

Increased Care for Orphans and Vulnerable Children (OVC) in the Great Lakes Region of East Africa

April 2005– April 2009

Building upon past experiences and replicating best practices, this program is scaling up quality services already offered to 5,780 orphans, vulnerable children and their communities through an operative network of 82 local partners. At the end of the program, at least 12,000 HIV/AIDS orphans and other vulnerable children will be provided with quality services for dignified living conditions and stronger futures, at least 50,000 families, communities and at least 120 local community-based organizations will be provided with support to increase their care for OVC.

“Increased Care for Orphans and Vulnerable Children (OVC) in the Great Lakes Region of East Africa” is a Cooperative Agreement being implemented by AVSI in the countries of Uganda, Rwanda, and Kenya with funding from USAID through the President’s Emergency Plan for AIDS Relief (PEPFAR).



www.avsi.org

AVSI

AVSI is an international not-for-profit organization founded in Italy in 1972. AVSI’s mission is to support human development in developing countries with special attention to education and the promotion of the dignity of every human person, according to Catholic social teaching.

AVSI carries out its mission through the planning and implementation of medium and long-term sustainable projects and emergency relief operations in partnership with local associations, institutions, governments, and international agencies. At present, AVSI is operating in 35 countries of Africa, Latin America, Eastern Europe the Middle East and Asia in the areas of health and sanitation, care of children, education, vocational training, upgrading of informal urban areas, agriculture, promotion of small businesses, food security, ICT and emergency relief.



USAID
FROM THE AMERICAN PEOPLE

PEPFAR

President Bush promised to lead the attack on global HIV/AIDS in 2003 with the launch of the **U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)**– \$15 billion to fight HIV/AIDS in more than 120 countries around the world.

Bilateral programs include a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia.

The President’s financial commitment is accompanied by ambitious goals. These include supporting the prevention of 7 million new infections, treatment for 2 million HIV-infected people, and care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children, in an accountable and sustainable way. To this last goal, the government has announced that in the first year it has provided care for over 1.2 million orphans and vulnerable children and to over 1.7 million people living with HIV/AIDS. (Source: Office of the U.S. Global AIDS Coordinator, Second Annual Report to Congress on PEPFAR)



The Problem

As the world is gradually understanding and coming to acknowledge, the HIV/AIDS pandemic is demonstrating the extent of its ruthlessness in the impact it is having on social, economic, and cultural life particularly in Sub-Saharan Africa. Across a region where the rates of HIV/AIDS range from single-digits to as high as 30% among certain groups, the toll on human development is astounding.

One dimension of the impact of HIV/AIDS falls on the shoulders of the younger generation who are growing up in a world marked by this dark disease. There are an estimated 12.4 million orphans in Sub-Saharan Africa (*Children on the Brink 2004*)—children under 18 years who have lost one or more of their parents to the disease—and an incalculable number of other children living with sick parents whom they are likely to lose prematurely. In addition, the need to care for an increasing number of sick adults, as well as the decline of healthy adults generating family income, has meant an enormous burden for families and communities to support all their children. Psychologically, the disease can be unbearable for its apparent hopelessness and worse in contexts which stigmatize those associated with it.

The Contexts

AVSI designed this program to expand the services being provided in three countries in Eastern Africa, each with their own contextual features.

In **Uganda**, out of a population of 28 million there are an estimated 530,000 people currently infected with HIV/AIDS and 2 million orphans. AVSI has enjoyed a long presence in Uganda, extending for more than 20 years, with a particularly strong base in the northern districts of Gulu, Kitgum and Pader. Relative to the other two countries, the Ugandan case is particular for the strength and capacity of local service providers and community organizations. This project is underway in the Districts of Apac, Gulu, Hoima, Jinja, Kampala, Kamuli, Kibale, Kitgum, Lira, Luwero, Masaka, Masindi, Mpigi, Mukono, Nebbi, Tororo, and Wakiso, with at least 5,900 direct beneficiaries.



In **Kenya**, out of a population of 34.7 million, there are an estimated 1.2 million people infected with HIV/AIDS and 650,000 orphans. AVSI has been working with local partners in Kenya since 1986, primarily in the urban areas surrounding Nairobi. This project is operating in the slums of Nairobi and poor suburban areas of Nairobi, as well as some zones in the Meru Region, Nandi District and Mulot-Narok District in the Rift Valley, with 2,900 direct beneficiaries.



In **Rwanda**, out of a population of 8.6 million, there are an estimated 250,000 people infected with the disease, and 160,000 orphans. AVSI has been working in Rwanda since 1994 and has undertaken a more direct approach to the provision of care and services to OVC, given the relatively weak capacity of civil society organizations and health care providers. Activities are being carried out in the East, North and South Provinces, with 2,200 direct beneficiaries.



The Method

After years of development and practice, AVSI has been granted the opportunity to **scale-up** its successful approach to care for vulnerable children with funding from **PEPFAR**. AVSI relies upon a structure of community partnerships with over 100 local community-based organizations through which individual OVC, their families and communities receive both direct and indirect support to reduce vulnerability and improve overall well-being. Children are mainly kept in a family setting and provided with a **holistic package of services**—educational support, health care, psycho-social support—always individualized to the child’s needs and in close communication with parents or guardian.

AVSI’s approach to OVC takes as its starting point an interest in the overall well-being of each, individual child, which considers the child holistically and individually. As an organization, AVSI does not pretend to have the capacity to satisfy all of the needs of each child, but has recognized the resources contained in the numerous organizations and associations which have grown out of the same communities where the OVC live and are sustained by passion for the well-being and future of their communities. The **community** aspect of AVSI’s approach is another distinguishing feature.

Operationally, AVSI implements this approach by promoting in the local partners’ staff the concepts of individualized provision of care for each OVC through an adult relationship and a gaze which includes the child within his/her family and larger community. As a result, local partners facilitate **direct assistance** to OVC, including requirements for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Recognizing the complex array of factors influencing a child’s well-being, AVSI also provides **indirect assistance** including support for quality education (through teacher training and school rehabilitation), promotion of income-generating activities, community projects, and sensitization to HIV/AIDS.

The funding received from USAID has allowed AVSI to scale-up the number of children and families previously benefiting through one of AVSI’s programs. The pillar of AVSI’s previous work has been the **Distance Support Program**, a form of child sponsorship and his/her family and community.

Some other points of method include the following:

—> **Selection of beneficiaries** is done by local partners embedded in their communities, yet with guidance and agreed-upon criteria for selecting the most vulnerable among them.

—> **Follow-up of children** is an on-going activity of each implementing partner organization which conducts home, school or office visits to track the services provided, academic progress and well-being.

—> **Capacity building** of partner organizations and staff is also a continuous effort that involves harmonizing methods of beneficiary selection, data collection, reporting and evaluation techniques, as well as direct training activities, site-visits and participatory assessments.

direct activities:

- assistance for schooling
- health care
- nutritional support
- psychosocial support

indirect activities:

- income generating activities for parents, older siblings
- school rehabilitation, equipment, teaching aids
- teacher training
- community sensitization and outreach
- community projects
- recreation and sport activities
- health care for family members

Subsidiarity in Action

AVSI's collaboration with USAID on this program to increase care for orphans and vulnerable children in the Great Lakes region of Africa represents an important opportunity to demonstrate the **principle of subsidiarity** in the context of the **PEPFAR** goals of improving sustainable local capacity to provide quality care for the most vulnerable within society. Subsidiarity is understood as *privileged attention to that level of social life that is closest to the individual person, therefore the family and the organic webs of community associations that form naturally among people.*

For AVSI, an attention to subsidiarity has always been the lens through which activities are designed, implemented and evaluated. In the Great Lakes region and in Eastern Africa, AVSI has been able to increase its presence and work because of the initiative and willing spirit of countless local groups, families, and even government authorities who appreciate this bottom-up approach. Like many of AVSI's projects, care for orphans and other children made vulnerable by HIV/AIDS and other diseases began through the involvement of the people inside the communities including foster families, informal and more organized groups. Over time as the need grew, AVSI tapped into its institutional capacity to formalize a program of support for the children, their families and their community level organizations.

Local partner organizations include numerous community and faith based organizations such as parents' or women's associations, self-help groups, homes for children, and community health projects, as well as schools for disadvantaged groups, such as the deaf, and vocational training institutes.

The existing social structures will continue to be present long after the PEPFAR initiative and its funds have come and gone. For this reason, and more importantly because of the natural and crucial link between a child and his family and community, **AVSI is implementing the following activities to build capacity at the community and family levels in the three countries:**

—> **COMMUNITY LEVEL:**

- coordination meetings, site-visits and technical support for administrative and management staff and volunteers of partner institutions;
- training workshops for teachers and social workers using AVSI's modules "The Risk of Education" (general approach to child-centered education and well-being), and "The Value of Life" (holistic HIV/AIDS prevention);
- integration of OVC services with other resource providers such as food support or ARV treatment.

—> **FAMILY LEVEL:**

- Business skills training and income generating activity support for parents and older siblings.

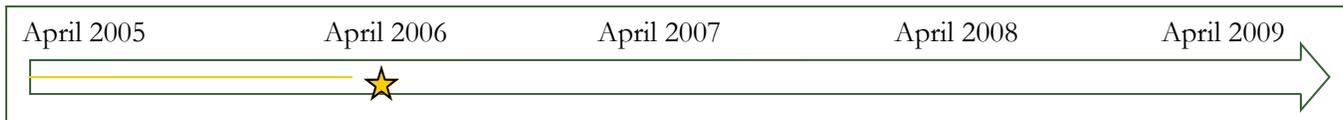
Contact Information

Program Manager: Dr. Lucia Castelli	Email: lucia.castelli@avsi.org
Uganda Office: AVSI Kampala	Ggaba Road, Plot 1119, P.O. Box 6785 Kampala, Uganda E-mail: kampala@avsi.org
Kenya Office: AVSI Nairobi	Ruraaka Thome 5, P.O.Box 759, Nairobi, Kenya E-mail: avsi@kenyaweb.com
Rwanda Office: AVSI Kigali	Cellule Rukili Zone II, N. 41, P.O.Box 3185 Kigali, Rwanda E-mail: kigali@avsi.org
Italy Office: Giampaolo Silvestri	Via Melchiorre Gioia 181, Milano, Italy Email: milano@avsi.org



Program Update... Year One

April 2005– April 2006



In each country the “minimum package” of services provided to each child comprises the payment of school fees (when needed), the provision of scholastic material, food and non food items, provision of health care, psycho-social assistance through regular follow up visits at home, at school or in the office, and organization of recreational and sport activities. Almost all the activities planned were implemented, and targeted numbers were reached. Acknowledging the importance of IGAs for self reliance and sustainability when the program will end, in all countries we were able to support more people than the targeted and more local partners were involved.

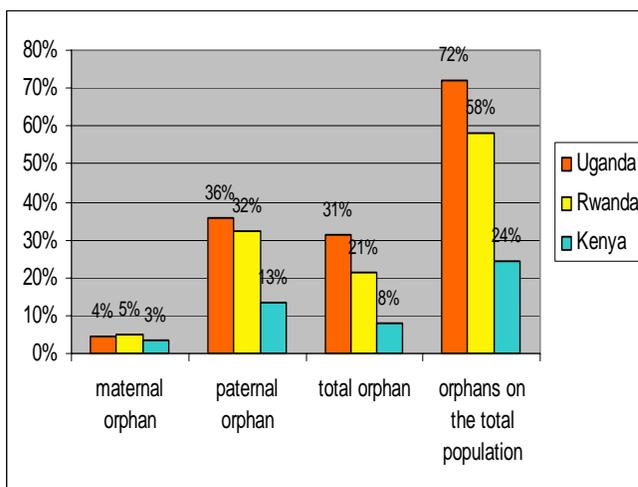
In **Uganda**, the project continues strong with significant cooperation among local partners and on-going emphasis on capacity building and harmonization. Insecurity in the north hinders regular follow-up of children and some of the project’s activities. The Government of Uganda released a National OVC Policy, and AVSI is working to complement these efforts and meet the minimum requirements contained therein.

In **Rwanda**, the government’s implementation of a new administrative organization has increased the administrative demands of the project in-country, and caused other problems due to the process of decentralization of government services. Operationally, AVSI has achieved good results in the support for IGAs, and in promoting recreational activities and sensitization of communities in the districts where the program is implemented.

In **Kenya**, a particular focus of the first year has been the capacity building of local partners to provide quality services and manage the financial and administrative aspects of this large program has improved, yet AVSI recognizes the need to continue a focus on this work. The involvement of parents has been important to avoid the trap of creating a sense of dependency.

Results to Date

Reporting Period Apr 1, 2005 – March 30, 2006	UGANDA	RWANDA	KENYA
OVC served: total number	5668	2231	2726
Female	2936	1145	1323
Male	2732	1086	1403
Recreational activities (n. OVC)	3621	18607	3641
After school programs (n. OVC)	987	1266	1949
School rehabilitation, equipment, teaching aids	19	0	5
Sensitization of communities (n.contacts)	9684	57130	5859
IGA promotion and BST (n.beneficiaries)	1714	4596	1407
Providers/caretakers trained	373	190	316



Program Update... Year One

The Challenges

- Coordination across three countries and with diverse set of stakeholders in each country
- Increasing capacity of local partners, in particular their reporting and information systems
- Harmonization of selection process for identifying vulnerable children given diversity of contexts
- Structural weaknesses of educational systems, including low level of teacher preparation and incentives

The Successes

- BST and IGA shown to be highly successful in promoting self-sufficiency of families and more responsibility of communities toward OVCs care (all three countries)
- Leveraged resources and partnerships, like the Memory Project and other international donors such as WFP (food support for PLWAs) and UNICEF (psycho-social training for teachers in Rwanda).
- “Mobile tents” for sensitization of communities and recreational activities for OVC were highly successful and will be expanded in Rwanda.
- Cultural outings to different sites in the country were very appreciated among the students who have begun to gain greater appreciation for their history.

Eleven Thousand Children, Eleven Thousand Stories...

Ann Priscilla Nakalembe—Uganda

Priscilla had always thought that she was the last one in everything: at home, at school, with her friends. When her parents died, she felt it was a confirmation of her sentiment. She was now out of school and kept thinking, “No education, no future.” Then AVSI came in and offered her a sponsorship to continue her studies. “That was the moment in which I started to commit myself to the studies, as a way to please and thank who was giving me support.” It was the 22nd of February when the *New Vision* quoted that “the 2005 A-level examination results show that the performance gap between boys and girls had closed, as a higher percentage of female candidates obtained principal passes in Mathematics and Science than their male counterparts.” Priscilla went through the names of the best students published and could not believe her eyes when she found herself among the first 10 top candidates. This pass means she can enter the university. “Now I am not anymore the last one!”



Association Abishyizehamwe—

Rwanda An agricultural association in Gatsibo District, the Assoc. Abishyizehamwe is made up of 72 members, more than half of whom are women. Every morning each woman goes to dig in the common field with tools given by AVSI a few years ago, with their youngest child bound onto their back. This year, the association earned enough money collectively that they are now able to pay for their own seeds and still have profit. Peter is one of the young children who accompanies his mother to the fields; at three years old the best place for him is not the back of his mother for hours at a time. In response to this need, the women pooled some money to hire a teacher and open a school for 75 of their children. Soon, the district authorities offered a space and AVSI provided some resources to expand. Now Peter knows how to count: “one, two, three!”

Mburanjiru Primary School—Kenya

Many students in this school are displaying their AVSI t-shirt and its slogan: “We are valuable, not vulnerable.” Their parents are also valuable, and efficient! A group of parents has found a reliable source of income in their production of sukumawiki cultivated on a plot of land rented from the school. Now the children can improve their diet at school by eating these vegetables. In addition, AVSI supported a recent initiative to involve the students in a “Tree Seedling” project whereby they grow in responsibility and have the opportunity to earn some money by selling the fruits produced.