



**Community-based Orphan Care,
Protection and Empowerment (COPE)
Project**

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Final Program Report

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TABLE OF CONTENTS

Introduction	1
Program Goal and Strategic Objectives	1
Overall Activities and Approaches	1
Program Management	2
Monitoring and Evaluation	2
Summary of Results, Successes and Achievements	4
Table A: Tracking Table for Required Emergency Plan Indicators -- Fiscal Year 2010	6
Table B: Life of Activity (LOA) Progress Tracking Table for OVC Served	7
Sustainability Measures and Capacity Reinforcement	7
Uganda Country Report	9
Tanzania Country Report	16
Rwanda Country Report	23
Mozambique Country Report	29
Appendix A – COPE Baseline Survey Report	
Appendix B – COPE Uganda Evaluation Report	
Appendix C – COPE Tanzania Evaluation	
Appendix D – List of COPE Partners	
Appendix E – Expanded COPE Uganda Final Report	
Appendix F – Success Stories	

ACRONYMS

ACORD	: Agency for Cooperation and Research in Development
AIDS	: Acquired Immune Deficiency Syndrome
ARISE	: Appropriate Revival Initiative for Strategic Empowerment
ARV	: Anti Retro Viral
CBO	: Community Based Organizations
CCC	: Community Care Committees
CNLS	: Commission Nationale de Lutte Contre le Sida
COPE	: Community-based Orphan Care, Protection and Empowerment
CPAs	: Core Programme Areas
DCF	: District Child Forum
CDC	: Child Development Centre
EGPAF	: Elizabeth Glaser Paediatric HIV/AIDS Foundation
EMG	: Emerging Markets Group
FBO	: Faith Based Organizations
FON	: Fruits of the Nile
FUGA	: FUKUI Uganda Friendship Association
HIV	: Human Immunodeficiency Virus
IGA/ IG	: Income Generating Activities/ Income Generating
I-DO	: Integrated Development Options
ICOBI	: Integrated Community Based Initiative
LLITN	: Long Lasting Insecticide Treated Mosquito Nets
JCRC	: Joint Clinical Research Centre
MDLSD	: Ministry of Gender, Labour and Social Development
NGO	: Non Government Organisation
NTUNDINET	: Ntungamo District Network of People Living with HIV/AIDS
NSPPI	: National Strategic Programme Plan of Interventions for OVC
NOP	: National OVC Policy
OCC	: Orphan Care Committee
OVC	: Orphans and Vulnerable Children
PEPFAR	: President's Emergency Plan for AIDS Relief
PSS	: Psychosocial Support
PTA	: Parent Teacher Association
ROEC	: Rushoka Orphans Education Centre
SCV	: Service Corps Volunteers
SO	: Strategic Objective
SDO	: Service Delivery Officer
SO	: Strategic Objective
UGANET	: Uganda Network on Law, Ethics and HIV/AIDS
USAID	: United States Agency for International Development
USD	: US Dollars
USG	: United States Government
UWESO	: Uganda Women's Effort to Save Orphans
VCT	: Voluntary Counselling and Testing

EXECUTIVE SUMMARY

a. Introduction

In 2008, more than 14.1 million children in sub-Saharan Africa had lost one or both parents to AIDS¹. As a result, extended families and communities are challenged with caring for these children and addressing the devastating impacts of HIV and AIDS in resource-poor settings. With support from the President's Emergency Plan for AIDS Relief (PEPFAR) and USAID, Africare developed the Community-based Orphan care, Protection and Empowerment (COPE) program, a regional initiative to support households and communities affected by HIV and AIDS in East and Southern Africa. COPE was implemented in four countries, each of which has experienced exponential growth in the number of orphans and vulnerable children due to AIDS. The vulnerability of OVC in these countries is exacerbated by poverty, with large percentages of their populations living on less than \$1 a day: 85% in Uganda, 52% in Rwanda, 49% in Tanzania, and 38% in Mozambique.²

This report describes the achievements, progress toward strategic objectives and outcomes of the COPE project implemented by Africare from March 2005-June 2010³. COPE was a five-year initiative that represents a partnership between Africare, Cardno Emerging Markets USA (formerly Emerging Markets Group) and the Governments of four Emergency Plan countries - Mozambique, Rwanda, Uganda and Tanzania. Throughout the implementation period, COPE provided health and social services to 209,241 children, exceeding its life of activity target of 137,500 by 50 percent as a result of additional support from the USAID missions in Uganda, Tanzania and Mozambique, as well as UNICEF in Mozambique. In addition, COPE served a total of 99,070 orphans and vulnerable children (F 51,990, M 47,080) with three or more essential services ranging from protection (birth registration and succession planning) and psychosocial support to income generation, health and nutritional support as well as educational assistance. The ratio of caregivers reached to OVC served was roughly 1:4, emphasizing on individualized care for OVC served in the COPE program.

b. Program Goal and Strategic Objectives

The goal of COPE was to reduce the socioeconomic impact of HIV/AIDS on a total of about 137,500 orphans and vulnerable children (OVC) and their caregivers. The five strategic objectives (SO) of COPE are as follows: Strategic Objective 1: Enhanced district/community capacity to coordinate care and support services for OVC and caregivers; Strategic Objective 2: Increased access to life skills training, peer education and psychosocial care and support to OVC and their families; Strategic Objective 3: Increased access to educational support services for OVC; Strategic Objective 4: Increased access to healthcare and nutritional support (including nutrition education and food for OVC and caregivers); and Strategic Objective 5: Increased access to income generating opportunities for OVC and caregivers.

c. Overall Activities and Approaches

COPE implements its interventions at three levels; community (systems), household and child.

Systems-Level Interventions COPE strengthened multi-sector Child Forums (CF), district government officials, community-level structures or committees aimed at coordinating OVC care and local civil society organizations to enhance their abilities to care for OVC. The project provided training, coordination support and material grants, such as computers, in order to improve the coordination and delivery of care to OVC and their families. These structures play an integral role in the COPE model by encouraging “shared responsibility” within communities to address OVC related issues. The project also trained community-based volunteers called *Service Corps Volunteers (SCV)*, to conduct activities

¹ UNAIDS/WHO 2009 AIDS Epidemic Update

² State of the World's Children: UNICEF, 2006.

related to HIV prevention, stigma reduction, youth life skills, OVC care and support, and project monitoring and reporting. They served as Africare's link to the community and provided an ongoing presence at the village-level for responding to OVC needs.

Household or Family Level Interventions

- *Economic Strengthening for OVC and Caregivers.* Africare partners with Emerging Markets Group (EMG) to develop appropriate income-generating activities for caregivers and OVC. Based on a 2006 market analysis in all project countries, EMG provides technical support and leadership in the following: (1) facilitating micro-enterprise activities for caregivers and OVC; (2) engaging out-of-school youth in workforce development; and (3) building capacity of caregiver associations to increase income. COPE focuses on a few critical activities which are likely to yield the largest returns, strengthen caregiver skills and resources as well as link them to higher value markets.
- *Household Monitoring and Support.* COPE builds the capacity of OVC committees and other local structures to periodically conduct home visits to beneficiary households, continuously assessing the needs of the families and responding with support. Home visits also serve as a platform for SCV to train caregivers in providing psychosocial support, to sensitize caregivers and children on child protection issues and to promote health messages such as HIV and malaria prevention.

Child Level Interventions

- *Life skills training, peer education and psychosocial care and support to OVC and their families.* COPE primarily provides psychosocial support and life skills education through COPE (youth) Clubs that are established through community-based organizations, local churches, schools and PLWHA associations. Each club has a membership 20-50 OVC and other youth to avoid stigma and in addition includes a life skills curriculum that is context specific and gender sensitive tailored to both in- and out-of-school children in COPE clubs. Additionally, SCV recruit and train youth peer educators to deliver information and skills in HIV prevention and stigma reduction amongst children and youth. Peer educators target at least ten other youth every month.
- *Direct support for educational services* - COPE provides direct support to OVC students by providing school uniforms and educational material (pens, rulers and notebooks) at all levels of education, but mainly to those in primary schools.

d. Program Management

At the beginning of the project, the COPE management structure was centered in the field with a Program Management Unit (PMU) based in Dar es Salaam that consisted of a Chief of Party, Deputy Chief of Party and other supporting staff. A Technical Advisor, based at Africare headquarters in Washington, DC, provided technical support and direction. In FY07, Africare changed the management structure to increase efficiency and cost-effectiveness. The PMU was dissolved; a HQ-based Project Director provided technical and administrative leadership to the project, while a Regional Technical Manager, based in Dar es Salaam provided field-based management and quality assurance to field staff in all four country programs. The technical staff also included a field-based Income Generation Advisor, provided by Cardno's Emerging Markets, who provided strategic leadership and technical support to economic strengthening activities in all four country programs. Field staff was based at the regional or sub-regional level in each country and included a Project Coordinator, M&E Officer, Field Officers for each strategic objective and support staff. Although field staff reported directly to the Africare country office, the Regional Technical Advisor provided technical supervision to field staff's implementation of the project.

e. Monitoring and Evaluation

The project M&E System was designed to a) effectively monitor and evaluate project objectives; b) ensure local participation and a high degree of ownership in attaining project results; and c) allow project

staff to make appropriate changes during the life of the project to reach its overall goal. The cornerstone of the COPE monitoring and evaluation system was established with a baseline exercise and subsequent report developed by Population Council in 2005 (see Appendix A for the full baseline report).

The Results Framework for the project was developed based on the project design and further refined following the baseline as follows:

Strategic Objective	Expected Results
SO1: Enhance District/community Capacity to coordinate and support services for OVC and care givers	1.1 Increased capacity of SCV and village committees to guide community response for quality care and support services for OVC and caregivers 1.2 Increased response of local governments in mainstreaming OVC issues in their meetings 1.3 Increased districts resources/budget allocated for implementing activities to support OVC 1.4 Strengthened coordination of OVC implementing partner networks in providing quality care and support to OVC in districts 1.5 Increased community capacity to monitor OVC and caregivers 1.6 Increased funds available to community organizations to implement care and support services for OVC
SO2: Provide life skills Training , peer education and psychosocial care and support to OVC and their families	2.1 Increased capacity of Service Corps Volunteers and village committees to provide psychosocial support to OVC and care givers 2.2 Increased number of active COPE Clubs engaging children with life skills trainings, peer education and sports activities 2.3 Increased capacities of teachers providing PSS to in-school OVC. 2.4 Increased community capacity to address issues of stigma and discrimination against OVC and caregivers. 2.5 Increased child representation through child forums
SO3. Increased access to educational support services for OVC	3.1 Increased educational opportunities for OVC
SO4. Increased access to health care and nutritional support	4.1 Enhanced health and nutritional services provided to OVC and caregivers 4.2 Increased OVC households / care givers groups actively involve in gardening for nutrition purposes and sale of surplus 4.3 Increased access to health care among OVC households 4.4 Increased knowledge on proper nutrition and basic health education among care givers
SO5: Increased accesses to income generating activities	5.1 Increased livelihood opportunities for OVC and families

The COPE M&E System collected monitoring data by relying on project implementers at various levels from Service Corps Volunteers and committees at the community level, to local government staff at the district levels. As a result, project staff, child forums, peer educators/HIV/AIDS Service Corps volunteers and School Development Committees were trained and participated in monitoring activities. In each implementation country, the project developed a simple database to periodically capture data demonstrating important indicators including those required by the host country and USAID/PEPFAR. The project also disseminated data to key stakeholders for decision-making, through planning meetings with local government, community-level committees, and other implementing partners.

Due to limited funding, Africare did not conduct a mid-term evaluation of the project, and external end-of-project evaluations were conducted only in Tanzania and Uganda (see Appendix B for the Uganda and Appendix C for the Tanzania full evaluation reports). The reports highlighted the following:

- *Knowledge, Practice and Coverage (KPC) Survey and Evaluation of the Community-Based Orphan Care, Protection and Empowerment (COPE) Project in Uganda* The project conducted an evaluation survey in 2009 of COPE Uganda. Results showed that the COPE project had contributed to meeting the needs of OVC and their caregivers. Most stakeholders appreciated the support provided by the project and pointed to visible examples of the impact of its work. The project has directly served more than 23,000 OVC, thus exceeding its target of 20,000. It is estimated that the project has benefited over 33,000 indirect beneficiaries. The strength of the COPE approach also lies in its capacity to mobilize community resources and structures to address the needs of OVC and their caregivers. By working with the OCCs who live in and are part of the communities, the project has been able to tap into community strengths that otherwise would not have been realized.
- *Community-based Orphan Care, Protection and Empowerment (COPE) Assessment Report – Tanzania* In October 2009, an impact assessment of the project over four years of implementation was carried out. The evaluation found that all villages had established vulnerable children’s committees and OVC registered since 2007. The project has provided care and support services to OVC and caregivers as well as monitored provision of services. COPE Clubs had been formed both in schools and at the villages in addressing psychosocial needs of active member OVC. The study also revealed that more than two-thirds of the OVC in school accessed school fees, uniform and other educational material support. In addition school drop-out rates for OVC was lower and at par with non-OVC. In some districts IGAs have been established by COPE benefiting caregivers and the OVC.

Child Status Index

In Rwanda, Tanzania and Uganda, COPE piloted the Child Status Index (CSI) tool, developed by MEASURE Evaluation and USAID, in order to improve routine monitoring of OVC households. The tool systematically monitors changes in child well-being and can help programs determine the direct outcomes of their interventions. COPE staff in all three countries participated in training provided by MEASURE Evaluation or USAID, adapted the tool for country program-specific use and field-tested the CSI with Service Corps Volunteers.

Experiences with the CSI tool varied between countries. In Uganda, for instance, staff found the exercise costly and administering the questionnaire took a long time for SCV. In Tanzania pre-testing revealed that volunteers struggled with self-introduction and adequately explaining the purpose of the visit. This component proved important in setting realistic expectations with members of the household, who often expected immediate material support. Additionally, many children showed discomfort in responding to interview questions in the presence of caregivers. Pre- and post- tests administered to SCV indicated, however, that the tool adaptation improved SCV self-efficacy in providing services to OVC. Furthermore, 75 percent of volunteers trained on CSI stated that they “felt more capable of assessing the priority needs of OVC.”

f. Summary of Results, Successes and Achievements

SO 1: Enhanced district/community capacity to coordinate care and support services for OVC and caregivers Improving the coordination of care for OVC through strengthening community structures is a key strategy in delivering sustainable care for children and their families affected by HIV/AIDS. During the five-year period, the project trained more than 36,000 community members across all four countries to coordinate and deliver quality care to OVC. These community members included caregivers themselves,

members of community-level OVC committees, district government officials and Service Corps Volunteers. In Mozambique, for instance, COPE partnered with the district government to implement birth registration campaigns, which resulted in the registration of 35,000 children in the program implementation area. COPE also facilitated the development of more than 1,600 OVC care committees from the community to the district level. Training of these structures included topics such as psychosocial support provision, child rights and protection, and hygiene/sanitation.

SO 2: Increased access to life skills training, peer education and psychosocial care and support to OVC and their families During the implementation period, COPE reached 109,730 children through household visits and COPE club activities. School and community based COPE clubs served as entry points for providing psychosocial support, life skills and HIV prevention education to OVC. The project also trained 4,619 youth as peer educators to disseminate information about HIV prevention to at least 10 peers in their schools and communities. In Tanzania, COPE staff members were trained by the regional psychosocial support initiative, REPSSI, to serve as Master Trainers in their countries to improve the development and implementation of psychosocial support programs.

SO 3: Increased access to educational support services to OVC As children affected by HIV/AIDS face financial and other barriers to education, improving access to school and promoting the importance of education were key components of the COPE approach. In many cases, vulnerable girls often face additional challenges to remaining in school, thus the project implementation of education initiatives included outreach to girls. For instance, in Uganda, the project addressed absenteeism amongst vulnerable girls, by providing 5,611 girls with sanitation napkins. In Mozambique, Tanzania and Uganda, the project facilitated support for OVC education through the School Block Grants initiative, a resource exchange mechanism in which COPE provides much-needed resources to schools (e.g. furniture, computers and books) and in exchange, the schools waive tuition for a certain number of vulnerable children, receive training on resource mobilization and OVC care, and serve as key partners in provision of PSS to OVC through the facilitation of school-based COPE clubs. In FY09, the initiative was piloted in COPE Rwanda and achieved positive results. Throughout the implementation period, COPE supported 9,688 OVC to continue their education through the School Block Grants program.

SO 4: Increased access to health care and nutritional support for OVC and caregivers

Poor health and nutrition remains a major challenge for OVC, who often face limitations to accessing healthcare and nutritious food, and are often at increased risk of HIV infection resulting from high vulnerability. COPE addressed poor health of vulnerable children and their caregivers through health and nutrition education, registering families with health insurance schemes, and distribution of health and hygiene materials such as insecticide-treated mosquito nets (ITNs) to prevent malaria infection. Throughout the implementation period, COPE distributed 62,483 ITNs targeting children less than five years of age and pregnant caregivers or OVC. In 4,795 households in Rwanda and Uganda, the project provided seeds, materials and skills to vulnerable households to produce their own nutritious foods. In order to increase the use of health and HIV-related services, the project utilized various strategies to promote HIV counseling and testing services and link vulnerable households to healthcare and HIV/AIDS support. Throughout implementation, COPE linked 47,725 households to a variety of services including HIV testing and counseling and immunization of children.

SO5: Increased access to income generating opportunities for caregivers and children in their care

With the technical support from Cardno's Emerging Markets, USA, the COPE project aimed to help caregivers and out-of-school OVC to become self-sufficient through skills improvement, linkages to sustainable IGA and savings promotion. The project facilitated the engagement of nearly 11,000 caregivers in income-generation and savings, which included linkages to external markets and private sector engagement. For instance, in Uganda, COPE linked caregiver groups engaged in fruit drying with a

company, Fruits of the Nile, which donated fruit dryers to the group, provided them with training and bought their products for export. The project also provided more than 1,191 OVC with vocational training and business start-up kits to support themselves and households, in which many of them are also caregivers to younger siblings.

The following tables provide quantitative data on the number of children and caregivers reached in the final fiscal year (FY10); throughout the life of the project; in addition to the number of children and caregivers reached in each fiscal year of programming with key services per strategic objective:

EMERGENCY PLAN INDICATOR TABLES

Table A: Tracking Table for Required Emergency Plan Indicators -- Fiscal Year 2010

Reporting Period (October 1, 2009 -- June 30, 2010)											
PE PFAR Indicator	Indicator	MOZ Planned	MOZ Actual	UGA Planned	UGA Actual	TAN Planned	TAN Actual	RWA Planned	RWA Actual	TOTAL Planned	TOTAL Actual
C1.1.D	Number of eligible adults and children provided with a minimum of one care service	41,000	35,477	31,000	37,410	68,000	43,474	6,512	5,742	146,512	122,103
	Age: < 18	36,000	32,977	25,000	26,830	60,000	35,181	5,012	4,082	126,012	99,070
	Female	21,600	17,087	14,051	15,231	32,500	16,901	2,698	2,771	70,849	51,990
C5.1.D	Male	14,400	15,890	10,949	11,599	27,500	18,280	2,314	1,311	55,163	47,080
	Number of eligible clients who received food and/or other nutrition services	240	210			8,000	8,954			8,240	9,164
H2.3.D	Age: < 18	N/A	28	3,000	8,548	24,000	22,385	1,000	1,229	28,000	32,190
	Number of health care workers who successfully completed in-service training program	40	36	35	36	145	145	0	0	220	217
n/a	Number of providers/caretakers trained in caring for OVC	5,000	2,500	6,000	10,580	16,000	12,061	1,500	1,660	28,500	26,801

Table B: Life of Activity (LOA) Progress Tracking Table for OVC Served

Reporting Period March 2005- June 2010	MOZ Planned	MOZ Actual	UGA Planned	UGA Actual	TAN Planned	TAN Actual	RWA Planned	RWA Actual	TOTAL Planned	TOTAL Actual
Number of OVC ever served by an OVC program	60,000	85,847	20,000	27,469	37,500	74,500	20,000	21,425	137,500	209,241

Table C: Life Activity (LOA) Age Breakdown of OVC Served

Mozambique, Rwanda, Uganda & Tanzania	<u>Under 2</u>	<u>2-4</u>	<u>5-11</u>	<u>12-17</u>
Number of orphans and vulnerable children reached in age group	10,462	16,739	94,158	87,882

g. Sustainability Measures and Capacity Reinforcement

COPE worked with local USAID missions and communities to ensure mechanisms are put in place to sustain project activities after the end of the project. In each COPE country, project staff identified lead local organizations, who would be able to continue providing services to OVC and provided technical support and mentoring to these organizations throughout the course of the last implementation year. Furthermore, sustainability has been a component of the COPE design since its inception, in that the project prioritized community ownership and participation of the project. This has been demonstrated through on-going capacity development of community care committees; strong collaboration with local government officials in mainstreaming OVC services into strategic and fiscal planning; and promotion and support to income generating activities and savings mobilization as a financial buffer to vulnerable households.

Throughout the project period, Africare has documented indicators demonstrating steps toward project sustainability. For instance, in FY09, Africare focused attention to ensuring caregiver IGA groups have the capacity to maintain business relationships with market linkages. In Uganda, fruit drying clusters have become members of the fruit drying association – an important step toward being able to negotiate prices for products. Additionally, the Association has responded to a proposal from the national Community Grants Program, which was considered through a competitive bidding.

In Tanzania, Africare initiated training of District Focal Persons (DFP) who have been identified by the District Management Team (DMT) to oversee activities in each district. The DFP have been active in OVC identification activities particularly in coordination of district support such as transportation and venue facilitation, as well as ensuring a schedule for fieldwork. And district coordinating meetings have revealed that many of the MVCC have been successful in guiding communities in mobilizing resources for supporting vulnerable children in their communities.

Community-based Orphan Care, Protection, and Empowerment (COPE) Project



Final Country Program Reports



Community-based Orphan Care Protection and Empowerment (COPE) UGANDA

a. COPE and the OVC Situation in Uganda

As of 2009, nearly 15 percent or 2.43 million children in Uganda were known to have lost one or two of their parents – 51 percent of these children orphaned as a result of HIV/AIDS.⁴ In addition, adverse socio-economic conditions aggravated by poverty, a 24-year-old civil war and HIV/AIDS, has left 51 percent of children in Uganda moderately or critically vulnerable. In response, the country's Ministry of Gender, Labour and Social Development (MGLSD) has responded by developing a national Orphan and Vulnerable Children (OVC) policy supported by the National Strategic Programme Plan of Interventions (NSPPI) the health and social welfare needs of vulnerable children. From 2005-2010, Africare partnered with and supported the government of Uganda by implementing the COPE project in Ntungamo and Isingiro districts in south western Uganda. In the two districts, one in five children are vulnerable with a total OVC population of 187,366 of which, the project provided services to more than 25,000 over the project period.

b. Implementation Strategy

The project supported vulnerable households using two main strategies:

1. Strengthening community capacity to support vulnerable children and their caregivers by coordinating and delivering social services, including health care, nutrition, education access and psychosocial support, to OVC and their families. The project achieved this mainly through the following interventions:
 - a. Building the capacity of key stakeholders by facilitating the development of district-level multi-sector Child Forums and community-level Orphan Care Committees (OCC), which work with families and communities to identify the needs of vulnerable children and deliver appropriate services to OVC and their caregivers
 - b. Increasing the number, and strengthening the development of partnerships among community-based organizations that provide services to vulnerable households (e.g. civil society organizations, non-governmental organizations, faith-based organizations, and private sector service providers)
 - c. Addressing human resource gaps by training a cadre of community-based volunteers, called HIV/AIDS Service Corps, to assist in coordinating community efforts to provide care and support to OVC households and to increase community awareness and action against HIV/AIDS
2. Increasing the capacity of children and caregivers, especially child and women-headed households, to sustain their livelihoods. The project achieved this mainly through the following interventions:
 - a. Coordinating and supporting anti-AIDS youth groups called COPE Clubs within target schools and communities
 - b. Providing of life skills training and peer education in HIV prevention and psychosocial care and support to OVC
 - c. Providing education support to children through the Block Grants Program, which partners with schools and vocational training centers to waive fees for vulnerable children in exchange for material support to the educational institution
 - d. Providing training and support to households in basic domestic hygiene and sanitation, psychosocial support, legal protection, health and nutrition, and income-generation

⁴ OVC Situation Analysis, 2009. Ministry of Gender Labour and Social Development

c. Coordination with in-country team, host government and local partners

The project partnered with a variety of stakeholders in the intervention districts and communities to foster local ownership and participation in program implementation. From inception, the project signed a memorandum of understanding with the target districts and involved related officials in the design and implementation of programs. The project also worked with local service providers and strengthened referral systems, which resulted in increased HIV counseling and testing in OVC households and an uptake in legal and child protection services. Key partners included local police, Joint Clinical Research Centre (JCRC), Baylor Pediatric AIDS Foundation, and various ministries responsible for service provision for children. A full list of partners can be found in Annex 4.

In FY09-FY10, USAID Uganda provided the project with an additional \$1 million to scale up the COPE methodology in nine sub counties of Isingiro and Ntungamo Districts through a partnership with four local organizations. This initiative called the Expanded COPE Project provided sub-grants and technical assistance to the following organizations: Uganda Women's Effort to Save Orphans (UWESO), Integrated Development Options (I-DO), Appropriate Revival Initiative for Strategic Empowerment (ARISE) and Kyamate Child Development Center (CDC). A separate report detailing the results of this partnership can be found in Annex 5.

d. Major Accomplishments per Strategic Objective

Throughout the project period, COPE provided essential services to 26,830 (15,231F, 11,599M) vulnerable children. Through direct service delivery and strengthening of partners, the project helped OVC stay in school, access health services and improve their educational and nutritional status. Caregivers supported with economic strengthening support reported increased incomes and capacity to increase material support to children. In addition, improved community mobilization to support vulnerable children benefited intervention communities by increasing attention to children's issues and expanding HIV prevention, care and support messages. The project increased and strengthened the number of service providers and stakeholders to expand their responses to OVC and caregivers. During the implementation period, the project achieved the following:

Strategic Objective 1: Enhance district and community capacity to coordinate care and support services to OVC and caregivers COPE established and strengthened community structures to effectively coordinate and deliver services to OVC households. During program implementation, the project established and/or strengthened four civil society organizations; 72 Service Corps Volunteers; 1218 community members that belonged to OCCs; and one district child forum and its 11 members. All members of OCC, who are essential in coordinating services for vulnerable children and their caregivers, were trained in psychosocial support provision and child protection, so as to use these skills to support children through household monitoring visits. In addition, a total of 62 (F 30, M 32) community partners, government officials and OVC were trained in advocacy for OVC issues. Community radio was used as a means for promoting OVC issues at the community level.

Through the Expanded COPE project, 20 staff (6F, M14) of partner organizations (i.e. IDO, UWESO, ARISE, and CDC) received organizational and institutional technical support and training. COPE also provided the organizations with equipment ranging from motorcycles to computers, which has enhanced the sub-grantees' ability to provide quality care for intervention districts.

Lessons Learned

- Leveraging support from partners is crucial in ensuring that OVC receive a comprehensive package in all core program areas.
- Capacity building remains crucial for sustainability of project activities. Continued training of OCCs, SCV and members of the CF will greatly contribute to project sustainability.

- Involvement of all stakeholders in early stages of design and identification, management and protection of OVCs remains a key factor in ensuring project success
- Continued training of OCC, SCV and members of the CF has greatly contributed to the project's sustainability. Establishing Child Forums at the sub-county level improved service provision at the community-level.

SO 2: Provision of life skills, peer education and psychosocial care and support services to OVC and caregivers. The COPE project worked with the community structures especially SCVs, OCCs and peer educators to provide psychosocial support (PSS) and life skills education to OVC and their caregivers. The project trained 703 peer educators (388 F, 315 M) in Life Skills and PSS using the Information Motivation, Behavioral and Referral (IMBR) model. The peer educators were trained in sexual refusal skills, effective decision-making, communication, HIV prevention and reproductive health education. Peer educators reached 2555 (1382F, 1173M) children and youth through small group discussions and other school and community-based activities. Service Corps Volunteers also provided regular facilitation, monitoring and support to 74 school and 30 community COPE clubs. Through COPE club activities, 8,771 (5,400 F, 3,371 M) children and youth were reached with life skills, peer education and psychosocial support. At the household level, the project trained OVC caregivers in PSS, children's rights and protection, loss and grief management, prevention of depression in children, communication with children and HIV/AIDS prevention and care. In addition, the project raised awareness on issues related to HIV prevention, care and support 3,263 (1830F, 1433 M) children in schools and 2555 OVC (1,382 F, 1,173 M) through community venues. In addition to COPE provided services, the project also linked 520 (357 F, 163M) children to existing youth services provided by government-run youth development centers, which provide PSS, spiritual support and recreational activities.

Lessons Learned

- COPE club activities need to address the realities children face such as early marriages, which causes girls to drop out of the clubs
- Communities are often motivated by tangible/material goods
- Training curricula should be designed to encourage participatory learning and testimony sharing

SO 3: Increased educational opportunities for OVC

Over the project period, COPE's School Block Grants program allowed a total of 700 (324 F, 376 M) OVC to complete secondary education. COPE also provided scholastic materials to 16,633 (7,786 F, 8,847 M) OVC in primary schools. In addition to these materials the OVC received hygiene materials (soap and herbal jelly) to improve their health and also received long lasting insecticide treated mosquito nets (LLITNs) for the prevention of malaria which normally affects children's school attendance. In addition, the project also addressed absenteeism amongst vulnerable girls, by providing 5,611 girls with sanitation napkins.

Lessons learned

- Providing scholastic materials to vulnerable children increased school enrollment and retention
- Providing block grants to schools is a more sustainable approach than paying direct school fees for vulnerable children
- Block grants prevent stigmatization of OVC in schools

SO 4: Increased access to health care and nutritional support, including nutrition education and food for OVC and caregivers

The COPE project partnered with district health departments and other health providers to improve the healthcare and wellbeing of vulnerable children and their caregivers. The program provided 3,000 children, especially under-five years old with LLITNs, and facilitated immunizations for 11,055 children through local Ministry of Health initiatives. Through partnerships with the Joint Clinical Research Centre, AIDS Information Centre and Baylor-Uganda, COPE increased HIV counseling and testing within OVC

households by strengthening referrals and linkages between households and service providers. As a result, COPE linked 665 caregivers and 482 children to testing and HIV treatment services.

At the household-level, COPE provided hygiene and sanitation education to 491 heads of households, while 15,200 children received hygiene materials, such as soap and petroleum jelly. In addition, through complementary programming funded by the African Well Fund and Water for Life, 3,979 COPE beneficiaries received school-based hygiene and sanitation education. Finally, the project promoted improved nutrition by supporting 798 vulnerable households in developing sustainable backyard gardens and 10 school-based COPE club gardens, which supplemented feeding programs at the schools.

Lessons Learned

Linking communities to services provided by the local government was crucial to ensuring sustainable access to services. For instance, the project linked caregivers to a program run by Uganda National Agricultural Advisory Services that provided assistance to caregivers in planting fruit trees and vegetables. By facilitating these linkages, the project avoided duplication of services, and ensured sustainability of interventions.

SO5: Increased access to income generating opportunities for caregivers and their OVC

COPE, with technical support from Cardno's Emerging Markets (formerly Emerging Markets Group) improved incomes of vulnerable households to increase material support for vulnerable children. The strategy focused on three types of interventions; facilitation of micro-enterprise development, workforce skills development for OVC and strengthening of caregiver income-generating groups. Using data gathered from an initial market analysis at the beginning of the project, COPE assisted caregiver groups, reaching 3,064 caregivers (2018 F, 1046 M), to undertake fruit drying, bee keeping, and handicrafts, which were linked to external, sustainable markets. Some of the caregiver groups received business management training and savings mobilization support. The project also placed 186 out-of-school OVC in vocational training and apprenticeships in various trades including hairdressing, metal fabrication, tailoring and computer training. At the end of training the project gave graduates start-up kits with materials for them to start their own businesses in their trade.

Lessons Learned

- Linking the goods produced by caregiver groups to value chains is an effective way of boosting income of vulnerable households.
- When caregivers are supported with income-generating activities, they are able to support themselves and children in their care with expenses such as school fees and scholastic materials, health care, and adequate food to meet their nutritional needs.

The following tables provide quantitative data on the number of children and caregivers in Uganda reached in the final fiscal year (FY10); in addition to the number of children and caregivers reached in each fiscal year of programming with key services per strategic objective:

Table 1: FY10 Essential Services Provided

Services/Indicator	Actual Reached	Comments/notes
<u>Food and Nutritional Supplementation</u>	8,548 (4698F, 3850 M)	<ul style="list-style-type: none"> • Provision improved seeds • Support for school and household gardens • Nutrition Education
<u>Shelter and Care</u>	26,830 (15231 F, 11599 M)	<ul style="list-style-type: none"> • Provision of hygienic materials (e.g. soap, petroleum jelly, sanitary napkins)

Services/Indicator	Actual Reached	Comments/notes
<u>Protection</u>	26, 830 (15231 F, 11599 M)	<ul style="list-style-type: none"> • Mobilization and training of teachers and OCC members in child protection • Promotion of child birth registration and succession planning • Linkages to legal and social services
<u>Health Care</u>	26,830 (15231 F, 11599 M)	<ul style="list-style-type: none"> • Dissemination HIV prevention messages through health education sessions, drama and video shows • Provision of LLITNs to prevent malaria • Sanitation and hygiene education and demonstrations
<u>Psychosocial Support</u>	26830 (15231 F, 11599 M)	<ul style="list-style-type: none"> • Training of teachers on provision of PSS to children • Provision of PSS to children through COPE clubs • Provision of PSS to caregivers through IGA groups
<u>Education and Vocational Training</u>	16,633 (8847 F, 7786 M)	<ul style="list-style-type: none"> • Provision of scholastic materials (e.g. pens, math sets, uniforms) • Facilitation of education fee waivers for secondary school children through provision of block grants to schools
Economic Opportunity/Strengthening	6,880 (3922F, 2958M)	<ul style="list-style-type: none"> • Training and support to caregivers for income-generating activities • Provision of IGA support materials to child-headed households and OVC completing vocational programs

Table 2: Annual Program Outputs by Strategic Objective

Strategic Objective 1		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Enhance District/community Capacity to coordinate and support services for OVC and care givers						
IR 1.1	Number of intervention communities supported with the creation or strengthening of multi-sector OVC committees	1024	1001	1024	1218	1218
IR 1.2	No. partner planning meetings supported	04	04	04	03	04
IR 1.2	No. of local government officials sensitized and trained in supporting OVC initiatives	0	11	11	11	11
IR 1.3	No. of community caregivers trained to coordinate and provide care and support to OVC	0	7011	8337	3862	4248

IR 1.4	No. of community caregivers trained in child protection	0		7011		8337		3862		4248	
Strategic Objective 2 Provide life skills Training, peer education and psychosocial care and support to OVC and their families		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 2.1	No. of community volunteers trained to provide psychosocial support to OVC through COPE clubs	M	F	M	F	M	F	M	F	M	F
		98	112	102	138	203	255	315	388	315	388
IR 2.1	No. of OVC provided with psychosocial support through COPE club activities	632	738	17389	21227	2658	4491	4993	5255	3371	5400
IR 2.2	No. of households provided with psychosocial support through home visits	550		550		510		480		410	
IR 2.3	No. of Peer Educators trained in facilitating HIV prevention education	M	F	M	F	M	F	M	F	M	F
		98	112	102	138	203	255	315	388	315	388
IR 2.3	No. of OVC reached with HIV prevention and Life Skills	480	634	916	1416	3334	5003	9817	13110	1173	1382

Strategic Objective 3 Increased access to educational support services for OVC		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 3.1	No. of OVC supported with education access as a result of School Block Grants or direct tuition payment	M	F	M	F	M	F	M	F	M	F
		670	505	369	333	367	333	207	191	207	191
IR 3.2	No. of supported OVC completed secondary school	0	0	0	0	169	133	207	191	0	0
IR 3.3	No. of teachers trained to support OVC	40		0		0		0		0	

Strategic Objective 4 Increased access to health care and nutritional support		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 4.1	No. of children received insecticide-treated mosquito nets	M	F	M	F	M	F	M	F	M	F
		0	0	1974	2056	192	1841	1611	2262	1287	1713
IR 4.1	No. of OVC caregivers linked to or provided with household-level health and nutrition services	768		2948		1020		4720		798	
IR 4.2	No. of OVC and caregivers linked to or provided with	OVC	CG	OVC	CG	OVC	CG	OVC	CG	OVC	CG
		550	290	2948	2948	2914	1570	1124	2424	809	798

Strategic Objective 4		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Increased access to health care and nutritional support											
	food support										
IR 4.2	No. of beneficiaries supported with nutrition by backyard, school or community garden	290	550	2948	2948	2914	1020	1124	2424	809	798

Strategic Objective 5		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Increased access to income generating activities											
IR 5.1	No. of children and caregivers linked to a viable income-generating activity	>18	18+	18	18+	>18	18+	>18	18+	>18	18+
		148	33	493	88	596	121	2622	200	2226	121
IR 5.2	No. OVC supported with vocational training	M	F	M	F	M	F	M	F	M	F
		0	0	11	19	33	59	14	30	7	13

Community-based Orphan Care Protection and Empowerment (COPE) TANZANIA

a. Country Specific OVC Situation Analysis

In Tanzania, where an estimated 2.4 million children have lost either one or both parents to AIDS or are considered vulnerable, Dodoma Region has one of the highest number of orphans and vulnerable children (OVC). With an HIV prevalence of 3.3 percent, slightly lower than the national rate, these children are also vulnerable to HIV infection, poverty, rights violations and exclusion from access to basic needs.

b. Country Program Strategy

Africare implemented a five - year (March 2005 – June 2010) Community-based Orphan care, Protection and Empowerment (COPE) Project in Dodoma region. The COPE Project, funded by USAID, strengthened capacity of local government authorities (LGAs) and local infrastructures like Most Vulnerable Children Committees (MVCC) and Service Corp Volunteers (SCV) in addressing the socio-economic needs of identified 74,500 OVC. By working through these structures, COPE was able to deliver support to vulnerable children, which included material goods, such as school materials; nutrition education; HIV prevention sensitization; facilitation of income-generating and savings activities; and linkages to primary healthcare. Through its implementation, the project staff realized that reaching OVC through MVCCs is a cost effective, efficient as well as sustainable approach. However, there is a continued need to strengthen MVCCs' capacity in the mobilization of local resources to meet OVC needs. COPE also strengthened the capacity of OVC families in meeting their own needs through participation in program design and implementation as well as in engaging and managing viable income generating activities.

The Government of Tanzania through the Department of Social Welfare (DSW) provided strategic leadership, guidelines and coordination of stakeholders' response in delivering quality care and support services to OVC. The implementing partners rolled out the *National Costed Plan of Action (NCPA)* and *National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children*, leading to standardized provision of quality care and support services to OVC among implementing partners (IPs).

c. Coordination with In-Country Team and Host Government, Local Partners

COPE project and other IPs established partnership with local government authorities (LGAs) for coordination of national response to provision of quality service delivery to OVC in a sustainable manner. The project strengthened District Focal Persons (DFPs) for the local governments to coordinate and monitor implementation of community based OVC initiatives. In collaboration with DFPS, COPE project facilitated monthly meetings for SCVs to review progress and a develop work plan for subsequent month. The District IPGs convened quarterly meetings to share experiences and advocated for mainstreaming of OVC/ MVC issues into district comprehensive development plans and allocation of resources. At the national level, DSW coordinated monthly meetings for the Implementing Partners Group and Quality Improvement Task Force. The coordinated monthly meetings provided a platform for organizations to share experiences, identify gaps in quality service delivery and advocate for mainstreaming of OVC issues into government plans and budget.

d. Major Accomplishments per Strategic Objective

Africare implemented the Community- based Orphan care, Protection and Empowerment (COPE) in the Dodoma region from 2005 until 2010. The goal of the project was to reduce the socioeconomic impact of HIV/AIDS on a total of 74,500 orphans and vulnerable children (OVC) and their caregivers in Dodoma. The strategic objectives of the project were as follows: a) Enhanced community capacity to coordinate care and support services for OVC and caregivers. b) Increased access to life skills training, peer

education and psychosocial care and support to OVC and their families; c) Increased access to educational support services to OVC; d) Increased access to health care and nutritional support to OVC and; e) Increased access to income generation opportunities to OVC and caregivers

Throughout the life of the project, COPE reached 74,500 OVC and 12,000 caregivers with quality services that included psychosocial support, education, health, food and nutrition, shelter and support for income generating activities. The project strengthened the capacity of 145 ward-level volunteers and 499 MVC committees consisting of 6986 community members who guide and monitor community responses in providing care and support to OVC/MVC and their caregivers. The DFPs provided technical backstopping to SCVs and MVCCs in the implementation of community-based OVC interventions.

Strategic Objective 1: Enhanced District/community capacity to coordinate care and support services for OVC and caregivers:

Since the inception of the COPE project, communities and OVC families were engaged in the development and implementation of project interventions. The project provided constant training to 145 SCVs and 499 MVC Committees members to enable them to guide and monitor community response in providing care and support to OVC in Dodoma region. COPE staff, in collaboration with District Focal Persons (DFPs) also strengthened the capacity of MVCCs and SCVs in the identification and registration of OVC/ MVC and mapping of required needs and services for 74,500 children. As a result, MVCCs have mobilized their own resources, including establishing partnerships with private sector to improve care and support for OVC their communities.

COPE supported six districts in setting Data Management System (DMS) resulting in informed decision making related to planning and allocation of resources for OVC/ MVC support. The COPE project, in collaboration with DMS Specialist from the Department of Social Welfare also trained 12 LGA staff in all six districts to use the Data Management System to monitor OVC service delivery. This training allowed LGA to effectively feed data into the National OVC/ MVC Data Management System, thus improving the quality of national data on OVC and continued OVC needs.

COPE supported regions and districts in convening district-level child forums, which provided opportunities for children to discuss issues that affect their lives and participate in the development of Law of the Child Act 2009, which provided a legal framework to protect children's rights in Tanzania. At the district level, in collaboration with DFPs, COPE facilitated formation of district level Implementing Partners' Groups (IPGs) in all six districts. These IPGs provided opportunity for OVC program implementers to coordinate resources, share field experiences, identify advocacy issues and monitor implementation of community- based OVC interventions.

Key Lesson Learned: Involving communities, local governance structures and district officials in planning and implementing of COPE activities throughout the project cycle not only ensured support of project activities by key stakeholders, but also strengthened local capacity in implementing and managing OVC interventions, which is necessary to sustaining OVC programming in the district.

Strategic Objective 2: Provision of Life Skills training, Peer Education and Psychosocial Care and Support (PSS) to OVC and their families

Provision of life skills and psychosocial care and support to OVC strengthens the resilience of children and their families in the face of HIV and poverty and improves the capability of vulnerable families to overcome trauma related to HIV-related death of a parent or primary caregiver. During the implementation period, COPE reached 74,500 OVC and 12,000 caregivers with psychosocial care and support services by training 145 SCVs to provide PSS at the household level; training teachers to facilitate school-based COPE (kids) clubs; establishing a cadre of peer educators to deliver life skills and HIV prevention education to OVC; and increasing community awareness around HIV and AIDS.

COPE facilitated the establishment of 160 COPE Clubs in schools and communities, serving 6,400 children, who accessed psychosocial care and support services, learned about child rights and protection, participated in recreational activities and received HIV/AIDS prevention and care education, as well as life skills training. The project also supported the clubs by promoting sport and play through the procurement of sports equipment and distribution of information, education and communication (IEC) materials that addressed life skills and HIV prevention issues. In some communities, COPE Clubs established school or community gardens to address nutrition challenges and provide an additional source of income. At the national level, through a partnership with REPSSI, COPE staff members were trained by REPSSI as Master Trainers to cascade psychosocial care and support skills to service providers and program implementers. Africare works in partnership with REPSSI to ensure PSS is mainstreamed in OVC service delivery.

Key Lesson Learned: Participation of OVC in COPE Clubs strengthens their capacity to address issues that contribute to exploitation, neglect, abuse and violation of child rights. Children have the capacity to share their experiences and recommend steps to be undertaken at the family, community and government levels during their passage towards adulthood.

Strategic Objective 3: Increased access to educational support services for OVC;

COPE increased access to secondary education for vulnerable children through the School Block Grants program, direct payment of tuition fees and provision of scholastic materials. In the five-year period, the project provided 38,862 (M 18,490 F 20,372) OVC with scholastic materials, 32,021 (M 21,224, F 10,797) with school uniforms and tuition scholarships for 301 (M 167, F 134) vulnerable children. Furthermore, the project facilitated tuition waivers for 1950 OVC (M 919, F1031) from 32 supported schools.

Key Lesson Learned: Teachers and caregivers recognize that **the** school block grants scheme is an effective mechanism for improving the teaching and learning environment in under-resourced schools that serve large numbers of vulnerable children. The program provides support to all children in the school, thus reducing stigma normally faced by OVC in school-settings. For the program to work effectively, the project needs to consider other factors other than school enrollment of vulnerable children, such as academic performance and school retention of supported children

Strategic Objective 4: Increased access to healthcare and nutritional support to OVC and caregivers

The COPE project provided health linkages, services and nutritional support to 12,000 OVC households, through home-visits and coordination of activities by SCVs and MVCC members. Household visits consisted of primary health and nutrition education, and distribution of health and sanitation materials such as water treatment tablets (water guard) and insecticide treated mosquito nets (ITNs). Over the implementation period, 46,000 children received sanitary materials while 24,505 children, received ITNs, which contributed to decreases in common childhood illnesses in OVC households. The project also facilitated the enrollment of 1,348 vulnerable households into the Community Health Fund, which provides access to primary healthcare. In an effort to improve the nutrition status of children, particularly those younger than 6 years, COPE trained caregivers and community members on proper nutrition practices and facilitated the establishment of backyard gardens using labor saving, bio-intensive technology.

Key Lesson Learned: Training of caregivers in hygiene and good nutrition practices improves the health status of OVC, especially for children younger than 5-years. When families adhere to good hygiene and nutrition practices, child health improves, reducing the burden to families in caring for sick children and

other family members. Community-level training sessions addressed misconceptions on food and nutrition and promoted preventive actions against disease such as vaccinations for children under five

Strategic Objective 5: Increased access to income generating opportunities for OVC and Caregivers

COPE implemented Strategic Objective 5 with technical support from Cardno's Emerging Markets (formally Emerging Markets Group) in designing, monitoring and improving economic strengthening activities to improve the household economy of vulnerable children and their families. The project organized and engaged 1,037 caregivers in income-generation clusters, provided the clusters with small business entrepreneurship skills, business management, production skills and start-up capital and materials to initiate income-generating activities. By the end of the project, the project had facilitated the establishment of 21 IGA clusters, which engaged in industries such as beekeeping, pig keeping, and poultry keeping. In order to promote sustainability of activities, the project, in collaboration with CARE International, the COPE project trained 14 SVCs and 6 DFPs as mentors for facilitating caregivers to manage Village Saving & Lending (VS&L) schemes. The initiative established 32 groups with 1,016 members, which had saved US \$ 7,348.21 during a 1-year period, benefiting 4017 MVC.

For adolescent OVC and OVC heads-of-households, the project provided scholarships to 84 MVC to attend vocation training, where they gained skills in carpentry, tailoring, masonry, electrical and plumbing skills. Upon graduation, the project provided all 84 OVC graduates with start-up kits as initial capital for initiating their own business. As of project end, 78 OVC graduates were managing their own businesses while six had been employed by the following various companies or institutions: civil engineering companies (2); Tanzania Electric Supply Company (TANESCO) (1); a vocational training center as a trainer (1); and as plumbers with Dodoma Urban Water supply and Sewerage Authority (DUWASA) (2).

Key Lesson Learned: Village Savings and Lending Scheme (VSL) is a cost-effective approach to implementing economic strengthening activities, as it is self-managed by members, thus reducing project costs. It is crucial for project staff and trained SCVs and DFPs to train VSL group members in conflict management and budgeting as well as emphasize the importance of a savings culture.

The following tables provide quantitative data on the number of children and caregivers in Tanzania reached in the final fiscal year (FY10); in addition to the number of children and caregivers reached in each fiscal year of programming with key services per strategic objective:

Table 1: FY10 Essential Services

<u>Services/Indicator</u>	<u>Actual Reached</u>	<u>Comments/notes*</u>
<u>Food and Nutritional Support</u>	12,000 (M 5161, F 6,839) caregivers	Nutrition education provided to caregivers through caregivers groups and during household visits.
<u>Shelter and Care</u>	4,916 OVC (M2,364, F2,552)	Providing sanitary materials to OVC including laundry soap, petroleum jelly
<u>Protection</u>	Data not monitored	MVCC, LGAs and communities ensure protection of OVC
<u>Health Care (General Health Needs of OVC, Health Care for HIV+ Children, Prevention of HIV/AIDS)</u>	4,916 OVC (M 2364, F 2552) 1348 households	<ul style="list-style-type: none"> Enrolling children and their caregivers into the Child Health Fund Providing water guard to OVC
<u>Psychosocial Support</u>	40,600 OVC (M 19,443, F 21,157)	<ul style="list-style-type: none"> PSS provided to caregiver and OVC through household visits, COPE clubs and distribution of messaged IEC materials at

	12,000 Caregivers	community awareness meetings <ul style="list-style-type: none"> • Train/support teachers, SCVs and MVCC to provide PSS to OVC and caregivers through home visits and children clubs
<u>Education and Vocational Training</u>	1950 (M 919 F1031) 38,862 (M 18,490 F 20372)	<ul style="list-style-type: none"> • Support enrollment of MVC in secondary schools through block grant system and school fees and monitor their progress • Provide scholastic materials to OVCs in nursery, primary and secondary schools twice a year
<u>Economic Opportunity/Strengthening</u>	84 OVC (M27, F55) 1,037 (M 323, F 714)	<ul style="list-style-type: none"> • Support MVC with business startup kits (carpentry, tailoring, masonry, plumbing and electrical installation) • Facilitate and support development of IGA and VS&L

Table 2: Annual Program Outputs by Strategic Objective

<u>Strategic Objective 1</u>		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Enhance District/community Capacity to coordinate and support services for OVC and care givers											
IR 1.1	Percent of intervention communities supported with the creation or strengthening of multi-sector OVC committees	13.4		60.5		26.					
IR 1.2	No. partner planning meetings supported	12		24		19		7		8	
IR 1.2	No. of local government officials sensitized and trained in supporting OVC initiatives	71,761		56,919		10,159		67,024 983			
IR 1.3	No. of community caregivers trained to coordinate and provide care and support to OVC	8211		9534		24470		25415			
IR 1.4	No. of community caregivers trained in child protection	8211		9534		24470		25415			
<u>Strategic Objective 2</u>		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Provide life skills Training, peer education and psychosocial care and support to OVC and their families											
IR 2.1	No. of community volunteers trained to provide psychosocial support to OVC through COPE clubs	M	F	M	F	M	F	M	F	M	F
		53	35	4,728	2,381	100	47	97	54	99	57
IR 2.1	No. of OVC provided with psychosocial support through COPE club activities	1,401	1,363	1,961	1,924	2,340	2,252	2,813	2,518	3,166	,2716

Strategic Objective 2 Provide life skills Training, peer education and psychosocial care and support to OVC and their families		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 2.2	No. of households provided with psychosocial support through home visits	2,563		4,819		4,402		4,632		4,218	
IR 2.3	No. of Peer Educators trained in facilitating HIV prevention education	M	F	M	F	M	F	M	F	M	F
		35	34	18	9	163	131	0	0	0	0
IR 2.3	No. of OVC reached with HIV prevention and Life Skills	1,401	1,363	1,961	1,924	2,340	2,252	2,813	2,518	3,166	2,716

Strategic Objective 3 Increased access to educational support services for OVC		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 3.1	No. of OVC supported with education access as a result of School Block Grants or direct tuition payment	M	F	M	F	M	F	M	F	M	F
		245	219	346	353	495	459	-	-	-	-
IR 3.2	No. of supported OVC completed secondary school	-	-	29	20	57	30	30	16	20	14
IR 3.3	No. of teachers trained to support OVC	98		69		58		328			

Strategic Objective 4 Increased access to health care and nutritional support		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 4.1	No. of children received insecticide-treated mosquito nets	M	F	M	F	M	F	M	F	M	F
		945	1055	3385	3275	2419	2276	562	638	0	0
IR 4.1	No. of OVC caregivers linked to or provided with household-level health and nutrition services	7,689		35,400		11012		6096		22,385	
IR 4.2	No. of OVC and caregivers linked to or provided with food support	156		602		627		314		436	
IR 4.2	No. of beneficiaries supported with nutrition by backyard, school or community garden	512		745		2,765		1009		1082	

Strategic Objective 5 Increased access to income generating activities		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 5.1	No. of children and caregivers linked to a viable income-generating activity	>18	+18	>18	+18	>18	+18	>18	+18	>18	+18
		114	86	1468	212	2146	325	3023	714	4017	1037
IR 5.2	No. OVC supported with vocational training	M	F	M	F	M	F	M	F	M	F
		0	0	11	5	43	47	27	55	27	55
IR 5.3	No. of children linked to IGAs as a result of Vocational training or apprenticeship	0	0	0	0	0	0	0	0	27	55
IR	No. of children and care givers	0	0	3	11	0	0	6	13	27	55

Strategic Objective 5 Increased access to income generating activities		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
5.4	benefited from livelihood materials grants(e.g. start up Kits)										
IR 5.5	IGA groups gained income as a result of economic strengthening interventions	0	0	0	7	0	48	0	101	0	101
IR 5.6	No of households increased income as a result of economic strengthening interventions (VS&L)	0	86	0	212	0	325	0	900	84	1086
IR 5.7	No. of household met material needs as a result of economic strengthening interventions	0	86	0	212	0	325	0	714	0	1037

e. Engagement at the National Level

During the life of project, COPE staff had the opportunity of sharing key lessons and practices with other implementing partners within and outside Tanzania. The project shared its experiences with national partners through by contributing to the monthly OVC newsletter published by the Department of Social Welfare and distributed to all agencies providing services to vulnerable children in Tanzania. The COPE project also participated in providing leadership to the national implementing partners' group (IPG), through the chairman of the groups' Quality Improvement Task Force. In this role, Africare facilitated the compilation of lessons learned from implementers and provided leadership to the development of the *National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children*.

f. Cross-Cutting Issues

Gender mainstreaming

Throughout the project cycle, COPE ensured gender mainstreaming in all planned activities, including representation within local infrastructures. The project encouraged equal participation of girls, boys, women and men in training, representation to local infrastructures (e.g. Peer Educators, MVCCs, IGA clusters and SCVs) and implementing project activities. The project also considered equal representation of OVC (25 girls and 25 boys) benefiting through school block grants scheme and vocational training (51% were girls and 49 % boys).

In supporting caregivers to improve the household economy, the COPE project ensured that female headed households were given priority in accessing support. The economic support provided to female-headed households considered their ascribed roles such as caring for children and bedridden children and elders, domestic chores and other responsibilities in the community. COPE staff, through SCVs, advocated for supporting women to relieve other cultural barriers encouraging male chauvinism and masculinity. Out of 1,037 households engaged in IGAs, 85% were female headed.

HIV Mainstreaming

The project addressed HIV/AIDS as a crosscutting issue that impacts the lives of OVC and caregivers, especially women who bear the burden of the epidemic. In all of the project components, Africare considered and addressed the impact of HIV and AIDS including the following:

- Conducting community HIV awareness sessions to encourage HIV/AIDS prevention, care and support, address stigma and discrimination and promote counseling and testing
- Educating OVC about HIV prevention through peer-led and facilitated discussions as part of COPE Clubs
- Including HIV/AIDS prevention, care and support information in income-generating training

Community-based Orphan Care Protection and Empowerment (COPE) RWANDA

a. Country Specific OVC Situation Analysis

According to the World Bank, as of 2008, Rwanda has an estimated population of more than 9.7 million people, of which approximately 52 percent of the population is younger than 18 years. Three million of these children – more than 50 percent of children in the country – are orphaned or considered vulnerable as a result of poverty, HIV and the 1994 genocide. Orphanhood is a big challenge in Rwanda, with roughly 860,000 children having lost one or both parents to AIDS or other causes. With a generalized epidemic consisting of 2.7 percent of the population infected with HIV, 25 percent of orphanhood in the country is directly attributed to AIDS.

HIV has increased the challenges faced by households caring for orphans and vulnerable children (OVC) in Rwanda. Families and extended families have weakened as sick family members, orphans, widows and the elderly are forced to join other households or support themselves with limited or no resources. When parents become sick or die, children are more likely to be malnourished, experience more bouts of sickness, are less likely to complete their education and face the threat of losing their homes or inheritances. In addition, child heads-of-households who assume responsibility for their siblings face exploitation and abuse, psychosocial distress, and discrimination related to HIV and poverty.

b. Country Program Strategy

The COPE project supported the vision of the Government of Rwanda in which OVC will reach their full potential and have the same opportunities as other non-vulnerable children in Rwanda. Over a five-year period (2005-2010) COPE Rwanda provided direct support to 20,000 OVC and their caregivers in the districts of Rwamagana, Gasabo and Kicukiro using two main approaches:

1. Strengthening families' capacity to cope with their problems through coordinating and expanding social services for OVC, including health care, nutritional and psychosocial support and the tuition scholarships for OVC to complete secondary school. This was accomplished through the creation of multisector district-level *Child Forums* and community-level Orphan Care Committees (OCC), which work with families and communities to identify and deliver appropriate services to OVCs and caregivers.
2. Increasing the capacity of children and young people to meet their own needs through the facilitation of COPE (kids) Clubs that provide life skills training, peer education in HIV prevention and psychosocial support to OVC; training caregivers, community members and local government authorities in OVC care and support; and facilitating income generating activities, in kind of grants and technical assistance for income-generating projects to expand household economic resources to care for their needs

c. Coordination with In-Country Team and Host Government, Local Partners

The project worked to increase the number and strengthen the development of partnerships among community-based organizations (NGOs, religious organizations, private sector) and government agencies to substantially expand their program responses to OVC and caregivers. The services were provided in collaboration with the Districts in each intervention area and local partners including faith and community based organizations. At the community-level, COPE Rwanda trained and assigned local community members called Service Corps Volunteers to assist in coordinating OVC services and increase community awareness and action against HIV/AIDS.

d. Major Accomplishments per Strategic Objective

During the five-year period, COPE Rwanda provided a range of health and social services to 21,452 vulnerable children and 8,428 caregivers. These services ranged from psychosocial support to income generation, health and nutritional support as well as educational assistance.

Strategic Objective 1: Enhanced District/community capacity to coordinate care and support services for OVC and caregivers

COPE Rwanda recognized, utilized and strengthened resources within the intervention communities to ensure quality care for program beneficiaries. The project strategies focused on serving children within the context of their family and larger community. In order to improve coordination and participation of the district, sector and community, COPE Rwanda facilitated 60 sensitization and planning meetings with government officials, community members and other stakeholders to discuss project objectives, work plans, achievement and results. The project also organized existing community structures in all 11 sectors into Orphans Care Committees (OCCs) to support community care activities. In total, the project worked with 650 OCC, which comprised of local leaders, including faith and community representatives, from local leaders in charge of youth, gender, social affairs, economics, health and education sectors, which facilitated the identification of OVC in need of services and monitored service delivery. At the district level, the project also facilitated Child Forum meetings with all key stakeholders at the district-level to discuss challenges in program implementation, share achievements and promote engagement of key stakeholders OVC care activities at the community-level.

OCC Roles and Responsibilities

- Identify beneficiaries and assess needs
- Coordinate all OVC activities at community level
- Refer beneficiaries to services
- Act as the link between the community and the project
- Advocate for child protection Provide monitoring data to project volunteers
- Mobilize community resources to care for OVC

The project trained and placed 62 Service Corps Volunteers (SCV), who facilitate the work of OCC at the community level and work to increase community awareness and action against HIV/AIDS. With support from SCV, the OCC members conducted 4049 home visits over the project period. During these home visits, OCC members and SCV monitored the progress of beneficiary households, coordinated care and provided psychosocial support to caregivers and children.

Lessons Learned: By ensuring linkages and communication between the OCC at the community and district-level child forum, the project was able to maximize resource-sharing, increase awareness of OVC needs and garner widespread support for project activities

Strategic Objective 2: Provision of Life Skills training, Peer Education and Psychosocial Care and Support (PSS) to OVC and their families

The project implemented a comprehensive life skills support program for OVC within partner schools in Rwamagana, Kicukiro and Gasabo districts to combat stigma and discrimination associated with HIV and poverty experienced by vulnerable children in Rwanda. At the community-level, the project trained SCV to lead activities and sessions that disseminated HIV prevention and life skills education as well as facilitate COPE Anti-AIDS Clubs. COPE also worked with school management committees to develop clubs within schools, establishing 50 school and community-based clubs over the implementation period. School-based clubs were facilitated by 78 teachers trained by the project to administer a life skills curriculum through COPE club activities. COPE anti-AIDS clubs served as main entry point to deliver life-skills education to OVC and other youth and improved social integration of OVC into their schools and communities.

Working through caregivers groups and OCC, the project trained 7,040 caregivers in psychosocial support provision, child rights, nutrition, education, and HIV prevention through home monitoring visits and caregiver group meetings. The project also trained 555 vulnerable youth as peer educators to disseminate HIV prevention information and messages, with each educator responsible for reaching ten of their peers through their school, community or COPE club, with HIV prevention education.

Strategic Objective 3: Increased access to educational support services for OVC

COPE Rwanda recognizes that education can leverage significant improvement in the life of orphans and other vulnerable children. In order to ensure that vulnerable children have access to primary and secondary education, the COPE project provided tuition scholarships to 3,123 children over the project implementation period, with a focus on the most vulnerable of project beneficiaries. An additional 11,529 children received school materials, such as books, pencils and school uniforms to increase school retention of children, who would have normally dropped out of school due to lack of materials. Through coordination with SCV and school management, the project also monitored the progress and attendance of children supported with tuition scholarships.

Only in FY09, Africare received support from the Government of Rwanda to implement the School Block Grants program, a resource exchange mechanism, which provides schools with much-needed resources such as books and furniture and in exchange, schools waive tuition costs for vulnerable children. The initiative also provides training to school management and governing bodies in conducting needs assessments, planning school improvement programs and developing proposals for grants. Through the Block Grants mechanism, COPE coordinated tuition waivers for 452 OVC in secondary schools, of which 181 had graduated during the implementation period. The four secondary schools and 2 vocational training centers that participated in the program pilot received material grants that included computers, photocopiers, printers, generators, furniture, sewing machines, and carpentry equipment.

Lessons Learned: Implementation of block grants revealed that the strategy contributed to a significant reduction in stigma and discrimination towards children perceived to be receiving assistance from implementing agencies. In addition, block grants support community and government effort to equip, repair and rehabilitate schools, while increasing access to education for vulnerable children. The delay in adopting this approach to educational support posed a challenge to the project implementation in Rwanda compared to the other three COPE countries. Direct reimbursement of school fees is more expensive and thus decreases the funds allocated to other project interventions.

Strategic Objective 4: Increased access to healthcare and nutritional support to OVC and caregivers

Improving primary health care for vulnerable children and their families was a core intervention of the COPE Rwanda program. The main strategy used to implement health activities were service referrals, health education, provision of health insurance for project beneficiaries and community mobilization. Throughout the implementation period, COPE paid the health insurance for 21,456 children and caregivers and provided insecticide-treated mosquito nets to 4,207 households to help prevent disease and facilitate access to care to vulnerable households. In addition, the project mobilized households to receive HIV counseling and testing, resulting in 8,120 caregivers who were linked to public testing centers and during the project implementation period.

The project also worked to improve nutrition within vulnerable households. Service Corps Volunteers and OCC were instrumental in providing health and nutrition through the establishment of backyard gardens using the Model Mothers approach to increase food production at household level. The project facilitated 550 'model mothers' to cascade backyard gardening techniques and provide nutrition education to caregivers, reaching 7,993 caregivers during the implementation period. The project also provided seeds to 3,997 beneficiary families, enabling them to start new gardens.

Strategic Objective 5: Increased access to income generating opportunities for OVC and Caregivers

With technical support from Cardno's Emerging Markets (formally Emerging Markets Group), the project provided opportunities and skills improvement in income-generation for program beneficiaries, with an emphasis on caregivers and child heads-of-households. COPE Rwanda utilized three main strategies, namely: (a) Vocational or job skills training and self employment; (b) Saving promotion and; (c) Group small enterprise development.

The income-generating activities (IGAs) were financed through the provision of grants to vocational training centers and revolving loan funds to support individual entrepreneurship and small scale micro-enterprise. Using data collected from a market analysis conducted for the project by Cardno's Emerging Markets in 2006, the project developed the skills of 3,983 caregivers in market-oriented trades, business development, and facilitated the creation of caregiver IGA groups. The project further supported 274 out-of-school OVC to engage in vocational training or apprenticeships, with 167 of these OVC having graduated and participating in IGA by the end of the project. The project also provided small grants to 928 caregivers to scale up their enterprises. Starting in Year 3, the project also facilitated the establishment of registered cooperatives comprised of 1,534 caregivers grouped into IGA clusters. Through cooperative status, the groups have increased power in negotiating prices of goods and receiving support from the government. By Year 5, with support from COPE, three cooperatives had submitted completed registration documents to the National Cooperative Development Agency for certification, while an additional seven groups had applications pending at the district and sector levels.

The following tables provide quantitative data on the number of children and caregivers in Rwanda reached in the final fiscal year (FY10); in addition to the number of children and caregivers reached in each fiscal year of programming with key services per strategic objective:

Table 1: Fiscal Year 2010 Program Results

Services/Indicators	Actual Reached	Comments/Notes*
<u>Food and Nutritional Support</u>	1229 caregivers and OVC	<ul style="list-style-type: none"> • Nutrition education • Seeds distribution, establishment of backyard gardens
<u>Shelter and Care</u>	4082 families	Hygiene and sanitation education through home visits
<u>Protection</u>	2,885 OVC and caregivers	<ul style="list-style-type: none"> • COPE club participation • Train caregivers in PSS provision, child rights and protection
<u>Psychosocial Support</u>	3837 OVC	<ul style="list-style-type: none"> • COPE club participation • Support to children through home visits
<u>Education and Vocational Training</u>	680 OVC	<ul style="list-style-type: none"> • School Block Grants • Tuition Scholarships to schools and vocational centers
<u>Economic Opportunity/Strengthening</u>	1538 caregivers	Training to IGA groups

Table 2: Annual Program Outputs by Strategic Objective

Strategic Objective 1						
Enhance District/community Capacity to coordinate and support services for OVC and care givers		FY 2006	FY2007	FY 2008	FY 2009	FY 2010
IR 1.3	No. of community members trained to provide care and support to OVC (e.g. community committees, SCV)	457	1591	230	135	550
IR 1.4	No. caregivers trained in child protection	649	600	230	2852	1229
IR 1.2	Number of local government officials trained in supporting OVC initiatives	14	14	27	33	51
IR 1.1	No. of intervention communities supported with the creation or strengthening of multi-sector OVC committees	14	16	16	12	15

Strategic Objective 2						
Provide life skills Training, peer education and psychosocial care and support to OVC and their families		FY 2006	FY2007	FY 2008	FY 2009	FY 2010
IR 2.1	No. of community volunteers trained to provide psychosocial support to OVC through COPE clubs	497	600	3826	888	1229
IR 2.2	No. of households provided with psychosocial support through home visits	-	519	5119	5468	1614
IR 2.1	No. of OVC provided with psychosocial support through COPE club activities	1500	1950	2500	2649	2500
IR 2.3	No. of Peer Educators trained in facilitating HIV prevention education	740	260	360	500	210
IR 2.3	No. of OVC reached with HIV prevention and Life Skills	1500	2351	3200	7781	1338
IR 2.3	No. of community members trained in Stigma Reduction and Anti-Discrimination	649	800	3826	38	1229

Strategic Objective 3						
Increased access to educational support services for OVC		FY 2006	FY2007	FY 2008	FY 2009	FY 2010
IR 3.1	No. of OVC supported with education access as a result of School Block Grants or direct tuition payment	61	61	122	108	100
IR 3.2	No. of supported OVC completed secondary school	0	0	17	118	46
IR 3.3	No. of teachers trained to support OVC	30	40	31	25	40

Strategic Objective 4		FY 2006	FY2007	FY 2008	FY 2009	FY 2010
Increased access to health care and nutritional support						
IR 4.1	No. of children received insecticide-treated mosquito nets	1530	2000	0	536	141
IR 4.1	No. of OVC caregivers linked to or provided with household-level health and nutrition services	2398	2500	3931	470	1229
IR 4.1	No. OVC caregivers mobilized and tested for HIV and received their results	0	1950	2000	3000	1170
IR 4.2	No. of beneficiaries supported with nutrition by backyard, school or community garden	0	800	550	1258	1389

Strategic Objective 5		FY 2006	FY2007	FY 2008	FY 2009	FY 2010
Increased accesses to income generating activities						
IR 5.1	No. of children and caregivers linked to a viable income-generating activity	389	1071	750	1296	477
IR 5.2	No. OVC supported with vocational training	61	61	122	30	0
IR 5.3	No. of children linked to IGAs as a result of Vocational training or apprenticeship	0	0	0	137	30
IR 5.4	No. of children and care givers benefited from livelihood materials grants(e.g. start up Kits)	4	11	62	374	477
IR 5.6	No of households increased income as a result of economic strengthening interventions (VS&L)	0	0	504	600	660
IR 5.7	No. of household met material needs as a result of economic strengthening interventions	0	389	710	1004	1230

e. Cross-Cutting Issues

Throughout project implementation, COPE Rwanda appreciated the different needs of youth and adult beneficiaries based on gender, which often determined roles and responsibilities within communities and also contributed to the severity and scope of vulnerability. In particular, the project identified the challenges faced by girls and women and adequately delivered appropriate services with gender as a key consideration. The following table shows the break down table in services within key project components most affected by gender:

	No. of OVC served		
	Female	Male	Total
No. of OVC supported with educational support	2004	1119	3123
No. caregivers mobilized and tested for HIV and received their results	5630	2490	8120
No. of women provided with IGA support	1070	465	1535

Community-based Orphan Care Protection and Empowerment (COPE) MOZAMBIQUE

a. Country Specific OVC Situation Analysis

As tough economic conditions and HIV/AIDS prevail in Mozambique, the number of Orphans and Vulnerable Children (OVC) continues to rise. According to UNICEF Mozambique, roughly 350,000 children have lost at least one parent to AIDS as of 2005. According to the Mozambican government's Department of Women and Social Action (MMAS), most of these children live in households headed by woman, elderly people or other children, and face extreme challenges in providing for themselves. This vulnerability exposes them to risks such as exploitation, sexual abuse, child labor; premature marriage, poor psycho-social and emotional health, and lack of educational access, among many others.

The Mozambican government has prioritized community-based solutions to support OVC with support from the civil society and international partners. Africare supported the government's initiative through implementation of COPE is implemented in Manica Province, in four districts -- Bárue, Gondola, Manica and Sussundenga. In Mozambique, the project worked with the government and existing local structures to improve access to the six essential services to reduce vulnerability of OVC and their caregivers. In this partnership, COPE mainly served to mobilize communities to participate in care and support of OVC and their caregivers; provide OVC households with health and education commodities such as school uniforms, water purifiers and mosquito nets; and strengthen community care committees. COPE has also supported HIV-affected households with home-based care (HBC) services in Gondola and Manica districts through a partnership with Health Alliance International.

b. Country Program Strategy

COPE Mozambique's intervention services reached OVC and their caregivers through its five strategic objectives directed at households, government schools, local partner organizations and communities. The COPE strategy involved training community Service Corps Volunteers (SCVs) to strengthen and support Community Care Committees (CCC) and link its beneficiaries to six essential services, which include access to education, nutrition and health care, income generating activities and psychosocial support services. COPE Mozambique also focused on developing and maintaining strong partnerships with local care providers including faith-based organizations (FBOs), civil society organizations (CSOs) and government departments tasked with ensuring care for vulnerable children, such as the health, education and women and social action departments.

c. Coordination with In-Country Team and Host Government, Local Partners

The principle objectives of the COPE Project were accomplished through the creation of multi-sector district level child forums and community level CCC, which work with families and communities to identify and deliver appropriate services to OVC and caregivers. The project strengthened these committees to effectively identify beneficiaries, assess needs and facilitate care for vulnerable households. Committees meet regularly and coordinate service provision of community care providers in each district, which reduced instances of duplication. COPE also established linkages between the community and the Department for Women and Child Victims of Social and Domestic Violence to ensure protection. The project worked with the local community radio at the district level in advocacy and community education on health and child rights issues as well as birth registration and VCT (Voluntary Counseling and Testing) campaigns.

d. Major Accomplishments per Strategic Objective

Introduction

For five years, communities in four districts of Manica province have been active participants in a cumulative process of community empowerment. The project has directly impacted the lives of 65,598

OVC and 17,752 caregivers and equipped communities to improve care for and protect OVC and serve as vehicles for community development. The greatest significance of COPE in its communities can be realized through its income generation activities that had the result of transforming 17,751 households from a position of economic vulnerability to independence through joint community programs and individual projects at household level. In each of the four districts, COPE facilitated the establishment of multi-sector coordinating committees and strengthened in each district to link OVC and caregivers to the six essential services. These committees have representation of by caregivers, and staff from the departments of Social Welfare (DPMAS) health (MISAU) and education (MED). During the implementation period, the project achieved the following:

Strategic Objective 1: Enhanced provincial, district and community capacity to coordinate care and support services for OVC and caregivers. In collaboration with the civil registry department, COPE facilitated the provision of birth registration certificates, increasing children's access to civil services. In 2005, when COPE began, 38% of boys and 37% of girls in the intervention communities possessed birth certificates.⁵ As of November 2009, COPE had contributed to increasing the number of children possessing birth certificates to 74% of boys and 75% of girls in the COPE coverage area. At district level, COPE increased coordination and support for OVC by facilitating quarterly planning meetings with the Department of Social Welfare and Local Administration officers, establishing a platform for sharing and exchanging information and advocating for the promotion, protection and realization of children's rights. Since there are many organizations dealing with OVC issues, coordination and collaboration of partners through the government structures is of vital importance. In addition, the project also strengthened the capacity of government and community stakeholders to support care for OVC by conducting bi-annual OVC multi-sector workshops with all social and government entities to coordinate social work and facilitate district multi-sector and technical groups/forums to expose key public workers to theory and practice of planning, organizing, leading, mapping, and monitoring social work, particularly related to supporting OVC. In order to increase awareness and facilitate discussion on OVC issues, the project worked with the local community radio at district level to develop radio programs that advocated for OVC and provided education about health and child rights issues, birth registration and HIV prevention, including volunteer counseling and testing campaigns (VCT).

As part of close-out activities, Africare disseminated a report to the government and other implementing partners that mapped all CCCs, FBOs, CBOs, SCVs, in the implementation districts and the level of support these structures needed to continue serving OVC. In Manica District, Africare linked communities with ANDA Orphanage and the local Catholic church to support CCCs and school councils continue to also help CCCs to coordinate and advocate for care of OVC.

Lessons Learned

Though the birth registration campaigns were far-reaching, communities still have limited knowledge on the importance of birth registration and the processes involved in acquiring poverty certificates, which guarantees access to free health and education services to people living below the poverty line.

Strategic Objective 2: Increased access to life skills, peer education and psychosocial care and support services to OVC and caregivers. COPE trained 4,155 caregivers, (SCVs, CCC members) who increased community-level support to a total of 22,622 OVC over the life of the project. The project improved access to psychosocial support for caregivers and children by partnering with local schools, churches, and community-based organizations to create caregiver support groups and COPE clubs for OVC. Through innovative partnerships with community radio, the project facilitated the development of youth-participated radio debates, drama, and talk shows that addressed a variety of issues faced by vulnerable youth. An internal assessment of the project indicated that 82% of COPE beneficiaries had been reached with radio messages and information on various issues, such as anti-discrimination of OVC.

⁵ Population Council (2005). *COPE Baseline Survey Report*.

Lessons Learned

End of project interviews with SCVs revealed that conducting Training of Trainers (ToT) with SCV to strengthen capacity of caregivers in life skills and other topics was ineffective. In some cases, trained SCV did not cascade training to caregivers in their communities and as a result, the impact of COPE trainings on communities were limited in reach.

Strategic Objective 3: Increased educational access for OVC

Through the School Block Grants mechanism, the project enabled 6,586 children to complete secondary education. The block grants supported community efforts to rehabilitate classrooms, furnish schools, and purchase educational supplies in exchange for scholarships for OVC. The project supported 10 schools through the School Block Grants initiative, benefiting 29,809 children through assistance in school material. The project trained 49 School Management Committees and Parent-Teacher Associations, in grant writing and proposal development/project design to schools receiving block grants. COPE also trained 88 school patrons to manage and facilitate in-school COPE clubs, where OVC receive life skills, peer education and recreation.

Lessons Learned

Facilitating linkages between schools and communities enhances interventions to keep vulnerable children in school. During the beginning phases of the project, the role of the school council was limited to monitoring and supporting children in school and lacked linkages to the children's communities. However, starting in 2005 the project advocated for incorporating SCVs into the school councils, which improved monitoring and follow-up of OVC at both the school and in the community. School councils were also trained to CCC to assess OVC needs and coordinate care.

Strategic Objective 4: Increased access to health care and nutritional support for OVC and caregivers.

The COPE project in Mozambique focused its efforts on linking OVC and caregivers to health services and providing health and nutritional education, food and nutrition support and home-based care (HBC) to beneficiary households affected by HIV and AIDS. The project's achievements include the following:

- Mobilizing households to vaccinate their children against diseases like measles and polio, this was done through door-to-door sensitization by SCVs and CCC members. As a result of this mobilization, a total of 10,608 children were vaccinated.
- Through a partnership with Population Services International (PSI), the project worked towards reducing malaria infection and waterborne illnesses by distributing insecticide treated mosquito nets (ITNs) to 30,771 children under five years of age and CERTEZA liquid water purifiers to 28,685 COPE beneficiaries. In comparison with the baseline data, which showed that 55% of boys and 54% of girls had slept under mosquito net the night before, an internal project assessment conducted in 2009 showed that this percentage had increased to 77% of boys and 70% of girls in the intervention area had slept under a mosquito net.
- Through partnership project with Health Alliance International (HAI), COPE Service Corps Volunteers (SCV), and project nurses, provided HBC services to 200 COPE beneficiaries per month in Manica and Gondola districts starting in 2006. Over the five year project period, COPE provided HBC services to 960 OVC households. The project also linked these beneficiaries to the local health centers, provided routine home visits and facilitated caregivers and children's access to anti-retroviral treatment.

Lessons Learned

Supporting vulnerable families to raise small animals and develop backyard gardens proved an effective strategy for addressing food insecurity and malnutrition. Most families, who rely on cultivation as their major agricultural activity, become more vulnerable during times of crises like droughts. With project

support households that began to rear small animals or have backyard gardens were more likely to maintain a secure source of food and nutrition. CCCs that raised animals managed to increase their stock faster and shared them amongst members allowing each household a chance to practice animal husbandry to supplement crops as well as to generate income. Through income generation activities (IGA) the caregivers invested more in small animals and COPE encouraged families to take up animal husbandry and backyard gardens on top of crop production. The activity was complemented with culinary demonstrations on preparing high nutrition food conducted by SCV, members of civil society service providers and CCC members.

Strategic Objective 5: Increased access to income generating activities (IGAs) to OVC and caregivers. By the end of the project, 60% of caregiver and child beneficiaries had participated in at least one income generation activity to strengthen household economy and decrease vulnerability. Vocational training included increased crop and vegetable production, loan and credit schemes, animal husbandry, and seed production. During FY10, 117 OVC, mainly from child headed households, received training in vocational skills such as carpentry, wood carving, brick laying, weaving and stone sculpture, bringing the total number of OVC trained during the project life to 551. The project has also linked IGA groups to external markets to increase sustainability of activities. For instance, in Barue district caregivers engaging in crop /cereal seed multiplication have been linked with SEMOC Seed Company for whom they produce and sell seed.

Lessons Learned

During the project initial phase, most families were dependent and needed constant assistance in accessing basic household necessities, but through training in ASCA (Accumulating Savings and Credit Associations) a cash generation credit loaning scheme run by individual members, the caregivers were able to become independent. The credit scheme increased income and gained skills in sustainable income acquisition at community level. The project documented that caregivers used increased income to pay for items such as school tuition and healthcare. For instance, caregivers in Barue District used income earned from economic strengthening activities to purchase cows to use in their agricultural activities and also rented them out to other community members.

The following tables provide quantitative data on the number of children and caregivers in Rwanda reached in the final fiscal year (FY10); in addition to the number of children and caregivers reached in each fiscal year of programming with key services per strategic objective:

Table 1: FY10 Essential Services

<u>Services/Indicator</u>	<u>Actual Reached</u>	<u>Comments/notes*</u>
<u>Food and Nutritional Support</u>	35,872	<ul style="list-style-type: none"> • Support for the development of school and community gardens (e.g. purchase of seeds) • Food preparation demonstrations • Nutrition counseling
<u>Shelter and Care</u>	35,938	<ul style="list-style-type: none"> • Distribution of water purifiers • Distribution of insecticide-treated mosquito nets
<u>Protection</u>	7,540 Caregivers 26,266 OVC	Development of community radio shows Emphasizing issues of child protection and children and human rights, succession planning, child birth registration and many other issues.

<u>Health Care (General Health Needs of OVC</u>	10,608 OVC	<ul style="list-style-type: none"> • Mobilize households to vaccinate their children against diseases like measles and polio • Door-to-Door sensitization on VCT and HIV prevention • Linkages to HIV testing
<u>Health Care for HIV+ Children, Prevention of HIV/AIDS)</u>	1,825 Caregivers 5,477 OVC	
<u>Psychosocial Support</u>	13,934 OVC and 4,155 Caregivers	<ul style="list-style-type: none"> • Coordination and support to community, primary and secondary school COPE clubs. • Train teachers and SCV on PSS provision
<u>Education and Vocational Training</u>	28,054 OVC 117 OVC	<ul style="list-style-type: none"> • Distribution of school kits • Linking OVC with apprenticeships in carpentry, wood carving, brick laying, stone sculpture, weaving and other trades.
<u>Economic Opportunity/Strengthening</u>	2,861 Caregivers 8,545 OVC are being supported from income generation services	<ul style="list-style-type: none"> • Facilitation of and training in income generating activities for caregivers • Training of IGA groups • Distribution of materials for business start-up

Table 2: Annual Program Outputs by Strategic Objective

Strategic Objective 1		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Enhance District/community Capacity to coordinate and support services for OVC and care givers						
IR 1.1	Percent of intervention communities supported with the creation or strengthening of multi-sector OVC committees	60%	66%	100%	100%	100%
IR 1.2	No. partner planning meetings supported	8	12	23	34	44
IR 1.2	No. of local government officials sensitized and trained in supporting OVC initiatives	20	28	32	40	52
IR 1.3	No. of community caregivers trained to coordinate and provide care and support to OVC	900	990	1,500	2,160	2,160
IR 1.4	No. of community caregivers trained in child protection	1,129	1,979	2,157	2,650	3,826

Strategic Objective 2 Provide life skills Training, peer education and psychosocial care and support to OVC and their families		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 2.1	No. of community volunteers trained to provide psychosocial support to OVC through COPE clubs	M	F	M	F	M	F	M	F	M	F
		37	23	39	27	66	34	66	34	64	34
IR 2.1	No. of OVC provided with psychosocial support through COPE club activities	194	97	364	333	551	499	539	776	925	950
IR 2.2	No. of households provided with psychosocial support through home visits	1,947		2,589		3,213		3,988		4,155	
IR 2.3	No. of Peer Educators trained in facilitating HIV prevention education	M	F	M	F	M	F	M	F	M	F
		208	104	383	192	451	226	551	501	704	752
IR 2.3	No. of OVC reached with HIV prevention and Life Skills	1,870	1,835	2,959	2,978	3,157	4,314	4,652	3,298	4,962	6,925

Strategic Objective 3 Increased access to educational support services for OVC		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 3.1	No. of OVC supported with education access as a result of School Block Grants or direct tuition payment	M	F	M	F	M	F	M	F	M	F
		3,202	3,101	4,707	2,605	9,072	6,870	12,123	10,499	12,396	10,222
IR 3.2	No. of supported OVC completed secondary school	N/a	N/a	613	597	735	517	787	573	803	701
IR 3.3	No. of teachers trained to support OVC	48		168		392		227		108	

Strategic Objective 4 Increased access to health care and nutritional support		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
IR 4.1	No. of children received ITN	M	F	M	F	M	F	M	F	M	F
		5,023	4,977	7,848	6,914	12,703	10,037	14,881	12,151	16,185	14,586
IR 4.1	No. of OVC caregivers linked to or provided with household-level health and nutrition	362		6,412		2,220		2,763		4,964	

Strategic Objective 4		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Increased access to health care and nutritional support											
IR 4.2	No. of OVC and caregivers linked to or provided with food support	N/a		6,675		8,600		N/a		N/a	
IR 4.2	No. of OVC supported with nutrition by backyard or school garden	900		990		1,500		2,524		3,826	

Strategic Objective 5		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010	
Increased access to income generating activities											
IR 5.1	No. of children and caregivers linked to a viable income-generating activity	>18	+18	>18	+18	>18	+18	>18	+18	>18	+18
		0	0	100	230	247	268	322	697	683	1,148
IR 5.2	No. OVC supported with vocational training	M	F	M	F	M	F	M	F	M	F
		16	10	80	12	87	62	72	123	106	0