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BREAKING BARRIERS

Ensuring the Future of Orphans and other Vulnerable Children through Education,
Psychosocial Support and Community-Based Care

Kenya, Uganda, and Zambia

Final Project Report

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Acronyms and Abbreviations

ADC	Area Development Committee
ART	Anti-Retroviral Therapy
BB	Breaking Barriers
CBO	Community-Based Organization
CBC	Community-Based Caregivers
CCC	Community Care Coalition
CHANCE	Child-centered Alternatives for Non-formal Community-based Education
CLAP	Children’s Legal Aid Program
CRECHE	Center for Research Communication and Gender in Early Childhood Development
CWD	Children with Disabilities
DHO	District Health Officer
DOVCC	District OVC Committee
ECCD	Early Childhood Care & Development
FBO	Faith-Based Organization
GoK	Government of Kenya
GoU	Government of Uganda
HACI	Hope for African Children Initiative
HBC	Home-Based Care
IEC	Information, Education, Communication
IR	Intermediate Result
IRCK	Inter-Religious Council of Kenya (Kenya)
IRCU	Inter-Religious Council of Uganda (Uganda)
KUAP	Kisumu Urban Apostolate Program
M&E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoE	Ministry of Education
OSAW	Own Savings, Assets and Wealth Creation
OVC	Orphans and other Vulnerable Children
PAMFORK	Participatory Methodologies Forum of Kenya
PEPFAR	President’s Emergency Plan for AIDS Relief
PLWHA	Person(s) Living With HIV & AIDS
PMC	Project Management Committees
PSS	Psycho-Social Support
PTA	Parent-Teacher Association
PU	Program Unit
RESA	Regional Office in East and Southern Africa
RFDP	Rang’ala Family Development Program
RHE	Reproductive Health Educator (Uganda)
SCIUG	Save the Children in Uganda
SDD	Stigma, Denial & Discrimination
SIP	School Improvement Program
SJCC	St. John’s Community Center
SMC	School Management Committee
SO	Strategic Objective
SRP	Structured Recreation and Play
SWAAZ	Society for Women against AIDS in Zambia (Zambia)
UPE	Universal Primary Education
ToT	Training of Trainers
USAID	United States Agency for International Development

VCT	Voluntary Counseling and Testing
VIP	Ventilated Improved Pit latrine
VSL	Village Savings and Loan
VSLA	Village Savings and Loan Associations
ZINGO	Zambia Interfaith Network Organizations (Zambia)

EXECUTIVE SUMMARY

In combination with poverty, hunger, armed conflict and harmful child labor practices, a large number of children have been made vulnerable by the impact of HIV and AIDS. The Breaking Barriers initiative was undertaken in response to the high prevalence of OVC in Kenya, Uganda, and Zambia. Funded by the United States Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR), the project was implemented by a consortium of INGOs led by Plan International and local NGO partners. In all three countries, local community and religious organizations collaborated to implement activities and expand the reach of the project. The Strategic Objective of the project was to expand sustainable, effective, quality OVC programs in education, psychosocial support (PSS), and community-based care for children and families affected by HIV and AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out.

By engaging a variety of local and national stakeholders, the project reached **299,309 OVC** (and 168,459 female and 130,850 male). The large-scale impact was possible due to the coordination efforts of partners, and the broad engagement of partners at all levels in the implementation and promotion of activities. The project partners worked with the government, local NGOs, and community-level groups to improve access for OVC to quality education, PSS, and increased access to supports through home-based care (HBC). Access to quality education was improved by addressing barriers to increased enrollment for OVC, including the provision of materials, improvement of the learning environment, supporting student groups, and strengthening of networks of formal and non-formal schools. To improve access to PSS for OVC and their caregivers, the project provided spiritual counseling; life-skills development; positive living for OVC and PLWHA; training on memory book development and legal will writing; and application of a safe schools policy initiative. The project leveraged HBC as one of the key strategies to deliver basic care to OVC and PLWHA, which provided service delivery at the household level through a diverse group of implementers including community volunteers and members of religious organizations.

To ensure services for OVC and their communities continue beyond the project, Plan undertook activities to build and strengthen the capacities of individuals, local organizations, and BB partners. Exchange visits between implementation sites and quarterly review meetings between partners provide forums for partners to meet and share ideas. The partners implemented a variety of activities to build the capacity of individuals in project communities. Trainings were held with caregivers and counselors to improve community-based care. Economic strengthening initiatives were undertaken to increase household income. Partners provided trainings for teachers in PSS and counseling, and trained caregivers in home-based care. To strengthen the support system around project partners, FBOs, CBOs, the government, and civil society were mobilized and involved in all project cycle processes. Large scale advocacy efforts initiated by project partners allowed for this mobilization and involvement.

To ensure this sustainability, the project's results framework concentrated on strengthening community structures, which would advocate for and deliver services. In strengthening community structures, the project undertook a number of strategies including capacity building for OVC and their households; institutional capacity building for local organizations; strengthening community structures; livelihood interventions; strengthening service referral systems; and ensuring the involvement/ownership of key government stakeholders and community in all processes. During the life of the project, Breaking Barriers faced some challenges in management and implementation. The collapse of the Hope for African Children Initiative disrupted implementation and led to significant changes in project staff. The partnership model was drawn with the assumptions that partners would work in the same geographic area. However, as this was not feasible, activities were reassigned to ensure effective implementation. Sustainability of project activities was not a main strategy during the beginning of the project but was emphasized towards the end.

I. PROJECT DESCRIPTION

A large number of children have been made vulnerable by the impact of HIV and AIDS in combination with poverty. In the countries affected most, parents, adult relatives, teachers, health care workers, and others essential to the survival, development, and protection of children are dying in unprecedented numbers. Millions of children are living with sick and dying parents or in poor households that take in orphans. Their communities have been weakened by HIV and AIDS, as have their schools, health care delivery systems, and other social support networks. By 2010, the number of children in sub-Saharan Africa who have lost both parents from AIDS has risen to 8 million, up from 5.5 million in 2001, according to estimates.¹ Nearly a third of such children worldwide are in sub-Saharan Africa.

The Breaking Barriers initiative was undertaken in response to the high prevalence of orphans and vulnerable children (OVC) and is funded by the United States Agency for International Development (USAID) through the President’s Emergency Plan for AIDS Relief (PEPFAR). It was implemented through Plan USA in three countries: Kenya, Uganda and Zambia. HACI a collaboration of regional organizations, which closed one year after the project started, spearheaded its implementation. Plan International’s country offices assured principal implementation and coordination after HACI closed down.

The BB project was implemented under one principal goal, or strategic objective, with three intermediate results (IRs), which were identical and applicable to all three project countries.

Strategic Objective: To expand sustainable, effective, quality OVC programs in education, psychosocial support (PSS) and community-based care for children and families affected by HIV and AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out. The three IRs included:

- 1) Improved access to quality education, psychosocial support, and community-based care for children and families affected by HIV and AIDS;
- 2) Increased capacity of vulnerable children, families, and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV and AIDS; and
- 3) Supportive environment created in which children, families and communities working with government, community-based organizations (CBOs), faith-based organizations (FBOs) and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV and AIDS.

The project sought to increase access to education, PSS, and home-based care (HBC) for OVC by strengthening existing educational and religious institutions, service delivery systems and networks. BB built on governments’ investment in school infrastructure, and the resources of faith communities, which were uniquely positioned to contribute to effective and lasting changes for OVC within their communities. The project aimed to increase access to education both directly – by eliminating common barriers that keep OVC from school – and indirectly – by addressing the psychosocial and health needs of OVC and their families and by combating HIV and AIDS-related stigma.

Schools and FBOs were chosen by the project as the primary institutions through which the interventions would be introduced because they were well-established and had the trust and respect of the communities, having the potential for impacting millions of children affected by HIV and AIDS. Working with these institutions, the project mobilized OVC caregivers, religious leaders and networks, teachers, district

¹ *The Framework for the Protection, Care and support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, 2004.

officials, and the OVC themselves in a range of activities to identify and meet the needs of these children. The main strategies employed to deliver the project’s strategic objective include:

1. Direct service delivery of essential services to OVC;
2. Capacity building for families, children and communities to care for OVC;
3. Advocacy for OVC protection; and
4. Economic empowerment of the community to support OVC in their midst.

For details on the key strategies used, please refer to the Results Framework in Annex A.

Kenya

In Kenya, the project was implemented by 4 partners and coordinated by Plan Kenya:

- St Johns Community Center (SJCC) – a FBO that adopted an integrated community development approach working with the urban poor;
- Kisumu Urban Apostolate Program (KUAP), also known as *Pandipieri* – an FBO with an integrated approach to working on prevention, care, treatment, and support for PLWHA and OVC in poor, urban communities;
- Rang’ala Family Development Program (RFDP) – a CBO with strong ties at the grassroots level with rural communities; and
- Inter-Religious Council of Kenya (IRCK) – a faith-based umbrella organization with a strong advocacy focus

In Kenya, the two principal programming areas include: (*see Annex B for country implementation map*)

- Nyanza Province-RFDP worked in North Alego and South Ugenya, IRCK worked in Siaya District, KUAP and IRCK worked in Kisumu District.
- Nairobi- SJCC in Pumwani, IRCK in Majengo and Kiambio informal settlements.

Uganda

In Uganda, the local partners implemented complementary activities in overlapping geographic areas, according to each one’s area of expertise. The partners in Uganda were:

- Plan Uganda – building the capacity of the formal primary education system and expanding access to non-formal education
- Save the Children in Uganda (SCiUG) – building the capacity of the formal education system and expanding access to non-formal education
- Inter-Religious Council of Uganda (IRCU) – building the capacity of religious leaders to provide HBC, PSS, and stigma reduction activities

In Uganda, Breaking Barriers was implemented in the districts of Luwero, Kamuli, Tororo, Nakaseke, Nakasongola, Wakiso, and Kampala.

Zambia

At the beginning, the project was coordinated by HACI, a partnership of six organizations: CARE International, Family Health Trust, Plan Zambia, Society for Women Against AIDS in Africa/Zambia (SWAAZ), World Vision Zambia, and Zambia Interfaith Networking Group (ZINGO). Following the closure of HACI in June 2008, Plan Zambia became the primary implementing partner for the project in Zambia. The BB project in Zambia was implemented in Mazabuka and Chibombo Program Units (PUs). Details on program management and coordination strategies between partners can be found further in the report (*see Annex C for the program management structure*).

II. PROJECT ACHIEVEMENTS

1.1. EMERGENCY PLAN INDICATOR TABLES

Table A. Tracking Table for Emergency Plan Indicators (1 April 2005 to 30 June 2010).²

PEPFAR Indicator	Indicator	Kenya		Uganda		Zambia		Total Planned	Total Achieved
		Planned	Actual	Planned	Actual	Planned	Actual		
C1.1.D	Number of eligible adults and children provided with a minimum of one care service								
	Age: < 18	67,672	81,835	140,000	188,355	12,000	29,119	219,672	299,309
	Female	31,129	37,644	84,000	114,897	6,000	15,918	121,129	168,459
	Male	36,543	44,191	56,000	73,458	6,000	13,201	98,543	130,850
C5.1.D	Number of eligible clients who received food and/or other nutrition services								
	Age: < 18	6000	12,340	2,800	5,116	3,000	5709	11,800	23,165
H2.3.D	Number of health care workers who successfully completed in-service training program	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Number of providers/caretakers trained in caring for OVC	6,243	8000	8500	10,813	900	942	15,643	17,755

Table B. Life of agreement progress tracking table for OVC served.

Reporting Period April 1, 2005 – September 30, 2010	Kenya		Uganda		Zambia		Total Planned	Total Achieved
	Planned	Actual	Planned	Actual	Planned	Actual		
Number of orphans and vulnerable children (OVC) ever served by an OVC program	67,672	81,835	140,000	188,355	24,000	29,119	233,762	299,309

Table C. Breakdown by age estimates.

	Age Group Breakdown			
	Under 2	2 to 4	5 to 11	12 to 17
Number of orphans and vulnerable children reached in age group	3,328	53,049	180,863	64,069

² Please see Annex E for the Emergency Plan Indicator and subsequent tables for the period 1 October 2009 to 30 September 2010 previously reported in the project's annual report for fiscal year 2010.

Table D. Essential services (1 April 2005 to 30 June 2010).

<u>Services/Indicator</u>	<u>Actual Reached</u>	<u>Comments/notes*</u>
Food and Nutritional Support	37,110	Household food security through seed distribution. ECCD Centre-based feeding through wrap around.
Shelter and Care	5,459	ECCD Shelters/OVC were supported with treated bed nets, blankets and mattresses.
Protection	21,584	Child protection and learning without fear.
Health Care (General Health Needs of OVC, Health Care for HIV+ Children, Prevention of HIV/AIDS)	24,825	Peer counseling, Health education and Formation of health clubs, child to child campaign. Children with disability were supported, children were supported to access medical care treatment, immunization and d-worming.
Psychosocial Support	199,722	Child Counselors monthly meeting held. OVC both in and out of schools were reached with psycho social support including counseling and guidance.
Education and Vocational Training	193,050	Improved learning environment in ECCD centers and training of care givers and teachers.
Economic Opportunity/Strengthening	31,314	Business skills training and goat provision. Income generating activities and food production.

III. PROGRAM IMPLEMENTATION RESULTS

The BB project was implemented under one principal goal, or strategic objective, with three IRs, which were identical and applicable to all three project countries.

Strategic Objective: To expand sustainable, effective, quality OVC programs in education, PSS, and community-based care for children and families affected by HIV and AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out.

Intermediate Result 1. Improved access to quality education, psychosocial support and community-based care for children and families affected by HIV and AIDS.

The Breaking Barrier’s project worked with the Ministry of Education (MoE), local NGOs, and community level groups in the three project countries to improve OVC’s access to quality education, psycho-social support, and increased access to material support through HBC. At project start-up, the project conducted a participatory Rapid Community Assessment to identify OVC families and their needs. The assessments benefited from strong community support, with key local stakeholders participating including community institutions, school management committees (SMCs), parent-teacher associations (PTAs), community care committees, religious leaders, and three FBOs. Building from the community self-identification of families in need, the project implemented activities to improve their access and

utilization of services under three sub-IRs: (1.1.) Education, life skills, and HIV-prevention; (1.2.) psychosocial support; and (1.3.) home-based care and support.

1.1. Education, life skills, and HIV-prevention: Support formal and non-formal school options, which expand OVC enrollment and attendance and promote teacher and child knowledge of HIV/AIDS and behavior change skills to prevent HIV infection

To improve access to educational opportunities, improve care for OVC in the school-setting, and promote healthy behaviors around HIV prevention, the project worked within formal and non-formal schools, as well as early childhood care and development (ECCD) centers. While the individual activities were tailored to the needs of the respective communities, the activities focused on increasing enrollment of OVC, the provision of scholastic materials, improvement of the school environment and infrastructure and increasing knowledge of children through in-school and after-school groups. The project's support to the network of ECCD centers and non-formal schools has had a lasting impact on the number able to access and graduate from the formal education system.

Country specific activities: Kenya

School enrollment and provision of scholastic materials and nutritional support

In Kenya, 3516 OVC (1002 females and 2514 male) who had left school were identified and re-enrolled. An additional 29 (17 boys and 12 girls) were enrolled into non-formal schools. In 30 schools supporting OVC, the project improved the learning environment for the children by supplying the schools with 3000 student desks. The project provided 25,826 OVC (13,412 girls and 12,414 boys) in 25 schools with nutritional support mobilized from within their communities.

Training and Community Sensitization

- Resource mobilization for OVC care – Twenty Area Advisory Committee members were trained on their roles and resource mobilization to support and care for OVC;
- Child rights and protection – 45,563 children (26,112 girls and 19,451 boys) were sensitized on child rights and protection through a children's forum;
- Health education – 2682 (1,609 girls and 1,073 boys) children received health education trainings on HIV prevention, hygiene, malaria, reproductive health and life-skills; and
- Training for care-givers – A total of 1195 community caregivers received health education training and participated in community mobilization activities to raise awareness around HIV and OVC on World AIDS Day, attended by more than 300,000 people.

After school programs

- Theatre for Development – 802 (387 girls and 416 boys) youth club members in six schools were trained in Theatre for Development, which included design of reproductive health messages geared at promoting behavior change through puppetry activities. The trained youth visited schools, markets, and community forums targeting most vulnerable youth with messages on HIV prevention and voluntary counseling and testing (VCT) sites;
- Youth forums – The project conducted three youth open forums, reaching 480 (203 girls and 277 boys) to address youth reproductive health challenges and also ensure behavior change among youth who are vulnerable or exposed to HIV;
- Improving girls' hygiene - 200 girls from girls' clubs in 26 schools were trained by HBC providers to make reusable sanitary towels using local materials. Following which, 600 girls were provided with cotton, toweling materials, and light polythene material to produce more towels on their own; and
- HIV Prevention clubs – The project facilitated the establishment of 180 Child-to-child HIV prevention clubs, currently with 13,516 registered members (9865 males and 3651 females), where

students are learning from each other on sexual and reproductive health, infectious disease prevention, and able to support each other adopt health behaviors related to HIV prevention.

Country specific activities: Uganda

Provision of scholastic and household materials

37,671 OVC (22,793 girls and 14,878 boys) received scholastic materials, and an additional 5,416 OVC received mattresses, blankets, basins, and mosquito nets to 5,416 OVC.

Non-formal and ECCD programming

During the life of the project, 4,490 OVC (2,160 girls and 2,330 boys) were enrolled in non-formal primary education centers (i.e., Child-centered Alternatives for Non-formal Community-based Education, or “CHANCE”) and ECCD centers. In addition to supporting enrollment, project results included:

- Provision of learning materials - 34 communities received ECCD play, instructional, and learning materials;
- Improvement of learning environment – 41 CHANCE schools and 33 ECCD learning centers collaborated with parents and district lower government structures to renovate 21 classrooms, utilizing bricks and other local construction materials provided by the communities themselves;
- Improved student performance monitoring - 46 CHANCE schools conducted annual student performance assessments leading to 95 percent of the 3,192 children enrolled in the schools passing the exams and becoming eligible to enroll in formal schools;
- Government certification –32 of the 46 project-supported CHANCE schools became government-certified, making them eligible to receive government support. All certified schools have begun to receive government funds and are benefiting from government supervision. SMC members were trained on proper management of government funding, and all teachers were oriented on how to monitor utilization and management of government funding. The integration of CHANCE schools in the government education system facilitated by the project will ensure continuity and sustainability of these non-formal education centers.

Improved learning environment for girls and ensuring continuing education

To improve attendance by girls in upper primary schools, nine school ventilated improved pit (VIP) latrines were rehabilitated in Tororo and Luwero. Similarly, ten water tanks were provided to improve access to safe water and to improve sanitation. The improved facilities are currently benefitting 6,000 children. The project also supported 1,240 OVC (610 girls and 630 boys) transitioning between schools to ensure they were able to transition from the non-formal school programs (i.e., CHANCE) to government run primary schools.

After-school programs

In 92 schools, the project facilitated the establishment of HIV and Health clubs. They were provided with an assortment of music, dance, and drama materials used to promote child participation in community awareness/advocacy exercises around HIV prevention. By the end of the project, more than 2,500 children participated (1,280 male and 1,220 female) in the after-school clubs.

Twenty-one (21) facilitators (14 from CHANCE and 7 from ECCD centers) were also trained and provided with materials to support the development of HIV and AIDS information sessions through the use of the USAID supported Presidential Initiative on AIDS Strategy for Communication to Youth guide. These sessions provided child-friendly HIV and AIDS information passed on to children during question-and-answer sessions.

Country specific activities: Zambia

Provision of scholastic materials, furniture, and infrastructure development

Seven schools, benefitting 2,200 OVC, were provided with a full set of textbooks for grades 1 through 9, reducing the pupil to textbook ratio from 4:1 to 2:1, and leading to an increase in literacy evident in the students' performance on exams. Teaching materials and office stationary were also provided to the schools, including exercise books and educational charts.

"I always look forward to going to school because my class has enough textbooks for all the subjects and shared between two pupils."

- Mutinta, a grade 6 pupil at Chitete community school.

Twelve (12) ECCD centers were supplied with learning and teaching materials including, exercise books, reading books 1 to 3, First Steps learning modules for students in the first grade, and other art supplies. Following the distribution of the ECCD supplies, caregivers reported significant reductions in time spent to prepare quality lessons for the children. Nine of the ECCD centers were also supplied with pre-school furniture and seven primary schools received school furniture, including desks, black boards, textbooks, and teaching aids. More than 4420 pupils benefitted, including over 2,200 OVC (1173 girls and 1027 boys), from the new materials.

Finally, the project rehabilitated five dilapidated schools in Kachembele, Mbiya and Nziba in Mazabuka district, and Mututu and Kasensa in Chibombo district. The rehabilitated schools have all been officially commissioned and handed over to the government and continue to provide improved educational opportunities for the children in the area. For example, the rehabilitation of Kachembele has had a positive community impact as enrollment has increased from the initial 100 OVC (62 girls and 38 boys) to 290 OVC (162 girls and 128 boys) currently. The school serves grades 1 to 4, but with project support the government is now recruiting teachers for the upper grades, with two already assigned. Once construction of a three classroom block is completed by the MoE, the total number of OVC pupils is expected to increase to 400, with the additional 110 children enrolled in grades 5 to 7.

ECCD programming

Eight ECCD centers were rehabilitated, providing early learning opportunities for 519 OVC. The ECCD centers are frequently located in close proximity to government run schools, resulting in improved community perceptions of the ECCD programs, and caregivers are closely supervised by a trained grade 1 teacher.

Within ECCD centers, children are also benefit from exposure to good hygiene practices, including proper handwashing. The training curriculum for the centers' Project Management Committees (PMCs) includes a strong component for local resource mobilization to effectively support caregivers.

School Improvement Program

Twenty-two (22) School Improvement Program (SIP) committees were created and trained in school management, including resource mobilization, children's rights, and school governance in schools benefitting 927 OVC. The SIP committees have improved the participation of community members in school governance through activities such as awareness-raising sessions to sensitize caregivers on their role in children's access to an education and school improvement to ensure a quality education for their child. Most SIP committees' have initiated rehabilitation and expansion projects at their respective schools and the project has worked with the MoE to assume responsibilities for ensuring the SIP program's continuation and expansion. The SIP committees are also supporting the provision of PSS services to OVC described below in IR 1.2.

"The ECCD program has significantly improved the performance of children in grade one here at our school."

- Grade 1 teacher from Nanduba Basic School Mazabuka

Skills and HIV Prevention

Forty-nine teachers (17 females and 32 males) from eight primary schools and six community-run schools were trained in HIV prevention and basic counseling skills. Teachers disseminated behavior change

messages related to stigma and discrimination every week during the school year, reaching 10,746 children. The trained teachers also facilitated the strengthening of existing school-based Anti-AIDS clubs with prevention and child rights information.

1.2. Psychosocial Support: Provision of PSS in schools promoted through teacher training, development of new curriculum and organization, and support of child counseling, recreational activities and peer support groups.

To improve access to PSS for OVC and their caregivers, the Breaking Barriers project's PSS activities included spiritual counseling; cognitive and life-skills development; positive living for caregivers and children affected by HIV and AIDS; training on memory book development and legal will writing; and application of a safe schools policy initiative, which requires schools ensure the safety of pupils against violence including gender-based violence. The safe schools policy initiative was implemented in conjunction with Plan International's global Learn without Fear campaign that couples advocacy at the national and regional levels with the provision of learning/training materials for principals, teachers, parent, and students and training of school personnel in child protection.

The PSS activities also heavily involved community level structures and instilled a sense of responsibility for the wellbeing of OVC and their households. Individual activities were tailored to the needs of respective communities and included the following activities.

Country specific activities: Kenya

School-Based Information, Education, Communication (IEC) Activities

More than 2139 youth benefitted from the PSS activities conducted within the "Theater for Development" and peer education after-school programs. The peer counseling program in 30 schools encouraged youth club members to support each other academically and in the maintenance of their banana and kitchen garden projects discussed below (see sub-IR 2.2). The 'tight school' program also allowed the youth to determine when PSS assistants would meet with the club members, and gave a voice to children to express themselves on issues relevant to them, including one case when the teachers sold their bananas in schools without involving them.

Training and Support for Teachers, Caregivers, and OVC

The project trained 2050 parents and caregivers of OVC in providing home-based PSS care. One hundred (100) ECCD teachers from the project-supported centers also participated in PSS training, building their capacity to provide PSS to children under 5. As a result, 65,315 OVC (30,303 girls and 35,012 boys) received PSS from trained teachers. In addition, 2011 children, requiring specialized care, received individual counseling support facilitated by the project.

Child protection teams provided support to 5910 OVC who had been abused and neglected in all areas of implementation. The child protection teams were trained to identify children who have been abandoned, neglected, and/or abused. Following identification, the teams follow up on all reported cases to ensure children receive required services and protection issues are resolved.

More than 5,514 of the identified cases received social and financial support including PSS counseling, access to anti-retroviral therapy (ART), and funds to initiate income generating activities further discussed below in sub-IR 2.2.

Country specific activities: Uganda

Training and Support for Teachers and Caregivers

The project trained 600 teachers (260 male and 240 female) in Uganda on PSS, including community-based Reproductive Health Educators (RHEs) from BB implementing schools. An additional 168 community-based caregivers (CBCs) were trained to complement the efforts of teachers. As a result of

the trainings, the teachers provided counseling services to OVC at schools, while the CBCs followed-up with the children at home. Through the linkages created by the project, the teachers and the CBCs developed a feedback loop through which they update each other on the performance and progress of the children at school and in the home.

As a result, 7,868 children have since received counseling services. As the referral and networking mechanism has been integrated into existing community structures, OVC in their areas will continue to receive PSS services beyond the life of the project.

In the non-formal education system, the project trained the 21 facilitators (14 from CHANCE and 7 from ECCD centers) in providing children with age-appropriate group counseling around the most prevalent child protection issues in Uganda, including child sacrifice, child molestation, and defilement. As a result of the PSS activities at the centers, facilitators have noted a positive change in the children’s behavior, increased confidence in interactions with other children, and an increasing readiness to freely express themselves and talk about HIV and AIDS-related prevention.

In 46 CHANCE centers, the project also conducted PSS activities through structured recreation and play (SRP) sessions, reaching a total of 4,490 OVCs (2,160 girls and 2,330 boys). To improve the provision of services, the project supported the establishment and renovation of 46 different types of SRP facilities, and 1,680 parents and facilitators were trained to ensure that these facilities remained safe.

Training and Support for Religious Leaders

To raise awareness and increase the participation of the faith-based community, the project trained 382 (189 female and 193 male) local religious leaders in the provision of PSS. The trainings focused on communication and counseling skills, record-keeping, HIV and AIDS prevention, and vulnerabilities and challenges faced by OVC.

PSS outreach in the communities

The project also provided behavior change communication and IEC supplies to 250 RHEs, 168 CBCs, and 19 community-based facilitators to carry out community outreach activities including identifying OVC in their communities, carrying out home visits, and providing PSS to OVC and their families. They have also supported community awareness-raising activities on HIV and AIDS and OVC related issues. As a result of the training and provision of necessary campaign supplies, the community-based facilitators are now an important component of BB-supported community structures and serve as an important link between the teachers and home-based caregivers.

Country specific activities: Zambia

Training and Support for Teachers

In Zambia, the project trained 62 teachers in providing specialized assistance and dealing with cases of neglect, and 35 teachers were trained in child counseling, providing services to more than 2,019 OVC (956 girls and 1063 boys). As part of continuous support to schools, weekly classroom discussions on sexual and reproductive health aimed at promoting healthy behaviors was also introduced in project schools. All the schools had point persons in charge of sessions and were in touch with the Guidance Officer at the District Education Office.

“I am very happy that I can talk to my teacher about my problems, for a long time after my mother died I had no one who could understand me but now my teacher is always there to help me whenever I have a problem”
- Maria 16 year old OVC at Chibombo central basic school.

The project also trained 6 SIP committees in PSS, who became essential to the school’s efforts to ensure PSS support was consistently available to children in need.

Training and Support for Counselors

Thirty PSS counselors were trained in Mazabuka to provide PSS support to households with OVC. Counselors also worked closely with health centers to provide pre- and post-test HIV counseling, benefitting 1,020 adults. The trainings reduced stigma in the communities and many of the individuals testing positive for HIV are also linked with positive living groups (PLWHA) within their areas.

Specialized Training and Support for Caregivers

Training and bicycles were provided to 60 ECCD caregivers to conduct home visits for affected children. The caregivers played a valuable role in nurturing children that needed PSS, and ensuring children were provided for by their parents. Those whose parents were chronically ill were linked to HBC and other service providers. Thirty-five HBC givers providers received specialized training in planning and memory work to address the issues of inadequate PSS and care services for PLWHA and OVC. The training also sought to strengthen the parent-child relationship, reduce stigma and discrimination among PLWHA, and encourage planning for the future.

- 1.3. Home-based care and support:** FBOs and other groups strengthened in their efforts to provide home care, referral, counseling and spiritual support for children and families, identify unmet basic material needs and increase access to resources to meet them

The Breaking Barriers program leveraged HBC as one of the key strategies to deliver basic care to OVC and people living with HIV and AIDS. These services are usually delivered by a variety of people in the community, including community care members as well as religious organizations. The project aimed to increase their capacity to deliver home-based care services through training. In addition to training, the HBC providers were sometimes provided with bicycles to assist with mobility and reach within their communities. Programs included the delivery of HBC kits, care for illnesses such as TB, nutritional support, as well as the implementation of projects to improve hygiene.

Country specific activities: Kenya

Training to HBC givers and provision of services

In Kenya, the project trained and supported 8000 HBC givers, ultimately reaching 17,898 clients with services. In addition to supervisory support, the project replenished their HBC kits over the life of the project, allowing the HBC givers to provide a number of critical services including identification and selection of OVC for care and support; monitoring OVC performance at home and school; provision of PSS to children whose parents are bedridden or had passed away; and ensuring ensure ARV adherence. Over the life of the project, two important results of the HBC givers activities include:

- 25,159 children (15,148 females and 10,011 males) were given access to drugs for opportunistic infections and other diseases; and
- Supporting 3,504 children in developing memory books to remember loved ones who had died.

Increasing Community Awareness

The project successfully raised community awareness on HBC services and provided linkages with and referrals to hospitals and other support organizations. Community awareness-raising activities included reaching community members not aware of available HBC services, encouraging VCT for HIV and AIDS, HIV disclosure, and stigma, denial, and discrimination (SDD) reduction. This resulted in added quality of care to clients, reduced AIDS-related mortality, and reduced stigma and discrimination in the communities.

Country specific activities: Uganda

Training and support for HBC Givers

In Uganda, the project trained and supported 281 HBC givers, including 131 Community Care Coalition (CCC) members and 150 religious caregivers. The HBC givers were all provided with bicycles. They

made the communities aware of a number of critical services, including ensuring access to education, a protective environment, essential health care services, and economic empowerment activities. The HBC givers also provided care to bedridden PLWHA and ensuring adherence to ART regimens.

Increasing Community Awareness

To raise awareness in the community, the project trained and supported 15 CCCs and 431 SMCs members from the 42 schools to create regular action plans that resulted in CCCs visiting 324 households, resulting in 1,691 (860 male and 831 female) OVC receiving counseling services and information on household hygiene-tailored implementations provided.

Country specific activities: Zambia

Training to HBC Givers

In Zambia, the project supported a peer-training program where 94 previously trained members of HBC groups trained an additional 848 new HBC members. The project provided bicycles (125) and HBC kits, the trained HBC givers caring for chronically ill clients and OVC in their communities, offered basic nursing, care, and other support to their clients. During the life of the project they ultimately served 1,852 clients, most of which were being treated for both TB and HIV.

Services to Households

In addition to the standard set of activities conducted by the HBC givers described above, the project-supported HBC givers also collaborated with the USAID-funded RAPIDS consortium to distribute ITNs in Chibombo and Mazabuka. In Mazabuka, 820 OVC (427 girls and 393 boys) benefited from the ITNs distributed. In Chibombo, 600 insecticide treated bednets (ITNs) were distributed to approximately 300 households with PLWHAs and OVC.

Increasing Community Awareness

As more HBC groups have been established over the years, they are able to reach a wider population through community outreach support, which includes psychosocial support and care to people affected or infected by HIV and AIDS as well as OVC. Each member of the HBC groups had approximately 5 clients. The HBC and support intervention saw a great deal of involvement from PLWHA not only as recipients of care, but also as providers of that care. The inclusion of the PLWHA in HBC was greatly appreciated by PLWHA, citing HBC as one of the most powerful tools to fight stigma, denial, and discrimination (SDD).

Intermediate Result 2. Increased capacity of vulnerable children, families, and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV and AIDS.

To ensure services for OVC and their communities and the impact that the project activities do not end with the end of the project, BB partners undertook activities under IR 2 to build the capacities of individuals and local organizations. BB partners and CBOs were trained in strategic planning and resource mobilization to enable them to carry out activities beyond the project. Individuals, including teachers, counselors, caregivers and religious leaders, were provided with trainings in order to carry out their activities most effectively. Economic strengthening initiatives were started to empower individuals at the household level. These initiatives resulted in an increase in household income and in the standards of living for OVC, their families, and communities. Lastly, as part of the IR, external evaluations were conducted at the mid-term and end of the project. Individual external country evaluations were also completed. These evaluations were a way in which partners could objectively look at the impact, the innovations, and the challenges. Under IR 2, there were three sub-IRs, including (2.1) building capacity of organizations, (2.2) building capacity of individuals, and (2.3) to develop quality standards for care and support.

2.1. Building capacity of organizations: Training organizations in needs assessments, strategic planning, project design, and resource mobilization.

Plan provided targeted support to partners through coordination, human resource management, capacity building and quality control to support implementation of project activities. Plan and partner staff demonstrated a strong degree of commitment and coordination. During the project, Plan facilitated a variety of activities to strengthen the capacities of the partner organizations. Exchange visits between implementation sites and quarterly review meetings between partners provided learning forums for partners to meet and share ideas. Collection, analysis, and subsequent use of data to inform planning and management of the project further strengthened learning, reflection, and action between partners.

Country specific activities: Kenya

In Kenya, 20 Area Advisory Committee members were trained on their roles and resource mobilization to support and care for OVC. The training has resulted in communities addressing OVC plight and advocating for protection and more resources.

Through project LNGO partners, community organizations were trained in strategic planning, project design and resource mobilization. Individuals within these organizations were given specific trainings to ensure that the project activities were effectively implemented. Capacity of the community was built to ensure that it would be able to provide for the OVC after the end of the project. This was done through the introduction of income generating activities and training individuals to carry out these activities. Details on the capacity building activities of individuals, and consequently of the organizations that these individuals are a part of, can be found below in section IR 2.2.

Country specific activities: Uganda

In Uganda through their livelihood programs, Plan Uganda and Save the Children supported 1500 households in needs assessment, strategic planning, and project design, as well as mobilization of resources from microfinance organizations. Additionally, community organizations were trained in strategic planning, project design, and resource mobilization. Individuals within these organizations were given specific trainings to ensure that the project activities were effectively implemented. Capacity of the community was built to ensure that it would be able to provide for the OVC after the end of the project. This was done through the introduction of income generating activities and training individuals to carry out these activities. Details on the capacity building activities of individuals, and consequently of the organizations that these individuals are a part of, can be found in the section: sub-IR 2.2.

Country specific activities: Zambia

In Zambia, a total of 60 members of the Area Development Committees (ADC) from six BB communities in Chibombo were trained in project proposal writing. The objective of the training was to equip the leadership structures with skills to solicit funds from various funding agencies and implement their own projects. Some of the groups have already started developing community group project proposals. Additionally, ECCD PMCs were trained in local resource mobilization to effectively support caregivers.

Community organizations were trained in strategic planning, project design and resource mobilization. Individuals within these organizations were given specific trainings to ensure that the project activities were effectively implemented. Capacity of the community was built to ensure that it would be able to provide for the OVC after the end of the project. This was done through the introduction of income generating activities and training individuals to carry out these activities. Details on the capacity building activities of individuals, and consequently of the organizations that these individuals are a part of, can be found below in section IR 2.2.

2.2. Building the capacity of individuals: Training of community resource persons in improved methods and provision of education, psycho-social support, and community-based care.

The project partners implemented a variety of activities to build the capacity of individuals in project communities. Trainings were held with caregivers and counselors to improve community-based care. Economic strengthening initiatives were undertaken to increase household income and standards of living. These initiatives included vocational training provided to OVC caregivers and older OVC, provision of training and tools to caregivers to start small businesses or enter into agriculture, and the support of village savings groups which mobilized internal resources for small-enterprise development. Other activities that built individuals capacity included trainings for teachers in PSS and counseling, and trainings of caregivers in HBC. Details of the trainings and the impact of these trainings can be found in sub-IR 1.2 and sub-IR 1.3.

Country specific activities: Kenya

Improved community-based care

Please see training activities related to PSS and HBC above under IR1.

Support families with economic strengthening interventions

The project partnered with the MoA to start a “pass it on” system of banana suckers to OVC households and schools. After the success of the banana suckers activity, the ministry partnered with the project on poultry rearing and pineapple suckers, both of which used the “pass it on” concept as well. In Rangala, over 200 caretakers were trained on new farming methods and were introduced to and trained in goat rearing.

For the banana suckers activity, the project facilitated the formation and training of Producer Market Groups. These groups came together to form one voice to establish a base for sale for their products. Key marketing outcomes for BB in Rang’ala include registration of individual members and groups, opening of an account, increased banana production, finding market sources and member training. Value addition analysis of the product was also carried out.

The project also strengthened self-help groups for OVC caregivers. Through the self-help groups, members were involved in table banking as well as in acquiring small loans from project partners. Using these loans, members were able to start small businesses, such as selling vegetables and small household items and making and selling soap detergents.

The Kariobangi Adventist Education Centre was supported by the BB project. The center provided vocational training in two areas: tailoring and Information Technology (computer packages and repair). Sixty (60) OVCs participated in vocational training and received startup kits in the form of sewing machines, hairdressing kits, and mechanics’ toolbox. The vocational trainings have become a key avenue towards gainful employment for the affected youth.

Improved psychosocial support

In order to improve the type of care and support provided to OVC at schools and in the community, a variety of stakeholders were trained in the provision of psychosocial support, including teachers and caregivers. Details on the trainings, as well as details about the counseling provided to OVC, can be found above in IR 1.2.

Improved home-based care

Throughout the life of the project, trainings and refresher trainings were given to HBC workers and caregivers, improving their understanding on drug adherence, using the concept of memory books with OVC as well as on topics of health and nutrition, such as breast-feeding. Details of the HBC trainings, as well as services, can be found above in IR 1.3.

Country specific activities: Uganda

Improved community-based care

A total of 1,441 OVC caregivers were trained in improved parenting, of which, 945 (680 female and 265 male) were trained in Luwero, 251 (159 female and 92 male) in Kamuli, and 245 (57 male and 188 female) in Tororo. The training covered communication skills, parenting methods, and identification of children’s needs, such as PSS, protection, shelter, and health needs. The trainings have enhanced the capacity of individual parents/guardians to provide an enabling environment in which their children could grow.

During the course of the project, BB identified and supported children with disabilities (CWDs) among the OVC. As a result, 83 most vulnerable children and CWDs were supported with treatment, corrective devices, and relief support such as mattresses, blankets and bed sheets in order to improve survival and to upgrade their standards of living. The support was also geared towards reducing school dropout rates and improving enrolment and retention in primary schools.

Support families with economic strengthening interventions

Aimed at supporting families with economic strengthening interventions, 618 OVC caregivers were supported with livestock and poultry. The project also supported extension worker services to provide training and follow up for OVC farmers engaged in livelihood income generating activities. The extension workers linked the farmers to National Agricultural Services to ensure the success of the intervention beyond the life of the project.

To reduce the initial cost of engaging in agriculture, a total of 1,000 hoes and 1,000 machetes were procured and distributed to 1,000 OVC families, provided to improve agricultural production and food supply among vulnerable families. To supplement the distribution of farm tools, OVC caregivers were also trained in farming as a business.

Three hundred and thirty-nine (339) OVC enrolled in vocational training schools were supported with startup kits geared towards increasing household income. Project staff regularly visited the trainees to discuss progress and further support was extended to individuals when necessary, particularly to girls. The project provided scholarships and school supplies for all OVC in vocational training.

Before joining this group, I didn't have any form of saving. The little money that I would get would be spent there and then! But now I am obliged to make a small saving of one thousand five hundred shillings every week. By the time a month ends I have some money that I can use to meet my children's school needs and in case of an emergency the group can help me to overcome it! I am very grateful for this idea of saving in our own village without necessarily going to town.
- Caregiver

The project also partnered with *FIT-Uganda*, a private sector business development and consulting company, to conduct training of OVC caregivers and older OVC in entrepreneurship skills. A total of 919 (276 male and 643 female) OVC caregivers were trained in the three districts of Kamuli, Luwero and Tororo. The trainings centered on income generating activities and identification of small business enterprises.

Beneficiaries who were previously trained in income generation activities were encouraged to form groups and mobilize internal resources to invest in small enterprises. More than 88 groups were formed in the three districts of implementation. Over 200 OVC caregivers belonging to Village Savings and Loans Associations (VSLAs) have mobilized money that they are internally lending. The money lent was used to start or reinvest in their small business enterprises such as selling of food, charcoal, fresh vegetables or groceries.

Improved education methods

In collaboration with the district education technical officials and the Centre Coordinating Tutors, the project provided technical assistance and support to the ECCD and CHANCE facilitators to improve teacher quality. As a result, 43 CHANCE teachers were trained in material design, development, utilization, application, and display of thematic curriculum lesson delivery. At the district level, 94 CHANCE facilitators (57 female and 37 male) participated in a MoES-organized training in thematic curriculum development for grades 2 and 3, which focused on competence-based teaching, rollout of continuous assessment, and making use of local materials in teaching. A refresher training was conducted for 60 (46 female and 12 male) ECCD facilitators in assessment design and child-defined learning.

Training for religious leaders

To raise awareness and increase the participation of the faith-based community, the project trained 382 (193 male and 189 female) local religious leaders in the provision of PSS. The trainings included communication and counseling skills, record-keeping, HIV and AIDS prevention, and vulnerabilities and challenges faced by OVC.

Country specific activities: Zambia

Improved community-based care

To support PLWHA in planning for their future, the project conducted trainings of HBC givers in succession planning and will development, to increase the capacity of families to provide care and support to OVC and PLWHA. The trainings reached 120 HBC givers (55 male and 65 female) from six communities in Chibombo. In Mazabuka, 12 PLWHA support groups with a total of 360 members were trained. During the trainings, issues of stigma reduction were addressed and members committed themselves to writing their wills in the event of their untimely deaths. Through the trainings, the members were also encouraged to form Own Savings, Assets, and Wealth Creation (OSAWA) groups to support their resource mobilization for their OVC.

After the training, I feel I am now ready and better prepared for the time I leave my children. I will ensure that I prepare my will and that my children are taken better care of by my family.

- Ndongo Mazabuka, Trainee

Support families with economic strengthening interventions

To improve sustainability of community-based care activities, the project built the capacity of PLWHA to support in the two districts. A total of 69 parents/guardians (15 male and 54 female) were trained in Batik Tie and Dye and business skills, and provided with startup materials for activities. The training widened and strengthened the economic livelihoods of the support groups. The group members collectively supported more than 60 OVC from the proceeds of the business.

In Mazabuka, microfinance community initiatives, particularly the village savings and loan (VSL) concept, have been successful. Building on this concept, 1,133 members of OSAAWE groups, groups formed under the VSL program, were trained in business skills. Members of these groups are also OVC caregivers, and the trainings given to the members included modules on starting a business, pricing, and creating profitable business models. As a result of the trainings, the members have a better understanding of value chain analysis, profit distribution and roles of various actors, such as the input suppliers, producers, processors, middlemen, and consumers. Many of the trained members have started their businesses, and as a result, they have improved their ability to care for approximately 1,671 OVC.

Through a partnership with the MoA, the project trained 1,027 individuals in small livestock management as a household economic empowerment initiative. Following the training, the members were provided goats and chickens, with each individual receiving three to five goats or three chickens. The project utilized the “pass it on” concept, whereby the recipients pass on at least one of the offspring from their livestock to other families caring for an OVC, through which, a greater number of families were able to benefit from the activity. The initiative provided economic support to 4,516 OVC. The project also

provided three support groups, four schools, and one women’s club with chickens under the poultry project.

The project also supported 3,717 OVC households with a provision of seeds. The seeds included ground nut, maize, and beans and were distributed throughout the 12 BB supported communities. Utilizing the “pass it on” methodology described above, vulnerable families who received the seeds were encouraged to pass on a portion of their harvest to other vulnerable families in the communities. Each benefiting household received 5 kg of maize, 5 kg of groundnuts, and 2 kg of beans, and were expected to pass on twice the amount they received. The beneficiaries from this initiative included 6,399 OVC (2992 male and 3407 female) from the both the initial families and the ones receiving the first harvest.

Improved education methods

In partnership with ZINGO, 39 teachers (23 male and 16 female), were trained in alternative ways of disciplining children to abolish corporal punishment in schools, as part of the Learn without Fear Campaign. These teachers were from both government and community schools. During the training, the teachers were oriented in basic child counseling and child protection to help them provide support to OVC. Heads of schools who attended the training were able to pass on the information to teachers who could not attend. The trained teachers held sensitization meetings with their respective classes, which directly benefited 113 OVC (64 male and 49 female). However, all the students in the schools indirectly benefited from the teacher trainings.

To strengthen the linkages between education, health and psychosocial support, SIP committees were identified as best suited to mobilize communities to participate in school and HBC activities. The project supported 19 SIP school committees [285 participants (130 male and 155 female)] in all BB communities. The number of pupils enrolled in the 19 schools was 6,041 (3080 male and 2961 female) and included 927 OVC (448 male and 479 female). The SIP training covered school development and community participation in school management. Participants were trained in management, governance and leadership skills, community mobilization, and basic facilitation and communication skills. The committees are currently spearheading school improvement programs at the schools, which include providing improved sanitary facilities, mobilizing local materials for rehabilitation projects, as well as mobilizing resources for the school feeding program.

Strengthen and support participatory monitoring and evaluation

During the life of the project, support was rendered to 240 community volunteers from Project Monitoring and Evaluation (PM&E) teams to enable them to properly monitor the project. In the six BB communities of Chibombo, 24 bicycles were procured for all the PM&E groups. Each community group received four bicycles to be used as pool bicycles, in order to monitor BB project activities and compile reports on time.

Training for counselors

Thirty PSS counselors were trained in Mazabuka to provide PSS support to households with OVC. Counselors also worked closely with health centers to provide pre- and post-test HIV counseling, benefiting 1,020 adults. The trainings were also found to reduce stigma in the communities and many of the individuals who tested positive for HIV joined positive living groups within their areas.

Water and Sanitation

To further support OVCs and other HBC clients, the project supported the drilling of 2 boreholes between the two program areas, which ultimately benefited over 1,000 people. The two water points contributed to the reduction of the distance women and children covered to fetch clean and safe water. The reduction in the distance also reduced the effort and time needed to fetch water, thereby allowing women to spend saved time on other productive activities. It also improved general and personal hygiene for individuals and families.

2.3. Identifying best practices and sharing program knowledge: Develop, disseminate, and monitor quality standards for quality care and support.

The project developed a monitoring framework, which was consistent with the PEPFAR reporting guidelines. The main activities under this framework included annual review and planning meetings for all the partners in the three countries. Other activities included quarterly partner review meetings, variance analyses, monthly/annual field visits, and narrative/financial quarterly progress reports. The Kenya child status index form was introduced to assess the quality of services provided to the OVC. The partners resolved that all OVC should receive a minimum of two services in order to improve quality care and support to OVC. The partners in all three countries also participated in annual portfolio reviews and PEPFAR annual meetings to introduce and disseminate new learning.

In April 2008, the Center for Research Communication and Gender in Early Childhood Development (CRECHE) conducted a mid-term evaluation of the Breaking Barriers project. The findings of the evaluation focused on the efficiency of project implementation and the effectiveness of the strategies and models used. It documented the impact of the project, as well as the factors that led to the impact. Most importantly, the evaluation presented the challenges faced during project implementation and the recommendations for the remainder of the project. These recommendations were used to shape activities for the remaining portion of the project.

In May 2010, Upward Bound Company Ltd., from Kenya, conducted a final evaluation of the project for all three countries. Through collection and analysis of quantitative and qualitative data, the evaluation reported on the effectiveness, accountability, sustainability, and quality of the project activities. The report documented learning, innovations, and opportunities for scaling up activities. The external evaluation also allowed partners to objectively review project outcomes, highlighting successes as well as challenges.

Country specific activities: Kenya

In September 2010, an external evaluation of Breaking Barriers in Kenya was carried out by Participatory Methodologies Forum of Kenya (PAMFORK) to document the project outcomes through interviews, focus group discussions, observations, and a literature review. The evaluation provided innovations, opportunities, and approaches for scaling up from the project. It also documented the challenges in implementation experienced by the project partners as well as recommendations to future projects on how to effectively break barriers for OVC. The evaluation was crucial in documenting progress made by project partners, as well as what worked and did not work in terms of implementation. It will serve as an effective resource for future OVC projects in the country. Please see Annex F for the full report.

Country specific activities: Uganda

In October and November 2010, Plan Uganda hired a consultant to evaluate the Breaking Barriers project. The report was written in response to the call for more documentation of better program practices, models, and approaches for future programming for OVC in Uganda and other countries facing similar issues of childhood vulnerability. Documentation of better practices used in the project was based on a desk review of project documents, field visit observations, and key informant and focus group interviews. The report focused on the most effective models used by the project; the resources needed to support each model; the quality assurance standards of the models; and how the models could be effectively scaled up to empower stakeholders and ensure community ownership.

Intermediate Result 3. Supportive environment created in which children, families, and communities working with government, CBOs, FBOs, and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV and AIDS.

FBOs, CBOs, the government, and civil society were mobilized and involved in project activities to strengthen the support system around project partners. Large scale advocacy efforts initiated by project partners allowed for this mobilization and involvement. The FBOs involved in each of the three countries were IRCK, IRCU and ZINGO. Activities under IR 3 were done as part of the wrap-around model and involved collaborations with numerous partners.

Country specific activities: Kenya

Faith-Based Organizations

Eight thousand religious leaders were trained to deal with stigma, denial, and discrimination (SDD), as well as to provide PSS for OVC and PLWHA within their congregations. After the trainings, the leaders conducted weekly sessions with their followers. In addition, the project trained 2,000 religious leaders in SDD, advocacy, care for PLWHA, and pastoral care. Among those trained to combat SDD were the Kenya Women of Faith Network members. As a result of the trainings, the network members supported religious leaders in Nairobi and Nyanza to advocate and lobby for better, non-discriminatory school policies. They increased public awareness and created advocacy platforms to inform, educate and communicate positive messages to reduce SDD associated with PLWHA.

IRCK organized a National Religious leaders Conference on Education for vulnerable children which provided a national advocacy platform for partners and religious leaders to discuss and engage on barriers to accessing education.

Three interfaith networks were supported with technical and financial assistance to hold local advocacy initiatives addressing access to education and the anti-SDD campaign. These networks established collaborations with other organizations to provide services beyond their own capacity and ensure that children received services, such as government social protection mechanisms.

Government

The Breaking Barriers project worked with the government at the local and the national level to ensure that the project activities were implemented effectively and would continue to be implemented after the end of the project. Partners implementing the BB project worked with the Area Advisory Councils (AACs) on advocacy, resource mobilization, and the creation of new linkages and strengthening of existing linkages on child protection issues. This has effectively addressed common OVC concerns, such as child labor, defilement, teenage pregnancy, and child abandonment.

Local education officials and teachers were given information on barriers to education for OVC, found through a survey conducted by IRCK. The 65 head teachers who attended the preliminary dissemination made various recommendations to improve the quality of education for all. These included the need to revise the ranking of school performance and the revision of the primary school curriculum to reduce the workload. Other challenges included understaffing of public schools, and low enrollment of OVC in early childhood education, thus leading to low transition to primary school. These challenges formed the agenda for advocacy with relevant government officials. Additionally, three stakeholder forums were held with education officials to sensitize them and lobby for their support. Two of the forums included head teachers from Nyanza and the other included religious leaders from Nairobi.

During the life of the project, IRCK monitored the Most Vulnerable Grants (MVG) in the Ministry of Education. The monitoring helped IRCK develop tools for social auditing, to better understand how devolved funds from the government benefit children, particularly OVC.

Community Based Organizations and Community Members

In Kenya, CBOs were involved in ensuring child protection and managing cases of child abuse. Through the project, KUAP took up a number of legal cases involving defilement, maintenance, succession, and other areas on child protection. KUAP worked with pro-bono lawyers under the auspices of the Children

Legal Aid Program (CLAP), based in Kisumu and operating in the larger western Kenya. SJCC trained 23 community volunteer paralegals to provide child protection services. Further training was conducted to build their capacity on PSS with basic counseling skills to be able connect the children to existing support. SJCC also formed a formal referral system with Nairobi Women’s Hospital, where abused children are taken for medical attention.

Community groups have been mobilized to continue project activities after the end of the project. PSS teachers have formed their own formally registered support group, which is working on mobilization of resources to scale up PSS training to other schools. The project has also facilitated the registration of several caregivers groups, such as the Hono Care Givers Group in North Alego, which is involved in resource mobilization. Through the project, SMCs in participating schools have been sensitized and are now at the center of OVC support activities. For example, an SMC from Sijimbo Primary School in Ugenya has leased a half acre of land in order to cultivate food for the school feeding program.

OVC caregivers and households were trained in income generating activities, recognizing that communities need to generate their own resources to provide for the OVC. Details of these activities are provided in sub-IR 2.2.

Advocacy

Large scale advocacy initiatives were undertaken to reach a wide audience. Radio programs on prevention of HIV/AIDS and removal of barriers to education for OVC were created and broadcast to over 300,000 people. Media advertisements specifically on barriers to education were also created and broadcasted. IRCK organized a National Religious leaders Conference on Education for vulnerable children which provided a national advocacy platform for partners and religious leaders to discuss and engage on barriers to accessing education.

Country specific activities: Uganda

Government

During the life of the project, various barriers to education for OVC were found within and outside of the school environment. Some of the key barriers included the following: lack of school fees; lack of scholastic materials; distance between the home and the school; poor nutrition at home and at school; disabilities; and corporal punishments at schools. Some barriers disproportionately affected girls, such as early marriage, teenage pregnancy, sexual harassment and the larger burden of household chores.

IRCU reviewed educational policies and legislation to identify potential gaps that created barriers to education for OVC. They reviewed numerous documents, including Government White Paper on Education; the Education Strategic Investment Plan (1998-2003); the Basic Education Policy Framework for Educationally Disadvantaged Groups draft; the Universal Primary Education Policy (1997); the Children’s Act of 1996; the Children’s Statute; and the Constitution of the Republic of Uganda.

Educational barriers identified were shared with the district councils of Tororo, Kamuli and Luwero, and the following recommendations and bi-laws were enacted. Any guardian/parent whose children are not attending school will be apprehended, since there is universal primary education (UPE) that is free for all children. Employment of minors (children below the age of 18 years) is banned. Councilors at the district and sub-county level will monitor school attendance of both teachers and students through regular school visits and will take necessary action if required. Faith-based leaders and institutions have committed land on which food will be grown for school feeding programs. District leaders have agreed to mobilize guardians/parents to contribute to the school feeding programs. In enforcing the Universal Primary Education program, the roles of parents/guardians and the government have been clearly defined. Local support has been generated to promote accountability and transparency for funds provided under the Universal Primary Education program.

Additionally, following the successful commencement of the Global Education Week and Day of the African Child in Tororo district, the district leadership organized a workshop for all stakeholders working with children and policy makers to discuss issues raised by children at both celebrations. Resolutions were reached and presented to the district council to inform bylaws aimed at addressing the challenges faced by the children.

During the course of the project, district and sub-county planning and feedback meetings with political and administrative officials were conducted to share feedback and plans for the BB project in all the respective districts and to lobby for resources. Exposure visits were conducted with key district and sub county resource persons, administrative and political leaders with the aim of bridging the BB implementation knowledge gap in some areas, and to further lobby for logistical and technical support for the CHANCE centers and targeted communities.

Advocacy

Under the BB project, services provided to OVC and caregivers greatly complimented national and district government and other stakeholder efforts to support OVC and their caregivers. However, to ensure comprehensive service delivery and sustainability, more efforts were needed to build on what the project provided. These efforts partly formed the advocacy agenda. Meetings and participation in key events at the district and national levels were some of the strategies employed. Advocacy campaigns were conducted, which urged government and civil society to increase, improve, and coordinate community care options and resources for OVC and their parents/guardians.

The project partners participated in national events such as National Child Days, National Immunization Days, and organization-based initiatives such as Family Days. In collaboration with the district health centers and hospitals, five Family Days during the life of the project were organized for five selected, hard-to-reach communities with no basic health services in proximity. As a result, HCT services were provided to 1,065 (582 female and 483 male) parents and children, along with Tetanus vaccination, antenatal check-ups, information on family planning, and malaria treatment. Those found HIV positive were referred for continued care to HIV/AIDS service providers. Similar activities were organized at the community level and reached a total of 5,306 OVC (2,540 male and 2,766 female) who were immunized against polio and who received vitamin A supplementation, malaria treatments, and de-worming medication during National Child Days. To ensure the sustainability of these initiatives beyond the life of the project, SCiUG is working in collaboration with the district health offices to incorporate the services to these hard-to-reach communities into the district health plans and schedules.

In liaison with the respective District Health Departments, SCiUG embarked on a massive mobilization campaign, with a focus on OVC households, for the National Polio Immunization Days. The DHO provided the personnel and vaccines, and conducted the education sessions, while SCiUG met the logistical and transportation needs of the exercise.

In order to increase the advocacy environment within the communities, IRCU procured and distributed Information, Education, and Communication (IEC) materials to religious leaders, who in turn distributed them to houses of worship, schools, hospitals, and other public places. These t-shirts and posters contained messages to encourage caretakers to send all their children to school and to not have them do household chores during school time. They also encouraged caretakers to treat all children equally and to grow enough food to feed all the children. In Kamuli, Luwero and Tororo, 18,000 posters and 800 t-shirts were distributed.

Country specific activities: Zambia

Faith-Based Organizations

To reduce stigma and promote prevention of HIV/AIDS in the communities, 67 religious leaders and 80 traditional initiators were trained in stigma reduction and OVC care in the Mazabuka PU. The traditional

initiators (elders in the community charged with ensuring children have a smooth transition into their teens) were trained in stigma reduction and OVC care. In the Chibombo PU, a six-day training was held for FBO leaders on SDD, abstinence, and sex education, and 28 leaders (25 males, 3 females) were trained. The trained FBO leaders worked with HBC groups to ensure that effective PSS is provided and to reduce stigma & discrimination among PLWHAs. They also targeted adolescents in addressing issues related to sex education. Churches were used as the primary avenues for disseminating HIV and AIDS messages.

A total of 25 (20 males, 5 females) religious and community leaders in Mazabuka were trained in SDD to help them play a vital role in changing negative attitudes and behaviors of both church and community members. Because community and church leadership in Zambia is male dominated, there were few female participants in the leaders' training. The trained leaders conducted awareness sessions either through their usual church programs or through other community forums, and played a leading role in HIV and AIDS activities in their respective communities. Through these activities, the trained leaders were able to reach 209 OVC (97 males, 112 females).

“We are really happy that the project provided us with better skills to reach out to our congregations, without this our tasks in comforting the sick and helping our communities look after OVC’s would have been very difficult”
- Pastor from an African Methodist church in Mazabuka

Community Based Organizations and Community Members

Through the project, PLWHA were identified as the primary duty bearers to provide care and support for the OVC. However, even after developing infrastructure and the capacity of secondary duty bearers, the lives of OVCs did not improve. As a result, a substantial investment was made in capacity building of the PLWHA in Chibombo and Mazabuka. PLWHA support groups were provided with economic empowerment training, inputs, and PSS skills in order to improve the lives of OVC.

Advocacy

As part of the project activities, HIV and OVC advocacy messages were disseminated through “theatre for development” drama groups. The trained groups conducted awareness sessions on issues surrounding stigma and discrimination and rights of OVC and PLWHA. These sessions have significantly contributed to changes in attitudes towards PLWHA. An example of a success story from this project came from the Neganega group. In order to sustain their activities and continue reducing HIV-related stigma in their communities, the group carried out a fund raising variety show for fellow youths, from which they raised 250,000 ZMK (\$70 US).

A study was conducted at the community level, in both Mazabuka and Chibombo, to highlight people's views on perceived barriers to children's access to education. The respondents included children, parents, guardians, teachers, community leaders, and government officials. Findings from the study were used in the creation of radio advocacy programs. As part of the programs, Ministry of Education officials, NGOs and teachers were placed on a panel to respond to issues raised in the study. The programs also provided an opportunity for the public to learn from the government what their immediate and future plans were to address the identified barriers. Because the radio programs were conducted in local languages, they raised awareness among the people on the importance of education and government's responsibility towards children's education.

The project intensified its focus on HIV prevention through youth peer education groups. Peer educators were trained in theater for development, through which BCC messages could be disseminated. The theater for development reached the masses, particularly youth, through a more effective form of media, compared to other more conventional forms, such as the distribution of paper-based IEC materials.

IV. OTHER ISSUES

Country Indicator Tables

Country Specific Indicator Table (Kenya)

Table E. Tracking Table.

PEPFAR Indicator	Indicator	Kenya	
		Planned	Actual
C1.1.D	Number of eligible adults and children provided with a minimum of one care service		
	Age: < 18	67,672	81,835
	Female	31,129	37,644
	Male	36,543	44,191
C5.1.D	Number of eligible clients who received food and/or other nutrition services		
	Age: < 18	6000	12,340
H2.3.D	Number of health care workers who successfully completed in-service training program	N/A	N/A
	Number of providers/caretakers trained in caring for OVC	6,243	8000

Table F. Life of agreement progress tracking table for OVC served.

Reporting Period April 1, 2005 – September 30, 2010	Kenya	
	Planned	Actual
Number of OVC ever served by an OVC program	67,672	81,835

Table G. Breakdown of yearly results by age estimates.

	Age Group Breakdown			
	Under 2	2 to 4	5 to 11	12 to 17
Number of OVC reached by age group	1,907	14,151	50,716	15,061

Table H. Essential services table.

Services/Indicator	Actual Reached	Comments/notes*
Food and Nutritional Support	25,826	Household food security through seed distribution. ECCD Centre-based feeding through wrap around.
Shelter and Care	45	ECCD Shelters/OVC were supported with treated bed nets, blankets and mattresses
Protection	5,190	Child protection and learning without fear
Health Care	4,230	Peer counseling, Health education and Formation of health clubs, child to child campaign. Children with disability were supported, children were supported to access medical care treatment, immunization and d-worming
Psychosocial Support	65,315	Child Counselors monthly meeting held. OVC both in and out of schools were reached with psycho social support including counseling and guidance.
Education and Vocational Training	65,315	Improved learning environment in ECCD centers and training of care givers and teachers
Economic Opportunity/Strengthening	13,517	Business skills training and goat provision. Income generating activities and food production.

Country Specific Indicator Table (Uganda)

Table I. Tracking Table.

PEPFAR Indicator	Indicator	Uganda	
		Planned	Actual
C1.1.D	Number of eligible adults and children provided with a minimum of one care service		
	Age: < 18	140,000	188,355
	Female	84,000	114,897
	Male	56,000	73,458
C5.1.D	Number of eligible clients who received food and/or other nutrition services		
	Age: < 18	2,800	5,116
H2.3.D	Number of health care workers who successfully completed in-service training program	N/A	N/A
	Number of providers/caretakers trained in caring for OVC	8500	10,813

Table J. Life of agreement progress tracking table for OVC served.

Reporting Period	Uganda	
	Planned	Actual
April 1, 2005 – September 30, 2010		
Number of OVC ever served by an OVC program	140,000	188,355

Table K. Breakdown of results by age estimates.

	Age Group Breakdown			
	Under 2	2 to 4	5 to 11	12 to 17
Number of OVC reached by age group	256	32,266	118,046	37,787

Table L. Essential services (Uganda).

Services/Indicator	Actual Reached	Comments/notes*
Food and Nutritional Support	5,116	OVC caregivers were provided with seeds, animals and poultry to improve food security and nutrition.
Shelter and Care	5,416	OVC were supported with treated bed nets, blankets and mattresses
Protection	13,207	OVC were reached with sessions on child protection ,child rights and responsibilities including legal rights
Health Care	15,746	100 CWDs were supported to access medical treatment including corrective surgery, 5,646 were supported to access medical treatment, immunization and de-worming
Psychosocial Support	128,769	OVC both in and out of schools were reached with psychosocial support including counseling and guidance
Education and Vocational Training	121,989	510 OVC were supported to access vocational training. 4,139 enrolled and retained in CHANCE schools, 17,340 OVC received uniforms, scholastic materials.
Economic Opportunity/Strengthening	10,311	Caregivers were trained in modern farming supported with seeds, farm implements, animals, and poultry for economic strengthening.

Country Specific Indicator Table (Zambia)

Table M. Tracking Table.

PEPFAR Indicator	Indicator	Zambia	
		Planned	Actual
C1.1.D	Number of eligible adults and children provided with a minimum of one care service		
	Age: < 18	12,000	29,119
	Female	6,000	15,918
	Male	6,000	13,201
C5.1.D	Number of eligible clients who received food and/or other nutrition services		
	Age: < 18	3,000	5709
H2.3.D	Number of health care workers who successfully completed in-service training program	N/A	N/A
n/a	Number of providers/caretakers trained in caring for OVC	900	942

Table N. Life of agreement progress tracking table for OVC served.

Reporting Period	Zambia	
	Planned	Actual
April 1, 2005 – September 30, 2010		
Number of OVC ever served by an OVC program	24,000	29,119

Table O. Breakdown of yearly results by age estimates.

	Age Group Breakdown			
	Under 2	2 to 4	5 to 11	12 to 17
Number of OVC reached by age group	1,165	4,632	12,101	11,221

Table P. Essential services (Zambia).

Services/Indicator	Actual Reached	Comments/notes*
Food and Nutritional Support	25,826	Provision of food, nutrition education through school supported feeding programs
Shelter and Care	45	Shelter renovation
Protection	5190	Advocacy campaigns, birth registration, education on child abuse (defilement and neglect)
Health Care	4230	Treatment of common ailments, Support to home based care givers.
Psychosocial Support	65,315	Counseling and guidance, life skills, writing of will, Child Counselors, refresher trainings for counselors, child to child HIV prevention clubs.
Education and Vocational Training	65,315	Support for education materials and provision of levies to attend vocational training, provision of scholastic material including school uniforms.
Economic Opportunity/Strengthening	13,517	Income generating activities, food production

Sustainability

The project’s implementation approach, the “triangulation model,” was designed to provide initial inputs and capacity building, coupled with a strong long-term focus on mobilizing and empowering critical stakeholders in the lives of children. The project’s conception of a supportive environment, sustained by communities, entails children, families, and communities work in partnership with their government, CBOs, FBOs, and civil society groups. This partnership can advocate for the provision of essential services and work to reduce stigma, denial of rights, and discrimination in their communities. The project’s results framework and activities concentrate on strengthening community structures able to advocate for and deliver services over the long-term.

In strengthening community structures, the project undertook a number of strategies highlighted in the external end-term evaluation conducted by Upward Bound,³ including capacity building for OVC, their households, and other support structures; institutional capacity building for local NGOs and CBOs; strengthening other community structures, including community based committees and economic groups; economic empowerment and livelihood interventions; strengthening service referral systems; establishing child counseling and resource centers; and ensuring the involvement/ownership of key government stakeholders in all processes.

Economic Empowerment Initiatives

In all three countries, economic empowerment activities targeted OVC caregivers in order to increase their household income levels, and enable them to focus increased household resources on the improved care and support for OVC. Two main types of economic empowerment activities were implemented during the project: (1) promotion of VSLAs and (2) promotion of IGAs among the affected population.

In Uganda and Zambia, VSLAs were promoted as a method for communities to pool savings. In Uganda, project support led the local government to use the groups as an entry point to promote pro-poor programs, including the World Bank funded Northern Uganda Social Action Fund and the GoU’s National Agricultural Advisory Services (NAADS). NAADS develops farmer-led agricultural service delivery systems “targeting the poor subsistence farmers, with emphasis on women, youth, and people with disabilities... (to) enhance rural livelihoods by increasing agricultural productivity and profitability in a sustainable manner.”⁴ In Zambia, the existing OSAWE groups received trainings in business skills that, along with their savings, are being used to establish small businesses.

To strengthen the livelihood potential of economically vulnerable households, initial material and technical support was provided to targeted communities. In all three countries where material input was provided, whether it was seeds or small livestock, a “pass it on” concept was promoted to improve the sustainability of the activities. The “pass it on” approach required each family initially benefitting from a project provided input (e.g. goat, banana sucker, etc.) was required to contribute a specified portion of their first harvest to another vulnerable family in the community. Please see the discussion under sub-IR 2.2 for further details on the “pass it on” approach. Through this method, a larger number of families benefited, without increasing the project investment. In Kenya, poultry, goats, pineapple suckers, and Ministry of Agriculture banana suckers were distributed in various communities to increase household income. In Uganda, poultry, small livestock and farm tools were distributed, and the OVC families were linked to government agricultural services (i.e., NAADS) to ensure the success of the intervention beyond the life of the project. In Zambia, seeds, poultry, and small livestock were distributed to OVC households through the “pass it on” concept.

Increasing Ownership of Project Activities

³ Please see Annex G. External End-term Evaluation Report for the full report produced by Upward Bound in May 2010.

⁴ Please see further information on the Uganda National Agricultural Advisory Services at - <http://www.naads.or.ug/index.php>.

To increase local ownership and ensure children in the communities continue to benefit from project initiated services, the project dedicated a substantial level of effort to building the capacity of LNGO partners and CBOs. For example, St. John’s Community Centre, a LNGO partner in Kenya, was able to leverage project provided trainings and activities to strengthen their institutional capacity, including resource mobilization capacity to access additional USG funding through the New Partners Initiative (NPI).

In addition, community mobilization activities in all three countries have increased ownership of the project activities. In Kenya, numerous groups have been formed and are conducting their own resource mobilization in order to continue activities after the end of the project. Teachers trained in PSS have formed their own group, registered as an official CBO, and are working on mobilizing resources to scale up PSS trainings to more schools. SMCs trained in resource mobilization are also looking for alternative sources of support to continue and expand their school improvement activities. Further information can be found in IR 3.

Finally, RFDP, which began as a small unofficial CBO in Rangala, Kenya, has since become registered with the GoK and led many of the innovative food security and economic strengthening activities in their region of Kenya. Among their achievements sustained beyond the life of the project include the establishment of HIV prevention clubs in schools that are utilizing the “pass it on” approach to grow bananas. From the proceeds raised from the banana sales, RFDP currently feeds more than 2000 children in 27 schools; schools have been able to purchase uniforms, school materials, and paid school levies for some of their members; and OVC households have improved their economic security and contributed to others.

Capacity Building

To empower communities and improve sustainability, the project built the capacities of key stakeholders playing a role in the lives of the OVC. Project capacity building activities focused on improving the capacity of individuals and entities responsible for providing services directly to OVC, stakeholders able to contribute to providing a supportive environment for OVC, and for LNGO and CBO partner implementers who will sustain OVC programming in the communities.

In all three countries, teachers, caregivers, religious leaders, and community volunteers participated in trainings to build their capacities to contribute to the wellbeing of OVC. Caregivers trained are able to deliver home-based care direct to OVC and PLWHA in need, as well as contribute to community-based awareness raising activities. Teachers and assistants working in the non-formal education system (i.e., ECCD and CHANCE centers) are able to provide continued services to vulnerable children in the learning environment. Religious leaders were trained in stigma reduction, advocacy skills and psycho-social support. These trainings ensured that people involved with OVC in various environments, such as the school, home and community, were able to provide appropriate and complementary care and support to the OVC.

SMCs, PMCs, Child Protection teams, and other group’s capacities were built to enable them to contribute to a more supportive environment for OVC. In Zambia, the School Improvement Program initiated as part of the project trained school officials and SMCs on school governance, leadership, and community mobilization, and now continue to develop work plans and undertake activities to improve the learning environment. Trained CP teams in Uganda continue to identify OVC and link them with service providers and work with the communities to improve the child protection support structures in the communities.

Finally, project LNGO and CBO partners were trained in project management, financial management, monitoring, report writing, and compliance with donor requirements. The trainings were conducted following a needs assessment identifying gaps in capacity among the partners. The trainings have enabled

sub-grantees to implement quality programming, while strengthening financial, management, and resource mobilization systems.

Coordination with In-Country team and Host Government, Local Partners

Throughout the life of the project, the BB project consortium strove to complement, facilitate linkages, and coordinate with USAID staff, host government staff, and local partners. Local partners and relevant government stakeholders were involved across the project cycle, from planning and implementation to the end-line evaluation activities.

The project's significant efforts to coordinate with host government staff, services, and priorities included consistent and regular referral to complementary government services; inclusion of government staff in project coordination meetings and trainings; participation in national technical work groups; and adjusting activities and objectives to align with government priorities. As stated above, many of the activities and institutions (e.g. CHANCE centers) were coordinated with relevant government stakeholders, with many eventually integrated into ongoing government programs. Many of the service delivery activities targeting OVC were also supplemented via referral systems established by the partners. Referral systems linked the OVC with additional services being provided by the government, churches, mosques, hospitals, district OVC committees, and area advisory services. At the national level, participation in technical working groups by consortium staff allowed the project to consistently share their practice and experience, influence OVC-related policy development, and learn from and coordinate with other government and NGO programs in the area.

The project also worked to coordinate with and regularly update USAID counterparts in country missions and PEPFAR coordinating bodies. For example, the implementing partners participated in annual portfolio review meetings organized by the Mission Activity Manager and the PEPFAR coordinating bodies. In these meetings, the project's quarterly and annual performance was reviewed and provided with important feedback to advise improvements in the coming year's implementation. Finally, project financial and programmatic reporting was provided to the country coordinating bodies, and was open to feedback and suggestions provided by the Mission staff.

Monitoring and Evaluation

The Breaking Barriers consortium employed a monitoring and evaluation (M&E) system that effectively reported on critical project outcomes and provided continuous feedback to inform project decision-making. The M&E framework consisted of quarterly progress reports, semi-annual and annual financial and programmatic progress reports, independent mid-term and final evaluations, and monthly progress meetings to promote continual improvement.

The project integrated monitoring tools to facilitate ongoing assessment and regular meetings between the partners, including quarterly coordination meetings and annual progress review and planning meetings in each country. This allowed consistent evaluation and improvement. For example, the project was regularly provided with USAID-developed M&E tools, including the Child Status Index (CSI) used by the project every quarter. At the end of the project, the employment of the CSI registered over 256,000 OVC, who received more than three services from the implementing partners. The CSI was also considered a valuable tool to advise continual improvement to service delivery. The forum allowed the project to consistently monitor progress across the three countries and respond to any deviations from the project implementation plan or its objectives. The in-country planning meetings enhanced cohesion among partners and increased ownership of the project, as well as facilitated the sharing of best practices, key lessons, and challenges to which remedial action could be taken jointly.

The midterm evaluation was conducted at the projects mid-point (i.e., half way through Project Year 2), and assessed the project's effectiveness for both intended outputs and outcomes to date, programmatic and cost efficiency, and the sustainability measures conducted thus far. Similarly, the final evaluation

assessed project relevance, efficiency, effectiveness, sustainability, and impact. The two evaluation exercises further assessed the efficacy and appropriateness of the program management structure, methods, and processes employed in the program towards achieving its mandate both regionally and at the individual country level. At the partner level, the evaluation assessed how the partners collaborated and interacted with program beneficiaries, in addition to assessing their achievement of project objectives. The findings of both evaluations were shared, and recommendations were implemented by the partners.

Building from the lessons learned from the mid-term evaluation, the project conducted additional country evaluations in Kenya and Uganda to further detail/assess results and best-practices.

Program Management

Changes in organizational structure

The Breaking Barriers project was initially implemented by HACI, a regional consortium of seven partners including Plan International, World Vision, Save the Children, the Network for People living with AIDS, the Society for Women in Africa, World Conference of Religions for Peace, and CARE International. Following the closure of HACI in July 2008, Plan International re-organized the management of the grant by recruiting a Regional Breaking Barriers Manager, who assumed the responsibilities of the HACI management team, including providing leadership and management of the project in the three countries. Additional administrative and finance roles were assumed by Plan Kenya personnel seconded to the project.

As a regional program spanning three countries in East and Southern Africa, the project was managed from Plan International's Regional Office for East and Southern Africa (RESA), based in Nairobi, Kenya.⁵ The Plan Kenya Country Office was responsible for the day-to-day management of the program, including providing technical support, financial and programmatic management, monitoring, and oversight. The Plan USA office provided oversight and technical support. The Program Manager was based in Nairobi and reported to the Technical Advisor & Program Coordinator at Plan USA. The Program Manager ensured smooth operation of the project in consultation with and in close collaboration with the technical advisors, Plan Kenya and Strategic Program Support Manager for Plan Kenya.

Changes in key personnel and level of effort

The project experienced minimal turnover of key management personnel during the life of the project. The principal departures were associated with the closure of HACI, as the staff who were responsible for multiple programs were not required to manage the one project. In addition, the Plan HQ Backstop changed in project year 4 and during the final close-out period. Similarly, the Uganda BB Senior Project Coordinator moved on during the final period and was replaced by a qualified staff member who had been supporting the project. No changes to the key staff members' level of effort were experienced during the life of the project and all staff departures were filled shortly thereafter.

Challenges

- (a) The collapse of HACI led to loss of time and good-will in implementation of the project and led to significant changes of the implementing partners and staff.
- (b) Monitoring and evaluation at the beginning of the project had challenges in building project partner capacity to respond to USAID requirements.
- (c) The partnership model was drawn with the assumption that the partners would operate in the same geographical locations to allow wrap around among the partners. This was not the case, because the partners, especially in Uganda, were working in different areas because of a new government policy requiring NGOs not to work in the same area.
- (d) IRCK and IRCU had capacity challenges in the initial stages. This however, changed after the mid-term evaluation.

⁵ Please see Annex D for the project's organizational chart.

- (e) Sustainability of the project was not well-conceived in the initial phases. However, the cost extension focus reversed this.

Lessons Learned

Without the involvement of key leadership in the interventions, project implementation will be faced with challenges. For example, training of PSS Assistants in the initial stages of BB, without involving the head teachers, led to lack of support for the program by school administration, who neither understood the project nor the role of the PSS teachers and assistants. To the credit of BB implementing agencies, this omission was quickly corrected, and workshops were held to train head teachers.

IRCK demonstrated that the use of media, such as radio, with its wide coverage and reach, can be successfully used to advance the OVC advocacy agenda.

A successful child counseling and resource center started by RFDP in Kenya trained counselors and linked to a referral system. It created a model for strong PSS intervention and built a strong sense of hope around OVC.

For greater accountability amongst duty bearers, designation of clear mandates to specific offices and officials is an effective mechanism to secure active participation. For instance, under BB, the Tororo District child protection structure involves the District Police Officer among other key actors, all with specific and clear roles for child protection.

Recommendations

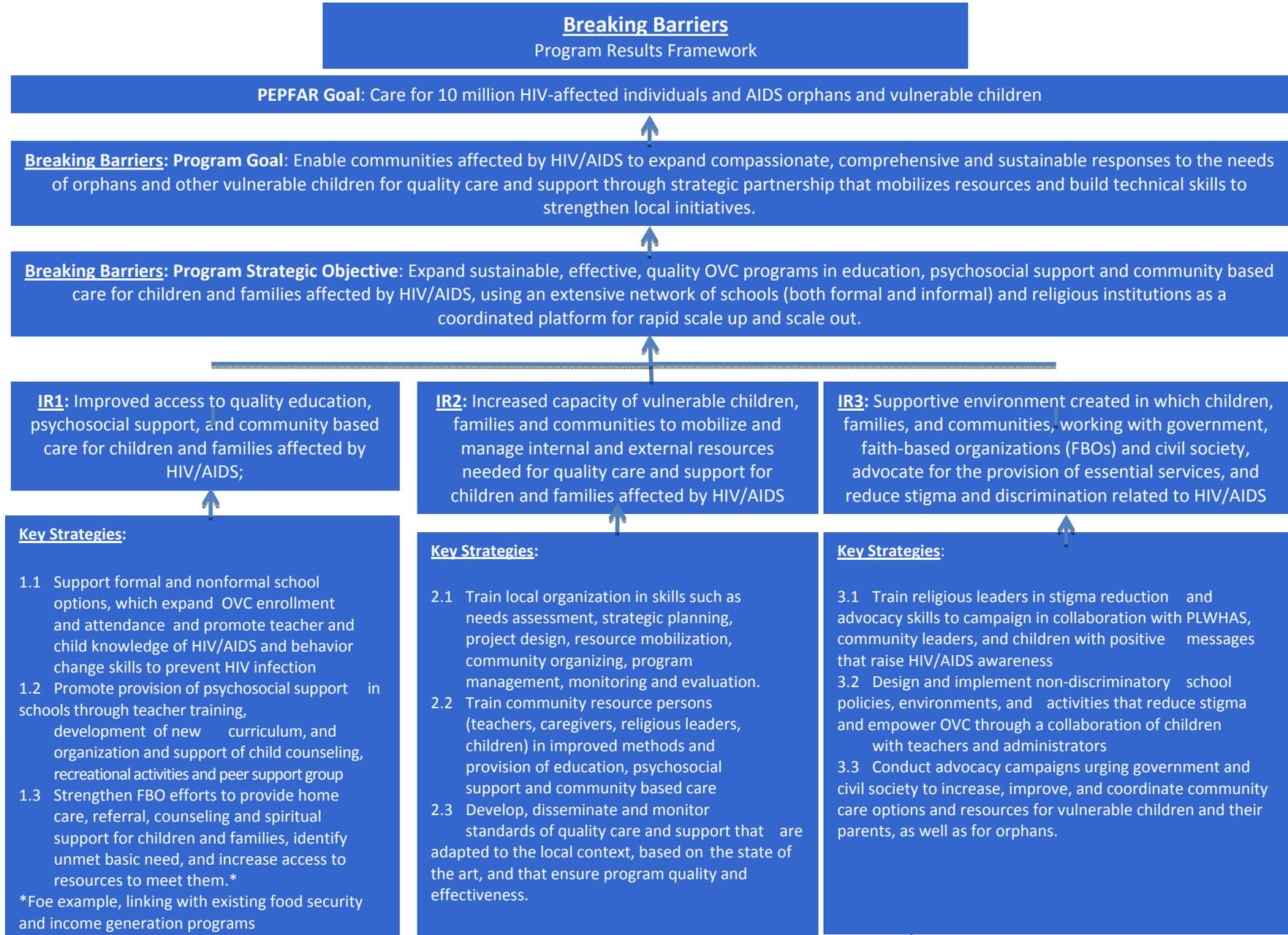
1. During formalization of partnerships, all implementing partners need to agree on an Organizational Capacity Assessment (OCA) framework to be employed in capacity assessment. Early efforts should be made to address identified capacity gaps.
2. Plan should improve its M&E system to enable the capturing of data that can be disaggregated into sponsorship and grant-funded children, with ability to track changes in the lives of the beneficiaries as a result of interventions.
3. To strengthen legal redress mechanisms in the three countries, an intervention akin to BB should prioritize collaboration with national authorities and other development institutions to develop tools and policies that cultivate strong political will and strengthen the legal system to address the violation of child rights.
4. BB has increased women’s participation, as is evident through interviews. However, women are not yet empowered enough to make crucial decisions at the house hold level. In subsequent projects, USAID should work with development institutions such as the BB implementing partners to challenge and change power relationships that are the root cause of gender inequality and have a negative impact on children, particularly OVC.
5. Unsustainable interventions such as direct material support, which often take the form of relief, should be minimized, since they cannot be effectively and consistently delivered. They also tend to create dependency. From commencement, such interventions should be combined with strong household income and advocacy efforts.
6. Advocacy work across multiple countries and a host of partners needs to be guided by an agreed upon, overarching advocacy strategy to maximize its impact. The development of such a strategy will be essential if the BB project to be extended in the present or modified form.
7. USAID support for BB should be continued long enough to establish sustainability, which is estimated to take three more years. This would also advance the advocacy agenda in support of OVC in the three countries. In pursuing the agenda, implementing partners should pay keen attention to continuing the regional program, while remaining within the ‘Three Ones’ principle.

Conclusions

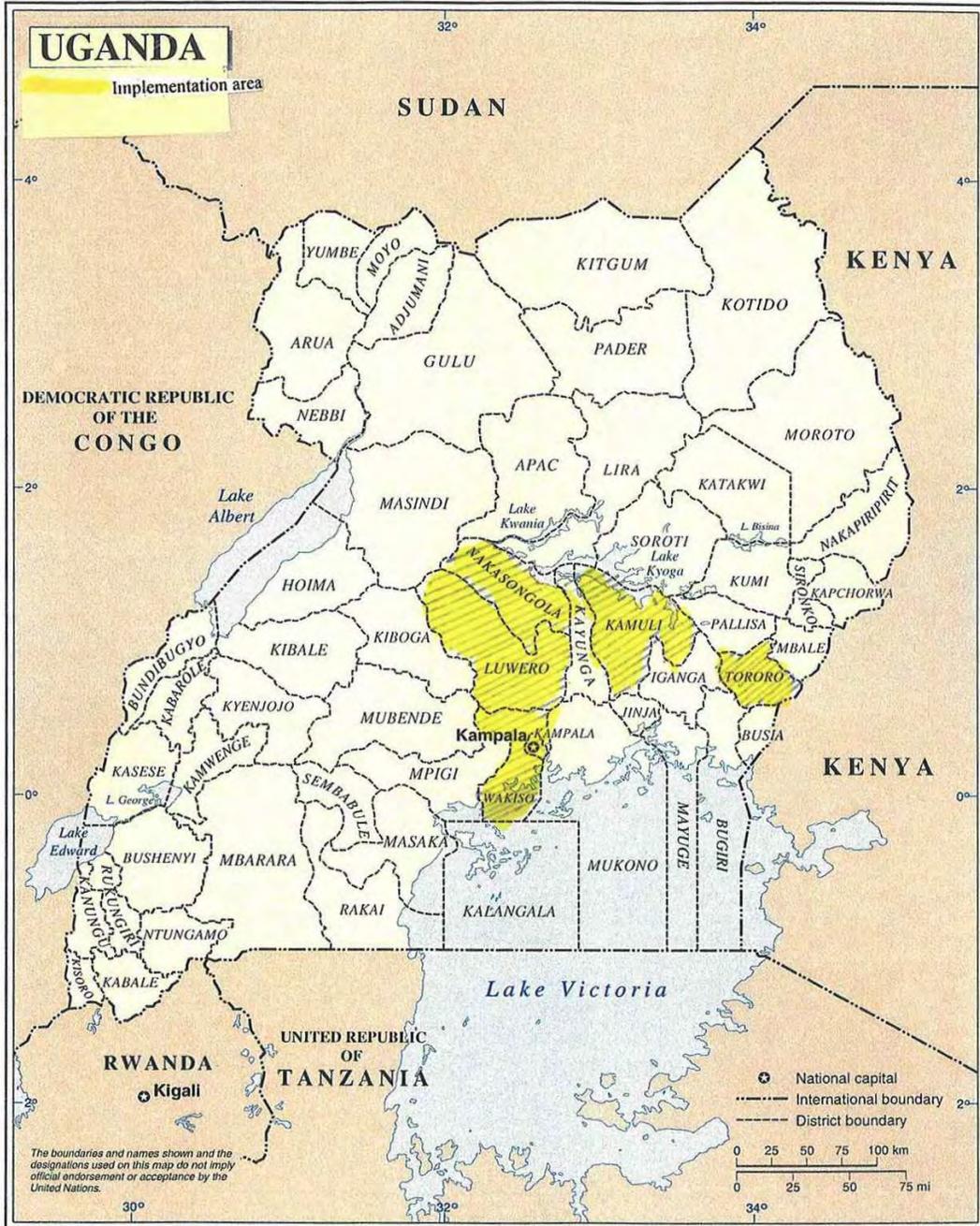
Overall, the BB project was successful in reducing vulnerability and improving the wellbeing of OVC. BB also made significant steps to ensure the sustainability of its interventions. Furthermore, BB complied with USAID, national and local government requirements, the UN Convention on the Rights of the Child (CRC) (1989), UNGASS, the MDGs, and contributed to the fulfillment of PEPFAR objectives. BB was able to register success despite a number of challenges, notably the collapse of HACI at the initial stages. Key factors of success have been the synergy among BB implementers, local structures, and integration with other programs.

V. ANNEXES

Annex A: Results Framework



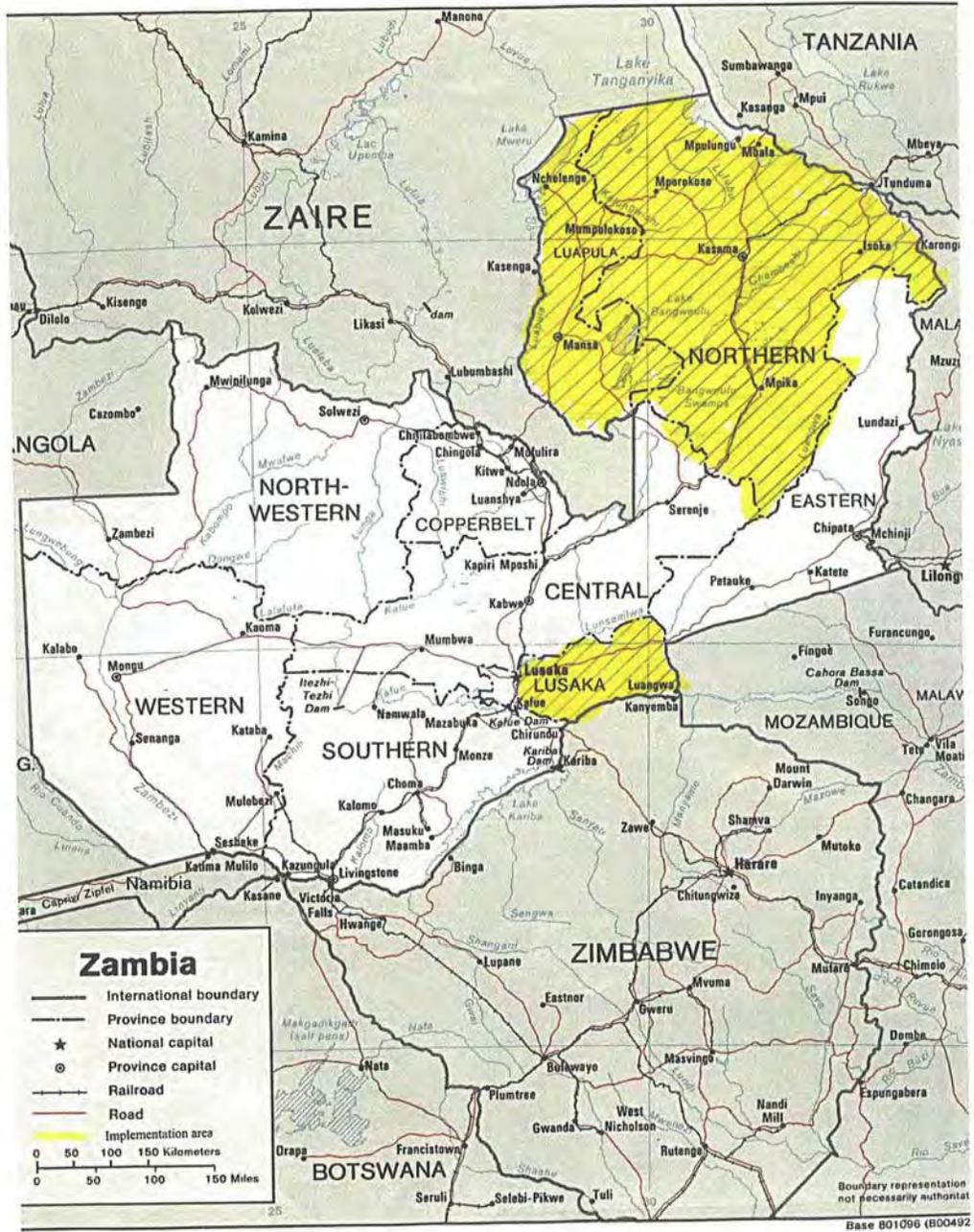
Country Map - Uganda



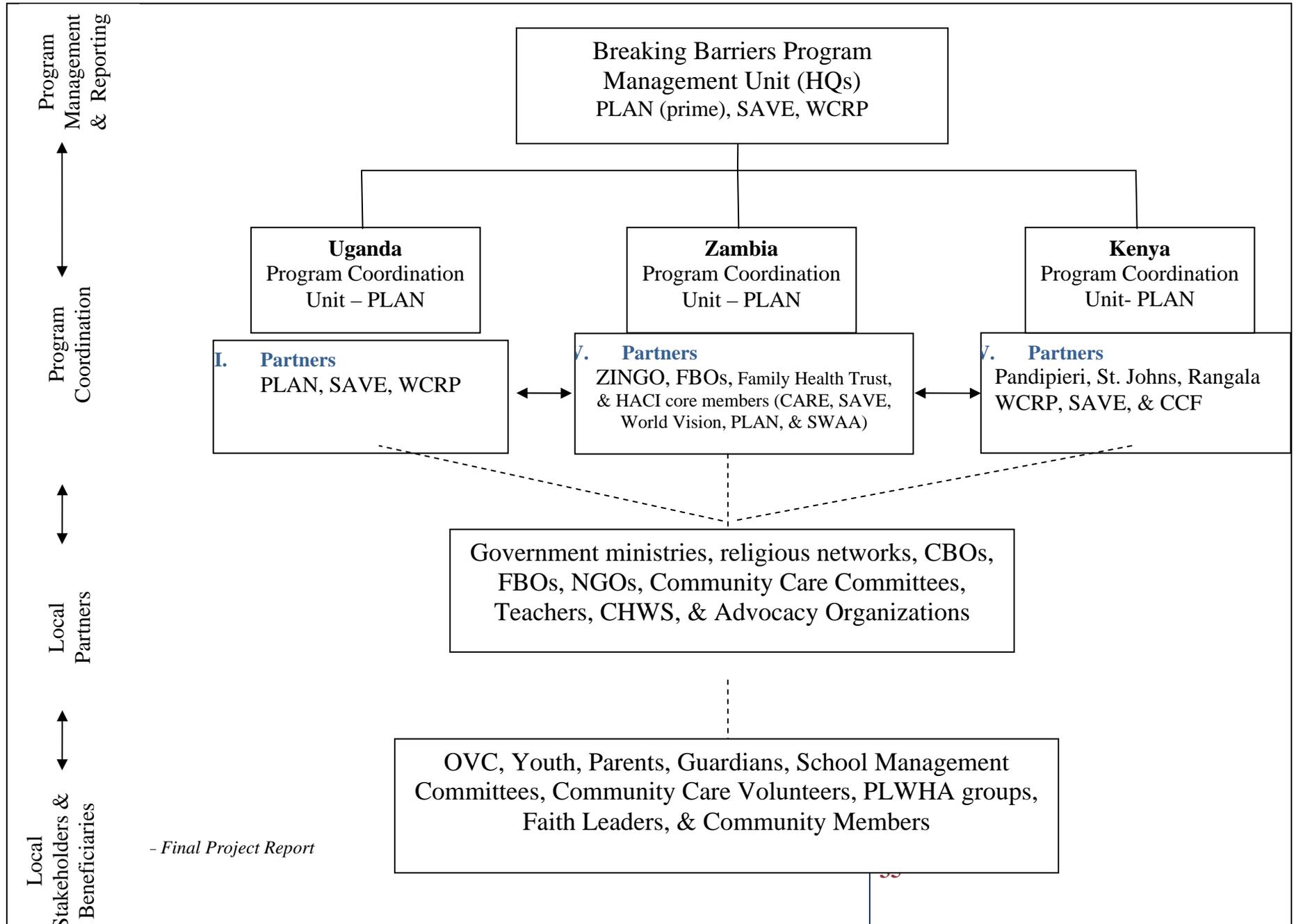
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September 2002

Department of Public Information
Cartographic Section

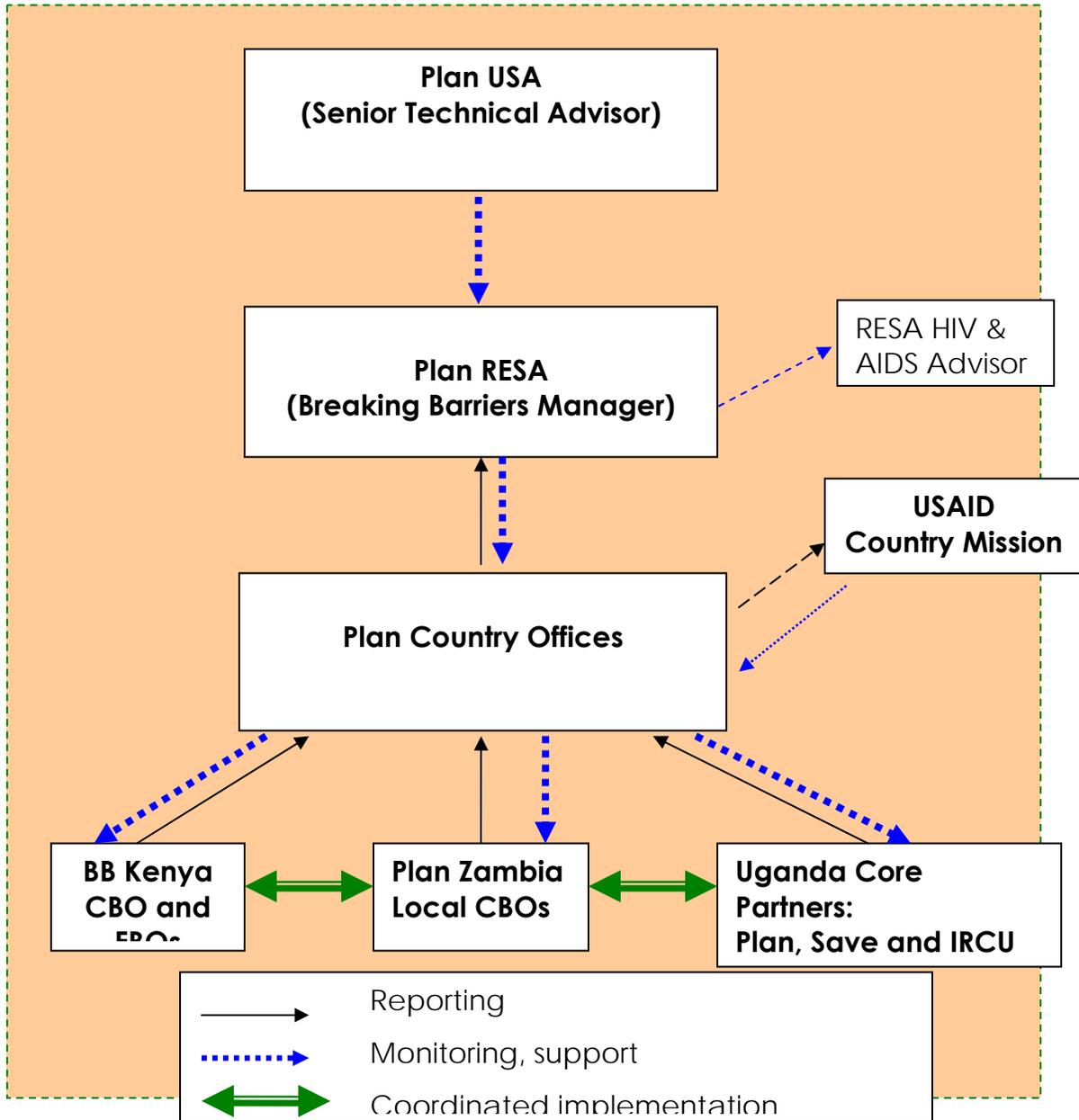
Country Map – Zambia



Annex C: Program Management Structure



Annex D. Breaking Barriers Organizational Chart



Annex E: Emergency Plan Indicator Tables for FY10

Emergency Plan Indicator Tables for FY10

Table A: Tracking Table for Required Emergency Plan Indicators
Reporting Period: October 1, 2009 – September 30, 2010

PEPFAR Indicator	Indicator	<u>Country KENYA Planned</u>	<u>Country KENYA Actual</u>	<u>Country UGANDA Planned</u>	<u>Country UGANDA Actual</u>	<u>Country ZAMBIA Planned</u>	<u>Country ZAMBIA Actual</u>	<u>Totals (A+B+...n)- Planned</u>	<u>Totals (A+B+...n)- Achieved</u>
C1.1.D	Number of eligible adults and children provided with a minimum of one care service								
	Age: < 18	13,000	20,824	20,000	37,671	12,000	10,369	45,000	68,864
	Female	5,500	12,575	9,000	22,783	6,000	5,750	20,500	41,108
	Male	7,500	8,239	11,000	14,878	6,000	4,619	24,500	27,736
C5.1.D	Number of eligible clients who received food and/or other nutrition services	3,000	1,941	2,800	969	900	379	6,700	3,289
	Age: < 18								
H2.3.D	Number of health care workers who successfully completed in-service training program								
n/a	Number of providers/caretakers trained in caring for OVC	2,243	1,881	-	127	900	942	6,700	4,143

Table B: L.O.A. Progress Tracking Table for OVC Served

Reporting Period (February 2004 OR date of signed agreement – March 31, 2010)	<u>Country KENYA Planned for LOA</u>	<u>Country KENYA Achieved to Date</u>	<u>Country UGANDA Planned for LOA</u>	<u>Country UGANDA Achieved to Date</u>	<u>Country ZAMBIA Planned for LOA</u>	<u>Country ZAMBIA Achieved to Date</u>	<u>Totals (A+B+...n)- Planned for LOA</u>	<u>Totals (A+B+...n)- Achieved to Date</u>
Number of orphans and vulnerable children (OVC) ever served by an OVC program	67,672	81,835	142,090	188,674	24,000	29,119	233,762	299,628

Table C: Breakdown of Yearly Results by Age Estimates

	<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	1,907	14,151	26,195	26,611

Table D: Essential Services

<u>Services/Indicator</u>	<u>Actual Reached</u>	<u>Comments/notes</u>
<u>Food and Nutritional Support</u>	9,211	Services included household food security through seed distribution and ECCD-E center-based feeding through wraparound.
<u>Shelter and Care</u>	5,459	ECCD shelters/OVC were supported with treated bed nets, blankets, and mattresses.
<u>Protection</u>	4,920	Child protection and Learn Without Fear were two intervention areas.
<u>Health Care (General Health Needs of OVC, Health Care for HIV+ Children, Prevention of HIV/AIDS)</u>	8,179	Services included peer counseling, health education and formation of health clubs, child-to-child campaign. Children with disability were supported, and children were supported in accessing medical care treatment, immunization and deworming.
<u>Psychosocial Support</u>	32,588	A monthly meeting was held for child counselors. OVC both in and out of schools were reached with PSS, including counseling and guidance.
<u>Education and Vocational Training</u>	42,813	Activities fostered improved learning environments in ECCD centers and training of caregivers and teachers.
<u>Economic Opportunity/Strengthening</u>	13,517	Services included business skills training and goat provision, as well as income-generating activities and food production.

Annex F: Kenya Country Report (attached) and Uganda Country Report (forthcoming)

Annex G: End-Term Evaluation, Final Report (Attached)