkit; and
- Psychosocial support curriculum.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Technical assistance for training; and
- Technical assistance for information, education, and communication materials.

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COUNTRY:
Namibia

PROJECT:
Psychosocial Training for Orphans and Other Vulnerable Children

IMPLEMENTING ORGANIZATIONS:
Family Health International/IMPACT;
Philippi Trust

USAID FUNDING PERIOD:
November 2002–September 2004

USAID AMOUNT:
\$88,000

PURPOSE

The goal of the project is to increase the well-being of orphans and other vulnerable children by building the capacity of communities to provide psychosocial support to orphans and vulnerable children through the use of youth volunteers. The Philippi Trust project in Namibia postulates that young people, given adequate training, can play a major part in combating HIV/AIDS and also in empowering orphans and other vulnerable children. Through FHI, Philippi Trust Namibia staff participated in psychosocial support training in Zimbabwe and, in concert with Catholic AIDS Action, used their newly acquired expertise to develop a psychosocial support curriculum and training services for home-based care volunteers and teachers in Namibia. Based on this expertise, the Philippi Trust will expand training and the curriculum to teach and empower youth to provide support and care to orphans and vulnerable children in their communities, and will mobilize existing youth groups and churches to become more involved in

helping vulnerable children in their communities through experiential learning camps.

Specifically, the project will:

- Adapt and publish a psychosocial support curriculum for young people;
- Train community members, including youth, in techniques for listening and responding;
- Train group leaders in psychosocial support;
- Establish experiential learning camps or kids' camps; and
- Conduct psychosocial support training for FBOs and other interested groups.

KEY ACCOMPLISHMENTS

- Conducted three listening and responding workshops (114 young people attended);
- Conducted two psychosocial support workshops for group leaders (21 young people attended);

- Conducted three youth camps (104 orphans and vulnerable children attended);
- Established six kids' clubs (92 orphans and vulnerable children attended);
- Reached a total of 331 orphans and vulnerable children; and
- Adapted psychosocial support curriculum for youth.

PRIORITY ACTIVITIES

- Conduct two more listening and responding workshops;
- Conduct three more psychosocial support workshops for group leaders;
- Conduct three more youth experiential learning camps; and
- Establish additional kids' clubs by group leaders.

PROJECT MATERIALS AND TOOLS

- Psychosocial support curriculum for youth (draft).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based counseling and care;
- HIV prevention counseling; and
- Psychosocial support for orphans and other vulnerable children.

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COUNTRY:

Namibia

PROJECT:

Assessment of Performance, Quality, and Outcome of Services for Orphans and Other Vulnerable Children

IMPLEMENTING ORGANIZATIONS:

**Family Health International/IMPACT;
Namibian Resource Consultants**

USAID FUNDING PERIOD:

September 2002–February 2003

USAID AMOUNT:

\$28,901

PURPOSE

The project goal is to increase the ability of program managers to assess the performance, quality, and outcomes of training, services, and supervision of programs for orphans and other vulnerable children. To achieve this the project will work with three Namibian NGOs to develop and pilot a generic assessment/monitoring tool for use by other CBOs, NGOs, and other groups addressing the needs of orphans and vulnerable children.

The development of the monitoring and evaluation tool is a direct outcome of the first national conference on orphans and vulnerable children (held May 2001), which resulted in the formation of a national steering committee (currently called the Orphans and Vulnerable Children Permanent Task Force) and several subcommittees. The subcommittee on monitoring and evaluation was tasked to develop tools to assess the performance, quality, and outcome of training, services, and supervision provided by NGOs and FBOs for orphans and vulnerable children. NGOs are expected to

play a role in community mobilization, service delivery, and training to ensure delivery of service to orphans and vulnerable children. NGOs are currently under pressure to scale up their successful projects while also coping with the diminishing skills pool that results from the increasing number of AIDS-related deaths of productive citizens. Monitoring and evaluation are critical to measure the impact of these efforts, to enhance management decisions with relevant data and information, to provide a framework for collaborative learning, and to reinforce participatory processes by involving all stakeholders.

With FHI support, three well-established, highly respected local NGOs with a strong history of working for and with marginalized groups, especially children, participated in the pilot work. Together they cover areas that are of critical importance to ensure a future for orphans and vulnerable children. These areas include issues of discrimination, legal reform, and inheritance; counseling services and life skills; home-based care and welfare support; and potentially establishing a circle of care for orphans and vulnerable children.

KEY ACCOMPLISHMENTS

- Developed a national monitoring and evaluation toolkit; and
- Piloted a national monitoring and evaluation toolkit with Namibian NGOs.

PRIORITY ACTIVITIES

- Organize a national orphans and vulnerable children monitoring and evaluation workshop; and
- Launch nationally the orphans and vulnerable children monitoring and evaluation toolkit.

PROJECT MATERIALS AND TOOLS

- National orphans and vulnerable children monitoring and evaluation toolkit.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Implementation of the national orphans and vulnerable children toolkit.

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COUNTRY:
Namibia

PROJECT:
School Program for the Prevention of Violence, Sexual Abuse, and HIV/AIDS

IMPLEMENTING ORGANIZATIONS:
LifeLine/Childline; Family Health International/IMPACT

USAID FUNDING PERIOD:
February 2002–September 2003

USAID AMOUNT:
\$82,033

PURPOSE

The goal of the project is to address the issue of abuse and sexual violence against children. LifeLine/Childline is implementing a child-focused program to complement its existing counseling and hotline services. The project aims to break the cycle of trauma, specifically

violence, to children through a program focusing on children of primary school age and involving adults, including committed teachers and parents.

LifeLine/Childline adapted an educational drama program for young children produced by the National Film

Board of Canada. The original script was adapted to the Namibian context and additional scenes addressing HIV/AIDS and domestic violence were added by LifeLine/Childline to accommodate the specific needs of children growing up in southern Africa.

The LifeLine/Childline program *Feeling Yes, Feeling No* was first shown in Namibian schools in 1998. The current project, which is supported by FHI, focuses on all primary schools in the Khomas and Erongo regions. All children are treated as vulnerable with regard to sexual abuse and molestation, domestic violence, and HIV/AIDS. The project aims to improve the verbal communication skills of children through drama and role-playing of their "Yes" and "No" feelings so that they can verbalize in a convincing way their feelings to adults and peers. The program teaches children about sexual assault and abuse and how to prevent it from happening, and gives children the skills to respond to unwanted sexual approaches and to deal with strangers. It also teaches children about HIV/AIDS and sexuality before they become sexually active. In addition, lay counselors and teachers are trained to recognize abused children and provide them with initial support and counseling and then refer them to specialized counselors and child protection services when needed.

The project works to improve the access of vulnerable and abused children to special counseling and other services in line with the International Convention on the Rights of the Child. LifeLine/Childline also seeks to increase the capacity of the communities covered by the school program to address the needs of children at risk of, or traumatized by, sexual assault.

KEY ACCOMPLISHMENTS

- Trained a core group of community actors as lay counselors who can offer first-level counseling support to children at schools;
- Reached more than 50,000 schoolchildren in the past five years in eight regions; directly affecting approximately 11,000 of these children as a result of USAID/FHI funding;
- Visited 87 classes in more than 20 schools with the drama program as of March 2003, reaching an

average of 2,165 children per quarter; all children received promotional items such as rulers;

- Visited one school, Dagbreek, in Windhoek for special children with severe mental disabilities several times and referred three children for additional counseling therapy;
- Provided older children in Grades 6 and 7 with a modified version of the curriculum (i.e., it included scenes on alcohol and drugs) that was more fitting to their age;
- Reached teachers at four different schools with teacher workshops (seven-hour curriculum) to provide them with the skills necessary to identify and support traumatized children;
- Referred 18 children for therapy in the Oshana, Erongo, and Khomas regions, some of whom will receive several months of therapy to support the healing process; other children remain on the waiting list for treatment due to the shortage of specialized child therapists in Namibia; and
- Fully trained 22 lay counselors by March 2003, with more than 20 more to graduate in the next five months; the average time to fully train one lay counselor is approximately nine months.

PROJECT MATERIALS AND TOOLS

- Video film *Feeling Yes, Feeling No*;
- Information, education, and communication materials for children (collectors cards) on issues of protection and the rights of children;
- CD-ROM version of radio production of *Feeling Yes, Feeling No* program; and
- Teacher workshop curriculum on the basic care for traumatized children and support strategies to identify and support traumatized children.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Three-phase training course for lay people to become counselors: Phase I focuses on personal growth and awareness; Phase II focuses on basic counseling skills; and Phase III is hands-on practical training;

- Teacher workshops to provide basic tools to identify and support traumatized children; and
- Daily partnerships with SOS emergency services to offer trauma debriefing services by trained lay counselors following incidents of trauma, such as suicide, armed robbery, drowning (especially of children), debriefing of SOS emergency staff, etc.

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Africa

**Asia and the
Near East**

**Europe and
Eurasia**

**Latin America and
the Caribbean**

**Global and
Regional Projects**

Nigeria

COUNTRY:
Nigeria

USAID/CEDPA FUNDING PERIOD:
October 1999–July 2003

PROJECT:
Rivers State Enhanced Care of Orphans

USAID/CEDPA AMOUNT TO AFRICARE:
\$899,968

IMPLEMENTING ORGANIZATIONS:
Africare; Forward Africa; Ogoni Youth Development Project; Center for Development and Population Activities (CEDPA)

PURPOSE

The goal of the project, which is being implemented in five local government areas of Rivers State (Bonny, Eleme, Khana, Obio-Akpor, and Okrika), is to improve the quality of life for children aged 0 to 15 who have lost one or both parents to AIDS. To avoid stigmatizing these children, all children deprived of parents due to sickness or death are being targeted. The project purpose is to improve the quality of life of orphans in targeted communities through the mobilization and capacity-building of CBOs and the support of community initiatives that include the economic strengthening of primary caregivers of orphans through agriculture and other means of income generation. Specific objectives include:

- Provide access to basic education and health care to orphans due to AIDS in project communities;
- Identify existing community support structures and strengthen their ability to care for orphans due to AIDS;
- Promote positive attitudes, beliefs, and practices of community members toward orphans due to AIDS and people living with AIDS; and
- Develop the capacity of communities, especially women's groups and local associations, to advocate for positive policy and social change for persons infected and affected by HIV/AIDS.

Strategies to achieve these objectives include:

- Educational support to orphans in target areas through the provision of schoolbooks, uniforms, sandals, and fees/levies;
- Vocational training for older orphans to receive life skills education and a micro-finance scheme to provide grants to establish their own businesses after training;
- Access to health care and establishment of a fund to pay for treatment;
- Small business management and income-generation training and a revolving credit program for caregivers; and
- Counseling services to address the needs of orphans with regard to the control of HIV/AIDS.

KEY ACCOMPLISHMENTS

- Provided educational support to 920 orphans;
- Provided vocational training to 69 orphans;
- Provided 1,000 orphans with access to health care;
- Provided business management training and micro-credit grants to 800 caregivers of orphans;
- Provided leadership training to CBOs to sustain the project;
- Provided education on HIV/AIDS prevention and control to community stakeholders;
- Conducted formative research (including a baseline survey), participatory learning, and action focus

groups with caregivers, and estimated the number of orphans and their needs; and

- Hosted training/capacity-building workshops on HIV/AIDS and micro-credit administration for as many as 60 CBOs.

PRIORITY ACTIVITIES

- Use experience in selected local government areas to inform policy and service development at the state and federal levels;
- Network with other NGOs to promote HIV/AIDS awareness/prevention activities;
- Plan for 650 additional orphans to be enrolled in schools, healthcare programs, and vocational training;
- Introduce economic empowerment to 650 additional caregivers;
- Improve organizational and program management capabilities of CBOs; and
- Improve advocacy among local, state, and federal governments.

PROJECT MATERIALS AND TOOLS

- Handbook on income-generating activities training for caregivers.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Networking;
- Community mobilization; and
- Income-generation activity training.

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COUNTRY:
Nigeria

**Organization (CWO); Opiatoha Kanyin
Idoma Multi-Purpose Cooperative Society**

PROJECT:
Vulnerable Children Project

USAID FUNDING PERIOD:
April 2003–August 2004

IMPLEMENTING ORGANIZATIONS:
**Center for Development and Population
Activities (CEDPA); Catholic Women's**

USAID AMOUNT:
\$76,363

PURPOSE

The goal of the project is to improve the quality of life of children aged 0 to 15 in Otukpo and Okpokwu local government areas of Benue State who have lost one or both parents to AIDS by:

- Empowering orphans and vulnerable children;
- Identifying existing community support structures and strengthening their ability to care for orphans and vulnerable children;

- Promoting positive attitudes, beliefs, and practices of community members toward orphans and people living with HIV/AIDS;
- Developing the capacity of communities, especially women's groups and diverse local associations, to advocate for positive policy and social change for persons infected and affected by HIV/AIDS; and

- Using experience gained since inception of the project to inform policy and service development at the state and federal levels.

KEY ACCOMPLISHMENTS

- Organized program implementation committees in 10 communities;
- Providing 1,000 indigent orphans and vulnerable children aged 0 to 15 with health care, education, and vocational training; providing 46 older siblings and 78 caregivers with vocational training; and placed 925 school-age children in schools or vocational training programs;
- Providing 711 households with orphans and vulnerable children with care and support through income-generating activities, micro-credit, and advocacy and social mobilization training;
- Trained 34 CBOs to increase their access to small loans and income-generating activities;
- Held a sensitization meeting on HIV/AIDS that was attended by 66 Christian and Muslim leaders;
- 6 social workers conducted home visits to provide psychosocial support to orphans and vulnerable children;
- Established a rice mill in Otukpo, a palm oil mill in Akpa, a cassava mill in Ojapo, and two pig farms in Okpokwu local government area; and
- Enlisted communities/local government authorities to donate farmland, seedlings, buildings for mills, and various kinds of equipment.

PRIORITY ACTIVITIES

- Continue partnerships with schools, vocational centers, and health facilities offering services to orphans;
- Develop integrated adolescent reproductive health information to include HIV/AIDS prevention among youth;
- Continue to train stakeholders at all levels in basic HIV/AIDS education and prevention skills, including home-based care and providing psychosocial support for orphans and vulnerable children;
- Hold a sensitization workshop on HIV/AIDS prevention and stigma reduction in Idomaland for 70 educators, traditional rulers, and religious leaders;

- Organize advocacy visits to both state and local governments through the local action committee on HIV/AIDS and the state action committee on HIV/AIDS to provide sustainable and lasting support for orphans and vulnerable children;
- Network with Opiatoha and CWO in Idomaland to identify people living with and affected by AIDS and provide them with basic home-based care and support; and
- Promote information, education, and communication education on behavior change communication to prevent and control HIV and sexually transmitted infections (STIs).

PROJECT MATERIALS AND TOOLS

- Monitoring information system forms; and
- In-depth interviews and focus group discussions.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Community mobilization;
- Mentoring;
- Monitoring and evaluation;
- HIV/AIDS prevention;
- Linking civil participation and health;
- Empowerment of girls and women; and
- Business management.

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COUNTRY:
Nigeria**Anambra State; Methodist Care Ministry (MCM), Abakaliki, Ebonyi State; Methodist Women's Fellowship (MWF), Ilesha, Osun State****PROJECT:**
Orphans and Vulnerable Children Project Implementation**USAID FUNDING PERIOD:**
2001–2007**IMPLEMENTING ORGANIZATIONS:**
Family Health International/IMPACT; Justice Development and Peace (JDP) of the Catholic Archdiocese of Onitsha,**USAID AMOUNT:**
\$500,000**PURPOSE**

The goal of the project is to improve the quality of life and promote and protect the well-being of orphans and vulnerable children. FHI, as a follow-up to the activities and data obtained through a situation analysis and mobilization process, developed subagreements to provide programmatic and technical support to three indigenous FBOs to strengthen and expand their efforts to mobilize and support the well-being of orphans and vulnerable children.

The strategies to achieve this include advocacy with key influential community leaders and policy makers to solicit their involvement as partners in the program. FHI plans to facilitate establishment of a working group of representatives from the state and local governments, the local community, the private sector, and NGOs in each location to advocate for the needs of orphans and vulnerable children. Specific activities include:

- Holding advocacy visits and meetings with community leaders and policy makers;
- Pursuing community and resource mobilization efforts with community members, government, and the private sector;
- Holding a workshop to define the criteria that will be used to select the orphans and vulnerable children who will receive support;
- Holding twice yearly family caregivers meetings;
- Forming community and parish committees to identify and register orphans and vulnerable children; and
- Providing direct support to help orphans and vulnerable children continue to attend school.

KEY ACCOMPLISHMENTS

- Developed subagreements with three indigenous faith-based NGOs;
- Helped the government develop a proposal for the Global Fund to Fight AIDS, Tuberculosis, and Malaria to work with orphans and vulnerable children; and
- Completed an assessment of the situation of orphans and other vulnerable children.

PRIORITY ACTIVITIES

- Organize and conduct a technical skills-building workshop on HIV/AIDS, orphans and vulnerable children issues, and psychosocial support for project staff of the three Nigerian organizations;
- Implement interventions outlined in the subagreements;
- Conduct meetings with key state-level stakeholders to discuss the needs of orphans and vulnerable children; and
- Develop and award subagreements to two additional local organizations in Kano and Lagos states.

PROJECT MATERIALS AND TOOLS

- Qualitative orphans and vulnerable children assessment tools;
- Head-of-household surveys and results;
- Interviewer training guide; and
- Orphans and vulnerable children situation analysis and mobilization protocol.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based care;
- Training in networking and training to link care and prevention;
- Counseling;
- Orphans and vulnerable children situation analysis and mobilization; and
- Monitoring and evaluation.

CONTACT INFORMATION

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Rwanda

COUNTRY:
Rwanda

**Nationale de Soutien aux Personnes
Vivant avec le VIH/SIDA (ANSP+)**

PROJECT:
**Safety Net and Leadership and
Investment in Fighting an Epidemic (LIFE)
Food Programs**

USAID FUNDING PERIOD:
January 2001–July 2005

IMPLEMENTING ORGANIZATIONS:
**Safety Net; Catholic Relief Services
(CRS); LIFE: CARE International; Caritas
Rwanda; World Relief; Association**

USAID AMOUNT:
**\$680,000 per year (Safety Net/LIFE
activities)
\$1,300,000 per year (total Development
Assistance Program activities)**

PURPOSE

By 2005, the Safety Net and LIFE programs aim to ensure increased food security for 29,000 (per month) of Rwanda's most vulnerable people, with additional activities to increase the capacity of partners and implementing centers to ensure sustainability.

Currently, the Safety Net project reaches 7,000 institutionalized orphans, street children, infants in prison with their mothers, and handicapped and elderly persons each month. Rations are calculated to meet approximately 75 percent of the daily needs of the target population, with 20 percent provided by partner centers. CRS provides training in commodity management, general management practices, and small-income generation to increase the operational capacity of its partners.

The LIFE component of the project provides food to 22,000 AIDS-affected Rwandans (4,400 households) per month to supplement their nutritional requirements. Food provided under this intervention covers 50 percent of monthly household rations. Beneficiaries include child-headed households, children aged 0 to 18 who are orphaned by AIDS, families with HIV-positive parents, families with HIV-positive children, and families with foster children who are orphans due to AIDS. Food assistance is linked with HIV/AIDS education, home-based care, counseling, vocational training, and income-generating activities provided by subgrantee

agencies. Provision of food is intended to facilitate increased productivity and capacity to care for the increasing number of children affected by HIV/AIDS. Food assistance will be maintained until households can generate sufficient income to meet basic needs.

KEY ACCOMPLISHMENTS

- In the first year of the LIFE program, CRS and its subgrantee agencies successfully reached its target population of 22,000 beneficiaries. Program operations started January 1, 2001; therefore, the LIFE program accomplished this task in nine months, with the added burden of finalizing efforts to coordinate a project baseline, to identify the appropriate target population, and to finalize operational agreements between all subgrantees;
- In 2002, the Safety Net/LIFE program successfully maintained monthly food distribution to its targeted 29,000 beneficiaries;
- 22 percent of Safety Net centers and 18 percent of LIFE implementing partners demonstrated improved organizational capacity during 2002;
- 5 workshops on Title II food management, small income-generating activities, HIV/AIDS sector issues, and general management practices were held in 2002 to improve partner capacity; and
- A mid-term evaluation of Safety Net and LIFE activities was conducted from May to June 2003.

PRIORITY ACTIVITIES

Present and future priority activities include:

- Advocate for HIV/AIDS-affected populations of Rwanda;
- Continue collaboration with government and civil society to find sustainable alternatives to institutional care for orphans and vulnerable children;
- Increase support and funding for small income-generating activities in LIFE and Safety Net centers; and
- Reach a greater number of people living with HIV/AIDS households under the LIFE program on the recommendation proposed by the 2003 mid-term evaluation report.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for other orphans and vulnerable children in the following areas:

- Monitoring and evaluation;
- Community mobilization; and
- Home-based care.

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COUNTRY:

Rwanda

PROJECT:

Pact Community REACH (Rapid and Effective Action Combating HIV/AIDS)

IMPLEMENTING ORGANIZATIONS:

Pact; CARE International; Cyeza Parish; Persons Living with HIV/AIDS Associations

USAID FUNDING PERIOD:

July 2002–July 2005

USAID AMOUNT:

\$397,846

PURPOSE

The project's goal is to have a maximum impact on HIV/AIDS and its consequences, especially on vulnerable groups such as persons living with HIV/AIDS and orphans and vulnerable children.

KEY ACCOMPLISHMENTS

- Assisted three associations of people living with HIV/AIDS and one FBO to design mini-projects and budgets, and provided training in monitoring and evaluation, basic fund management, and subgrant/partnership procedures;
- Provided nutrition and behavior change communication training to 10 associations of persons living with HIV/AIDS;

- Gave nutrition/food assistance to 2,429 orphaned children on monthly basis;
- Encouraged children-headed households and their mentors to participate in a monthly savings and loan scheme;
- Helped anti-SIDA (AIDS) clubs of orphaned children to distribute HIV/AIDS messages to promote behavior change;
- Assisted 36 orphaned children to establish income-generating activities; and
- Providing ongoing mentor counseling to 2,429 children.

PRIORITY ACTIVITIES

- Train CBOs and FBOs on the basic skills of home-based care;
- Visit the homes of persons living with HIV/AIDS and orphans and vulnerable children to provide counseling and care;
- Hold a workshop on the psychosocial support needs of orphans and vulnerable children;
- Give partners behavior change communication materials to disseminate;
- Hold partnership meetings to discuss achievements, challenges, and lessons, and to review implementation work plans; and
- Ensure that partners use subgrants to implement psychosocial mini-projects for orphans.

PROJECT MATERIALS AND TOOLS

- Capacity assessment tools for CBOs and FBOs to provide psychosocial support to orphans and other vulnerable children;
- Home-based care training module;
- Behavior change communication materials (flip charts); and

- Finance management tools for subgrant management.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Behavior change communication materials;
- Skills training to improve home-based care practices; and
- Development of management skills of CBOs and FBOs.

CONTACT INFORMATION

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South Africa

COUNTRY:
South Africa
IMPLEMENTING ORGANIZATION:
HOPE *Worldwide*/South Africa
PROJECT:
SIYAWELA II Project—Replication of Comprehensive Community Childcare Responses
USAID FUNDING PERIOD:
September 2001–August 2004
USAID AMOUNT:
\$2,000,000
PURPOSE

HOPE *Worldwide*/South Africa provides and facilitates integrated care and support for orphans and other vulnerable children as part of its comprehensive community-based care, prevention, mobilization, and support activities. The project links care and prevention of HIV through care and support services, community mobilization, and referral networks.

With assistance from FHI, HOPE *Worldwide*/South Africa developed an initial capacity development program in Soweto, and is now replicating the program in Cape Town (Khaylitsha), Durban (Cato Crest), Port Elizabeth (Veeplaas, Motherwell, and Soweto-on-Sea), Umtata, and Johannesburg (Alexandra, Diepsloot, and Zandspruit). The program model provides orphans and vulnerable children with nutritional support, recreational activities, life skills education, referrals, assistance with psychosocial support and counseling, disclosure, future planning, and access to welfare grants, medical care, and therapy.

The project aims to strengthen the links between the community capacity and responses and institutional services such as those of the Perinatal HIV Research Unit at the Chris Baragwanath Hospital in Soweto to ensure a continuum of care and support after voluntary counseling and testing. The project serves orphans, vulnerable children, HIV-infected and -affected children, and persons living with HIV/AIDS, primary caregivers, and family and community members in these communities.

KEY ACCOMPLISHMENTS

The modeled intervention in Soweto resulted in the following accomplishments:

- Established support groups for children within the adult support groups (some support groups include only after-school activities);
- Trained staff members in home-based care, social auxiliary work, psychosocial support needs of children, and the use of community mobilization tools;
- Mobilized four locations in Soweto to adopt a functional care group model for orphaned children and vulnerable families;
- Developed a referral and follow-up system to community care and support services;
- Helped clients obtain receive welfare grants;
- Developed promotional educational brochures; and
- Trained and supervised lay counselors in 13 clinics to offer voluntary counseling and testing services and programs to prevent mother-to-child transmission of HIV.

Project replications resulted in the following accomplishments:

- Enhanced capacity in six national locations;
- Established more linkages with local prevention-of-mother-to-child transmission and voluntary counseling and testing services;
- Developed greater capacity for psychosocial support and counseling for children affected by AIDS;

- Began community mobilization at all sites;
- Improved local partner networks at all sites;
- Established partnerships with local and provincial government departments and officials;
- Provided approximately 9,800 children with services in the first year; and
- A Soweto hospice received a subgrant of \$200,000 for in-patient and professional, home-based, end-of-life care (3,906 in-patients 4,620 home-based patients).

PRIORITY ACTIVITIES

- Initiate a community monitoring system of orphaned children and vulnerable families through the CARE group model as implemented by World Relief in Mozambique;
 - Promote leadership and management development for project members;
 - Establish a resource center;
 - Strengthen and refine the referral and follow-up system that is linked to prevention-of-mother-to-child transmission and voluntary counseling and testing services;
 - Establish a referral and follow-up database;
 - Develop relationships with other care and support service providers;
 - Enhance the child support groups by implementing psychosocial support and counseling activities; and
- Identify community responses that need to be developed and strengthened.

PROJECT MATERIALS AND TOOLS

- Project summary;
- Brochures;
- Referral and follow-up guidelines; and
- Progress reports.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Mentoring, training, and networking on monitoring and evaluation;
- Community mobilization;
- Referral and follow-up systems;
- Psychosocial support and counseling for children;
- Linking prevention, care, and support;
- Home-based care; and
- Counseling in prevention of mother-to-child transmission and voluntary counseling and testing.

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COUNTRY:
South Africa

PROJECT:
Strategic Response to Improving the Well-Being of Orphans and Vulnerable Children in South Africa

IMPLEMENTING ORGANIZATIONS:
Nelson Mandela Children's Fund (Fund) in partnership with 12 NGOs in KwaZulu-Natal, Limpopo Province, and Mpumalanga

USAID FUNDING PERIOD:
September 2000–October 2003

USAID AMOUNT:
\$5,000,000

PURPOSE

The Fund seeks to strengthen the capacities of households and communities to develop sustainable approaches that support orphans and vulnerable children. The aim is to reach an estimated 250,000 orphans and vulnerable children in HIV/AIDS-affected communities in three provinces using the following four strategies:

- Forming partnerships to mobilize multisector community initiatives. The Fund will identify catalyst and capacity-building organizations (i.e., strategic partners) that work to develop community responses to the needs of orphans and vulnerable children and provide them with funds, training, and technical assistance.
- Issuing grants to NGOs and CBOs. In response to emerging and innovative initiatives, some organizations are given direct funding, while others receive smaller disbursements for smaller supporting initiatives through implementing partners when the partners have the capacity to award subgrants.
- Contributing to the establishment of a national policy framework and strategic plan to assist orphans and vulnerable children as well as to strengthen networks of government and nongovernmental services.
- Advocating for policy changes across government sectors to ensure that orphans and vulnerable children receive care. The first priority is to persuade policy makers that it is better to provide community-based care than institutional care for orphans and vulnerable children.

KEY ACCOMPLISHMENTS

- Appointed catalyst and community-building organizations in 11 targeted sites;
- Held initial community mobilization training with all partner organizations and follow-up workshops with the already-funded projects;
- Holding regular joint management updates and workshops with all partners to develop indicators and share results;
- Developing site work plans for newly funded partners, and developing projects for funded sites (notably KwaZulu Natal);
- Monitoring and evaluating funded progress of partners;
- Administered funding to supporting organizations (subgrantees);
- Held conference with the theme "Coordinated Action for Children" in partnership with the Department of Social Development, Department of Health, Save the Children, and UNICEF;
- Completed a baseline survey and shared the findings with partners; currently carrying out a secondary analysis;
- Supported 18 organizations to date; released funds in July and November 2001, February and November 2002, and February and May 2003;
- Beginning to establish networks at sites for which there are profiles available;
- Planning to implement Regional Psychosocial Support Initiative (REPSSI) over two years, and link to the Goelama sites; and

- Secured technical support from FHI and Population Council.

PRIORITY ACTIVITIES

- Make grants available so that organizations can mobilize communities around four results: stronger households, sustainable community support systems for orphans and vulnerable children, behavior change for preventing new HIV infections, and expanded and integrated local government responses;
- Redefine indicators in line with communities' indicators following evaluation in May 2003;
- Measure and track indicators in a systematic way with a database that is used specifically for these purposes;
- Document lessons learned for replication at other sites, and strengthen those where needed, given the different starting times of grantees;
- Provide technical updates to all grantees regarding programming;
- Provide capacity-building for partners and facilitate partners' quarterly reviews/meetings/workshops;
- Develop an advocacy strategy;
- Begin a micro-finance initiative; and
- Provide technical assistance to the project on operations research, which will be refined and implemented with the Population Council through Frontiers and Horizons projects.

PROJECT MATERIALS AND TOOLS

- Baseline data results refined by Population Council; and
- Research reports.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Community initiatives, youth, and output indicators;
- Mobilizing FBOs and communities; and
- Psychosocial support, education, food security, nutrition, health care, prevention, and child placement/reunification.

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COUNTRY:
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PROJECT:
Technical assistance is being provided to USAID/South Africa-funded initiatives for orphans and vulnerable children, including Nelson Mandela Children's Fund, GOELAMA Program, and HOPE Worldwide/South Africa

IMPLEMENTING ORGANIZATIONS:
Nelson Mandela Children's Fund; GOELAMA Program; HOPE Worldwide/South Africa

USAID FUNDING PERIOD:
2002-2004

USAID AMOUNT:
\$800,000

PURPOSE

FHI/IMPACT is to provide technical assistance to USAID/South Africa and its primary partners working with orphans and other vulnerable children, including

Nelson Mandela Children's Fund and HOPE *Worldwide*. The goal of the technical assistance will be to expand and improve efforts currently being implemented in South Africa. The exact type of assistance is yet to be

determined. Potential areas of technical assistance include the following:

- Monitoring and evaluation to provide more effective and extensive programming and reporting;
- Optimal ways to integrate the needs of children within the continuum of HIV/AIDS prevention, care, and support programming;
- Community mobilization;
- National-level coordination and collaboration related to issues specific to orphans and vulnerable children; and
- Improved ability to reach more children with quality programming.

KEY ACCOMPLISHMENTS

The project is just beginning.

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COUNTRY:

South Africa

PROJECT:

uThukela District Child Survival Project/Intersectoral HIV/AIDS/Micro-Enterprise Development (MED) Response Project

IMPLEMENTING ORGANIZATION:

World Vision/South Africa

USAID FUNDING PERIOD:

January 2000–July 2003

USAID AMOUNT:

\$344,618

PURPOSE

The project goal is to strengthen the capacity of vulnerable individuals, households, and communities to respond to the economic, social, and health impacts of HIV/AIDS. The project expands on previous work in the Bergville subdistrict of uThukela. Results of a participatory learning and action survey indicate the populations being served include households headed by women, pensioners, and widows, and that there are increasing numbers of child-headed households. The project specifically strives to:

- Maintain or improve the income for households with orphans or acutely ill family members;
- Increase the financial abilities and decrease risk behavior among women and youth;
- Increase the awareness of and response to HIV/AIDS among civil society, local institutions and groups, and vulnerable individuals;

- Improve the knowledge and skills of household members to provide care and support to chronically ill family members;
- Establish appropriate knowledge and awareness of caring for orphans;
- Document and share project experience; and
- Ensure sustainability of effective project components.

Measurable outcome indicators have been established for the first five points in the list above. Interventions to achieve these objectives include the Dynamic Business Start-up Program (DBSP) to train and support community members identify and implement businesses; home-based care linkages with other community activities; and quality-of-care indicators to monitor orphans' well-being and promote children's rights.

KEY ACCOMPLISHMENTS

- A rapid household scan of every third household in Okhahlamba municipality was taken (4,159 households were interviewed in 2000), which generated data on household demographics, individual and household incomes, number of children without parents, and illness levels according to age.
- An in-depth, random economic survey was taken in 2001 of people in 180 households: 60 that care for orphans, 60 that care for ill family members, and 60 that have neither orphans nor ill family members.
- An orphan survey was conducted in July 2001 to identify the needs of orphans and their households.
- 400 community members, including women, youth, and members of vulnerable households with ill members and orphans, were trained through the project and are being mentored after starting their own businesses in 2001–2002.
- A graduation ceremony was held March 1, 2002, for 269 people who had established successful businesses (e.g., selling chickens, crafts, fruits, vegetables, and baked goods and sewing wedding dresses and school uniforms) three months after completing the DBSP training program. An area newspaper covering the event stated, “the people of Okhahlamba are discovering that hope is a powerful motivator, thanks to a project that is measuring the relationship between a positive outlook and meaningful change.”
- The economic situation in the vulnerable households was subsequently tracked during the yearly economic survey.
- An Okhahlamba home-based care team is facilitating and strengthening the care and support network for the 90 home-based care volunteers who have been trained.
- The home-based care project was evaluated in 2001.
- The orphans project managers facilitate transformational projects with three groups of orphans, identifying their personal and group vision, mission

and core values, and then determining what actions are necessary to bring the vision to reality. This future-focused way of operating addresses well-being for the orphans (i.e., physical, social, psychological, spiritual, and developmental well-being). One group of orphans named their project “The Leaders of Tomorrow.”

- The orphan team, in partnership with the Okhahlamba Area Development Project (OADP), has started orphan-initiated food security projects (three gardens and three projects to raise chickens) with the participation of orphans aged 15 to 25. One group has sold a crop of potatoes and has plans to start a savings account; they also negotiated with their schools about paying their school fees.
- Three orphan committees are working with their community members and orphans and are helping caretakers of young orphans.
- Transformational leadership training has been offered to the home-based caregivers, orphans, and micro-enterprise development trainees.
- Messages have been developed and disseminated in workshops about the topics of voluntary counseling and testing, positive living, nutrition, orphans and children’s rights, home-based care, and accessing government grants and documents.
- A survey for knowledge and practice about HIV issues (voluntary counseling and testing, positive living, home-based care, and orphans) has been developed and carried out.
- A survey for sexual risk behavior has been developed and carried out with participants of the micro-enterprise development training program.

PRIORITY ACTIVITIES

- Complete qualitative and quantitative research to measure the impact of the project;
- Link with new partners such as the Farmers Support Group;
- Promote sustainability of the home-based care intervention by partnering with the Department of Health and the OADP;

- Promote sustainability of the orphans intervention by partnering with HIVAN (HIV/AIDS Networking, associated with the University of Natal) and OADP; and
- Continue to submit proposals for micro-enterprise and other business development activities in Okhahlamba.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care training modules;
- Transformational leadership modules;
- Participatory learning and action survey results;
- Household scan report and tool;
- Detailed household income and expenditure questionnaire;
- Questionnaire for voluntary counseling and testing, positive living, home-based care, and orphans;
- Questionnaire to evaluate care of clients in the home-based care intervention;
- Sexual risk behavior questionnaire;

- Orphan survey questionnaire;
- Messages for workshops on voluntary counseling and testing, nutrition, orphans, home-based care, and grants and documents;
- Board game developed by DBSP to assess the business training needs of those who started businesses; and
- Various reports.

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COUNTRY:
South Africa

PROJECT:
Ndwedwe District Child Survival Project and Community REACH HIV/AIDS Project

IMPLEMENTING ORGANIZATIONS:
Medical Care Development International (MCDI); Department of Health; DramAidE; local Diakonia Council of Churches; National Association of People Living with AIDS (NAPWA)

USAID FUNDING PERIOD:
September 1995–September 2005

COMMUNITY REACH FUNDING PERIOD:
June 2003–June 2005

USAID AMOUNT:
\$1,603,850 (includes cost extension)
\$100,000 (Community REACH Project)

PURPOSE

The goal of the project is to reduce morbidity and mortality among children aged 0 to 5 and to improve the health status of women of reproductive age. The project is currently implementing a second four-year program in an extended area of the Ndwedwe District in KwaZulu Natal. The levels of effort for the Phase II interventions are as follows:

- HIV/AIDS/STIs (30 percent);
- Control of diarrheal diseases (20 percent);
- Immunizations (20 percent);
- Pneumonia (15 percent); and
- Maternal/newborn care (15 percent).

The estimated number of beneficiaries in the extended program area is 119,036. The HIV/AIDS/STI interven-

tion focuses on community-based interventions designed to strengthen and improve the care and support of children affected by AIDS and concentrates on three levels of effort: preventing new HIV cases, strengthening the willingness and capacity of families and communities to care for orphans and vulnerable children, and supporting and improving home-based care for people living with AIDS. Direct beneficiaries are HIV/AIDS caregivers; community care and support workers and professionals who receive training from project staff; and youth in primary and secondary schools. Other beneficiaries include women of reproductive age, children who are orphaned due to AIDS, children who are HIV-positive, children who are living with an HIV-positive parent, and members of community health committees.

The prevention component includes school-based health clubs that promote AIDS awareness and healthy behaviors via entertainment (mobilized by local partner DramAidE) and behavior change campaigns involving the Department of Health and the Diakonia Council of Churches. Behavior change communication messages sponsored by the health clubs, particularly regarding HIV/AIDS prevention, are presented to the student body of the schools through drama, song, and poetry. The project and DramAidE have added basic instruction in the home care of chronically ill children to the health club training plans on the assumption that now or in the near future schoolchildren will have younger siblings who are born HIV-positive.

Home-based care for people living with AIDS includes training and support for volunteers, nutritional care and counseling, and directly-observed therapy short-course (DOTS) therapy for patients with tuberculosis. Activities include material support, monitoring by community health committee (CHC) members who are trained to address the epidemic and its effects on populations, training in psychosocial support, pilot-testing a crèche program for orphans and vulnerable children, micro-enterprise schemes, and strengthening regional and district-level AIDS councils.

KEY ACCOMPLISHMENTS

- Supported DramAidE in establishing health promotion clubs in eight seed schools of Ndwedwe district;

- Catalyzed the formation of seven CHCs; more are planned;
- Introduced rapid testing for HIV and syphilis in selected facilities of the district; rapid tests were implemented on a trial basis, and cost-effectiveness analyses indicated that the rapid HIV tests are a cost-effective option for government;
- Developed wealth-ranking and GAPS analysis tools as participatory exercise tools in Ndwedwe district to prioritize assistance to children affected by AIDS and to identify key family practices;
- Provided home-based care volunteers with follow-up training, including three five-day refresher training workshops;
- Hosted implementing workshops for communities in six tribal authorities on how to access childcare and foster-care grants from the Department of Welfare;
- Held Action on AIDS workshops for church leaders in collaboration with Diakonia;
- Trained lay counselors as HIV/AIDS counselors for placement at health facilities in the Illembé region; and
- Formed a model crèche in partnership with CHCs and Ekhyaya, currently serving approximately 70 orphans and vulnerable children; activities include training for model crèche teachers in partnership with TREE, provision of lunch through Ekhyaya, and educational activities for children.

PRIORITY ACTIVITIES

- Create an enabling environment for behavior change by developing support groups and a more health-promoting peer culture;
- Work with local churches to serve not only as channels for messages but also as support systems for behavior change;
- Implement an education program to reduce stigma toward people affected by HIV/AIDS;
- Train home-based care volunteers to provide care for neighbors (including children, their caregivers, or both) living with AIDS, including counseling families and teaching them to care for ill household members;

- Train clinic nurses in counseling and communication skills, particularly maternal counseling to discourage abandonment of infants and nutritional counseling to prolong the health and well-being of persons living with HIV/AIDS;
- Strengthen community and extended family care of orphans and vulnerable children through a variety of activities including:
 - Establish a model crèche pilot program that performs growth monitoring; psychosocial counseling; and collects blankets, clothing, and other materials from the community to distribute to caregivers;
 - Establish systems whereby the CHCs track the well-being of all orphans and vulnerable children in their community and assist substitute caregivers to access the government grants and benefits available to them;
 - Offer income-generating programs for families caring for orphans and vulnerable children;
 - Provide health communication programs to non-maternal caregivers on essential actions to prevent childhood illnesses, such as diarrhea, and appropriate feeding and treatment seeking during illness;
 - Organize church groups, in collaboration with the Diakonia Council of Churches, that will develop plans to meet the needs of orphans and vulnerable children in the church community;
 - Add a new HIV/AIDS initiative “Reducing Stigma and Discrimination through Innovative Approaches,” to address stigma and discrimination issues prevalent in the community; and
 - Plan and implement, in partnership with NAPWA, the formation of support groups, production of manuals and educational materials, and other community-based activities.

PROJECT MATERIALS AND TOOLS

- In-service training modules for home-based care volunteers;
- Rapid-testing algorithms;
- Wealth-ranking instrument for the level-of-needs assessment;
- Workshop guidelines for accessing government grants for children affected by AIDS and GAPS analysis for identifying key family practices; and
- Manual on guidelines for public disclosure for HIV/AIDS individuals (available December 2003).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for other orphans and vulnerable children in the following areas:

- Rapid testing protocols for HIV and syphilis;
- Home-based care (volunteer training and supervision);
- Participatory learning activities for community-level planning and needs identification; and
- Addressing stigma and discrimination.

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COUNTRY:
South Africa

IMPLEMENTING ORGANIZATION:
AIDS Consortium

PROJECT:
Vukuzenzele Community Development Project

USAID FUNDING PERIOD:
March 2002–August 2003

USAID AMOUNT:
\$109,000

PURPOSE

The project aims to promote local livelihoods and economic sustainability by training unemployed Servcon clients in six localities to assist families affected by HIV to initiate local development projects, form cooperatives, and gain access to social and socioeconomic services.

KEY ACCOMPLISHMENTS

- Trained more than 70 local development fieldworkers in different localities in Gauteng and Mpumalanga;
- Gained participation of more than 560 families living with HIV in projects to improve household income; and
- Visited 560 families through home-based care visits and support.

PRIORITY ACTIVITIES

- Develop the program further and expand its geographical coverage through the tripartite partnership of The AIDS Consortium, Servcon, and Ekurhuleni Business Initiative (500,000 rand has already been pledged toward the expansion); and
- Ensure the marketability of the trainees for future employment opportunities by submitting the skills certification from the training to Health and Welfare Seta for accreditation.

CONTACT INFORMATION

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Tanzania

COUNTRY:
Tanzania

PROJECT:
**Zanzibar NGO Cluster Group HIV/AIDS
Prevention and Control**

IMPLEMENTING ORGANIZATION:
Africare/Tanzania

USAID FUNDING PERIOD:
May 2001–July 2003

USAID AMOUNT:
\$230,015

PURPOSE

The goal of the project is to help reduce HIV/AIDS prevalence and increase the provision of care and support for children who have been orphaned due to HIV/AIDS. Volunteers conduct outreach activities that include distributing provisions for household security, such as food supplements and educational grants (school fees and supplies), and offering nurturing and spiritual counseling and recreational activities for orphans and other vulnerable children and their caregivers. Africare provides support for orphans through four NGOs/CBOs.

KEY ACCOMPLISHMENTS

- Provided assistance to 224 orphans (87 boys and 137 girls);
- Recruited and trained volunteers from five NGOs/CBOs to provide support and care practices for orphans and vulnerable children; and
- Conducted surveys (by community volunteers) on behalf of the Department of Social Welfare of targeted households where vulnerable children reside.

PRIORITY ACTIVITIES

- Scale up home-based care efforts to meet the demand of the increasing number of orphans and vulnerable children identified in Zanzibar; and
- Introduce the Community Youth Service Corps, a cadre of youth living in targeted communities who can help ensure continuous support to disadvantaged children by a focused outreach that promotes recreational and educational activities and that attempts to reduce the stigma associated with

AIDS by building the community's capacity to foster friendships and relationships with orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- Initial inputs for income-generating activities and business training for caregivers;
- Training and education; and
- Information, education, and communication materials.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training for trainers;
- Volunteer surveying;
- Education and counseling;
- Basic health and hygiene practices;
- Caregivers' peer education;
- Business management/marketing; and
- Evaluation.

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COUNTRY:
Tanzania**USAID FUNDING PERIOD:**
July 2001–July 2004**PROJECT:**
Voluntary Sector Health Program**USAID AMOUNT:**
**\$15,000,000 (a portion supports children
and families affected by HIV/AIDS)****IMPLEMENTING ORGANIZATIONS:**
**CARE/Tanzania; Healthscope Tanzania,
Ltd.; The Johns Hopkins
University–Center for Communication
Programs****PURPOSE**

The program, managed by CARE, is designed to strengthen public-private partnerships at the district level, provide grants to the voluntary sector, build capacity of both the local government and the voluntary sector, and conduct behavior change communication activities. These projects focus on increasing the use of family planning, maternal and child health services, and HIV/AIDS prevention methods.

As part of this integrated health activity, CARE supports NGOs that work with orphans and vulnerable children at the district level in five rural, underserved regions in Tanzania. Activities include providing support to communities to assist orphans and other vulnerable children with school fees, clothing, food, health, and social services. Community members define their needs and participate in developing activities that assist orphans and other vulnerable children in the community.

KEY ACCOMPLISHMENTS

- The Voluntary Sector Health Program (VSHP) has initiated support to 222 nonprofit CBOs, NGOs and FBOs that implement HIV/AIDS, reproductive health, and mother and child health interventions in 30 districts. Activities include mobilizing communities and supporting community initiatives, providing information about HIV prevention and support, providing nutrition information, and advocating for other relevant activities.
- 81 subgrants have been disbursed to organizations providing support to 3,950 (2,013 girls and 1,937 boys) orphans and vulnerable children. This support is provided through subgrantees and includes

nutrition, education, and psychosocial support. Subgrantees are learning to work with orphans and foster families to identify strategies to improve the quality of their lives.

- 30 partnership committees were established in 30 district councils, which involved developing working relationships between local government and voluntary sector actors. Voluntary organizations have attained skills in writing proposals; skills that they can use in future work.
- Teams working jointly to develop and implement behavior change communication activities established 20 communication networks.

PRIORITY ACTIVITIES

- Document and disseminate VSHP's process, outputs, lessons learned, information about how its partnerships evolved, and manuals and innovations arising from subgrantees' activities;
- Strengthen the capacity of subgrantees in implementing quality interventions; and
- Strengthen the partnership between subgrantees and community (local) institutions; develop feedback mechanisms at the community level; and facilitate comprehensive district HIV/AIDS, mother-and-child health, and reproductive health plans.

PROJECT MATERIALS AND TOOLS

- Guidelines for proposal design workshop (draft);
- Conceptual framework for breaking the HIV/AIDS cycle;
- Toolkit in Kiswahili to be used by subgrantees at the community level to develop their communication strategy; and

- Checklist (draft) for minimum package of activities to make best practices operational in VSHP niche areas or core interventions by subgrantees.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Bottom-up planning to build social support for foster families; and
- Strategies to involve orphans.

CONTACT INFORMATION

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COUNTRY:

Tanzania

PROJECT:

Organizational Capacity-Building

IMPLEMENTING ORGANIZATIONS:

Social Action Trust Fund, in collaboration with NGO grantees AFRIWAG; Archdiocese of Songea; Balm of Gilead;

CARITAS; Faraja Trust Fund; KIWAKKUKI; MEDI; Sanganigwa Children Centre; Tabora NGO Cluster; TAHEA; The Village of Hope; UHAI Centre; WAMATA

USAID FUNDING PERIOD:

Capitalized in 1998

USAID AMOUNT:

\$12,000,000 (initial capital)

PURPOSE

The Social Action Trust Fund (SATF) is a nongovernmental Tanzanian trust that supports children orphaned by AIDS. Initiated in 1995 through initial technical support and capitalization from USAID, the fund became fully functional and self-supporting in 1998. SATF uses earnings from interest on loans and investments in the private sector to make grants to NGOs registered in Tanzania to assist children orphaned by AIDS. It also links promotion of private sector development and social benefits to vulnerable children. Ownership of SATF resides within a socially conscious committed group of the Tanzanian business community and generates income using sound business and investment practices.

SATF is governed by a five-member board of trustees from the business community and is managed on a day-to-day basis by a chief executive officer and small supporting staff. Its performance reflects effective management and consistent growth, enabling it to become a local, sustainable mechanism to respond to the problems of HIV/AIDS in Tanzania. SATF invests in two funds: one fund uses capital of \$2 million to invest

in small and micro-enterprises, with the surpluses returned to SATF; the other fund (capital \$10 million) offers medium- and long-term loans, with all profits used to support orphans.

SATF grants to NGOs are used primarily to support basic education costs such as school fees, uniforms, textbooks, and, occasionally, transportation. The staff monitors NGO performance and ensures that its grants directly benefit the maximum number of orphans. Grants must be used for direct assistance to orphans and cannot be used for operational costs of recipient NGOs, which must be covered from other sources. SATF is exploring ways to increase its capitalization so that more orphans can benefit. The project goal is to support as many orphans as cost-effectively as possible without compromising the quality of interventions.

KEY ACCOMPLISHMENTS

- Expanded the amount of grants per year from \$112,000 (distributed through NGOs) in eight regions in 1999 to more than \$320,000 in 14 regions in 2001;
- Distributed more than \$950,000 in grants; and

- Supported 55,376 orphans due to AIDS with primary and secondary school education.

PRIORITY ACTIVITIES

- Continue to support orphans on SATF's register;
- Assist orphans on SATF's register with their nutritional/medical needs;
- Provide vocational training for primary school graduates; and
- Provide working tools to vocational training graduates.

PROJECT MATERIALS AND TOOLS

The following are available on the SATF Web site (<http://www.saft.or.tz>):

- General information on investments and grants programs for orphans;
- Loan conditions;

- Fact sheet; and
- Annual report.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training on accounting/budgeting systems;
- Financial management; and
- Networking.

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Uganda

COUNTRY:
Uganda

USAID FUNDING PERIOD:
October 1999–2007

PROJECT:
Child Survival Support Project

USAID AMOUNT:
\$1,000,000

IMPLEMENTING ORGANIZATIONS:
The AIDS Support Organization (TASO) in partnership with National Community of Women Living with HIV/AIDS (NACWOLA)

PURPOSE

The project aims to improve the quality of life of children affected by HIV/AIDS and to build their capacity to cope with the effects of HIV/AIDS by improving their literacy skills and helping them acquire skills that are essential for survival.

Implemented in the seven TASO service centers, the project directly assists 400 children. The children, who are among the most needy of TASO clients, receive support for primary, secondary, and vocational education expenses. The project beneficiaries live within 35 kilometers of TASO service centers in seven districts: Jinja, Kampala, Masaka, Mbale, Mbarara, Tororo, and Wakiso.

TASO centers provide an enabling environment for children and families to cope with the trauma of HIV/AIDS through provision of counseling and supportive guidance. Succession planning and the writing of memory books are two of the tools used by TASO to help children and parents confront and plan for death due to AIDS. Succession planning involves a participatory process at the family level through which parents are encouraged to reveal their HIV status to children, to discuss and write wills, to name heirs and guardians, and to discuss the plans and aspirations that parents wish to see their children accomplish in the future.

The project trained 73 teachers and other school staff in basic child counseling. Training in income-generating activity management was provided to 330 parents/guardians to improve their economic status; and

1,602 support visits to schools and 1,526 support visits to families were made. Training was provided to 530 parents/guardians in basic child counseling skills to help them address the needs of children who had experienced the trauma of living with parents who were chronically ill or had already died.

Modest interest-free loans were provided to 241 organized community-based groups of parents/guardians to start income-generating projects. The loans were intended to increase the incomes of foster families so that they can better cope with the increased economic demands (e.g., food, clothing, health care, bedding) brought on by additional children living with them.

KEY ACCOMPLISHMENTS

- 435 children have received support: 235 in primary school, 126 in secondary school, and 84 in tertiary school;
- 8 project staff were recruited (1 project coordinator at the head office and 7 social support officers) and received training in children's rights and income-generating activity management;
- 61 joint workshops for TASO-supported children and their foster parents were held and issues pertaining to school performance and welfare of children were discussed; 3,370 parents/guardians and children attended;
- 30 workshops on children's rights were held for foster families to educate them on the rights and responsibilities of children; 1,881 people attended;

- 70 facilitators were trained to produce succession plans and memory books; 197 memory books were written;
- 73 teachers and nonteaching staff were trained in basic child counseling to be able to perceive the psychosocial needs of children and to offer appropriate assistance;
- 1,602 support visits were made to schools;
- 1,526 support visits were made to families;
- 330 parents/guardians were trained in income-generating (i.e., micro-enterprise) management;
- 7 sensitization workshops on memory book writing were conducted for 192 children;
- 7 sensitization workshops on the memory book project were conducted for parents with supported children; 208 parents attended; and
- 7 training workshops in memory book writing were conducted for parents; 210 parents attended.

PRIORITY ACTIVITIES

- Train additional teachers and nonteaching staff in the next phase of basic child counseling;
- Disburse seed grants to the beneficiaries;
- Make additional visits to schools and homes of supported children;
- Distribute copies of child statutes;
- Provide parents and guardians of supported children with basic child counseling skills; and

- Prepay fees to schools where supported children attend.

PROJECT MATERIALS AND TOOLS

- Handbook on counseling of HIV/AIDS-affected children;
- Uganda Child Statute;
- Memory book guidelines; and
- Income-generation activity management notes.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Counseling HIV/AIDS-affected children;
- Sharing training materials;
- Integrating HIV/AIDS care and prevention in school settings;
- Developing succession plans;
- Developing nongovernmental organization/private sector partnerships; and
- Building life skills.

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COUNTRY:
Uganda

PROJECT:
**Vocational Apprenticeships for
Vulnerable Children**

IMPLEMENTING ORGANIZATION:
The AIDS Support Organization (TASO)

USAID FUNDING PERIOD:
October 2000–2007

USAID AMOUNT:
\$926,355

PURPOSE

TASO, using funds from the UPHOLD Initiative, is implementing a project with a child-survival component. The project focuses on training 900 vulnerable

children of TASO clients in practical skills using an apprenticeship approach. Through partnerships with the private sector, TASO connects children to various trades for on-the-job training. Training areas include

motor vehicle repair, tailoring, cooking, hairdressing, and bricklaying. It is anticipated that after completing the training the children will be able to quickly find employment and to support their younger siblings.

KEY ACCOMPLISHMENTS

- 832 children have benefited from the program and their tuition, bedding, and scholastic materials have been purchased;
- 17 parent/guardian and child workshops were conducted; 3,093 people attended;
- 21 life skills workshops were held for the children under apprenticeship; 1,855 children attended; and
- 1,286 follow-up visits to institutions/workshops were made.

PRIORITY ACTIVITIES

- Enroll an additional 22 children in the apprenticeship program;
- Offer more life skills workshops;

- Provide toolkits to children enrolled in apprenticeship programs; and
- Make 1,137 support visits to institutions/workshops that support children (average of 162 per center).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Establishing and monitoring apprenticeship programs for vulnerable children.

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COUNTRY:
Uganda

PROJECT:
Situation Analysis of Orphans in Uganda

IMPLEMENTING ORGANIZATIONS:
Center for International Health and Development at Boston University

School of Public Health; Makerere University Institute of Public Health; Makerere Institute for Social Research

USAID FUNDING PERIOD:
2001–2004

USAID AMOUNT:
\$500,000

PURPOSE

The Applied Research on Child Health (ARCH) project collaborated with the government of Uganda, UNICEF/Uganda, USAID/Uganda, UNAIDS/Uganda, Makerere Institute for Social Research, and Makerere Institute of Public Health to conduct a situation analysis of orphans to inform a comprehensive policy and strategic program framework for assisting orphans and other vulnerable children. The ARCH project is providing technical support to six Ugandan applied research teams to carry out selected policy analyses and program evaluation studies on governmental and civil society interventions to improve the physical, mental, and social welfare of orphans and their caregivers.

The ARCH project aims to provide the government of Uganda, Ugandan civil society institutions, and the donor community with a better understanding of the status of orphans, other vulnerable children, and their caregivers in Uganda. The data collected through the situation analysis will be used to help guide a national policy and strategic program plan to enable Uganda to better respond to the needs of orphans and vulnerable children. Furthermore, the project seeks to strengthen the capacity of local academic institutions and researchers (with which it partnered) in applied research methods by providing them with technical support from ARCH scientific staff.

The situation analysis on orphans in Uganda provides information on:

- Known estimates of the number, causes, and distribution of orphaned children;
- Physical, mental, and social welfare effects specific to orphans and, more broadly, to other vulnerable children;
- Disproportionate burdens placed on girls and women who are the predominant caregivers and who are made more vulnerable as a result of orphaning;
- Strategies for addressing the growing needs of orphans, including current innovative interventions within their care environment;
- Existing governmental and nongovernmental, local, national, and international resources and service networks assisting orphans; and,
- A set of recommendations to government, the donor community, and civil society institutions to improve assistance to orphans and their caregivers.

KEY ACCOMPLISHMENTS

- Carried out a situation analysis of orphans based on a comprehensive literature review and a field survey of 326 households in the nine districts of Apac, Katakwi, Kitgum, Masaka, Masindi, Mbarara, Mpigi, Kitgum, and Tororo. 310 orphans and 60 non-orphans were interviewed in these households. In addition, 168 interviews were held with district- and national-level key informants, 48 interviews with heads of childcare institutions, 18 interviews with street children, and 8 interviews with child heads of households. Fifteen focus group discussions were held at the community level.
- Presented the draft report to the government of Uganda at a national stakeholders workshop in Kampala on February 4, 2002, at which the first lady of Uganda was the guest of honor. Attendees included key policy makers, Ugandan government officials, USAID and UNICEF representatives, international and national NGOs, and academic staff from Makerere University.

- Produced a CD-ROM containing more than 600 pieces of literature reviewed by the research team. Four centers with reference databases of the collected literature on orphans are being set up at the Institutes of Public Health and Social Research at Makerere University, the Ministry of Gender, Labour and Social Development, Uganda AIDS Commission, UNICEF, and the Center for International Health and Development, Boston University School of Public Health.
- Held a proposal writing and development workshop for eight Ugandan policy analytical and program evaluation teams in Jinja, February 6–15, 2002. Research proposal topics include the effect of orphaning on psychosocial health, health-seeking behavior by caregivers of orphans, reproductive health among adolescent orphans, and legal aspects of the inheritance of property.
- Produced the final report of findings, *A Situation Analysis of Orphans in Uganda: Orphans and Their Households—Caring for the Future Today*, in collaboration with the Institutes of Public Health and Social Research at Makerere University, in November 2002. A PDF file of the full report is available on a CD-ROM and is posted on the Boston University Center for International Health and Development Web site (http://www.bumc.bu.edu/www/sph/cih/Images/s_a_final.pdf).
- Commissioned six studies (total of more than 1,000 households) examining health, psychosocial, legal, and welfare aspects of orphaning in Uganda. Preliminary results should be available in November 2003; final reports and manuscripts should be ready for publication by September 2004.

PRIORITY ACTIVITIES

- Support (both ARCH and UNICEF/Uganda) the Ministry of Gender, Labour and Social Development in drafting a national policy and a strategic program plan for orphans and other vulnerable children;
- Complete four papers that have been commissioned to cover key gaps in the orphans and vulnerable children situation in Uganda: the situation of elderly caregivers; a mapping of orphans and

vulnerable children interventions in Uganda; legal-policy aspects of the orphans and vulnerable children situation in Uganda; and a reexamination of the DHS, UNHS, and EdData databases for comparative analysis of orphans and non-orphans; and

- Set up four centers with reference databases of the collected literature on orphans at the Institutes of Public Health and Social Research at Makerere University; the Ministry of Gender, Labour and Social Development; Uganda AIDS Commission; UNICEF; and the Center for International Health and Development, Boston University School of Public Health.

PROJECT MATERIALS AND TOOLS

- *Draft Situation Analysis of Orphans in Uganda* report (February 2002);
- *Final Situation Analysis of Orphans in Uganda* report (November 2002);
- Appended annotated bibliography of approximately 150 key references;
- Household survey instruments (February 2002);
- Applied research study methodologies for examining the situation of orphans (February 2002);
- CD-ROM of more than 600 literature reviews compiled by the research team (November 2002);
- National Policy and Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children in Uganda (in process, expected late 2003);
- Costing matrix for orphans and vulnerable children interventions;
- 4 commissioned papers covering key gaps in the literature on the orphan situation (in process, expected late 2003);
- 6 policy analyses and program evaluation final reports/manuscripts for publication (in process, expected mid-2004);
- Synthesis of Ugandan orphan policy analyses and program evaluations (in process, expected late 2004); and

- Monitoring and evaluation methodologies for orphan care interventions (in process, expected late 2004).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Applied research study methodologies;
- Orphan study proposal development process;
- Orphan policy analyses methodology;
- Orphan program evaluation methodology;
- Process for formulating national orphan and other vulnerable children policies and program plans; and
- Monitoring and evaluation methodologies for orphan care interventions.

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COUNTRY:
Uganda**International; Catholic Relief Services;
Save the Children Denmark; Save the
Children UK****PROJECT:**
Community Resilience and Dialogue**USAID FUNDING PERIOD:**
September 2002–September 2007**IMPLEMENTING ORGANIZATIONS:**
**International Rescue Committee (prime);
Association of Volunteers in
International Service (AVSI); CARE****USAID AMOUNT:**
**\$12,900,000 (a portion supports children
and families affected by HIV/AIDS)****PURPOSE**

The purpose of the project is to mitigate and reduce the human impact of conflict in Acholiland, Karamoja, West Nile, and Western Uganda while supporting the increased use and sustainability of social sector services.

KEY ACCOMPLISHMENTS

- Registered, fed, clothed, medically screened, and provided psychosocial rehabilitation to 960 orphans and vulnerable children and conflict-affected persons;
- Reunited with families or resettled 932 orphans and vulnerable children and conflict-affected persons;
- Sensitized 120 local leaders to psychosocial issues in targeted parishes;
- Trained 266 teachers and vocational instructors in psychosocial issues, children's rights, and class management;
- Enrolled 880 conflict-affected persons and orphans and vulnerable children in remedial/vocational education and apprenticeship programs;
- Provided small loans/grants and business skills training for sustainable business start-up for 224 conflict-affected persons and orphans and vulnerable children;
- Supported partner institutions to implement prevention-of-mother-to-child-transmission services for 1,874 target clients; and

- Provided small loans, grants, and sales opportunities to 177 persons affected by HIV/AIDS and orphans and vulnerable children for income-generating activities.

PRIORITY ACTIVITIES

- Improve district HIV/AIDS planning and data capture;
- Increase availability of accurate and timely HIV/AIDS data; and
- Increase client access to and use of HIV/AIDS prevention programs and care and treatment.

PROJECT MATERIALS AND TOOLS

The project is still in its early stages, but will eventually produce manuals and lessons for working with orphans and vulnerable children in conflict areas.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following area:

- Implementing multisectoral programs for orphans and vulnerable children in conflict-affected areas.

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COUNTRY:
Uganda

USAID FUNDING PERIOD:
May 2001–May 2006

PROJECT:
The AIDS/HIV Integrated Model District Programme (AIM)

USAID AND CENTERS FOR DISEASE CONTROL AND PREVENTION FUNDING AMOUNT:
\$38,100,000 (a portion supports children and families affected by HIV/AIDS)

IMPLEMENTING ORGANIZATIONS:
John Snow Inc. (JSI) Research and Training Institute, Inc.; World Education, Inc.; World Learning, Inc.

PURPOSE

The goal of the AIM program is to work with local partners to provide greater access to and use of quality HIV/AIDS prevention, care, and support services. AIM supports 16 districts in Uganda to plan, implement, and monitor decentralized HIV/AIDS service delivery initiatives in 10 core technical areas. In addition to providing support through subgrants, AIM provides critical technical assistance to strengthen the capacity of NGOs/CBOs/FBOs and the commercial sector to plan, manage, and provide essential HIV/AIDS services at the national, district, and subdistrict levels. The program's approach is driven by locally determined needs and identified service delivery gaps. This bottom-up approach involves grassroots-level stakeholders supporting long-term sustainability, ownership, and decentralized management. To achieve this goal, a four-part approach has been developed:

- Partnering of coordinated and linked districts;
- Phasing in 16 districts in two phases: Phase I: Lira, Pader, Apac, Rukungiri, Bushenyi, Ntungamo, Katakwi, Soroti, Kumi, and Tororo; Phase II: Kibaale, Mubende, Arua, Nebbi, Yumbe, and Pallisa;
- Providing subgrants to district governments and NGOs/CBOs/FBOs to support and strengthen service delivery through public-private partnerships; and
- Capacity-building through organizational development, training, information, education, communications, and advocacy.

To ensure that the HIV/AIDS services offered are comprehensive and integrated, program activities in each

district are developed based on the identified needs of a given district. Core AIM-supported activities strengthen existing programs and assist in introducing new service delivery opportunities through public-private partnerships in the areas of:

- Voluntary counseling and testing;
- STI diagnosis and management;
- Targeted prevention, including youth both in and out of school;
- Reducing mother-to-child transmission of HIV;
- Diagnosis and treatment of opportunistic infections in adults and children;
- Tuberculosis management;
- Adolescent-friendly HIV/AIDS services;
- Support for orphans and vulnerable children; and
- Laboratory capacity development.

The component of the program addressing the needs of orphans and vulnerable children focuses on expanding efforts to address the unique needs of children infected and affected by HIV/AIDS, as well as on the needs of their caregivers. The needs of orphans and vulnerable children vary by district, and each district is encouraged to develop innovative strategies to address the most urgent issues using existing social and community structures within the broader context of HIV/AIDS prevention, care, and support. Activities include providing appropriate clinical care for children living with HIV, improving school attendance and retention, addressing whole-life needs of out-of-school youth, facilitating apprenticeship programs, supporting grandparents and other family members who are caring for orphans and vulnerable children, and promoting

income-generating activities. The project aims to integrate HIV/AIDS services at the district level to:

- Strengthen the capacity of NGOs/CBOs to manage, plan, and provide services at the national, district, and subdistrict levels;
- Expand HIV/AIDS-prevention services;
- Increase access to and use of quality community- and home-based AIDS care; and
- Increase access to and use of quality social services for children affected by HIV/AIDS.

KEY ACCOMPLISHMENTS

- Provided grants to 34 district-based organizations, including NGOs/CBOs/FBOs and local district governments; each will reach an average of 60 orphans and vulnerable children; and
- Supported three national-level partners with organizational development and strengthening, including the Uganda Women Efforts to Save Orphans (UWESO), Straight Talk Foundation (STF), and National Community of Women Living with HIV/AIDS in Uganda (NACWOLA).

PRIORITY ACTIVITIES

- Target proposal solicitations to further address gaps in Phase I districts;
- Solicit proposals for supporting service delivery in Phase II districts;
- Provide technical assistance to grantees;
- Strengthen district HIV/AIDS committees' ability to monitor service delivery initiatives;
- Develop a referral network for AIDS; and
- Provide technical assistance for quality assurance.

PROJECT MATERIALS AND TOOLS

The following materials are accessible by email request from info@aimuganda.org:

- Draft AIM orphans and vulnerable children strategy paper;
- District HIV/AIDS strategic plans and documentation on the processes; and
- District HIV/AIDS needs assessment reports.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Programming for orphans and vulnerable children initiatives;
- Training in child-centered communication skills/approaches;
- Networking, information sharing, and linkages with grassroots orphans and vulnerable children organizations;
- Training in participatory methodologies for orphans and vulnerable children activities;
- Providing capacity-building support to grassroots organizations to conceive and write proposals for orphans and vulnerable children efforts; and
- Facilitating exchange-learning visits.

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COUNTRY:
Uganda

USAID FUNDING PERIOD:
2003–2004

PROJECT:
POLICY II Project

USAID AMOUNT:
\$378,000

IMPLEMENTING ORGANIZATIONS:
Futures Group International, in partnership with the Inter Religious Council of Uganda (IRCU) and 30 partner faith-based community organizations

PURPOSE

The POLICY II Project aims to build the institutional capability of the Inter Religious Council of Uganda to administer a small grants program patterned after the USAID/Washington CORE Initiative (Communities Organized in Response to HIV/AIDS Epidemic). The POLICY II Project will help strengthen the capacity of IRCU and CBOs/FBOs to help communities respond to their own needs for care and support to people living with HIV/AIDS, particularly orphans and vulnerable children.

The POLICY II Project has employed a local legal consultant with expertise on children's issues to complete an analysis of legal policy that will feed into the process of developing an orphans and vulnerable children's policy for Uganda.

KEY ACCOMPLISHMENTS

- Assisted 30 FBOs in seven districts to implement activities that will benefit 4,159 orphans and other vulnerable children. In addition, targeted 20 vulnerable households, 50 teachers, and 60 religious leaders who will also be involved in the programs during the period 2003–March 2004.
- Collaboration between a local legal expert and the mission's ARCH project is continuing to collect and analyze information related to laws, policies, and institutional arrangements in the area of orphans and other vulnerable children.

PRIORITY ACTIVITIES

The FBO programs being implemented will in some respects address the thematic areas relating to orphans and vulnerable children, including stigma and discrimination, self-sustenance, advocacy, and care and support. The results of the legal policy analysis

will be included in the comprehensive national Uganda orphans and vulnerable children policy.

PROJECT MATERIALS AND TOOLS

- Five-year HIV/AIDS strategic plan of IRCU;
- Management manuals in finance, administration, human resources, and grants management (in process); and
- Report of findings on laws and policies related to orphans and vulnerable children (in process).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Strategic planning;
- Developing processes and procedures to manage grants, including providing technical assistance to potential grantees, reviewing and approving applications, and monitoring and evaluating funded activities;
- Organization development, including production of management manuals;
- Legal and policy analysis on orphans and vulnerable children issues; and
- Writing small grants applications.

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COUNTRY:
Uganda

PROJECT:
Title II HIV/AIDS LIFE Initiative

IMPLEMENTING ORGANIZATIONS:
Managed by ACIDI/VOCA and implemented through a consortium of four organi-

zations: Africare; Catholic Relief Services; The AIDS Support Organization; World Vision Uganda

USAID FUNDING PERIOD:
September 2001–August 2006

USAID AMOUNT:
\$33,000,000 in Title II food aid resources

PURPOSE

The project aims to alleviate the food insecurity of people living with HIV/AIDS and their family members through direct feeding and complementary programs. It is hoped that a secondary benefit will be mitigation of the devastating consequences associated with the effects of HIV/AIDS, such as the sale of fixed assets for income and school absenteeism by girls.

Through the four implementing partners, the project serves 10 districts—Jinja, Kampala, Luwero, Masaka, Mbale, Mbarara, Mpigi, Ntungamo, Tororo, and Wakiso—and directly targets 60,000 people, 14,000 living with HIV/AIDS and 46,000 immediate dependents, more than 80 percent of whom are children aged 0 to 16. Given that more than 1 million people are estimated to be living with HIV in Uganda, 60,000 beneficiaries is only a small portion of the total deserving population. Therefore, rigorous criteria were used in the selection of the 60,000 beneficiaries to ensure that the most needy were targeted.

Food is distributed with the help of local village leaders and food distribution committees. Involving the community in this way has the inherent benefits of encouraging community members to participate in the HIV/AIDS response, minimizing the stigma of those affected, and ensuring that those most in need are reached. Food is distributed only after intensive counseling and education that focuses on the nutritional benefits of corn/soy blend, preparation guidelines, acceptability, and hygiene best practices. Community-based workshops are organized to inform residents about the project.

As a complementary pilot effort, ACIDI/VOCA expects to integrate selected beneficiaries into income-generating activities such as improved agricultural

practices. This pilot effort will, hopefully, show that these practices can offset the loss of a family's income due to illness or death.

The project improves the health and living standards of its beneficiaries through:

- Improved overall food security in beneficiary households;
- Improved dietary diversity for people affected by HIV/AIDS;
- Increased and consistent use of other non-food services offered by implementing organizations;
- Improved nutritional status among recipients, especially children infected and affected by HIV/AIDS;
- Reduced stigma attached to HIV/AIDS by involving communities in food distribution and monitoring; and
- Integrated nutrition education into HIV/AIDS prevention and care activities.

KEY ACCOMPLISHMENTS

- Carried out five distribution cycles and provided supplemental rations to 54,464 registered beneficiaries, including 36,490 children, 11,982 adult women, and 5,991 adult men (64,566 total beneficiaries registered in the database as of June 2003);
- Completed several outputs, including logistical and food distribution manuals, recipe manual, nutritional banners, centralized database, and training on compliance with Regulation 11;
- Completed the baseline in March 2002, and presented it to each consortium member and USAID/Kampala; and

- Completed the HIV/AIDS annual impact survey in June 2003.

PRIORITY ACTIVITIES

- Train project staff in inventory and commodity management;
- Finalize the monitoring and evaluation guidelines;
- Conduct a baseline assessment;
- Distribute food; and
- Integrate nutrition education into mainstream counseling and care activities.

PROJECT MATERIALS AND TOOLS

- *HIV/AIDS: A Guide for Nutrition, Care and Support*;
- *Handbook on Nutritional Care and Support for Persons Living with HIV/AIDS and Other Household Members*; and
- Monitoring and evaluation plan.

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Zambia

COUNTRY:
Zambia

**Mthunzi; St Lawrence; Lazarus Project;
Anglican Children Project; Zambia Red
Cross Society; MAPODE; New Horizon**

PROJECT:
**Africa KidSAFE (Shelter, Advocacy, Food,
and Education)**

USAID FUNDING PERIOD:
August 2000–August 2005

IMPLEMENTING ORGANIZATIONS:
**Project Concern International; Fountain
of Hope; Jesus Cares Ministry; FLAME;**

USAID AMOUNT:
\$418,000

PURPOSE

KidSAFE provides a continuum of care for street children in Lusaka. Ongoing organizational capacity-building by Project Concern International has enabled local partner Fountain of Hope and nine other Zambian NGOs to expand the provision of shelter, food, education, emergency medical care, counseling, skills training, assistance with income generation, and outreach to the increasing number of street children. KidSAFE also provides support for tracing and reintegrating children with their families and referral and placement of children for whom reintegration is not possible. The project objectives are to:

- Reduce the number of street children through family tracing and reintegration;
- Prevent community-to-street drift of at-risk children by equipping eligible primary caregivers with basic business skills and seed money for income-generating activities;
- Build the capacity of local NGOs and CBOs to design, implement, evaluate, and sustain effective programs serving street children and those at risk of ending up on the streets; and
- Meet the basic needs of street and out-of-school children through service provision at KidSAFE centers.

In addition to the KidSAFE project, Project Concern International supports other orphans and vulnerable children activities through the Bwafwano Community

Home-Based Care Organization and the Nchelenge District HIV/AIDS Task Force, as well as through a school feeding program that reaches more than 30,000 community schoolchildren, supported through the World Food Program.

KEY ACCOMPLISHMENTS

- More than 4,200 children per day have access to food, education, counseling, health care, and recreational opportunities through the Africa KidSAFE street children centers;
- More than 450 children are resident at the centers, awaiting reintegration with families or other placement;
- 350 households are being reached with income-generating activities through the caregivers' programs;
- 400 children have been reintegrated with their families;
- Skills training is currently being offered to 100 older youths through the development of apprenticeships with local artisans and organizations;
- A partnership has been developed with the private sector to support feeding for approximately 300 children per day at two street children centers;
- 50 childcare workers have been trained in street work, psychosocial counseling, first aid, and family tracing; and

- Fountain of Hope has been assisted to put in place an executive board.

PRIORITY ACTIVITIES

- Strengthen the organizational capacity of Fountain of Hope and other local partners;
- Continue to build and strengthen the KidSAFE service-provider referral network and improve standards of service delivery;
- Expand Web-based marketing and publicity for the KidSAFE program;
- Explore regional expansion of the KidSAFE approach in neighboring countries; and
- Develop adapted HIV/AIDS educational materials targeting street and out-of-school youth.

PROJECT MATERIALS AND TOOLS

- Intake (data collection) form for street children contacted through outreach efforts; and
- Computerized database of street children.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Organizational capacity assessment and capacity-building;
- Child-centered outreach and support services with street youth;

- Social welfare, health, and education services for street youth;

- Drop-in centers/shelters for street youth;
- Data collection methods for street children;
- Income-generation and skills training for mothers;
- Community school development; and
- Partnership development and maintenance.

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COUNTRY:
Zambia**PROJECT:**
**Communities Supporting Health,
HIV/AIDS, Nutrition, Gender, and Equity
Education in Schools (CHANGES)****IMPLEMENTING ORGANIZATIONS:**
Creative Associates International, Inc.;
**CARE International; Partnership for Child
Development; Tropical Disease Research
Center; Successful Intelligence (Yale****University); University of Zambia;**
**Zambian Ministries of Education, Health,
and Rural Development; HEARD
(University of Natal, South Africa); Social
Impact Assessment and Policy Analysis
Corporation (Namibia)****USAID FUNDING PERIOD:**
April 2001–March 2004**USAID AMOUNT:**
**\$8,978,316 (a portion supports children
and families affected by HIV/AIDS)****PURPOSE**

The CHANGES project has two main components: School Health and Nutrition (SHN), and a Community Sensitization and Mobilization Campaign (CSMC); and two crosscutting themes: HIV/AIDS activities and the small grants mechanism. In addition, girls' education is a major focus.

The SHN component emphasizes school-based interventions to treat intestinal parasites and bilharzia, administration of iron and vitamin A micronutrients, as well as basic health, nutrition, and HIV/AIDS education. A research team monitors twice-yearly controlled classroom assessment and treatments to demonstrate the feasibility and cost-effectiveness of simple health interventions that can be administered en masse, and improve pupils' cognitive ability and educational performance.

Through the CHANGES program, the Ministry of Education is including life skills and HIV/AIDS prevention education activities in the basic education curriculum. CHANGES is also supporting grants for HIV/AIDS activities through CARE International and the launch of an impact assessment of HIV/AIDS on the Zambian education sector.

Implemented initially in Eastern Province, the goal of SHN is to improve learning in schools by improving the health and nutritional status of pupils. In its first phase, SHN is being implemented in Chadiza, Chama, Chipata, Lundazi, and Mambwe districts in Eastern Province and, under the leadership of the Ministry of Education (MOE), the program has expanded to 10 districts in Lusaka and Central Provinces. SHN component activities include:

- Conducting baseline data collection surveys (biomedical, anthropometric, and cognitive);
- Providing micronutrients (vitamin A and iron supplements) and deworming pills to primary school students, the latter administered by trained teachers;
- Training teachers in school health, nutrition, and life skills;
- Sensitizing and mobilizing the community through popular theater, district field teams, and public gatherings;
- Strengthening linkages between health centers and schools;
- Developing and implementing a media campaign and information, education, and communication materials; and
- Providing small grants to support school- and community-based SHN initiatives.

The SHN component has addressed orphans and vulnerable children within the small grants mechanism; grants have been given to schools and CBOs that provide assistance to orphans and vulnerable children in the form of school requirements (e.g., pencils and exercise books) and feeding.

One small grant, for example, was provided to Women Against Poverty and AIDS (WAAPO), a CBO in Chadiza district, which is providing assistance to orphans and vulnerable children by cooking and distributing food in schools, and providing students with basic school supplies. WAAPO also targets impoverished guardians and gives them food and other requisites. In addition, WAAPO provides home-based care and support to

chronically ill persons within the target communities, usually communities near the school.

KEY ACCOMPLISHMENTS

- Completed the training manual for administering the Cognitive Assessment Instrument and revised the SHN administration manual, which are used to train teachers and health workers;
- Assisted the MOE in an assessment of 70 schools in Luapula Province in preparation for designing and implementing a school feeding program;
- 31,350 pupils from five districts in Eastern Province are participating in the deworming and micronutrient program;
- Provided small grants to schools and CBOs to conduct HIV/AIDS prevention and mitigation activities; beneficiaries included Cronje Basic School, WAAPO, Dzole Primary School, Chama Basic School, Magwero Basic School, Zambian Student Christian Movement, and others;
- Trained leaders of anti-AIDS clubs in schools and trained 144 teachers;
- Offered reorientation for school-based counseling and guidance personnel in psychosocial counseling for orphans and other vulnerable children;
- Developed and translated into Chinyania HIV/AIDS readers and teaching guides for Grades 1 through 4, which carry messages of not segregating orphans or vulnerable children in schools and encouraging support and care for such children.

PRIORITY ACTIVITIES

- Consolidate and refine field tools, develop a management training manual, and pilot test the SHN educational management information system;
- Prepare to expand the program to additional districts;
- Finalize and integrate the monitoring checklists with ongoing MOE functions; and
- Integrate SHN into the district and provincial planning processes.

PROJECT MATERIALS AND TOOLS

- Tablet height pole to determine bilharzia treatment dosage;

- Bilharzia questionnaire;
- SHN data management forms;
- Teacher training manuals;
- Management manual;
- Monitoring checklist;
- Revised counseling manual;
- Production of 26 SHN radio programs to be aired on Zambian Radio Breeze;
- Locally produced HIV/AIDS readers and teachers guide; and
- Information, education, and communication materials (e.g., flip charts, brochures, calendars, and posters).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- School health and nutrition, especially for orphans and other vulnerable children;
- Training in drug administration and management of school health and nutrition programs;
- Biomedical research, cognitive assessment, and development of tools for school health and nutrition (for program and Ministry staff); and
- General design and development of programs for school health and nutrition.

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COUNTRY:
Zambia**USAID FUNDING PERIOD:**
October 2000–September 2003**PROJECT:**
Children in Need (CHIN)**USAID AMOUNT FOR TSA ZAMBIA:**
\$538,744 (for a comprehensive commu-
nity health program; approximately
\$20,000 per year supports the Children
in Need program; UNICEF provides addi-
tional funds)**IMPLEMENTING ORGANIZATIONS:**
The Salvation Army Chikankata Health
Services; The Salvation Army World
Services Office (SAWSO–TSAUSA)**PURPOSE**

As part of the community capacity-building strategy of the Community Health and Development Department (CH&D), Chikankata Health Services facilitated the establishment of a network of community volunteers called Care and Prevention Teams (CPTs). These CPTs help address the problems of HIV and other health and development issues in communities by mobilizing community resources and members to work with people living under difficult circumstances due to ill health or other problems of development in their area. CPT members are selected and managed by the community and receive program support from CH&D. This work with the communities led to the emergence CHIN program.

The CHIN program works within the Chikankata catchment area with the five communities of Chaanga, Malala, Mukela, Nameembo, and Ngangula. The purpose of the program is to provide support to these communities as they work to meet the needs of the ever-increasing number of orphans and vulnerable children in their communities.

Working through a community development process, CHIN works hand-in-hand with the five communities to develop a CHIN committee in each community. The committee members working with the CH&D team are involved in the following activities:

- Providing a wide range of counseling for orphans and vulnerable children and their families to manage the psychosocial issues related to losing a family member and the increased responsibilities;
- Educating orphans and vulnerable children, their families, and community members on child welfare

issues, addressing legal issues, writing wills, and working on advocacy;

- Providing parenting training for orphans and vulnerable children who need to care for their younger siblings;
- Exploring income-generating activities for orphans and vulnerable children and their families, such as rearing chickens and pigs, raising and selling seedlings and trees, and increasing the efficiency of growing crops;
- Conducting ongoing research on the orphan problem;
- Visiting and caring for chronically ill persons who are being cared for by orphans and vulnerable children and their families;
- Providing caregiver training; and
- Developing water and sanitation services.

KEY ACCOMPLISHMENTS

- The CH&D team visits each community twice each month and has successfully developed CHIN committees in each community.
- The CHIN program supports 320 orphans and vulnerable children and their families in Chaanga, 290 in Malala, 250 in Mukela, 420 in Nameembo, and 610 in Ngangula.
- 1,890 orphans and vulnerable children receive counseling once each quarter.
- 1,890 orphans and vulnerable children and their families have attended at least one training session related to child welfare and legal issues.
- 50 percent of the orphans and vulnerable children have taken part in parenting skill training.

- 5 communities are involved in income-generating activities, in which some of the profit is earmarked for orphans and vulnerable children and their families.
- 20 percent of orphans and vulnerable children and their families receive home-care visits and training once each quarter.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training in counseling related to HIV/AIDS in general and specific psychosocial issues;
- Training in parenting skills and caregiving;
- Setting up programs in partnership with local communities using a community-centered approach;

- Training and support in setting up income-generating activities, especially in animal husbandry and in improving crop production;
- Exploring legal issues and helping the beneficiaries write wills; and
- Conducting ongoing research on the orphan problem.

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COUNTRY:
Zambia

PROJECT:
Zambia's Interactive Radio Instruction Program for Out-of-School Children and Orphans

IMPLEMENTING ORGANIZATION:
Education Development Center (EDC)

USAID FUNDING PERIOD:
March 2000–September 2004

USAID AMOUNT:
\$4,200,000

PURPOSE

The Interactive Radio Instruction (IRI) Program for Out-of-School Children and Orphans project began as a 20-week pilot project in 2000 that tested the demand for and feasibility of an alternative, interactive, basic education program for orphans and out-of-school children. Being taught in community learning centers, children were able to master the Grade 1 curriculum in 100 half-hour radio broadcasts. The programs include segments on life skills and HIV/AIDS, in addition to basic education. With the pilot program successfully completed, an expansion was granted to expand the use of the strategy to Grades 1 through 5 and to develop a more comprehensive center-based model. The current Associate Award, funded through USAID's Digital Opportunity through Technology-EDU Leader with

Associates program builds on this experience and facilitates improvements in quality and capacity, and promotes greater participation of the Ministry of Education through its Education Broadcast Services (EBS) division.

IRI, delivered in community learning centers, is a collaborative effort among communities, churches, NGOs/CBOs, EBS, Peace Corps, and EDC. EBS develops and broadcasts the programs and develops supplementary materials; the Ministry of Education trains mentors and provides supervision and monitoring at participating learning centers.

The general name for the Zambia IRI learning program developed by EBS and EDC during the original pilot program is *Taonga Market*, a fictional marketplace that provides a practical context for IRI teaching and learn-

ing. It is expected that 900 30-minute programs for Grades 1 through 5, which began in April 2000, will have been completed and aired by the end of 2003. The number of participating centers increased from 22 in 2000 to 369 in 2002, reaching 11,498 pupils.

In early 2003, the Ministry of Education decided to use the radio broadcasts in community schools and conventional government primary schools as well as for out-of-school children.

Under this Associate Award, EDC's assistance to Zambia's EBS in the production of radio programs and print materials is being continued, and revisions are being made to the programs for Grades 1 through 4. EDC will provide training workshops for the IRI writers and technicians to improve the production capacity of EBS. EDC will also establish a monitoring and evaluation system aimed at gathering data designed to measure the broader effectiveness of the *Taonga Market*. Community radio stations are also being assisted to support broader education and health goals in the communities they serve.

KEY ACCOMPLISHMENTS

- EBS has registered 369 centers with 11,498 learners;
- 900 30-minute programs for Grades 1 through 5 have been written and recorded;
- Learners in Grade 1 have consistently shown impressive learning gains;
- An associate Peace Corps director and five Peace Corps volunteers were recruited to focus on building the capacity of communities in rural areas to support the program;
- Studio facilities were technically upgraded in 2001, making it possible for EBS to record programs digitally, which makes recording and editing more efficient;
- In April 2001, the Ministry of Education increased the number of writers at EBS, bringing the total to 21 writers and producers;

- The Permanent Secretary of Education expressed an interest in using the *Taonga Market*, Grades 1 through 5, in formal government schools and community schools as a way to mitigate the effects of poor teacher training and too few teaching personnel.

PRIORITY ACTIVITIES

- Assist EBS to design and produce Grade 5 IRI programs;
- Review and revise programs for Grades 1 through 4;
- Assist EBS to design, write, and produce life skills and HIV/AIDS instructional strategies and segments for Grade 5 as well as for adult audiences;
- Improve the production capacity at EBS;
- Evaluate the program impact by testing a sample of learners; and
- Upgrade the monitoring and evaluation system.

PROJECT MATERIALS AND TOOLS

- Scripts;
- Mentors' guide;
- Recorded programs; and
- Evaluation data.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Use of interactive radio instruction; and
- Distance learning initiatives.

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COUNTRY:
Zambia

USAID FUNDING PERIOD:
July 2002–July 2005

PROJECT:
Pact Community REACH (Rapid and Effective Action Combating HIV/AIDS)

USAID AMOUNT:
\$350,000

IMPLEMENTING ORGANIZATIONS:
Pact; Project Concern International (PCI); Bwafwano Home-Based Care Organization; JHPIEGO

PURPOSE

The goals of the project are to:

- Increase access to community and home-based care and support services for HIV/AIDS-affected populations;
- Increase delivery of HIV/AIDS care and support services to chronically ill patients with HIV/AIDS and tuberculosis, and to orphans and vulnerable children;
- Improve access for orphans and vulnerable children to education, psychosocial counseling, medical care, nutritional support, and recreation; and
- Improve the capacity of local organizations to deliver home-based HIV/AIDS care and support services.

KEY ACCOMPLISHMENTS

- PCI has scaled up the care and support services in Chipata being offered by the Bwafwano Community Home-Based Care Organization;
- PCI worked with Bwafwano to provide training for established home-based caregivers, home-based caregiver supervisors, and basic training for new and experienced caregivers; and
- Community committees have provided 1,198 orphans and other vulnerable children with a range of care and support services, including psychosocial and medical care, nutritional support, schooling, and income-generating opportunities.

PRIORITY ACTIVITIES

- Build the capacity of one or two other community-based or home-based care organizations to replicate the Bwafwano model;

- Expand Bwafwano's home-based care and support services into Ngwerere; and
- Make available a quality training system, including standardized training tools and materials, to scale up community- and home-based HIV/AIDS care and support for home-based care organizations nationwide.

PROJECT MATERIALS AND TOOLS

- Training-of-trainers home-based care module.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Home-based care for persons living with HIV/AIDS and orphans and vulnerable children; and
- Capacity-building for local home-based care organizations.

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COUNTRY:
Zambia

IMPLEMENTING ORGANIZATIONS:
**CARE International Zambia, supported by
Family Health International/IMPACT**

PROJECT:
**Strengthening Community Partnerships
for the Empowerment of Orphans and
Vulnerable Children (SCOPE-OVC)**

USAID FUNDING PERIOD:
January 2000–September 2004

USAID AMOUNT:
\$4,600,000

PURPOSE

SCOPE works in 12 districts to mitigate the impact of HIV/AIDS by strengthening the capacities of communities to address the needs of orphans and other vulnerable children. With technical support and guidance from FHI, the project aims to:

- Strengthen district and community committees that address the needs of orphans and other vulnerable children;
- Expand the effectiveness and efficiency of local CBOs and FBOs, government ministries, and private sector groups;
- Mobilize, increase the scale of, and strengthen community-led responses and programs; and
- Provide technical assistance to communities and organizations in areas such as HIV prevention, succession planning, community mobilization, and evaluation.

The project works to establish a process of community consultation, involvement, and commitment whereby the local agenda drives the process by providing ongoing assistance for interventions. This multisectoral approach to community mobilization includes an initiative to address household economic security at a community implementation level and small grants to target the priority needs of orphans and vulnerable children and their families and to support community efforts to mitigate the effects of HIV.

KEY ACCOMPLISHMENTS

- 12 district committees for orphans and vulnerable children have been established and strengthened, and are now able to assess needs, develop action plans, mobilize resources, coordinate implementation, and monitor the progress of planned activities

to improve care for orphans and vulnerable children.

- Capacity-building activities for community orphans and vulnerable children committees and other CBOs have been held in the 12 districts. These include ongoing training for district committees and NGOs in children's rights, advocacy, proposal writing, resource mobilization, basic business management, psychosocial counseling, record keeping, report writing, leadership skills, and HIV/AIDS prevention.
- 109 community committees for orphans and vulnerable children have been formed or strengthened, and have identified problems faced by orphans and vulnerable children, prioritized the needs, and identified possible solutions to these problems. Some committees have developed project proposals and been able to access resources to scale up activities for orphans and vulnerable children.
- 103 grants worth \$730,387 have been disbursed to build the capacities of organizations and communities that support orphans and vulnerable children. The grants have been used to support activities in agriculture, HIV/AIDS awareness, household economic empowerment, education, advocacy for children's rights, and psychosocial support.
- 90 orphans and vulnerable children from community schools in five districts qualified to Grade 8;
- More than 137,000 orphans and vulnerable children received services during 2002.
- Between October 2002 and March 2003, the project reached 67,153 orphans and vulnerable children through grants, through support to community

and district committees, and through technical assistance provided to other partners.

- Distributed the *Qualitative Report on Psycho-Social Support Survey* on orphans and vulnerable children.
- A psychosocial support strategy for support to orphans and vulnerable children and their caregivers was developed. Activities include raising awareness, capacity-building, and scaling up. As of March 2003, 148 trainers had been trained, and they in turn had trained 331 caregivers to provide psychosocial support to orphans and vulnerable children. Psychosocial support activities include children's camps and community-based children's centers or clubs where children can meet and interact with their peers. Information on loss and grief, HIV/AIDS, and children's rights is shared during these gatherings.
- 20 children participated in writing a book for children by children on the experiences of losing parents. This resulted in the development of key messages for parents and guardians that will be disseminated through brochures, posters, and radio discussions.
- Training of traditional leaders on psychosocial support has been initiated to help them understand the meaning and purpose of psychosocial support.
- 8 dissemination forums to address the needs of orphans and vulnerable children have been held in Lusaka, covering: household economic security, education in Zambia, community schools, child protection and community interventions to protect children, addressing the psychosocial needs of orphans and vulnerable children, ensuring access to health care for orphans and vulnerable children, and lessons learned from ongoing healthcare programs. More than 3,000 copies of the notes from the forums were produced and distributed, guidelines have been developed to facilitate forum replication at the district level, and three districts have held dissemination forums.
- National-level collaboration with government and other implementing organizations has been strengthened, which led to participation in the World AIDS Conference in Barcelona in July 2002 and in the Eastern and Southern Africa Regional Conference on orphans and vulnerable children in November 2002. Lessons learned have been shared through presentations and exhibitions.
- Monthly meetings among media representatives concerned with orphans and vulnerable children were initiated in December 2002 to discuss issues that affect children; six meetings have been held so far. Topics that have been discussed include:
 - Are we doing enough for orphans and vulnerable children?;
 - Orphans and vulnerable children, a disaster, what is government doing?;
 - Orphanages, are they conducive?;
 - Street children and drug abuse; and
 - Cultural child abuse.
- 15 radio program discussions were held on issues that affect orphans and vulnerable children; their aim was to disseminate information on interventions for orphans and vulnerable children programming and the availability of resources to support orphans and vulnerable children;
- New micro-finance and income-generating strategies were developed and are being implemented. Linkages to district business associations for business development and management skills have been established in Kabwe, Kitwe, Livingstone, Lusaka, Masaiti, Monze, and Ndola.
- The partnership with REPSSI was made stronger with six SCOPE staff and one district partner having been trained in psychosocial support strategy management.

PRIORITY ACTIVITIES

- Scale up psychosocial support activities for caregivers, vulnerable children, and traditional leaders through workshops, children's camps, support groups, production of posters and brochures, and radio discussions;
- Strengthen household economics through linkages with district business associations to impart skills on business development and management, and to

establish micro-finance institutions to access loans;

- Increase access to education by providing support to community schools and linking children who have graduated to skills training or bursary schemes for secondary school education;
- Implement phase-out plans with district and community orphans and vulnerable children committees;
- Build the capacity of subgrant recipients in financial management and reporting;
- Conduct impact assessments to determine effects that grants have had on beneficiaries; and
- Document and disseminate lessons learned through various channels such as dissemination forums; stakeholder meetings; national, regional, and international conferences; orphans and vulnerable children media networks; toolkits; and newsletters.

PROJECT MATERIALS AND TOOLS

- Training guidelines on community and resource mobilization;
- Psychosocial support strategy paper and training materials;
- Micro-finance strategy paper;
- Notes from orphans and vulnerable children dissemination forums;
- Project brochure;
- Project quarterly newsletters;
- Revised external grants manual;
- Internal grants manual;
- Guidelines on organizational assessments and development;
- Psychosocial support survey for orphans and vulnerable children (quantitative and qualitative reports);
- Quarterly and annual narrative reports;
- Community school appraisal checklist;

- Monitoring and evaluation plan; and
- Head of household survey report.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training in community and resource mobilization;
- Organizational assessments and development;
- Grants management;
- Micro-finance and income generation;
- Psychosocial support for orphans and vulnerable children;
- Networking and strengthening partnerships;
- Monitoring and evaluation;
- Documentation;
- Information dissemination through working with the media and through discussion forums; and
- Formation and building the capacities of district and community committees for orphans and vulnerable children.

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Zimbabwe-

COUNTRY:
Zimbabwe

USAID FUNDING PERIOD:
March 2001–March 2006

PROJECT:
**Linkages for the Economic Advancement
of the Disadvantaged (LEAD)**

USAID AMOUNT:
**\$12,500,000 (about \$2,500,000
[\$500,000 per annum] includes support
of activities for children affected by
HIV/AIDS)**

IMPLEMENTING ORGANIZATIONS:
Development Alternatives, Inc.;
International Capital Corporation

PURPOSE

The project uses a range of economic-strengthening interventions to assist vulnerable populations to cope with the adverse economic effects of HIV/AIDS and other crises (e.g., economic and political). Primary interventions are in the areas of micro-finance, market linkages, agricultural recovery, and micro-business services for disadvantaged groups.

KEY ACCOMPLISHMENTS

Because the Zimbabwe economy has deteriorated, the program has increasingly focused on food security linked to income-earning opportunities. Accomplishments include:

- Worked with a network of more than 30 local NGOs to promote, among more than 30,000 households, the use of drought-tolerant small grains and legumes, providing both food security and added income;
- Implemented a program of 20,000 household nutrition gardens using low-cost drip irrigation for growing vegetables to enhance food security and to introduce cash income from selling surplus;
- Developed an expanding micro-finance program (outstanding portfolio of 25,000 loans) that includes a variety of micro-business training interventions (9 rural business centers are planned) and 15 active small farmer outgrower schemes (with 16,000 households) producing a range of crops such as paprika, beans, groundnuts, tomatoes, chilies, and honey;

- Reached and helped orphans and other vulnerable children even with nontargeted interventions by allowing better diets and more nutritious food, and improving access to medicine and education through additional income; and
- Carried out targeted programs to promote household nutrition gardens and a legal services voucher program.

PRIORITY ACTIVITIES

- Establish market linkages—Link outgrower schemes to buyers and operate some programs with credit guarantee schemes;
- Support micro-finance—Assist selected micro-finance institutions to open new points of services in rural areas and improve their operational sustainability;
- Promote drought-tolerant crops—Enhance food security and create the potential for earning additional income;
- Promote household nutrition gardens—Provide better diets and potential income from vegetable growing using low-cost drip irrigation, a technology that offers labor savings for HIV-affected households and involves children in growing and tending gardens;
- Provide legal services for AIDS-affected families using copay vouchers—Products include wills, guardianships, property transfers, and maintenance; and

- Provide business training and services.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Establishing market linkages between growers and buyers;
- Supporting micro-finance institutions;
- Promoting drought-tolerant crops to enhance food security and create the potential for earning additional income;
- Promoting household nutrition gardens to improve diets and create potential income from growing crops using low-cost drip irrigation;

- Providing legal services for AIDS-affected families; and

- Providing business training and services.

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COUNTRY:
Zimbabwe

PROJECT:
“STRIVE” Community Support for Orphans and Vulnerable Children Affected by HIV/AIDS

IMPLEMENTING ORGANIZATIONS:
Catholic Relief Services/Zimbabwe (CRS/ZW), in collaboration with 16 partners: Africare; Archdiocese of Bulawayo; Batsiranai; Bethany; Bekezela; Catholic Development Commission of Chinhoyi;

Child Protection Society; FOST; Intermediate Technology Development Group (ITDG); Masiye Camp; Mutare Catholic Diocese Community Care Programme; Rural Unity for Development Organisation (RUDO); SAVE the Children UK; Scripture Union; Tsungirirai; Uzumba Orphan Trust

USAID FUNDING PERIOD:
December 2001–June 2004

USAID AMOUNT:
\$2,635,840

PURPOSE

STRIVE's overall goal is to improve care and support services for orphans and vulnerable children in Zimbabwe. The primary strategy of the STRIVE team to accomplish this goal is to enhance the capacity of national and local organizations. STRIVE's objectives are to:

- Support and develop appropriate, effective, and sustainable community-based approaches to supporting children affected by HIV/AIDS through participatory learning and action;
- Improve the organizational capacity of at least eight local organizations to deliver high-quality

care, support, and prevention activities for children affected by AIDS and their families; and

- Increase access to quality education for children affected by AIDS, with a special focus on girls.

By enabling STRIVE partners to carry out innovative pilot interventions, CRS hopes to identify the best elements within the projects. A rigorous operations research component will document not only sound practices, but also the different activity combinations that have the greatest impact on the well-being of children affected by HIV/AIDS. The pilot interventions aim to improve:

- Psychosocial condition of children affected by HIV/AIDS;
- Nutritional status and food security;
- Economic independence; and
- Access to quality education.

The “best” practices and activity combinations based on these four categories will form the core of follow-on support that USAID will promote in future initiatives. The major thrust of this future support will be to scale up activities to meet the scope of HIV/AIDS impacts on children, their families, and communities.

Activities in capacity-building and gender dynamics that cut across all the activity combinations include partner self-assessments, skills-building in community mobilization and participatory techniques, and meetings and mini-workshops among organizations and community leaders to discuss issues of children affected by HIV/AIDS.

KEY ACCOMPLISHMENTS

- Collected baseline data at eight project sites;
- Designed monitoring and evaluation tools (including one that takes care of double counting and one on cost-effectiveness);
- Reached 24,545 vulnerable children;
- Assisted 16 partner organizations;
- Conducted capacity assessments of eight partner organizations;
- Conducted midterm review; and
- Disbursed \$900,373 as of June 2003.

PRIORITY ACTIVITIES

- Work with at least 16 NGOs throughout the country in organizational capacity-building and financial and management training. These organizations will in turn reach 109,000 (an estimated 60% will be girls) orphans and vulnerable children before the end of the year.
- Document best practices (including effective models of care and support);
- Conduct case studies;
- Develop more monitoring and evaluation tools;

- Meet the 2005 UNGASS goals by “re-visioning” STRIVE to tap into the recently developed National Action Plan for Zimbabwe;
- Build the capacities of partner NGOs;
- Facilitate a national orphans and vulnerable children forum to share findings from the STRIVE project operational research;
- Facilitate networking among community organizations;
- Provide life skills training to orphans and vulnerable children so that they can advocate for their own rights; and
- Form strategic partnerships in program implementation with other organizations for maximum reach and impact on interventions.

PROJECT MATERIALS AND TOOLS

The CRS/ZW technical proposal and the documents listed below are available on request from the USAID/Zimbabwe and CRS/ZW Harare offices:

- Performance management plan;
- Annual work plan;
- Quarterly reports;
- Program analysis tool; and
- Orphans and vulnerable children care and support form.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Supporting community initiatives to assist orphans and vulnerable children and their families;
- Supporting community mobilization activities that assist communities to “own” the orphan programs;
- Strengthening economic activities that have proven viable and sustainable, with emphasis on marketing research (micro-finance);
- Supporting psychosocial activities for orphans and vulnerable children in the communities, with emphasis on stigma reduction and prevention;
- Assessing and building capacity of communities;

- Providing education assistance (scholarship and block grants program);
- Enhancing food security (access, availability, and use);
- Training in how to avoid double-counting project beneficiaries; and
- Developing operations research, and monitoring and evaluation tools for orphans and vulnerable children projects.

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Africa

**Asia and the
Near East**

**Europe and
Eurasia**

**Latin America and
the Caribbean**

**Global and
Regional Projects**

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Education Activities in Sub-Saharan Africa



Photo courtesy of Speak for the Child/Academy for Educational Development



Education Activities in Sub-Saharan Africa

Ongoing and planned USAID Education Activities in Africa that support access to education for under-served populations, especially girls, orphans, and other vulnerable children

USAID has supported systemic reform of basic education in Africa since 1989, and gains in enrollment, educational quality, and efficiency have been achieved in all program countries. USAID Missions work with host ministries of education (MOEs) and nongovernmental organizations (NGOs) to design programs that improve access, especially for the most disadvantaged children: the rural poor, girls, and historically under-served populations. Programs supporting access to education are listed in Matrix A. Examples of these programs include:

- USAID/Namibia supports the northernmost schools neglected during apartheid;
- USAID/Zambia supports radio education to reach out-of-school youth; and
- USAID/Mali supports community schools where there are no government schools.

Many of the same regions and populations targeted by USAID education programs are also areas most dramatically affected by the AIDS epidemic. HIV/AIDS

undermines the provision of quality basic education through losses of teachers and managers. It also undermines the participation of increasing numbers of children in education as more and more of these children are unable to enter school or are forced to drop out due to lack of family support or resources. Matrix B displays USAID Mission support for MOE education management—the foundation for equitable provision of relevant education in an HIV/AIDS epidemic environment. Examples of these activities include:

- USAID/Zambia supports strategic planning for a coordinated HIV response in the MOE;
- USAID/Namibia supports HIV impact assessment in the education sector; and
- USAID/Kenya supports strategic planning for a coordinated HIV response in the MOE and is currently exploring the possibility of providing HIV/AIDS voluntary counseling and testing and care and support services for the teaching force.

Matrix A: USAID education-funded activities that support access to basic education for under-served populations, especially girls, orphans, and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
Benin	<ul style="list-style-type: none"> ■ <i>School Sanitation and Environment Improvements Program</i> increases children's and parents' knowledge of hygiene, sanitation, and disease prevention and improves the sanitary environment in primary schools. 	<ul style="list-style-type: none"> ■ 30 school districts and 969 schools. 	<ul style="list-style-type: none"> ■ Medical Care Development Inc. (MCDI), MOE, Ministry of Health (MOH), local NGOs
	<ul style="list-style-type: none"> ■ Support to local NGOs for parent teacher association (PTA) capacity building and greater community involvement in schools to increase access. 	<ul style="list-style-type: none"> ■ 1,200 PTAs served, representing nearly 40% of primary schools. 	<ul style="list-style-type: none"> ■ MOE, World Education
	<ul style="list-style-type: none"> ■ Support to the Network for the Promotion of Girls' Education to increase girls' access to education. 	<ul style="list-style-type: none"> ■ 13 sub-prefectures with the lowest enrollment rates. 	<ul style="list-style-type: none"> ■ MOE, local NGOs, World Education, Songhai NGO
	<ul style="list-style-type: none"> ■ Innovative delivery of technical skills education to out-of-school youth. 	<ul style="list-style-type: none"> ■ Countrywide. 	
Ethiopia	<ul style="list-style-type: none"> ■ Community Schools Grant Program increases children's access to quality education, with particular focus on girls. 	<ul style="list-style-type: none"> ■ 1,600 schools participating in program. 	<ul style="list-style-type: none"> ■ MOE, Learning World
Ghana	<ul style="list-style-type: none"> ■ Community mobilization program promotes girls' participation in schools as well as greater community participation. 	<ul style="list-style-type: none"> ■ 354 schools participating in program. 	<ul style="list-style-type: none"> ■ MOE, Catholic Relief Services (CRS), Education Development Center (EDC)
	<ul style="list-style-type: none"> ■ Improved learning environment and teaching in disadvantaged areas. 	<ul style="list-style-type: none"> ■ 282 schools; 76,510 pupils reached. 	<ul style="list-style-type: none"> ■ MOE, AED, CRS
	<ul style="list-style-type: none"> ■ Capacity building and provision of incentive grants to district education officers to enable them to plan, implement, monitor, and evaluate district-specific school improvement activities. 	<ul style="list-style-type: none"> ■ Countrywide program to benefit 110 districts. 	<ul style="list-style-type: none"> ■ MOE, Academy for Education Development (AED), CRS
	<ul style="list-style-type: none"> ■ HIV/AIDS prevention activities in senior secondary and junior secondary schools. 	<ul style="list-style-type: none"> ■ 527 students trained as peer counselors; 10,080 students received training in HIV/AIDS prevention methods. 	<ul style="list-style-type: none"> ■ World Education
Guinea	<ul style="list-style-type: none"> ■ Community schools established and communities mobilized to expand access for children, especially girls, in under-served areas. 	<ul style="list-style-type: none"> ■ 904 community schools benefited from programs. 	<ul style="list-style-type: none"> ■ World Education, Save the Children, Africare

Matrix A: USAID education-funded activities that support access to basic education for under-served populations, especially girls, orphans, and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
Malawi	<ul style="list-style-type: none"> Community mobilization activity in improved education quality through community participation in school monitoring and management. 	<ul style="list-style-type: none"> 22 districts; 2,450,000 people reached. 	<ul style="list-style-type: none"> MOE, Creative Centre for Community Mobilization (CRECCOM)
	<ul style="list-style-type: none"> QUEST program assisting communities to establish community schools to expand access for children, especially girls, in under-served areas. 	<ul style="list-style-type: none"> 33 community schools established; serving approximately 16,500 students. 	<ul style="list-style-type: none"> MOE, Save the Children
	<ul style="list-style-type: none"> Co-sponsors review of national primary curriculum to ensure relevance to all, with emphasis on vulnerable children. 	<ul style="list-style-type: none"> When complete, all 3.2 million primary school students in Malawi. 	<ul style="list-style-type: none"> MOE, Department for International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
	<ul style="list-style-type: none"> Development of curriculum for primary teacher training colleges, which emphasizes gender equity and rights of children. 	<ul style="list-style-type: none"> Approximately 3,000 teacher trainees per year at six primary teacher training colleges. 	<ul style="list-style-type: none"> MOE, Malawi Institute of Education
Mali	<ul style="list-style-type: none"> Community schools established and communities mobilized to expand access for children, especially girls, in under-served areas. 	<ul style="list-style-type: none"> 1,675 schools; 198,000 school children served. 	<ul style="list-style-type: none"> Africare, Save the Children, CARE, World Education
Namibia	<ul style="list-style-type: none"> Educational quality improvements made in disadvantaged primary schools. 	<ul style="list-style-type: none"> 40% of the most disadvantaged student population served. 	<ul style="list-style-type: none"> MOE, AED
	<ul style="list-style-type: none"> Assistance to orphans and vulnerable children, their caretakers, and communities, including access to education and provision of psychosocial support. 	<ul style="list-style-type: none"> USAID-supported programs reach 25% of the most needy and disadvantaged orphans and vulnerable children in the Khomas, Erongo, and Oshana regions. 	<ul style="list-style-type: none"> FHI, Catholic AIDS Action, AIDS Law Unit of the Legal Assistance Centre, Philippi Trust of Namibia, Lifeline/Childline of Namibia
	<ul style="list-style-type: none"> Participatory drama for life-skills building among third grade students. 	<ul style="list-style-type: none"> USAID-supported program reaches 25% of the most needy third grade students in the Khomas region with life survival skills (e.g., sexual abuse, violence, and neglect). 	

Matrix A: USAID education-funded activities that support access to basic education for under-served populations, especially girls, orphans, and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
Nigeria	<ul style="list-style-type: none"> ■ Mobilizing community participation through PTAs. 	<ul style="list-style-type: none"> ■ 327 primary schools (90,000 students); 194 PTAs; 1600 PTA members mobilized 60,000 parents and other community members. 	<ul style="list-style-type: none"> ■ Educational Development Center, World Education, MOE
	<ul style="list-style-type: none"> ■ Interactive Radio Instruction (IRI) programs were produced and broadcast to schools. 	<ul style="list-style-type: none"> ■ 2 targeted states (Lagos and Kano) reached. 	
	<ul style="list-style-type: none"> ■ Developing vocational training curricula that incorporate HIV/AIDS awareness and conflict mitigation components. 		
	<ul style="list-style-type: none"> ■ Trainers and trainees received critical instruction in HIV/AIDS awareness and prevention. 	<ul style="list-style-type: none"> ■ 2,685 trainers and trainees received HIV/AIDS awareness and prevention. 	
Senegal	<ul style="list-style-type: none"> ■ Publicity, awareness raising, and community mobilization through school management committees; classroom rehabilitation and construction of latrines to promote access and retention of girls in school. 	<ul style="list-style-type: none"> ■ 34 primary and four vocational schools. 	<ul style="list-style-type: none"> ■ Project JOG/CAII with local NGOs ADEF and Tostan
	<ul style="list-style-type: none"> ■ Awareness raising and mobilization through classroom rehabilitation and construction of latrines to promote access and retention of girls in school. 	<ul style="list-style-type: none"> ■ 50 primary and seven vocational schools. 	<ul style="list-style-type: none"> ■ MOE, UNICEF
	<ul style="list-style-type: none"> ■ Promote retention of disadvantaged girls through the Ambassador's Girls' Scholarship Program. 	<ul style="list-style-type: none"> ■ 320 high school girls per year from 11 regions in 10th, 11th, and 12th grades. 	<ul style="list-style-type: none"> ■ MOE, Winrock International, Peace Corps
Uganda	<ul style="list-style-type: none"> ■ Alternative Basic Education for Karamoja (ABEK) provides education to disadvantaged children of Karamoja. 	<ul style="list-style-type: none"> ■ Piloted in 195 learning centers in two districts; 29,993 children enrolled; 392 teachers supported. 	<ul style="list-style-type: none"> ■ MOE, Save the Children/Norway, UNICEF, District Education Offices
Zambia	<ul style="list-style-type: none"> ■ <i>Program for the Advancement of Girls' Education</i> addresses equity in girls' access to education. 	<ul style="list-style-type: none"> ■ Piloted in 42 schools; more than 10,500 students reached. 	<ul style="list-style-type: none"> ■ MOE, UNICEF
	<ul style="list-style-type: none"> ■ Communities mobilized to identify orphans and vulnerable children and to ensure they have access to education and other forms of support. 	<ul style="list-style-type: none"> ■ New program began in 2001. 	<ul style="list-style-type: none"> ■ MOE, Creative Associates International (CAI), UNICEF
	<ul style="list-style-type: none"> ■ Distance education program for out-of-school children, especially targeting orphans and vulnerable children. 	<ul style="list-style-type: none"> ■ 369 IRI centers; 11,498 learners served. 	<ul style="list-style-type: none"> ■ MOE/ Environmental Baseline Studies (EBS), EDC

Matrix B: USAID education-funded management activities focused on HIV/AIDS enabling the delivery of education to all children, including orphans and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
Ethiopia	■ Supports MTT TA in development of proposals for USAID and MOE strategic and implementation planning process for impact of HIV/AIDS on education sector and design of review and process to support development.	■ MOE, HEARD/MTT
	■ Supports MTT TA in National Teaching Commission policy and response planning within national HIV/AIDS planning framework.	■ MOE, HEARD/MTT
Ghana	■ Supports Mobile Task Team (MTT) technical assistance (TA) in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ MOE, Health Economic AIDS Research Division, University of Natal (HEARD)/MTT
	■ Builds capacity of Ghanaian NGOs and the Ghana Education Service to address the impact of HIV/AIDS in education sector. Activities include peer education, school-level support, and mobilizing parents through PTAs and school management committees.	■ MOE, Ghana Education Service, World Education
	■ Funds HIV/AIDS technical advisor to MOE.	■ MOE
	■ Provides access for MOE and its education sector partners to MTT modular skills training and capacity-building workshops to help mitigate and manage HIV/AIDS impact.	■ MOE, HEARD/MTT
	■ Provides access for MOE and its education sector partners to MTT modular skills training and capacity-building workshops to help mitigate and manage HIV/AIDS impact.	■ MOE, HEARD/MTT
	■ Supports MTT TA in investigation of pilot development of District Education Management and Monitoring Information System (DEMMIS).	■ MOE, HEARD/MTT
	■ Supports MOE/MOH research to assess HIV/AIDS impact on teaching force; weighs risk to teachers relative to other risk groups and work force sectors.	■ MOE, HEARD/MTT
Guinea	■ Supports MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ MOE, HEARD/MTT
	■ Supports MTT TA in providing three-country study tour for Guinea MOE to review and learn from comparative experience.	■ MOE, HEARD/MTT
Kenya	■ Supports initiation of MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector and design of review and process to support development.	■ MOE, HEARD/MTT
	■ Supports MTT TA in National Teaching Commission policy and response planning within national HIV/AIDS planning framework.	■ MOE, UNESCO, IATT, HEARD/MTT

Matrix B: USAID education-funded management activities focused on HIV/AIDS enabling the delivery of education to all children, including orphans and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
Malawi	■ Supports MTT TA in assessment of impact of HIV/AIDS on education sector, which includes the pilot development of DEMMIS in seven districts to measure impact, and supports school management.	■ MOE, University of Sussex/CERT, HEARD/MTT
	■ Supports MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ MOE, DFID, HEARD/MTT
	■ Funds HIV/AIDS advisor to MOE.	■ MOE, HEARD/MTT
	■ Sponsors full-time HIV education advisor at USAID Mission.	■ MOE
	■ Supports Teachers Union of Malawi (TUM) in implementation and management of its HIV/AIDS and policy development and education activity.	■ TUM, American Federation of Teachers (AFT)
	■ Provides access for MOE and its education sector partners to MTT modular skills training and capacity-building workshops to help mitigate and manage HIV/AIDS impact, including teacher demand and supply modeling and scenario development.	■ MOE, HEARD/MTT
Namibia	■ Supports MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector and development and publication of national sector plan for education.	■ MOE, HEARD/MTT
	■ Supports decentralization of MOE planning and implementation process to the regional level through workshops and training.	■ MOE, HEARD/MTT
	■ Provides assistance for development of HIV/AIDS Management Unit in the MOE and investigation of pilot development of DEMMIS.	■ MOE, HEARD/MTT
	■ Co-sponsors education sector HIV/AIDS impact assessment.	■ MOE, DFID
	■ Provides assistance for development of national policy on orphans and vulnerable children.	■ MOE, HEARD/MTT
	■ Provides access for MOE and its education sector partners to MTT modular skills training and capacity-building workshops to help mitigate and manage HIV/AIDS impact, including teacher demand and supply modeling and scenario development.	■ MOE, HEARD/MTT
	■ Supports MTT TA in development of HIV/AIDS-linked materials and research agenda.	■ MOE, HEARD/MTT
South Africa	■ Funds HIV/AIDS advisor to Department of Education (DOE).	■ DOE
	■ Supports assessment of impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT, Abt Associates, POLICY Project, local government
	■ Supports MTT TA in the DOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT

Matrix B: USAID education-funded management activities focused on HIV/AIDS enabling the delivery of education to all children, including orphans and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
South Africa (continued)	■ Supports MTT TA to undertake a national teacher attrition and mortality study and model demand (enrollment trends) and supply (teacher and resource provision).	■ DOE
	■ Funds two national strategic planning conferences on HIV/AIDS in education.	■ DOE, LINK Community Development Organization
	■ Funds HIV/AIDS guidelines for teachers.	■ DOE, AED
	■ Funds HIV/AIDS policy planning for school governing body members at the provincial level.	■ DOE, AED
South Africa, KwaZulu Natal Province	■ Supports MTT TA for assessment of impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT
	■ Supports MTT TA in DOE strategic and implementation planning process for impact of HIV/AIDS on education sector as required.	■ DOE, HEARD/MTT
	■ Supports MTT TA to undertake provincial teacher attrition and mortality study and model demand (enrollment trends) and supply (teacher and resource provision), including mapping of HIV prevalence "hot spots" and district disparities and 100-school random sample survey.	■ DOE, DFID, HEARD/MTT
	■ Supports MTT TA to guide orphans and vulnerable children policy development and sectoral and intersectoral interventions.	■ HEARD/MTT
	■ Supports, in partnership with DFID, 24-month pilot of DEMMIS in 250 schools in Ladysmith region and detailed analysis of HIV/AIDS impact at school level.	■ DOE, DFID, HEARD/MTT
	■ Supports MTT TA to adapt education management information system (EMIS) development and analysis.	■ DOE, HEARD/MTT
South Africa, Eastern Cape Province	■ Supports MTT TA for assessment of impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT
	■ Supports MTT TA in DOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT
	■ Supports MTT collaboration with DFID Mbewu District Development Project HIV/AIDS interventions.	■ DOE, DFID, HEARD/MTT
South Africa, Limpopo Province	■ Supports MTT TA for assessment of impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT
	■ Supports MTT TA in DOE strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ DOE, HEARD/MTT
	■ Supports MTT collaboration with DFID District Development Project HIV/AIDS interventions.	■ DOE, DFID, HEARD/MTT

Matrix B: USAID education-funded management activities focused on HIV/AIDS enabling the delivery of education to all children, including orphans and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
Uganda	■ Supports MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector and workshop/process review, prioritization, and costing of national sector plan for education.	■ MOE, HEARD/MTT
	■ Supports development of HIV/AIDS-related EMIS and investigation of pilot development of DEMMIS, including cleaning, trend analysis, and mapping of last three years of education data, by district.	■ MOE, HEARD/MTT
	■ Supports MTT TA in developing generic district implementation model for investigation and piloting.	■ MOE, DFID, Ireland Aid, HEARD/MTT
	■ Supports MOE in Inter-Agency Task Team (IATT) East African/Mombasa Workshop to develop country planning frameworks and priorities.	■ MOE, HEARD/MTT
	■ Supports MOE in Inter-Agency Task Team (IATT) East African/Mombasa Workshop to develop country planning frameworks and priorities.	■ MOE, HEARD/MTT
Washington, DC	■ Supports MTT TA in Southern Africa Development Community (SADC) regional strategic and implementation planning process for impact of HIV/AIDS on education sector.	■ SADC
	■ Supports MTT TA in IATT East African/Mombasa workshop to develop country planning frameworks and priorities.	■ HEARD/MTT, DFID, UNESCO, UNAIDS, World Bank, IATT
	■ Supports MTT TA in providing SADC regional modular training and skills training workshops for SADC country MOEs to build capacity and share experience.	■ SADC MOEs, HEARD/MTT
	■ Supports MTT TA in training and development of West African Technical Resource Network to provide regional strategic and implementation planning support to manage and mitigate the impact of HIV/AIDS on education sector.	■ West African MOEs, HEARD/MTT, UNESCO and other development agencies
Zambia	■ Supports MTT TA in MOE strategic and implementation planning process for impact of HIV/AIDS on education sector and development, costing, and publication of national sector plan for education.	■ MOE, HEARD/MTT
	■ Supports policy audit and assessment of HIV/AIDS impact on education sector.	■ MOE
	■ Supports development of HIV/AIDS-related education management information system (EMIS) and investigation of pilot development of DEMMIS.	■ MOE, DFID, HEARD/MTT
	■ Supports MOE in Inter-Agency Task Team (IATT) East African/Mombasa workshop to develop country planning frameworks and priorities.	■ MOE, HEARD/MTT

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Asia and the Near East



Photo courtesy of International HIV/AIDS Alliance



Cambodia

COUNTRY:
Cambodia

PROJECT:
Children in Distress (component of Methagoruna Thmei: Community Caring and Prevention Project)

IMPLEMENTING ORGANIZATION:
CARE International/Cambodia

USAID FUNDING PERIOD:
January 2002–September 2005

USAID AMOUNT:
\$200,000 per year

PURPOSE

This project is intended to improve the physical and emotional well-being of orphans and other vulnerable children, including those affected by AIDS, through the provision of integrated prevention, care, and support services in HIV/AIDS-affected Cambodian-Thai border communities.

The four major aspects of orphans and vulnerable children care and support are:

- Succession planning, which includes counseling parents in the selection of an appropriate guardian to care for their children before the parent dies, preparing wills with village and religious leaders as witnesses to protect children's property, and making memory bags for children to keep photographs and other remembrances of their parents. Potential foster parents within the community are identified, but the need for caretakers outweighs the number of families willing to take in orphans and vulnerable children. For children with nowhere to go, CARE rehabilitates the government-operated children's homes and provides technical assistance for improving the care provided to the children.
- Educational and vocational training opportunities to ensure that orphans and vulnerable children can attend school for free, as mandated by the Royal Government of Cambodia, and provide basic school materials. CARE, with assistance from the Provincial Office of Education, helps children overcome barriers that prevent them from attending school. The project establishes vocational training

facilities so that children who are unable to attend school can learn marketable skills.

- Psychosocial support visits to orphans and vulnerable children households on a regular basis by teams composed of social workers from the Provincial Office of Social Affairs, CARE staff, and youth volunteers. Teams conduct an initial assessment of the needs of orphans and vulnerable children and then provide follow-up based on household-specific issues. Teams provide emotional, material, and referral support.
- Therapeutic playgroups for children and youth in villages with orphans and vulnerable children. Activities include games, lessons about respect and compassion, and basic skills in hygiene and nutrition. Parents and village leaders participate in these activities. Youth volunteers also produce puppet shows with stories that promote empathy for vulnerable community members. Adolescent orphans and vulnerable children participate in youth group activities, which include peer-led life skills education.

KEY ACCOMPLISHMENTS

- Assisted more than 1,200 children in the past year;
- Provided grants to three local nongovernmental organizations (NGOs) to provide care and support to people living with AIDS and orphans and vulnerable children;
- Facilitated orphan support in eight Buddhist pagodas;

- Enrolled more than 150 children in school;
- Established strong partnerships with community leaders and local government authorities (CARE was recognized by the Ministry of Social Affairs for its longstanding commitment to assisting vulnerable children in Cambodia); and
- Linked home care and prevention activities to the orphans and vulnerable children component.

PRIORITY ACTIVITIES

- Conduct needs assessment for orphans and vulnerable children in the catchment area to improve the targeting of interventions;
- Expand partnership base with religious and community organizations;
- Improve counseling skills of staff and partners;
- Expand youth leadership in activities for orphans and vulnerable children; and
- Develop youth camp for orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- Tools for household-level orphans and vulnerable children needs assessments;

- Memory bags for succession planning; and
- Contents for home-based care structures and kits.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Linking care to prevention;
- Developing community mobilization strategies;
- Carrying out village mapping; and
- Establishing therapeutic playgroups.

CONTACT INFORMATION

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COUNTRY:

Cambodia

PROJECT:

Community Support for Persons Living with HIV/AIDS and Their Children

IMPLEMENTING ORGANIZATIONS:

Catholic Relief Services (CRS); Family Health International (FHI)/IMPACT

USAID FUNDING PERIOD:

November 2002–September 2005

USAID AMOUNT:

\$299,278

PURPOSE

Support for orphans and vulnerable children is part of the community-based primary healthcare and HIV/AIDS program in Sampov Loun and Bavel districts of Battambang province. The community-based primary healthcare model emphasizes the importance of community involvement in the prevention of HIV/AIDS and the care for persons living with HIV/AIDS, including orphans and vulnerable children. Activities funded by FHI include setting up a voluntary counseling and test-

ing center, improving management and treatment of opportunistic infections, preventing mother-to-child transmission, providing home care for people living with AIDS, and providing care and support for orphans and vulnerable children.

The project aims to work with community organizations and structures to enable them to increase the community's tolerance of, solidarity with, and support for people living with AIDS and their families. In addition to raising community awareness about how impor-

tant it is for orphans and vulnerable children to attend school and obtain an education for their future, CRS works with the communities to understand the needs of children and to develop support mechanisms, either within or outside the communities.

KEY ACCOMPLISHMENTS

Although the project is in its early stages, accomplishments include:

- Community-based home-care volunteers are identifying people with chronic illnesses, including people living with AIDS and those affected by HIV/AIDS, and assessing their needs and the needs of their families, including orphans and vulnerable children.
- The community is providing food and labor (e.g., carrying water and cleaning homes) for people living with AIDS and their families.
- Project staff and community volunteers are supporting the adoption of an orphan whose parents died of AIDS by a family in the community.

PRIORITY ACTIVITIES

- Increase the capacity of community structures and the newly established community-based home-care teams; and
- Provide counseling, care, support, and treatment for people living with AIDS at the health center, communities, and referral hospital.

CONTACT INFORMATION

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COUNTRY:
Cambodia

PROJECT:
Community-Based Care and Support for Orphans and Vulnerable Children

IMPLEMENTING ORGANIZATIONS:
Homeland; Family Health International/IMPACT

USAID FUNDING PERIOD:
October 2002–September 2004

USAID AMOUNT:
\$86,214

PURPOSE

The project works to improve the quality of life of children orphaned by their parents' chronic illnesses, including AIDS, and to strengthen community mechanisms for care and support of orphans. Homeland is implementing a program to strengthen the capacity of families to care and cope through community mobilization, advocacy, and networking to support the needs of orphans and vulnerable children and affected families. The project works with families while the parents of

the children are alive and continues to provide assistance and support after the parents have died.

KEY ACCOMPLISHMENTS

- During the past year, Homeland provided support to help 375 children remain within their extended families. Project staff worked with local authorities, foster families, and elderly grandparents to ensure that orphans received appropriate support and care. Families received assistance to help them understand the process of adoption and

receive ongoing follow-up visits to monitor the conditions and needs of orphans and vulnerable children.

- Through collaboration and coordination with village health volunteers, orphans and vulnerable children and people living with AIDS received home visits and referrals to local health centers. Training in self-care has been conducted for project staff, caregivers, and people living with AIDS. The self-care series produced by FHI included the following publications: *What should I do if I think I have AIDS?*, *Living with hope and staying healthy*, *Living peacefully with AIDS*, and *Health care for HIV-positive women*.
- A women's cooperative, which includes both HIV-positive and HIV-negative women, was formed to operate a cloth- and mat-weaving project, and the products have been popular among local people and markets. The venue not only increases integration among HIV-positive and HIV-negative women, but also helps HIV-positive widowed women regain their confidence and increases their ability to earn an income to support their children. Daycare for young children is organized as part of the weaving project.
- Communities have been mobilized to form committees to increase awareness and support for orphans and vulnerable children, including monitoring and prevention of child trafficking in the communities.
- In addition to negotiation and facilitation to help orphans and vulnerable children remain in school, the project has formed integrated (HIV-positive and HIV-negative) playgroups with children in the community. This has helped increase knowledge about HIV/AIDS among children and promoted integration through fun activities. Twenty-five student volunteers help other children learn about HIV/AIDS and health education in two schools, which have

1,200 students and children from the community. Life skills sessions have been conducted for more than 1,000 orphans and vulnerable children in the target areas.

- After skill training, older children were supported to form occupational groups and have been able to earn income from hairdressing, motorbike repair, sewing, and home gardening.

PRIORITY ACTIVITIES

- Increase the capabilities of families to care for themselves and improve their abilities to earn income;
- Promote understanding, reduce stigma, and integrate HIV-positive and HIV-negative people, including children, in the communities; and
- Increase community involvement in the care and support for orphans and vulnerable children and in preventing trafficking of children.

PROJECT MATERIALS AND TOOLS

- Self-care series, developed by FHI/Cambodia; and
- Family history book.

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COUNTRY:
Cambodia

USAID FUNDING PERIOD:
September 1999–December 2003

PROJECT:
Children Affected by HIV/AIDS in Cambodia

USAID AMOUNT:
\$1,890,000

IMPLEMENTING ORGANIZATIONS:
**Khmer HIV/AIDS NGO Alliance (KHANA);
International HIV/AIDS Alliance**

PURPOSE

The purpose of the project is to mobilize and strengthen the capacity of NGOs and community-based organizations (CBOs) to:

- Improve the quality of information and access to services for orphans, vulnerable children, and young people;
- Expand community support for orphans, vulnerable children, and young people;
- Increase integration and reduce the stigma of orphans, vulnerable children, and young people affected by HIV/AIDS; and
- Enhance local institutional capacity to meet the needs of highly vulnerable children, including orphans and young people.

Specifically, this involves:

- Mobilizing CBOs and NGOs to integrate child- and youth-focused activities into their programs;
- Increasing the amount of support provided to orphans and other vulnerable children;
- Providing financial and technical support to partner organizations to implement child- and youth-focused programs;
- Documenting lessons learned nationally, regionally, and internationally to support and enhance community-level initiatives that focus on orphans, vulnerable children, and youth;
- Supporting the development of national strategies for providing care and support to children affected by HIV/AIDS through ongoing consultation with the government and local stakeholders;

- Advocating children's issues with government organizations and NGOs; and
- Developing tools to increase the involvement and participation of children.

KEY ACCOMPLISHMENTS

- Vulnerable children (1,202 boys and 1,244 girls) received direct program services, and an additional 11,164 young people were reached through different program services such as the youth camp or outreach work by various KHANA-supported organizations.
- 12 new NGO and CBO partners were mobilized to develop, implement, and review projects involving vulnerable children.
- 30 grants were disbursed to support child-focused projects for both existing and new partner organizations.
- Tailored technical support was provided to new and existing partner organizations that are implementing projects focusing on programmatic and organizational issues on children and young people.
- Training was provided to improve the integration of services for vulnerable children into ongoing HIV/AIDS care and support activities and workshops.
- Exchange visits were made to India by KHANA staff, NGO partners, and other stakeholders, focusing on care and support services, linking HIV and tuberculosis, and working with children affected by AIDS.
- Advocacy continues for the development of national strategies that provide care and support to children affected by HIV/AIDS.

- Specific indicators were developed for monitoring and evaluation of child- and youth-focused programs.
- The second Cambodian Youth Camp was held, and more than 200 young people participated.
- Papers and presentations were developed and delivered for regional and international AIDS conferences.
- A case study on KHANA's work providing care and support for people living with HIV/AIDS and children affected by AIDS in the community was included in the UNESCAP publication entitled *HIV/AIDS Prevention, Care and Support: Stories from the Community*.
- One person was designated to act as the focal point for children's issues at KHANA.

PRIORITY ACTIVITIES

- Organize the third Cambodian Youth Camp promoting reproductive health and the prevention of HIV/AIDS and STIs;
- Support community-led initiatives by providing technical and financial support for KHANA and partner NGOs in child-focused work;
- Produce printed resource tools in the Khmer language to support communities and other local organizations in their efforts to assist children affected by AIDS as part of a regional project to develop a set of community-friendly guides in local languages in Thailand, India, and Cambodia;
- Provide education, training, and support for outreach workers to encourage the incorporation of strategies such as succession planning, community support initiatives, and micro-credit programs into the outreach work of home-care network organizations;
- Develop and strengthen community and psychosocial support for children affected by HIV/AIDS by providing books, uniforms, and satchels and by negotiating waivers for school fees;
- Provide nutritional support/food supplementation to children in families affected by HIV; and
- Continue advocacy efforts and contribute to policy dialogues on youth and HIV/AIDS.

PROJECT MATERIALS AND TOOLS

The following are available in both English and Khmer from the KHANA office upon request, unless otherwise indicated:

- *Evaluation of the Joint Ministry of Health/NGO Home Care Program* (2000) (available from International HIV/AIDS Alliance Web site <http://www.aidsalliance.org> or by email from publications@aidalliance.org);
- *Appraisal of the Needs and Resources of Children Affected by AIDS* (2000) (available from International HIV/AIDS Alliance Web site <http://www.aidsalliance.org> or by email from publications@aidalliance.org);
- Khmer-language adaptations of *Stepping Stones* (2002) and *Choices* (2003), two participatory training manuals to help facilitate group discussions on gender, sexuality, and HIV/AIDS;
- Appraisal of the informal entertainment sector (2001);
- Issues paper, *Linking HIV and TB* (2002); and
- Exploratory study on the role of traditional healers in HIV/AIDS care and prevention (2001).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Sharing the results of the *Appraisal of the Needs and Resources of Children Affected by AIDS*;
- Sharing skills and lessons learned from exchange visits to India;
- Integrating prevention and care into HIV/AIDS activities;
- Providing home care and home support visits;
- Strengthening efforts for the prevention of HIV/AIDS among vulnerable youth;
- Providing peer education among children and youth;
- Sharing models of home- and community-based care;
- Developing program indicators for supporting projects with vulnerable children; and

- Developing tools and strategies for enabling children to speak out and increase their participation in projects.

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COUNTRY:

Cambodia

PROJECT:

Family and Community-Based Care and Support for Orphans and Vulnerable Children

IMPLEMENTING ORGANIZATIONS:

**Kien Kes Health Education Network;
Family Health International/IMPACT**

USAID FUNDING PERIOD:

October 2002–September 2004

USAID AMOUNT:

\$52,781

PURPOSE

The goal of the project is to ensure that children and their family members affected by AIDS and other chronic diseases receive support and assistance from the community in which they live, and that the community does not discriminate against people living with HIV/AIDS.

The Kien Kes Health Education Network is a local Cambodian organization that helps mitigate the effects of HIV/AIDS on communities. Led by the abbot of a local Buddhist temple (Kien Kes), the network includes representatives from the military and the police, the elderly population, local teachers, and other community members. The temple and volunteers have been providing care for orphans, facilitating reintegration of orphans into the community, and spreading messages of compassion and nondiscrimination for people living with HIV/AIDS. FHI has been providing capacity-building support to the volunteers in both project management and HIV/AIDS, including counseling for children.

KEY ACCOMPLISHMENTS

- Advocated to reduce discrimination and increase compassion for orphans and vulnerable children and people living with HIV/AIDS. Networking activities created a linkage among 30 temples in Thmor Kol district, and Kien Kes provided Dharma and HIV/AIDS workshops to the monks. The workshops emphasized delaying sexual activities until marriage, faithfulness among married couples, and psychosocial support to orphans and vulnerable children and people living with HIV/AIDS.
- Provided material support to help 490 orphans and vulnerable children remain in school and negotiated for orphans to be exempt from school fees. Monks and volunteers provided spiritual and material support for 530 orphans and vulnerable children to remain with extended families in the community. The Kien Kes temple also provided shelter for 15 orphans while it identified foster families. The communities have offered food to the monks as a way to earn merit; the monks in turn give the donations, mostly in the form of rice, to orphans

and vulnerable children and families in the communities.

- Provided referrals for people living with HIV/AIDS for treatment at local health centers, and provided self-care training for volunteers, caregivers, and people living with HIV/AIDS. The self-care series produced by FHI includes the following publications: *What should I do if I think I have AIDS?*, *Living with hope and staying healthy*, *Living peacefully with AIDS*, and *Health care for HIV-positive women*.
- Provided hospice care to eight AIDS patients who wanted to remain in the calm surroundings of the temple and to some whose families were too distressed to care for them. Communities were mobilized to share food and other material for the funerals.
- Assisted families and children to increase food and income sources by providing seeds, chickens, and pigs to families who are caring for orphans and vulnerable children. Made arrangements for vocational training for older orphans and vulnerable children.
- Conducted workshop on children's rights (with FHI facilitation) for volunteers and community leaders. Work is ongoing among community leaders to increase awareness about and prevention of trafficking in children.

PRIORITY ACTIVITIES

- Advocate to create a supportive environment for people living with HIV/AIDS and orphans and vulnerable children;
- Advocate to prevent trafficking in children;

- Increase the ability of families, orphans, and vulnerable children to care for themselves; and
- Collaborate with other organizations to identify jobs or income-generating opportunities for orphans and vulnerable children and affected families.

PROJECT MATERIALS AND TOOLS

- Self-care series produced by FHI.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Advocacy and mobilization at the community level; and
- Networking and forming linkages among religious entities.

CONTACT INFORMATION

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COUNTRY:
Cambodia

PROJECT:
**Counseling Center for HIV-Positive
Women and Their Children**

IMPLEMENTING ORGANIZATIONS:
**Nyemo; Family Health
International/IMPACT**

USAID FUNDING PERIOD:
October 2002–September 2004

USAID AMOUNT:
\$94,937

PURPOSE

The project assists vulnerable women, including those infected and affected by AIDS, and their children to break out of the cycle of poverty by providing immediate care and long-term vocational training to increase their income-generating capabilities.

KEY ACCOMPLISHMENTS

Each quarter the center provides care and support to as many as 350 orphans and vulnerable children and their families. Specific accomplishments associated with this support include:

- Nyemo Center assists women referred by the sociomedical network, listens to their stories, and helps them analyze their situation and develop a suitable plan and reintegration program. Currently, 200 women and 60 orphans and vulnerable children are being served as Nyemo's "day" beneficiaries. Women are treated at the center if they have medical conditions, and referrals are made for those who wish to have an HIV test. Follow-up psychosocial support is provided to orphans and vulnerable children and women through both the counseling center and the foster family program.
- Beneficiaries were assisted to form a social network and were encouraged to establish a women's support group. Integration of HIV-positive and HIV-negative families allows the women and children to learn from each other.
- Various skills training (in such areas as silk weaving, tailoring, toy making, cooking, and catering) and literacy educational sessions were provided by the center to increase individuals' opportunities and self-confidence so that they will be able to meet their own needs over the long term.

- Nyemo contributes to building the capacity of the staff from the Ministry of Social Affairs, Labor, Vocation and Youth (MoSALVY) through training on care and support for orphans and vulnerable children and vulnerable women. The project also shares lessons learned and success stories of women's self-health groups of vocational training and supports pilot projects of MoSALVY.
- Nyemo, working closely with FHI, produced television broadcasts to promote acceptance, compassion, and care for orphans and vulnerable children, which are to be broadcast on national television.

PRIORITY ACTIVITIES

- Strengthen community integration and support mechanisms and networks for vulnerable women and for orphans and vulnerable children; and
- Help the vocational training component of the project expand its markets and sales outlets.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Operating a vocational training center;
- Assisting with job placement; and
- Developing income-generating activities.

CONTACT INFORMATION

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COUNTRY:
Cambodia

Labor, Vocational Training and Youth Rehabilitation (MoSALVY)

PROJECT:
Assessing the Social and Economic Impact of HIV/AIDS on Orphans and Vulnerable Children in Cambodia

USAID FUNDING PERIOD:
May 2003–May 2004

USAID AMOUNT:
\$150,000

IMPLEMENTING ORGANIZATIONS:
The POLICY Project, in collaboration with the Ministry of Social Affairs,

PURPOSE

The POLICY Project will undertake a study that focuses on the impact of orphaning on children and identifies the needs and coping mechanisms of affected families. The study will attempt to measure the quality of life of children. Finally, this study will examine the ways in which families prepare for the future orphaning of their children.

The research and policy objectives will be achieved by working directly with groups that represent people living with AIDS and other groups that directly serve children affected by HIV/AIDS.

Researchers will focus on identifying the impact, coping strategies, and needs of families that have at least one HIV-infected parent. In addition, a measure of the quality of life of children will be derived using a quality-of-life index for children. Findings from the study survey will be used to improve policy makers' understanding of the impact of being orphaned by HIV/AIDS on the quality of life of children. This report will also inform policy makers and donors about the needs of orphans and vulnerable children and outline recommendations for possible mitigation strategies. The survey will be conducted in urban and rural sites across the central region of Cambodia. Sampling in both urban and rural settings and across various groups working with people living with HIV/AIDS will increase the generalizability of the research results.

KEY ACCOMPLISHMENTS

The project is in its early stages; to date the research protocol has been finalized and a subcontractor has been identified to initiate the survey process.

PRIORITY ACTIVITIES

- Develop a draft survey instrument;
- Train the research team;
- Pilot test and finalize the survey instrument;
- Collect data;
- Conduct an advocacy workshop to discuss identified policy issues;
- Complete and disseminate the research results; and
- Present the findings at the International AIDS Conference in Bangkok.

PROJECT MATERIALS AND TOOLS

- Survey instruments;
- Research protocol; and
- Literature search (in preparation, will be available via email from Steven Forsythe, s.forsythe@tfgi.com).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following area:

- Studying the economic aspects of orphaning.

CONTACT INFORMATION

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India

COUNTRY:
India
PROJECT:
Dancing Feat
IMPLEMENTING ORGANIZATIONS:
Committed Communities Development Trust (CCDT); Shiamak Davar Institute for the Performing Arts (SDIPA); Family Health International/IMPACT
USAID FUNDING PERIOD:
**November 2001–February 2003 (Phase I)
March 2003–May 2004 (Phase II)**
USAID AMOUNT:
**\$70,432 (Phase I)
\$93,169 (Phase II)**
PURPOSE

The goal of the project is to enhance the ability of high-risk vulnerable children in Mumbai to respond effectively to situations that place them at risk for HIV infection by combining dance with counseling and life skills education using child-friendly approaches.

Dancing Feat is a partnership project between CCDT and SDIPA and is currently in its second phase. The project has so far reached 740 vulnerable children in high-risk situations through a network of nine partner NGOs and governmental organizations. Children in high-risk groups served through the project include children aged 6 to 18 who are infected or affected by HIV/AIDS, children of women in prostitution, children who are likely to be pushed into the sex trade or be subject to sexual abuse, children with the likelihood of having multiple sex partners, or children involved in substance use.

Dance as a creative, therapeutic, and child-friendly medium is used to open up children to individual and group counseling sessions and life skills education. These child-friendly counseling and educational sessions help children learn about issues of risk behaviors and vulnerability to HIV/AIDS; how to cope with child sexual abuse; and how to develop effective communication, negotiation, and other life skills. To ensure effective implementation of project activities, the project also aims to strengthen the capacity of partner NGOs and the Dancing Feat project staff in technical and program areas. Experience from the project, once

documented, will be disseminated to larger audiences to share lessons learned and to encourage replication of similar innovative initiatives. The crosscutting themes of greater involvement of people living with HIV/AIDS, gender empowerment and stigma, and discrimination have been integrated into the project.

KEY ACCOMPLISHMENTS

- 740 children have been reached by dance and group interaction sessions; 520 sessions have been held to provide children with inputs on health, sex and sexuality, HIV/AIDS, and children's rights.
- Viable partnerships have been built with nine NGOs and governmental organizations that were not necessarily working on issues of HIV/AIDS previously. Now, however, they have successfully integrated HIV/AIDS prevention and care into their ongoing activities.
- Approximately 60 SDIPA dance instructors, aged 16 to 30, have enrolled in Dancing Feat and conduct dance sessions for the children.
- A workshop on dance therapy was conducted for NGO personnel, Dance Feat project staff of CCDT and SDIPA, and the SDIPA dance instructors to teach the project team how to use the therapeutic potential of dance.
- A public dance performance by the children was held in December 2002 and was attended by an

audience of more than 800 people, comprising children, staff from the project partners, and children's families.

PRIORITY ACTIVITIES

- Strengthen the counseling component of the program by conducting group counseling sessions and regular one-to-one counseling for children;
- Develop a curriculum and operational strategy for life skills education and carry out weekly life skills education sessions with children;
- Develop a behavior change communication strategy that is tailored specifically to the project;
- Develop a promotional video on the project;
- Carry out capacity-building activities for NGO staff and the Dancing Feet project team through ongoing training in program and technical areas such as communication, counseling, and life skills education; and
- Form partnerships with additional NGOs and strengthen existing partnerships through regular meetings and communication with NGO partners.

PROJECT MATERIALS AND TOOLS

- Curriculum and operation strategy for conducting life skills education with vulnerable children;
- Protocols for individual and group counseling and case conferencing;
- Behavior change communication/information, education, and communication material;
- Report on knowledge, attitudes, and practices of HIV/AIDS for adults and children;
- Report on a dance therapy workshop conducted by Tripura Kashyap, a renowned dance and movement specialist of India;
- Promotional video on the project; and
- Documented experiences and lessons learned from the project.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Psychosocial issues surrounding the vulnerability of children to HIV/AIDS;
- Child-friendly approaches and tools for addressing children's vulnerability;
- Dance as a means for facilitating therapeutic intervention;
- Life skills education activities with vulnerable children;
- Counseling children in high-risk situations;
- Recreation as an essential component of care; and
- Networking.

CONTACT INFORMATION

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COUNTRY:**India****USAID FUNDING PERIOD:****December 1999–August 2002 (Phase I)
September 2002–February 2004 (Phase II)****PROJECT:****Strengthening Community Support for
Vulnerable Children and Mothers in
Mumbai****USAID AMOUNT:****\$85,924 (Phase I)
\$82,761 (Phase II)****IMPLEMENTING ORGANIZATIONS:****Committed Communities Development
Trust (CCDT); Family Health
International/IMPACT****PURPOSE**

The project aims to provide comprehensive care to vulnerable and infected or affected children and their mothers via night shelters, daycare centers, and crisis intervention centers. The overall project goal is to protect and nurture children in vulnerable situations to grow into healthy and contributing members of society. There are three project components:

- Temporary night shelter, Kishori Vatika (meaning "a garden for adolescent girls"), for girls aged 6 to 14 who live in red-light slum colonies, that provides a supportive environment and a continuum of care via foster mothers to address the girls' physical, emotional, educational, medical, and recreational needs. Shelter activities include vocational training, prevention education, and counseling on sexual abuse. In addition, networking with other organizations encourages referrals of girls found in distress situations for short-term shelter at the center.
- Daycare center that helps younger children living in brothels by providing a range of services, including education, health, nutrition, referrals, and vocational training; support groups for mothers; assisting with reducing child sexual abuse and exploitation; and networking.
- Crisis intervention center that offers short-term and long-term comprehensive care to infected, affected, or vulnerable children and women. The center provides a safe haven for children and their HIV-infected mothers. Services offered include psychosocial, medical, nutritional, educational, and spiritual support, vocational training, and assis-

tance with a comprehensive care plan for the children. In addition, the center provides training for staff of existing childcare organizations.

KEY ACCOMPLISHMENTS

- 278 children (177 girls and 101 boys) have received prevention, care, and support services;
- 78 children (63 girls and 15 boys) have been enrolled in formal schools and their progress is checked regularly to reduce the number of dropouts;
- 83 girls have been enrolled at the night shelter;
- Approximately 300 girls in crisis situations referred to the night shelter by other organizations were provided with short-term stay facilities;
- 118 children have undergone a general health checkup once per month;
- 21 girls and women were prevented from entering the sex trade or being subject to trafficking due to actions by the center;
- 130 children have been through the life skills program;
- Networking with other organizations was increased through constant communication and referrals;
- Support group meetings were conducted for child-headed families;
- CCDT is now a member of the guidance and monitoring committee for the special juvenile home for minors rescued from prostitution;
- CCDT is an active member of the Quality Institutional Care for Children and Alternative

forum, a joint forum of state governmental and nongovernmental institutions working on institutional care; and

- CCDT is a member of the committee working on the recommendations on a draft National Plan of Action for Children developed by the government of India.

PRIORITY ACTIVITIES

- Explore rehabilitation options for older children, especially boys;
- Facilitate development of income-generating schemes for women;
- Develop vocational training for children;
- Develop a best practices model for a comprehensive urban care and support program;
- Form one or more women's support groups;
- Develop a nonformal education module that incorporates topics that are of specific interest to women;
- Advocate for the rights of vulnerable children and institutional care for children infected or affected by HIV;
- Develop more awareness among girls regarding issues such as sexual abuse, the changes involved in growing up, and life skills;
- Provide life skills training for children, women, and project staff;
- Help women and children access better health services and teach them better ways to prevent sexually transmitted infections (STIs);
- Develop a community-care program for women in prostitution; and
- Encourage women to form savings groups.

PROJECT MATERIALS AND TOOLS:

- Training kit on sexuality and health from other organizations;
- Module for training on sexuality;
- Counseling guidelines for women and children;
- Guidelines for counseling girls in the special juvenile home;

- Draft policy paper on the rights of children infected and affected by HIV/AIDS (presented to UNICEF);
- Childcare manual for childcare functionaries;
- Memory books for children prepared by their mothers;
- Nutrition chart and nutrition education handbook;
- Home-based care manual for CBOs, NGOs, and health workers (in preparation);
- Psychological testing kits for children, such as Draw a Man Test, Wechsler Intelligence Scale for Children (Indian adaptation), Vineland Social Maturity Scale, and Children's Adaptation Test (Indian adaptation);
- Board game for adolescents on care and support issues for HIV/AIDS (in preparation); and
- Paper on the crisis intervention model, including policies for establishing crisis intervention centers (in preparation).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Assessing the needs of children in vulnerable situations and organizations concerned with childcare;
- Training childcare workers and functionaries;
- Monitoring and evaluating programs for at-risk children;
- Training community workers/volunteers in home-based care;
- Developing information, education, and communication material;
- Counseling children and families infected or affected by HIV/AIDS; and
- Organizing workshops on issues related to children's rights.

CONTACT INFORMATION

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COUNTRY:
India

PROJECT:
**Project "THOOLI" Care of Children
Infected, Affected, and Vulnerable to
AIDS**

IMPLEMENTING ORGANIZATIONS:
**Community Health Education Society
(CHES); Family Health International/
IMPACT**

USAID FUNDING PERIOD:
March 2000–July 2002 (Phase I)
August 2002–January 2004 (Phase II)

USAID AMOUNT:
\$90,881 (Phase I)
\$87,008 (Phase II)

PURPOSE

The project aims to create an enabling environment in Chennai to address the needs of children affected by AIDS by demonstrating a combination of direct community interventions, building partnerships and networks, and increasing the capacity of organizations to undertake care and support activities for children affected by AIDS. Children receive care and support in the form of shelter, food, clothing, education, and counseling, in addition to medical care in the form of management of opportunistic infections and low-cost, high-protein, carbohydrate-rich nutritional support.

CHES was established initially to provide institutional care for AIDS orphans, but has since expanded its activities by introducing community mobilization as one of its main components, along with the provision of home-based care for children affected by AIDS. The program has also strengthened its linkages and networks with healthcare structures, schools, childcare institutions, and people living with HIV/AIDS and aims to build the capacity of staff and caregivers in slum communities. Under this extension, the project has divided Chennai into two parts, the intense area and

the twilight areas. In the intense area, the project has identified 10 slums where intense community mobilization activities are carried out, including training of stakeholders, involving local people as volunteers to help in the program, and developing a community task force that would guide the program.

KEY ACCOMPLISHMENTS

- The CHES shelter home has offered care and support to 123 infected, affected, or orphaned children. A total of 400 children are expected to have benefited by the close of the project period.
- One child has been sent for adoption, four children have been reintegrated into extended families, and one child was shifted to a home where mentally ill children are offered service. The center currently has 32 children under its care.
- Hope Club, a network and support group of HIV-positive parents, was established and has held 28 meetings that provide opportunities for parents to share their thoughts and learn about children affected by AIDS. Health screening and counseling services are offered to parents during the sessions.

- As part of the home-based care activity, 220 children have been registered for home-based care, of which 186 receive regular follow-up care.
- 286 children and 272 parents have been counseled.
- 25 children have been referred to voluntary counseling and testing centers (VCTCs);
- Within community mobilization interventions, outreach workers conduct educational sessions and sensitization meetings, provide support services, and make referrals to medical centers and VCTCs. A rapport has been established with three centers that address prevention of mother-to-child-transmission.
- 6 workshops have been held to create awareness and to sensitize schoolchildren and school authorities to the issues of children affected by AIDS.
- CHES has trained 275 persons from various categories of caregivers through different training programs.
- Children-friendly material has been developed under the project, and life books have been introduced to help children cope with their emotional problems.

PRIORITY ACTIVITIES

- Develop strategies to promote home placement of children at the shelter and encourage staff to work toward more children being adopted, placed in foster care, and reintegrated with extended families;
- Fine-tune home-based care strategies and strengthen referral linkages for improved coverage and expanded services;
- Enhance organizational development by strengthening existing management systems and procedures;
- Develop approaches and strategies to prevent staff burnout and to enable staff to effectively address death and grief;
- Develop and strengthen networks with children-friendly medical institutions and with additional schools to increase the number of children enrolled in formal schooling; and

- Provide more training and sensitization activities for caregivers and other stakeholders from different sectors.

PROJECT MATERIALS AND TOOLS

- *Nurtured Hope*, a training module for caregivers, doctors, and nurses on the care of children infected, affected, and vulnerable to AIDS (English and Tamil);
- Counseling guidelines (English);
- Resource directory;
- "Our Daily Activities at CHES Shelter," a 20-minute video on CD;
- Annual report of CHES for 2002–2003; and
- Case studies of children supported by the project.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training for caregivers on the care of children infected by, affected by, and vulnerable to AIDS;
- Training for medical practitioners on the care of children infected by, affected by, and vulnerable to AIDS; and
- Home-based care.

CONTACT INFORMATION

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USAID/Washington:
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COUNTRY:**India****PROJECT:****Providing Community-Based Care and Support to Infected and Affected Children in Parts of Delhi and Andhra Pradesh****IMPLEMENTING ORGANIZATIONS:****Catholic Relief Services; Women's Action Group/Chelsea; St. Paul's Trust; Family Health International/IMPACT****USAID FUNDING PERIOD:****August 2002–January 2004****USAID AMOUNT:****\$285,507****PURPOSE**

The goal of the project is to improve the well-being of HIV/AIDS-infected and -affected children in the target area by providing comprehensive care and support programs in an enabling environment. The project will reach a total of 1,250 infected and affected children in two locations in India. Project strategies include:

- Providing community-based care and support through social workers and peer educators;
- Providing community-based medical care and treatment for infected and affected children through clinics;
- Increasing community sensitization, mobilization, and participation of key stakeholders in project activities to create an enabling environment;
- Generating optimal use of services (institutional facilities) through established referrals and linkages for medical, income generating program (IGP), and education; and
- Enhancing the capacity of implementing partners and local NGOs and providing them with technical support.

KEY ACCOMPLISHMENTS

- 727 (339 girls and 388 boys) (22% aged 0–4; 32% aged 5–9; 32% aged 10–14, and 14% aged 15–19) infected and affected children have been served through the community-based care component of the project;
- 689 children have received health care, supplementary nutrition (local food equivalent to one meal per day), and psychosocial support (through individual and group counseling);

- 399 children have used recreational facilities provided at the drop-in centers;
- 233 children have received educational support (e.g., tuition fees, books, and uniforms);
- 80 children have been referred to voluntary counseling and testing centers for HIV testing;
- 2 boys and 5 girls older than 14 years are receiving vocational training through linkages established with agencies that offer vocational training;
- 1 member per family has been trained as a care provider to the infected or affected child or children;
- 48 non-paid peer educators (27 boys, 11 girls), aged 15 to 19, are actively working in the project;
- 10 self-help groups (a total of approximately 100 women from affected and infected families) have been formed and are proving to be important to the community for self-support to address stigma issues and generation-of-resources issues, both monetary and nonmonetary;
- Referral linkages for health, education, and vocational training have been established with 17 government and 13 private facilities, which indicates that locally available infrastructure is being used effectively;
- 14 children have been admitted to orphanages and boarding schools; and
- A management information system was developed by the project and is becoming a model for community intervention aimed at children affected by HIV/AIDS.

PRIORITY ACTIVITIES

- Finalize behavior change communication strategy and related materials;
- Document and disseminate lessons learned;
- Develop home-based care module for infected and affected children; and
- Evaluate the project using baseline data.

PROJECT MATERIALS AND TOOLS

- Baseline survey report; and
- Project management and information system.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Establishing and operating a community-based care model for infected or affected children;
- Setting up a food/nutrition distribution system;
- Developing behavior change communication strategy and materials;
- Sharing a home-based care manual for children affected by AIDS (in preparation);
- Developing community mobilization strategies and approaches;
- Establishing effective networks and linkages;
- Planning project implementation;
- Initiating self-help groups;

- Addressing stigma and discrimination; and
- Developing process and outcome indicators.

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COUNTRY:
India

USAID FUNDING PERIOD:
March 2003–August 2004

PROJECT:
Sishu Adhikar Raksha (SAR) ("Rights of Children") Project

USAID AMOUNT:
\$95,773

IMPLEMENTING ORGANIZATIONS:
Social Educational and Economic Development Society (SEEDS); Family Health International/ IMPACT

PURPOSE

The goal of the project is to ensure the availability of care and support services for children infected and affected by HIV/AIDS in three selected zones of Guntur district in Andhra Pradesh. Project strategies include:

- Behavior change communications;
- Community organization and mobilization;
- Meeting the needs of children by providing and improving their access to services;

- Capacity-building for caregivers, families, and people living with HIV/AIDS; and
- Networking with government and private institutions.

The project aims to reach 1,000 children affected by HIV/AIDS by the end of the project period. The geographic area of the project has been divided into three zones:

- 40 wards of Guntur town;
- 21 villages of Guntur rural mandal; and
- 22 wards of Mangalagiri municipal town and villages in the vicinity.

KEY ACCOMPLISHMENTS

- Baseline for the project is being planned;
- 139 children have started receiving counseling and other basic services; and
- 1 meeting has been held with local NGOs, a network of people living with HIV/AIDS, and a children's rights forum to introduce the project to them and to explore linkages.

PRIORITY ACTIVITIES

Key progress indicators that the project aims to achieve by the end of the project period are:

- Register 100 infected children for services;
- Register 900 affected children for services;
- Provide support to 600 families of children affected by AIDS; and
- Provide behavior change communication interventions that benefit 1,000 children affected by AIDS, 600 persons living with HIV/AIDS, and 10,000 people in the general population.

In addition to the above, the project will:

- Work with the community to mobilize resources;
- Engage the community in responding to the needs of children affected by AIDS and their parents;
- Develop a model for home-based care for children affected by AIDS;
- Provide livelihood training and support to people living with HIV/AIDS and primary caregivers of children affected by AIDS;

- Network with government and private health, social welfare, and child development institutions to help meet the comprehensive needs of children; and
- Conduct sensitization meetings for school staff and students, policy makers, community leaders, and civil society organizations.

PROJECT MATERIALS AND TOOLS

- Home-care kit;
- Behavior change communication strategy and material for children affected by AIDS;
- Documentation of home-based care;
- Booklet on home care for children affected by AIDS;
- Training and workshop reports; and
- Documentation of best practices.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Techniques and methods of community mobilization;
- Home care in rural and resource-poor settings; and
- Livelihood training and entrepreneurship training.

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COUNTRY:
India

USAID FUNDING PERIOD:
April 2003–October 2004

PROJECT:
WIN CHILD

USAID AMOUNT:
\$91,708

IMPLEMENTING ORGANIZATIONS:
Women's Initiatives (WINS); Family Health International/IMPACT

PURPOSE

The goal of the project is to mitigate the physical, psychological, and social stresses among identified infected and affected children in selected households of Chittoor district in Andhra Pradesh. The project is being implemented in three revenue divisions of Chittoor district through six centers in Tirupati, Rompicharla, Penumur, Palamaneru, Vadamalpet, and Vaddepalli. The project aims to provide home-based care to 500 HIV-infected and -affected children and their parents. Key project strategies include:

- Capacity-building of organization and staff;
- Capacity-building of the forum of persons living with HIV/AIDS, families, and caregivers;
- Engaging communities in improving access to services for children affected by AIDS;
- Promoting behavior change communications to increase knowledge of HIV/AIDS; and
- Promoting the rights of infected and affected children and mobilizing the community to help in this effort.

KEY ACCOMPLISHMENTS

- The project commenced recently, and staff recruitment and induction formed the key achievement in the first month; staff members include persons living with HIV/AIDS;
- Staff have been oriented toward the project goal, strategies, and activities, and their roles, responsibilities, and reporting relationships have been clarified;
- 1 stakeholder meeting has been held with district government officials, police, academicians, and local NGOs to brief them about the project and seek their involvement and support;

- 313 infected or affected children have been registered for services through the project, including 175 children of persons living with HIV/AIDS with both parents alive, 78 children of persons living with HIV/AIDS with one parent alive, and 60 orphaned children;
- A consultation meeting was held with the Positive Women's Network (PWN+) in Chennai to initiate a baseline situation assessment;
- 30 children participated in a 10-day special education camp held in May 2003; 9 of the children were selected for immediate medical checkups;
- "Winspace," a forum for people living with HIV/AIDS, is in place and more than 60 persons living with HIV/AIDS attend regularly every month;
- A small savings and thrift activity has been strengthened;
- 67 children were contacted for formal school education and will receive support for admission in June 2003 to residential schools operated by the government;
- 53 children have been receiving nutrition supplements since June 2003; and
- 17 children have been receiving nonformal education and remedial education support since June 2003.

PRIORITY ACTIVITIES

- Provide home-based care training for staff;
- Train families and caregivers;
- Develop a community-based approach to care;
- Train staff to use the management information system;

- Impart life skills education to children affected by AIDS;
- Network with NGOs; and
- Provide psychosocial support to children affected by AIDS.

PROJECT MATERIALS AND TOOLS

- Success stories in fighting stigma and discrimination against children affected by AIDS;
- Home-based care manual in Telegu (regional language);
- Home-based care training reports;
- Behavior change communication materials and experience with street plays (for creating awareness within the community);
- Primary school education tools; and
- Advocacy documents and reports.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training on integrating home-based care and prevention interventions;
- Lessons learned in community mobilization;

- Training in ethics and rights while working with persons living with HIV/AIDS and children affected by AIDS; and
- WINS could take the lead in starting a network of agencies that provide care and support to children affected by AIDS.

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COUNTRY:
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PROJECT:
PRUNAJEEVA ("Full Life")

IMPLEMENTING ORGANIZATIONS:
World Vision; Family Health International/IMPACT

USAID FUNDING PERIOD:
May 2003–November 2004

USAID AMOUNT:
\$162,526

PURPOSE

The goal of the project is to initiate community responses for the physical and psychosocial well-being of persons living with HIV/AIDS, including children affected by AIDS in specific areas of Guntur and Vijayawada districts in Andhra Pradesh. To address issues of stigma and discrimination, this project will use broad community-based approaches to cover all the households, including those with children infected

and affected by HIV/AIDS. To ensure effective implementation and sustainability, entry points will be identified and linkages will be built using existing community structures and resources of the Area Development Programme (ADP). Key strategies of the project include:

- Community mobilization and participation in project planning and implementation to build the capacities of families and caregivers;

- Development and implementation of a behavior change communication strategy;
- Provision of child-focused services to meet the needs of children affected by HIV/AIDS; and
- Networking and sensitization of stakeholders to create an enabling environment and promote greater involvement of persons living with HIV/AIDS.

KEY ACCOMPLISHMENTS

The project has just started.

PRIORITY ACTIVITIES

- Perform a baseline and situation assessment;
- Develop a behavior change communication strategy and materials;
- Train families on home-based care of children affected by AIDS;
- Provide need-based services to children; and
- Network to create an enabling environment.

PROJECT MATERIALS AND TOOLS

- Training manual for trainers of caregivers;
- Life skills education guide for fieldworkers; and
- Behavior change communication strategy and materials.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- HIV prevention interventions;

- Community mobilization;
- HIV/AIDS care and support;
- Home- and community-based care; and
- Mainstreaming HIV/AIDS programs into existing community development programs.

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COUNTRY:**India****USAID FUNDING PERIOD:****March 2000–June 2002 (Phase I)
July 2002–December 2003 (Phase II)****PROJECT****Children Affected by AIDS Project****USAID AMOUNT:****\$126,640 (Phase I)
\$196,247 (Phase II)****IMPLEMENTING ORGANIZATIONS:****Project Concern International (PCI);
Family Health International/IMPACT****PURPOSE**

The project aims to reduce the vulnerability of street and working children and their families to HIV/AIDS and STIs. Disadvantaged, exploited, and abused children receive services that enhance their self-esteem, safety, health, and livelihood. Three drop-in centers provide services in three areas in Delhi that are adjacent to railway stations, bus stations, and slum settlements, sites where street children and rag-picking children gather. The drop-in centers have facilities for education, entertainment, health, counseling, recreation, micro-savings, and vocational training. In September 2000, the project opened a shelter home that provides street children with food, accommodation, counseling, and clothing and with a place to participate in nonformal education and income-generating activities. HIV/AIDS awareness programs in the communities and a mobile health van that operates at the three intervention areas offer counseling and treatment for STIs and counseling for HIV/AIDS.

In addition to rehabilitating street children through educational and economic empowerment, children are encouraged to live with their families. The process of reuniting children with their families is carried out only with the consent of the affected children and the parents or family members.

KEY ACCOMPLISHMENTS

- 2,158 boys and girls have been contacted and encouraged to use services offered through the project;
- 141 children have been provided with a safe space through the short-stay home;
- 94 peer educators have been identified, trained, and actively contribute toward the project;
- 804 children have been provided with basic numeric and literacy skills through nonformal education classes and 44 children have been enrolled in schools for formal education;
- 189 children received vocational training and six children entered apprenticeship programs for job placement;
- 1,945 community members received treatment from the mobile health van, of which 368 were treated for STIs;
- 943 children were counseled on STIs, issues related to sex and sexuality, and HIV/AIDS;
- 85 family life education programs have been organized, benefiting a total of 560 children;
- 1,959 children have received treatment for general ailments through health camps;
- 13 camps have been organized that provide treatment for STIs;
- 374 children received dental care and treatment at five dental camps;
- 150 children regularly receive daily nutrition supplements;
- 9 children were reunited with their families;
- One theater group was formed to spread information about HIV/AIDS, children's rights, and leprosy; and
- 15 staff development training sessions have been conducted, focusing on subjects such as sex and sexuality, syndromic management of STIs, HIV/AIDS, strategic planning, drug de-addiction, and nonformal education.

PRIORITY ACTIVITIES

- Focus on reuniting children with their families;
- Provide services to HIV-positive children and community members through mobile van services;
- Evaluate the impact of the program using the child development and monitoring tool, which was developed by PCI to measure the progress of the children in areas such as mental and physical health, psychosocial development, and nutritional status; and
- Ensure the sustainability of the program by involving peer educators and community members.

PROJECT MATERIALS AND TOOLS

- Management information system including formats for daily reporting of outreach workers and peer educators, psychosocial counseling, STI/sexual counseling, and pre- and post-test counseling;
- Child development and monitoring tool;
- Guidelines for rapid test for HIV;
- Child induction register and patient records; and
- Checklist for counseling, nonformal education, and medical camps.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- HIV/AIDS prevention for street youth;
- Monitoring and evaluation of street children;
- Institutional capacity-building;
- Economic support services for street youth;
- Social welfare services for street youth; and
- Child development monitoring tool.

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COUNTRY:
India

PROJECT:
Reducing the Vulnerability to HIV/AIDS of Children and Women Victims of Commercial Sexual Exploitations and Trafficking (VOCSET)

IMPLEMENTING ORGANIZATIONS:
PRERANA; Family Health International/IMPACT

USAID FUNDING PERIOD:
April 2000–August 2002 (Phase I)
September 2002–February 2004 (Phase II)

USAID AMOUNT:
\$62,065 (Phase I)
\$61,108 (Phase II)

PURPOSE

The project aims to protect children in Falkland Road Mumbai and Turbhe-Vashi (Navi Mumbai) townships who are vulnerable to HIV/AIDS. The project's target populations include children orphaned due to HIV, chil-

dren of HIV-positive mothers, and children who are vulnerable to sexual exploitation. The primary goals are to reduce the vulnerability to HIV/AIDS among children who are susceptible to commercial sexual exploitation, to ensure the well-being of children affected by

HIV/AIDS using a rights-based approach, and to provide support. Key project strategies include:

- De-linking children from brothels (but not from their mothers);
- Operating night-care centers for children affected by HIV/AIDS;
- Eliminating second-generation trafficking;
- Increasing human, civil, and health rights awareness among vulnerable women;
- Creating self-help groups among vulnerable women and helping them network with other groups;
- Ensuring the educational rights of children through maximum school enrollment; and
- Establishing self-help networks of children.

Night-care centers established under the project offer safe sleeping space, food, health checkups, referrals and follow-ups, comprehensive educational support, psychosocial support, life skills education, and recreational opportunities for children.

KEY ACCOMPLISHMENTS

- 613 children of commercial sex workers received care and support through health, educational, and nutritional services; psychosocial counseling; life skills training; and night shelters at two locations in Mumbai (as of April 30, 2003);
- 103 children, aged 6 to 18, received life skills education in which the concepts of sexuality and body mapping are communicated through sessions that teach children the differences between “good” and “bad” touch;
- 37 children were placed in boarding schools and vocational training centers to prevent them from being exploited for commercial sex work;
- 4 self-help groups have been formed—some members are living with HIV/AIDS—that encourage women to develop habits of thrift and credit; and
- Mothers and their children received help to move out of commercial sex work and out of the brothels.

PRIORITY ACTIVITIES

- Continue to offer services to children vulnerable to HIV at two night-care shelters for orphans and vulnerable children;
- Expand ongoing efforts to place children in foster homes and institutions; it is expected that by the end of the second phase of the project, 5 more children will be placed in boarding schools, making a total of 42 placements;
- Continue to provide integrated prevention and care and support services among vulnerable, infected, and affected children through nutrition, education, health, skills development, and other services; and
- Focus on skills development of women living with HIV/AIDS and, simultaneously, continue efforts to reduce vulnerability to HIV/AIDS by offering women in sex work alternative means of generating income.

PROJECT MATERIALS AND TOOLS

- Orientation and briefing on child participatory methodologies for organizations working with orphans and vulnerable children;
- Briefing on the life skills education approach, with emphasis on children of commercial sex workers and children exploited through commercial sex work;
- Case studies;
- Story lines of mothers;
- Manual on how to establish and operate night-care centers for children in red-light districts;
- Manual on how to operate educational development programs for children in red-light districts;
- Manual on how to manage institutional placement programs for children in red-light districts; and
- Manual on children’s rights and child protection for children in red-light districts.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Methodologies for forming self-help groups among women living with HIV/AIDS, especially commercial sex workers;

- Concept development and project evolution;
- Consultancy in setting up and developing field projects;
- On-the-job, in-service, and pre-service training;
- Consultancy in research and documentation;
- Networking and consultancy in networking;
- Development of program modules for victims of abuse;
- Training in how to work with state agencies; and
- Orientation on interface between field programs and legal framework.

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COUNTRY:

India

USAID FUNDING PERIOD:

April 2000–December 2002 (Phase I)
January 2003–April 2004 (Phase II)

PROJECT:

Assisting Children Affected by HIV/AIDS—Community-Based Prevention and Care Services for Vulnerable Children and Adolescents

USAID AMOUNT:

\$66,651 (Phase I)
\$51,160 (Phase II)

IMPLEMENTING ORGANIZATIONS:

Society for Development Research and Training (SFDRT); Family Health International/IMPACT

PURPOSE

The project aims to assist children of commercial sex workers, HIV-infected children, children of HIV-infected parents, and other vulnerable adolescents in the Kan Doctor Thottam brothel of Pondicherry. The project intends to reach these children directly as well as indirectly through interventions with commercial sex workers. SFDRT has developed linkages with other CBOs, children's homes, and orphanages to provide assistance for access to care for HIV-infected and -affected children. The strategies are to:

- Provide prevention and care services to vulnerable children and adolescents;

- Mobilize and build the capacity of communities to support children affected by AIDS and vulnerable adolescents, especially girls;
- Advocate and network to improve access to services; and
- Build the capacity of the organization and staff to ensure effective program management and implementation.

SFDRT is carrying out the following interventions: community education through community workers; crèche for children; night shelter for adolescent girls and boys; counseling; life skills education; promotion of formal education for children through school enroll-

ment and by reducing the number of dropouts; community sensitization and awareness including involvement of stakeholders; formation of support groups for children; strengthening of a children's forum; foster care; advocacy and networking with government authorities, civil authorities, urban development authority, police, media, and the State AIDS Control Society (SACS); referrals to medical services, care providers, legal services, and schools; and organizational restructuring and staff capacity-building through training and exposure visits.

KEY ACCOMPLISHMENTS

- 241 children have received medical care, psychosocial support, nutritional supplements, and educational and vocational support;
- 52 sex workers' children from Kan Doctor Thottam brothel have benefited from the crèche for children;
- 6 children receive vocational training each year;
- 16 foster mothers have been trained and 14 children have received foster care services;
- 8 community workers were trained to carry out community-based interventions;
- 25 children per day have benefited from the night shelter services since January 2002;
- 348 children have been counseled (including repeat counseling);
- 120 children have been enrolled in school;
- 66 dropout children have received nonformal training;
- 2 meetings with the project steering committee and 3 meetings with the support groups were organized between January and May 2003;
- A youth group and a children's forum were established to encourage children to participate in promoting and protecting the interests of youth and children; a study tour to Kerala was organized for the children's forum in May 2003;
- 10 advocacy meetings were held for government representatives, 6 network meetings were held with NGOs working for child welfare, and 2 media sensitization workshops were conducted, leading to publication of three reports in the local daily newspapers to educate the public about the issues of children affected by AIDS; and
- SFDRT project staff organized training and capacity-building programs.

PRIORITY ACTIVITIES

- Strengthen self-help groups, youth groups, children's forums, steering committees, and support groups for children affected by HIV/AIDS so that they can carry forward these community initiatives on their own;
- Link the private sector with the crèche and night shelter; and
- Strengthen community involvement, especially to operate the crèche/childcare center activities at the Kan Doctor Thottam brothel.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Addressing issues and concerns of commercial sex workers and their children, especially in the context of HIV/AIDS prevention and care;
- Mobilizing the community to provide prevention and care services for orphans and vulnerable children; and
- Encouraging participation of children.

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COUNTRY:
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USAID FUNDING PERIOD:
August 2002–January 2004

PROJECT:
Assistance to Substance-Using Street Children

USAID AMOUNT:
\$113,441

IMPLEMENTING ORGANIZATIONS:
Family Health International/IMPACT;
Society for Service to Urban Poverty;
SHARAN (in New Delhi); SUPPORT (in Mumbai)

PURPOSE

The project, which is being implemented in Delhi and Mumbai, aims to improve the general health of street children and reduce their substance use through the use of innovative methodologies, leading to a reduction in HIV-related risk behavior. Project strategies include:

- Establishing a daycare center;
- Reaching children through outreach activities;
- Providing health and nutritional services;
- Providing life skills education;
- Providing detoxification and follow-up services; and
- Developing peer support groups.

The project attempts to mitigate the impact of HIV/AIDS through detoxification and providing life skills education, vocational training, and support mechanisms to enable children to lead a life free of drugs.

KEY ACCOMPLISHMENTS

- 334 orphans and vulnerable children have been reached through three drop-in centers (one in Delhi and two in Mumbai) that provide medical care, detoxification, and nutritional services;
- 173 children have received medical care;
- 334 children have received nutritional support;
- 148 children have been receiving nonformal educational support; and
- 112 children have been detoxified.

PRIORITY ACTIVITIES

- Identify and train peer educators at the New Delhi SHARAN program;
- Expand the project to provide detoxification facilities to more vulnerable children in Mumbai;
- Implement a life skills education program;
- Develop a city-level resource directory;
- Sensitize primary and secondary stakeholders; and
- Document project experiences and conduct a dissemination workshop.

PROJECT MATERIALS AND TOOLS

- Detoxification protocols;
- AIDS care manual;
- HIV manual for drug users produced by SHARAN for UNDCP/Ministry of Social Justice; and
- Rapid situational assessment of drug use in India.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Child detoxification; and
- Counseling of children who inject drugs.

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COUNTRY:
India

PROJECT:
**Reducing Vulnerability of Slum Children
in Delhi to HIV/AIDS**

IMPLEMENTING ORGANIZATIONS:
**Young Women's Christian Association
(YWCA) New Delhi; Family Health
International/IMPACT**

USAID FUNDING PERIOD:
September 2002–February 2004

USAID AMOUNT:
\$40,817

PURPOSE

The project aims to reduce HIV/AIDS vulnerability among adolescents (aged 10–19), especially girls, by involving parents, families, and the community. Specific target audiences include rag pickers and snake charmers. The project is based in the Najafgarh block of Delhi, a semi-rural locality where migrant people constitute approximately 44 percent of the population. The project is currently reaching more than 400 children and adolescents with prevention services. Project strategies include:

- Developing community-based mechanisms to reduce exposure to high-risk behaviors among adolescents and young children;
- Empowering adolescents by improving literacy, training in life and livelihood skills to promote their overall development, and addressing the needs of younger children through education, recreation, and nutrition; and
- Reducing the risk of sexual and other exploitation of adolescent girls by providing awareness programs and counseling services.

KEY ACCOMPLISHMENTS

- 414 children and adolescents (193 boys and 221 girls) have been provided with various services;

- Approximately 150 children (aged 5–10) received nutrition, education, and medical checkups per month;
- Provided life skills education sessions to 82 boys and 102 girls; sessions include such subjects as personality development, sexuality, changes during adolescence, and awareness about HIV/AIDS;
- Helped 85 children and adolescents be admitted to schools with the support of parents, school authorities, and community health workers;
- 296 children and adolescents (143 boys and 153 girls) are being supported through remedial education classes in continuing their school education and preventing them from dropping out of school;
- Providing access to education through nonformal education classes for 173 children and adolescents who are unable to attend regular school due to economic and social reasons;
- 12 boys and 20 girls have been identified and are being trained to form Yuva Sabhas (youth groups) where there is a discussion of sensitive issues including sexuality, adolescent health, drug abuse prevention, and STI/HIV/AIDS;

- Four centers have been set up under the project and are being accessed by 30 to 35 adolescents per month, providing a safe space against sexual exploitation and a place for conducting health education classes including information on HIV/AIDS issues;
- 130 boys and 100 girls are receiving vocational training on cutting and tailoring, candle making, and fabric painting; and
- Nine community health workers were identified from within the communities and were trained in health care, reproductive health, HIV/AIDS, and adolescent issues.

PRIORITY ACTIVITIES

- Expand services to reach 750 children during the project period;
- Build staff capacity on life skills education, child participatory methods, counseling for adolescents, health education, and HIV/AIDS issues;
- Train community health workers;
- Develop behavior change communication strategy for reducing risk of HIV transmission; and
- Strengthen Yuva Sabhas (youth groups).

PROJECT MATERIALS AND TOOLS

- Life skills education syllabus and support material on health, hygiene, adolescence, and STI/HIV/AIDS;

- Vocational training course materials and syllabus on cutting, tailoring, and fabric painting; and
- Script for street play performance entitled *Ek Sachai—A Truth*.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Vocational training;
- Mobilization of a rural community; and
- Life skills education.

CONTACT INFORMATION

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COUNTRY:

India

PROJECT:

HIV/AIDS Prevention for Street and Slum Children in Delhi

IMPLEMENTING ORGANIZATIONS:

Salaam Baalak Trust (SBT); Family Health International/IMPACT

USAID FUNDING PERIOD:

**August 1999–August 2002 (Phase I)
September 2002–February 2004 (Phase II)**

USAID AMOUNT:

**\$105,537 (Phase I)
\$73,434 (Phase II)**

PURPOSE

The project works to reduce the risk of HIV/AIDS exposure and infection among street children and slum dwellers, especially girls, through four strategies:

- Building life skills among street and working children, with emphasis on promoting health, preventing HIV/AIDS, and promoting access to health services and products;

- Providing basic literacy and formal and nonformal educational and recreational opportunities to all children;
- Strengthening repatriation through counseling and support to children, families, and the community; and
- Strengthening the capacity of SBT staff through training and capacity building.

The project provides basic literacy training and facilities for further study, counseling and health services, vocational training, reunification with family members, income generation and job placement, boarding facilities, and recreation and games. Advocacy on children's rights is conducted with various sectors of society, including police officials.

KEY ACCOMPLISHMENTS

- 6,168 street children at the railway station and various contact points have received information with regard to life skills education; health; sex and sexuality; and prevention of drug abuse, STIs, and HIV/AIDS;
- 809 children received medical care and 567 were referred to hospitals for treatment of ailments;
- 78 children have enrolled in the schools, 906 children are participating in nonformal education classes, and 62 children are studying in the SBT-operated national open school center;
- 500 children have received interpersonal counseling;
- 80 staff members, including 15 peer educators, have been trained in various issues related to HIV/AIDS, including prevention strategies and the care and support needs of children;
- 120 girls have used the facilities of the girls' shelter;
- 90 girls have been reunited with their families, both within Delhi and outside Delhi;
- Approximately 50 children have been referred to the voluntary counseling and testing center in Safdarjung Hospital after individual and group counseling sessions; only one adolescent tested HIV-positive, and SBT is providing ongoing counseling and referral services to the adolescent;

- SBT has developed a resource directory of voluntary counseling and testing centers and of care and support for children who might in the future test positive for HIV;
- 120 girls have had medical examinations, and 10 girls are being treated for various ailments including tuberculosis and poliomyelitis;
- A socioeconomic survey of street children was conducted to gather information on the social and economic backgrounds of the children at the railway station;
- A participatory assessment of street children and other stakeholders was conducted to gather information of the sexual and risk-taking behavior of the children at and around the railway station; and
- A consultant conducts theater workshops with children on a regular basis; eight sessions with 20 children have been conducted so far.

PRIORITY ACTIVITIES

- Implement a behavior change communication strategy to increase awareness of HIV among street children;
- Implement a child participatory life skills education program;
- Document 50 successful repatriations;
- Strengthen counseling for children to accomplish more repatriations and to meet the special needs of children; and
- Enroll more children in formal schooling as well as in the national open school and provide support classes to retain them in school and thereby mainstream them into the society.

PROJECT MATERIALS AND TOOLS

- Guidelines on innovative program design and management for HIV prevention among street children (especially girls) and working children;
- Documentation of socioeconomic and behavioral patterns of street children and working children;
- Guidelines established by the project on voluntary counseling and testing;
- Peer-education guidelines; and

- Strategies for increasing participation of children in HIV-prevention programs.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training of social workers and peer educators in HIV/AIDS-related issues;
- Training of program managers in HIV prevention for street children and working children;
- Linking care and prevention in HIV programs with street children;
- Operating a peer education program for street children;
- Arranging site visits and onsite training for workers from other orphans and vulnerable children projects; and
- At the end of the project, SBT intends to compile 50 case studies of successfully repatriated children, and these will be shared with other implementing partners.

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Nepal

COUNTRY:

Nepal

PROJECT:

HIV/AIDS Impact Mitigation through Mobilization in Affected Communities in Kanchanpur District

IMPLEMENTING ORGANIZATIONS:

Save the Children/US; with subgrants to Nepal Red Cross Society (NRCS) and Nepal National Social Welfare Association (NNSWA)

USAID FUNDING PERIOD:

June 2001–June 2003

USAID AMOUNT:

\$200,000

PURPOSE

The project focuses on mitigating the impact of HIV/AIDS on affected children, their families, and the community. It supports the development of appropriate care and support systems within Kanchanpur district that can be used as models to initiate care and support systems in other districts. The project emphasizes care and support activities for those infected with and affected by HIV/AIDS, and thus differs from previous HIV/AIDS activities in Nepal, which focused on HIV/AIDS awareness raising, HIV/AIDS prevention activities, and social marketing of condoms.

KEY ACCOMPLISHMENTS

- 6 AIDS coordination committees were formed and mobilized: one district, one municipal, and four village committees. All the committees are strong advocates for the project and for HIV/AIDS awareness, prevention, care, and support activities in Kanchanpur district. Committee members have received training on care and support issues and on how to reduce the impact of HIV/AIDS, and are now sensitized to the responsibilities of individuals and communities in providing care and support for people living with and affected by HIV/AIDS.
- An HIV counseling center was established at the Mahakali Zonal Hospital in Kanchanpur district, and 190 patients with STIs (including 10 people living with HIV/AIDS) have been counseled at the Mahakali Zonal Counseling Center and at four peripheral counseling centers.

- 175 female community health volunteers and 26 caretakers of HIV/AIDS-affected families received training in home-based care and counseling. Training focused on HIV/AIDS, counseling, opportunistic infections and their management, universal precautions, and care and support.
- Female community health volunteers organized 481 meetings for 163 groups of mothers in the project area. The meetings focus on HIV/AIDS prevention education, the rights of HIV/AIDS-affected people, and the importance of care and support. These meetings have been instrumental in developing a sense of responsibility among individuals and civil society in terms of care and support.
- A workshop was conducted on required care and support for people living with HIV/AIDS and their families. The workshop included outlining a plan for each institution to provide to people living with HIV/AIDS and their families, and commitments by the institution to support the plan in the future.

PRIORITY ACTIVITIES

- Increase the availability of and access to appropriate care and support services in Kanchanpur district;
- Create a supportive and nondiscriminatory environment for persons living with HIV/AIDS and their families; and
- Continue to promote development of care and support systems.

PROJECT MATERIALS AND TOOLS

- Information, education, and communication material for peer educators are available from Save the Children/US.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Community mobilization; and
- Setting up systems for care and support programs where none exist.

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Europe and Eurasia



Photo courtesy of World Bank/Stan Constantin

Russia

COUNTRY:
Russia

PROJECT:
Assistance to Russian Orphans (ARO)

IMPLEMENTING ORGANIZATIONS:
International Research & Exchanges Board (IREX, a U.S. non-profit organization) in partnership with the National

Society for the Prevention of Cruelty to Children (NSPCC, a Russian NGO)

USAID FUNDING PERIOD:
October 2002–October 2006

USAID AMOUNT:
\$8,000,000 (a portion supports children and families affected by HIV/AIDS)

PURPOSE

The second phase of the Assistance to Russian Orphans (ARO-2) will build on the work and achievements of ARO-1, which operated in Russia from 1999 to 2002, and was the first large program to involve nongovernmental organizations (NGOs) in the prevention of child abandonment. The priority regions for ARO-2 will be Magadan and Tomsk oblasts, Khabarovsk Krai, and a region in the Volga Federal District. The program will also be active in other selected regions of the Russian Federation.

The ARO program does not target AIDS orphans, nor does it support international adoptions, donations of material or medical assistance, research, or survey work. Instead, it targets communities in which HIV/AIDS makes children vulnerable. Grants are directed to services and community mobilization efforts within an environment where HIV/AIDS is significantly increasing the vulnerability of children and adolescents. ARO-2 seeks to achieve the following objectives:

- Irreversible positive changes in the sphere of child abandonment prevention;
- Creation of sustainable mechanisms to overcome the negative situation; and
- Increased understanding among the general public that the problem of child abandonment can be overcome only with the help of society as a whole.

The ARO-2 program strategy is focused on increasing the number of innovative projects at the local (rayon,

town, and city), regional, and federal levels based on sustainable partnerships between NGOs and governmental organizations. ARO-2 implementation strategy includes:

- Regional seminars to develop new initiatives and innovative projects and to bring together key stakeholders, including governmental organizations and NGOs, policy makers, mass media, and business and other professionals, to involve them in finding solutions for problems linked to child abandonment;
- Grant support and technical assistance for innovative regional projects, dissemination of information on effective practices, and increased mass media attention to child abandonment problems and successful solutions;
- Training for specialists; and
- Public education campaigns to raise public awareness and change public attitudes regarding child abandonment problems and their solutions.

KEY ACCOMPLISHMENTS

- 1,403 children remained in families as a result of family preservation and reunification interventions, and more than 10,000 of the most vulnerable children and 7,000 families, including short- and long-term foster families, guardianship families, adopting families, and respite families, received comprehensive psychological and social assistance services.

- 144 projects were implemented by 84 NGOs and their partners in the government sector in 26 regions of Russia, including Vladimirskaya, Novgorodskaya, Tomskaya, Permskaya, Nizhegorodskaya, Tyumenskaya, Rostovskaya, Irkutskaya, Volgogradskaya, Pskovskaya, Novosibirskaya, and Magadanskaya Oblasts, Khabarovskiy, Altayskiy, Krasnodarskiy, and Primorskiy Krays, Republic of Kareliya, and Republic of Buryatiya. The amount provided in grants to NGOs has totaled \$2,637,926.
- 143 innovative child welfare models were developed and implemented Russia-wide, including services to families in crisis and foster families (e.g., regional foster care model in Primorskiy Krai), support programs for children with special needs (e.g., regional system of early intervention in Novgorod oblast), services for deaf children, children with autism, and children with other disabilities, and social hostels for older orphans and children at-risk.
- 104 foster families were created.
- 90 children, aged 14 to 16, including children with severe intellectual deficiencies, were placed into respite families.
- 233 adopting, guardianship, and foster families received comprehensive support services, including family preservation and secondary abandonment prevention services.
- 472 children in institutional care (orphanages and similar institutions) were provided with mentoring and social adaptation services through joint activities with “family” children.

PRIORITY ACTIVITIES

- Develop public initiatives and innovative projects to assist children and families at risk, and disseminate innovative child welfare practices;
- Develop policy dialogue on child welfare reform; and
- Increase public awareness efforts regarding the sociopsychological roots and causes of child abandonment, existing types of assistance to children and families at risk, and the importance of public initiatives and citizens’ involvement to solve these problems.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training competent social work staff;
- Networking with local and governmental authorities; and
- Abandonment prevention and counseling within high-risk families.

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Latin America and the Caribbean



Photo courtesy of Lutheran World Relief/PhotoShare



Brazil

COUNTRY:
Brazil

USAID FUNDING PERIOD:
September 1994–September 2004

PROJECT:
POMMAR At-Risk Youth Project

USAID AMOUNT:
\$11,473,627 (a portion supports children and families affected by HIV/AIDS)

IMPLEMENTING ORGANIZATION:
Partners of the Americas

PURPOSE

POMMAR (Prevention for At-Risk Boys and Girls) assists children and young people, aged 0 to 21, in urban areas of Salvador, Recife, and Fortaleza in north-eastern Brazil, as well as in the nation's capital, Brasília. The Trafficking in Persons component targets an additional seven municipalities (Pacaraima-RR, Manaus-AM, Rio Branco-AC, Corumbá-MS; São Paulo, Feira de Santa-BA, and Campina Grande-PB). The program promotes the protection and holistic development of at-risk children and youth to become healthy and productive citizens by:

- Increasing the educational and vocational preparation of children and youth;
- Engaging society in decreasing violence, especially sexual, against children and youth and in combating trafficking in persons;
- Preventing and eradicating child labor in urban areas; and
- Strengthening HIV/AIDS prevention in youth (aged 13–21) and community-based care for children (aged 0–12).

POMMAR provides direct financial and technical support to local organizations (primarily nongovernmental organizations [NGOs]) and multisector service networks, funds practical research, and disseminates replicable approaches that:

- Strengthen educational services provided by NGOs that enhance and complement the formal educational system, with special emphasis on arts edu-

cation and cultural expressions, as well as market-oriented vocational training for older youth;

- Promote democratic participation of youth in civic activities, enabling youth to exercise their rights, develop civic skills, and take control of their lives by learning to define coherent objectives and life goals;
- Provide counseling, legal, and protective services for child and adolescent victims of sexual violence (abuse and commercial sexual exploitation/child prostitution) and trafficking for the purpose of sexual exploitation;
- Promote advocacy, coalition-building, and public awareness campaigns that target social values and behaviors related to violence, abuse, and commercial sexual exploitation of children and adolescents;
- Implement services and monitor public policies to prevent and eradicate child labor practices in urban areas;
- Provide health information and services to youth (aged 13–21), with emphasis on the prevention of HIV/AIDS and on teenage pregnancy prevention; and
- Provide community-based care and assistance to children (aged 0–12) living with HIV/AIDS or directly affected by the HIV/AIDS pandemic.

Objectives in community-based care include:

- Supporting entities that assist children living with HIV/AIDS to provide services consistent with cur-

rent legislation and standards for public health and children's rights;

- Improving the quality of services in community care facilities;
- Promoting debate and exchange of information about successful practices among local service providers and public policy makers and with those in other regions of the country; and
- Strengthening indicators for monitoring and evaluation.

KEY ACCOMPLISHMENTS

Following are key quantitative results linked to POMMAR performance indicators during 2002:

- Target population:
 - 16,578 children and youth were reached by POMMAR-supported organizations (56% female, 44% male);
 - 6,507 children and youth were reached directly by 27 POMMAR-supported projects (54% female, 46% male);
 - 11,235 family members were reached indirectly by POMMAR-supported projects;
 - 322 public schools are participating in program activities, reaching a total of 21,265 students and teachers; and
 - Approximately 135 organizations are engaged in networks, reaching 7,215 children and youth.
- Education and vocational training:
 - 92 percent school enrollment rate was achieved among the children/youth served by the program (the percentage passing rate is pending the termination of the academic year);
 - 94 percent (125 of the 133) completion rate was achieved among the youth enrolled in vocational preparation courses that ended during 2002; and
 - 80 percent of 87 youth who participated in vocational training activities with the simultaneous objective of income-generation were placed in income-generating activities.
- Child labor:
 - 923 children either reentered school or remained in school, thus preventing their entry or return to illegal, harmful, or exploitive labor activities;
 - 713 of these children were removed from labor activities and placed in a scholarship program, ensuring their return to school on a regular basis; and
 - 559 of these children were placed in the scholarship program directly supported by POMMAR.
- Violence and sexual exploitation:
 - 1,025 cases of violence were identified by 20 POMMAR-supported organizations, including sexual abuse and exploitation (227), physical abuse (179), AIDS-related discrimination (4), negligence (59), child labor (32), and other types of rights violations (524); and
 - Legal aid and therapeutic counseling were provided in 839 of these cases of violence.
- HIV/AIDS care:
 - 343 children living with HIV/AIDS are being reached in day program, shelter, and hospital settings, 40 of whom previously had no access to such services (including counseling and nutritional support). This number will increase in 2003 because this component of the program did not begin until the second half of 2002.
 - 296 families of assisted children living with HIV/AIDS received care and orientation, including orientation in the prevention of HIV/AIDS. This number will increase in 2003 because this component of the program did not begin until the second half of 2002.
 - Services to children living with HIV/AIDS through day programs, shelters, and hospital-based programs were initiated or expanded. POMMAR leveraged significant Brazilian federal and local resources to complement USAID funding.

- POMMAR assisted two NGOs in Recife and Fortaleza, with extensive experience serving adults living with HIV/AIDS, to expand their services to children aged 0 to 12. USAID resources leveraged counterpart funding as critical support from the Ministry of Health, state government agencies, and local businesses for expansion in Fortaleza and Recife.
- The 2003 expansion of the Happiness Doctors (Doutores de Alegria) from São Paulo to Recife was initiated, and included leveraging resources from international and Brazilian agencies. This award-winning program employs trained artists as clowns to humanize and improve the relationship between child patients (with HIV/AIDS) and healthcare professionals in hospitals and shelters.

PROJECT MATERIALS AND TOOLS

- 2 publications on sexual abuse and exploitation (*Facing Exploitation*, 1998) and arts education (*Every Color Needs Light*, 2001);
- Manual/video on the STIs/HIV/AIDS prevention project for street children/teens (Fortaleza, Ceará State);
- Book/CD on the “Song in Every Corner” (*Canto em Cada Canto*) choir project for at-risk children, enhancing self-esteem and education through choirs and music education (Fortaleza, Ceará State);
- Teaching and management manual/institutional video on the Arts Workshop (*Tapera das Artes*) music and theater project for at-risk children, enhancing self-esteem and education through music education and theater (Fortaleza, Ceará State); and

- Teaching manual on the Youth Community Radio (*Jovens Comunicadores*) project for at-risk youth, enhancing citizen participation and employability through community-based radio programming and skills training (Recife, Pernambuco State).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- HIV/AIDS prevention and community-based care;
- Education;
- Arts education;
- Vocational training;
- Sexual abuse and exploitation;
- Child labor eradication;
- Trafficking in persons; and
- Citizen participation for youth.

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COUNTRY:**Brazil****USAID FUNDING PERIOD:****November 2002–April 2004****PROJECT:****Programa Para o Futuro****USAID AMOUNT:****\$400,000****IMPLEMENTING ORGANIZATIONS:****Academy for Educational Development (grant recipient); with four Brazilian NGOs: Casa de Passagem; CDI-PE; Porto Digital; and LTNNet-Brasil****PURPOSE**

Programa Para o Futuro is an employability and training pilot project for disadvantaged youth in Recife, Brazil, that is being carried out over 18 months and includes:

- A six-month planning period for curriculum development, training of trainers, establishing the training facility, selecting participating youth, and orchestrating partnerships with government agencies and the private sector;
- An eight-month training period in which two groups of 25 disadvantaged youth will participate in a hands-on information technology (IT) training program integrated with supplemental mathematics, Portuguese, English, creativity, health, citizenship education, targeted employability training, and an online e-mentoring activity; and
- A four-month guided internship program through which the youth will gain their first formal employment and practice and enhance their IT and workplace skills.

Programa Para o Futuro has three mutually reinforcing goals:

- Help disadvantaged young men and women acquire an integrated mix of skills and abilities that will enable them to find meaningful employment and to lead a healthy productive life;
- Design, test, and refine an integrated IT employability training program that can be replicated elsewhere in Brazil and that can be sustained locally; and
- Contribute to efforts across Brazil to bridge the “digital divide” by giving disadvantaged youth

opportunities to learn how to use a computer and Internet technologies and to share in the benefits afforded by these tools.

The focus on preparing youth for entry-level technical support jobs is based on expressed demand from the private sector, government agencies, and NGOs. One of the key factors for success and sustainability is enabling youth to develop a solid mix of technical skills for which there is a high demand in the market, and life and employability skills, which are essential for becoming productive and healthy citizens.

The program’s aim is to provide a strong bridge between the youths’ potential and the market demand in an innovative, creative, and professional environment. To achieve this, the program uses a project-based approach that includes practical problem-solving and hands-on practice. To strengthen formal instruction, youth will be linked with e-mentors or IT professionals who will work with the youth via electronic communications to form a robust professional network for IT and lifelong learning. This learning program will be strongly linked to prospective employers through face-to-face mentoring, site visits by youth to local companies, presentations by community business leaders at the training facility, and a robust internship activity. All aspects of this integrated program will simulate the real-world work environment to reinforce professional skills development and make the learning meaningful.

KEY ACCOMPLISHMENTS

A total of 50 disadvantaged youth, all selected from communities and families in poverty, are enrolled in the program, 25 in the four-hour morning session and 25 in the four-hour afternoon session. Formal training

began May 5, 2003, and will continue until April 30, 2004. Most of the training involves technology topics that will help the youth gain skills for future employment, but social and health topics are also integrated into the program. A social worker is employed half time to work with the youth on a regular basis, holding discussion sessions and special instructional sessions with the entire class and with small groups, and also engaging in one-to-one counseling sessions. One of the core topics for these discussions is HIV/AIDS, both in terms of prevention and in coping with AIDS infections. For privacy reasons, the program does not ask youth whether they or members of their family are affected by HIV/AIDS.

Four of the youth in the program were selected from a group of six youth recommended by the Ministry of Justice from a special Ministry of Justice program for first offenders. These youth would normally participate in community service activities.

In addition to accomplishments in the area of HIV/AIDS, the project also:

- Created a detailed process and developed criteria for selecting disadvantaged youth with key economic, social, educational, and health characteristics to ensure that only disadvantaged youth are admitted to the program;
- Prepared learning content that, in addition to core technology themes, included additional topics such as Portuguese, mathematics, English, creativity, citizenship, health, employability skills, ethics, and etiquette;
- Developed an innovative project-based learning approach for all instructional activities, key objectives of which are to enable the youth to take charge of much of their learning program and to simulate the workplace environment and the market in which the youth will function as productive adults;
- Developed material for and carried out a training-of-trainers activity, which included instructing the trainers on how to work with disadvantaged youth;
- Created a training facility and installed computers and peripherals; and
- Carried out public launch and orientation sessions to promote the project and introduce the team members.

PRIORITY ACTIVITIES

- Put into place an innovative e-mentoring program that will link each youth with at least one adult mentor working in the IT field. The adults will participate in a training program to prepare them for their mentoring work, including being trained how to address and respond to sensitive questions (such as those related to HIV/AIDS) and how to work effectively with disadvantaged youth. More adults will be added to the mentor list during the year to provide the youth with a broader selection of adults from whom they can gain information and with whom they can share feelings and concerns about growing up.
- Secure commitments from companies in the Recife area to host the youth as interns. The internship programs will be guided so that the youth are exposed to a variety of workplace situations and are given an opportunity to test their skills as entry-level technical support staff in real-world situations.
- Develop and implement specialized training topics (e.g., Web graphics, database design, Linux, and LAN/WAN) to allow the youth to select from one to four additional technology topics that they can study to advance their skills and give them a competitive advantage in the marketplace.
- Identify employers in the Recife area who will provide openings to graduates of the program.
- Develop program monitoring and evaluation guidelines and implement these activities.

PROJECT MATERIALS AND TOOLS

All of the following are in Portuguese and are or will be available via e-mail or will be posted on the program Web site:

- Training-of-trainers instructional manual;
- Program selection criteria;
- Program draft instructional and reference manuals;

- Outline for the learning and training methodology used in the program;
- Program e-mentoring introduction, training, and activity materials; and
- Program monitoring and evaluation guidelines (being developed).

TECHNICAL ASSISTANCE

The program can provide technical assistance to other groups in Brazil, Mozambique, Angola, and other Portuguese-speaking countries and communities.

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Dominican Republic

COUNTRY:
Dominican Republic
PROJECT:
Proyecto Ayúdame a Vivir (Help Me to Live)
IMPLEMENTING ORGANIZATIONS:
**Esperanza Internacional/ProInfancia/IDEV;
Family Health International/CONECTA**
USAID FUNDING PERIOD:
August 2003–July 2005
USAID AMOUNT:
\$237,091
PURPOSE

This project seeks to improve the quality of life and life expectancy of orphans and vulnerable children and their families living in the Santo Domingo Province of the Dominican Republic. The specific strategy is still in the design phase.

PRIORITY ACTIVITIES

Develop an integrated home-based care and support initiative for orphans and vulnerable children serving Santo Domingo Province, which will include the following:

- Provide comprehensive, family-centered home-based care and support training for families and community members in caring for adults and children living with HIV/AIDS;
- Coordinate and collaborate with local clinical services;
- Increase access to HIV testing and treatment, and prophylaxis for opportunistic infections for children and adults;

- Explore economic strengthening activities for catchment areas; and
- Give special attention to developing a replicable model of quality and accessible home-based care support system for orphans and vulnerable children.

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COUNTRY:
Dominican Republic

USAID FUNDING PERIOD:
August 2003–July 2005

PROJECT:
Project CONECTA

USAID AMOUNT:
\$263,521

IMPLEMENTING ORGANIZATIONS:
Family Health International; Centro de Promoción y Solidaridad Humana (CEPROSH); Esperanza Internacional for the Micro-Credit Component

PURPOSE

The purpose of the project is to improve living conditions and family stability for people infected and affected by HIV/AIDS through the creation of networks for integrated services. This will involve:

- Establishing and providing integrated services to 700 people living with HIV/AIDS;
- Strengthening integrated services already being offered in the network of Puerto Plata;
- Integrating 70 percent of the people living with HIV/AIDS into support groups; and
- Integrating 20 percent of the reached population into integrated support groups.

Goals of the project are to:

- Perform HIV testing for 80 percent of the people who need testing, and provide pre-test and post-test counseling;
- Train 80 percent of the medical and paramedic personnel in selected sites to handle HIV/AIDS cases during the first six months of project implementation;
- Update the multidisciplinary team in charge of care for people living with HIV/AIDS through the program's continuing education program in each province within the life span of the project;
- Obtain financial credits for 70 percent of support group members for the development of family micro-businesses to increase income for beneficiary families. (The project will support new and existing family micro-businesses in areas where there are at least 480 people infected or affected by HIV/AIDS, including patients, parents, uncles, grandparents, and others.);

- Encourage participation by members of the family group to ensure continuity of contingency activities for HIV-infected people; and
- Obtain free airtime from 50 percent of the mass media to disseminate information about HIV/AIDS; also strengthen relations with the media so that at least 80 percent of the media continues to support information campaigns after the project.

KEY ACCOMPLISHMENTS

The project is just beginning.

PRIORITY ACTIVITIES

As a behavior change component, a series of information, education, and community programs will be established for people living with HIV/AIDS. This is reflected in the following priority activities:

- Hold support group workshops for people living with HIV/AIDS;
- Hold workshops for new clients;
- Hold workshops for those caring for and those living with people living with HIV/AIDS and provide pre-test and post-test counseling;
- Develop hope and solidarity group accounts;
- Issue loans in the amount of DR\$3,900;
- Develop micro-business growth workshops to train micro-business owners involved with the project;
- Offer technical assistance and business assessment for beneficiaries of the project; and
- Offer vocational training for beneficiaries of the project.

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COUNTRY:
Dominican Republic

USAID FUNDING PERIOD:
August 2003–July 2005

PROJECT:
Family Health International/CONECTA

USAID AMOUNT:
\$207,052

IMPLEMENTING ORGANIZATIONS:
Family Health International; Esperanza Internacional

PURPOSE

The purpose of the project is to increase the quality of life and the life expectations of orphans and other vulnerable children in the Dominican Republic by developing an integrated care and support intervention in Santo Domingo Province that can be replicated by 2005. This effort will include the following:

- Establishing a voluntary counseling and testing site with follow-up psychosocial support, including family counseling activities and ambulatory care for opportunistic infections for people living with HIV/AIDS and their families;
- Developing strategies for increasing access to and follow-up of women and their children in the national prevention of mother-to-child transmission program that is to be developed and implemented;
- Increasing access to and quality of primary health care for people living with HIV/AIDS and their families; and
- Establishing an economic strengthening program through Banco de la Esperanza.

KEY ACCOMPLISHMENTS

The project is just beginning.

PRIORITY ACTIVITIES

- Start up the voluntary counseling and testing site and train personnel, including medical and other health personnel;
- Start the home visits program and begin providing benefits for people living with HIV/AIDS and their families; and
- Start the Banco de la Esperanza organization and activities.

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COUNTRY:
Dominican Republic

USAID FUNDING PERIOD:
August 2003–July 2005

PROJECT:
Family Health International/CONECTA

USAID AMOUNT:
\$242,937

IMPLEMENTING ORGANIZATIONS:
Family Health International; Fundacion Genesis; in coordination with Masonic Hospital JPDuarte; Esperanza Internacional; Oncology Institute

PURPOSE

The purpose of the project is to improve the quality of life of 4,000 people living in the area of Sabana Perdida, with primary focus on people living with HIV/AIDS and their families, by providing adequate medical assistance, economic strengthening, health education, and community participation. Activities related to orphans and vulnerable children include:

- Increasing access to services at the Hospital JPDuarte, especially for adults and children living with HIV/AIDS and their families (priority will be given to families with children) in the area of the project; and
- Creating and supporting a community council to support the activities of the hospital.

A specific strategy is currently being developed.

KEY ACCOMPLISHMENTS

The project is just beginning.

PRIORITY ACTIVITIES

- Train healthcare personnel and community extension personnel in family planning, HIV/AIDS and sexually transmitted infections, facilitation, and

skills for treatment follow-up (e.g., directly observed treatment short-course [DOTS]);

- Educate community members about and promote the use of health rights and responsibilities and the AIDS law;
- Establish a site for voluntary counseling and testing and train personnel;
- Create support groups for people living with HIV/AIDS and their families; and
- Start the economic strengthening program for people living with HIV/AIDS.

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COUNTRY:
Dominican Republic

Living with HIV/AIDS; Catholic Relief Services; Project HOPE

PROJECT:
Calidad de Vida (Quality of Life)

USAID FUNDING PERIOD:
August 2003–July 2005

IMPLEMENTING ORGANIZATIONS:
**Family Health International/CONECTA;
Red de Personas Viviendo con VIH
(REDOVIH); National Network of People**

USAID AMOUNT:
\$198,007

PURPOSE

The purpose of the project is to improve the quality of life of people living with HIV/AIDS and their relatives by facilitating access to integrated health services, employment opportunities, and education in the area of self-care. The target population is 664 people living with HIV/AIDS and 1,500 persons affected by HIV (orphans and vulnerable children and other relatives of HIV-positive individuals) in La Romana, San Pedro de Macoris, and Santo Domingo. Plans are to:

- Improve access to health services and employment for people living with HIV/AIDS;
- Establish a family support program that includes development of a memory box and other psychosocial support interventions, and interventions to improve family relationships and communication between HIV-positive parents and their children;
- Train people in HIV/AIDS prevention and awareness-building regarding the needs of HIV-positive individuals in their communities;
- Form support groups for HIV-positive mothers that include home visits to mothers living with HIV;
- Educate mothers living with HIV regarding reproductive and sexual rights;
- Provide training in tuberculosis and other opportunistic infections; and
- Provide training on human rights and community participation for people living with HIV/AIDS.

KEY ACCOMPLISHMENTS

The project is just beginning.

PRIORITY ACTIVITIES

- Provide emotional and psychological support services for HIV-positive mothers and their children;

- Work in collaboration with the National Tuberculosis Program to initiate tuberculosis prevention and care among the HIV-positive population;
- Offer vocational training and micro-credit to HIV-positive individuals as part of the economic development component of the program;
- Conduct awareness-building activities among private sector companies and industries to advocate for the employment of HIV-positive individuals;
- Carry out activities focused on education for HIV-positive individuals and awareness-building in communities and schools; and
- Advocate for access to antiretroviral medications and for human rights for HIV-positive individuals.

PROJECT MATERIALS AND TOOLS

- Manual to facilitate support groups for HIV-positive individuals;
- Manual to train HIV-positive community leaders;
- Educational kit for HIV-positive women;
- Family Relationships and HIV questionnaire to determine how a family has been affected by HIV;
- Educational materials designed specifically for HIV-positive individuals (e.g., HIV-positive mothers and mother-to-child transmission); and
- Memory box tool for support to the children of HIV-positive individuals.

TECHNICAL ASSISTANCE

The project will provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training HIV-positive peer educators;
- Formation of support groups for HIV-positive individuals and their families;

- Advocacy/human rights of HIV-positive individuals;
- School-based education strategies (schools for children of HIV-positive parents);
- Development of educational materials for HIV-positive population; and
- Emotional support programs for children of HIV-positive parents.

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COUNTRY:
Dominican Republic

PROJECT:
Vulnerable Children at Risk of Being Orphaned and Displaced by AIDS in the Dominican Republic

IMPLEMENTING ORGANIZATIONS:
**The Global Orphan Project/Promundo;
John Snow Inc. (JSI)**

USAID FUNDING PERIOD:
July 2001–March 2004

USAID AMOUNT:
\$908,000

PURPOSE

The project is intended to carry out a situation analysis leading to a multisector strategy that is designed to assist children affected by HIV/AIDS, including HIV-positive children. The project protocol progresses through three phases:

- Phase 1: Situation analysis/quantification;
- Phase 2: Community mobilization; and
- Phase 3: Direct services benefiting vulnerable children and families living with HIV/AIDS.

Using the methodology of the Global Orphan Project “3-Stage Risk of Displacement Model,” the situation analysis estimates the number of children, aged 0 to 14, who:

- Have mothers living with HIV who are asymptomatic (primary stage of risk of displacement); or
- Have mothers living with AIDS who are symptomatic (secondary stage of risk of displacement); or
- Are already orphaned by AIDS (tertiary stage of risk of displacement) and the proportion of children

at risk of being orphaned and displaced who are also HIV-positive.

Based on the results, community mobilization workshops are conducted nationwide with the involvement of the private, public, and social sectors. Three innovative pilot activities are under way using community and social mobilization models:

- Family and community groups unite and identify the needs and provide care and support for vulnerable children;
- Pilot activities are testing techniques of family case management, micro-credit, and micro-enterprise; and
- Communities support activities for vulnerable children that involve networks of people living with AIDS, parochial systems, public and private pediatric clinics, NGOs, faith-based organizations (FBOs), and special needs education programs.

“Dominican Republic Snapshot” estimation study results indicate a rapidly expanding social problem that is the accumulated impact of the epidemic over

the last 18 years. An estimated 58,000 children aged 0 to 15 are at risk of being orphaned and displaced from their families. Less than 20 percent of these children are HIV-positive. Of the estimated 58,000, more than 2,800 children are already orphaned due to AIDS; the remaining 55,000 children will be orphaned within 5 to 10 years. Thus, 1 out of every 50 children is at risk of being orphaned and displaced. The added responsibilities and costs of caring for orphaned children will burden one out of every 47 women aged 15 to 69.

The Global Orphan Project/Promundo collaborates with key government agencies, NGOs, foundations, and donors. A comprehensive analysis of current Dominican Republic public policies and laws affecting vulnerable children is ongoing. This analysis pertains to the protection of orphans, adoptions, social security for disabled adults, inheritance, and support to extended families providing assistance to vulnerable children. Special programs are identified that have the potential for improving the health, education, protection, and overall quality of life of children affected by HIV/AIDS.

KEY ACCOMPLISHMENTS

- Through pilot activities, 150 vulnerable children were identified and directly benefited during the first six months of 2003. At the present level, 10 to 20 additional vulnerable children are identified and helped each week with referrals, legal assistance, and educational services. It is projected that a total of 400 vulnerable children will be assisted in 2003. An additional 800 families affected by AIDS (including 2,000 children affected by AIDS) will benefit from micro-enterprise and micro-credit programs during 2003. An additional 2,000 mothers and their children enrolled in the mother-to-child-transmission prevention program will benefit from community support models implemented during 2003–2004. All of the 58,000 children affected by AIDS will benefit from stigma reduction efforts by the media and through school theater strategies.
- In 2003, the Global Orphan Project/Promundo provided guidance, technical assistance, and education regarding vulnerable children issues to 177 national, international, and local organizations operating in the Dominican Republic across the private, public, university, and social sectors.
- Dominican Republic Snapshot estimation study and geographic information systems mapping for all regions and provinces was completed.
- Policy and legal analyses are ongoing.
- Three innovative community awards were granted in June 2002.
- Close project collaboration with government agencies, NGOs, Coalition Against AIDS, FBOs, legal authorities, and private industry groups were established for social mobilization.
- Five community mobilization and dissemination workshops were completed in collaboration with the Presidential Commission on AIDS (COPRESIDA).
- Global Orphan Project/Promundo experience in other countries, including Thailand, Brazil, and Uganda, is providing insight that is useful for lessening the social impact and for helping vulnerable children in the Dominican Republic.
- Social responsibility alliances with private media networks, corporations, the American Chamber of Commerce, business universities, law universities, and youth volunteer programs were established to reduce social stigma and to provide benefits for vulnerable children (Promundo "5th P" Social Progress campaign).
- COPRESIDA commended the Global Orphan Project/Promundo in a quarterly report for its collaborative work on behalf of vulnerable children in the Dominican Republic.
- Global Orphan Project/Promundo provides ongoing technical assistance to UNICEF, Clinton Foundation, International Labor Organization, American Chamber of Commerce, COPRESIDA, Red Cross, and Civil Defense regarding resources for vulnerable children.
- Models were designed for community support and logistics for the national mother-to-child-transmission prevention program and Elizabeth Glaser Pediatric AIDS Foundation project in collaboration with CENISMI and Roberto Reid Cabral Hospital for Children.

PROJECT MATERIALS AND TOOLS

- Global Orphan Project/Promundo “3-Stage Risk of Displacement Model”;
- Global Orphan Project/Promundo “Community Mobilization Model for Child and Youth Programs”;
- Pilot activities and community grants award model;
- Orphanage, child service, and pediatric center site interview protocol; and
- “Logistics 2010” software and training program for prevention of mother-to-child-transmission community logistics support.

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Africa

Asia and the
Near EastEurope and
EurasiaLatin America and
the CaribbeanGlobal and
Regional Projects

Haiti

COUNTRY:
Haiti
PROJECT:
Care and Support Activities for Orphans and Other Vulnerable Children and Persons Living with HIV/AIDS
IMPLEMENTING ORGANIZATIONS:
Family Health International/IMPACT; Care Grand'Anse; POZ; Maison Arc-en-Ciel
USAID FUNDING PERIOD:
April 2002–September 2003
USAID AMOUNT:
\$74,424
PURPOSE

This project is a pilot program that offers comprehensive support and care to families living with children infected or affected by HIV/AIDS in the Port-au-Prince metropolitan area. Built on the successful psychosocial medical program used at Maison Arc-en-Ciel's orphanage and school on the outskirts of Port-au-Prince, this program seeks to bring much-needed education and outreach to communities in Port-au-Prince.

A centrally located training center and psycho-medical complex is available where mothers and other family caretakers can learn how to provide home-based care to children living with HIV/AIDS. Basic services are also offered with part-time health professionals (medical doctor, psychologist, nurse) available to attend to cases. Social workers are based at the center, but perform primarily community outreach, offering information and education to families and their neighbors and conducting home visits to those caring for immune-compromised children.

The population to benefit from this project includes orphans and other children infected and affected by HIV/AIDS as well as the families that care for them. It is estimated that an initial 89 children will be assisted, coming from a core group of 31 families already accessing care and support services from the Maison Arc-en-Ciel complex. It is expected that the development of community outreach and support groups for mothers and other caretakers will increase the number of children and families being served over the period of the agreement. The leadership of the implementing

agency will continuously seek outside funding to expand and continue this project in coming years.

KEY ACCOMPLISHMENTS

- Situation analysis on orphans and vulnerable children completed in June 2000; and
- Support groups established in project areas.

PRIORITY ACTIVITIES

- Establish a community center in Port au Prince;
- Conduct home-based care training for mothers and other family caretakers;
- Create and reinforce family support groups;
- Host community-based meetings with local delegates who will serve as neighborhood health promoters;
- Conduct educational workshops;
- Make home visits to find and confirm adoptive homes; and
- Follow up with people trained as counselors.

PROJECT MATERIALS AND TOOLS

- Report on the situation of orphans and other vulnerable children in Haiti.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Conducting situation analyses;
- Developing training materials;

- Developing educational materials; and
- Undertaking community mobilization.

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Africa

**Asia and the
Near East**

**Europe and
Eurasia**

**Latin America and
the Caribbean**

**Global and
Regional Projects**

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Global and Regional Projects



Photo courtesy of Harriett Destler/USAID



Global and Regional Projects

PROJECT:

Global Technical Support to Mobilize, Enhance, and Scale Up Comprehensive Community Responses for Orphans and Vulnerable Children Affected by HIV/AIDS

IMPLEMENTING ORGANIZATIONS:

International HIV/AIDS Alliance; Alliance partners; other organizations

USAID FUNDING PERIOD:

2002–2003

USAID AMOUNT:

(Global/regional activities focusing on children affected by HIV/AIDS)

USAID/Washington:

\$340,000 (2002)

\$300,000 (2003)

PURPOSE

The International HIV/AIDS Alliance works to improve the quality of its technical support and to further extend its reach and impact to partners and non-partners working with children affected by HIV/AIDS. To this end, Alliance staff work with a broad range of partners to learn and to share lessons within and across regions about care and support for children affected by the epidemic. A major component of the activity is the Building Blocks project that the Alliance launched with support of the USAID Africa Bureau and SIDA in 2001. This project is producing a set of resource tools that will increase the effectiveness of communities and other local organizations in their efforts to assist children affected by AIDS. The resource tools, developed using a process of workshops, country-level reviews, meetings, and independent evaluations, are for use primarily by practitioners at the sub-national level in sub-Saharan Africa and are available in English, French, and Portuguese.

In particular, the Alliance's work aims to:

- Further develop the Building Blocks project;
- Develop a guide to support community work with orphans and vulnerable children in Asia (India, Thailand, and Cambodia);

- Provide technical support in response to country and regional program priorities and identify and conduct research on technical support methods, tools, and techniques;
- Help identify and strengthen other technical support resource providers for Alliance and field partners (individuals, networks, and organizations);
- Identify and share relevant information and resources;
- Research and develop appropriate inter-regional technical support products;
- Contribute to Alliance policy and communications work by assessing the effectiveness of child-focused work and contribute more generally to Alliance monitoring, evaluation, and operations research work; and
- Assist in raising funds for specific technical support projects and activities.

Achieving these aims will involve the following:

- Developing Participatory Adaptation Guides (participatory learning and action tools) on the six different topics addressed by the Africa-wide Briefing Notes as part of the Building Blocks project, for use with community members, including children,

- to identify and plan the support needed for orphans and vulnerable children;
- Developing community-friendly guides in Thai, Khmer, Hindi, and English to support work with orphans and vulnerable children in Thailand, India, and Cambodia;
- Providing in-country and distance technical support to Burkina Faso, Cambodia, India, and Mozambique;
- Providing technical support to the Regional Psychosocial Support Initiative in Southern Africa (REPSI) on advocacy for psychosocial support;
- Identifying new individuals, networks, and organizations involved in child-focused work, primarily through research related to the Building Blocks project and the Asian guides;
- Strengthening technical support providers in HIV/AIDS work (e.g., using participatory approaches with children in Burkina Faso);
- Strengthening organizations that provide technical support to work on issues related to children affected by AIDS through:
 - Ad hoc involvement in international child-focused forums to share lessons and build skills (e.g., Consortium for Street Children, International HIV/AIDS Consortium, Child-to-Child Trust, and HelpAge International); and
 - Bringing together several regional technical support providers in Africa with expertise in a range of child-related work to explore the role of older people in the care of orphans and vulnerable children in collaboration with HelpAge International.
- Developing, together with Family Health International (FHI), an electronic annotated bibliographic database (Web site and CD-ROM), the OVC Toolkit, for resources on children and HIV/AIDS, based on the Nongovernmental Organization Support Toolkit model;
- Researching literature as part of the Asia guides for orphans and vulnerable children projects, including a preliminary consultation in Chiang Mai to develop the guides;

- Developing another “Africa-wide Briefing Note” to support the involvement of older people in the care of orphans and vulnerable children;
- Producing Alliance Web site articles on children’s participation in HIV/AIDS programming;
- Raising awareness of the role played by older people in the care and support of orphans and vulnerable children through collaboration with HelpAge International;
- Attending the 13th International Conference on AIDS and STIs in Africa (ICASA), in Nairobi, Kenya, September 2003; and
- Providing ad hoc support within the Alliance to field partners and, possibly in concert with other agencies, developing fundraising proposals for work involving children.

KEY ACCOMPLISHMENTS

- Produced Africa-wide Briefing Notes within the Building Blocks project for communities working with orphans and vulnerable children, which is intended to increase the effectiveness of communities and other local organizations in their efforts to assist children affected by AIDS. The briefing notes, available in English, French, and Portuguese, include an overview and discussions on five topics: education, health and nutrition, psychosocial support, social inclusion, and economic strengthening;
- Continuing to provide technical support, ensuring the development of practical and policy resources, and promoting good practice in programs for orphans and vulnerable children;
- Provided technical support to Alliance country programs in Cambodia, Mozambique, Burkina Faso, India, and Mongolia;
- Developed and enhanced the Alliance’s orphans and vulnerable children resource collection;
- Established relationships among key players worldwide, including potential consultants; and
- Provided ad hoc technical support to organizations such as the International Community of Women Living with HIV, the Consortium for Street Children, the Child-to-Child Trust, and Healthlink Worldwide.

PRIORITY ACTIVITIES

- Provide direct technical support and sourcing of technical support to Alliance partners in Burkina Faso, Cambodia, India, Mongolia, and Mozambique;
- Develop the Orphans and Vulnerable Children Toolkit CD-ROM and online database;
- Develop a set of guides to support community work with orphans and vulnerable children in Asia (India, Thailand, and Cambodia);
- Develop another Africa-wide Briefing Note on involving older people in the care of orphans and vulnerable children; and
- Participate in the ICASA Nairobi conference.

PROJECT MATERIALS AND TOOLS

The following materials are available in an electronic format from the Alliance Web site (<http://www.aidsalliance.org>) and can be ordered in hard copy via email (publications@aidalliance.org); Building Blocks materials are available on the Building Blocks Web site (www.aidsalliance.org/building_blocks.htm):

- *Building Blocks: Africa-wide Briefing Notes*, available in English, French, and Portuguese;
- *Expanding Community-Based Support for Orphans and Vulnerable Children*;
- *Children's Participation in HIV/AIDS Programming*; and

- *Older People: Carers of Orphans and Vulnerable Children*, a policy report by the International HIV/AIDS Alliance and HelpAge International (in process, currently in draft form, final version expected September 2003).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Materials, both its own (in print or electronically) and materials from other agencies (available only in electronic form);
- Technical support through networking and training in all of its technical support areas, including children, community mobilization, positive involvement of people living with HIV, care and support, organizational and institutional development, targeted prevention, and monitoring and evaluation.

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PROJECT:
Food and Nutrition Technical Assistance (FANTA)

IMPLEMENTING ORGANIZATIONS:
Academy for Educational Development (AED); Regional Centre for Quality of Health Care (RCQHC), Kampala; LINK-AGES; Support for Advocacy and Research in Africa (SARA)

USAID FUNDING PERIOD:
October 1999–September 2008

USAID AMOUNT:
(HIV/AIDS Mitigation)
\$375,000 (USAID/Washington)
\$505,000 (USAID/REDSO/ESA)
\$50,000 (USAID Missions)

PURPOSE

The project supports integrated food security and nutrition programming to improve the health and well-being of women and children. As part of this work, FANTA

provides technical support to improve food security and nutrition interventions aimed at mitigating the effects of HIV/AIDS on individuals, households, and communities. Project countries include Kenya, Malawi,

Rwanda, and Uganda; and through regional work in eastern and southern Africa it includes Tanzania, Zambia, Zimbabwe, Botswana, Swaziland, Lesotho, and Namibia.

FANTA works with donors, development organizations, and other partners to:

- Increase investment in food security and nutrition;
- Promote the integration of food security and nutrition with other interventions such as child survival and maternal nutrition;
- Improve program quality and the effectiveness of USAID resources, including Title II food aid, child survival, and development and humanitarian assistance;
- Assist private voluntary organizations in planning the transition from emergency programs to development programs;
- Validate approaches through special studies and analyses;
- Review and analyze research findings to improve programming;
- Guide monitoring and evaluation efforts to improve reporting on performance and effectiveness; and
- Foster the exchange of knowledge and experience about food security and nutrition among partners and across sectors.

The main objectives of FANTA's HIV/AIDS activities are to:

- Enable improved nutritional care and support for individuals living with HIV/AIDS and for others affected by the pandemic;
- Promote and support the effective application of food security interventions, including the use of food and food aid, to mitigate the impact of HIV/AIDS on individuals, households, and communities; and
- Enhance the monitoring and evaluation capacities of programs that use food and nutrition interventions to address HIV/AIDS.

KEY ACCOMPLISHMENTS

Key accomplishments in the area of nutritional care and support include:

- *HIV/AIDS: A Guide for Nutrition, Care and Support* was developed and disseminated to a range of private and voluntary organizations, government agencies, donors, AIDS service organizations, community-based organizations, and others involved in HIV/AIDS care and support. This document provides guidance to help program managers make informed recommendations about food management and nutritional issues for households with members who are living with HIV/AIDS. The guide includes information about infant and child feeding recommendations. A French version of the guide was also developed and disseminated in French-speaking countries.
- The guide is being revised to reflect the current knowledge and guidance in nutrition and HIV, including recent World Health Organization guidance on infant feeding practices in the context of HIV/AIDS.
- FANTA worked in collaboration with a regional partner, RCQHC, and other AED projects to develop a preservice training module on nutrition and HIV/AIDS. The module provides professors and trainers in medical and nutrition schools with materials about HIV and nutrition to incorporate into their curricula. The module includes sessions on "Nutrition and HIV among Young Children" and "Prevention of Mother-to-Child Transmission of HIV and Infant Feeding."
- FANTA, in collaboration with regional partners, supported regional workshops to assist country teams with development and application of national guidelines for HIV/AIDS nutritional care and support. Workshops were conducted for four eastern African countries and six southern African countries.
- FANTA worked with RCQHC to develop and disseminate a handbook on developing and applying national guidelines on nutrition and HIV/AIDS. The purpose of the handbook is to provide guidance to countries on the process used to develop and apply national guidelines on nutrition and HIV/AIDS.
- FANTA supported national stakeholders in Uganda to develop the Uganda National Guidelines for HIV/AIDS and Nutrition.

Key accomplishments in the area of HIV/AIDS food aid programming include:

- Technical support was provided to improve programming and monitoring and evaluation of Title II HIV/AIDS programs in Malawi, Uganda, Rwanda, and Kenya. These programs target households affected by HIV/AIDS with supplementary food assistance combined with a range of health, nutrition, and educational services. FANTA's technical assistance has led to improved monitoring and evaluation systems and to program refinements.
- FANTA has provided technical assistance to Food for Peace in reviewing the Development Assistance Proposal to enhance the design of food security and nutritional interventions in the context of HIV/AIDS.

Key accomplishments in the area of food security interventions in the context of HIV/AIDS include:

- FANTA produced a technical note, *HIV/AIDS Mitigation: Using What We Already Know*, which has been disseminated to program planners, designers, and implementers. The technical note suggests programming options to mitigate the negative impacts of HIV/AIDS on food security at the household and community levels.

PRIORITY ACTIVITIES

- Disseminate the revised version of *HIV/AIDS: A Guide for Nutrition, Care and Support* to support programs and services in planning food management and nutritional responses to HIV/AIDS.
- Revise and update FANTA's document, *Potential Uses of Food Aid to Support HIV/AIDS Mitigation Activities in Sub-Saharan Africa*, to incorporate lessons learned and provide a stronger programmatic focus for the use of food aid in the context of HIV/AIDS in various sectors.
- Continue to distribute the FANTA technical note, *Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings*, that describes the programming implications of nutrition and antiretroviral interactions to service providers, programmers, groups providing guidance, and a network of people living with HIV/AIDS.

- Produce, in collaboration with regional partners, a pre-service training module on nutrition and HIV for nurse and midwife instructors in eastern and southern Africa. The module will include topics on nutrition and HIV in young children, infant feeding, and prevention of mother-to-child transmission.
- Support a regional partner, RCQHC, in collaboration with other AED projects, in the development of counseling materials in nutrition and HIV.
- Refine tools for monitoring and evaluating coverage, quality, and outcomes of nutritional care and support interventions.
- Continue development of a technical note that discusses the differences and the similarities in viewing the HIV/AIDS pandemic through different sectoral lenses (e.g., health, gender, nutrition, and agriculture) and that identifies the areas of intersection for promoting multisectoral programming.
- Provide, in collaboration with RCQHC, technical support to additional countries in eastern and southern Africa to equip them with the knowledge and tools they need to develop and use national guidelines on HIV/AIDS and nutrition.
- Continue to provide technical assistance to USAID Missions on how to incorporate food security issues in mission HIV/AIDS strategic planning.
- Undertake activities to strengthen approaches used to mitigate the impact of HIV/AIDS.
- Continue to provide technical support to missions and private voluntary organization partners in the design, implementation, and monitoring and evaluation of food security interventions aimed at addressing HIV/AIDS, in particular through Title II HIV/AIDS programs.

PROJECT MATERIALS AND TOOLS

The following items are available to be shared with other projects:

- *HIV/AIDS: A Guide for Nutrition, Care and Support*,
- Technical note on *HIV/AIDS Mitigation: Using What We Already Know*,
- Handbook: *Developing and Applying National Guidelines on Nutrition and HIV/AIDS*,

- *Potential Uses of Food Aid to Support HIV/AIDS Mitigation Activities in Sub-Saharan Africa;*
- *The Potential Role of Food Aid for AIDS Mitigation in East Africa: Stakeholder Views;* and
- *Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings.*

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- HIV/AIDS mitigation;
- HIV/AIDS nutritional care and support;
- National guideline development;
- Food security;
- Monitoring and evaluation;
- Agriculture and nutrition linkages; and

- Use of food aid to support HIV/AIDS program objectives, including mitigation, care and support, and food for education.

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PROJECT:

Orphans and Vulnerable Children Research

USAID FUNDING PERIOD:

2003–2004

IMPLEMENTING ORGANIZATION:

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal

USAID AMOUNT:

\$50,000

PURPOSE

The purpose of the project is to bring together representatives from research teams in southern Africa that have recently completed or are involved in research on the welfare of orphans and vulnerable children in the context of the HIV/AIDS pandemic. The purpose of the meeting would be to:

- Identify challenges for scientific research in this field;
- Establish a foundation that includes lessons learned and guidelines for research design and implementation, and that identifies gaps in the research; and
- Produce a document for dissemination to research and intervention agencies.

The meeting would address the following issues:

- How best to intervene to ensure the welfare of children. A significant consequence of the HIV/AIDS pandemic is the marked increase in the rate of orphaning and in the number of orphans, which have the following ramifications:
 - Substantive challenges to government social welfare systems to ensure effective care and support of children by the NGOs and CBOs that have replaced state institutional care services by providing community-based care;
 - Strain on the extended family support system; and
 - Increased vulnerability of children due to the economic strain on families to care for orphans.
- Design and implementation of scientific research efforts. There are ethical, legal, and practical

issues associated with research on orphans and vulnerable children due to HIV/AIDS.

- There is a paucity of empirical research in this field due to the difficulties of conducting such studies, which means that there are few tested guidelines and experience that researchers can use to design and implement their studies.

The meeting would be an exploratory intervention intended to draw out and synthesize many of the issues, challenges, and problems for research, and would include critical issues that need to be addressed by state welfare agencies. The meeting is not intended to be comprehensive and to cover all the issues associated with research on orphans and vulnerable children, but rather it would provide an initial platform on which to develop:

- Knowledge on pertinent issues; and
- Network of research work in Africa.

KEY ACCOMPLISHMENTS

HEARD, in partnership with the Centre for International Health, Boston University, is currently completing the protocol for a five-year orphan welfare research project. One issue that has become apparent is that the lack of empirical field research highlights the difficulties of doing research in this area. The obstacles are not insurmountable, however, and the evidence (presented at a recent conference [*Scientific Meeting on the Empirical Evidence for Demographic and Socio-*

economic Impact of HIV/AIDS] in Durban) indicated that field research is vital to inform practical welfare interventions.

PRIORITY ACTIVITIES

Hold a two-day meeting in Durban in August/September 2003, to:

- Establish the basis for a network of research and researchers with links to welfare agencies;
- Identify current forms of research;
- Identify gaps in research;
- Identify difficulties and solutions (including methodological innovations) to research design and implementation;
- Prepare a report for dissemination to other researchers and agencies; and
- Depending on the results of the workshop, discuss the options for using this platform for further activities.

PROJECT MATERIALS AND TOOLS

Prepare a document that addresses problems and solutions for research efforts.

CONTACT INFORMATION

HEARD/South Africa:

Web site: <http://www.heard.org.za>

USAID/Washington:

Peter McDermott (pmcdermott@usaid.gov)

PROJECT: Horizons

**IMPLEMENTING ORGANIZATIONS:
Population Council; ICRW; International HIV/AIDS Alliance; PATH; Tulane University; Family Health International; Johns Hopkins University**

USAID FUNDING PERIOD: August 1997–July 2007

**USAID AMOUNT:
\$65,000,000 (ceiling for five-year cooperative agreement)(a portion supports children and families affected by HIV/AIDS)**

PURPOSE

Horizons is a team of U.S.-based and international organizations working to prevent the spread of HIV/AIDS and to mitigate its impact on individuals and communities by designing, implementing, and evaluating innovative service delivery strategies.

Horizons implements field-based, applied operations research in developing countries. The program identifies effective HIV/AIDS interventions and policies; tests prevention, care, support, and service delivery strategies; and disseminates and promotes use of findings. A major goal is to identify and develop successful

projects that can be replicated and scaled up, where relevant. Horizons also focuses on capacity-building by providing support and training to colleagues in developing nations. The program helps local organizations conduct operations research and develop mechanisms to disseminate and use best practices that emerge from operations research.

KEY ACCOMPLISHMENTS

Two operations research studies on orphans and vulnerable children were completed during the first five years of the project:

- Uganda—Study on the Impact of Succession Planning and Orphan Support on OVC. This quasi-experimental study compared the effects of two different intervention approaches, succession planning and orphan support, on orphans and vulnerable children and on family members to a comparison group not exposed to either program. Data were collected annually over a two-year period: at baseline and on two rounds after the interventions were under way. This study yielded findings on the strengths and limitations of both approaches. Horizons collaborated on this study with Plan/Uganda and Makerere University.
- Zambia—Study on Mobilizing Young People for the Care and Support of People Living with HIV and AIDS. This quasi-experimental study compared outcomes of two different youth HIV/AIDS training programs, one of which included a Care and Support component. Recognition of the additional needs of orphans and vulnerable children led to the expansion of the training to identify and provide support for orphans and vulnerable children, including liaison with schools and health facilities and organizing recreational activities. The trained youth caregivers included males and females aged 13 to 25, many of whom were themselves orphans. Despite initial concerns about gender roles, similar numbers of male and female caregivers reported that they had provided counseling, housework, clinic referrals, consulting with schools, bathing, and recreational activities. The study demonstrated that young people can be a valuable resource in the care of orphans and other vulnerable children

affected by HIV/AIDS. The study was conducted in collaboration with Care International and Family Health Trust.

PRIORITY ACTIVITIES

New operations research studies and findings of programmatic relevance to orphans and vulnerable children include:

- Rwanda—Operations research to determine the impact of a home visitation and mentoring program on child-headed households, with a focus on psychosocial effects on youth. Horizons will be collaborating with World Vision and Rwanda School of Public Health. Status: proposal approved; under way.
- South Africa—Providing technical assistance in research methods and monitoring and evaluation to The Nelson Mandela Children's Fund's program to address the socioeconomic needs of orphans and vulnerable children. Status: proposal approved; under way.
- Zimbabwe—Study of psychosocial issues affecting adolescent orphans and vulnerable children and the effect of existing programs and community efforts to address these. Status: concept paper approved; proposal being finalized.
- Cambodia—Strengthening Community Response to Orphans and Vulnerable Children. Operations research on intensive community mobilization, income generation for AIDS-affected families, and succession planning to support orphans and vulnerable children. Status: concept paper approved; proposal being finalized.
- Global—Horizons, FHI/IMPACT, and others to plan meeting on research ethics related to orphans and vulnerable children (including interviewing orphans and vulnerable children for operations research, program evaluation, and needs assessments). Status: under way.
- Uganda—Operations research on bringing HIV/AIDS and agriculture sectors together in a participatory process to enhance food security and nutrition in AIDS-affected households (adults and children). Status: under way.

- Kenya—Study of Well-Being of Elderly Caregivers of Orphans and Vulnerable Children in Kenya.
Status: proposal approved; under way.

Other possible studies may examine the access of orphans and vulnerable children to education in the presence of universal primary education (Tanzania); mother-to-child-transmission programs and complementary services for AIDS-infected and -affected infants and mothers (India); and economic strengthening, health insurance, and community-based orphans and vulnerable children support (Burkina Faso).

Horizons will also collaborate with FHI/IMPACT to facilitate a meeting on the ethics of interviewing orphans and vulnerable children for the purposes of needs assessment, program evaluation, operations research, and demographic studies.

PROJECT MATERIALS AND TOOLS

Selected research instruments are available through AIDSQuest, an HIV/AIDS survey library, on the

Horizons Web site: <http://www.popcouncil.org/horizons>.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Sample instruments for research; and
- Feedback on study designs.

CONTACT INFORMATION

Horizons:

Andy Fisher, Project Director (afisher@pcdc.org)

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PROJECT:

Child Survival Technical Support Project (CSTS)

IMPLEMENTING ORGANIZATION:

Macro International, Inc.

USAID FUNDING PERIOD:

October 1998–September 2003

USAID AMOUNT:

\$8,004,285 (a portion supports children and families affected by HIV/AIDS)

PURPOSE

The project assists USAID's Bureau for Global Health (BGH), Office of Health, Infectious Disease and Nutrition, by strengthening the ability of grantees to achieve sustainable service delivery in child survival and health programs. The project works with private voluntary organizations and their local partners at the community, country, and regional levels and assists private voluntary organizations to identify and access timely and relevant resources to build technical and organizational capacity; facilitate networking; strengthen competence in project management and monitoring and evaluation; disseminate state-of-the-art materials on child survival interventions; and assess the use of program data.

KEY ACCOMPLISHMENTS

- Developed and pilot-tested the KPC 2000+, a data collection tool developed to address orphan enumeration, orphan care and support, and community attitudes regarding children affected by AIDS and people living with HIV/AIDS;
- Produced reference materials for child survival grantees that include information on mother-to-child HIV transmission, assistance to children affected by AIDS, and home- and community-based care; and
- Reviewed applications for BGH-funded child survival and health grants annually, including applications for programs that affect orphans and vulnerable children.

In January 2003, CSTS launched the HIV/AIDS Virtual Resource Center (VRC) for private voluntary organizations and nongovernmental organizations (NGOs). The VRC was developed by CSTS in collaboration with the CORE HIV/AIDS Working Group and is available at the Web site <http://www.childsurvival.com/vrc>. The VRC provides private voluntary organizations and NGOs with quick access to resources such as the following:

- Links to technical guidelines and other state-of-the-art materials and tools;
- Information on international HIV/AIDS indicators;
- Actual HIV/AIDS data;
- Information on upcoming conferences, meetings, and workshops;
- Funding information;
- Information on agencies that can provide HIV/AIDS technical assistance; and
- UNAIDS best practices.

PRIORITY ACTIVITIES

- Update the technical reference material described in the project profile;
- Train private voluntary organizations in the use of the KPC 2000+; and
- Produce a state-of-the-art paper entitled *Challenges for Private Voluntary Organizations in Addressing the Needs of Children Affected by HIV/AIDS*.

PROJECT MATERIALS AND TOOLS

- KPC 2000+, a comprehensive child survival knowledge, practice, and coverage survey tool (<http://www.childsurvival.com/kpc2000/kpc2000.cfm>);
- Technical reference material (<http://www.coregroup.org/resources/reference.cfm>); and
- HIV/AIDS Virtual Resource Center for private voluntary and NGOs available at <http://www.childsurvival.com/vrc>.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Use of the KPC 2000+ data collection tool;
- Development and use of technical reference materials; and
- Reviewing applications for funding.

CONTACT INFORMATION

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PROJECT:
Community REACH (Rapid and Effective Action Combating HIV/AIDS)

IMPLEMENTING ORGANIZATION:
Pact; Futures Group International

USAID FUNDING PERIOD:
Leader: September 2001–September 2006
Associates: September 2001–September 2011

USAID AMOUNT:
\$40,000,000 (ceiling for five-year leader cooperative agreement; a portion supports children and families affected by HIV/AIDS)
USAID/Washington:
(Global/regional activities focusing on children affected by HIV/AIDS)
\$360,000 (2002)
\$800,000 (2003)

PURPOSE

Pact's Community REACH Leader Award is a five-year program designed to facilitate the efficient flow of grant funds to organizations playing a role in the fight against HIV/AIDS, including private voluntary organizations, regional and local NGOs, universities, and faith-based organizations (FBOs). The program's activities will contribute to USAID's goals of "increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic." In addition, under the Associate Award mechanism, USAID missions and bureaus may make additional funding available to Community REACH to develop NGO grant-making programs during the next 10 years.

Community REACH awards grants start at \$100,000 for periods of up to three years in (1) primary prevention and education, (2) voluntary counseling and testing, and (3) care and support for those living with and affected by HIV/AIDS. The project focuses on grants supporting activities that have a direct impact on specific areas, such as:

- Expanding behavior change interventions to prevent and mitigate the impact of HIV/AIDS;
- Preventing and managing sexually transmitted infections;
- Preventing and managing tuberculosis and other opportunistic diseases related to HIV/AIDS;
- Reducing mother-to-child transmission of HIV/AIDS;
- Increasing the capacity of public and private sector organizations, particularly at the home and com-

munity levels, to support persons living with HIV/AIDS, their caregivers, families, and survivors;

- Caring for children infected or affected by HIV/AIDS; and
- Increasing the quality, availability, and use of evaluation and surveillance information.

KEY ACCOMPLISHMENTS

Four grants were awarded in June 2002 to support orphans and other vulnerable children activities. In addition, Community REACH's monitoring and evaluation team has designed a research protocol for orphans and vulnerable children research at two sites. Descriptions of the four NGO's activities and accomplishments and the orphans and vulnerable children research follow:

- Hiwot HIV/AIDS Prevention Care and Support Organization (HAPCSO), Ethiopia—A description of this project is presented under Ethiopia in the Africa section of this document.
- International Community for the Relief of Starvation and Suffering (ICROSS), Kenya—A description of this project is presented under Kenya in the Africa section of this document.
- CARE/Rwanda—A description of this project is presented under Rwanda in the Africa section of this document.
- Project Concern International (PCI), Zambia—A description of this project is presented under Zambia in the Africa section of this document.
- Orphans and Vulnerable Children Research—Community REACH will undertake research to

determine the effectiveness of selected interventions targeting orphans and vulnerable children, aged 6 to 19. This research will be carried out in collaboration with two of its grantees, CARE/Rwanda and PCI/Zambia over a two-year period from June 2003 to May 2005. A secondary project objective is to build the capacity of CARE/Rwanda and PCI/Zambia in the areas of monitoring, evaluation, and research.

This project offers a unique opportunity to leverage resources already dedicated to service delivery programs in Rwanda and Zambia by adding a research component. These programs provide a wide range of services, including food assistance, income generation, legal education, psychosocial support, educational support, and behavior change communication interventions. Community REACH will use the same research design and survey instruments to examine these interventions in two contrasting contexts; that is, to identify and compare characteristics that appear to be successful only within the specific context of one country or that appear to be successful in both of two diverse settings.

In Rwanda, the team will examine the effectiveness of service delivery programs in Gitarama province, a post-conflict rural setting in the Lakes region. In Zambia, the team will assess interventions conducted in peri-urban areas that have not recently experienced war, but are in an advanced stage of the HIV/AIDS epidemic.

PRIORITY ACTIVITIES

- Award NGO care and support grants, provide technical assistance, and monitor ongoing grants; and
- Issue a request for applications in 2003 for additional NGO grants to conduct research, in coordination with local research institutions, that builds on the Community REACH orphans and vulnerable children research.

PROJECT MATERIALS AND TOOLS

- Related Web sites (www.pactworld.org/reach); and
- *Survival is the First Freedom: Applying Democracy and Governance Approaches to HIV/AIDS Work*. Toolkit and facilitator's guide (AIDS Corps, Pact's HIV/AIDS Initiative).

TECHNICAL ASSISTANCE

The project can provide expertise to projects for other orphans and vulnerable children in the following areas:

- Grants management;
- Institutional capacity-building;
- Development of and training on multisectoral initiatives; and
- Technical assistance in monitoring and evaluation program effectiveness research.

CONTACT INFORMATION

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PROJECT:

Consortium for Southern Africa Food Security Emergency (C-SAFE)

IMPLEMENTING ORGANIZATIONS:

World Vision; CARE International; Catholic Relief Services (CRS)

USAID FUNDING PERIOD:

October 2002–September 2005

USAID AMOUNT:

\$114,000,000 (approx.) (includes the value of commodities and ocean and inland freight costs; Section 202e funding is approximately \$2,600,000 for the first year) (a portion supports children and families affected by HIV/AIDS)

PURPOSE

C-SAFE's goal is to improve household food security in targeted communities in Malawi, Zambia, and Zimbabwe. The strategic objectives are as follows:

- SO1: Improve/maintain the health and nutritional status of vulnerable communities and households;
- SO2: Increase productive assets among vulnerable communities and households; and
- SO3: Increase resilience to food security shocks among vulnerable communities and households.

KEY ACCOMPLISHMENTS

C-SAFE interventions did not begin until April/May 2003 because food did not arrive until March 2003; C-SAFE is in the process of scaling up activities in all three countries. The number of orphans receiving food through C-Safe's member agencies during April and May 2003 are:

- Malawi (awaiting data);
- Zambia, 2,458; and
- Zimbabwe, 30,634.

C-SAFE provides the nutritional support (food aid) component to ongoing services for orphans and people living with HIV/AIDS, including households affected by AIDS. Private voluntary organizations use other donor funding (i.e., non-USAID-Food for Peace [FFP]) to provide a host of services to these targeted groups, including the following:

- Home-based care network (non-FFP funding) caregivers are trained in nutrition, home nursing, infection control, palliative care, home visitation, and client follow-up.

- Youth caregivers are trained in the following areas: life skills, caregiving, group leader training and facilitation, and HIV/AIDS prevention and control.
- Youth peer counselor basic training includes training in peer-to-peer counseling, dissemination of information, and how to initiate open dialogue. This group also receives training in facts about HIV/AIDS, HIV/AIDS situations, STIs, and rumors, misconceptions, and fears about HIV and STIs.
- The orphans and vulnerable children program focuses on providing psychosocial support via play-groups, education on coping strategies, nutrition education and support (via C-SAFE), as well as capacity building for communities to care for orphans and vulnerable children.

PRIORITY ACTIVITIES

The overall intention is to transition C-SAFE's focus from direct distribution (via general and supplemental feeding) in the first year (SO1) to a greater emphasis on transitional and developmental interventions in the second and third years (SO2 and SO3), but programming levels under direct distribution and Food for Work (FFW) are also affected by the country-specific operating environment. For example, in Zimbabwe, efforts will be made to transition to FFW, but the deteriorating operating environment reflects the continued need for general distribution (albeit on a reduced scale). In Malawi, the shift toward developmental food programming is evident in its heavier emphasis on FFW over supplementary feeding (approximate 70%/30% split of resources between the FFW and direct distribution). In Zambia, the situation is again slightly different in that private voluntary organizations and USAID mission priorities support the continued provision of nutritional support to people living with HIV/AIDS and orphans,

with less emphasis on FFW activities. It is important to note that regional and country-specific FFW officers have stated that they would like to see a distinct shift in the use of food resources from direct support (i.e., supplementary feeding) to FFW in the coming year.

In addition, C-SAFE will continue to seek funding to implement efforts for building community resilience to food security shocks, a critical component of C-SAFE's "developmental relief" approach.

The C-SAFE regional office has an HIV/AIDS advisor (position is privately funded) whose focus is to harmonize project targeting practices, draw lessons learned from past and current HIV/AIDS programming (including orphan-specific programs), and assist in disseminating and putting these lessons into practice among other consortium members.

PROJECT MATERIALS AND TOOLS

All of the materials used in the field by the project are hardcopy versions only. The home-based care training

modules and guidance and the orphans and vulnerable children guidance may be available in electronic versions from the headquarters of the member private voluntary organizations. Requests for these items should be made to kara_greenblott@c-safe.org.

CONTACT INFORMATION

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PROJECT:

Peace Corps Volunteers and Orphans and Vulnerable Children/HIV-Related Project Work

IMPLEMENTING ORGANIZATION:

Peace Corps

USAID FUNDING PERIOD:

Ongoing

USAID AMOUNT:

(a portion supports children and families affected by HIV/AIDS)

\$1,100,000 (DCOF 1993–2003)

\$1,000,000 (USAID/Washington: GH/OHA 2002)

\$50,000 (USAID/Jamaica for Eastern Caribbean)

PURPOSE

The Peace Corps has received funds for training its volunteers and host-country counterparts in HIV/AIDS prevention and education at all Peace Corps posts in Africa, and at most of its other posts worldwide. In addition, certain posts have dedicated projects that address at-risk youth, and the posts that do not have a dedicated at-risk youth project have integrated at-risk youth activities across the project sector areas and regions where the Peace Corps has a presence. Peace Corps volunteers implement programming for at-risk youth in four basic ways:

- Directly engaging at-risk youth;

- Developing skills for youth service providers and trainers;
- Strengthening the capacities of youth service institutions; and
- Promoting a supportive environment for marginalized youth within families and communities.

Peace Corps volunteers attempt to involve communities in establishing long-term means for addressing the needs of vulnerable youth and to involve community leaders in identifying measures to assist at-risk youth and in mobilizing local resources to support those measures.

The main focus of HIV/AIDS activities involves building youth skills in behavior change and raising awareness and knowledge of transmission through life skills education. Other related work addresses gender issues such as the role of girls and women in meeting the needs of orphans, developing community support, and raising awareness of the impact of AIDS on families.

Youth development efforts in Peace Corps projects reach in-school and out-of-school youth and cross over among all sector concentrations. Out-of-school youth include orphans and vulnerable children, street children, and children with disabilities. Countries where such efforts were carried out in 2002 include Armenia, Belize, Cameroon, Costa Rica, Dominican Republic, Ecuador, Gabon, Ghana, Grenada, Guatemala, Jamaica, Jordan, Kazakhstan, Kenya, Kiribati, Malawi, Moldova, Namibia, Nepal, Paraguay, Philippines, Romania, Samoa, Senegal, St. Lucia, South Africa, Tanzania, Thailand, Togo, Uzbekistan, Vanuatu, and Zambia. Small project assistance community grant activities in 2002 supported refurbishments to orphanages, clinics, classrooms, and equipment for treating orphans and vulnerable children with handicaps, as well as health education events. Also included were local training-of-trainers workshops for youth health educators and peer counselors and skills training for employment and income generation.

KEY ACCOMPLISHMENTS

- 54 percent of posts in Africa; 32 percent of posts in Europe, the Mediterranean, and Asia; and 59 percent of the posts in Inter-America and the Pacific regions have reported working with orphans and other vulnerable children.
- 22,500 orphans and other vulnerable children have received support in peer education training, HIV/AIDS prevention education, leadership and empowerment of girls, community gardening, and vocational skills. The actual number of orphans and vulnerable children reached may be higher, as some posts did not provide this information.
- Small project assistance community grants in 25 countries directly benefited 9,770 at-risk youth, orphans, and handicapped, and enabled another 3,600 youth to receive capacity-building training, including peer counseling skills.
- Support was provided to 275 community organizations and 2,400 service providers for health and drama clubs incorporating HIV/AIDS messages, income generation, home-based care for people living with HIV/AIDS, and AIDS awareness campaigns.
- Training was given to 4,500 adults (service providers, project managers, and community leaders) who directly or indirectly work with orphans and vulnerable children. Training included integration of HIV/AIDS activities into programs, project design and evaluation training, awareness and peer education, young women's leadership training, HIV/AIDS prevention in the classroom through teaching English as a foreign language, and specialized curriculum design using a technique known as Community Content-Based Instruction.
- Volunteers continue to favor HIV/AIDS activities that target youth. Many posts strengthened their programming with marginalized children (orphans, HIV-positive children, and out-of-school youth) and many posts in Africa worked with orphans and out-of-school youth on HIV/AIDS prevention and awareness, peer education, and business skills training. Examples of this work include:
 - Volunteers in Uganda worked in communities to construct simple houses for orphans;
 - Volunteers in Romania encouraged HIV-positive children and their parents to advocate for their rights in accordance with national laws, and to become involved with local NGOs;
 - Volunteers in Moldova worked with orphanages to institute peer education and HIV/AIDS prevention programs, and collaborated with a local NGO to provide training and materials for different communities based on specific practices that put people at risk;
 - Volunteers in Nepal worked with girls and orphans on HIV/AIDS activities;
 - Volunteers in the Philippines worked with out-of-school youth and other vulnerable populations on HIV/AIDS prevention and awareness; and

- Volunteers in Ukraine facilitated HIV/AIDS training sessions with orphans and Gypsy minority children.

- The use of the Peace Corps *Life Skills Manual* increased greatly; posts reported that volunteers find the interactive activities useful and engaging.

PRIORITY ACTIVITIES

- As part of an Africa-wide assessment of Peace Corps HIV/AIDS programming, collect information about promising volunteer activities in African countries that target displaced children and orphans and children affected by and at risk of AIDS;
- Incorporate programming and training about work with orphans and vulnerable children into HIV/AIDS workshops and post-project plans as appropriate;
- Finalize a brief guide for Peace Corps staff and volunteers working in HIV/AIDS in highly affected communities, including a section on working with children affected by AIDS;
- Continue the work of volunteers across all regions on HIV/AIDS activities, including peer education, in-school HIV/AIDS clubs, camps, and drama presentations;
- Continue building the capacity of in-country trainers, particularly peer educators trained in HIV prevention and behavior change, and supporting work in and around their communities educating youth; and
- Expand the use of the *Life Skills Manual* in non-health sectors, building on the success of volunteers in Malawi, Senegal, and Zambia who found that the interactive, creative approaches offered by the *Life Skills Manual* were useful and well received by participants and are easily adapted to training in all sectors.

PROJECT MATERIALS AND TOOLS

- *Life Skills Manual*;
- *HIV/AIDS: Integrating Prevention Into Your Sector*, an idea book;
- *Beyond the Classroom: Empowering Girls*, an idea book;
- *Working with Youth: Approaches for Volunteers*, a manual for fieldworkers; and
- HIV/AIDS Fact Sheets, two- to three-page documents that give a brief overview of the most important issues around HIV/AIDS-specific topics. Completed fact sheets include: *Basic Facts on HIV/AIDS*; *Gender*; *The Uganda Model*; *Mother-to-Child Transmission*; *Nutrition*; *Social Marketing*; *Stigma and Discrimination*; and *Voluntary Counseling and Testing*.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Training sessions for staff, volunteers, and local host-country counterparts; and
- Organizing and facilitating training at the community, regional, and national levels. Requests for a training workshop or for participating in planned training events should be routed through in-country Peace Corps program managers or through Peace Corps agency partners.

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PROJECT:
Implementing AIDS Prevention and Care (IMPACT)

USAID FUNDING PERIOD:
2001–2003

IMPLEMENTING ORGANIZATION:
Family Health International

USAID AMOUNT:
(Global/regional activities focusing on children affected by HIV/AIDS)
\$470,000 (USAID/Washington)

PURPOSE

The impact of HIV/AIDS on children and their families is not a simple problem with an easy solution. It is complex, affects all levels of life, and cuts across all development sectors. FHI/IMPACT strategies reflect this complexity and the need for long-term solutions. In addition to using the strategies of participation and community capacity-building prescribed in *Children on the Brink 2002* (USAID, UNICEF, and UNAIDS), FHI/IMPACT works to develop programs that integrate services for children with other elements of comprehensive HIV/AIDS care and support such as home-based care and prevention of mother-to-child-transmission.

FHI/IMPACT works to provide technical and programmatic assistance to government ministries, private voluntary organizations, nongovernmental organizations (NGOs), and community-based organizations (CBOs) to design and implement strategic responses, mobilize communities, and leverage resources to meet the needs of orphans and vulnerable children affected by AIDS. FHI/IMPACT provides technical support so that orphans, vulnerable children, and families receive a continuum of care within four linked domains: medical care, psychosocial support, socioeconomic assistance, and protection of human rights, with means for linking areas of technical expertise with community-based projects.

The following activities are being undertaken in collaboration with other organizations to strengthen the linkages between programs for orphans and other vulnerable children and HIV/AIDS programs, and to document and exchange skills and experiences:

- In collaboration with key partners, including UNICEF, FHI/IMPACT is coordinating a series of regional workshops in Africa. The aim of the work-

shops is to build capacity among national-level orphans and vulnerable children committees in strategic planning, assessment, advocacy, and monitoring and evaluation.

- In collaboration with distance and community learning networks, FHI/IMPACT is developing an initiative to train frontline workers to mobilize community responses to orphans and vulnerable children. In addition to learning the community participation and planning techniques mastered by programs such as SCOPE/Zambia and others, participants will have the opportunity to update their knowledge of promising interventions for orphans and vulnerable children and to strengthen their capacity in resource mobilization. Complementary to the coursework, participants will be supported to coordinate a community mobilization effort within their local area.
- Program materials are being developed, and will include assessment of orphans and vulnerable children as part of a comprehensive care and support assessment guide, an orphan and vulnerable children situation analysis and mobilization guide, and a program-level monitoring and evaluation guide.
- Technical support in programming and fostering linkages with HIV/AIDS care and support activities are being provided by FHI/IMPACT to strengthen activities in selected sites. FHI/IMPACT is identifying these sites and beginning activities to link care and support within existing HIV/AIDS activities. FHI/IMPACT also will develop standards of care guidelines for children living with HIV/AIDS.
- Development of an orphans and vulnerable children program tools database is under way, in partnership with the International HIV/AIDS Alliance.

- Collaboration with the Regional Psycho-Social Support Initiative (REPSSI) is intended to strengthen psychosocial support for orphans and vulnerable children.
- Organizational exchanges are being facilitated to share experiences and strengths.
- Collaboration with the Community REACH project is ongoing to design and field-test costing methodologies for orphans and vulnerable children programs.

KEY ACCOMPLISHMENTS

Working closely with UNICEF, USAID, UNAIDS, and Save the Children, FHI co-sponsored two leadership conferences that encouraged the creation and strengthening of regional and national strategies in support of orphans and other vulnerable children throughout Africa. The two conferences were the West and Central Africa Regional Orphans and Vulnerable Children Conference (held April 2002 in Côte d'Ivoire) and the Southern and East Africa Regional Orphans and Vulnerable Children Conference (held November 2002 in Namibia). The conferences resulted in the following:

- In collaboration with the University of Natal, FHI/IMPACT commissioned a white paper on orphans and vulnerable children programs and costing methodologies and;
- Provided key support for the successful Africa Regional Conference of people living with HIV/AIDS in South Africa, held December 2002;
- Completed white paper on the Zambian food crisis and its correlation with HIV/AIDS and children;
- Completed a desk review and rapid assessment of children living with HIV/AIDS in Côte d'Ivoire;
- Draft documentation of status of children living with HIV/AIDS in progress;
- Completed an orphans and vulnerable children technical strategy; and
- All research phases have been completed for developing evaluation/surveillance instruments and a guidebook on the well-being of orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- *Orphans and Vulnerable Children; HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs;*
- *West and Central Africa Orphans and Vulnerable Children Workshop Report* (Côte d'Ivoire, 2002) (English and French);
- *Second Southern and East Africa Orphans and Vulnerable Children Workshop* (Namibia, 2002);
- *Meeting on African Children Without Family Care Report* (Namibia, 2002);
- *First and Second National Conferences on Orphans and Other Vulnerable Children, Namibia, Summary Report* (2001 and 2002);
- *Food Insecurity, HIV/AIDS and Children* (Zambia, 2002);
- Quantitative and qualitative orphans and vulnerable children monitoring and evaluation instruments;
- *The Situation of Orphans in Haiti;*
- *Memory Box Facilitators Guide;*
- Review of measuring the costs of community-based orphans and vulnerable children programs report;
- *Voluntary Counseling and Testing Counseling Training Manual;*
- Voluntary counseling and testing quality assurance tools;
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers;*
- Strategic framework for orphans and vulnerable children, preventing mother-to-child transmission, HIV care and support, tuberculosis, and voluntary counseling and testing for HIV;
- *Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV;*
- Meeting behavioral data collection needs;
- Low-prevalence strategy; and

- State-of-the-art technical summaries for HIV/AIDS prevention.

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PROJECT: POLICY Project

IMPLEMENTING ORGANIZATIONS:
Futures Group International; Centre for Development and Population Activities (CEDPA); RTI International

USAID FUNDING PERIOD:
July 2000–July 2005

USAID AMOUNT: (Global/regional/country-specific activities focusing on children affected by HIV/AIDS)-

**Total obligations to date: \$660,000-
OHA core funds: \$100,000 (2002)-
OHA core agreement (Uganda OVC):-
\$360,000 (2002)-
AFR regional: \$100,000 (2003); \$50,000-
(2001)-
Kenya OVC field support: \$100,000-
(2001)-**

PURPOSE

The primary mission of the POLICY Project is to develop policies and plans that promote and sustain access to high-quality family planning and health services. The project implements activities in 30 countries throughout Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean. As part of its mission, the project works to increase high-level support for effective HIV/AIDS policies, programs, and services, including strategic planning and financing of HIV/AIDS services. The project achieves these objectives, in part, by acquiring accurate, up-to-date information on the spectrum of HIV/AIDS issues, which includes studying the effects of HIV/AIDS on orphans and vulnerable children and their subsequent needs. The project gathers and disseminates data on the projections of the number of orphans and vulnerable children and the effect of HIV/AIDS on their nutrition, health, and school attendance. Such information supports advocacy efforts to reform policies and build public support for programs to benefit orphans and vulnerable children. The project also provides technical assistance to government and

civil society organizations in developing policies and plans to address a range of HIV/AIDS issues, including orphans and vulnerable children.

KEY ACCOMPLISHMENTS

In the past year, the project has assisted government ministries and 27 FBOs through policy development activities, dissemination of information on orphans and vulnerable children policy gaps, updates of models that estimate the number of orphans and vulnerable children, and implementation of a small grants program:

- Assisted the Federal Ministry of Women's Affairs and Youth Development (FMWAYD) of Nigeria to draft and revise the Nigerian Plan of Action on Orphans and Vulnerable Children, which provides a 12-month framework for orphans and vulnerable children interventions. The Director for Child Development endorsed the plan on September 3, 2002, on behalf of the FMWAYD. The project also organized and facilitated the stakeholders' meeting to adopt the plan.
- Reviewed and finalized, in collaboration with the orphans and vulnerable children task force, Kenya's

“Orphans and Vulnerable Children Program Guidelines,” which were developed to assist in programming and enhancing coordination of multisectoral approaches to orphans and vulnerable children interventions; serving as a reference for organizations and individuals working with orphans and vulnerable children; and promoting effective responses and discouraging harmful practices.

- Assisted the Inter-Religious Council of Uganda (IRCU) in planning, implementing, and monitoring a small grants program to strengthen the role of FBOs in meeting the needs of orphans and vulnerable children. The POLICY Project and IRCU are financing, monitoring, and extracting lessons learned from orphans and vulnerable children activities delivered by 27 FBOs.
- Conducted a situation analysis of orphans in Uganda in conjunction with the Ministry of Gender, Labour and Social Development and the Applied Research in Child Health (ARCH) project. One of the main recommendations of the report was that a national orphans and vulnerable children policy and strategic program plan of interventions are needed to guide local, national, and international efforts in mitigating the orphans and vulnerable children crisis in Uganda. The situation analysis also concluded that Uganda has many child welfare policies and laws in place, many with specific sections addressing orphans, but that implementation of the laws is inconsistent and many critical issues affecting orphans are not addressed.
- Developed a paper reviewing policy gaps in addressing issues that affect orphans and vulnerable children. The paper focuses on evaluating current policy responses to the orphans and vulnerable children crisis and proposes a country-level orphans and vulnerable children policy package and recommendations for policy dialogue and action. The paper is available in English and French.
- Updated AIDS Impact Model to calculate maternal, paternal, dual, and total orphans due to AIDS and non-AIDS causes and to provide options for displaying results by age. The GOALS Model has been used in Kenya, Lesotho, and South Africa to

estimate the costs of a fully-funded orphans and vulnerable children program. The POLICY Project also initiated background research on studies related to the impact of HIV/AIDS on orphans and vulnerable children.

PRIORITY ACTIVITIES

- Carry out, in collaboration with the National AIDS Control Council (NACC), UNICEF/Kenya Country Office, the Ministry of Home Affairs, and the Orphans and Vulnerable Children Task Force, a participatory orphans and vulnerable children situation analysis in Kenya that will provide a basis for making choices about how and where to direct available resources to benefit the most seriously affected children and families. The analysis will also facilitate coordination and networking among the organizations serving orphans and vulnerable children.
- Analyze, in collaboration with the Ugandan government and another collaborating agency, laws, policies, and institutional frameworks that exist and that can be strengthened with regard to orphans and vulnerable children and their caregivers in order to make recommendations for a stronger legal policy framework for this population in Uganda.
- Develop an operational plan for addressing orphans and vulnerable children issues in selected countries in Africa, using a paper on orphans and vulnerable children policy gaps.

PROJECT MATERIALS AND TOOLS

The following documents and software are available on the POLICY Project Web site (www.policyproject.com):

- *Policies for Orphans and Vulnerable Children: A Framework for Moving Forward*, and
- Spectrum, a computer model containing modules for a range of projections and cost comparisons.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Linking stigma and discrimination with HIV prevention and care for orphans and vulnerable children;

- Developing monitoring and evaluation systems and indicators for orphans and vulnerable children issues and activities;
- Data analysis, modeling, and projections;
- Policy development, policy dialogue, and advocacy; and
- Capacity-building.

CONTACT INFORMATION

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PROJECT:

Population, Health, and Nutrition Information Project (PHNI)

IMPLEMENTING ORGANIZATIONS:

Jorge Scientific Corporation; Futures Group; John Snow Inc.

USAID FUNDING PERIOD:

2003–2004

USAID AMOUNT:

**(Global/regional activities focusing on children affected by HIV/AIDS)
\$264,666**

PURPOSE

The PHNI Project provides analysis, data management, information technology, and communication services to the Bureau for Global Health of USAID and other USAID offices and development partners. The project's mission is to provide information on health situations and trends, program needs, activities, outcomes, and costs, so that policy makers and program managers can make informed decisions about global health issues. The project integrates comprehensive information activities and services and works at all stages of the information process. For orphans and vulnerable children, PHNI documents, analyzes, and reports on trends in the numbers of orphans and programmatic approaches, and facilitates and documents strategic responses.

KEY ACCOMPLISHMENTS

The project is just beginning.

PRIORITY ACTIVITIES

- Publish and distribute *Children on the Brink 2004*;
- Publish and distribute 4th edition of *USAID Project Profiles: Children Affected by HIV/AIDS*;
- Research, write, and produce an update of the orphans and vulnerable children situation analysis in Africa; and

- Research, write, and produce an orphans and vulnerable children analysis of the 14 countries in the Presidential Initiative.

PROJECT MATERIALS AND TOOLS

- *Children on the Brink 2004* (to be published 2004);
- 4th edition of *USAID Project Profiles: Children Affected by HIV/AIDS* (to be published 2004);
- Orphans and Vulnerable Children Situation Analysis (to be updated fall 2003); and
- Orphans and Vulnerable Children Analysis of the 14 countries in the Presidential Initiative (to be completed fall 2003).

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Document development and dissemination;
- Strategic planning and analysis;
- Web site design, maintenance, and content management;
- Database and application development; and
- Workshop and meeting planning and implementation.

CONTACT INFORMATION

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**PROJECT:
Synergy****USAID FUNDING PERIOD:
1999–2003****IMPLEMENTING ORGANIZATION:
Social and Scientific Systems, Inc.****USAID AMOUNT:
(Global/regional activities focusing on
children affected by HIV/AIDS)
\$667,006****PURPOSE**

The Synergy Project is a performance-based contract that achieves results by helping USAID missions and bureaus design, document, and learn from international HIV/AIDS programs implemented by USAID cooperating agencies and other partners. Specifically, Synergy provides state-of-the-art tools, materials, and technical support to missions and bureaus; enhances and facilitates management of USAID HIV/AIDS procurements as a portfolio for the Office of HIV/AIDS, Bureau for Global Health, USAID; and increases the efficiency and cost-effectiveness of international HIV/AIDS programs. For orphans and vulnerable children, Synergy monitors, documents, and reports on trends in the numbers of orphans and programmatic approaches, and facilitates and documents strategic responses.

KEY ACCOMPLISHMENTS

- Published *Children on the Brink 2000: An Executive Summary*;
- Published *Children on the Brink 2002*;
- Launched and managed the Children Affected by AIDS (CABA) ListServ;
- Published two congressional reports on orphans and vulnerable children and mother-to-child transmission;
- Organized a town hall meeting on Education and Children Affected by HIV/AIDS; and

- Published *USAID Project Profiles: Children Affected by HIV/AIDS*, 1st, 2nd, and 3rd editions.

PRIORITY ACTIVITIES

- Distribute 3rd edition of *USAID Project Profiles: Children Affected by HIV/AIDS*;
- Organize a town hall meeting;
- Develop a lessons-learned document; and
- Establish and test orphans and vulnerable children indicators.

PROJECT MATERIALS AND TOOLS

- Programmatic and financial database;
- Children Affected by HIV/AIDS Listserv; and
- Documents: *Children on the Brink 2002* and *USAID Project Profiles: Children Affected by HIV/AIDS*, 2nd edition.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Listserv and Web site implementation and management;
- Document development and dissemination;
- Information dissemination;
- Strategic planning, and
- Workshop and meeting planning and implementation.

CONTACT INFORMATION

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**PROJECT:
YouthNet****IMPLEMENTING ORGANIZATIONS:**

Family Health International; CARE International; Deloitte Touche Tohmatsu Emerging Markets, Ltd.; Research Triangle Institute International; Margaret-Sanger Center International-

**USAID FUNDING PERIOD:
2002-2003****USAID AMOUNT:**

(Global/regional activities focusing on-children affected by HIV/AIDS)-\$200,000-

PURPOSE

YouthNet is a USAID-funded global project awarded in October 2001 to improve reproductive health and prevent the spread of HIV/AIDS among young people aged 10 to 24. It is a collaboration with young people, but it also includes the energy, insight, and experience of parents, schoolteachers, employers, policy makers, the media, health professionals, NGOs, religious and community leaders, and youth networks. YouthNet's orphans and vulnerable children activities focus on:

- Identifying and documenting selected programs and recommendations for involving adolescents affected by HIV/AIDS in HIV prevention, care, and support (including reproductive health needs) for orphans and vulnerable children projects; and
- Considering the situation and particular needs of adolescents affected by HIV/AIDS within research implementation efforts.

KEY ACCOMPLISHMENTS

Key accomplishments included identifying examples of programs that involve adolescents who are affected by HIV/AIDS for HIV prevention, care, and support (including reproductive health needs) and preparing detailed descriptions of these programs.

PRIORITY ACTIVITIES

- Continue to carry out situation analyses to identify examples of orphans and vulnerable children programs that involve adolescents who are affected

by HIV/AIDS for HIV prevention, care, and support (including reproductive health needs) and prepare and disseminate a paper describing these programs.

- Develop and promote guidelines for responding to the needs and involvement of adolescents affected by HIV/AIDS in HIV prevention, care, and support programs (including addressing reproductive health needs) in orphans and vulnerable children projects. The guidelines will be based on the lessons learned from these programs and on an assessment of approaches, reach, and needs of youth-serving organizations and existing tools. YouthNet will provide technical support to orphans and vulnerable children programs that wish to apply the guidelines.
- Consider the specific needs of orphans and vulnerable children when developing other programmatic and research agendas (e.g., youth participation, sexual coercion, family life education, youth-friendly services) that could help raise the visibility of specific needs of the different segments of orphans and vulnerable adolescents.
- Work with international and national groups that are working with vulnerable population groups and that support or provide health and social services for orphans and vulnerable children to develop appropriate interventions for adolescents affected by HIV/AIDS. This includes policy makers, service providers, and youth-serving organizations. The

issues addressed will include risk identification and stratification, and planning according to a comprehensive framework that transfers lessons learned from different programmatic areas.

PROJECT MATERIALS AND TOOLS

YouthNet will prepare a youth issues paper and develop guidelines for responding to the needs and involvement of adolescents affected by HIV/AIDS in HIV prevention, care, and support (including addressing reproductive health needs and issues) in orphan and vulnerable children programs. It will also identify and disseminate relevant tools produced by other programs.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Strategic planning;
- Program implementation;
- Research, monitoring and evaluation;

- Expansion of the breadth of orphans and vulnerable children work by linking it to global youth-serving networks (e.g., World Association of Girl Guides and Girl Scouts, YMCA, YWCA), global media (e.g., MTV), knowledge management programs, and to the private sector through the use of social franchising techniques;

- Youth-adult partnerships;
- Youth participation and leadership; and
- Delivery of youth-friendly services.

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PROJECT:

African Network for the Care of Children Affected by HIV/AIDS (ANECCA)

**USAID FUNDING PERIOD:
2000–2003**

IMPLEMENTING ORGANIZATION:

Regional Centre for Quality of Health Care, Makerere University Kampala, Uganda

USAID AMOUNT:

**(Global/regional activities focusing on children affected by HIV/AIDS)
\$200,000**

PURPOSE

The Regional Centre for Quality of Health Care (established in January 2000 as a center within the Institute of Health at Makerere University, Uganda) has a mandate to provide leadership and build regional capacity to improve the quality of health care. It provides training courses and technical assistance and promotes networking on quality-of-care issues in the region. The purpose of ANECCA is to build African capacity for the care of children infected and affected by HIV/AIDS.

- Prepared a statement for use in advocacy for increasing access to testing for HIV-infected children and provision of cotrimoxazole for PCP prophylaxis for HIV-exposed and -infected children in prevention-of-mother-to-child-transmission programs; and
- Developed technical assistance material on counseling mothers on infant feeding for prevention of mother-to-child transmission of HIV.

KEY ACCOMPLISHMENTS

- Held a workshop on early diagnosis and care of HIV-infected children;

PRIORITY ACTIVITIES

- Advocate for improved access to antiretroviral therapy and psychosocial support for HIV-infected children;

- Provide training for antiretroviral therapy for HIV-infected children;
- Establish linkages with organizations working in related areas;
- Coordinate the development of evidence-based guidelines for clinical care and training;
- Provide technical assistance for development of models for pediatric care with integrated psychosocial support;
- Identify critical issues for collaborative intervention-linked research; and
- Publish a handbook on critical issues in pediatric HIV/AIDS care in the Africa region.

PROJECT MATERIALS AND TOOLS

- Guide for healthcare workers on how to counsel mothers about infant feeding to prevent mother-to-child transmission.

TECHNICAL ASSISTANCE

The project can provide expertise to other projects for orphans and vulnerable children in the following areas:

- Development of clinical care and counseling guidelines;
- Training in pediatric AIDS care; and
- Mentoring.

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PROJECT:

Africa Education Initiative

IMPLEMENTING ORGANIZATIONS:

The Textbooks and Other Learning-Materials component: implemented by a consortium of Historically Black Colleges and Universities (HBCUs), led by Hampton University and Elizabeth City-State University-
The Ambassadors' Girls Scholarships-Program: Implemented by The Academy for Education Development; Science-

Applications International Corporation;- Dev-Tech International-
The Teacher Training component: - implemented through USAID Missions'- education programs-

USAID FUNDING PERIOD:

2002-2006

USAID AMOUNT:

\$200,000,000 (a portion supports children and families affected by HIV/AIDS)

PURPOSE

This project is designed to increase access to quality basic educational opportunities and to increase the number of teachers in Africa, especially at the primary school level. To achieve the goals outlined by President Bush, this U.S.-led, multiyear initiative will provide scholarships for African girls, train more than 400,000 teachers, produce locally developed textbooks and other learning materials, and increase the role of parents in their children's education by working to make school systems more transparent and more open to reforms from parents.

Each of these objectives will also include the provision of support to ensure that HIV/AIDS mitigation and prevention efforts are incorporated. To implement the Africa Education Initiative, USAID will work closely with host country ministries of education, institutes of higher education, local and international NGOs, and the private sector. To meet the initiative's goals, USAID will encourage new partnerships to include foundations, faith-based groups, and other education stakeholders. This Initiative recently began and is currently developing a partnership with the HBCUs consortium, which will collaborate with African educational institu-

tions to develop, publish, and distribute high-quality textbooks and learning materials.

PRIORITY ACTIVITIES

- Provide scholarships for 250,000 girls in sub-Saharan Africa;
- Partner African institutions with HBCUs in the United States to provide 4.5 million more textbooks and other learning tools for children in Africa;

- Train more than 160,000 new teachers;
- Provide in-service training for more than 260,000 existing teachers;
- Address HIV/AIDS issues through education; and
- Involve parents and communities in education.

CONTACT INFORMATION

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PROJECT:
The Education for Development and Democracy Initiative (EDDI)

IMPLEMENTING ORGANIZATIONS:
EDDI is directed by the National Security Council and administered through the interagency working group of USAID that includes State Department; Peace Corps; associated government agencies of the Environmental Protection Agency;

the Departments of Education, Agriculture, and Transportation

USAID FUNDING PERIOD:
1998–2003

USAID AMOUNT:
\$20,000,000 for 2002–2003 (a portion supports children and families affected by HIV/AIDS)

PURPOSE

EDDI is an African-led commitment from the U.S. government to strengthen the educational systems and the democratization process of sub-Saharan Africa through linkages with the United States. EDDI's goal is to integrate the African countries into the global community of free-market democracies through targeted and innovative approaches to education and citizen involvement. Strategies include:

- Providing access to and improving the quality of education (specifically for girls and women);
- Emphasizing the role of information and communication technology in strengthening education and the community;
- Developing a tutoring and mentoring network;
- Encouraging parent involvement in education and support to schools;
- Promoting citizen participation in community affairs and democratic governance;
- Facilitating sustainable partnerships between U.S. institutions and their African counterparts; and

- Collaborating with the private sector for business internships.

The Ambassador's Girls' Scholarship Program (AGSP) provides scholarships for girls and women at the primary, secondary, and tertiary levels for tuition, fees, books, uniforms and, where needed, transportation. Many of the scholarship recipients are boarding students who normally would not have access to educational facilities or could not focus full time on their studies. As programs encourage women to enter the workforce, support services in the form of tutoring and mentoring are available and scholarship recipients have opportunities to become technology literate.

EDDI uses a policy of inclusion so that girls with special needs, including orphans due to HIV/AIDS, deaf students, and blind students, are also supported through scholarships. This helps meet their educational needs and encourages them to develop skills so that they can support themselves and contribute positively to their communities.

KEY ACCOMPLISHMENTS

- Funded the Foundation for Democracy in Africa's Regional Conference, "Strategies for Combating the Spread of HIV/AIDS in West Africa: From Awareness, to Action Plan, to Program Implementation," in Abuja, Nigeria, May 2000;
- Incorporated HIV/AIDS education and mentoring to empower and equip 15,000 girls with life skills; and
- Awarded EDDI scholarships in 35 African countries; more than 10,000 at-risk girls and women have benefited, and another 5,000 candidates have been identified for future enrollment.

PRIORITY ACTIVITIES

- School-to-school partnerships facilitate exchanges between students and educators in Africa and the United States on a variety of subjects, such as classroom instruction, curriculum reform, and the role of technology in the learning process. Exchanges between students and teachers con-

tribute further to global understanding. Partnership activities include HIV/AIDS workshops.

- University-to-university partnerships establish workforce development systems or strengthen technology links, information resources, curriculum reform, marketable skills, joint research, and teacher training. Exchanges of academicians add value to curriculum reforms and classroom instruction. Through research, outreach, and instruction, they help strengthen the national response to the HIV/AIDS pandemic.

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Previously Funded Projects for Children Affected by HIV/AIDS

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Cambodia	FHI/IMPACT; Friends	<p>The project worked with street children by linking with existing services that provided support for children affected by AIDS and encouraged increased capacity where gaps in care and support existed. Various care and support services were provided to 1,000 children per day. Assistance included:</p> <ul style="list-style-type: none"> ■ General counseling and HIV pre-test counseling services; ■ Care referrals for children and HIV-affected family members; and ■ Placement services for orphaned children or those from HIV/AIDS-affected households. 	Aug 1999–Jun 2002; \$256,050
	FHI/IMPACT; Partners in Compassion; Takeo	<p>The project, a collaboration between Christian and Buddhist religions, focused on decreasing discrimination against persons living with HIV/AIDS and increasing the ability of families to care for and support children affected by AIDS. A clinic based at the Takeo temple managed by Christian volunteers provided clinical care and services to people living with AIDS. Volunteers visited families and children who were unable to access the clinic. The project achieved the following successes:</p> <ul style="list-style-type: none"> ■ 127 children affected by AIDS received educational materials and clothes that enabled them to attend school; and ■ 60 Buddhist monks were trained to disseminate information about HIV/AIDS and to encourage the community to support and care for those infected and affected. 	Feb 2002–Sep 2002; \$5,478
	FHI/IMPACT; Médécins du Monde	<p>The project's primary focus was on HIV prevention, but it also assisted street children and incarcerated children affected by HIV/AIDS by:</p> <ul style="list-style-type: none"> ■ Providing vocational training; ■ Providing literacy courses for 100 youths; and ■ Remodeling/refurbishing buildings to use as youth centers. 	Oct 1999–Apr 2002; \$103,827

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Ethiopia	Pact	<p>This capacity-building project for nongovernmental organizations (NGOs) included a series of training and technical assistance projects, small grants, and network support that facilitated coordination among 19 NGOs assisting orphans and vulnerable children. Pact-assisted NGOs:</p> <ul style="list-style-type: none"> ■ Reached more than 33,000 children; ■ Operated 135 alternative education centers; and ■ Increased their annual budgets by 121 percent. 	Jul 1995–May 2003; \$2,000,000
Ghana	FHI/IMPACT; Queen Mothers	<p>The project provided technical support to more than 70 “Queen Mothers” (traditional female leaders/opinion leaders and mothers) to increase their long-standing capacity to care for and support children and families in need within the context of HIV/AIDS. The work of the Queen Mothers had the following results:</p> <ul style="list-style-type: none"> ■ The Ghana AIDS Commission and other NGOs increased their assistance to orphans and other vulnerable children; ■ A resource center was founded to provide counseling services and to host activities such as vocational training for the children and their families; and ■ HIV/AIDS education was incorporated into traditional puberty rights for young girls. <p>A portion supports activities for orphans and other vulnerable children affected by HIV/AIDS.</p>	Mar 2001–Jun 2002; \$95,937
	FHI/IMPACT	<p>The project carried out a situation analysis on the status of care for children made vulnerable by HIV/AIDS, and subsequently produced a report, <i>Status of Care for Children That Are Orphaned and/or Vulnerable Due to HIV and AIDS in Ghana</i>.</p>	Mar–Apr 2002; \$8,080
Haiti	CARE; FHI/IMPACT; CRS	<p>The project helped communities to understand the economic and psychosocial problems of orphans and other vulnerable children and to implement sustainable responses. The project built on the existing work of CARE/Haiti and its partners and was designed in collaboration with the Ministries of Public Health and Social Affairs. The project achieved the following successes:</p> <ul style="list-style-type: none"> ■ Links were established with existing micro-credit and micro-finance groups to expand access to these services; ■ CARE assisted with improving access to education and addressing the specific HIV-prevention needs of orphans and vulnerable children; ■ A situation analysis on orphans and vulnerable children was completed in June 2000; ■ Support groups were established in project areas; and ■ 109 children were placed in host families by the end of the project. 	Jan 2001–Oct 2001; \$200,000

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Kenya	ICROSS; FHI/IMPACT	<p>The project, within a social development context, responded to the needs of orphans and other vulnerable children with specific reference to psychological and physical health, education, and land rights. Achievements included:</p> <ul style="list-style-type: none"> ■ 79 community health workers and 25 supervisors were trained, and subsequently provided home-based care and support in three areas of Bungoma, Nzoia, and Webuye; and ■ A full-time medical officer monitored and provided technical assistance to the community health workers. 	Oct 2000–Sep 2002; \$197,531
Malawi	Save the Children; COPE	<p>The project worked with local residents to form or reconstitute and mobilize 374 village AIDS committees and numerous district and subdistrict committees. Through these structures, the project facilitated sustainable community action to prevent the spread of HIV and mitigate the impact of HIV/AIDS. Specifically, the project was able to:</p> <ul style="list-style-type: none"> ■ Deliver seedlings and other planting materials to more than 100 village AIDS committees to establish nurseries; ■ Provide care and support to 15,221 orphans and other vulnerable children in four districts; ■ Offer 1,639 children clothing, food donations, and school fee assistance; ■ Established 40.2 hectares of communal vegetable gardens from which more than 6,000 vulnerable households per year have benefited; ■ Established 249 youth clubs involving 7,000 youth; and ■ Increase local fundraising. 	Sep 1997–2002; \$1,619,459
Nigeria	CEDPA/ENABLE	<p>The project goal was to improve the quality of life for children, aged 0 to 15, who had lost one or both parents to AIDS. To this end, the project:</p> <ul style="list-style-type: none"> ■ Organized 10 program implementation committees; ■ Provided 1,000 orphans and vulnerable children aged 0 to 15 with healthcare, education, and vocational training, and 46 older siblings and 78 caregivers with vocational training; ■ Provided care and support to 521 households with orphans and vulnerable children through income-generating activities, micro-credit, and advocacy and social mobilization training; and ■ Offered training, capacity-building assistance, increased access to small loans, and assistance with income-generating activities to 34 community-based organizations (CBOs). 	Aug 1999–Dec 2002; \$900,000

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Romania	Baylor University	<p>Baylor College partnered with a Romanian NGO to bring state-of-the-art comprehensive care and treatment to HIV-infected children.</p> <ul style="list-style-type: none"> ■ The Romanian-American Children's Center, an out-patient care and treatment facility, served 627 children living with HIV; ■ All staff at the center received comprehensive training in HIV/AIDS; ■ 10 Romanian physicians received short-term HIV/AIDS training in the United States at Baylor College of Medicine; ■ Demographic, medical, and social information on 762 HIV-infected children was collected and compiled in a database that can track specific indicators; and ■ A home and palliative care program for HIV-infected children and families was initiated. 	Mar 2001–Mar 2002; \$125,000
	Holt; International Children's Services	<p>A fully integrated system of services for HIV-infected and -affected children and their families was designed, implemented, managed, and evaluated.</p> <ul style="list-style-type: none"> ■ 376 HIV-affected children were provided with counseling, social services, clothing, and food donations; ■ 233 families with HIV-positive children benefited from financial support; and ■ 9 abandoned HIV-positive children were placed in long-term foster care at the end of the first quarter of 2002. 	Oct 1998–Sep 2002; \$1,063,000
South Africa	FHI/IMPACT; HOPE Worldwide	<p>The project linked prevention of HIV with care and support services, community mobilization, and referral networks to provide a continuum of care after voluntary counseling and testing.</p> <ul style="list-style-type: none"> ■ Support groups for children were established within the adult support groups (some support groups include only after-school activities); ■ Clinic staff members were trained in home-based care, social auxiliary work, psychosocial support for children, and community mobilization tools; ■ Welfare grants to clients were facilitated; and ■ 13 mother-to-child transmission/voluntary counseling and testing lay counselors were trained, given supplies, and supervised. 	Oct 1999–Jun 2002; \$600,000
Uganda	Save the Children/UK; Ministry of Labor and Social Affairs	<p>The project carried out a program that reunited 1,700 institutionalized children and closed 30 substandard institutions, thus improving the level of care in the remaining orphanages. With technical assistance, the government was able to support decentralization of service delivery and strengthen policies favoring family and community-based care for orphans. Save the Children/UK continues to work with the government on child protection and rights issues.</p>	1992–1997

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Zambia	PCI	<p>The project's goal was to identify low-cost, sustainable approaches to strengthen the capacity of government organizations, NGOs, CBOs, communities, and families to mitigate the impact of HIV/AIDS on orphans and other vulnerable children. Four strategies were implemented to address this goal:</p> <ul style="list-style-type: none"> ■ Community mobilization; ■ Improvement of health service delivery; ■ Advocacy for improving child welfare policies and regulations; and ■ Information sharing, networking, and capacity-building. <p>Using these strategies, the project achieved the following:</p> <ul style="list-style-type: none"> ■ 14 communities with a total population of more than 100,000 were mobilized to respond with local resources to the needs of more than 5,000 orphans; ■ 14 community-based committees for orphans and vulnerable children were organized to plan interventions; ■ 5 district-based committees for orphans and vulnerable children were organized to perform advocacy activities, mobilize resources, and support community committees; ■ 1,000 children were enrolled in seven new community schools; and ■ 1,000 children were given greater access to counseling, health, education, and other support services. 	Jan 1998–Dec 1999; \$1,716,087
Zimbabwe	Pact	<p>The orphan control and care program strengthened the capacity of six NGOs to facilitate and replicate community-driven and community-sustained programs that integrated HIV prevention with care for orphans and other vulnerable children. Activities included:</p> <ul style="list-style-type: none"> ■ Training in psychosocial support, life skills, and succession planning; ■ Community grants for school fees and health care for orphans and vulnerable children; and ■ The creation of a network of NGOs focused on orphans and vulnerable children. 	Jul 2000–Sep 2002; \$300,000

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
Regional	Regional Urban Development Office	<p>This project used Regional Urban Development Office funds to:</p> <ul style="list-style-type: none"> ■ Document effective urban strategies to alleviate the hardships faced by orphans and vulnerable children; ■ Develop assessment methods to assist municipalities in restructuring their service delivery strategies to improve the standard of living for people affected by HIV/AIDS; and ■ Design, cosponsor, and implement three or more demonstration projects in urban settings to improve local government responses to orphans and vulnerable children and people living with HIV/AIDS. <p>These activities included:</p> <ul style="list-style-type: none"> ■ Completing an inventory of local government/urban actions to address HIV/AIDS; and ■ Undertaking three housing pilot projects in South Africa for orphans and vulnerable children. 	2001–2002; \$100,000
Global	OVC Task Force	<p>The OVC Task Force was formed to bring together individuals and representatives from organizations working to meet the needs of orphans and other vulnerable children throughout the world. Objectives of the ongoing task force include advocacy, communications, and forums for programs to exchange practices and materials, identify program gaps and research needs, increase collaboration, and raise the visibility of the needs of orphans and vulnerable children.</p> <ul style="list-style-type: none"> ■ 80 NGOs, agencies, donors, and individuals currently participate in task force activities. ■ Taskforce hosted three-day advocacy workshop. 	Jun 2001–May 2002; \$20,000
	CORE; POLICY Project	<p>Empowerment grants of up to \$5,000 were awarded to CBOs and FBOs to carry out innovative local HIV/AIDS programs. More than \$200,000 in grants was allocated to 45 organizations from 29 countries. Of these, six organizations specifically addressed the needs of children infected or affected by HIV/AIDS. Their activities included:</p> <ul style="list-style-type: none"> ■ Working with Buddhist monks to conduct awareness-raising activities in schools aimed at reducing stigma associated with orphans due to AIDS and other affected children; ■ Supporting infected children who wished to attend school; ■ Conducting community training and youth rallies; ■ Providing care and support services for people living with HIV/AIDS; ■ Establishing an adoption system for orphans; ■ Providing education assistance and materials; and ■ Offering services in nutrition, health, shelter, child protection, income-generation, and home-based care and counseling. 	Apr 2001–Dec 2002; \$200,000

Acronyms

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ANECCA	African Network for the Care of Children Affected by HIV/AIDS
ARCH	Applied Research on Child Health
ARO	Assistance to Russian Orphans
ARV	Antiretroviral
BGH	Bureau for Global Health
CAA	Children affected by HIV/AIDS
CABA	Catholic AIDS Action
CBO	Community-based organization
CEDPA	Center for Development and Population Activities
CERT	Center for Educational Research and Training
CHC	Community health committee
CHES	Community Health and Education Society
CHIN	Children in Need
COPHIA	Community-Based Program on HIV/AIDS Care, Support, and Prevention
CPT	Care and prevention team
CRS	Catholic Relief Services
CSB	Corn/soy blend
DACC	District AIDS Coordinating Committee (Malawi)
DCOF	Displaced Children and Orphans Fund
DFID	Department for International Development (United Kingdom)
DHIV	HIV/AIDS Division, USAID
EBS	Education Broadcast Services
EDC	Education Development Center
EDDI	Education for Development and Democracy Initiative
EMIS	Education management information system
FANTA	Food and Nutrition Technical Assistance Project
FBO	Faith-based organization
FDC	Foundation for Community Development
FHI	Family Health International
HBCU	Historically Black Colleges and Universities
HEARD	Health Economics and AIDS Research Division
HIV	Human immunodeficiency virus
ICROSS	International Community for Relief of Starvation and Suffering
IEC	Information, education, and communication
IMPACT	Implementing AIDS Prevention and Care
IPC	Initiative privée et communautaire de lutte contre le Sida

IREX	International Research & Exchanges Board
IRI	Interactive radio instruction
K-REP	Kenya Rural Enterprise Program
LAC	Legal Assistance Centre
LIFE	Leadership and Investment in Fighting an Epidemic
MCDI	Medical Care Development International
MOE	Ministry of Education
MOH	Ministry of Health
NACWOLA	National Community of Women Living with HIV/AIDS
NGO	Nongovernmental organization
OSSA	Organization for Social Services for AIDS
OVC	Orphans and Vulnerable Children
Pact	Private Agencies Collaborating Together
PCI	Project Concern International
PMTCT	Prevention of Mother-to-Child Transmission
POMMAR	Prevention for At-Risk Boys and Girls (Brazil)
PTA	Parent Teacher Association
RCQHC	Regional Centre for Quality of Health Care
REACH	Rapid and Effective Action Against HIV/AIDS
REPSSI	Regional Psycho-Social Support Initiative
RUDO	Regional Urban Development Office
SARA	Support for Analysis and Research in Africa
SBT	Salaam Baalak Trust
SCOPE	Strengthening Community Partnerships for Empowerment of Orphans and Vulnerable Children
SDIPA	Shiamak Davar Institute for the Performing Arts
SEEDS	Social Educational and Economic Development Society
SFDRT	Society for Development Research and Training
SIDA	AIDS
STI	Sexually transmitted infection
SWAK	Society for Women and AIDS in Kenya
TA	Technical Assistance
TASO	The AIDS Support Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organizations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWESCO	Uganda Women Efforts to Save Orphans
VCT	Voluntary counseling and testing
VCTC	Voluntary counseling and testing center
WAAPO	Women Against Poverty and AIDS
WINS	Women's Initiatives