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RESEARCH ON PUBLIC PRIVATE PARTNERSHIPS SUPPORTING OVC ACTIVITIES

HEALTH INITIATIVES WITH THE PRIVATE SECTOR PROJECT

2008

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RESEARCH ON PUBLIC PRIVATE PARTNERSHIPS SUPPORTING OVC ACTIVITIES

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INTRODUCTION

The following report contains the results of the research conducted on public private sector partnerships that support orphans and vulnerable children (OVC) activities. The research was conducted between May 5 and 23, 2008. The report is organized in the following manner:

- Background
- Objectives of the research
- Research methodology
- Overview of public private partnerships supporting OVC activities
- Public private partnership/OVC models

BACKGROUND

The HIPS Project aims to work with the private sector in partnerships that leverage private sector resources for improved health outcomes. Two key components of the HIPS project are to expand the number of GDA alliances and develop innovative and proven approaches (partnerships) to support orphans and vulnerable children.

HIPS project developed a preliminary strategy to build partnerships to support OVC activities that was built on the following principles:

- Appeal more to the corporate social responsibility sensitivities of the companies than employee health and productivity.
- Take advantage of the resources that current HIPS private sector partners can offer.
- Use HIPS matching grant funds to leverage funding from companies as well as other organizations providing services to OVC.
- Use company-trained peer educators and other volunteers to support OVC activities including capacity building.
- Identify OVC implementing organizations and match them to private sector partners based on what resource gaps the implementing organizations have.

Before continuing with the OVC strategy, USAID Uganda asked the HIPS project to conduct a scoping exercise to identify the range of projects that have public private partnerships that support OVC activities and define some primary models or approaches.

OBJECTIVES OF THE RESEARCH

The purpose of the research is to identify projects and their approaches throughout the world that have private sector partners who are directly supporting OVC activities. The HIPS project intends to document, analyze, and extract lessons from these partnerships and apply them to its OVC private sector partnership strategy in Uganda. The research addressed the following questions:

- What projects have both OVC components and private sector partners who are providing support to the OVC activities?
- What specific interventions are these projects focusing on?



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- Who implements the OVC activities?
 - Who are the primary donors and what are their roles in the project?
 - Who are the private sector donors and what exactly do they contribute (cash, markets, products, services)?

METHODOLOGY

The research methodology involved both secondary and primary data collection and analysis. Secondary data were collected from websites and key project documents and analyzed between May 5 and May 23. Following is a list of secondary data sources:

- Rotary International Website
- Hope Worldwide Website
- Save the Children USA Website: OVC program summary
- UNICEF website: HIV-AIDS and OVC program activities
- GDA database
- COPE IGA Presentation and Summary
- ANCHOR Power Point Presentation
- Rotary Club Newsletter: Operation Rescue
- Overview of Coca Cola Vendor Program in Ethiopia
- USAID Technical Brief: Doing Good Business-HIV-AIDS Public Private Partnerships
- PEPFAR: Orphans and Vulnerable Children
- Overview of SAVE US HIV-AIDS projects
- Life Works Power Point Presentation
- WISHH Kenya Nutritional Research Synopsis
- Youth Business International: An Overview
- Youth Entrepreneurship, HIV-AIDS, and Employment in Africa
- Youth Business International Website
- RAPIDS Presentation Materials
- Heartbeat Profile and Partnerships Summary
- Vulnerable Street Children Program Description-USAID Russia

Primary data were also collected during the same timeframe from a combination of face-to-face interviews, telephone interviews, and exchanges of email with key informants. During a visit to Washington DC, PEPFAR and USAID managers were interviewed. Subsequently, telephone interviews were conducted with a range of key informants from organizations that have or were thought to have partnerships with the private sector supporting OVC activities. Finally, on-going exchanges of email messages took place over the entire period. A complete list of the primary data sources appear in Annex 1.



OVC PRIVATE SECTOR PARTNERSHIPS

To date, the research has been able to identify 11 projects that have partnerships with private sector entities that are supporting OVC activities. A matrix summarizing these projects, partners, OVC activities, and the private sector contributions appears in Annex 2. Brief descriptions of the projects follow.

- 1. Macy's Passport and Empower African Children.** Macy's Passport is the company's annual high profile fashion fundraising event that is focused on raising awareness and money for HIV/AIDS organizations. Since 1988, Macy's Passport has raised and distributed more than \$25 million for HIV/AIDS services, prevention and research. In honor of Passport's 25th Anniversary, and for the first time in the event's history, Macy's has created commemorative merchandise. A portion of the proceeds from sales of these products will support the education of orphaned and vulnerable children in Africa via a cause related marketing approach.

A primary recipient of Macy's Passport cause related marketing approach is Empower African Children. Empower African Children is a non-profit organization launched in 2006 by child advocate Alexis Hefley - whose work with Ugandan children is well known. The organization provides innovative approaches to education and leadership formation. The public face of Empower African Children is Spirit of Uganda, which is a professional training and touring program that presents performances of music and dance for audiences. Spirit of Uganda was a featured performer at Macy's Passport fundraising event in 2007.

- 2. Coca Cola Vendor** – The Coca Cola Vendor program is a partnership between Coca-Cola East Africa Bottling Share Company PLC; Save the Children USA; and USAID/PEPFAR. The objective of the project is to provide income, life skills, and business skills to adolescent orphans and vulnerable children affected by the HIV/AIDS epidemic in Ethiopia.

The project was initiated in November 2005 and aims to pioneer a vendor employment model for orphans and vulnerable children in Addis Ababa, Ethiopia. At present, this public-private partnership has supported 200 adolescent orphans and vulnerable children (ages 16-17) deemed “heads of household” with income generated through employment as vendors of Coca-Cola products in the Merkato area of Addis Ababa and in Awassa.

Coca Cola provides marketing and business skills training to the adolescent vendors while Save US provides life skills training, guardian counseling, educational support and psychosocial counseling. PEPFAR considers the project to be a pioneering model for linking the private sector with its goals of providing care and support to 500,000 orphans and vulnerable children affected by HIV/AIDS in Ethiopia.

A more detailed description of the Coca Cola Vendor Program appears in Annex 2.

- 3. Anchor Initiative** – The African Network for Children Orphaned and at Risk (ANCHOR) represents a partnership between Rotarians for Fighting AIDS, HOPE worldwide, the Emory University School of Public Health, and Coca Cola. ANCHOR is implementing a comprehensive care and support program in South Africa, Botswana, Zambia, Ivory Coast, Kenya and Nigeria. The program consists of activities targeted at children, caregivers, and the community as described below.
 - **Child Level** – Activities include Kidz Clubs and camps as well as support for nutrition, education, psychosocial, and legal issues.
 - **Caregiver Level** – These activities focus on forming support groups, sensitization on HIV-AIDS issues, parenting training, and links to income generation opportunities.



- **Community Level** – At the community level, the project focuses on sensitization, mobilization of support and resources, mapping OVC, community conversations on HIV-AIDS and the impact on children, and childcare forums.

ANCHOR was initiated by Marion Bunch (Rotary Club of Dunwoody, GA) in honor to her son who died of AIDS. She met with Dr. Mark Ottenweller, the director for

Africa of HOPE worldwide and devised a public private partnership based on HIV-AIDS work being done by HOPE worldwide. Mrs. Bunch traveled to Washington DC to meet with Ambassador Randall Tobias where she presented a plan proposing Hope Worldwide as the grantee. Eventually, USAID provided HOPE worldwide with an \$8.1 million grant. It was this grant, according to Mrs. Bunch, that convinced the Coca Cola Africa Foundation to support ANCHOR with “seed funding” of \$50,000 to get the project off the ground. Coca Cola’s Africa division continues to support the project with its marketing expertise and connections. The project has been able to leverage additional contributions from Tiger Brands, South African Airlines, and Barclays Bank for specific activities.

4. **RAPIDS** – The Reaching Affected People with Integrated Development and Support (RAPIDS) is a five year USAID funded program being implemented by six international NGOs in 52 districts in Zambia. The NGOs include Africare, CARE, Catholic Relief Services, Expanded Church Response, the Salvation Army, and World Vision International. RAPIDS aims to improve the quality of life of those Zambians affected by HIV-AIDS. Project interventions rely heavily on community led responses and sustainability strategies.

RAPIDS has developed several interesting alliances with the private sector to supplement resources available to the project. These include the following:

- World Bicycle Relief is a non-profit organization funded by SCRAM Corporation, the second largest bicycle parts company in the world. The alliance provides 23,000 bikes to caretakers for transportation. In addition, WBF supports the training of bike mechanics that repair bicycles as additional income generating activities.
- Hasbro has agreed to a three year partnership in which it provides educational toys and games and cash donations to the project as well as teacher training and school improvement projects to 30 districts.
- Global Business Coalition and its members provide 500,000 insecticide treated bednets (ITN) to 64 districts that reaches 167,000 households or 1.1 million people. OVC caretakers are instrumental in distribution and monitoring of the ITN program.

5. **Life Works** – Life Works is a sub-project of the USAID funded Transport Corridor Program (ROADS) being implemented by FHI. The project is aimed at engaging the private sector in contributing its core competencies towards efforts aimed creating income generating activities for HIV affected and vulnerable households along the transport corridors in East and Central Africa. The two large business partners include General Motors and Unilever.

Life Works aspires to increase income and income generating opportunities of populations most vulnerable to and affected by HIV and AIDS. Increased economic opportunities will contribute to reducing the risk of HIV infection; allow people living with HIV and AIDS to stay healthier longer; and reduce the impact of AIDS on the families and children. The project is based on the following principles:

- The junction of long-distance truck drivers and poor host communities is a “perfect storm” for driving the epidemic.
- There are unexploited economic opportunities along regional corridors.
- Life Works can leverage the existing USAID/FHI ROADS Project’s HIV and AIDS services.



To date, Life Works has achieved the following enterprise and employment results:

- Home/fashion accessories through production and outsourcing
- Light manufacturing enterprise start-up of industrial tools & parts
- Agribusiness start-up (mushrooms)
- Employment for 350 women and youth
- Intensive farming for nutrition & income
- 1.5 tons of food produced weekly
- 3,000 AIDS affected families (15,000 people) receiving food and training for income generation.

Future alliance with the private sector will focus on value streams and supply chains (board members and other businesses have identified numerous outsourcing opportunities), capital formation, training on startup costs for outsourcing opportunities, and acquiring other in-kind resources such as land, space, and equipment.

6. Soy Bean Nutritional Research – The Worldwide Initiative for Soy for Human Health (WISHH) and Catholic Relief Services (CRS) collaborated on an evaluation to assess the acceptance of soy products (defatted soy flour, soy protein concentrate and textured soy protein) in school feeding programs in Nairobi and Kendu Bay, in western Kenya. In Nairobi, WISHH tested the products in a school and a clinic located at the Kibera Community Self-Help Program (KICOSHEP). In Kendu Bay, WISHH tested the products at schools associated with Mothers’ Rural Care for AIDS Orphans (MORCAO).

7. COPE – The COPE project aims to provide orphans and vulnerable children tools to address basic needs such as food, shelter, education, health care and age-appropriate income-generating activities. COPE is active in Mozambique, Rwanda, Tanzania and Uganda. The project is supporting OVC in the long term by providing micro-enterprise and income generating skills and opportunities to OVC caregivers. The welfare of OVC is directly related to the welfare of the household. The project is also focusing on workforce development activities for Out of School OVC Capacity building for existing associations serving the needs of OVC and their caregivers

In Uganda, COPE has partnered with Fruit of the Nile, a multinational firm based in the UK. Fruit of the Nile exports dried fruit to the UK market. COPE developed an alliance with Fruit of the Nile that includes training of OVC caretakers in fruit drying techniques, construction of solar dryers and buying the dried fruit produced by the OVC caretakers.

8. Strengthening Community Support for OVC Project. Mercy Corps has developed an innovative public-private partnership with MicroKing Finance in its Strengthening Community Support for OVC Project in Zimbabwe. Mercy Corps proved \$35,000 in microfinance loan guarantees to MicroKing Finance. In turn, MicroKing contributes 5% of the interest earned on its microfinance loan portfolio. The contribution goes to Mercy Corps’ local partners, Child Protection Committees, who uses the funds to meet the basic needs of OVC in their wards.

Over the past eight months, the Mercy Corps/MicroKing partnership has generated over \$20,000 USD, with an additional \$30,000 projected to be earned this program year. The partnership is a win-win situation for both parties, as Micro-King gains security of its loan portfolio and positive publicity for their efforts to help OVC, and Mercy Corps and Child Protection Committees access a steady stream of sustainable funding.

9. Community Support for HIV-Infected Street Children – This is another USAID-GDA supported initiative that is built on the successful Drop-In Center (DIC) for street and at-risk children and youth in Russia. The project, which is implemented by Doctors of the World and the Frunzensky District



Administration of St. Petersburg, strives to expand the DIC services by providing round-the-clock medical and social services and improving access of HIV clients to treatment through the establishment of crisis wards (overnight shelters) for children and youth with HIV. The projects' partners include USAID-Russia, Johnson & Johnson Corporation, M.A.C. AIDS Fund, World Childhood Foundation, AIDS Center in St. Petersburg, and St. Petersburg City Administration.

10. ADVANCE – The YMCA AIDS Volunteerism and Community Engagement (ADVANCE) Program seeks to improve the health knowledge and practices of 50,000 youth and young adults between the ages of 10 and 29 and care and support services for 5,000 orphans and vulnerable children (OVC) in five underserved communities in Addis Ababa and Adama, Ethiopia. YMCA is both the primary implementing organization and private sector (not-for-profit). The primary focus of this project is to enhance the capacity of the YMCA to scale-up HIV prevention and care programs and develop youth-led volunteer service learning projects for OVC.

11. Children in the Wilderness – This is another USAID funded project that strives to assist orphans and other vulnerable children living in and around Malawi's national parks and protected areas. The project focuses on life skills such as leadership and civic education. The organizations involved in the project include:

- Association of Hole in the Wall Camps
- Children in the Wilderness
- Malawi CARER
- Orphan Care Centers
- Quest Overseas
- Wilderness Safaris/Central Africa
- Wilderness Safaris-Malawi/Central Africa

12. Healthy Food Supplement – USAID is supporting a new initiative in Namibia within a GDA structure. The Namibia National Dairy and several corporate sponsors (DeBeers and Standard-Charter Bank) are proving yogurt to orphans and vulnerable children in a program operated by the Catholic Aids Action.

13. Heartbeat Partnerships - Heartbeat is a South African non-profit organization that is focused on alleviating the suffering of OVC by facilitating change in communities. Heartbeat works with OVC in communities in ways that do not remove children from their houses or communities of origin. Rather, Heartbeat works to keep siblings together and ensure that they become the legal owners of their late parent(s)' house and then mobilize circles of support around the children. Guiding principles include children's rights, community participation, sustainable development, and partnerships.

Heartbeat programs seek to contribute to the positive transformation of the whole child and focus on material support, education, children empowerment, rights and access to basic services, capacity building, and child sponsorship. Heartbeat has developed a range of alliances with the business community to help fill some of the important resource gaps the organization faces in its programs. Three of the more important alliances are described below.

- Woolworths (Clothing and Food Retailer)
 - Supporting 1 Heartbeat community project in Mpumalanga with funds for 3 years from 2007 focusing on Education and Psychosocial Support. Over and above Woolworths assisted the project with clothes, kitchen wear, Easter Eggs and a Christmas function.



- Helping Heartbeat to start Heartbeat Learning Centre in KwaZulu Natal, this will be for three years from 2008.
- Selling “Buddy Bands” through selected Woolworths stores nationally at a cost of R15. The beneficiaries are Heartbeat and Save the Children. 1 million bands were developed. The campaign will run until November 2007.
- Heartbeat is a beneficiary for “clothes wastage”, the clothes get distributed to all children wherever possible.
- Tiger Brands (Food manufacturer)
 - On-going support for food parcels monthly to support about 3000 children. The parcel consists of Morvite (instant porridge), tinned stuff, rice and Mealie-Meal.
 - Heartbeat is the beneficiary for “Unite Against Hunger” that is run by All Gold and Spar retailer.
- Old Mutual (Financial Services)
 - Support for 2 projects with funds in Gauteng and Free State for 5 years – up to 2007.
 - Old Mutual’s “Adopt an Orphan” program provides financial resources to Heartbeat supported OVCs. Company employees are assigned children that they support by donating R50 which Old Mutual matches. 819 children are sponsored through this program from 620 employees

14. Youth Business International - Youth Business International (YBI) is a program of International Business Leaders Forum that aims to assist disadvantaged young people become entrepreneurs. The program is set up as a mentoring opportunity in which disadvantaged youth are linked to professionals from the corporate sector, civil society and government. These mentors make their skills, expertise, facilities, and financing available to young entrepreneurs during the start-up and early development of their businesses.

YBI's core principles include working with disadvantaged young people, providing them with a volunteer business mentor and full access to the organization’s local and national business support network, and provide access to financial support to those young people with a viable business proposition who are unable to find support elsewhere. YBI has already created a number of partnerships with international organizations such as the ILO, Rotary International, Shell LiveWIRE and the International Award Scheme. Corporate sponsors include Diageo, PricewaterhouseCoopers, Lovells, BP, Accenture and HSBC.

Recently, YBI’s Executive Director, Andrew Fiddaman, met with USAID’s OVC working group to explore collaborative opportunities. A description of YBI’s African program appears in Annex 4.

PUBLIC PRIVATE PARTNERSHIP MODELS

Based on the analysis of these projects, five primary models of approaches to public private partnerships that support OVC activities emerged. The five models are discussed below.

Income. The Income model encompasses projects that range from basic community level income generating activities to creating employment opportunities to establishing formal enterprises. An important characteristic of the Income model is that it usually compliments broader OVC care and support projects as an employment or income generating strategy. It, along with the Basic Needs Care and Support model (described below), are the two most popular approaches that involve public private partnerships that support OVC activities. The projects that employ the Income model include the Coca Cola Vendor Program in Ethiopia, Life Works in Kenya, COPE Income Generating in Rwanda, and the work that Youth Business International is doing.



In all cases, the Income model involves an implementing organization that is responsible for interacting with the children and/or their caregivers. The interaction can consist of training, mentoring, supervision, and financing. The role of the private sector, however, differs considerable from project to project. In the Coca Cola Vendor Program, Coca Cola provides training, carts, and inventory. The Life Works board consists of two large companies that provide advice and linkages to resources to help adolescents and caregivers start small enterprises or become suppliers to larger businesses. Fruit of the Nile, in the COPE project, is offering access to markets and trains the caregivers in fruit drying techniques. And Youth Business International finds businesses that are willing to sponsor employees who serve as mentors to young, emerging entrepreneurs.

Basic Needs Care and Support. The Basic Needs Care and Support model involves the private sector providing specific support to an implementing organization who is addressing the basic needs, including overall care and support, of orphans and vulnerable children. Projects in this category include the Soy Bean Nutritional Research in Kenya, Ethiopia's ADVANCE program, Children in the Wilderness in Malawi, the new Healthy Food Supplement initiative in Namibia, and the Strengthening Community Support project in Zimbabwe.

In this model, some sort of implementing organization is working with orphans, vulnerable children, and their caretakers to meet basic needs. The basic needs range from food, shelter, and health to education, livelihoods and life skills training. The role of the private sector partners is to provide funding and in-kind contributions to help the implementing organizations fill the gaps in their ability to meet the basic needs of the children. Although primarily a research activity, WISHH is providing soy based foods to CRS supported schools in Kenya. The Namibia National Dairy is donating yogurt products while DeBeers and Charter-Standard Bank are providing small grants to support Catholic Aids Action on OVC nutrition. Wilderness Safaris are giving small grants to NGOs for general care and support of orphans as well as life skills training. And in the Zimbabwe Mercy Corps sponsored project, MicroKing Finance donates 5% of the interest earned on its microfinance portfolio to local Child Protection Committees so they can purchase food, medicines, and clothing for orphans.

Comprehensive Care and Support. Like the Basic Needs Care and Support model, the Comprehensive Care and Support model aims to meet the basic needs of orphans and vulnerable children including care and support services. However, this model is much more comprehensive in that it addresses needs at the individual, household, and community levels. It addresses psycho-social needs as well as stigmatization and discrimination issues. The research was only able to find one project that is implementing a comprehensive approach to OVC care and support; the ANCHOR Initiative.

There are several key private sector partners that are supporting HOPE worldwide, who is the primary implementing organization. Private sector partners play different but important roles. The Rotary Club was responsible for accessing USAID funding, recruiting Coca Cola as a partner, and providing on-going funding in both cash and in-kind. The Coca Cola Africa Foundation provided a grant while the country business divisions provide help with communications and marketing to attract more donors. To date, the project has been able to attract in-kind support from Barclays Bank, South African Airlines, and Tiger Brands.

Cause Related Marketing. The cause-related marketing model seeks to increase sales of a particular consumer good by co-branding and marketing a specific consumer product with a tax-exempt non-profit organization. Affiliating a social cause such as OVCs with the product is intended to increase sales of the product by enhancing its attractiveness to consumers, appealing to their social responsibility sensibilities. As part of the arrangement, the company donates a portion of the sales to the non-profit organization. Typically, the brand team within the consumer products company will look for a non-profit organization whose constituency profile matches the consumer profile of their product. The non-profit organization and its cause benefits by the awareness created through various marketing promotions and ad campaigns as well as the donation from the company.



In addition to Macy's Passport initiative and partnership with Empower African Children, several other companies have cause related marketing arrangements with non-profit organizations to support OVC activities. These include Save the Children UK and the M&Co, Save the Children US and Scholastic Books, Mug and Bean Coffee in South Africa, and OrphanAid Africa and Missoni Jewelry.

Clinical. It's worth mentioning the Clinical model although only one project is using this approach. The model consists of adding specific services to drop-in clinics for street children who are often times orphans. The services consist of shelter, food, and basic medicines if needed. The Community Support for HIV-Infected Street Children is being implemented by Doctors of the World and the city government of St. Petersburg who receive cash and in-kind support for clinic services from Johnson & Johnson.

Implementation Models and Modes of Service Delivery

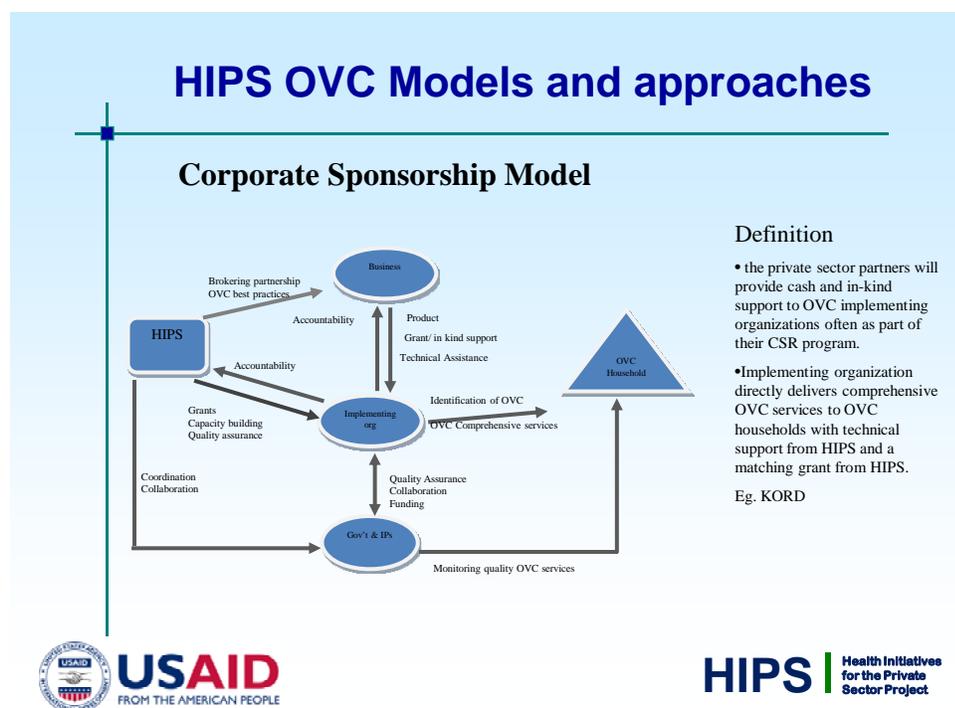
As part of the service delivery approaches, HIPS has identified the following models (see also attached diagrams) as viable approaches to guide activity implementation and service delivery:

- 1. Corporate Sponsorship.** In this model, the private sector partners will provide cash and in-kind support to OVC implementing organizations often as part of their CSR program. The implementing partners, on the other hand, will work directly with OVC households and communities to provide comprehensive OVC care and support services. HIPS will build the capacity of the Implementing organization to deliver services. In addition, the implementing organization will build partnerships with the district, collaborate with other service delivery organizations, NGOs and CBOs in the catchment area for referral, and build functional collaboration, networking and referral mechanisms for totality of care. The district will monitor and supervise the activities of the Implementing organization to ensure delivery of quality services.
- 2. Market Access.** Market Access is an economic model that helps OVC households develop the capability to produce for markets and then links them to these markets. The role of the private sector will be to provide technical assistance, training in quality standards, and links to local and international markets for OVC households. The private sector partner will also link the OVC households to markets including its own. The implementing partner, in turn, will work directly with OVC households to build their capacity to produce for markets including training and monitoring. Like in the Corporate Sponsorship model, the Implementing Organization will build partnerships with the district, collaborate with other service delivery organizations, NGOs and CBOs in the catchment area for referral, and build functional collaboration, networking and referral mechanisms for totality of care. The district will monitor and supervise the activities of the Implementing organization to ensure delivery of quality services.
- 3. Training / Job Creation.** The purpose of this model is to create sustainable jobs for orphans, vulnerable children, and their caretakers, the target group being OVC who have dropped out of school and key caretakers who need extra income to care for children in the household. The private sector partner will provide training, apprenticeships, inventory, and other assistance to help prepare OVC and their caretakers to acquire jobs. In certain cases, the private sector partner will provide jobs directly. The role of the implementing partner will involve working with OVC households to arrange training from the private sector, provide training, manage and monitor the jobs, ensure children stay in school, and provide other OVC interventions around care and support. To ensure quality service delivery and totality of care, the implementing organization will build partnerships with the district, collaborate with other service delivery organizations, NGOs and CBOs in the catchment area for referral, and build functional collaboration, networking and referral mechanisms for totality of care. The district will monitor and supervise the activities of the Implementing organization to ensure delivery of quality services.



4. Supply Chain model. This approach has the potential to reach large numbers of OVC households in an efficient manner and tie many of them into a company's supply chain that can have an enormous economic impact. The Supply Chain model takes advantage of a company's supply chain such as smallholder farmers who sell raw product to the company. The supply chain infrastructure, such as farmer associations, is used to help identify OVC households and provide them key information and services. When possible, efforts are made to incorporate OVC households into the supply chain so they can benefit from needed income. In this model, the private sector partner is typically an agriculture business with a strong supply chain (out growers) such as cotton, coffee, tea, and sugar. The company uses its influence with the farmers associations in the supply chain to help appoint and train peer educators as well as identify OVC households and incorporate them into the supply chain. As appropriate the private sector partner provides training and inputs such as improved seed to the OVC households through the farmers associations. In this model, the implementing organization will build partnerships with the district, collaborate with other service delivery organizations, NGOs and CBOs in the catchment area for referral, and build functional collaboration, networking and referral mechanisms for totality of care. The district will monitor and supervise the activities of the Implementing organization to ensure delivery of quality services.

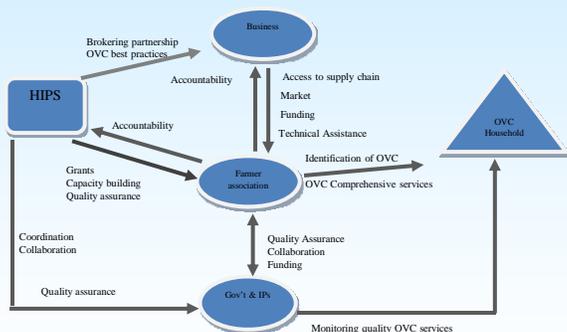
All in all, all models are governed by the existence of Business/ Private for profit company, HIPS involvement in capacity building, provision of grants, coordination and collaboration , existence of an Implementing Organization or farmers' association as well as the involvement of the district specific community based services department that will monitor quality of services, facilitate collaboration and coordination activities. Partnership building, networking and referral mechanisms are critical for provision of totality of care and will therefore, be emphasized to ensure delivery of quality services for OVC and their households.





HIPS OVC Models and approaches

Supply Chain/ out growers Model



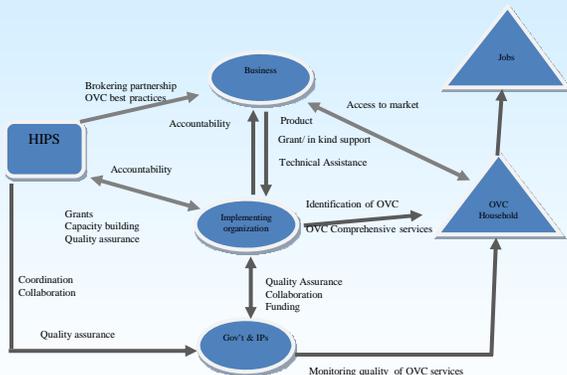
Definition

- The company uses its influence with the farmers associations in the supply chain to help appoint and train peer educators as well as identify OVC households and incorporate them into the supply chain
- E.g Nile Sorghum growers



HIPS OVC Models and approaches

Market access Model



Key issues

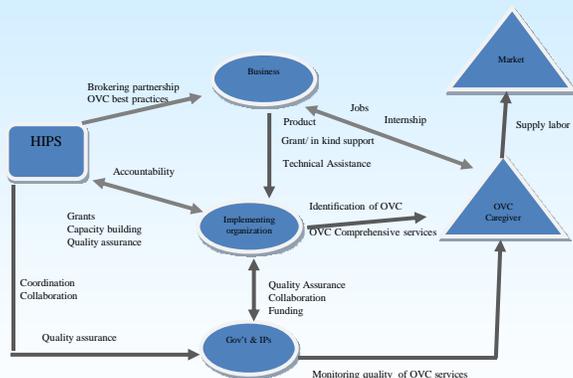
- Market Access is an economic model that helps OVC households develop the capability to produce for markets and then the private sector partner links them to these markets.
- the goal is to strengthen the social economic security of the household
- E.g. Fruit of the Nile, Cornerstone





HIPS OVC Models and approaches

Training and Jobs Model



Key issues

- The private sector partner will provide training, apprenticeships, inventory, and other assistance to help prepare OVC and their caretakers to acquire jobs.
- This focuses on OVC out of school or caregivers
- e.g. Microsoft



IMPLEMENTATION STRATEGY FOR THE HIPS OVC PROGRAM

Introduction

Health Initiatives for the Private Sector (HIPS) Project is a USAID funded project that is working with the private, for profit sector to expand health services in Uganda at the workplace and in the communities. HIPS's mandate is to lobby private for profit companies to leverage resources to provide comprehensive OVC care and support services that are family centred.

Orphans and orphan hood is one of the most daunting challenges consequent to the AIDS epidemic in Uganda. Both HIV/AIDS and conflict have created many orphans and the number is still on the increase. Children are affected by HIV and AIDS in a number of different ways. Orphaned children (under the age of 18 whose father, mother or both have died) are only one group of children made vulnerable by HIV and AIDS. Millions are living with ill and dying family members, or are infected themselves. Uganda is estimated to have a total of 2 million orphans, most of whom are due to AIDS. Apart from the psychological trauma of losing parents, poverty and social dislocation add to a child's emotional distress. Without the protective environment of their home, orphaned children face increased risk of violence, exploitation and loss of economic security. Studies have shown that orphaned children are more likely to be malnourished and underweight. Worst-case scenarios for orphaned children include possible abduction, or being forced into hard labor, sex work or life on the streets, thus increasing a child's vulnerability to HIV and AIDS. These children face stigma and discrimination and are often denied affection, protection, care and support. Many drop out of school and are at risk of exploitation and abuse. As a result, they will become more vulnerable to the effects of HIV and AIDS.

HIPS involvement in OVC care and support initiatives will include development of partnerships with private for profit companies to leverage resources. HIPS will achieve this by working with companies to encourage incorporation of OVC support within Corporate Social Responsibility strategies by raising awareness of OVC needs the need to support OVC to the managers and owners of the private-for profit



firms. Implementation of activities for OVC will be based on a number of models namely; the corporate sponsorship model, supply chain/out-growers model, training and jobs model and the market access model. For each of these models, an implementing organization (CBO, NGO, Foundation) will be central to delivery of services at the community level. In addition, collaboration, partnership and networking mechanisms with the Government and existing district structures and other NGOs within the catchment area will be paramount to achievement of objectives, continuity of services, accountability and wrapping around of services. HIPS role in these models is to provide grants, technical direction and capacity building for the implementing organizations and monitoring of activities to ensure quality services delivery.

The Service Delivery Approach

In Uganda, the accepted traditional coping mechanism for OVC is to integrate orphaned children within the extended families. In these extended families, particularly grandparents largely shoulder the burden of absorbing children though there are also increasing cases in both urban and rural areas where households are managed by children themselves. Very few children, mainly those without relatives, are maintained in institutional foster homes. However, there is increasing concern that this traditional system is getting overstretched and can no longer bear the responsibility of giving adequate social and economic support to these OVC due to poverty and the fact that some of the would be caretakers are themselves living with HIV /AIDS. Nevertheless, the impressive and increased resilience and capacity of the traditional system to take care of orphans implies the family will continue to be the most appropriate unit of OVC care.

To be able to provide care within an acceptable environment, building capacity of families and communities appears to be the most appropriate way for ensuring holistic and culturally appropriate support for OVC, and HIPS will ensure that the capacity of caregivers in child protection, psychosocial support, food and nutrition, health care and social economic security is built in line with the National Strategic Program Plan of Interventions for OVC. Referral for specialized care and other services that the care and support institutions have no comparative advantage to deliver will provide a corner stone in ensuring totality of care.

Besides orphans, there are many children directly and profoundly affected by HIV/AIDS, but who are not orphaned. Such children may include those caring and providing for their sick parents, those forced into child labor to earn a living, children separated from the families by armed conflict as well as those living on streets. This category constitutes what is termed vulnerable children. The needs of these non-orphaned but vulnerable children are in many ways similar and sometimes worse than those of some orphaned children. Therefore the national policy requires that attempts to address the needs of disadvantaged children should consider both categories of children, and will therefore, form part of the category of those children that will be targeted for care under the HIPS program.

The HIPS service delivery approach will therefore, center on the applicable model depending on the company, will involve delivery of totality of care, focusing on the family of the OVC. It is anticipated that this family centered approach to delivery of care will promote continuity of service delivery and build the capacity of the community in OVC care and support services. Collaboration, partnership building, networking and referral will be emphasized to ensure that there is accountability and continuity of services.

Implementation of the OVC Pilot Program for Community

The OVC pilot program will be implemented in partnership with the private sector involvement and with the support of a CBO/NGO/ Farmers' association depending on the company. Once the company has agreed to allocate resources towards OVC activities, the HIPS OVC Program manager will carry out a capacity assessment of the collaborating NGO/CBO to verify the existing capacity, gaps and issues that



will promote or hinder activity implementation. The identified Community Based organizations will be assessed for infrastructural and organizational and operational management systems in place.

The OVC Program manager will develop and use a scoring sheet on all organizations visited and those that score highly will be requested to prepare and submit a technical proposal of what OVC activities and initiatives they intend to pursue and a detailed budget. A technical committee comprised of stakeholders in OVC work will be set up to vet all the proposals received and subsequently, those that are found to be competent will be supported by the OVC Program Manager to write their technical proposals, workplans and budgets and there after contracts will be signed and activities commence. During this process, the HIPS Grants manual will be followed to ensure that all the required contractual obligations are fulfilled. Community Based Organizations with previous experience of implementing OVC programs and managing donor funds will be assessed alongside new ones that have well developed systems and are willing to implement activities in line with the NSPPI.

Following the signing of the agreement, the selection process will commence and to ensure that the intended beneficiaries are selected this will be a two step process. In step one, the respective company and CBO will identify many OVC and this will be done at the community level. At step two, those selected in step one will be subjected to further verification of the nature of vulnerability, needs and verification of household status. This will be done at the actual OVC household and documented.

HIPS project will increase private for profit companies and the community capacity to respond to the needs of children affected by AIDS and their caregivers between the age of five and eighteen by strengthening family and community structures. This will be accomplished through providing technical support and guidance to the private for profit firms so that they can provide direct delivery of care and support services, increasing children regular school attendance and school retention rates as well as building capacity of OVC by providing educational support for both in school and out of school OVC, economic strengthening, and psychosocial support (including life planning skills training, spiritual support). HIV prevention will be a cross cutting theme and will be integrated into the service delivery aspects. Given the magnitude of the problem, using the community approach, communities will continue to identify the most vulnerable children, as well as supporting comprehensive services at the household level in a decentralized system, and use the coordination, collaboration and networking mechanisms to ensure comprehensive service delivery for the OVC both at community level and at school.

Efforts to expand care and support to children and parents living with HIV/AIDS will focus on strengthening families and communities as the primary intervention for OVC services. HIPS Project will work with the private for profit companies to establish effective referral systems which are necessary to carry out OVC interventions since the problem is greater than the resources and abilities of any one institution. OVC caregivers will also be trained on psychosocial support, succession planning; will-making and local community leaders will also be sensitized on child protection to be able to identify and report cases of child abuse.

In an effort to avoid the creation of parallel community structures, HIPS Project will continue to use existing private for profit and community structures for OVC identification, identification of cases of child abuse, HIV prevention, OVC awareness creation and advocacy through community outreach activities. Teachers and religious leaders will be trained in OVC care and support, to be able to provide psychosocial support and referral to the identified OVC. Home based care committees, local leaders and other community structures will actively participate in all key project activities, carry out home and school visits, provide psychosocial support and promote community ownership and involvement.

HIPS Project technical staff will carry out support supervision and monitoring of OVC activities with special focus on review of work plan and budget, examination of technical competence of activity reports, budgets and financial expenditures, the partnerships and linkages created, monitoring and supervision visits made to OVC households and their reports, home and school visits reports and whether OVC bio data files exist and are regularly updated.



The guiding principles for implementation of the OVC program will include focusing on the child and his or her family, giving priority to the family and household, bolster families and communities, strengthening of networks and systems, collaboration, networking and referral for services, linking HIV/AIDS prevention, treatment and care and employing quality assurance mechanisms to ensure quality of services delivery.

On the other hand, the quality assurance mechanisms to be employed in the delivery of care and support will include among others identification of needy OVC and households for support and referral, training of community leaders, religious leaders and teachers to provide relevant support at school and within the community, assessing OVC for signs of psychosocial difficulties, provision of primary health care services, creating community awareness of the signs and symptoms of child abuse.

It will be the responsibility of the OVC Program Manager, FOM and the community based organization to ensure that there is a sound accounting system. The system will ensure that adequate and proper records are consistently maintained and supported by appropriate documentation. HIPS will require that, at a minimum, the following financial books/records/reports will be kept/ prepared by all Community based organizations:

- Cash Book
- Bank Reconciliation Statement
- Quarterly Budget/Actual Expenditure Report.

Verification of the Legal Status of the Potential Community-based Organizations

Prior to awarding of contracts, HIPS OVC Program manager will conduct a field assessment to verify the legal status of the CBOs before committing HIPS. These CBOs must be registered with the district and hold current registration certificates.

Linkage with other Services

To ensure comprehensive service delivery, Community based approaches to OVC care and support will be enhanced. Through linkages to other OVC providers, HIPS will ensure that OVC receive other support services such as health, and shelter. Trained peer educators, teachers and religious leaders will play a pivotal role in this intervention through conducting monthly home and school visits to assess the performance and social welfare of OVC both at the community and household level.

HIPS will scale up involvement of local Government Community Structures such as Local Councils, Community Development Office and Sub County Agricultural Extension staff to enhance support to OVC. These will mainly be involved in facilitating trainings at community level conducting follow ups to ensure that OVC services are delivered as well as enforcing OVC child protection and legal support, through provision of technical assistance at that level.

The private for profit health facilities will be the primary sources of and providers of health care services for OVC both those that are the HIV positive and for general health care needs.

To ensure increased advocacy for OVC care and support, HIPS will network and collaborate with MGLSD, JHUCCP and Straight Talk Foundation, will adopt and reprint IEC messages for OVC care and support.

Advocacy for OVC services

In collaboration with MGLSD, JHUCCP and Straight Talk Foundation, HIPS will adopt and reprint IEC messages for OVC care and support. These messages will also be translated into local languages and



distributed to the implementing partners for dissemination. These will include posters, fliers, brochures and t-shirts. HIPS will also partner with UHMG to advocate for OVC care and support through the Good Life at work Program. IEC materials will also be disseminated during VCT days to clients as a means of dissemination information to garner increased OVC care and support in the community.

Monitoring

Members of the home-based care committee, trained teachers and religious leaders will carry out the basic monitoring of the project. These will conduct home and school visits on a monthly basis. These community volunteers will also help link vulnerable children and their households to services, help identify and meet immediate needs and generally check on the physical and psychological status of the vulnerable households. For each visit made, a form will be filled out detailing the person met, challenges experienced currently and any type of services provided to be able to follow up service delivery.

Quarterly review meetings will be held between the focal persons, the home-based care committee members, teachers and religious leaders to review progress of the project, identify areas that require further support and deliberate on challenges experienced.

HIPS will also prepare quarterly progress reports which will be submitted to USAID highlighting the achievements made during the quarter, challenges encountered and coping mechanism and recommendations for the challenges. These will serve as lessons to be emulated for the following quarter.

OVC Selection Criteria

Consideration will be given to highly vulnerable children of employees, OVC living in IDP camps, OVC that are HIV positive, children with disabilities and children living with HIV positive parents, guardians and those living with elderly grand-parents, and will follow a two steps process. As a measure of guarding against double counting, children who are enrolled on other programs will be eliminated using the community approach as information will be gathered on each OVC household at the community level prior to enrollment.

Planned Activities

- Identify OVC for support
- Train caregivers in psychosocial support
- Train OVC in life planning skills
- Train teachers and religious leaders in psychosocial support and behavioral change communication
- Support households to improve their social economic security
- Identify and support impoverished families
- Identify and support OVC for apprenticeship skills training
- Procure and distribute start up kits
- Train OVC households in improved farming methods
- Refer OVC for health care services
- Train local council and community leaders on child protection
- Train OVC caretakers in succession planning and memory book writing
- Reproduce and distribute IEC materials



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- Form OVC Home-based care committees at village level
 - Advocate with local companies to provide matching grants
 - Conduct support supervision
 - Monitor and evaluate program.

Implementation Framework

- A multi sectoral approach to address comprehensively the needs of OVC
- A minimum of five core program areas provided to ensure well being of OVC
- A community based response to the needs that preserves and supports families
- Activities that directly provide support to OVC, caregivers, families and community members, building the capacity of local organizations, strengthen monitoring and quality assurance
- Coordination, collaboration, networking and referral

Levels of Intervention

- Child level: ensure provision of core interventions that create opportunities for OVC – Cultural and community context
- Caregiver/ family level : train and provide direct support to caregivers – ability to care for OVC
- Systems level: build local capacity, networks, systems.

Guiding Principles

- HIV/AIDS pandemic strikes at the heart of the family and community support structures – comprehensive approach to build on community and family support structures, engage community in taking action to care for and track the welfare of OVC
- Focus on the best interests of the child and his or her family – stigma, jealousy/ conflict among beneficiaries
- Prioritize family / household care – supporting family capacity, whether the head of the household is ill or widowed
- Bolster families and communities – to continue supporting OVC and their families for sustainability.
- Networking, collaboration, coordination and referral
- Link HIV prevention, treatment and care
- Quality assurance.

Quality Assurance Mechanisms

- Needy OVC and households identified and supported
- Trained religious leaders and teachers provide relevant information and advice
- OVC assessed for signs of psychosocial difficulties
- OVC households educated on preventive / primary health care
- Community aware of the signs and symptoms of child abuse and know how to report to authorities



PEPFAR indicators and Targets

Indicator	Target
Number of OVC served disaggregated by gender	1,000
Number of providers/caretakers trained in caring for orphans and vulnerable children	50



ANNEX 1: LIST OF PRIMARY DATA SOURCES

1. Jessica Daly: Partnership Advisor; Office of the US Global AIDS Coordinator; Washington, DC
2. Beverly Nyberg: OVC Advisor, Office of the US Global AIDS Coordinator, Washington, DC
3. Lloyd Feinberg: DCHA; USAID Washington, DC
4. Gary Imhoff: E&E Region; USAID Washington, DC
5. Mary Jordan: GH/HIV-AIDS; USAID Washington, DC
6. Adam Slote: GH/RCS; USAID Washington, DC
7. Jerry O'Brien: ODP/PSA; USAID Washington, DC
8. Bradley Corner: HAPN; USAID Ethiopia
9. Shelagh O'Rourke: RHH; USAID East Africa; Nairobi, Kenya
10. Margie Brand: Project Coordinator; STRIVE Project; AED; Washington, DC
11. Kwaku Yeboah: HIV-AIDS/OVC Coordinator; FHI; Research Triangle, North Carolina
12. Beatrice Kinyanjui: IGA Coordinator; COPE Project; Nairobi, Kenya
13. Anthony Ngosi: Director, Africare Uganda; Kampala, Uganda
14. Elen Peck: Project Coordinator; Save the Children USA; Westport, Connecticut
15. Sheila Coutinho: UNICEF Advisor; Kampala, Uganda
16. Nathan Oetting: Africa Region; Mercy Corps; Portland, Oregon
17. Jessica Quarles: HIV-AIDS Program; Mercy Corps; Portland, Oregon
18. Andre Bestbier: CEO of CompreCare Joint Venture, South Africa
19. Ashley Du Plooy: IQ Group, South Africa
20. Batuke Walusiku: Chief of Party, RAPIDS Project, Zambia
21. Brian Harrigan: Country Representative, Africare, Zambia
22. Busi Nongogo: Marketing Manager, Heartbeat, South Africa
23. Catherine Mukwakwa: Project Director, Community FABRIC, Zambia
24. Brenda A. Doe: Deputy Director, Office of HIV/AIDS, Bureau of Global Health, USAID Washington, DC
25. Kirk Felsman: OVC Technical Advisor, Bureau of Global Health, Pretoria, South Africa
26. Gary M. Imhoff: Bureau for Europe and Eurasia, USAID Washington, DC
27. Jessica Quarles: Senior Program Officer for HIV/AIDS, Mercy Corps, Seattle
28. Olga Kulikova: Project Management Specialist, Assistance to Vulnerable Children Programs, Health Office, USAID Russia
29. Kwaku Yeboah: Director, OVC Programs, FHI, Raleigh, NC
30. Lucy Steinitz: Country Representative, FHI, Namibia
31. Marc Myburgh: Country Representative, Hands at Work, South Africa
32. Margaret Pearson: Country Representative, Youth Business International, Kenya
33. Marie-Christine Anastasi: Orphans and Vulnerable Children Technical Advisor, USAID/OHA, USAID Washington, DC
34. Anita Sampson: Prevention and OVC Team Leader, Health Office, USAID/Southern Africa
35. Shawna Reis: FHI Field Officer, Guyana
36. Vanessa Paul: Research Manager, Noah (Nurturing Orphans of AIDS for Humanity), South Africa



ANNEX 2: COCA COLA VENDOR PROGRAM DESCRIPTION

In December, 2005, PC3 and Coca-Cola engaged in a unique partnership to pilot a youth project known as 'Pave Life' project, with the support of Global Development Alliance (GDA) funds. The project was officially launched on December 19th at the East African Bottling Center with the presence of U.S. Chargé d' Affaires Vicky Huddleston, the Minister of Labor and Social Affairs H.E. Ato Hassen Abdella and General Manager of East Africa Bottling S.C. Mr. Citos Reyes. This unique joint venture between an international corporation and an international NGO is a vital initiative to curb orphans and vulnerable children problems, and will bolster future private sector/NGO relationship.

This pilot brings private and public sectors together to offer entrepreneur opportunities to young people from Addis Ababa. The initiative is designed to provide a unique opportunity for participating youth to develop enhanced skills for a stronger economic future and to generate an income of their own to support not only themselves but also their families, and ultimately increase the household income to meet their various needs.

This pilot project started with 20 youth, selected from two target areas (Mercato and Kolfe Keranio) through PC3 Tier II partners (Bezalehiwot and Wegen Aden) and the Scale-Up Hope project.

Beneficiary Profile:

- Mid-teens (age ranging from 13-21)
- 8 young men and 12 young women
- 7 are eldest in family
- 13 live in female headed households
- 3 are youth headed households
- All go to school (Engagement in vending takes place outside of school hours)
- All have lost parents.

Sales Activities

The youth were equipped by SC/US with vending carts, umbrellas, uniforms and ice boxes for vending Coca Cola beverages; Coca-Cola also supplied the first two crates of beverages. The youth started their sales following the official launch of the project on December 19th. According to Coca-Cola sales reports and some information gathered from the youth, the youth are really content with their new ventures and are dedicatedly selling cokes. Coca-Cola has mentioned that their sale performances are fairly satisfying for new entrants in the market. According to recent Coca-Cola sales report, the average earning per child is between 50 to 120 Birr per week.

At first, some of the youth had difficulty harmonizing the time they were dedicating to this new business venture with their schooling, resulting in missing classes. To this end, a monitoring format has been developed by SC/US, which allows to follow the youth's attendance and performance. This template will be distributed to each youth's principal teacher who will fill it on a weekly basis and send it to our project officers who will then compile the information and communicate to SC/US. This way, the youth school attendance and performance will be closely followed. Coca-Cola distributors are also aware of each child's schooling shift and notes whether the child is procuring products or vending during those hours. Distributors and project officers for PC3 and Scale-Up Hope meet regularly to discuss these and other issues.



Training

Before deployment the children were given an initial three-day training in psycho-social and business skills. Our project officers at site have also observed that the youth were facing peer pressure and tended to lack maturity. There were also concerns that as the children continue earning more money they might be tempted to be involved in harmful behaviors. To address these issues, the children were given training in life skills on 9-13 March and 16-19 March, 2006 to help them develop and strengthen coping and mitigation strategies when faced with problems both at work and outside work. Moreover, to enhance their HIV/AIDS awareness, the children were given a one-day training on key information regarding HIV/AIDS on 26th of March, 2006.

Savings

All of the 10 youth from Mercato have already started saving a portion of their income with our tier III partners Bezalehiwot and Wogen Adin working on this project, while in Kolfe, only 3 youth are currently saving their money with their guardians. The main purpose of this project is to help the kids help themselves and make a better life for themselves and their families. A core component of this project will be to introduce and build skills for and a culture of savings amongst the participating youth. The children as well as their parents/guardians have taken part in an introduction to saving schemes (group and individual saving) and explored the advantages of saving. Negotiations have already started with The Bank of Abyssinia to open individual accounts for the youth.

There is also a plan to institute incentives to further motivate and acknowledge the youth's success, of which one component is savings. Criteria have been set to identify those children who are excelling across key areas of the project such as volume of sales, number of hours spent in marketing, school performance (how the children attempt to balance their trading role with that of their school activities), savings, and attitude and behavior.

Expansion of the project

Coca-Cola and SC/US are planning to expand this project to other sites in the coming months. Three locations (Awassa, Bahir Dar, and Nazereth) have been initially discussed. Based on cost and benefit analysis done both by Coca-Cola and SC/US, a mutual consensus was reached by Coca-Cola and SC/US to focus on Awassa as our next location for the second expansion phase. Already, Coca-Cola and SC/US have solicited opportunities to involve trolley and ice box producers/suppliers in the venture as partners in order to get the products at cost value in an effort to minimize expansion costs. All the suppliers are willing to cooperate. We will next begin discussions with local authorities in Awassa to obtain administrative support to initiate and speed up the start-up of the project.



ANNEX 3: PROJECT SUMMARY MATRIX

Project	Country	Technical Focus	Implementing Partner	Public Sector Partner	Private Sector Partners	Private Sector Contribution
Coke Vendor	Ethiopia	Employment	Save US	USAID	Coca Cola	Inventory, carts
Life Works	Kenya	Employment	FHI	USAID	General Motors -Unilever	Advice and links to resources and supply chains
Anchor Initiative	– Botswana – Ivory Coast – Kenya – Nigeria – South Africa – Zambia	Support -psychological -social -educational -nutritional -legal -parent training -income gen.	Hope Worldwide	USAID SIDA	Coca Cola Rotary Emory Univ. Tiger Brands SA Airways Barclays	-Funds -Fundraising -In-kind donations -Marketing -Monitoring
Soy Bean Nutritional Research	Kenya	Nutrition	CRS	None	WISHH	Soy products Research money
Community Support for HIV-Infected Street Children	Russia	Short term basic needs: -shelter -food -medicine	Doctors of the World	USAID City Government of St. Petersburg	Johnson & Johnson	Cash grants
ADVANCE	Ethiopia	Care and support	YMCA	USAID	None	YMCA
Children in the Wilderness	Malawi	Care and support		USAID	Wilderness Safaris	
Healthy Food Supplement	Namibia	Nutrition	Catholic Aids Action		Namibia Dairy DeBeers Standard-Charter Bank	Yogurt products Small grants
COPE	Rwanda	Income generation Vocational training	Aficare/EMG	USAID	Fruit of the Nile	Training in fruit drying and access to markets
Youth Business International	Various	Enterprise development	YBI associations	UN, ILO, USAID and IADB	Sponsoring corporations, local businesses	Business mentors
Strengthening Community Support for OVC Project	Zimbabwe	OVC basic needs	Mercy Corps Child Protection Committee	UNICEF	MicroKing Finance	Portion of interest from loan portfolio
Macy's Passport	Uganda	OVC basic needs	Empower African Children	None	Macy's	Cash



Project	Country	Technical Focus	Implementing Partner	Public Sector Partner	Private Sector Partners	Private Sector Contribution
Heartbeat Partnerships	South Africa	Income generation to support OVC comprehensive program	Heartbeat	USAID	Woolsworth, Tiger Brands, Old Mutual	Cash, food packages, clothes donations
RAPIDS	Zambia	Care and Support	Africare, CARE, CRS, ECR, Salvation Army, and WVI	USAID	World Bicycle Relief, Hasboro, and Global Business Coalition	Donations of bicycles, educational toys, and support for teacher training, bednets



ANNEX 4: YOUTH ENTREPRENEURSHIP, HIV-AIDS, AND EMPLOYMENT IN AFRICA

Partnership Program: Youth Business International, The Prince of Wales International Business Leaders Forum, is a UK-based charity and NGO. It works with business people around the world whose corporate social responsibility agenda includes transfer of their knowledge and experience to potential young entrepreneurs to reduce unemployment, alleviate poverty and develop a healthy enterprise culture. It is important to note that many of the youth in these activities are blue collar workers carpenters, painters, construction workers, and administrative support workers for health transport and kiosk businesses. The YBI program currently operates in 22 countries and has helped 70,000 disadvantaged young people become entrepreneurs, with over 60 percent sustaining their businesses through the assistance of 8,000 business volunteers. USAID has as its goal for this program to benefit USAID/Missions in Africa by creating youth employment programs.

Background: On September 30, 2004, Youth Business International was awarded a Global Development Alliance, public partnership totaling \$400,000 in FY 04 GDA funding for a two-year cooperative agreement. This activity is Washington-managed by Georgia Sambunaris, CTO of USAID's Bureau for Economic Growth, Agriculture and Trade, Office of Economic Growth, Enterprise Development and Financial Markets Team (EGAT/EG/EDFM).

The purpose of the program is to help create economic opportunities for the poor, and develop workforces by enabling experienced business people from corporations and business communities to help disadvantaged young people become entrepreneurs.

The YBI legacy model for youth entrepreneurship and corporate social responsibility has potential to provide pre micro enterprise opportunities for youth in Africa and the HIV/AIDS affected countries. USAID's regional office in Kenya is the first USAID Mission in Africa to avail itself of this program's offerings. Specifically, the USAID/East Africa (formerly REDSO) HIV/AIDS office will link the YBI program to a transport corridor program that links trade, alternative livelihood and youth employment goals.

Legacy Model of Corporate Social Responsibility for Youth Entrepreneurship: How does this model work? The model works in the following way. Any young person, typically between the ages of 18 and 35, that has a business idea but who is unable to find any help elsewhere can approach the local youth business program with their business plan. If a panel of local volunteer business people believe this plan is viable and they have the personality to be an entrepreneur, the young person will be given repayable seed funds (averaging between \$750 and \$4,000 depending on the country and the business idea) and be allocated a mentor who will work with them as a friend and guide for the first three years of trading. Mentors spend on average five hours a month talking with and meeting with the young entrepreneur. The local business community also brings the young people into their supply chains enabling them to build their own business support network.

Many of the YBI programs are also focusing on a growing number of specific social issues of concern to the international development community Focus is currently provided to young people with disabilities, ethnic minorities and ex-offenders. The gender balance is carefully monitored on a quarterly basis so that programs can focus on achieving an equitable male/female mix. It is plausible to consider HIV/AIDS issues as criteria for entrepreneurship as well. The current programs are also open to applicants working in all business sectors, such that the criteria for receiving help are:

- They must have a viable business plan.
- They must be judged to have the personality to become an entrepreneur.
- They must show that they have been unable to obtain help elsewhere.



Local program centers give free help to anyone thinking of starting a business. If their application is successful then support is maintained over the critical first three years. This support consists of:

- Help and counseling in preparing a business plan and idea.
- Additional training from partner organizations where appropriate.
- The provision of seed funding: This is usually repayable over three years with an administration charge based on the national Bank rate.
- The assignment of a mentor: This is a local volunteer business person who acts as a guide and friend of the new business. On average they spend five hours per month in contact with the young entrepreneur, providing advice, encouragement and coaching.
- Pro-bono advice on issues such as law, accountancy, export guidance, employment, etc.
- Inclusion in local supply chains and business networks.

Funders: Over 80 percent of funding for this program within this alliance currently comes from corporations, foundations and private individuals. There are two main uses of funds: providing seed funds and administration of the programs. Other partners for YBI include:

- Corporations such as Price Waterhouse/IBM, Unilever, Accenture and BP.
- Rotary International and Junior Chambers International, who are becoming an important source of mentors for many of the country programs. Other partners for the YBI “Scaling-Up” Conference that was recently held in Latin America included the World Bank, the Youth Employment Network and the International Youth Foundation.
- The United Nations. The ILO works closely with YBI on the youth aspects of the Millennium Development Goals. They also founded the Philippines Youth Business Foundation.
- YBI also works in a number of countries with youth organizations such as the International Award Scheme and Junior Achievement and are seeking and open extending this on a broader global basis, including HIV/AIDS issues.